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**We know that most delayed transfers of care are associated with older people. However, as we talk to clients about DTOC, we sometimes hear about a different group of people. The number of younger adults experiencing DTOC is much smaller. But the difficulties in finding suitable packages of care can apparently be much more extreme, causing a high number of days delayed. This sounds like an important, and potentially hidden issue within the DTOC debate, which focuses very much on the needs of older people. So we decided to try to find out more.**

### Trying to find the numbers

We started by scouring publicly available datasets on DTOC to find out how many younger adults are subject to a DTOC, and how many days, overall, this group has been delayed. As far as we could see, none of the usual locations contained this information.

Undeterred, we wrote a Freedom of Information request to all local authorities in England to ask them how many of the people listed as being subject to a DTOC in their area on the last Thursday in March 2017 were aged between 18 and 65. Unfortunately a very large proportion told us that they did not know. One explained, for example:

*“We cannot respond to this because we do not know. The data is collected from hospitals around the country and not from social care departments. It is then processed centrally by the Department of Health.”*

We found this a bit surprising; it’s presumably important to know how old someone is if you are organising their care. But we know that Freedom of Information requests can be complicated to respond to and assumed that perhaps we had asked the question in a problematic way. Many local authority respondents wanted to be helpful, and suggested that NHS England would be best placed to help with our query.

So we sent NHS England a Freedom of Information request, only to be informed:

*“Since there is a risk that an individual could be identified from age related data, we do not collect any data from trusts about the age of patients in the DTOC collection. DTOCs are only recorded for patients over the age of eighteen, but aside from that there is no age-related data available in this collection”.*

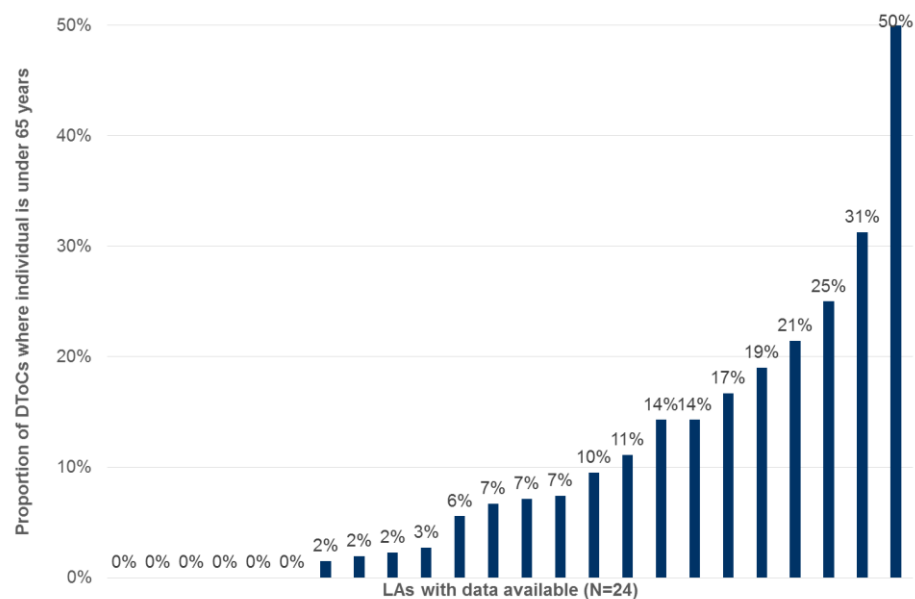
Now we’re assuming that somehow we’ve asked the wrong question of the wrong people in the wrong way. Presumably someone has a clear idea about the scale of this issue across England. However, it does seem difficult to access the answers, which can only hinder efforts to plan and respond to this particular DTOC challenge.

## What we know

### The number of younger adults subject to DTOC

The good news is that 24 local authorities (out of 151 contacted) were able to provide the information we requested. So we can start to explore the issue a little. Figure 1 shows the results and suggests the picture varies enormously. One local authority finds that 50% of their DTOC cases are younger adults, whereas others find that younger adults form fewer than 2% of cases. The data suggests that on average, responding authorities find that 10% of DTOC cases are attributable to younger adults, i.e. adults under 65.

Figure 1 Distribution of DTOC cases among under 65s, as a proportion of all DTOC cases (30 March 2017)



Source: FOI request to local authorities (May 2017)

We wanted to test how reliable these numbers are. The Learning Disability Census<sup>1</sup> provides information concerning younger adults with a learning disability, autistic spectrum disorder and / or behaviour that challenges, and their in-patient stays. It's a little out of date (last data capture is for 30<sup>th</sup> September 2015) but none-the-less interesting. It suggests that in September 2015, 145 people within this cohort were subject to a DTOC. A comparison with NHS Digital data concerning DTOC<sup>2</sup> suggests this represents around 3% of total DTOC cases<sup>3</sup>. This will be an under-estimate, since it doesn't include delays

<sup>1</sup> NHS Digital (2015), *Learning Disability Census Initial Reference Tables 2015*, December 2015. Available online: <http://content.digital.nhs.uk/catalogue/PUB19428>

<sup>2</sup> NHS Digital (2016), September 2015 data from the *Delayed Transfers of Care Data 2015-2016* dataset. Available online: <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2015-16/>

<sup>3</sup> NHS digital snapshot data for September 2015 is 5,247

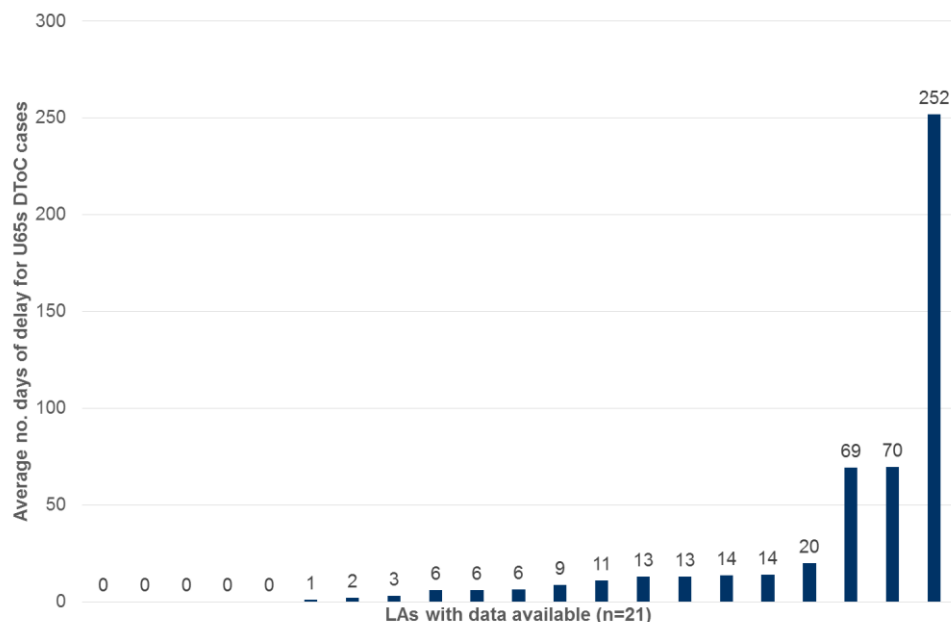
attributable to young adults with alternative needs (e.g. drug and alcohol dependency, mental health problems, homelessness etc).

But overall, we can be confident that, at a minimum, 3% of people subject to a DTOC are aged under 65. The information we have gathered suggests that the true figure will be higher, and may be around 10%.

### Average length of delay for younger adults

We also wanted to know whether there is any difference in the length of delay for younger versus older adults. Figure 2 below once more shows a varied range of answers from the 21 authorities who were able to provide these answers to our Freedom of Information request. One local authority cites an average delay of 252 days, for example. On average though, the responding authorities show delays for younger adults of 25 days.

Figure 2 Average length of delay for U65s



Source: FOI request to local authorities (May 2017)

However, this data contains some problems. The Freedom of Information responses refer to younger adults who are “in the midst” of their delay (i.e. at the time of recording, they are still in hospital), so the full length of their delay will be longer than the information we have provided in Figure 2 above.

We wanted to cross reference this data with comparable DTOC data held by NHS Digital. However, this data focuses on total monthly delays and therefore automatically reveals a higher number of days.

Figure 3 Comparing average lengths of delay

Patient age group	Reason for DTOC	Average delay	Source data
Under 65	Awaiting residential home, nursing home, home care or housing	25 days	<ul style="list-style-type: none"> <li>21 authorities responding to Freedom of Information Request May 2017.</li> <li>Data refers to people who are “in the midst” of a delay on the day of data collection. Their actual delay will be more than 25 days.</li> </ul>
All ages	Awaiting residential home, nursing home, home care or housing	34 days	<ul style="list-style-type: none"> <li>NHS Digital snapshot data for March 2017<sup>4</sup>.</li> <li>Limited data availability meant we had to derive the estimated average length of delay from two data sets. (1) Total number of days of delay for March 2017 and (2) the number of people who are “in the midst” of a delay on the day of data collection. This figure is therefore likely an over-estimation.</li> </ul>

On this basis, it is very difficult to tell whether younger adults are delayed for longer or shorter amounts of time, than older adults.

### Summary

It seems reasonable to conclude that younger adults represent between 3% and 10% of DTOC cases. At present, we have found it hard to tell whether the average delay for this cohort is longer or shorter than delays experienced by all adults. In our experience, most local authorities and their partners are concentrating on reducing the delays experienced by older adults. The data we have suggests that this is probably the right policy: the very specialist inputs needed for the small number of younger adult cases should probably form only a modest part of the overall DTOC strategy.

However, these findings are at odds with some of the anecdotal information we have gathered, and it is based on some-what patchy data. It will be interesting to see whether greater clarity emerges on this issue.

<sup>4</sup> NHS Digital (2017), *Delayed Transfers of Care Data 2016-2017*, May 2017. Available online: <https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/2016-17-data/>