Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Delayed Transfers of Care in the Non-Acute and Mental Health Sectors

Ref CLIN-0034-v4

Status: Ratified
Document type: Protocol

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1 Introduction

The good practice guide 'A Positive Outlook-A good practice toolkit to improve discharge from mental in-patient mental health care', states '*Delayed discharges disrupt the therapeutic potential of the ward, create dependence in the service users and waste scarce resources*.' (CSIP, April 2007)

This protocol has been developed in response to the Department of Health Guidance on the collection and monitoring of delayed transfers of care, April 2006 and to support the Mental Health Act 1998: Code of Practice (para.14.86). Its aim is to improve partnership working and promote effective discharge practice through an agreed collaborative approach to reducing delayed transfers of care.

2 Why we need this protocol

2.1 Purpose

The Community Care (Delayed Discharges etc.) Act 2003 places duties upon the NHS and councils with social services responsibilities in England relating to communication between health and social care systems around the discharge of patients and communication with patients and carers. The Care Act 2014 updates and re-enacts the provisions of the Community Care (Delayed Discharges etc.) Act 2003, which set out how the NHS and local authorities should work together to minimise delayed discharges of NHS hospital patients from acute care and to monitor delayed discharges for non-acute (including community and mental health patients). This should include:

- Which local authority is responsible for each patient delayed
- Number of patients whose discharge is delayed – subdivided by responsible local authority
- Number of days delayed (including reimbursable days) – sub-divided by responsible local authority
- Agency responsible for the delay (NHS, Local Authorities, or both)
- DTOC allocation is by residence, irrespective of who is responsible for the delay it is the Local Authority of residence

The Act introduced responsibilities for the NHS to notify social services of a patient's likely need for community care services on discharge, and to give 24 hours' notice of actual discharge. The Act also requires local authorities to reimburse the NHS Trust for each day an acute patient's discharge is delayed from an acute hospital bed where the sole reason for that delay is the responsibility of social services, either in making an assessment for community care services or in providing these services. "Acute care" means intensive medical treatment provided by or under the supervision of a consultant that lasts for a limited period, after which the person receiving the treatment no longer benefits from it. The following are not "acute care":

- Care of an expectant or nursing mother;
- Mental health care;

- Palliative care;
- A structured programme of care provided for a limited period to help a person maintain or regain the ability to live at home;
- Care provided for recuperation or rehabilitation.

A full copy of The Community Care (Delayed Discharges etc.) Act can be found on the Department of health web site at www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4064934 .

An updated guidance document (Oct 2015) is also available “Monthly Delayed Transfer of Care SitReps Definitions and Guidance” NHS England. **This guidance should be read in conjunction with the new Care and Support Statutory Guidance issued under the Care Act. This can be found here:**

Care and Support Statutory Guidance document

The Department of Health is seeking to reduce delayed transfers of care in non-acute and mental health sectors and has set up a project to consider practical steps, support materials and protocol levers to secure effective practice.

2.2 Objectives

- This protocol provides guidance re what information is required by the Trust to comply with the Care Act 2014 and the relevant guidance.
- Information about delayed transfers of care is collected for acute and non-acute patients, including mental health and community patients, on the Monthly Delayed Transfers Situation Report (SitRep) return. The focus 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.

3 Scope

3.1 Who this protocol applies to

All in-patient areas within Tees, Esk and Wear Valleys NHS Foundation Trust will be included as part of the delayed transfer of care report.

- Adult Mental Health & Substance Misuse Services
- Mental Health Services Older People
- Forensic Mental Health Services and Forensic Learning Disabilities Services
- Children and Young People Mental Health & Learning Disability Services
- Learning Disabilities (Adult)

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive and Trust Board	• Ensuring there are effective arrangements for monitoring delayed discharges within the Trust
Senior Clinical Directors	• To support the implementation of this protocol in their specialties
Directors of Operations / Heads of Service	• Implement and monitor this protocol in their areas of responsibility • Ensure that systems and processes are in place and are monitored to meet the standards and requirements outlined in this protocol • To work in partnership with local authorities and commissioning bodies to respond to delayed discharges
Ward Managers / Modern Matrons	• Ensure implementation of the systems and processes that are in place to monitor compliance with this protocol in their areas of responsibility • To record delayed discharges in line with legal requirements.

