

Managing Transfers of Care – Frequently asked questions

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What are delayed transfers of care (DTOCs)?

'Behind every delay is a person in the wrong place'

Delayed transfers of care, sometimes inaccurately referred to as 'bed-blocking', occur when a patient is ready to leave hospital but is still occupying a hospital bed. According to NHS England, a patient is ready to leave when:

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

Delayed transfers of care are reported as a number of days where a patient delayed is occupying a bed. But it is important to remember that behind every 'delayed day' is a person in the wrong place for them. Local care and health systems are committed to minimising unnecessary hospital stays and providing the best social care support for people who need it, ensuring better outcomes of care for individuals.

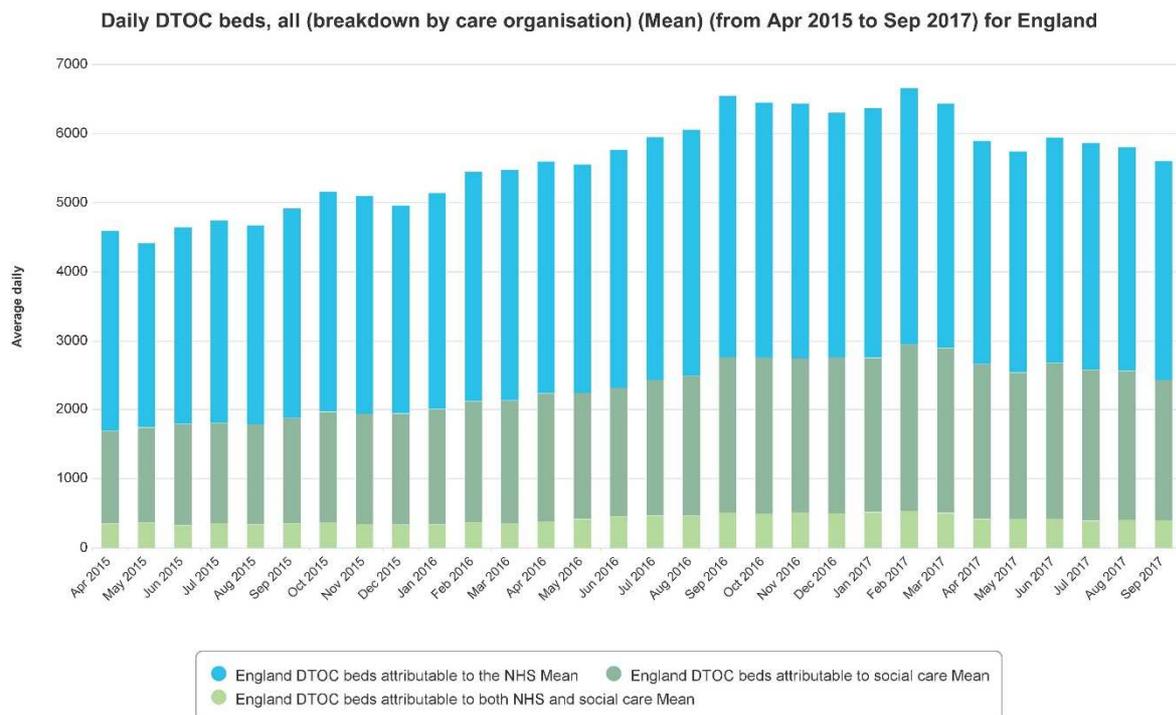
Why do they happen?

Patients may be delayed for a variety of reasons. For example, waiting for onwards care at a community NHS facility such as a community hospital. Or waiting for social care to be arranged at a residential or nursing home or for a care package at home to be developed. Often delays can arise simply because a patient's assessments aren't completed before they recover. Completing a needs assessment of onward care generally requires agreement from a multidisciplinary group of hospital clinicians, social workers and other care workers.

Agreeing that a patient is fit for discharge, as well as acquiring a care package and getting paperwork completed on time, can be a lengthy process. Other factors can also come into play such as disputes between families/patients and providers concerning where the patient should be transferred; waiting for equipment to be installed in the community; awaiting public funding and housing issues. More recently however it is recognised that it is not generally in the patient's best interest to remain in an acute hospital whilst this is going on as older people can quickly lose their function and mobility and can be at risk of further medical decline.

How many delayed days are there?

In 2016/17 there were 2.3 million delayed transfer days in England, an average of around 6,200 every day of the year. The average number of delayed days for 2016/17 was 25 per cent higher than the previous year.



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Why do delayed transfers of care matter?

Keeping patients in hospital longer than required can have long term detrimental effects on the individual and their families, and can place additional strain on health and social care resources.

Prolonged stays can affect patient morale, mobility, and increase the risk of hospital-acquired infections. Effects on mobility can be particularly felt by older patients. For every 10 days of bed rest in hospital, the equivalent of 10 years of muscle ageing occurs in people over 80 years old, and building this muscle strength back up takes twice as long as it does to deteriorate¹. As well as leading to a detrimental loss of independence, this can also mean that patients may require additional health and social care support as a result.

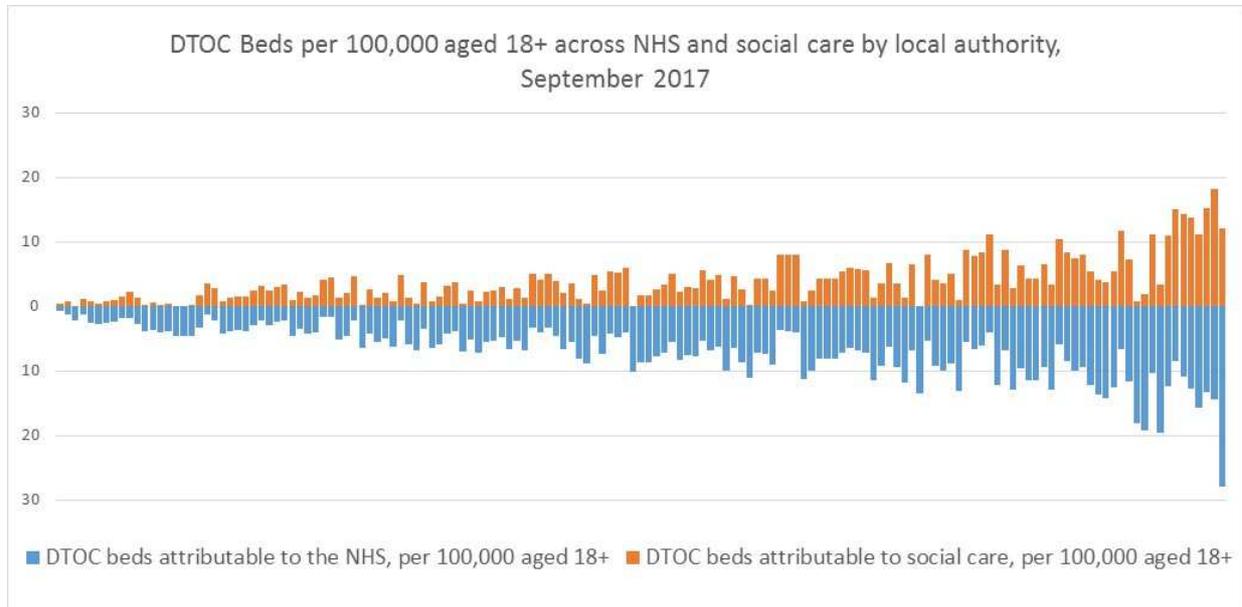
Delayed transfers of care are costly for hospital trusts. In addition to having to pay to provide places for patients who are ready to leave, there are then insufficient beds for people who need hospital care. Delayed transfers can also be costly for local authorities. The longer an older person stays in hospital, the more dependent on longer term social care services they are likely to be when they are discharged.

Will a reduction in adult social care delays improve system performance?

