Adult Social Care - Client Level Data (ASC-CLD) Collection Guidance

Version 5.0

May 2021

Contents

Revision History

Version	Date	Summary of changes
1.0	October 2019	First draft created for Directions
2.0	April 2020	2nd draft - Consolidation of v1.0 of guidance and cover note, amendments to formatting, content and clarification following LA reference group feedback and RAG rating exercise. This version used to go live with voluntary submissions
3.0	Sept 2020	3rd draft - Further consolidation, clarification and refining of the data specification for discussion and agreement with reference group. Changes include the addition of CLD benefits, revised project timeframe. Expectation that v4.0 will be a working copy to support voluntary submissions.
4.0	Nov 2020	4th draft incorporating addition of 'discharge from reablement' and 'transfer from other LA' as new voluntary routes of access, assessment eligibility, review outcomes achieved, and informal carer involved in assessment.
4.1	Dec 2020	Proof reading changes and improvements to CLD benefits section and collection schedule
4.2	Feb 2021	Senior sponsor review and final amendments to wording for clarity. Version published with the SofS Direction and shared with all LAs in the project invite letter.
5.0	May 2021	- Submission Information re-formatted to 3 specific variables in the specification for reporting against all data rows – LA code, Reporting Period Start Date, Reporting Period End Date (Page 14) - Clarification relating to the guidance for creating a unique **event reference**, which should not include any person identifiable values e.g. DOB, postcodes etc in a string. (Page 25) - Addition of **Service Type** value of ‘Long Term Support: Prison’ (Page 32) - Clarification of CQC registration details – Provider CQC Location ID, Provider CQC Location Name (Page 34)

Purpose Overview and Background

Introduction

Every year there is a large demand for additions to the annual aggregate Adult Social Care (ASC) data collections, while there are typically no areas identified for reduction. The resulting demand for growth of the collections, and the burden it places on Local Authorities (LAs) and NHS Digital, is not sustainable. The NHS Digital review, reported early in 2018, recommended that client level data be introduced as a low burden solution to many of these demands.

The September 2018 Letter to Local Authorities outlined a project to create client level social care returns. The ambition of this project is that client level data flows are built on data recorded in case management systems to reduce the gap between LAs, and national records of social care data. The development of client level data returns will also relieve the pressure of compiling and transforming complex data for the current aggregate SALT return. With routine validation of the data including the NHS batch tracing service, Local Authorities will have a robust and consistent minimum core dataset that can be used to meet the majority of their local reporting demands, with the ability to request linked health data for greater commissioning insight into the local health and care system.

The concept behind the Client Level Data project is to evolve the annual aggregated SALT collection by asking Councils to submit the underlying data instead. DHSC and its partners would aggregate the data centrally, based on agreed transformation rules, and share the outputs with the system. This is expected to reduce some of the burden on Councils, but more importantly is expected to deliver substantial benefits. The benefits include greater flexibility and frequency of social care monitoring, with the ability for LAs to create predictive tools for demand management and risk stratification models for identifying differences in outcomes, costs and interventions between groups in our societies. Moreover, linking with local health data will significantly improve LAs understanding of the local health and care systems for better holistic commissioning decisions.

The purpose of this document is to provide an overview of the project and provide the guidance on the voluntary collection of client level activity data using the CLD Activity Template. It is anticipated that throughout the client level data project, this guidance and the associated activity template will be amended and refined, with LAs and other stakeholders encouraged to contribute to the development as a viable collection routine.

This guidance document has been developed alongside the CLD Activity template, which is based on the successful North West Pilots. Using the current aggregated Short and Long Term (SALT) Return as a basis, development to date has built on the SALT User Group, a Testbed of Local Authorities and through ongoing consultation with the CLD Reference

Group made up of social care data leads from 21 Local Authorities, representing all regions of England. The contributions of the members of the Reference Group, from different LA types, sizes and system suppliers, have provided invaluable contributions to help shape the pilot to arrive at a reasonable and appropriate minimum data specification that is not too dissimilar to the raw data extracts required for the existing SALT return.

Definitions follow those set out in EQ-CL and SALT or ASC-FR wherever possible.

Concurrent development work

Since the September 2018 letter was issued, two strands of work are being pursued to develop client level data for Adult Social Care:

The North West Pilots was a project that aimed to link health and social care data, through LAs providing a client level social care dataset to NHS Digital (DSCROs). The Department of Health and Social Care (DHSC) is supporting the extension of this project to all LAs; known as the 'Client Level Data (CLD) project'. Work with testbed areas has successfully used a similar template, along with the three NW Pilot areas. The extension will be made possible by DHSC putting Directions in place; formal instructions which will authorise the flow of data between LAs and NHS Digital (DSCROs).

In parallel, a modular data approach to CLD, using metadata analysis to map Local Authority (LA) social care data items, has been proposed by NHS Digital. This aims to:

- deliver a client level database nationally, covering a comprehensive range of LA data on social care and yet to limit the burden on LAs by:Understanding which data fields social care systems contain, then collecting information via extraction directly from those systems.

- Collecting and standardising the data centrally so that required information can be disseminated and published without the need for LAs to compile the data. LAs would obviously be required to ensure the quality of the data before use.

These two initiatives focus on separate elements of the CLD project's aims, while supporting the other's development. For example, the specification built from the NW Pilots will clarify the minimum expectation for modular data to consider, while the modular data approach aims to reduce the burden of adapting to changes in individual local approaches to data and of changing system requirements for national data.

Other recent client level data projects and developments that the Data and Outcomes Board are aware of and have been engaged with across the system include:

- Capacity Tracker for care homes and for home care
- Project to introduce ASC Client Level Data from Social Care Service Providers, something that has gathered momentum, with the NHSX project from late 2020 to support electronic care records for all providers by 2024.
- CQC's Provider Information Collection
- Skills for Care new Workforce Data Set
- LGA's Markets & Modelling Project, based on data collected from LAs
- London ADASS collection from providers of information about quality

Project Aims

The CLD project is focused on improving the granularity and frequency for the collection of social care data from LAs. The initial focus will be to ensure that current aggregated SALT data can be replicated using the client level data. The project is not looking to change definitions, or the data requirements beyond what is reasonably expected of LAs to collect for Care Act 2014 purposes and/or social care information standards. There will inevitably be a few exceptions to this. Nevertheless, the overall aim for the project is to minimise changes other than the collection format and frequency, whilst being open to improvements.