4 Protocol

4.1 Definition of delayed transfer

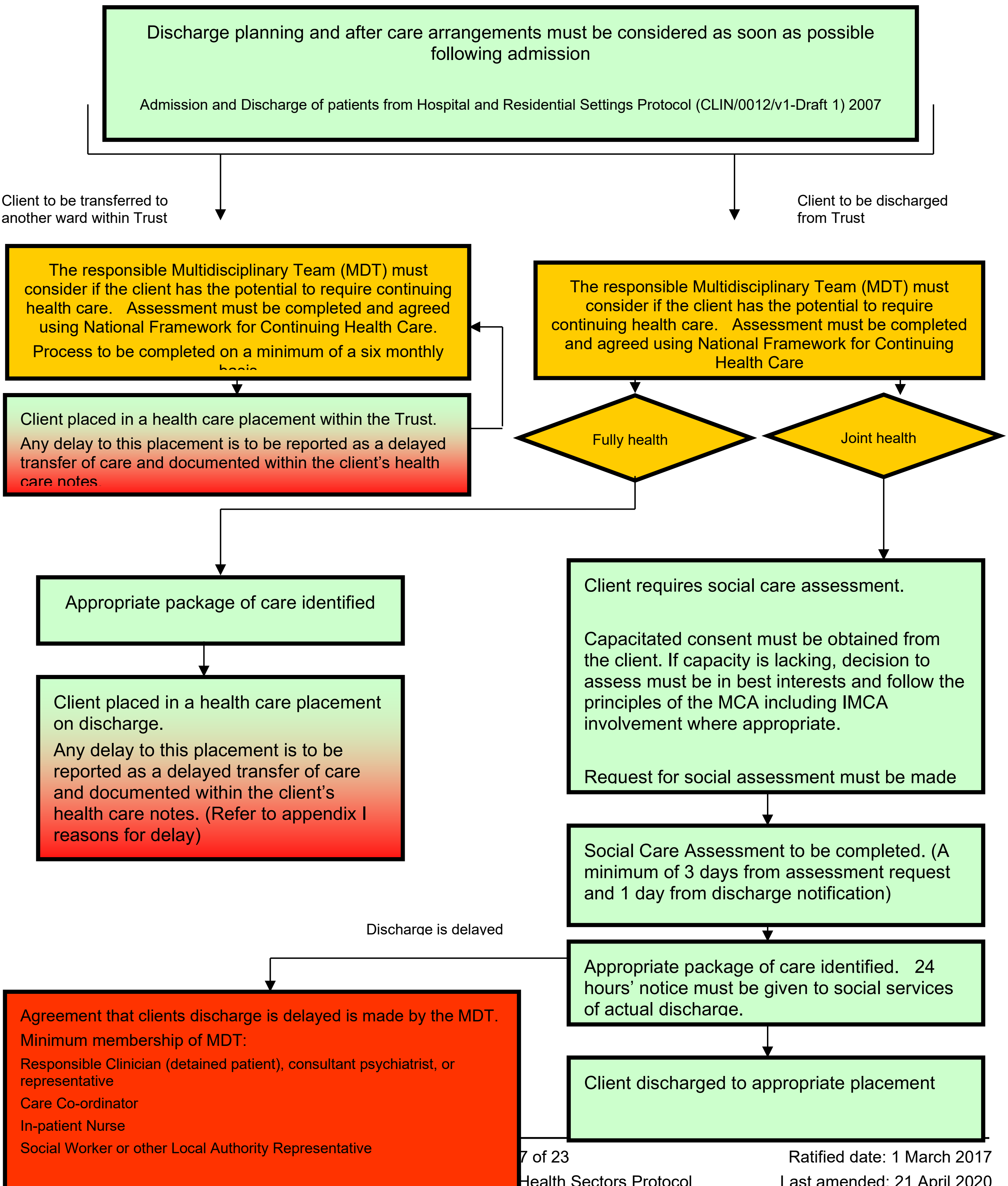
A SitRep delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed.
A patient is ready for transfer when:
a. A clinical decision has been made that patient is ready for transfer **AND**
b. A multi-disciplinary team decision has been made that patient is ready for transfer **AND**
c. The patient is safe to discharge/transfer.

