**ASC CLD Q&A Session 3- Answers**

*On behalf of the CLD team, we wanted to thank you for your time and input in the Services Q&A session. We have been working through the feedback and additional questions from this session.*

*Please see the questions and corresponding answers below:*

**If a Service Event is submitted where the preceding Assessment event is missing i.e. Assessment has not been signed off yet so still in progress on system (CLD guidance states completed request/assessment/review events should be submitted), will this cause an error/validation issue?**

There are no pre submission validation checks that prevent submission of events with overlapping dates. The CLD validation tool on the AGEM website enables basic field and event level validation such as an unexpected value that doesn’t match the values or formats in the specification, and event or cohort specific rules.

A service event can be submitted where the preceding assessment is ongoing and the record has not been submitted. Once complete, the assessment record can be included in later submissions. The assessment end date should be the date where the completed assessment has sign off, with a clear indication of what the event outcome should be.

**The guidance doesn’t specify if service information is to be shown for every event line on a client that is currently in receipt of services; or only when a new service starts. Which is it?**

Everyone currently in receipt of services should have a service event record submitted as part of CLD. Client and carer event lines providing service information should be submitted for each quarter while the service is active. This covers services that started before the quarterly reporting period as well as those starting or ending during the quarterly reporting period.

The ‘Provision of Service’ event outcome should be used for active services.

The ‘Services Only’ fields should be used for service events only. For example, we do not expect ‘Service Type’ to be recorded against an assessment event, even if the person receiving the assessment progress to receiving a service.

**End of life care – How it is anticipated that this is recorded within Social Care given this is a Health provision?**

We only expect EOL care when it is part of social care support provided by or on behalf of the local authority to be included in CLD submissions.

Any EOL care that is health-funded (e.g. through CHC funding), should not be included in CLD. This is the same requirements for SALT which can be found in: Detailed guidance for Data Tables (p.g. 22)

**What would be recorded under ‘Other Long Term Support’?**

The ‘Service Component’ field was included in CLD to provide more detailed information on the full range of services that local authorities provide and commission, and the ability to analyse these in more detail.

If a service has been checked against all ‘Service Component’ values and does not describe the service, depending on whether they are short or long term, the values ‘Other Short Term Support’ or ‘Other Long Term Support’ should be selected.

**Our social care system holds outcomes where the person’s service has increased/decreased or they have transferred to another type of service. Is it intended that these types of end reasons should be mapped to the below event outcomes? No Change in Package, Service Ended as Planned.**

The ‘Provision of Service’ event outcome is most appropriate where a person’s service has increased, decreased or they have transferred to another type of service.

Local authorities will have a range of arrangements where there may be slight changes to a care package that change the events recorded. For example, an uplift results in a change in unit cost but the service provision remains the same. As we have been made aware, there are two ways this can be submitted depending on contractual arrangements:

* If the unit cost uplift will require a new agreement to be created (due to contractual arrangements), then in this instance, we would expect a new line of data to be submitted.
* If the unit cost uplift does not require new contractual arrangements, the unit cost can be changed to reflect the most recent cost of the care package at the time of submission, and does not require a new line of data to be submitted. We will be able to detect a change in unit cost by linking the event to the previous quarter.

In cases where the need for a service is reviewed, ‘Progress to Reassessment/ Unplanned Review’ will be the most appropriate event outcome.

The event outcome field is used to help determine the path taken by individuals in the social care system, particularly in situations in which the sequence of events is not be feasible to infer from linking event records. It is intended to reflect the reason for the ending of an event or indicate the resulting procedure.

**What is the definition of Home Support, is this just Domiciliary Care? Or does this cover Extra Care**

Domiciliary care services map to the “Home Support” service component.

Care provided as part of an extra care housing scheme should be recorded as "Community Supported Living" under service component. Under Accommodation Status, it should be recorded as “Sheltered housing / extra care housing / other sheltered housing”

A person receiving Extra Care Housing (ECH) could also be receiving other care services and the service component should be reported based on the service being delivered. For example, if additional home care/domiciliary care is provided alongside ECH, this is mapped to the ‘Home Support’ service component, but the extra care to Community Supported Living.

**Professional Support – Social worker and Professional Support Other - what is the definition of this and it is anticipated this is quantifiable? How do you see us recording the unit cost/frequency?**

The reason for including ‘Professional Support- Social Worker’ and ‘Professional Support- Other’ is to improve the visibility of these services which are typically provided directly by local authorities, this can cover counselling and other types of social work (as set out under the Care Act).

We are aware that this will not be routinely recorded by all LAs and we are not expecting LAs to change their systems to record this activity.

We do not expect service cost data (unit cost/frequency) to be recorded for services that are provided directly by the local authority. Pg 41 of the guidance states that the only service categories requiring an associated cost include: LT support and ST residential, and nursing care. Although it may be provided over a long period of time, professional support is not classed as LT support (ongoing low level services).

**Additional Questions:**

* Initial submissions should include all active services as event lines. The event start date may take place before April 2023.
* Several comments have been made on the danger around inferences from linking events e.g. waiting times between requests and assessments. Any new and existing metrics derived from CLD will be clearly communicated and shared for discussion with LGA, ADASS and the reference group, including the calculations and assumptions.
* **Are service events the only type of event where you submit ongoing events?** Yes, services are the only event that can be ongoing for services to be submitted.
* **If a client has two providers do we do a row for each of the two providers or one with both provider names?**

When submitting service event information, services from each provider should be treated as a separate event line.

In the scenario set-out in the question, we would expect a separate line for each provider when they are delivering a service.

In the case where the provider changes for an existing service, we would expect this to be recorded as a separate service event, with new provider details and start date reflecting the date of this change.