

### GUIDANCE ON THE DELAYED TRANSFER OF CARE CATEGORIES

This guidance has been produced to clarify the category definitions for Delayed Transfers of Care (DTOCs) and should be read in conjunction with the Business Rules on how to correctly record DTOCs. This guide is internal as the Department of Health and NHS Digital have as yet not issued detailed guidance on the definition and use of these mental health codes. The new mental health codes have been added to Jade from 1<sup>st</sup> February 2018.

These are the national definitions and should be used when someone is medically ready to be discharged from hospital but identified factors have prevented the person being discharged. DTOC is closely monitored by both the CCGs and Local Authorities and therefore it is crucial that we are accurately recording this information and also ensure that we have the correct CCG and Local Authority recorded for each patient. It is also important that we also act quickly on factors that are within our control which often are due to care pathway issues eg. delays in allocating a Care Co-ordinator to carry out an assessment for presentation to panel.

#### **Definition of a Delayed Transfer**

A DTOC from acute or non-acute care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

- a) A clinical decision has been made that the patient is ready for transfer **AND**
- b) A **multi-disciplinary team** decision has been made that the patient is ready for transfer **AND**
- c) The patient is safe to discharge/transfer

A multi-disciplinary team (the ward team) in this context should be made up of people from different professions, including social workers where appropriate, with the skills and expertise to address the patient's ongoing health and social care needs. These 3 criteria must be met before a delay is recorded. **Evidence of all 3 should be in the patient records.**

Local Authorities need a **clear validation process** for each DTOC that has been attributed to social care or both. Without this they will dispute the information that gets uploaded to Unify.

People who are No Fixed Abode: the team should identify the Local Authority (LA) responsible for providing them with care and support services. If they are admitted from a public place then the postcode of that place should be used to identify the responsible LA. For asylum seekers or other patients overseas, they should be listed under the LA in which they currently reside

(Monthly Delayed Transfers of Care Situation Reports. Definitions and Guidance. NHS England (October 2015))

A patient should only be counted in ONE category of delay each day, this category should be the one most appropriately describing the delay. During a period of delay the category can change as long as it remains one category per day.

Patients subject to s3 would not normally be eligible to be a DTOC, as by definition, they would not be ready to 'depart from care' unless they were waiting for transfer to another non-acute hospital setting on section on awaiting completion of a CTO or guardianship where there is a condition of residence and the accommodation has not yet been identified.

	Category	Attributable to NHS	Attributable to Social Care	Attributable to both	Attributable to Housing/ MoJ	NHS Definition	Local Guidance
A2	Awaiting allocation of a care co-ordinator	✓	x	x	x	All patients whose transfer is delayed due to awaiting allocation of a care co-ordinator. <i>Good practice would suggest this process should be in place prior to the decision to discharge being made</i>	Internal escalation processes would have failed if this category needs to be used as this should have been flagged using the Discharge Planning Tool.
B1	Awaiting public funding	✓	✓	✓	x	All patients whose <u>assessment has been completed</u> but transfer has been delayed due to awaiting LA/CCG funding. This should also include cases where they have failed to agree funding for a joint package. <b>Additional guidance for MHSDS v2: For mental health providers, this could also typically include awaiting NHS and Social Care agreement to funding of s117 aftercare, and may include delayed panel meetings or disputes around catchment area/ responsibility for the patient</b>	This category should be used when someone has presented to panel but panel have not made a decision or communicated that decision about funding.
C1	Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation	✓	x	x	x	All patients whose <u>assessment is complete</u> but transfer is delayed due to awaiting further NHS care. This should not include delays of patients continuing to receive the same type of non-acute eg. transfers to another mh acute unit. <b>Additional guidance for MHSDS v2: This could</b>	This category should be used for all delays awaiting rehabilitation, low and medium secure units and specialist health placements. This should be used post agreement of funding – see above.

	services etc)					include delays relating to physical health care, or transition to adult services (community or inpatient)	
D1	i) Awaiting care home without nursing placement or availability	x	✓	x	x	All patients whose <u>assessment is complete</u> but transfer is delayed due to awaiting residential or nursing home because of lack of availability of a suitable place to meet their assessed need. <b>Additional guidance for MHSDS v2: This category should be used if the residential care placement does not include NHS-funded nursing care.</b>	This category should be used after funding has been agreed but there are delays in finding a suitable placement. In situations where it is difficult to find a suitable placement/having to get 3 quotes – funding in principle should be sought from the panel and then this category should be used.
D2	ii) Awaiting care home with nursing placement or availability	✓	✓	✓	x	All patients whose <u>assessment is complete</u> but transfer is delayed due to awaiting residential or nursing home because of lack of availability of a suitable place to meet their assessed need. <b>Additional guidance for MHSDS v2: This category should be used if the residential care placement includes NHS-funded nursing care.</b>	
E1	Awaiting care package in own home	✓	✓	✓	x	All patients whose <u>assessment is complete</u> but transfer is delayed due to awaiting a package of care in their own home.	This could either be for an SDS package at home or health visitors/district nurses so can be categorised as either NHS or SC. Identification of home circumstances on admission is crucial as a request for a

							deep clean only once someone is ready for discharge will be challenged by the LA.
F2	Awaiting community equipment, telecare and/or adaptations	✓	✓	✓	x	All patients whose <u>assessment is complete</u> but transfer is delayed due to awaiting the supply of items of community equipment	This should be used for example when awaiting the installation of handrails, ramp or bathing stool.
G2	Patient or family choice Reason not stated by family)	✓	✓	x	x	All patients <u>whose assessment is complete</u> and who have been made a reasonable offer of services but who have refused that offer. <b>Additional guidance for MHSDS v2: Patient or family choice may also include delays due to family/carer no longer wishing to support the person, or related to carer allowance/adaptations</b>	If a home of choice is not available, alternatives need to be offered as an interim. An acute bed cannot be used to wait for the home of choice if a suitable alternative is available in the interim in the community.  NB: See Appendix 1 re: Care and Support and Aftercare (Choice of Accommodation) Regulations 2014
G3	Patient or family choice – Non acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	x	x	x	See G2 above	See G2 above. Attributed to NHS as proposed next step is another NHS facility
G4	Patient or family choice – Care Home without	x	✓	x	x	See G2 above	See G2 above. Attributed to social care as proposed next step is a social care

	nursing placement						placement.
G5	Patient or family choice – Care Home with Nursing Placement	✓	✓	✓	x	See G2 above	See G2 above.
G6	Patient or family choice – care package in own home	✓	✓	✓	x	See G2 above	See G2 above
G7	Patient or family choice – community equipment, telecare and/or adaptations	✓	✓	✓	x	See G2 above	See G2 above
G8	Patient or family choice – general needs housing/ private landlord acceptance as patient NOT covered by Housing Act/ Care Act	✓	✓	x	✓	See G2 above	See G2 above
G9	Patient or family choice – supported accommodation	✓	✓	x	✓	See G2 above	See G2 above
G10	Patient or family choice – emergency accommodation from the Local Authority under the Housing Act	✓	✓	x	✓	See G2 above	See G2 above
G11	Patient or family	✓	✓	x	x	See G2 above	See G2 above

	choice – child or young person awaiting social care or family placement						
G12	Patient or family choice – Ministry of Justice agreement/ permission of proposed placement	x	x	x	x	See G2 above	See G2 above
H	Disputes	✓	✓	x	✓	This should only be used to record disputes between statutory agencies, either concerning responsibility for the patient’s onward care or concerning an aspect of the discharge decision. The delay should be recorded as the responsibility of the agency that is taking interim responsibility for the patient’s care.	This would be used when there is a dispute about the care not about who is funding it – that should be recorded under Awaiting Public Funding.  This could also be used to record if there is a DTOC allocation dispute
I2	Housing – Awaiting availability of general needs/ private landlord accommodation acceptance as patient NOT covered by Housing Act and/or the Care Act	✓	✓	x	✓	Housing delays for people who are not eligible for care and support and therefore this needs to be determined first before allocating to this category.  <b>Additional guidance for MHSDS v2: This category should be used for housing delays that are for people without care and support</b>	This is for people who require general needs housing e.g. Single homeless people but have not yet been accepted as in Priority Need or do not have care and support needs under the Care Act. Should consider giving advice on how to find accommodation – homeless shelters/private landlords etc. Likely to not warrant follow up from mental