A multi-disciplinary team (MDT) 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 on-going health and social care needs. If there is any concern that a delay has been caused by the actions or inactions of a Local Authority, they should be represented in the MDT. The way that the team is organised and functions is fundamental to timely discharge and to the patient's wellbeing.

An entry must be made in the patient's health care record of the following information:

- The date the clinical team agrees that the patient is clinically fit for discharge or transfer.
- The date from which the MDT have agreed that the patient meets the above criteria for being a delayed discharge/transfer. The names and designation of the members of the MDT who have agreed the delay.
- The reason for the delayed discharge or transfer (please refer to appendix 4 reasons for delay).

4.2 Process for agreeing the delayed transfer of care

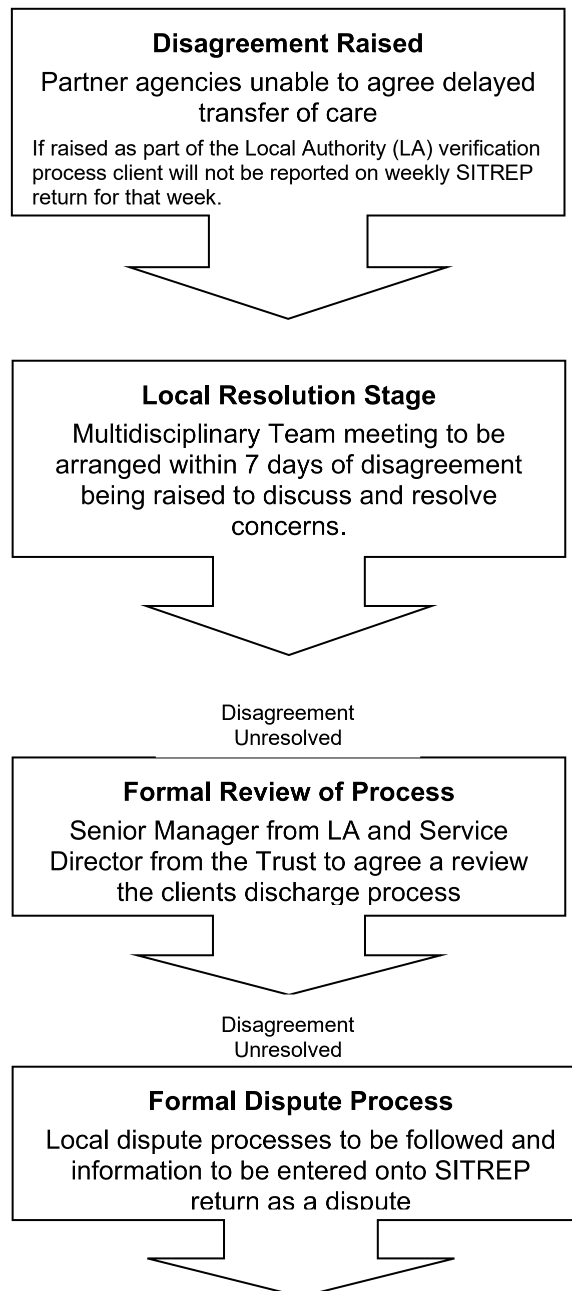


4.3 Dispute management with local authorities

Disagreement regarding the status of a client as a delayed transfer of care should rarely occur if the procedure outlined in section 5 of this document is followed correctly. Disagreements can be highlighted at two points within the process:

- At the client's multidisciplinary team meeting
- As part of the weekly return verification process. (Tuesday Morning)

Any dispute regarding a client's delay should be resolved at the earliest opportunity and the client's care should not be compromised at any time during the dispute process.

