

Adult Social Care – Client Level Data (ASC-CLD) Newsletter

August 2021

Welcome to the first edition of the quarterly Adult Social Care – Client Level Data Newsletter! The newsletters will include updates on progress and planned developments, specification change control, features, and case studies. If you would like to see other content, share your LA's experience of CLD or innovative uses of the data, or just have some general feedback about the newsletter, we would love to hear from you. Please get in touch at socialcaredata@dhsc.gov.uk.

CLD Survey findings

At the time of writing to LAs to launch the project, LA data experts were asked to complete a short survey in relation to CLD by the end of March 2021.

The survey provided a comprehensive view of LA confidence in their data, their interest in joining the project and an overview of their existing joint working arrangements with their local health community. The results and comments will assist DHSC and Arden & Gem to tailor their support offering to LAs and to help identify and address any real or potential barriers.

Thank you to LAs for completing the survey. **129 out of 151** LAs in England completed the survey, which represents an **85%** response rate.

Key survey findings from LAs who completed the survey:

- **98%** are interested in sharing and receiving pseudonymised data with their local NHS system for commissioning purposes
- **95%** are interested in the NHS Batch Tracing service (to validate NHS IDs and associated information)
- **81%** are already collaborating with the Clinical Commissioning Groups
- **60%** are interested in joining the project, and could flow data within 12 months
- **25%** are expecting to change their LA social care case management system in the next 3 years

Confidence in CLD on a scale from 1 to 5 (1= 'Not confident at all', 5= 'Very confident')

- **85%** reported 3 or above in relation to their ability to share at least some of their client level data currently
- **83%** reported 3 or above that data would be available for planned financial information
- **76%** reported 3 or above that data would be available for reablement activity
- **71%** reported 3 or above that data would be available for informal carer support
- **56%** reported 3 or above that social care data would be available for mental health activity for long term support and residential activity

The key issues identified from the survey questions and comments are included below, with some important key messages overleaf to address them:

- **Data Quality** – 33 LAs referenced data quality issues with their data in the comments which would require attention before submitting client level data.
- **Case Management System changes** – With a quarter of LAs planning to change their case management systems in the next 3 years, this could present a challenge to implementing CLD, but some recognise this as an opportunity.
- **3rd Party Providers** - Many LAs noted their reliance on 3rd party providers for some of their Adult Social Care LA funded activity data, specifically relating to providers of reablement and carers services. Of note, LAs expressed the least amount of confidence in the availability of data for mental health clients aged 18 to 64 managed and recorded by Mental health NHS Trusts.
- **Case Management System Suppliers** - LAs expressed their dependence on system suppliers and wanted assurance that DHSC were engaged with suppliers to help with system development, upgrades, and support.
- **Meeting the CLD specification** – LAs expressed concern that they may not be able to meet the full requirements of the CLD specification straight away, which is likely to impact on when they would sign up to the project.

Key messages:

- **Data quality issues in LA data submissions are expected and should not be a barrier to LAs signing up to the project. Errors are needed to build the validation rules and to fully understand where the issues and data gaps are.**
- **LAs are not expected to be able to meet the full requirements of the specification immediately. A partial submission is acceptable on the understanding that LAs will work towards the full specification.**
- **All LA case management suppliers have been written to so are aware of the CLD collection and the potential support needs of their customers. Further engagement with suppliers is planned as part of the wider initiative from NHSX on digital transformation in Social Care.**
- **Further work is needed to understand and unblock the issues that impact on the availability of mental health activity data**

CLD Benefits

It is no surprise that so many LAs are interested in this data development, given the benefits expected as set out on page 7 of the ASC-CLD Guidance document, and reiterated below:

- Meeting the substantial local demand for linked health and care data to see a person's 'user journey' through Health and Care for improved joint health and care commissioning
- 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 transformations and standardised terminology
- A dataset that LAs can use to answer most *day-to-day* information requests from service areas and commissioners
- Providing more frequent and timely monitoring of social care activity, cost and outcomes
- Enabling risk stratification and predictive modelling locally and nationally
- Improvements in data quality and completeness of the universal patient NHS identifier

News

Project progress

Since the CLD project was launched, **FIVE** local authorities have signed up to flow data.

A list of all participating LAs is published on the NHS Digital website [here](#).