All councils are committed to reducing their delays in hospitals but this has most success when working in close partnership with health colleagues. Delays in transfers of care can either be reported as attributable to social care (local authority)

¹ <https://www.england.nhs.uk/blog/jane-cummings-32/> or <http://biomedgerontology.oxfordjournals.org/content/59/7/M755.full.pdf+html> for original research paper.

or to health or to both. Places with higher delays for social care reasons are also more likely to also have higher delays for NHS reasons. Issues within the local health and social care economy as a whole affect the level of delays and so the focus ought to be on the performance of the whole system rather than individual organisations within it.



Are most delays due to adult social care?

Although delays for social care reasons have increased over the past 12 months, the majority of delays – 56 per cent in August 2017 – are still due to waits for further NHS services. The fact that most hospitals no longer ‘fine’ councils for delays suggests a recognition that this is shared problem requiring collaboration not blame. Holding councils culpable for all delayed transfers is therefore inaccurate, inappropriate and unhelpful. However, the problem still remains and needs to be addressed. There is no single or simple national explanation for the variations and local leaders need to work together to understand what drives local performance and to agree what action will be effective in reducing delays.

Efforts made by the Government to reduce the number of delayed transfers of care focus largely around the use of the [Better Care Fund](#), a pooled budget between local authorities and the NHS to better integrate health and social care services. Local care and health systems are committed to minimising unnecessary hospital stays and providing the best social care support for people who need it.

How are delayed transfers of care measured and reported?

NHS England provides a monthly summary for England as a whole, by NHS provider and by local authority. This is published approximately six weeks after the end of the reference month. So for example delayed transfers of care in September 2017 were published in November 2017. It includes all ‘bed days’ when a patient is ready to move on from hospital and is still occupying a bed, for all patients delayed within the month. The delayed transfer of care is then categorised by:

- The type of care the patient receives – acute or non-acute.

- The organisation responsible for the delay – this can be either the NHS, social care or both. For example, if the patient is awaiting a NHS continuing healthcare assessment, then the NHS is the responsible organisation.
- The reason that the patient in question is experiencing a delayed transfer of care. For example, the patient is awaiting a nursing home placement or availability.

NHS providers include organisation that provide NHS treatment or care, such as an NHS acute trust, mental health trust, community provider, or an independent sector organisation. The local authority is the usual residence of the patient delayed. Data for this collection is available back to August 2010 at <http://www.england.nhs.uk/statistics/delayed-transfers-of-care/>.

How is this data collected?

NHS Trusts, NHS Foundation Trusts and Social Enterprises submit data monthly to NHS England's online tool for collecting and sharing NHS performance data. The purpose of the return is to identify patients who are in the wrong care setting for their current level of need and it includes patients waiting for external transfer in all NHS settings, irrespective of who is responsible for the delay. Information about delayed transfers of care is collected for acute and non-acute patients, including mental health and community patients.

Data are submitted against each of the 152 local authorities with social services responsibility in which each delayed patient resides. Once data are submitted and signed-off, NHS England performs central validation checks to ensure good data quality.

Figures on delayed transfers of care must be agreed with the Directors of Adult Social Services (DASS). NHS bodies will need to have a secure and responsive system with local care and support partners, which will enable these figures to be agreed by an appropriate person acting in the authority of the Director of Adult Social Services within the necessary timescale for returning data. The President of ADASS (Association of Directors of Adult Social Services) has written to DASSs to advise them to ensure that this local verification process is in place and used.

What is the 3.5 per cent target? What does it mean?

The NHS England 2017/18 Mandate between the Government and NHS England set the expectation that delayed transfers of care (NHS, adult social care and jointly attributable combined) should be reduced by September 2017 to 3.5 per cent of occupied hospital beds, or expressed from a local authority perspective, not more than 9.4 people in total delayed in hospital per 100,000 adults. The NHS calculates this reduction will free up around 2,500 beds per day to help improve A&E performance and help reduce winter pressures. The Government has stated that responsibility for the overall reduction in DTOC should be equal (i.e. 50:50) between

the NHS and local government. This equates to reducing delays to release around 1,250 hospital beds by each of the NHS and local government.

February 2017 was the highest ever reported level of delayed transfers of care and was used as the baseline for setting national and local expectations. Overall the reductions at a **national** level mean that for each sector:

- Reducing from 5.6 people delayed in hospital per 100,000 adults due to social care to approximately 2.6.
- Reducing from 8.5 people delayed in hospital per 100,000 adults due to the NHS to approximately 5.5.
- **Whilst also** maintaining or improving the current levels of people delayed in hospital per 100,000 adults jointly attributable at 1.2.

This means that adult social care has a disproportionately higher responsibility for reducing DTOCs.

How were local targets for delayed transfers of care due to social care set?

Through the Better Care Fund programme, health and wellbeing boards were asked to agree targets for overall, NHS and social care delays to collectively meet the national levels set. This was a new and unanticipated requirement which was imposed after many areas had already set DTOC targets within their Better Care Fund plan. The methodology applied for delays attributable to adult social care targets was as follows.

- The best performing local authorities that are already performing below a rate of 2.6 per 100,000 adults on adult social care delays must maintain or improve on this 'current' (February 2017) performance.
- The middle performing local authorities that have a rate of social care delays between 2.6 and 7.7 must reduce this rate down to 2.6. This requires the most challenged performer in this group to reduce their rate by two thirds.
- The most challenged local authorities, i.e. those with a rate above 7.7, must reduce their rate by two thirds to achieve the level of reduction required of the most challenged performer in the middle performing group above i.e. reducing their rate by two thirds.

Does the NHS have the same target as adult social care?

No. At a population based rate, for delays attributable to the NHS within each local authority area the required improvement is defined as follows.

- In the best performing areas where NHS attributable DTOC are already below a rate of 5.5 per 100,000 adults, the NHS must maintain or improve on this 'current' (February 2017) performance.
- In the middle performing areas where NHS attributable DTOC are at a rate of between 5.5 and 11.2 the NHS must reduce this to 5.5 or below. This requires the most challenged performer in this group to reduce their rate by half.

- In the most challenged areas where NHS attributable DTOC are above 11.2, the NHS must reduce their rate by half.

A small proportion of delays are jointly attributable to both the NHS and social care. Levels of jointly attributable DTOC locally and nationally are expected, at a minimum, to be held at their current levels, and where possible improved.

At a local level the share of reduction that is needed across adult social care and the NHS varies reflecting the existing share of delayed days locally. If local NHS and authority partners consider that the indicative split for their area is not appropriate, they may agree a different split.

How do I know what the DTOC target is for my own authority, and how ambitious this is?

[Appendix 1](#) details the expectations set for all Health and Wellbeing Board areas alongside the rate of DTOCs as published for February 2017 which was used as the baseline. Delayed transfers of care are shown as average daily beds (DTOC beds) per 100,000 population aged 18 and over.

How can I find out how my council is doing?

Council level data for delayed transfers of care is published monthly – usually on the 2nd Thursday of the month. This report hosted in LG Inform provides a [simple overview for your council](#).

Further reports are available [here](#).

What support is available for councils?

The LGA is continuing to work with councils and the sector to identify the challenges and barriers and work towards positive solutions that maintain a focus on the people that use the services.

The [Care and Health Improvement Programme \(CHIP\)](#) has in place a support offer and is working to ensure it is well targeted and meets specific local needs on winter preparedness. The key elements of its extended offer on delayed transfers of care comprise:

- Getting reliable weekly data on DTOC from health and social care to provide a more timely picture at local and national level.
- A shared view of the true picture - shared across health and ASC – to understand where support is most effectively targeted.
- Getting the right support into local systems - and significantly increasing the capacity of CHIP to provide timely and appropriate support.
- A universal support offer to health and care systems on winter preparedness including advice to the sector on resilience, what good looks like and scenario planning.
- Building a library of case studies to illustrate effective action on DTOC and publishing research and analysis on what works.