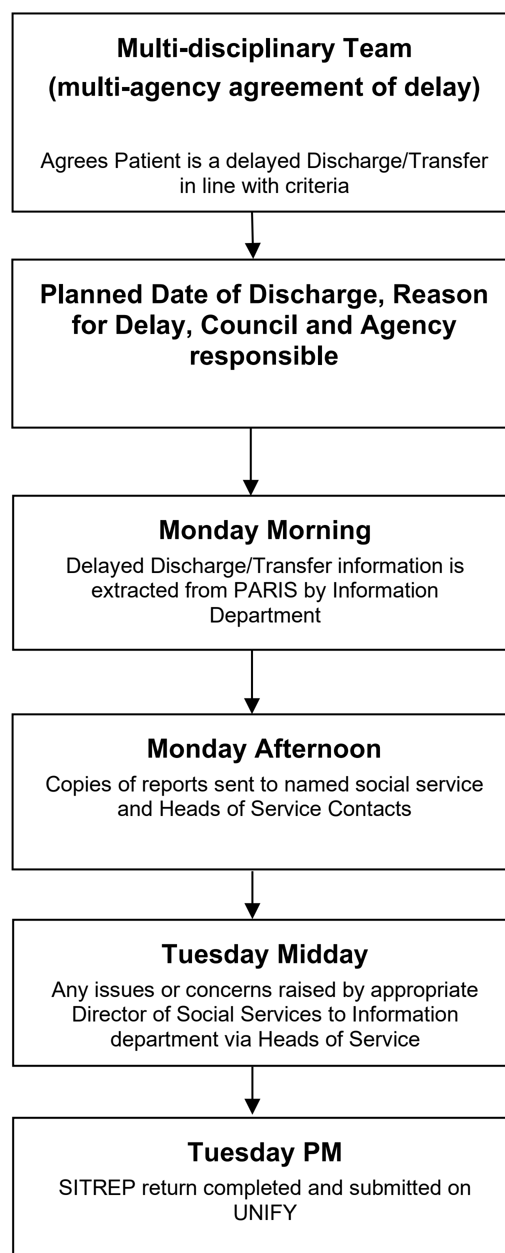


4.4 Data collection

The reporting period for Delayed Discharge/Transfers is for seven days and runs from Monday to the Sunday of each week.

Delayed Discharge/Transfers information will be extracted from PARIS, the Trusts patient activity system each week. This information will include the name of the ward, Patient ID, Date of planned discharge and discharge or transfer date if known. It will also include the reason for the delay and the local authority area of the patient concerned.

4.5 Reporting algorithm



5 Definitions

Term	Definition
Delayed Discharge	When a patient is ready to depart from such acute or non-acute (including community and mental health) or care and is still occupying a bed (refer to Appendix 4).

6 Related documents

This protocol is intended to be used in conjunction with the following documents and when implemented should reflect anti-discriminatory practice. Any services, interventions or actions must take into account any needs arising from ethnicity, race, gender, culture, age religion, language, communication, sensory impairment, disability and sexuality.

- Admission, Transfer and Discharge of Patients from Hospital and Residential settings protocol
- A National Framework for NHS Continuing Healthcare and NHS funded Nursing Care, June 2007

7 How this protocol will be implemented

- This protocol will be published on the Trust's intranet and external website.
- Line managers will disseminate this protocol to all Trust employees through a line management briefing.
- To be reinforced by Heads of Service, Locality Managers, Ward Managers for the implementation and monitoring via audit, supervision and operational management processes.
- Monitoring via specialty daily lean management processes and performance report out structures

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Ward Managers / Modern Matron	Briefing	10 mins	Annually

8 How the implementation of this protocol will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Delayed transfer of care report	Weekly report Senior Information Analyst – Performance Information Product Team	Through OMT fortnightly performance review

9 References

The Community Care (Delayed Discharges etc.) Act www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_4064934 .

"Monthly Delayed Transfer of Care SitReps Definitions and Guidance" NHS England.

This guidance should be read in conjunction with the new Care and Support Statutory Guidance issued under the Care Act. This can be found here:

Care and Support Statutory Guidance document

10 Document control

Date of approval:	1 March 2017	
Next review date:	31 August 2023	
This document replaces:	CLIN-0034-v3 Delayed Transfers of Care in the Non-Acute and Mental Health Sectors Protocol/Procedure	
Lead:	Name	Title
	Naomi Lonergan Brian Coupe	Head of Service MHSOP North Yorkshire Head of Service MHSOP York and Selby
Members of working party:	Name	Title
		Heads of Service Trustwide
This document has been agreed and accepted by: (Director)	Name	Title
	Brent Kilmurray	Chief Operating Officer
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	1 March 2017
An equality analysis was completed on this document on:	23 February 2017	

