

Dear Social Care Data Leads and Directors of Social Services in Local Authorities

**Invitation to commence the voluntary submission of Adult Social Care Client Level Data (CLD)**

**I am pleased to announce that the Direction for approving the CLD collection has now been published by NHS Digital, and can be found** [**here**](https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/collection-of-client-level-adult-social-care-data-no-2)**. The CLD project can progress to the voluntary collection phase. We are therefore seeking expressions of interest from Local Authorities (LAs) who wish to sign up to submit client level activity data.**

The 2018 September letter to LAs first introduced the idea of a social care client level data collection as a low burden solution to the current aggregated SALT collection. A DHSC project was set up as an extension to the North West pilot areas, building on their successes of working to a standardised social care data specification and linking these data with health data to provide a more frequent holistic view of their system. Despite delays caused by the Coronavirus pandemic, the client level data specification has been agreed in collaboration with social care data leads from 21 LAs who represent all regions in England. I would like to thank those colleagues for their valued contribution in getting us to this point.

Attention has been paid to feedback and recommendations from LAs, NHS Digital and the Office for Statistics Regulation (OSR), and similar projects including the LGA Markets & Modelling Project and the social care client level dataset developed by Public Health Scotland. The **CLD data specification** and associated **CLD guidance** can be found embedded at the bottom of this letter.

The CLD data specification is largely based on the data currently required for the aggregated Short and Long Term (SALT) collection, and essentially creates to a chronology of events, for new and existing clients, which have taken place during the year. Whilst most of the existing SALT concepts remain, some requirements have been removed, and some have been refined. New items have been added which would reasonably be expected to be captured on a core social care record and held in LA systems. This is to allow for improved monitoring of the Care Act 2014, planned financial commitments and to enable NHS data matching and linking to local health datasets for secondary purposes.

Among other benefits, the project will enable LAs to validate and update their records against the NHS spine and allow for the creation of linked ASC and NHS datasets. We anticipate that CCGs will also be interested in sharing local datasets, and so, a joint LA and CCG expression of interest is encouraged to fully realise the benefits of local data sharing. This will vastly improve joint local commissioning intelligence, and ultimately lead to improved experiences of adults who access health and social care services.

LAs would transmit the client level data securely to their DSCRO (Data Services for Commissioners Regional Office), which is part of NHS Digital but run by Commissioning Support Units (CSUs). The DSCRO would then process and validate the data and provide an NHS batch tracing service to update LA client records. The processed LA social care data would be shared with the individual LA, but also pseudonymised and made available as appropriate to wider stakeholders/commissioners via the NHS Digital Data Access Request Service (DARS). The DSCROs already process and control NHS data in this way.

In the longer term, standardised outputs will be developed and shared, commencing with the aggregation of the data to the more familiar SALT tables and associated ASCOF measures. To ensure consistency of processing and outputs, the DSCRO will use data transformation rules developed and agreed by the CLD reference group of LAs, to process the data centrally. **This will significantly reduce the burden of complex data processing required of LAs for the current SALT collection, for example, there is no requirement for LAs to compute SALT sequels.**

In response to local Coronavirus responses, many of you will have seen a sharp rise in demand for client level data within your Local Authorities and between CCGs and NHS providers, and will undoubtedly see the potential of the standardised CLD data specification.

It is designed as a national collection but can also be used practically by LAs to fulfil most *day-to-day* management requests from operational social work teams, commissioners, public health population management purposes and local resilience teams.

It is expected that LAs who are more engaged with their CCGs and are ready to flow client level data will likely be the first to sign up to the CLD project. However, DHSC are encouraging all LAs to volunteer. Joining the project early will give LAs a longer lead in time to develop and validate their dataset, and provide an opportunity to help further refine the specification and address any issues or barriers as they occur.  The project team will support you to organise the information governance requirements for sharing and receiving data, and help to resolve any queries. Peer support is also available from your regional CLD reference group representative.

**If you wish to sign up to the CLD project, please contact your DSCRO business lead,** the details for which can be found in the NHS-D DSCRO contacts details document embedded at the bottom of this letter. If your LA volunteers for the project, we would ask you to submit data *at least* on a quarterly basis, and to work towards fulfilling all of the data requirements by the end of the project.

DHSC would be grateful to all LA social care data leads if you could review the supporting documents embedded below, and **complete a short survey**, accessed by following this [link](https://dhexchange.kahootz.com/connect.ti/CLDSurveyforLADataLeads/grouphome). This feedback will help us to plan for the onboarding of LAs to the project, and identify any issues, concerns or data gaps that will need to be addressed as the project progresses. **The deadline for survey responses is Friday 5th March.**

This is a great opportunity to get involved in an exciting data project which takes us one step closer to health and social care integration, with a much more robust and granular dataset to inform decision making and enhance our collective understanding of the sector. If this project proves successful, the CLD could be taken forward as a viable replacement for the existing SALT collection in 2023/24. For more information about the CLD project, please contact [socialcaredata@dhsc.gov.uk](mailto:socialcaredata@dhsc.gov.uk).

Kind regards,

David Boath

Client Level Data Project Lead, Department of Health & Social Care

*Letter sent on behalf of:*

*The Client Level Data Project Board - DHSC, NHS Digital, ADASS, Arden & Gem North West CSU (NW DSCRO), Liverpool City Council, NHS England, LGA, LSE*

**Reference files embedded below:**

|  |  |
| --- | --- |
|  | 1. **CLD Data Specification v4.2 (Feb 2021)** |
|  | 1. **CLD Guidance v4.2 (Feb 2021)** |
|  | 1. **NHS-D DSCRO contact details for LAs in England (Feb 2021)** |