Appendix 1: DTOC expectations for councils

	Total Delayed Days per day per 100,000 18+ population (NB includes, NHS, social care and jointly attributable)	NHS Delayed Days per day per 100,000 18+ population	Adult Social Care Delayed Days per day per 100,000 18+ population	Resulting delayed days per day attributable to both NHS and social care per 100,000 18+ population	(Actual) DTOC beds attributable to both NHS and social care, per 100,000 aged 18+
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LA Name	Sept 17 expectation, all	Feb 17 baseline, all	Sept 17 expectation, NHS	Feb 17 baseline, NHS	Sept 17 expectation, social care	Feb 17 baseline, social care	Sept 17 expectation, both	Feb 17 baseline, both
England	9.4	15.3	5.5	8.5	2.6	5.6	1.2	1.2
Barking and Dagenham	6.2	6.2	4.8	4.8	0.7	0.7	0.7	0.7
Barnet	9.1	13.2	5.5	5.6	2.6	6.6	1.0	0.9
Barnsley	2.7	2.7	1.7	1.7	0.5	0.5	0.5	0.4
Bath and North East Somerset	7.9	10.2	4.6	4.6	2.6	4.9	0.7	0.7
Bedford	7.0	8.1	5.5	6.6	0.5	0.5	1.0	1
Bexley	6.9	8.4	3.9	3.9	2.6	4.1	0.4	0.4
Birmingham	11.2	22.1	5.5	7.3	4.7	14	1.0	0.9
Blackburn with Darwen	5.9	10.3	3.3	3.2	2.6	7	0.0	0
Blackpool	11.0	16.4	5.5	7.2	2.6	6.2	2.9	2.8
Bolton	8.3	12.1	5.5	7.9	2.6	4.1	0.2	0.1
Bournemouth	10.3	13.4	5.5	8.6	2.4	2.4	2.4	2.4

LA Name	Sept 17 expectation, all	Feb 17 baseline, all	Sept 17 expectation, NHS	Feb 17 baseline, NHS	Sept 17 expectation, social care	Feb 17 baseline, social care	Sept 17 expectation, both	Feb 17 baseline, both
Bracknell Forest	10.9	15.8	5.5	6.7	2.6	6.5	2.8	2.7
Bradford	3.8	3.8	2.8	2.8	1.0	1	0.0	0
Brent	7.0	9.4	3.9	3.9	2.6	5	0.5	0.5
Brighton and Hove	10.5	18.9	5.7	11.5	2.6	5.3	2.2	2.1
Bristol, City of	9.0	13.2	2.8	2.8	2.6	6.8	3.6	3.6
Bromley	4.0	5.1	1.4	1.4	2.6	3.7	0.0	0
Buckinghamshire	7.9	11.1	5.5	8.8	2.3	2.3	0.1	0
Bury	11.5	22.2	5.5	7.8	4.3	12.7	1.7	1.6
Calderdale	2.4	2.4	1.2	1.2	1.2	1.2	0.0	0
Cambridgeshire	10.4	17	5.5	9.7	2.6	5.1	2.3	2.2
Camden	7.4	7.9	5.5	6	1.9	1.9	0.0	0
Central Bedfordshire	6.7	8.7	5.5	7.5	0.9	0.9	0.3	0.3
Cheshire East	8.8	19.8	6.1	12.3	2.6	7.4	0.1	0.1
Cheshire West and Chester	8.9	12.1	5.5	6.8	2.6	4.6	0.8	0.7
City of London	Not set	25.5	Not set	13.4	Not set	12.1		0
Cornwall	15.9	36.8	8.6	17.4	6.3	18.4	1.0	1
County Durham	3.7	3.7	3.0	3	0.5	0.5	0.2	0.2
Coventry	15.7	24.2	8.4	16.9	2.0	2	5.3	5.4
Croydon	8.5	10.4	5.5	5.7	2.6	4.4	0.4	0.3
Cumbria	18.6	40.7	6.6	13.3	7.9	23.3	4.1	4
Darlington	6.7	7.6	5.5	6.4	1.2	1.2	0.0	0
Derby	5.1	5.1	4.3	4.3	0.9	0.9	-0.1	0
Derbyshire	8.5	9.4	5.5	6.2	2.6	2.8	0.4	0.4
Devon	12.6	23.9	8.4	17	2.6	5.3	1.6	1.5
Doncaster	7.1	8.7	2.2	2.2	2.6	4.2	2.3	2.3
Dorset	9.5	18.5	5.9	12	2.6	5.5	1.0	1
Dudley	11.0	19.8	5.5	6	4.3	12.6	1.2	1.2

LA Name	Sept 17 expectation, all	Feb 17 baseline, all	Sept 17 expectation, NHS	Feb 17 baseline, NHS	Sept 17 expectation, social care	Feb 17 baseline, social care	Sept 17 expectation, both	Feb 17 baseline, both
Ealing	11.0	20.4	5.5	5.9	4.7	13.7	0.8	0.8
East Riding of Yorkshire	8.2	10.7	5.5	6	2.6	4.7	0.1	0
East Sussex	10.9	24	7.2	14.6	2.9	8.6	0.8	0.7
Enfield	7.5	11.5	5.5	9.5	2.0	2	0.0	0
Essex	8.7	13.1	5.5	6.6	2.6	6	0.6	0.5
Gateshead	8.2	10.3	5.5	6.2	2.6	4.1	0.1	0
Gloucestershire	9.8	17.7	7.7	15.6	2.0	2	0.1	0.1
Greenwich	3.6	3.7	1.0	1	2.6	2.7	0.0	0
Hackney	6.4	10.2	3.8	3.8	2.6	6.4	0.0	0
Halton	10.5	20.1	7.5	15.1	2.6	4.6	0.4	0.4
Hammersmith and Fulham	9.6	11.8	5.5	5.6	2.6	4.8	1.5	1.4
Hampshire	11.0	21.7	5.5	8.6	4.0	11.7	1.5	1.5
Haringey	8.6	9.1	5.5	5.6	2.6	3.1	0.5	0.4
Harrow	8.5	9.7	5.5	6.7	1.5	1.5	1.5	1.5
Hartlepool	8.3	15.1	6.6	14.8	1.7	0.3	0.0	0
Havering	6.6	6.6	5.1	5.1	1.4	1.4	0.1	0.1
Herefordshire, County of	8.3	17.6	5.5	9.4	2.8	8.2	0.0	0
Hertfordshire	10.3	22.2	7.4	14.9	2.6	7	0.3	0.3
Hillingdon	9.9	11.6	5.5	7.1	2.6	2.8	1.8	1.7
Hounslow	6.1	6.8	3.0	2.9	2.6	3.4	0.5	0.5
Isle of Wight	8.8	17.9	4.1	4.2	4.7	13.8	0.0	0
Islington	8.4	9.3	5.5	6.4	2.6	2.6	0.3	0.3
Kensington and Chelsea	7.4	7.6	3.3	3.4	2.6	2.9	1.5	1.5
Kent	8.7	14.8	5.5	9.5	2.6	4.8	0.6	0.5
Kingston upon Hull, City of	6.1	7.8	3.4	3.4	2.6	4.4	0.1	0
Kingston upon Thames	6.3	8.2	5.5	7.4	0.8	0.8	0.0	0
Kirklees	8.3	8.4	5.5	5.7	1.3	1.3	1.5	1.5