Change record

Version	Date	Amendment details	Status
4	1 Mar 2017	Full revision in line with Mental Health Act Code of Practice	Ratified
4	21 Apr 2020	Review date extended from 01 March 2020 to 01 September 2020	Ratified
4	(July 2020)	Review date extended by six months	Ratified
4	01 Mar 2021	Review date extended to 30 April 2021	Ratified
4	April 2021	Review date extended to 30 June 2021	Ratified
4	2021	Review Date extended to 01 Sep 2021	Ratified
4	2021	Review date extended to 30 Dec 2021	Ratified
4	May 2023	Review date extended to 30 Sept 2023	Ratified
4	April 2024	Review date extended to 31 Aug 2024	Ratified

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Protocol and Equality Analysis Guidance can be found on InTouch on the policies page

<table>
<tr><td>Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.</td><td colspan="6">Tees, Esk and Wear Valleys NHS Foundation Trust</td></tr>
<tr><td>Name of responsible person and job title</td><td colspan="6">Naomi Lonergan, Head of Service</td></tr>
<tr><td>Name of working party, to include any other individuals, agencies or groups involved in this analysis</td><td colspan="6">HoS Trustwide</td></tr>
<tr><td>Protocol (document/service) name</td><td colspan="6">Delayed Transfers of Care in the Non-Acute and Mental Health Sectors</td></tr>
<tr><td rowspan="3">Is the area being assessed a;</td><td>Protocol/Strategy</td><td></td><td>Service/Business plan</td><td></td><td>Project</td><td></td></tr>
<tr><td colspan="3">Procedure/Guidance</td><td>✓</td><td>Code of practice</td><td></td></tr>
<tr><td colspan="5">Other – Please state</td><td></td></tr>
<tr><td>Geographical area</td><td colspan="6">Trustwide</td></tr>
<tr><td>Aims and objectives</td><td colspan="6">• This protocol provides guidance re what information is required by the Trust to comply with the Care Act 2014 and the relevant guidance.
• Information about delayed transfers of care is collected for acute and non-acute patients, including mental health and community patients, on the Monthly Delayed Transfers Situation Report (SitRep) return. The focus 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.</td></tr>
<tr><td>Start date of Equality Analysis Screening
(This is the date you are asked to write or review the document/service etc.)</td><td colspan="6">2 February 2017</td></tr>
</table>

End date of Equality Analysis Screening (This is when you have completed the analysis and it is ready to go to EMT to be approved)	23 February 2017

You must contact the EDHR team as soon as possible where you identify a negative impact. Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Protocol, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit? All stakeholders within the process					
NHS organisations including local commissioners and the local authority to monitor the level and reason for delayed discharges across the Trust area.					
2. Will the Protocol, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	**No**	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	**No**	**Gender** (Men, women and gender neutral etc.)	**No**
Gender reassignment (Transgender and gender identity)	**No**	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	**No**	**Age** (includes, young people, older people – people of all ages)	**No**
Religion or Belief (includes faith groups, atheism and philosophical belief's)	**No**	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	**No**	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	**No**

The protocol requires all patients regardless of any diverse characteristics to be clearly identified as delayed discharges where that definition is met and supports local authorities and commissioners to meet patient need.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	✓	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
Other stakeholders have been involved in the review of the procedure via the local management systems.
No – Please describe future plans that you may have to engage and involve people from different groups

<table>
<tr><td colspan="6">5. As part of this equality analysis have any training needs/service needs been identified?

No</td></tr>
<tr><td></td><td colspan="5">Please describe the identified training needs/service needs below
N/A</td></tr>
<tr><td colspan="6">A training need has been identified for;</td></tr>
<tr><td>Trust staff</td><td>Yes/No</td><td>Service users</td><td>Yes/No</td><td>Contractors or other outside agencies</td><td>Yes/No</td></tr>
<tr><td colspan="6">Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</td></tr>
<tr><td colspan="5">The completed EA has been signed off by:
You the Protocol owner/manager:
Type name: Naomi Lonergan, Head of Service</td><td>Date:16th February 2017</td></tr>
<tr><td colspan="5">Your reporting (line) manager:
Type name:</td><td>Date:</td></tr>
<tr><td colspan="6">If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: sarahjay@nhs.net</td></tr>
</table>

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, protocol, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?		TBC
	Has relevant expertise has been sought/used?	Yes	Updated guidance has been used to support the protocol.
	Is there evidence of consultation with stakeholders and users?		TBC
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?		TBC