LAs with mature data systems, many of which are already flowing client level data to their local health and care sector are expected to sign up to the project initially. However, all LAs are encouraged to sign up as early as possible in order to develop their datasets with support available to LAs to help them meet the requirements by the end of the project. Evidence from the NW Pilots, and the LGAs Markets & Modelling Project, indicate the collection of limited financial information is possible, but this may not be readily available for all LAs. Wherever items in this specification differ from the data items collected in SALT (for example, finance information), DHSC seeks to consult on these in order to develop them successfully.

The ambition of this project is to enable local areas to obtain linked health and social care data, to expand coverage, and eventually replace the current aggregate SALT return if appropriate. It is likely that some elements of the aggregate return will need to be retained, at least in the short to medium term, until comprehensive solutions are found.

Longer term, the content of the collection will be open for LAs, health commissioners and other stakeholders to seek extension or amendment. This will be undertaken under the oversight of the Data and Outcomes Board, jointly chaired by DHSC and ADASS. All aspects of the collection will be reviewed throughout including but not limited to definition changes, addition or removal of data items, and consideration of the ASCOF review.

CLD benefits

The Coronavirus pandemic has reinforced the importance of having good quality and timely client level data with the ability to link health and social care data for contingency planning at a local level. Whilst this is not a primary reason for such a collection, and their use for direct care would only be used in exceptional circumstances, it is a benefit nonetheless. The main CLD benefits expected to be realised are listed below.

- Meeting the substantial local demand for patient/ user level linked health and care data
- Providing a standard for each local area on flows of patients and care users across the system
- Reduced burden on LAs relative to SALT, both in terms of the data requirement and the need for LAs to perform complex transformations
- Improved consistency and transparency of reporting with central data transformation (agreed by all stakeholders)
- The datasets should be comprehensive enough for LAs to answer most *day-to-day* information requests from service areas and commissioners.
- Improved monitoring of protected characteristics for all social care activity.
- Providing *much* more frequent and timely monitoring of social care activity and outcomes, with reduced time between submission and publication
- Linking client level data over time, which allows us to see more clearly the various ‘user journeys’ and the longer term impact and outcomes of social care interventions
- Enabling risk stratification and predictive modelling
- More granular validation will vastly improve the accuracy and robustness of the data
- Ensures LAs retain control of the social care data submitted for their area and responsibility
- Greater granularity, flexibility and speed in adding new variables to better reflect latest practice or in undertaking new analyses
- Enabling local areas to assess the effectiveness and cost-effectiveness of their interventions, and more evidence based national assessment of outcomes and productivity
- Create opportunities for improved research and evaluation of policy and practices, and facilitate joint health and care commissioning.

ASC CLD Activity Template

The template originates from the NW Pilots. Analysis of the template has been undertaken and stakeholders are satisfied that the template provides a credible and viable data specification, with a high level of continuity with the current aggregate collections; which were designed in the Zero-Based Review jointly with LAS, ADASS, NHSD and DHSC.

The ASC CLD Activity Template specifies the data needed to replace the SALT return. Most of the content from the existing SALT collection is covered except for informal carers.

Owing to the difficulties in identifying and reporting person level details and interventions for carers and the people they care for, incorporating this valuable group into the CLD specification will require further development work in a later phase of this project.

Also, whilst the collection includes data for mental health social care activity provided by NHS Trusts under a S75 agreement, it is accepted that it may take some time for LAs to embed the data specification, recording and data sharing requirements with their NHS Trusts.

The template is expected to be updated on a quarterly basis, at least to begin with, under the oversight of the system's Data and Outcomes Board.

Data collection

A 'data collection' method will be used to obtain the client level data, which is based on the method undertaken in the NW Pilots. The ASC CLD Activity Guidance has been written with this approach in mind. The process will work as follows:

- LAs extract data from their case management systems
- LAs do limited processing to submit a standard return in line with the ASC CLD Specification
- NHSD (Regional DSCRO) receives the data in csv format, uploaded by LAs to the DSCRO Data Landing Platform
- NHSD (DSCRO) provides validation reports back to LAs, including NHS batch tracing results
- NHSD (DSCRO) provides access to the data for LAs to retrieve their own LA's processed dataset only to utilise their own LA business intelligence tools, and/or to use the Business Intelligence tools in the DSCRO Data Access Environment (DAE)
- NHSD (DSCRO) produces standard reports for Local Authorities and other stakeholders.
- NHSD (DSCRO) pseudonymises the data and manages access to linked health and care data via the Data Access Request Service (DARS).

Relative to SALT, the proposed data collection method removes burdensome concepts such as hierarchies and explicit coding of sequels. Therefore, it is the expectation that it will not be necessary to do as much transformation of data to produce the return.

Collection Schedule

The CLD project aims to:

- Establish a system that enables local areas to opt-in and obtain linked individual health and social care data, with the first data flows of the new system expected in early 2021.
- Use the data to enable benchmarking, comparison of local and national flows, and existing outcome metrics using a standard specification.
- Extend the coverage to as many local areas as wish to take part, aiming for 100% during 2022.
- Consider moving to a mandated collection from the beginning of 2023/24 if there is support for that approach, with appropriate notice given to LAs in September 2022.

Data collection for CLD will begin on a quarterly cycle, but LAs are encouraged to submit data on a monthly basis if possible. As the collection develops, there may be benefits in moving to a monthly cycle for all, once processing time and burden is well understood.

The collection will be **cumulative year to date from 01 April** for each reporting period, culminating in a 12 month dataset at the end of Quarter 4. This will allow for updates and corrections to previous submissions within the collection year. Updates to the same event in a subsequent submission will supersede previous submissions, thereby providing LAs flexibility to modify/correct records throughout the year.

It is proposed that the consolidation of the data will occur after the 12-month's data for the year have been submitted in Q4. This is to 'lock down' the data to test the production of annual activity and outcomes reporting, and to maintain the timeseries. Throughout the project, no national statistics will be published using the CLD data.

Whether LAs can submit quarterly or monthly year to date data, the timeframe for submission will typically be within 4-6 weeks after the reporting period, but there will be a bedding in period whilst LAs become more familiar and confident in the process.

As the project progresses, it is expected that designated submission dates will be agreed in consultation with all stakeholders.