LA Name	Sept 17 expectation, all	Feb 17 baseline, all	Sept 17 expectation, NHS	Feb 17 baseline, NHS	Sept 17 expectation, social care	Feb 17 baseline, social care	Sept 17 expectation, both	Feb 17 baseline, both
Knowsley	8.2	10.9	4.7	4.7	2.6	5.3	0.9	0.9
Lambeth	4.8	4.8	3.2	3.2	1.2	1.2	0.4	0.4
Lancashire	8.8	15.2	5.5	7.4	2.6	7.1	0.7	0.6
Leeds	8.5	14.1	5.5	9.4	2.6	4.4	0.4	0.3
Leicester	9.4	12.2	5.5	8.3	0.9	0.9	3.0	3
Leicestershire	8.6	12.6	5.5	9.6	1.3	1.3	1.8	1.7
Lewisham	5.1	5.1	3.2	3.2	1.7	1.7	0.2	0.3
Lincolnshire	9.1	15.4	5.6	11.3	2.6	3.3	0.9	0.9
Liverpool	8.8	11	5.5	6.9	2.6	3.6	0.7	0.6
Luton	3.6	3.6	3.2	3.1	0.5	0.5	-0.1	0
Manchester	10.4	22.1	5.5	9.6	3.9	11.5	1.0	0.9
Medway	8.5	11.2	5.5	6.9	2.6	4	0.4	0.3
Merton	3.7	3.7	1.4	1.4	1.7	1.6	0.6	0.6
Middlesbrough	8.2	12.8	5.5	9.1	2.6	3.8	0.1	0
Milton Keynes	8.7	15.2	6.4	12.9	2.4	2.3	-0.1	0
Newcastle upon Tyne	5.0	5	4.0	4.1	0.9	0.9	0.1	0
Newham	3.9	3.9	2.1	2.1	1.8	1.8	0.0	0
Norfolk	8.1	10	5.3	5.3	2.6	4.5	0.2	0.2
North East Lincolnshire	6.6	9.5	5.5	8.4	0.8	0.8	0.3	0.3
North Lincolnshire	9.7	9.7	5.1	5.2	2.3	2.3	2.3	2.2
North Somerset	11.3	17.6	5.5	6.3	2.8	8.3	3.0	3
North Tyneside	3.5	3.5	3.4	3.4	0.2	0.2	-0.1	0
North Yorkshire	9.5	16.7	5.5	7.6	2.7	7.9	1.3	1.3
Northamptonshire	21.9	37.8	9.9	19.9	3.0	8.9	9.0	9
Northumberland	6.2	6.2	5.1	5.1	1.0	1	0.1	0
Nottingham	5.7	11.8	5.5	11.1	0.1	0.7	0.1	0
Nottinghamshire	6.8	9.1	5.5	7.9	0.7	0.7	0.6	0.6

LA Name	Sept 17 expectation, all	Feb 17 baseline, all	Sept 17 expectation, NHS	Feb 17 baseline, NHS	Sept 17 expectation, social care	Feb 17 baseline, social care	Sept 17 expectation, both	Feb 17 baseline, both
Oldham	4.2	4.2	2.7	2.6	1.5	1.6	0.0	0
Oxfordshire	24.3	35.3	9.3	18.8	2.6	4.1	12.4	12.3
Peterborough	6.6	13.2	6.5	13.1	0.0	0	0.1	0.1
Plymouth	14.0	31.7	10.4	20.9	3.7	10.8	-0.1	0
Poole	11.3	16.7	5.5	11	0.9	0.8	4.9	4.9
Portsmouth	8.6	16.6	5.5	7.7	3.0	8.8	0.1	0
Reading	10.9	20	5.5	9.2	2.8	8.2	2.6	2.6
Redbridge	5.1	5.1	4.8	4.8	0.3	0.4	0.0	0
Redcar and Cleveland	8.2	15.5	5.5	8.6	2.6	6.9	0.1	0
Richmond upon Thames	8.6	10.9	5.5	7.2	2.6	3.3	0.5	0.4
Rochdale	3.5	3.5	2.4	2.4	1.2	1.2	-0.1	0
Rotherham	7.7	11.2	5.5	9	1.0	1	1.2	1.2
Rutland	3.9	3.9	3.7	3.6	0.2	0.3	0.0	0
Salford	15.2	31.1	7.0	14.1	4.6	13.4	3.6	3.6
Sandwell	5.7	5.7	3.1	3.1	2.2	2.2	0.4	0.5
Sefton	8.6	12.7	5.5	9	2.6	3.2	0.5	0.5
Sheffield	21.7	37.2	10.2	20.6	2.6	7.8	8.9	8.8
Shropshire	11.2	18.9	5.5	8.5	2.6	7.3	3.1	3
Slough	6.2	6.1	4.6	4.6	1.6	1.6	0.0	0
Solihull	9.3	18.9	5.5	9	3.1	9.2	0.7	0.7
Somerset	10.8	23.7	5.5	11.1	3.8	11.1	1.5	1.5
South Gloucestershire	9.0	11.4	5.3	5.3	2.6	5	1.1	1.1
South Tyneside	8.2	11.9	5.5	5.8	2.6	6.2	0.1	0
Southampton	11.2	23.8	5.5	10.2	4.1	12.1	1.6	1.5
Southend-on-Sea	8.4	11.3	5.5	7.6	2.6	3.5	0.3	0.3
Southwark	6.5	7.5	3.5	3.5	2.6	3.7	0.4	0.4
St. Helens	6.6	6.5	4.5	4.5	2.1	2	0.0	0

LA Name	Sept 17 expectation, all	Feb 17 baseline, all	Sept 17 expectation, NHS	Feb 17 baseline, NHS	Sept 17 expectation, social care	Feb 17 baseline, social care	Sept 17 expectation, both	Feb 17 baseline, both
Staffordshire	9.7	19.5	5.5	8.6	3.4	10.1	0.8	0.8
Stockport	13.1	27	5.5	8.5	5.7	16.7	1.9	1.9
Stockton-on-Tees	5.1	5	3.9	4.5	1.2	0.6	0.0	0
Stoke-on-Trent	20.0	40.8	15.9	32	2.6	7.3	1.5	1.5
Suffolk	9.0	16.9	5.5	7.9	2.9	8.5	0.6	0.5
Sunderland	3.3	3.3	1.8	1.8	1.5	1.5	0.0	0
Surrey	8.6	10.5	5.5	7.1	2.6	3	0.5	0.5
Sutton	6.0	6.6	3.4	3.4	2.6	3.2	0.0	0
Swindon	8.9	10.5	5.1	5	2.6	4.3	1.2	1.2
Tameside	10.8	25	5.5	9.5	5.2	15.4	0.1	0.1
Telford and Wrekin	7.2	8.3	3.3	3.3	2.6	3.7	1.3	1.3
Thurrock	7.9	12.1	4.7	4.6	2.6	6.9	0.6	0.6
Torbay	6.9	7.4	4.0	4	2.6	3	0.3	0.4
Tower Hamlets	5.7	5.6	4.5	4.5	1.2	1.2	0.0	0
Trafford	20.9	46.2	10.0	20.3	7.8	22.8	3.1	3.1
Wakefield	6.3	12.4	6.0	12.1	0.3	0.3	0.0	0
Walsall	4.7	7.4	2.1	2.1	2.6	5.4	0.0	0
Waltham Forest	6.4	6.6	2.7	2.7	2.6	2.8	1.1	1.1
Wandsworth	4.5	4.5	3.1	3.1	1.3	1.3	0.1	0
Warrington	8.2	10.1	5.5	6.8	2.6	3.3	0.1	0
Warwickshire	10.1	21.8	5.5	9	4.2	12.4	0.4	0.4
West Berkshire	11.9	23.7	5.5	10.3	3.6	10.7	2.8	2.7
West Sussex	10.2	18.5	6.5	13.1	2.6	4.3	1.1	1.1
Westminster	5.9	5.9	4.8	4.8	1.1	1.1	0.0	0
Wigan	5.6	7.8	2.4	2.4	2.6	4.9	0.6	0.5
Wiltshire	11.2	23.3	7.3	14.8	2.6	7.3	1.3	1.3
Windsor and Maidenhead	9.5	16.6	6.2	12.6	2.6	3.3	0.7	0.7