Almost 2/3rds of LAs have expressed their interest in signing up to the project, as can be seen from the chart (right).

The vast majority of LAs completed the CLD online survey (Mar 21), and many LAs have attended one of the Arden & Gem onboarding sessions or have been contacted directly about the project onboarding process and for information governance advice.

Now that most of the statutory collections have been completed for this year, it is encouraging to see that at least a further 20 LAs are preparing to join the project by the end of September.

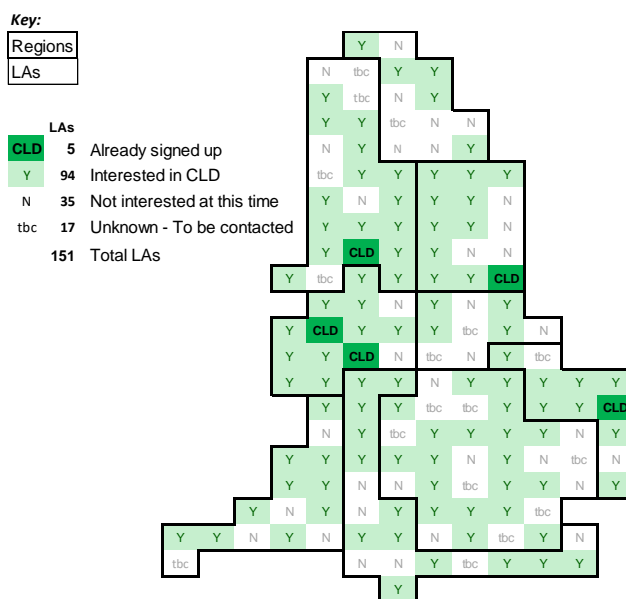
DHSC are keen to engage with all LAs, and so a few LAs we haven't yet heard from, have been invited to get in touch with the project team. The CLD survey has been reopened until 30th September 2021 [here](#) to give LAs a chance to share their views if they haven't done so already. This feedback is so important as this provides valuable information to help understand the potential issues and to tailor our support to LAs.

Burden Assessment

The CLD specification was designed with burden in mind, factoring in what data LAs currently require for SALT, the requirements of the Care Act 2014 and what is contained within a core social care record based on the work done by the Professional Record Standards Body ([PRSB](#)). There should be minimal impact on case management system changes and LA internal processes. Furthermore, the collection removes the burden of complex data processing currently expected by LAs for the SALT return.

Local Authority Interest / Participation in ASC-CLD

Position as at August 2021



Whilst the collection is more frequent than the annual SALT, it is expected that burden will be lower than SALT and that new burden will come from up-front development and maintenance of ongoing data quality routines.

As part of the project evaluation, a burden assessment for the CLD project will be completed in Autumn/Winter 2021. This will follow the same format as the burden assessment that is completed for mandatory collections in Social Care and, as with the Zero based Review of Collections in 2014, will be used to understand the burden on LAs and what resources may be required to support LAs. NHS Digital will contact participating LAs separately, once enough LAs have signed up to the project.

ASC-CLD website launched!

Many of you will frequently visit the NHS Digital Social Care Collections 2011 page. CLD now has a section [here](#) which gives some basic information about the project. LAs will however be signposted to a dedicated CLD website hosted by Arden & Gem [here](#) which has just been launched. This is where you will find all the resources needed for the collection including these newsletters, the CLD launch letter, the current versions of the specification and guidance, project onboarding instructions, useful links plus a comprehensive suite of support materials that will be released over time (see details overleaf).



Support materials

In addition to the current guidance and specification, LAs will shortly have access to a range of support materials that will be updated over time:

- **FAQs** – developed from questions and queries arising from the survey, via email, ADASS regional meetings, and Arden & Gem engagement sessions.
 - **Example CLD dataset** – a fictitious dataset with row level data with all event types to illustrate what a CLD dataset may look like.
 - **Validation Tool** – for LAs to download and use pre-submission to the DSCRO, that includes 70+ basic validation rules to ensure the data are in the correct format with the values expected. The tool summarises the errors and some basic summary counts.
 - **Data Dictionary** – A CLD-specific data dictionary to mirror the NHS Digital data dictionary that replaced the Equalities and Classifications Framework (EQCL)
 - **Change Request Proforma** – A form which LAs and other stakeholders can use to put forward changes to the current CLD specification.
 - **CLD Data Transformation Technical document ****TO BE DEVELOPED****** - As an output of the CLD reference Group, this will set out the way in which the CLD data will be processed on behalf of LAs once received by the DSCROs
 - **CLD Proof of Concept Processing tool ****TO BE DEVELOPED****** – for LAs to download and use pre-submission to the DSCRO to have instant access to the more familiar SALT aggregations of their own CLD data, using the above transformations.
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Change Control