The exception to this will be at year end when the submission window will be similar to the existing mandated collection date for SALT. LAs should prioritise the mandatory SALT collection and then submit a client level dataset in June.

Since CLD data flows will commence part way through the 2020/21 reporting year, LAs are encouraged to submit whatever data they can for the 2020/21 reporting year. LAs may take the opportunity to use the underlying data from their SALT collection for 2020/21 to submit a 12-month CLD dataset in June.

Please note that the requirement to complete the annual aggregated SALT collection will remain *at least* until the 2022/23 reporting year.

Data quality

Data validation is an essential part of the submission process. As with the current SALT collection, there will be both an automatic validation and other checks made on the data. These will be designed and agreed with the system under the overview of the Data and Outcomes Board. The NHS Digital (DSCRO) will be responsible for hosting an automated validation and data quality report system, which gives responsive feedback on uploaded data for LAs to consider and amend their data records as required. The precise route for data transfer will be agreed between the LA and DSCRO.

Data gaps and quality issues are expected, and these will be used to develop the validation rules and to identify common issues. Equally, client level data submissions will not be used to validate the SALT submissions.

Sensitive data

The collection requires the submission of personally identifiable information including NHS number, client post code, name, date of birth, gender and ethnicity. NHS numbers will be checked by DSCROs, missing ones inserted where possible, and reported back to the LA. DSCROs will also be responsible for pseudonymising the data. Even when pseudonymised, it is recognised client level data is potentially identifiable. The Directions will therefore limit access appropriately.

Comparison with SALT

The CLD collection builds on the familiar concepts of the SALT collection, utilising the majority of EQCL, with the expectation that the client level can be used to create the existing aggregated SALT tables as far as possible, and the current suite of ASCOF measures. This is seen as an evolution of the SALT return, and CLD analysis in intended to be broadly comparable with previous SALT and ASCOF publications.

Sequels are retained as a concept but LAs are not expected to provide these explicitly in the client level data set. Instead, the sequels will be derived using standardised transformations by NHS-D (DSCROs) from the sequence of events in a chronologically ordered data set, or by a terminating event outcome (where there are no subsequent events).

Carers activity is not currently in scope of the CLD collection, except for 'Informal carer involved in assessment' and 'Has informal carer' but in the context of client activity. Further consultation is needed to identify the data issues and agree an equivalent carers specification to supplement or combine with the client activity in the future.

New to CLD

Person Identifiable data is included such as NHS_ID, name, DOB, postcode, to enable NHS batch tracing and facilitate NHS data linking

Planned Gross Financial information is a new feature, but limited to Long Term Support Packages and Short Term Residential and Nursing care. This will be in addition to the requirements of collecting expenditure information in the ASC-FR. The ASC-FR collects actual spend, whereas CLD will, for reasons of practicality, collect planned gross expenditure to provide an insight into support plan costings based on presenting need and expected costs throughout the year. These data are likely to be contained within LAs case management system. It is anticipated that this will create better integration between activity and financial validation and analysis, and give greater insight into the intensity of care.

On behalf of all Local Authorities, the client reference group approved the inclusion of activity for both NEW and EXISTING clients where possible. LAs would normally have to process the data to determine if activity was for new or existing clients for the purposes of completing the aggregated SALT tables. With this complication removed, it should be easier to submit a more comprehensive dataset closer to its raw form, where the new or existing client status is instead derived from agreed standardised NHS-D processing.

Assessments have been re-introduced having been dropped in the SALT collection in 2014/15. Assessments are a key interaction and step in the social care pathway, and are important for understanding the overall picture.

Previously the jump from a request to a service was too great. Assessments will therefore bridge that gap and allow for greater analysis of this intermediary step.

Services required for the CLD collection are the same required for the SALT return. However, there is the expectation that all short and long term services provided within the period are captured. This will ensure the full mix of short and long term support is captured for clients, especially where short term support is provided to existing clients. There are exceptions to this, for example, we would not expect all items of equipment that were in place at any point during the reporting period; only those items of equipment which started in the year for both new and existing clients should be included. Equally, where multiple items of equipment are provided on the same day, it would be sufficient to record a single service row for all items delivered on that day.

SALT was successful in determining the outcomes for clients and carers in relation to 'what happened next'. Whilst the ASCS and SACE surveys give some insight into whether people have achieved their outcomes, review outcomes captured as part of the assessment and care management process capture the whole social care population (i.e. those in receipt of Long Term Support) in the context of the support provided at the time of the review. Review outcomes would follow the same principles as the voluntary Making Safeguarding Personal (MSP) Tables in the Safeguarding Adults Collection (SAC) to determine if a client's social care outcomes have been achieved. This is expected to provide a better overview of the success of social care interventions and identify some aspects of unmet need.

The CQC Location Name and CQC ID have been added for regulated services only on a voluntary basis. This would provide a further opportunity to link data in the future, and such a feature has proved useful in local and national COVID-19 responses. This is already a requirement of the Deprivation of Liberty Safeguards (DOLS) return.

Co-morbidity is an evolution of the Reported Health Conditions included in EQ-CL and previously reported in SALT. Autism Spectrum Disorder combines the two Autism and Asperger's Syndrome conditions following an international classification convention. Dementia has been added, as have two new variables to identify if a client has reported a Hearing and/or Visual Impairment. Co-morbidities will complement the Primary Support Reason and allow for a richer client profile, where in SALT some conditions or impairments are lost as they are secondary or tertiary support reasons. The visual and hearing impairment variables will be important for information standards; to help to address communication needs and bring the collection more into line with the SSDA902 visual impairment register.

Event outcome has been included in order to provide a default SALT sequel where they cannot be derived from subsequent event rows.

Not carried forward from SALT

The following data requirements have not been taken forward to the CLD specification

- Sequel to Review: All services suspended previously captured in LTS002 tables
- LTS004 exclusion of LD clients detained under MH Act
- STS004 – situation 91 days for adults aged 65+ in receipt of reablement or intermediate care following a hospital discharge
- Early cessation as a concept in the reablement STS002 tables
- The CLD specification reduces the requirement on LAs to perform complex processing previously required for SALT, particularly regarding:
- Determining the new or existing status of clients,
- Determining a client's highest SALT service in the year (LTS001a) and current SALT service at year end (LTS001b/c)
- Part direct payment is not included in the list of Delivery Mechanisms - this will be derived from central standardised data transformation.
- Whether clients have been in receipt of a service for 12mths or more for inclusion in SALT LTS001c (services) and LTS002b (reviews)
- Calculating whether clients have received just a planned review, an unplanned review or both required for SALT LTS002b
- Sequels to requests, reablement or reviews, including to which event a sequel relates
- Less need for local process checks, for example, to check that permanent residential admissions (or other services) aren't double counted across sequels, and other validation checks between tables.