LA Name	Sept 17 expectation, all	Feb 17 baseline, all	Sept 17 expectation, NHS	Feb 17 baseline, NHS	Sept 17 expectation, social care	Feb 17 baseline, social care	Sept 17 expectation, both	Feb 17 baseline, both
Wirral	10.6	10.6	4.3	4.3	0.4	0.4	5.9	5.9
Wokingham	8.4	10.4	5.5	7.3	2.6	2.9	0.3	0.2
Wolverhampton	9.0	14.4	5.1	5.1	2.8	8.1	1.1	1.2
Worcestershire	12.8	21.7	5.5	10.1	2.6	7	4.7	4.6
York	9.5	11.9	5.5	7.5	2.6	3.1	1.4	1.3

Appendix 2: About the delayed transfers of care measures

NHS England publish figures for the total number of delayed days during the month, categorised by:

- The type of care the patient receives – acute or non-acute.
- The organisation responsible for the delay – this can be either the NHS, social care or both. For example, if the patient is awaiting a NHS continuing healthcare assessment, then the NHS is the responsible organisation.
- The reason that the patient in question is experiencing a delayed transfer of care. For example, the patient is awaiting a nursing home placement or availability.

Prior to April 2017, NHSE also collected data on the number of patients delayed on the last Thursday of the month, by the same categories above. This measure has now been replaced by a similar measure called DTOC Beds. Calculated by dividing the number of delayed days during the month by the number of calendar days in the month this provides an average daily number of delays, enabling more appropriate comparison from month to month.

To enable local authorities to make meaningful comparisons with other areas, further measures have been created in [LG Inform](#) (link to list) to provide a rate per 100,000 population aged 18 and over. Recent targets set by NHS England used a measure of DTOC beds per 100,000 population aged 18+.

As hospitals do not have a defined population, the rate to enable comparison across different providers is presented as **delayed days as a percentage of occupied beds**. Data on occupied beds is published on a quarterly basis as a daily average. The DTOC rate for trusts is presented as DTOC beds (daily average) as a percentage of the average number of occupied overnight beds.

A summary of the types of measures produced is detailed in the table below.

Measure type	Explanation
Total delayed days	This is the actual number of bed days occupied by patients during the month who are ready to depart from care but still occupying a hospital bed. Areas with larger populations or larger hospitals would be expected have a higher number of delayed days.
DTOC beds	This is the daily average number of delayed bed days. It is calculated by dividing the total delays for the month by the number of days in the month. As above, larger areas and hospitals would be expected to have a larger number of DTOC beds. By using a daily average, any changes to the number of delayed days as a result of the length of the month are

	accounted for, allowing a more accurate month on month comparison.
Delayed days <u>or</u> DTOC beds per 100,000 population aged 18+	Taking the measures above this rate takes account of the size of the adult population and enables useful comparison between local authorities, and with the national rate as a whole.
DTOC beds as a % of occupied beds	This measure provides a meaningful comparison across Trusts as it presents the number of delays per day in the context of the overall capacity of the hospital. A national rate can also be calculated as a benchmark using the total DTOC beds and the daily average of occupied beds across England as a whole.

The NHS England 2017/18 Mandate sets the expectation that DTOC (NHS, adult social care and jointly attributable combined) should be reduced by September 2017 to 3.5% of occupied hospital beds, or expressed from a local authority perspective, not more than 9.4 people in total delayed in hospital per 100,000 adults.

Working this backwards using the latest data available:

Number of occupied beds as at 2017/18 Q1 for England is 113,242.

The adult population for England in 2016 is 43,482,790.

- So at 3.5% of occupied beds, the number of DTOC beds for England as a whole would be 3.5% of 113,242. This works out as 3,963 DTOC beds.
- Using the local authority population based rate this would be calculated as the total population divided by 100,000, then multiplied by 9.4 to give 4,087 DTOC beds.
- So overall, accounting for rounding this gives a national target of around 4,000 beds occupied by patients who are ready to leave hospital but still occupying a bed, per day.

Reasons for delay

	Attributable to NHS	Attributable to Local Authority (Care)	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	×	×
D i). Awaiting residential home placement or availability	✓	✓	×
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	×
H. Disputes	✓	✓	×
I. Housing – patients not covered by Care Act	✓	×	×

A patient is only be counted in ONE category of delay each day, this category should be the one most appropriately describing their reason for delay and total numbers allocated to reasons for delay should equal the number of patients delayed. The table above also shows which reasons can be attributed to NHS, local authority and both.

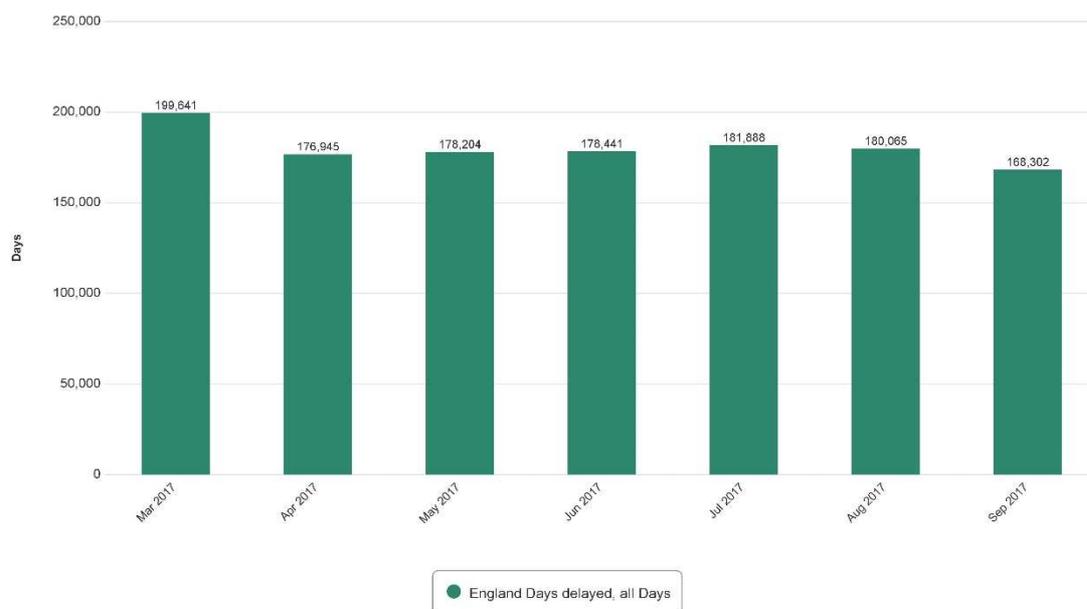
The total delayed days for a given patient can be split across the reasons for the delay. For example, if the total length of delay is 10 days, the first two days were due to waiting for the assessment to be completed and the following eight days were due to waiting for a nursing home placement, then the delayed days will be split across reason A and D ii. Data for the indicators covering reasons for delay includes ALL adults who have been receiving treatment and are awaiting discharge, not just those aged 75 and over.

Appendix 3: Understanding and making use of the data available

At a local authority level the LGA has provided measures of total delayed days, DTOC beds and total and DTOC beds per 100,000 population aged 18+. These are available through the data tools. Below are some illustrations and explanations to show what data is available.

The total number of days delayed each month.

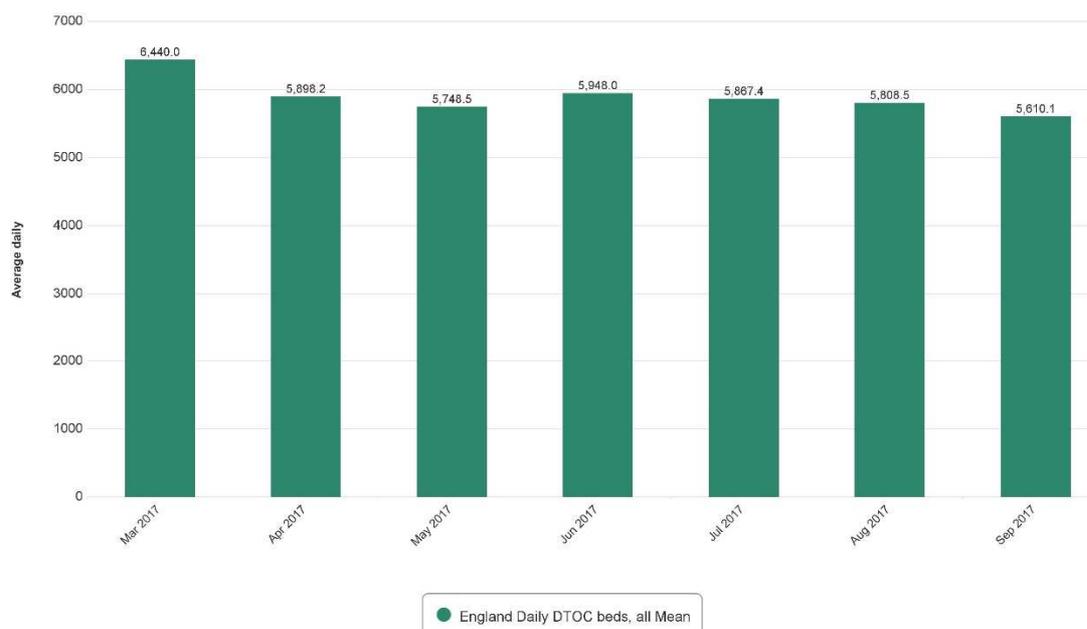
Number of days delayed within the month for all patients delayed throughout the month (days) (from Mar 2017 to Sep 2017) for England



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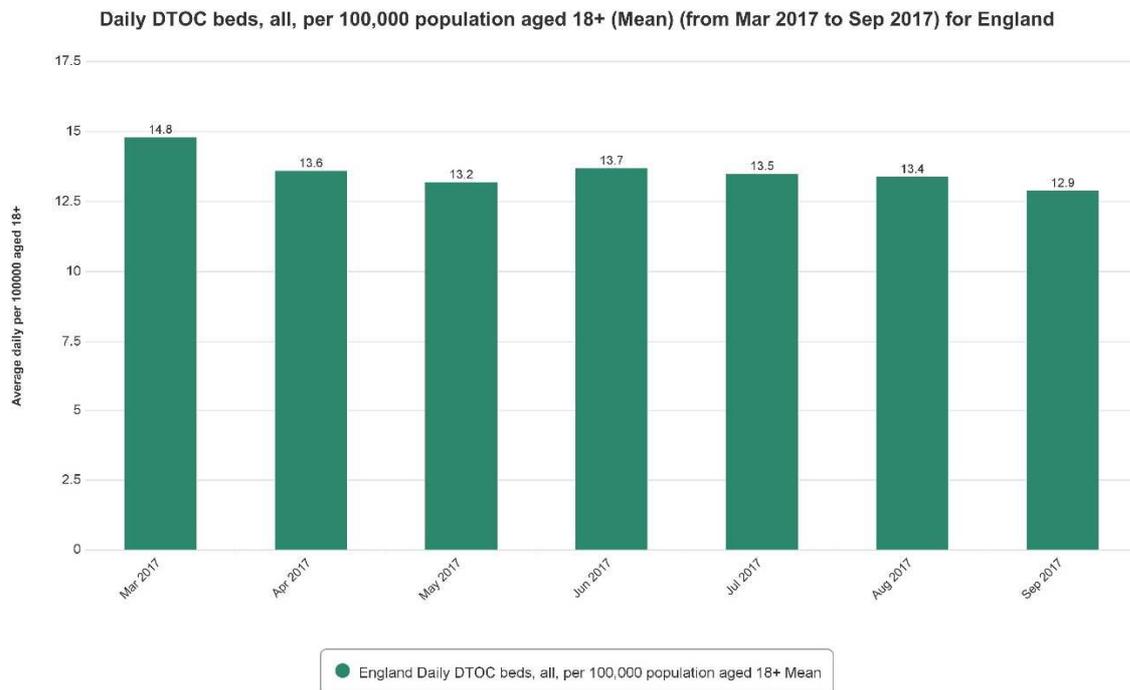
The daily average number of beds occupied by a person delayed – DTOC beds. This allows a more accurate month on month comparison.

Daily DTOC beds, all (Mean) (from Mar 2017 to Sep 2017) for England



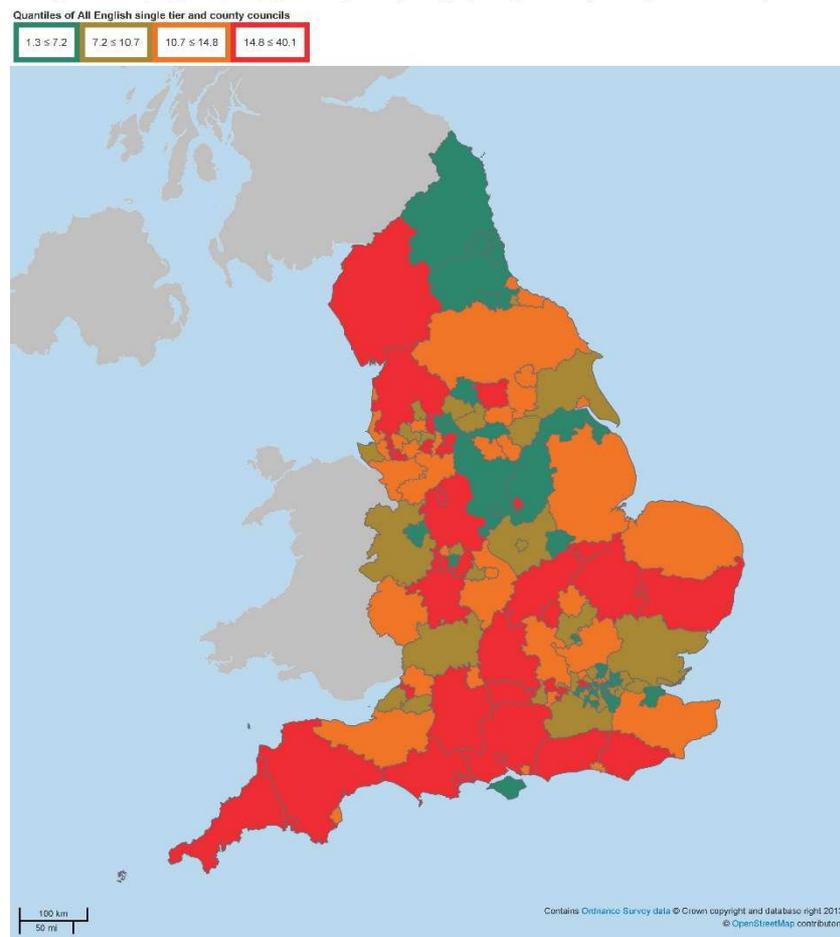
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DTOC beds per 100,000 adults. This allows for comparison between areas as in the map below.



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Daily DTOC beds, all, per 100,000 population aged 18+ (Mean) (Sep 2017) for All English single tier and county councils

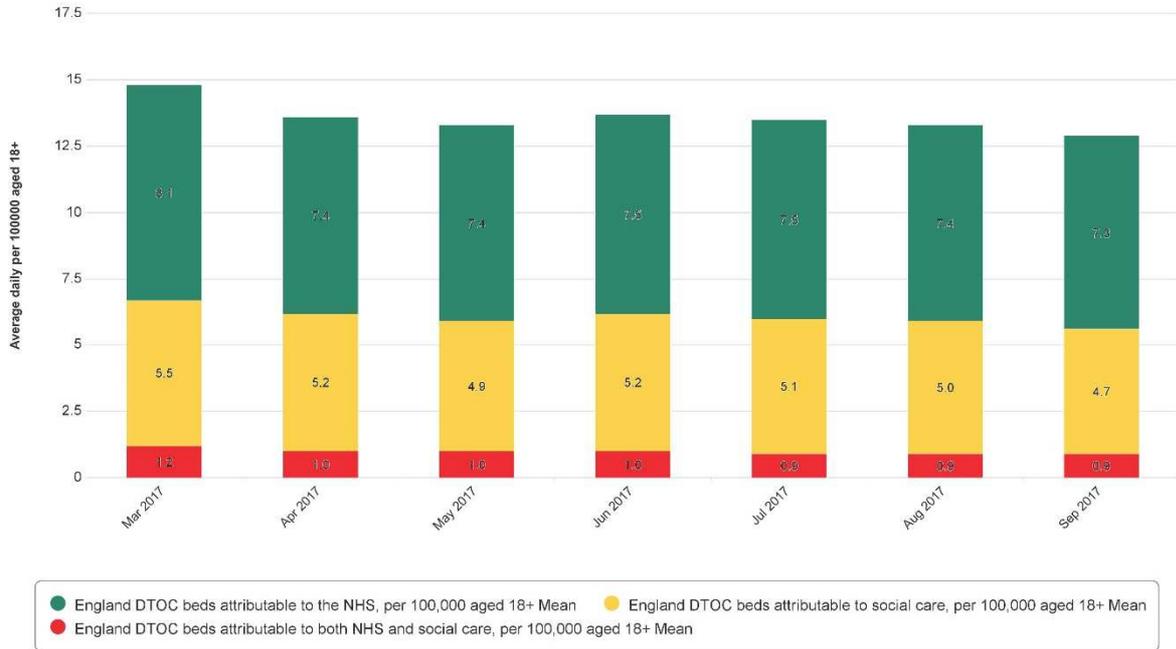


At a local authority level, by calculating a rate per 100,000 adults supports comparison with other areas or against the England total. Comparison reports are available through LG Inform – [click here](#) for a summary report or here for a [simple overview for your council](#).

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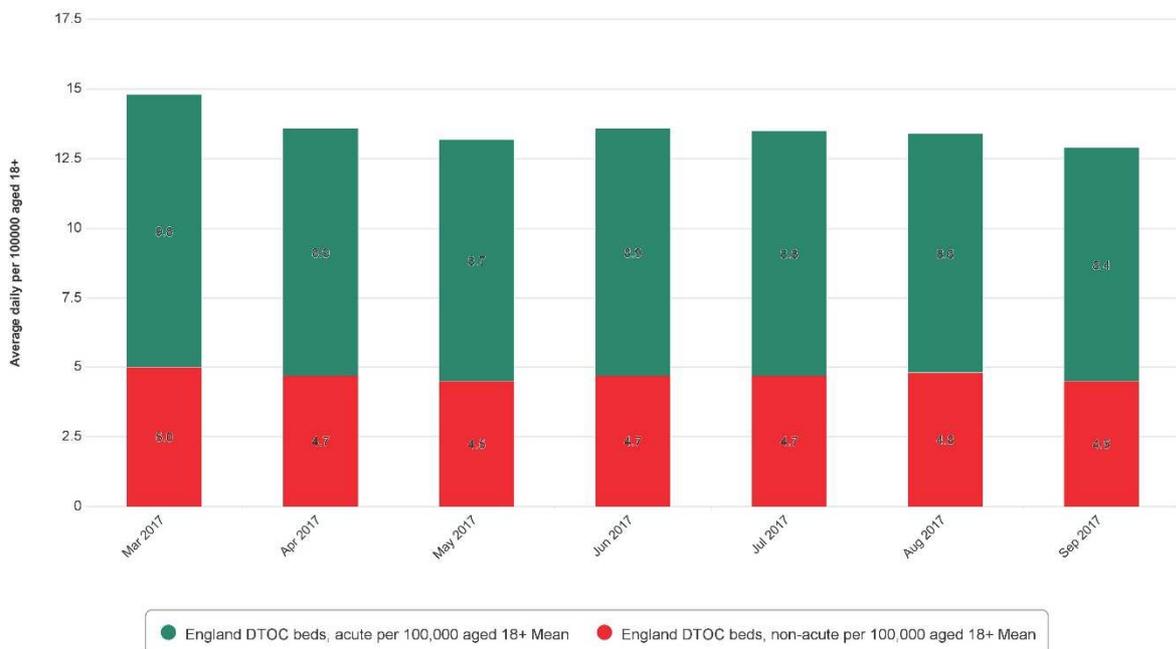
The following charts show the total DTOC beds per 100,000 adult population, but segmented by the responsible organisation, by the type of care, and by a combination of both.

Daily DTOC beds, all, per 100,000 population aged 18+ (breakdown by care organisation) (Mean) (from Mar 2017 to Sep 2017) for England



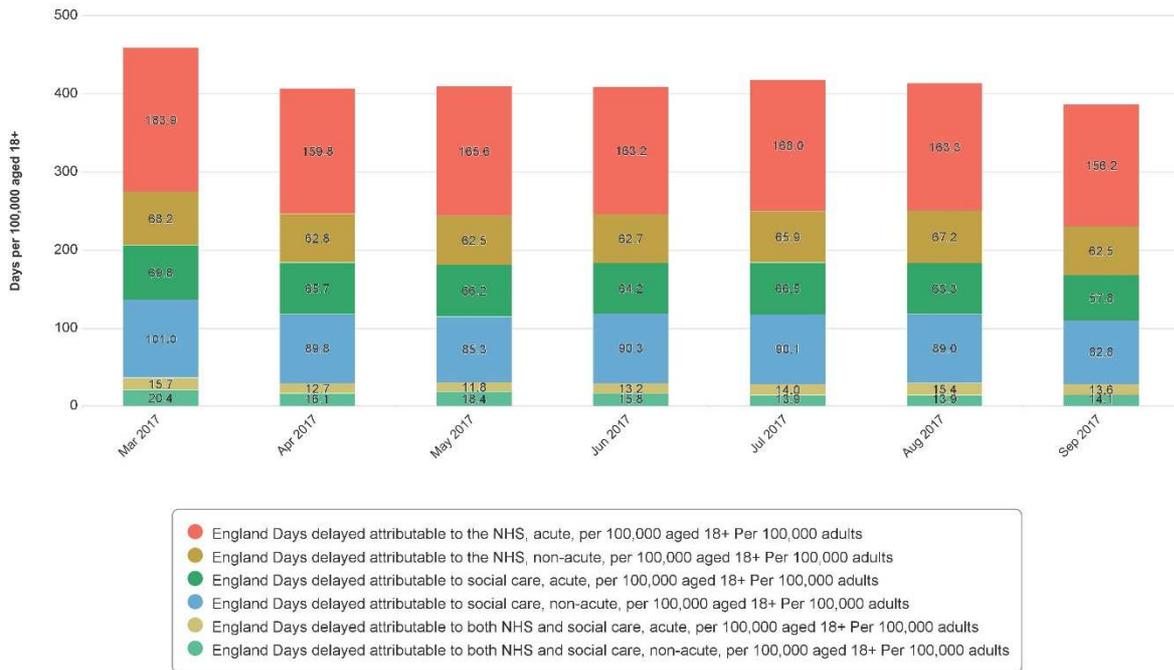
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Daily DTOC beds, all, per 100,000 population aged 18+ (breakdown by health care) (Mean) (from Mar 2017 to Sep 2017) for England