Current version of the ASC-CLD Specification and Guidance: **v5.0**

The latest versions of the Specification and Guidance will always be released on the CLD website. Details of all changes will be included in the version control section of each document with notification in advance of any changes via this newsletter.

Summary of changes since v4.2 (CLD launch version)

- **LA code, Reporting Period Start Date, Reporting Period End Date** moved into specification for consistency of reporting for each row of data specific to each LA.
- Clarification in the guidance for creating a unique **event reference**, which should not include any person identifiable values e.g. DOB, postcodes, names etc.
- Addition of **Service Type** value of 'Long Term Support: Prison'
- Clarification of CQC identifier – **Provider CQC Location ID**

DHSC welcomes suggestions from all LAs for new data items or changes to existing data items in the CLD specification. A request for change proforma can be found with the support materials on the CLD website. All requests for change will be considered by the CLD governance group regarding national importance, burden including changes to practice or systems, with advice taken from the CLD Reference Group.

If changes are approved, all changes will be communicated via this newsletter. LAs will be given 3 months' notice of *minor* changes and 6 months' notice of *major* changes.

A significant amount of development has gone into designing the current specification, so it is expected that minimal changes will be required to the current data specification during the project phase. An exception to this is the introduction of carers activity mentioned below in the development section. Instead, it is more likely that the guidance will be updated to ensure consistent interpretation.

Development

CLD Reference Group

The reference group is made up of 21 local authority data leads representing each of the regions in England, with LAs of different sizes and types, and who use a range of case management systems.

The purpose of the group is for LA members to represent the interests of their regions to collaboratively design the CLD specification, advise on changes. The group has now recently started working on the development of standardised data transformations which will apply to all local authority CLD datasets.

This work will inform how the CLD data will be processed once received by the DSCROs to replicate the complex processing done by LAs currently for SALT. This includes working through how SALT sequels can be derived consistently for all councils from the submitted data. This builds on the *rules of thumb* used in SALT and exploits the chronological and structured event data to create logical sequels.

Unpaid Carers

CLD currently does not currently include activity data for support to unpaid carers as SALT does in table LTS003. Options are being drawn up to address this as unpaid carers play a vital role in social care provision. DHSC are also keen to build on the success on the work to identify unpaid carers across multiple agencies for the JCVI cohort 4 of the COVID-19 Vaccination Programme. Introducing Unpaid Carers into the CLD collection will constitute a *major* change and details will be communicated as soon as they are known.

CLD outputs

As more LAs sign up and flow data into the DSCROs, the following outputs will be developed and made available over time. The mechanism for delivery of these outputs is still in development with lots of options being considered.

DSCRO Data Quality Report – A summary for each LA following a submission to the DSCRO which will include basic validation rules and summary counts of activity

DSCRO NHS Batch Tracing – available to all LAs if required with a check performed for all people in the CLD submission to the NHS spine to identify missing or mismatched NHS ID, name, DOB, GP practice information and returned to LAs to update their LA systems.

DSCRO Data Access Environment (DAE) – An anonymised and appropriately suppressed client level dataset or aggregations will be made available to LAs. Depending on which Business Tool is used in LAs, the outputs can be tailored to individual LA needs to provide standardised aggregated reports, full anonymised person level datasets, or bespoke outputs with linked health and care data. Access to any data within this environment is based on an appropriate application to the NHS Digital Data Access Request Service, with a joint application with health is required where linked health and care datasets are requested.

Please note, there is **NO** cost to LAs who wish to apply for access to their data or any linked health and care aggregated reports or anonymised datasets.

Future output development includes:

DHSC Adult Social Care dashboard – From September 2021, DHSC will explore making the CLD datasets available in the Adult Social Care dashboard which is already accessed by the majority of LAs for Capacity Tracker information. In principle, the same permissions would apply so individual LAs could see the national position, their own data/aggregations and be able to benchmark with their regions.