Specification details

Submission Information

LA Code

For every row of data, please record the LA code associated with all social care collections e.g. for Lincolnshire, the LA code is 503. This will be used to ensure all data rows can be attributed to specific Local Authorities, and to derive the Local Authority Name

Data type: Integer

Reporting Period Start Date

The reporting period start date for the data being submitted. This will be 1st April as submissions within the reporting year should be cumulative from this date.

Data type: dd/mm/yyyy (no time stamp)

Reporting Period End Date

The reporting period end date for the data being submitted. Typically, this will be last day of the reporting month, quarter, or year.

Data type: dd/mm/yyyy (no time stamp)

Person details

The ASC CLD activity template includes person information fields. All person details should be reported as correct at the end date of the Reporting Period, with unique values provided for every event row in the data. This will ensure a single value for each variable replicated for each event row for the same client.

Person Unique Identifier

Person Unique Identifier can be used to link together events for persons, for whom the NHS number is missing, as well as retrospectively linking to a person once an NHS Number is matched.

Data type: Integer or Alpha-numeric

NHS Number

NHS Number is included (where available) to provide a national unique identifier for persons, which can be used to link to other data sources. This will be validated by the DSCRO as appropriate.

Data type: Integer (10 characters)

First & Last Name (two separate variables)

These fields are important as they will facilitate the tracing of NHS numbers where they are missing or incorrect.

Data type: Text for both

GP Practice Name & GP Practice Code (Voluntary)

GP Practice Name and GP Practice code are included (where available). These will be validated by the DSCRO as part of the NHS batch tracing service.

Data types: Practice name (Text) GP Practice Code (Alpha-numeric)

Gender

Gender should be completed in line with EQ-CL standards to facilitate aggregation to SALT tables. In the longer term CLD will follow the national convention for gender classification, which is currently being considered for the Census 2021.

- Female
- Male
- Unknown

Data type: Defined list

Ethnicity

Ethnicity should be completed in line with EQ-CL standards to facilitate aggregation to SALT tables and vastly improved diversity monitoring to cover all events.

- White (English / Welsh / Scottish / Northern Irish / British)
- White Irish
- White (Gypsy or Irish Traveller)
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed / multiple ethnic background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- African
- Caribbean
- Any other Black / African / Caribbean background
- Arab
- Any other ethnic group
- Refused
- Undeclared / Not known

Data type: Defined list

Date of Birth

Date of Birth allows age and age bands to be derived for clients and is also used for NHS batch tracing. Approximate DOB should not be included *unless* there are other person identifiable information such as name and postcode, so that the NHS batch tracing service could reasonably identify the correct person and provide the correct DOB back to LA's.

Data type: dd/mm/yyyy (no time stamp)

Date of Death

Date of death recorded as appropriate.

Data type: dd/mm/yyyy (no time stamp)

Primary Support Reason

The latest known Primary Support Reason (PSR) in the reporting period should be recorded for the client against each event row. The PSR is unique to the client, and not to specific events, so only one PSR should be reported for each client:

- Physical Support: Access & mobility only
- Physical Support: Personal care support
- Sensory Support: Support for visual impairment
- Sensory Support: Support for hearing impairment
- Sensory Support: Support for dual impairment
- Support with Memory & Cognition
- Learning Disability Support
- Mental Health Support
- Social Support: Substance misuse support
- Social Support: Asylum seeker support
- Social Support: Support for Social Isolation/Other
- PSR Not Known

Data type: defined list

Postcode

The postcode of the client’s normal place of residence should be recorded alongside all event rows for that client in the return. The postcode will be used to determine missing NHS numbers.

Where care services are received at the person’s home, the postcode should reflect that.

Where someone now lives in a residential or nursing home, the postcode of the residential/nursing home should be used.

The same should also apply to clients who move to an out-of-area residential home; the postcode of the out-of-area residential/nursing home should be recorded.

Clients who are placed in care homes temporarily should not use the postcode of the care home, as this has not yet become their normal place of residence.

Data type: Alpha-numeric (Postcode Outward Code_Postcode Inward Code e.g. XX3 4YY)

Accommodation Status

This field is used to feed into the outcome measure ASCOF 1G (proportion of adults with a learning disability who live in their own home or with their family). As with SALT, this data item is mandatory for clients with a Learning Disability aged 18 to 64.

The ASCOF measure requires the Accommodation Status to have been captured within the financial year. For CLD it is proposed that the Accommodation Status is linked to the latest known address / postcode for the client in the year.

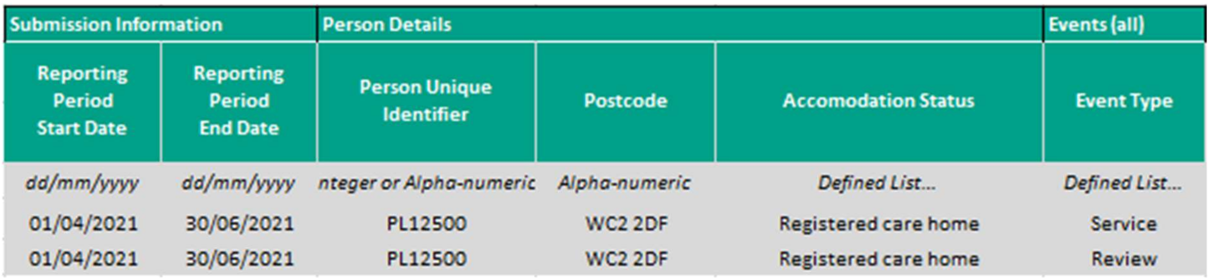
- Owner occupier or shared ownership scheme
- Tenant
- Tenant - private landlord
- Settled mainstream housing with family / friends
- Supported accommodation / supported lodgings / supported group home
- Shared Lives scheme
- Approved premises for offenders released from prison or under probation supervision
- Sheltered housing / extra care housing / other sheltered housing
- Mobile accommodation for Gypsy / Roma and Traveller communities

- Rough sleeper / squatting
- Night shelter / emergency hostel / direct access hostel
- Refuge
- Placed in temporary accommodation by the council (inc. homelessness resettlement)
- Staying with family / friends as a short-term guest
- Acute / long-term healthcare residential facility or hospital
- Registered care home
- Registered nursing home
- Prison / Young offenders institution / detention centre
- Other temporary accommodation
- Unknown

Data type: Defined list

Example; Client PL12500 was reviewed at the end of April. During April the client received a Direct Payment. Further to the review the client moved to a residential care home at the start of May.

As the information is the latest recorded during the reporting period timeframe (01/04/2021 - 30/06/2021), the Accommodation Status entered for all event rows for Client LP12500 is 'Residential Care Home'



Submission Information		Person Details			Events (all)
Reporting Period Start Date	Reporting Period End Date	Person Unique Identifier	Postcode	Accomodation Status	Event Type
dd/mm/yyyy	*dd/mm/yyyy*	*nteger or Alpha-numeric*	*Alpha-numeric*	*Defined List...*	*Defined List...*
01/04/2021	30/06/2021	PL12500	WC2 2DF	Registered care home	Service
01/04/2021	30/06/2021	PL12500	WC2 2DF	Registered care home	Review

Employment Status

This field is used to feed into the outcome measure ASCOF 1E (proportion of adults with a learning disability in paid employment). As with SALT, this data item is mandatory for clients with a Learning Disability aged 18 to 64.

The ASCOF measure requires the employment status to have been captured within the financial year. This requirement will be the same for CLD.

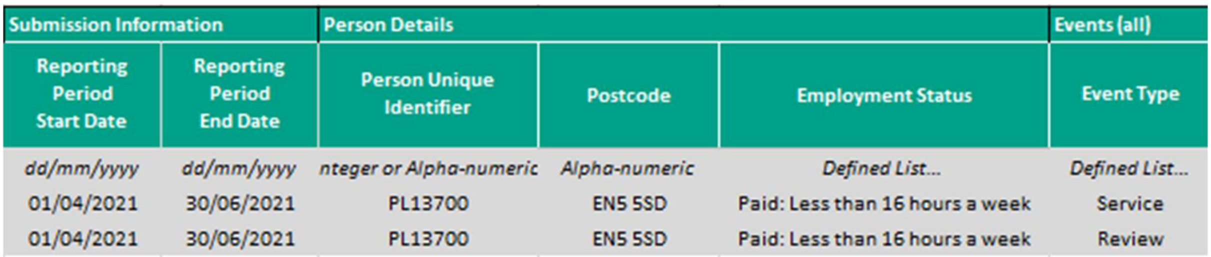
Further to discussions with the reference group, ‘Not In Employment - Voluntary work only’ is now included in the defined list.

- Paid: Less than 16 hours a week
- Paid: 16 or more hours a week
- Not in Paid Employment (seeking work)
- Not in Paid Employment (not actively seeking work / retired)
- Not in Paid Employment (voluntary work only)**NEW**
- Unknown

Data type: Defined list

Example; Client PL13700 was reviewed on the 1st April 2021, during the review their employment status was updated to 'Paid: Less than 16 hours a week'.

As the information is the latest recorded during the reporting period timeframe (01/04/2021 - 30/06/2021), the Employment Status entered for all event rows for Client PL13700 is 'Paid: Less than 16 hours a week'.



Submission Information		Person Details			Events (all)
Reporting Period Start Date	Reporting Period End Date	Person Unique Identifier	Postcode	Employment Status	Event Type
dd/mm/yyyy	*dd/mm/yyyy*	*nteger or Alpha-numeric*	*Alpha-numeric*	*Defined List...*	*Defined List...*
01/04/2021	30/06/2021	PL13700	EN5 5SD	Paid: Less than 16 hours a week	Service
01/04/2021	30/06/2021	PL13700	EN5 5SD	Paid: Less than 16 hours a week	Review

Further guidance will be included for Employment Status in the final version of the guidance. In the interim please refer to SALT and the ASCOF measure 1E.

Has Informal Carer

Whether the person receives support from an informal carer gives a holistic view of a person's support package. This rules are closely aligned to the Carer Status from SALT LTS001b table 2, but is expected for all event types in the dataset, not just where long term support services are provided to the client.

It is recognised that there can be multiple informal carers known to the client and actively providing support. For the purposes of the CLD collection, a value of 'Yes' would indicate that *at least* one carer is known to the client.

- Yes
- No
- Unknown

Data type: Defined list

Comorbid Conditions

Autism Spectrum Disorder (ASD) (Voluntary)

A single variable of ‘Autism Spectrum Disorder (ASD)’ to replace the two ‘Autism’ and ‘Asperger’s Syndrome’ variables.

ASD is to be adopted in 2022 by the World Health Organisation (WHO) using the latest version of the International Classification of Diseases (ICD-11).

In the Light Touch Review of SALT (2018) the National Autistic Society did not see much value in the existing data capture of Autism and Asperger Syndrome in EQ-CL, and owing to updates in diagnostic criteria, these Reported Health Conditions / comorbid conditions no longer matched the emerging single categorisation of ‘Autism Spectrum Disorder’.

- Yes
- No
- Unknown

As with Reported Health Conditions previously reported in SALT, ASD should be diagnosed and relevant to care needs.

Data type: defined list

Visual Impairment (Voluntary)

For the purposes of CLD the visual impairment status taken from SSDA902 is recorded for all people who are in scope of the CLD collection.

- Blind/severely sight impaired
- Partial sight/sight impaired
- No visual impairment
- Unknown

It is not expected that clients have a formal diagnosis or registration of their visual impairment, although clients recorded on the statutory visual impairment register could be matched and their status recorded here.

Data type: Defined list

Hearing Impairment (Voluntary)

For the purposes of CLD the Hearing impairment status taken from SSDA902 is reported for all people who are in scope of the CLD collection.

- People who are deaf with speech
- People who are deaf without speech
- People who are hard of hearing
- No hearing impairment
- Unknown

It is not expected that clients have a formal diagnosis or registration of their hearing impairment, although clients recorded on the visual impairment register with a known hearing impairment could be matched and their status recorded here.

Data type: Defined list

Dementia

Dementia should be reported for every client in scope of the CLD collection.

- Yes
- No
- Unknown

As with Reported Health Conditions previously reported in SALT, Dementia should be diagnosed and relevant to care needs.