						needs under the Care Act. For instance, this may include medical nomination/ referral, arrangement or transfer to accessible or adapted housing, occupational therapy assessment for aids and adaptations, access to floating support or housing related support	health services.  This could also be used for those requiring Housing Transfers.
I3	Housing – single homeless patients or asylum seekers NOT patients not covered by the Care Act	✓	x	x	✓	<b>Additional guidance for MHSDS v2. This category includes people with no recourse to public funds</b>	This category should be used for people with NRPF who have been assessed under the Care Act as having care and support needs or requiring support under the Human Rights Act.
J2	Housing – awaiting supported accommodation	✓	✓	x	✓	<b>Additional guidance for MHSDS v2. This would typically include delays when people are waiting for sheltered housing, extra care housing, adult placement schemes, crisis houses, refuges, therapeutic communities, short stay hostels and other specialist step up/step down accommodation</b>	This should be used for all requests for non-registered care – usually in-borough facilities providing low, medium or high levels of support. These requests for supported accommodation usually require approval and as such should follow the principles outlined in D2.
K2	Housing – Awaiting emergency accommodation from the Local Authority under the Housing Act	✓	✓	x	✓	<b>Additional guidance for MHSDS v2: This category should be used when a person cannot be discharged from care because they are awaiting accommodation under the Housing Act, for example,</b>	This is for people who require general needs housing who have already been accepted by the Housing Department.



						for people who are legally homeless or have a priority need	
L1	Child or young person awaiting social care or family placement	✓	✓	x	x	<b>Addition to MHSDS v2: This category should be used for children and young people whose discharge is delayed because they are awaiting placements in childrens homes, foster care placements or kinship care</b>	Follow national guidelines – unlikely this would ever be used.
M1	Awaiting Ministry of Justice agreement/ permission of proposed placement	x	x	x	x	<b>Addition to MHSDS v2</b>	This should be used when placement has been identified and funding has been agreed but only reason the patient cannot leave hospital is that the MoJ has not agreed for restricted patients
N1	Awaiting outcome of legal requirements (mental capacity/ mental health legislation)	✓	✓	x	✓ (in sheltered or supported housing)	<b>Addition to MHSDS v2: This could typically include delays relating to decisions from Independent Mental Capacity Advocates (IMCA) and/or for a deprivation of liberty safeguard (DoLS)</b>	This should be used for delays relating to: Court of Protection CTO or guardianship where condition of residence is delaying the application MCA – Best Interests assessments/IMCA decisions

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## APPENDIX 1

The Care and Support and Aftercare (Choice of Accommodation) Regulations 2014 came into force at the same time as the Care Act on 1 April 2015 (Choice Regulations). The Choice Regulations apply to all types of accommodation commissioned by local authorities.

Regulation 4 enables an adult (aged 18 and over), who qualifies for care and support or s.117 aftercare, to express a preference for particular accommodation if the accommodation is of the following type:

- Care home accommodation;
- Shared lives scheme accommodation; or
- Supported living accommodation

and ALL OF the following conditions are met:

-The preferred accommodation is of the same type that the LA has decided to provide or arrange;

-It is suitable for the person's needs (i.e. the needs identified in the CPA care plan);

It is available;

Where the accommodation is not provided by the LA, the provider of the accommodation agrees to provide the accommodation to the person on the LA's terms; and

Where the cost of the preferred accommodation is in excess of what the LA would expect to pay, the LA must be satisfied that the person being provided with accommodation is willing and able to make a top up payment for the additional cost and the payer enters into a written agreement with the LA to pay this additional cost.

If the accommodation is of the above type AND the above conditions are met, LAs **are required** to provide / arrange the provision of the preferred accommodation. Regulation 9 requires a LA to give written reasons for a refusal to provide or arrange for the provision of preferred accommodation.

If a person lacks capacity to express a choice for themselves, LAs should provide the choices expressed by the person's advocate, carer or legal guardian unless in the LA's opinion, it would be against the best interests of the person.

In some cases, the person or family may wish to top up payments in order to secure their preferred accommodation. Where a LA is providing or arranging accommodation as part of s.117 aftercare, it is open to the person or their family to make top-up payments to secure their preferred accommodation.