	Title of document being reviewed:	Yes/No/ Unsure	Comments
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?		TBC
9.	**Approval**		
	Does the document identify which committee/group will approve it?		TBC
Signature:			

Appendix 4 – Reasons for delay

Both the number of patients whose transfer of care is delayed (a) and the number of days delayed within the month (b) are subdivided by the 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) Awaiting completion of assessment

All patients whose transfer is delayed due to them awaiting completion of an assessment of their future care needs and an identification of an appropriate care setting. This can include any assessment by health and/or social care professionals of a patient's future care needs. Therefore, delays can be due to either: NHS, Local Authority or a combination of both. NHS bodies will want to identify with their Local Authority partners where in the process, and why, delays are occurring. NHS bodies need to monitor locally the amount of time taken to arrange assessment. Good practice would suggest this process should be in place prior to the decision to discharge being made.

B) Delay awaiting public funding

All patients whose assessment is complete but transfer has been delayed due to awaiting Local Authority funding (e.g. for residential or home care), or NHS funding (e.g. for NHS-funded Nursing Care or NHS Continuing Healthcare). This should also include cases where the Local Authority and NHS have failed to agree funding for a joint package or an individual is disputing a decision over fully funded NHS Continuing Healthcare in the independent sector. It does not include delays due to arranging other NHS services (residential or community) – see below.

C) Delay awaiting further NHS care, including intermediate care

All patients whose assessment is complete but transfer is delayed due to awaiting further NHS care, i.e. any non-acute (including community and mental health) care, including intermediate care. It also includes where a decision has been made to defer a decision on NHS Continuing

Healthcare eligibility, and to provide NHS-funded care (in a care home, the patient's own home or other settings) until an eligibility decision is made but the transfer into this care is delayed.

Acute delayed transfers of care:
Include all delays of patients leaving acute care. This includes patients waiting to move to non-acute care within the same NHS body. Do **not** include delays of patients continuing to receive acute care moving from one bed to another, even if these beds are in different NHS bodies.

Non-acute (including community and mental health) delayed transfers of care:
Include all delays of patients leaving non-acute (including community and mental health) care. This includes patients waiting to move to other types of non-acute (including community and mental health) care within the same NHS body. Do **not** include delays of patients continuing to receive the same type of non-acute (including community or mental health) care moving from one bed to another, even if these beds are in different NHS bodies.

These should not include delays in providing NHS-funded care provided in the patient's own home, such as that provided by a District Nurse (rather than a conscious decision to defer consideration of eligibility for NHS Continuing Healthcare). These delays should be recorded under 'E' – delay due to awaiting care package in own home. See below for details.

D) Delay awaiting Residential/Nursing Home Placement/Availability

All patients whose assessment is complete but transfer is delayed due to awaiting Nursing/Residential home placement, because of lack of availability of a suitable place to meet their assessed care needs.

This does not include patients where Local Authority funding has been agreed, but they or their family are exercising their right to choose a home under the Choice of Accommodation Regulations and Guidance. These patients should be counted under category G.

E) Delay due to awaiting care package in own home

All patients whose assessment is complete but transfer is delayed due to awaiting a package of care in their own home. The delay should be logged as the responsibility of the agency responsible for providing the service that is delayed. This should be possible to ascertain even where agencies operate in partnership, as statutory responsibilities for care do not change under partnership arrangements. NHS input to a home care package might include the services of a district nurse or CPN, an occupational therapist or physiotherapist.

The 'further non-acute (including community and mental health) NHS care' box should be used to record NHS services where these are not provided in the patient's home, examples of which might include intermediate care, rehabilitative care, care provided in a community hospital, or fully-funded NHS Continuing Healthcare.

The delay should *only* be logged as the responsibility of *both* agencies where both NHS and local authority services are delayed.

F) Delays due to awaiting community equipment and adaptations

All patients whose assessment is complete but transfer is delayed due to awaiting the supply of items of community equipment. (Note that from 1 April 2015, the Care and Support (Charging

and Assessment of resources) Regulations 2014 stipulate that all items of community equipment and minor adaptations must be provided free of charge.)

Where equipment is provided via a service delivered in partnership between the NHS and the local authority, it should nonetheless be possible to identify the cause of any delay, and the parties responsible. Where delays are solely the responsibility of the local authority, such delays should be included in the attributable to social care columns.