It is expected that Dementia should be identified from young-onset Dementia to diagnosed conditions such as Alzheimer's disease, vascular dementia, frontotemporal dementia, and more.

Mild Cognitive Impairment (MCI) would not be included as the symptoms are not usually severe enough to interfere significantly with daily life.

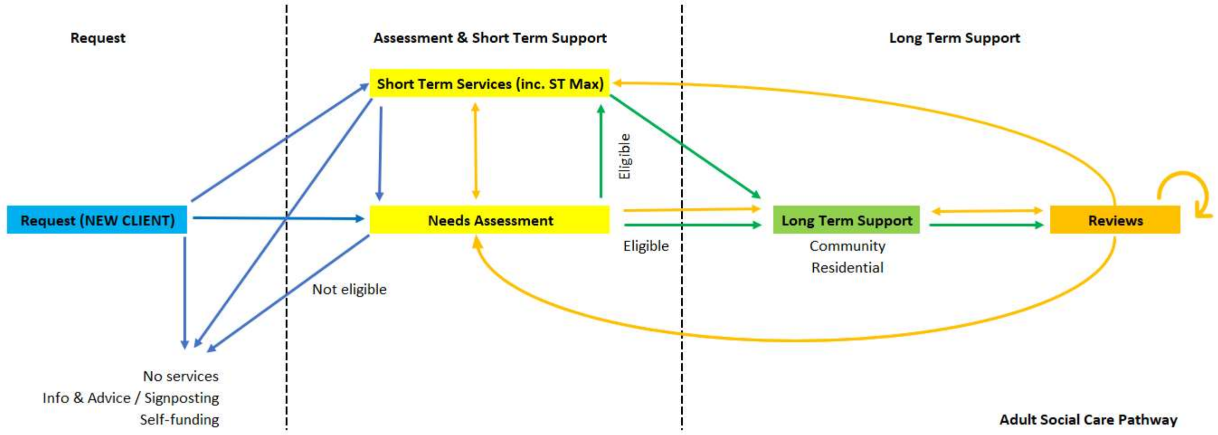
Data type: Defined list

Events (All)

As per SALT, this CLD collection should only report on adults (aged 18+). All occurrences of the event types which occur to adults in the local authority within the collection timeframe should be included. This should include any of the following:

- An event where the start date fell within the reporting period
- An event where the end date fell within the reporting period
- An event that is ongoing (open) during the reporting period. This includes events where the start date was before the start of the reporting period, were open at the end of the reporting period or ended after the reporting period.

It is recognised that different LA's have different business rules and practices, but the four key steps in the social care pathway are common to all, with data collected on each aspect reported by LAs at some point in the past. These are Requests, Assessments, Services, and Reviews. The diagram overleaf maps out the care pathway.



The following table provides a top level overview of sections to be completed for each of the 4 key event categories:

Event Type	Events (All)	Events (Requests only)	Events (Assessments only)	Events (Services only)	Events (Reviews only)	Costs (Services only)
Requests	✓	✓				
Assessments	✓		✓			
Services	✓			✓		✓
Reviews	✓				✓	

Event Type

The four key steps in the social care pathway are listed below;

- Requests
- Assessments
- Services
- Reviews

Data type: defined list

Event Reference (Voluntary)

The event reference facilitates identifying events for data quality reporting and is a mechanism to ensure event rows are not duplicated.

It is anticipated that some Local Authority case management systems will automatically create a unique reference for events when the record is created. Where the event reference is automated, it should be included as the event reference.

Where an automated unique event reference is not available, LAs should consider a local method to derive an event reference, using other data items in the collection such as matching dates, event types and/or a combination of other data fields. **It should be noted though that a derived reference should not include any person identifiable information such as DOB, postcode, name etc, where the event reference could be used to identify individuals**.

Data type: alpha-numeric

Event Start Date

This will be the date the event actually started, which may not be the date the event was recorded on the case management system. For example, where a client received home care from the 20th March, but the service was recorded and authorised within the case management system on the 22nd March, the start date noted in the Client Level Data return should be the 20th March.

Cancelled events should be excluded from the return.

Data type: date format dd/mm/yyyy (no time stamp)

Event End Date

Event end date should be entered for any events completed or ended during the collection period.

The event end date should be left blank for events that are ‘ongoing’ at the end of the reporting period and should not contain future dates.It is, however, feasible to have an event actually start and end on the same date, for example a request for support received by a contact centre which is started and completed over the phone. In this case, please record the same date for both the event start date and end date.

Data type: date format dd/mm/yyyy (no time stamp)

Event Description (Voluntary)

The free text ‘Event Description’ provides context and can be the system description of the service, allowing Local authorities to assign further clarification and meaning to event rows. This variable is voluntary. Descriptions of events will vary between Local Authorities.

Some examples of local definitions may include, but not limited to:

Event Type	**Examples of Event Description**
Requests	Adult Contact: New case Reablement contact Hospital contact Children’s referral to ASC
Assessment	Contact screening assessment Care Act Eligibility assessment 3 stage Care Act Eligibility assessment Initial conversation
Services	Residential Care HD1 Home support: Domestic Equipment: Bariatric Bed with Integrated Hoist
Reviews	Care management overview re-assessment Initial review 6 week review Annual review Unscheduled Review

Data type: Text

Event Outcome

Based on the North West Pilots, the ASC CLD Activity Template includes a new field, which captures information explicitly recorded by the LA, about the reason for the end of an event. The ‘Event Outcome’ is recorded to capture information on SALT sequels it would not be feasible to infer.

Event outcomes should be known at the point when the event is completed, with no further processing required. They will either indicate whether the client’s pathway has ended, or indicate the subsequent step only in the social care process. There is no requirement to track cases and derive the usual SALT sequel attached to each unique event. The processing of sequels will be done centrally following submission of the data, where agreed transformation rules. The list of event outcomes is detailed below:

- Progress to Reablement / ST-Max
- Progress to Assessment / Unplanned Review
- Admitted to Hospital
- Progress to Re-assessment
- Progress to Support Planning / Services
- Progress to End of Life Care
- No change in package
- NFA - Deceased
- NFA - Moved to another LA
- NFA - 100% NHS-funded care
- NFA - Information & Advice / Signposting only
- NFA - Self-funded client (inc. 12wk disregard)
- NFA - Support declined
- NFA - Support ended – other reason
- NFA – Service ended as planned
- NFA - No services offered - other reason

Data type: defined list

The following table provides and overview of the possible Reason for Event Outcome, for each event and client status (i.e. new or existing client);

Key: N=NEW client E= EXISTING client	**Applies to event**			
Event Outcome	**Request**	**Assmt**	**Service**	**Review**
Progress to Reablement / ST-Max	✓N+E	✓N+E		✓E
Progress to Assessment / Unplanned Review	✓N+E			
Admitted to Hospital			✓N+E	
Progress to re-assessment				✓N+E
Progress to Support Planning / Services*	✓N	✓N+E		
Progress to End of Life Care	✓N+E	✓N+E	✓N+E	✓N+E
No change in package				✓N+E
NFA - Deceased	✓N+E	✓N+E	✓N+E	✓N+E
NFA - Moved to another LA	✓N+E	✓N+E	✓N+E	✓N+E
NFA - 100% NHS-funded care	✓N+E	✓N+E	✓N+E	✓N+E
NFA - Information & Advice / Signposting only	✓N	✓N	✓N+E	
NFA - Self-funded client (inc. 12wk disregard)	✓N+E	✓N+E	✓N+E	✓N+E
NFA - Support declined	✓N+E	✓N+E	✓N+E	✓N+E
NFA - Support ended – other reason			✓N+E	✓N+E
NFA - No services offered - other reason	✓N+E	✓N+E	✓N+E	

*includes Crisis Response services which may precede an assessment

‘NFA’ means a terminal step in a particular workflow for a client indicating that there would be no subsequent events, so in principle these event outcomes would be the SALT sequel, and each are mutually exclusive/distinct so there is no need to choose a value based on a hierarchy. The other values which aren’t NFA imply something else happened so we would need to consider subsequent events to determine the sequel.

The only SALT sequels that can’t be derived from the list above for ‘event outcome’ is ‘Early cessation’ which is needed for the ASCOF 2D measure and taken from SALT STS002. 3 early cessation values exist in the current list of SALT sequels but there are many more reasons why a service would end early and not just the 3 specified – e.g. move to another LA, sent to Prison, hospital admission, declined after start etc. Furthermore, the existing Early Cessation categories in SALT imply that LAs need to do additional processing to ensure the correct sequel is chosen for the particular event, something that the CLD project is keen to avoid, to reduce the burden on LAs.

The inclusion of a separate ‘Service ended early’ variable with Y/N values was considered, but the CLD reference group were not in favour of this solution. For now, ‘Early cessation’ as a concept will not feature in the CLD collection, but will be reviewed as data are collected and considering future ASCOF developments.

Please note that 'NFA - Self-funded client (inc. 12wk disregard)' would be used as the event outcome for a closed permanent residential or nursing care service following a 12 week property disregard resulting in the client becoming a self-funder.

Events (Requests only)

The recording of requests should follow the SALT convention for STS001. This includes requests for support (contacts from clients or their representatives, or someone acting on their behalf) being made in relation to the provision of adult social care services, excepting ‘casual contacts’ where no client details are captured. In a change from SALT, this should be for NEW and EXISTING clients.

As with SALT, matters relating to adult safeguarding procedures and Deprivation of Liberty Safeguards are excluded. Requests relating specifically to carers support are currently out of scope but will be considered for inclusion at a later stage of the project.

Route of Access

Route of Access is required for all requests for support whether this is for a NEW or EXISTING client. Two new values are proposed as an addition to the existing values in SALT.

- Planned Entry (Transition)
- Discharge from Hospital
- Diversion from Hospital Services
- Community / Other route
- Prison
- Self-Funder with depleted funds
- Self-Funder with depleted funds - 12-wk disregard or DPA
- Discharge from Reablement **NEW (VOLUNTARY)**
- Transfer from Other LA **NEW (VOLUNTARY)**

Data type: defined list

Events (Assessments only)

Assessments were previously reported for Referrals, Assessments and Packages of Care (RAP) but were dropped with the introduction of SALT in 2014/15. Assessments are a key event in the social care process and has therefore been re-introduced in the CLD collection to capture the full pathway for an adult.

An ‘assessment’ is defined as the first assessment for a new client. All subsequent assessments, which includes reassessments, will be defined as a review.

Assessment Type

The reference group saw the benefit of adding a new variable with structured assessment type values, and LAs may choose to capture the system assessment name using the event description.

- Long Term Support Assessment – e.g. Needs Assessment, Transitions assessment
- Short Term Support Assessment – e.g. Occupational Therapy Assessment, Reablement Assessment, equipment assessment

Data type: defined list

It is recognised that LAs will have different assessment practices and use proportional assessments such as an ‘Initial Conversation’ style assessment or a ‘3-stage’ assessment. LAs will have to decide how best to reflect this activity as Long Term or Short Term Assessments. Long Term Assessments should include all needs assessments where there is an eligibility determination.

Eligible Needs identified (Voluntary)

Identifies when a ‘long term’ assessment of need has been completed and the person’s eligibility under the Care Act is determined.

https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/

Defined list	Description
Eligible needs identified	Eligible under the Care Act
Non-eligible needs identified	Not eligible under the Care Act, but at least one need identified
No needs identified	The person has no identified needs
Not applicable	

Data type: defined list

Informal Carer involvement in Assessment (Voluntary)

To, in part, reflect the Care Act requirements of an assessment, and to identify associated carer activity (i.e. joint assessments) as reported in SALT LTS003 Table 3. Where an informal carer has been identified, there is an expectation that they are included and consulted in the assessment of the person the care for.

It is recognised that there can be multiple informal carers known to the client. For the purposes of the CLD collection, a value of 'Yes' would indicate that *at least* one carer has been involved in the assessment.

- Yes
- No
- Unknown

Data type: defined list

Events (Services only)

All services starting, ending or open within reporting period for clients that are;

- Funded fully or jointly by the Local Authority
- Full cost

In relation to services that have been suspended during the period, please treat these services as open with the client 'on the books' for the purposes of the return. If it is decided that the suspended service will indeed terminate, for example an extended stay in hospital where needs are likely to change, or the care home is unable to keep the bed available, then this should be reflected as an ended service as normal and a new service recorded as appropriate.

Service Type

Service events can be further broken down into ‘service types’. The list of top level service types provided in the CLD activity template is based on the main short and long term support categories included in the SALT return.

- Short Term Support: ST-Max
- Short Term Support: Ongoing Low Level
- Short Term Support: Other Short Term
- Long Term Support: Nursing Care
- Long Term Support: Residential Care
- Long Term Support: Community
- Short Term Support: End of Life
- Long Term Support: Prison

Data type: defined list

Service Component

The reference group saw the benefit of adding a new ‘service component’ field to supplement the existing ‘Service Type’ variable. The following values have been agreed;

- Reablement
- Short Term Nursing Care
- Short Term Residential Care
- Long Term Nursing Care
- Long Term Residential Care
- Home Support
- Day Support
- Meals
- Transport
- Equipment
- Direct Payment
- Shared Lives
- Community Supported Living
- Professional Support
- Learning/Education/Employment Support
- End of Life Care
- Emergency Support
- Other Short Term Support
- Other Long Term Community Support

Data type: defined list

Delivery Mechanism (Long Term Community or Prison Only)

The delivery mechanism column allows the categorisation of prison and community care service types, according to the mechanism of funding. This column is only mandatory for service types that are either ‘prison’ or ‘community’, to be consistent with SALT. The inclusion of delivery mechanism provides further insight to the financial information reported for each service row.

For CLD the Delivery Mechanism is specific to the service line. This is a change to the Service Setting/ Delivery Mechanism methodology described in SALT, which is based on the hierarchy of all services recorded for the client.

- Community: Direct Payment
- Community: CASSR Managed Personal Budget
- Community: CASSR Commissioned Support
- Prison: CASSR Managed Personal Budget
- Prison: CASSR Commissioned Support

Part-direct payment is not required in the dataset as this can be derived from the mix of service rows for a client.

Data type: defined list

Provider CQC Location ID (Voluntary)

If the service provider is registered to carry out regulated activities with the Care Quality Commission (CQC), please record the CQC Location ID. This is not to be confused with the CQC Provider ID. Leave blank if the service provider is not registered with the CQC.

Data type: Alpha-numeric

Provider CQC Location Name (Voluntary)

If the service provider is registered to carry out regulated activities with the Care Quality Commission (CQC), please record the CQC Location Name. Leave blank if the service provider is not registered with the CQC.

Data type: Alpha-numeric

Events (Reviews only)

A ‘review’ is a full re-examination of client needs and *should* include a (formal) reassessment and direct contact with the client. A review cannot be completed without input from the client (and/or the client’s representative). The outcome must be the offering of new or continuation of current services as well as services being ceased. Note, however, that closing case files or checking that services have stopped following the death of a client does not count as a review for CLD purposes. Similarly, reviews that are not completed before a client dies (or for any other reason) should not be included.

Review Reason

The Significant Event in SALT LTS002 has been renamed as Review Reason for the Client Level Data collection. The list of Review Reasons is as follows:

- Planned
- Unplanned - Hospital (Planned and unplanned episodes)
- Unplanned - Carer related
- Unplanned - Safeguarding concern
- Unplanned - Other Reason
- Unplanned - Provider Failure
- Unplanned - Change in Commissioning arrangements

Data item: defined list

Review Outcomes Achieved (Voluntary)

There is currently a gap in person-centred outcomes measurement linked specifically to needs and packages. To address this, ‘review outcomes achieved’ has been added with values equivalent to the Safeguarding Adults Collection (SAC) return voluntary Making Safeguarding Personal (MSP) table:

- Fully met (if all outcomes fully met)
- Partially met (if at least one fully or partially met)
- Not met (if no outcomes met)

Data item: Defined list

The item is included as an overview of whether support services have enabled the client to achieve their stated outcomes. It will provide some insights into the success of LA funded support and unmet need for clients known to the LA. It is expected that, in line with Care act 2014 eligibility, clients in receipt of long term support will have specified at least two personal outcomes where there is a need. The process for deciding the extent to which an outcome has been achieved will differ in each Local Authority, but reviews should be conducted as a discussion with the client, where the reviewer arrives at a professional judgement on the achievement of their outcomes, and agrees this with the client.

Costs (Services only)

Financial information is highly valuable information to have at client level. The CLD project is looking to collect spend at service level, as it provides valuable information about how spend:

- varies between services and supports analysis of cost-effectiveness
- is distributed among clients and indicates intensity of service required,
- changes over time for individual clients.

For these purposes, the CLD collection will capture planned costs associated with services, rather than actual spend which is captured separately in the ASC-FR return. Despite the limitations of using planned cost information, we understand that planned spend is likely to be easier for LAs to provide and that in many respects it can be a preferred measure, reflecting care needs better and for insight into intensity of care.

The service categories below should have an associated cost in the CLD collection;

- All Long Term Support, excluding CASSR Commissioned Support Services
- Short Term Residential and Nursing Care

The methodology of recording financial information is based on the trials in the North West Pilots, and consideration of the LGA Markets and Modelling Project where service costs were collected from volunteer Local Authorities.

The ASC CLD activity template includes the following financial variables.

Unit Cost (£)

This should be the Gross Cost of the service, not reduced for service user contributions, and not including 3rd party top-ups or NHS CHC funding contributions.

The unit cost entered should reflect the latest known cost of the service as recorded on the system, on *either* the date the service ended in the year *or* the last day of the reporting period. The key thing is that there should be one cost for a given service in the period, with no requirement for any duplicate service event rows to account for 'uplifts' in the year. This variable will be reviewed closely throughout the pilot.

Data type: Numeric (0.00)

Cost Frequency / Unit Type

The frequency at which the unit cost occurs. For example, home care is likely to be ‘hourly’, whilst other services may be ‘weekly’ or a single ‘one-off’ payment.

- Per Session
- Hourly
- Daily
- Weekly
- Fortnightly
- 4-weekly
- Monthly
- Quarterly
- Annually
- One-off

Data type: defined list

Planned units per week

Required for services *only* where the unit cost occurs more frequently than weekly such as hourly, daily, or per session.

Data type: Numeric (0.00)

Full cost client

A full-cost client is one who pays the full direct costs of the services they receive but whose support is arranged by the Local Authority. This applies to the person and events. If the client is Full Cost, then this should be reflected for all costed service events

- Yes
- No

Data type: defined list

Contact Details

Please direct any queries, thoughts, views, suggestions or any other relevant information on the CLD project, to the DHSC Social Care Data queries mailbox:

socialcaredata@dhsc.gov.uk