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Delayed days per 100,000 aged 18+ for England by attributable organisation and type of care

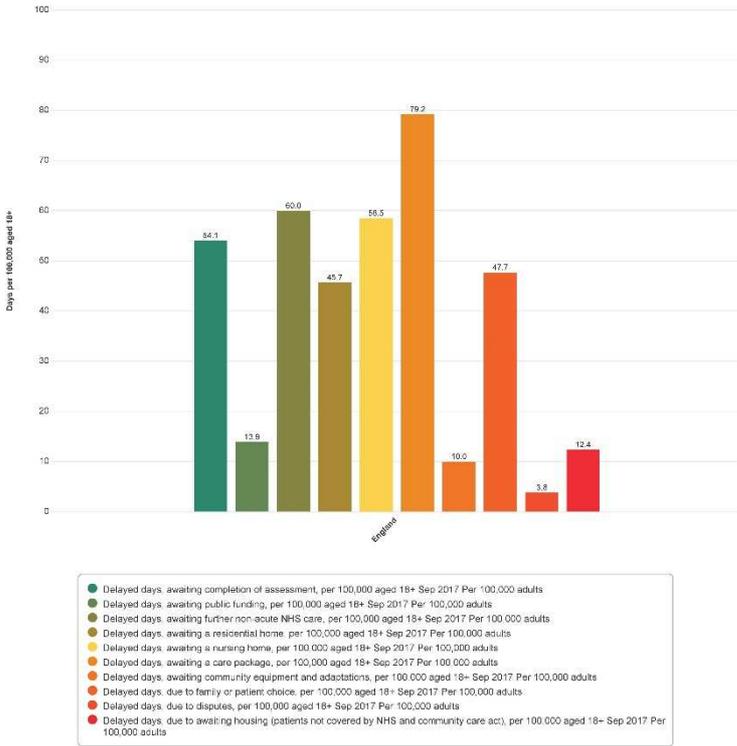


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Delays can also be reviewed by the reasons for delay. The following charts look first at the reasons for all delays, and then in more detail looking at the reasons for NHS delays, for social care delays, and for delays attributable jointly to both the NHS and social care. Due to smaller numbers at the more detailed breakdown by reason for delay, the daily DTOC bed measure has not been used. Comparative rates are based on total delayed days per 100,000 adult population.

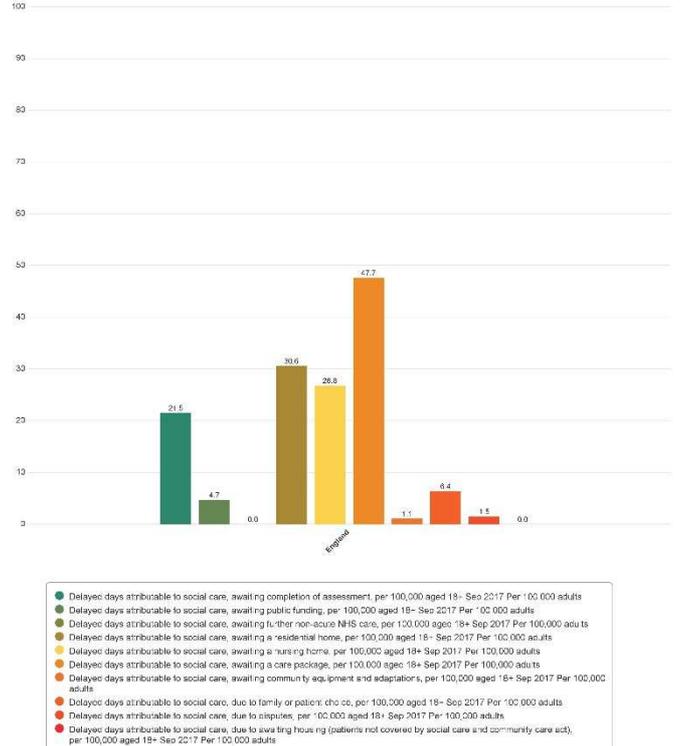
All charts in Appendix 3 can be viewed for your authority for the latest month [here](#).

Delayed days during the month, all, per 100,000 population aged 18+ (breakdown by patient delay) (per 100,000 adults) (Sep 2017) for England



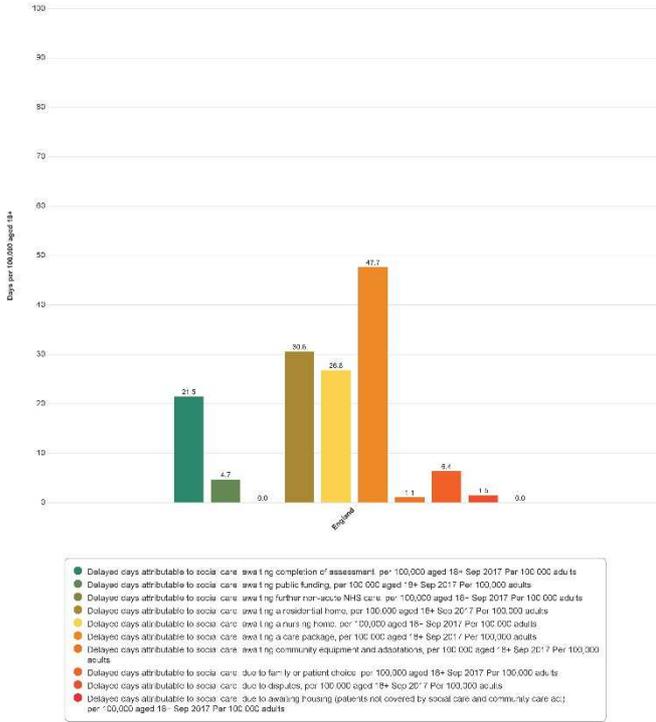
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Delayed days per 100,000 population aged 18+ attributable to social care (breakdown by patient delay) (per 100,000 adults) (Sep 2017) for England



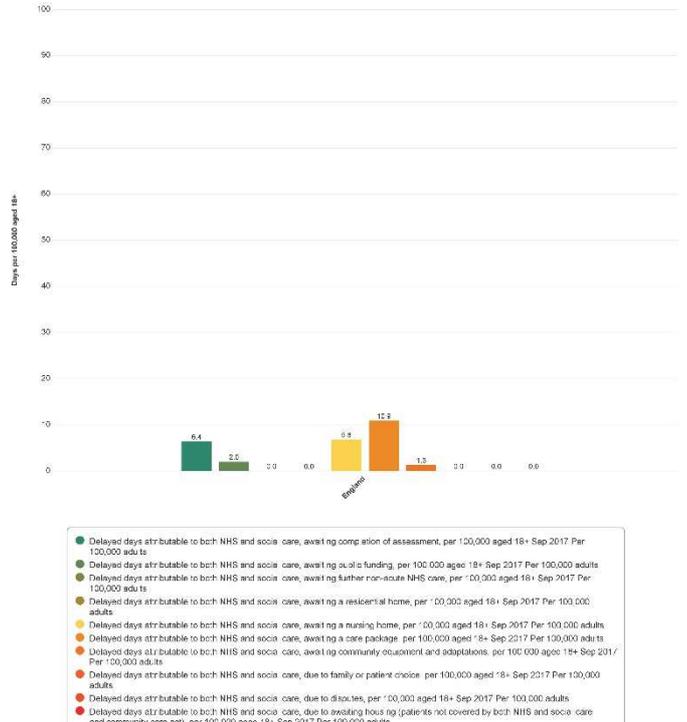
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Delayed days per 100,000 population aged 18+ attributable to social care (breakdown by patient delay) (per 100,000 adults) (Sep 2017) for England



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Delayed days per 100,000 population aged 18+ attributable to both NHS and social care (breakdown by patient delay) (per 100,000 adults) (Sep 2017) for England



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