G) Delay due to patient or family exercising choice

All patients whose assessment is complete and who have been made a reasonable offer of services, but who have refused that offer. It would also include delays incurred by patients who will be funding their own care e.g. through insisting on placement in a home with no foreseeable vacancies.

Note that the Choice of Accommodation Regulations and Guidance should not be used as a reason to delay a patient's discharge. The provisions of the Direction on Choice continue to apply to patients leaving hospital for a place in a care home. Health and care and support systems should put in place locally agreed protocols on patient information incorporating how the issue of patient choice will be dealt with. These should make it clear that an acute setting is not an appropriate place to wait and alternatives will be offered.
11.26 Where social services are responsible for providing services and a person's preferred home of choice is not immediately available, they should offer an interim package of care. All interim arrangements should be based solely on the patients assessed needs and sustain or improve their level of independence. If no alternative is provided which can meet the patient's needs, social services are liable for reimbursement charges.

Where patients have been offered appropriate services, either on an interim or permanent basis, by the local authority but are creating an unreasonable delay as above, such delays are not held to be the responsibility of the local authority and thus do not incur reimbursement charges. The responsibility for discharging the patient reverts to the NHS body. Such delays should be recorded in the column 'Attributable to the NHS'.

H) Disputes

This should be used only to record disputes between statutory agencies, either concerning responsibility for the patient's onward care, or concerning an aspect of the discharge decision, e.g. readiness for discharge or appropriateness of the care package.

Disputes may **not** be recorded as the responsibility of both agencies. NHS bodies and local authorities are expected to operate within a culture of problem solving and partnership, where formal dispute is a last resort. The patient should not be involved in the dispute, and should always be cared for in an appropriate environment throughout the process.

Accordingly, frontline staff should allocate responsibility for the patient's care to one organisation, who may then take the dispute to formal resolution without involving the patient or affecting his/her care pathway. The delay should be recorded as the responsibility of the agency that is taking interim responsibility for the patient's care.

Where a delay is caused because of a patient's disagreement with an aspect of the care package or decision to discharge, this should **not** be listed under disputes but recorded under patient choice.

For example, a disagreement with the decision to discharge would be listed as NHS responsibility, assessment. If a patient had been offered a care package in their own home and they felt they should be offered a residential care placement, it would be listed under social services responsibility, residential care.

I) Housing – patients not covered by the Care Act

The Care Act emphasises the importance of local authorities and housing providers working together to provide suitable accommodation in order to meet people's needs for care and support. If there are delays in arranging the interim placement, the reason for delay should be recorded under that of the delayed interim package (e.g. residential care, care package in own home).

However, some patients delayed for housing reasons may not be eligible for care and support services and therefore are not the responsibility of social services but may be in some cases be of a Local Authority housing service. Examples could be asylum seekers or single homeless people.

Accordingly, a box covers housing delays **where these relate to people who are not eligible for care and support.** All other patients with long-term housing delays should be found an interim placement, and any delays in arranging this logged under the care package they are waiting for as discussed above.

The focus of the form is on delays to patients leaving the medical environment. Where patients are eligible for community care services, and major home adaptations or alternative housing arrangements are needed for safe discharge, social services staff should inform and work with housing counterparts to arrange the necessary services. Remaining in a medical setting whilst long-term adaptations are made, however, is not an appropriate care option. In these circumstances, social services will need to make appropriate interim provisions to enable the patient to move on from the medical environment. Social Services are deemed liable for reimbursement for delays in the arrangements of interim care and support provision in these circumstances.

The revised form reflects these arrangements. If there is likely to be a housing-related delay, social services should focus on finding an interim placement. Any delays in providing interim care should be recorded under the appropriate box on the new form, for instance, under domiciliary care or residential care, as appropriate.

Interim arrangements are of course intended to be provided on a temporary basis. If long-term arrangements of housing support are a significant problem in making discharge arrangements for patients, local authorities should ensure they have their own monitoring arrangements to inform progress.

Some patients delayed waiting for housing support are **not** eligible for community care services. This means their discharge is not the responsibility of social services and such delays are not eligible for reimbursement. In response to feedback from local authorities, we have introduced a new category 'I' on the form to cover this group of patients, who might include asylum seekers or single homeless people. Please see the section I in this guidance document for further detail.