DHSC / NHS Digital Publications – When the new Direction is in place from April 2022, it will be possible to explore the publication of CLD statistics and datasets that can be used for benchmarking of participating LAs, in the same way as the SALT and ASCOF datasets are currently used.

Case Study

Adam McCamley, Senior Analyst – Adult Services, Liverpool City Council

12 years' experience in Social Care analytics

Data is fast becoming our largest commodity and resource for how we run our services. It may be complex, but all the infrastructure is there to enable integration of data within health and social care for improved response to care and support demands. Over the years small scale projects and pilots have been trailed with success, and the CLD project is the natural progression of this work. Liverpool, alongside other local authority data leads, are involved in the ongoing development as members of the CLD Reference Group. This is very much a joint project and only by working collectively are we able to develop a sensible and innovative way of enhancing adult social care data and intelligence on a large scale.

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 and recovery at a local (and often regional) level. Whilst this data could only be used for direct care in these exceptional circumstances, it is a real example of the benefit, nonetheless and without it the pandemic response would have been even more challenging.

The initial implementation of CLD for Liverpool occurred far earlier than the current project and stemmed from a need to develop a local flow of data to support prevention and early intervention work for local GP's. We do have a number of ongoing data flows and projects around data linkage for the integration of health and social care data in partnership with Liverpool CCG, local CSU and broader STP partners resulting from our early work and COVID response. This work put us in a good place to become an earlier adopter of CLD and allow us to develop a single data resource for adult social care.

Liverpool was the first LA to formally signed up to CLD and began submitting data into the DLP in May 2021, with subsequent monthly uploads scheduled. Our initial submission was a 12 month CLD data set that we constructed to generate most of the 2020/21 SALT return. We chose to take this approach in order to reconcile SALT data, provide a proof of concept that CLD can supply the statutory data needed, and provide a broad foundation of data for local flows.

In practice, the data extracts are relatively straightforward comprising of 5 core data exports that we built over a few weeks using SQL to query our case management systems, Liquid Logic and ContrOCC; one report about the person and one for each of the CLD event types. Some supplementary transformation of the data was also required such as service mapping.

I have already spoken with many LAs about our experience and I am happy to share the development and learning further, and at the same time see alternative approaches.

In terms of burden, the development was front-loaded to set up and configure, but now CLD supports business as usual reporting and requires 30 minutes per month to run and submit a refreshed CLD update to the Data Landing Portal (DLP). Our local DSCRO (Arden & Gem CSU) already understood the complexities of adult social care data having worked with them over a number of years. It was reassuring when they developed the DLP and enabled a quick process of signing up, whilst providing extensive support in the setting up the processes both from a technical and legislative point of view.

Ongoing development is currently iterative as we identify intelligence gaps or issues that arise, including a new validation process that support local business as usual processes alongside CLD. In this way the data set is very adaptable and fits well with the rapidly developing nature of social care without disrupting local process.

We have found the modular nature of the CLD data set lends itself to being able to explore innovative approaches to data collection and analysis. Liverpool is currently using Power BI, but we did also experiment with SSRS, Tableau and Business Objects (WEBI) so the data set is very adaptable.

The long term benefits of this data resource cannot be understated. We have positioned the CLD to be the building blocks of all data and intelligence requirements for the LA. In practice, this means our local data needs are met with CLD, rather than it being an additional task. Furthermore, CLD lays the foundation for local integrated commissioning and whole system strategy development, enabled by a standardised language for social care across partners. Examples of applications in Liverpool include a recently developed whole system capacity model for health and social care beds, supporting hospital discharge flows and providing an end to end view of a person's journey through the system.

Lastly, we can never forget that all data collected and shared must be for the benefit of the service user. It should be core to the principles of any data sharing project that the service users are the central and loudest voices, after all who is better placed in the whole system.

Contact details

If you require any more information about the project onboarding process, the submission or access to the data, please email:

agem.adultsocialcare@nhs.net

For information regarding the wider remit of the programme, or technical aspects of the specification, please email:

socialcaredata@dhsc.gov.uk

CLD Project Website:

<https://www.ardengemcsu.nhs.uk/asccld>

Working in partnership:

