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

September 2021

Welcome to the second 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.

In this edition:

Project progress: 14 LAs now signed up to CLD, with a further 89 interested

News: Relaxation of requirements and collection basis

Amendment to the specification change control process

Data Landing Portal (DLP) guidance for LAs

Burden Assessment to commence in January 2022

Change Control: Notice of small changes to guidance **only**

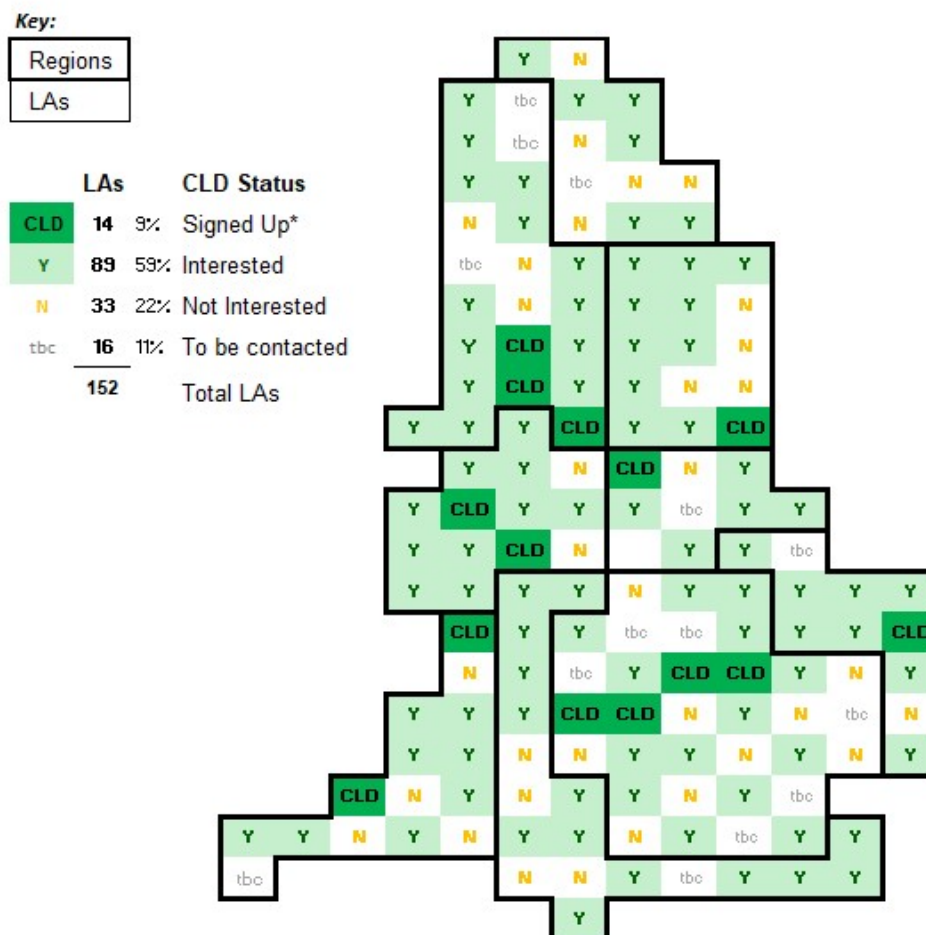**Development:** CLD Reference Group, currently working on:

- Data Transformations
- Informal carers
- LA Privacy Notices

Feature: Available national and local health datasets to link to CLD

Project progress

There continues to be a lot of interest in the project from Local Authorities, which is translating into a growing number of participants. To date, 14 Local Authorities have signed up to the project with a further 89 LAs interested. By the end of the calendar year, we hope to have 30 or more participating Local Authorities. The engagement sessions run by Arden & Gem CSU have been key to raising awareness of CLD, supporting and encouraging LAs to sign up. This has also been a valuable source of LA feedback.   Views, concerns and barriers that have been raised by LAs have been taken on board, and have resulted in several positive steps to address these.

Local Authority Interest / Participation in ASC-CLD
Position @ 30 Sept 2021

Key:

| Regions |
| LAs |

	LAs		CLD Status
CLD	14	9%	Signed Up*
Y	89	59%	Interested
N	33	22%	Not Interested
tbc	16	11%	To be contacted
	152		Total LAs

* A list of all participating LAs is published on the NHS Digital website here.

The CLD survey remains open until 31st December 2021 here to give LAs a chance to share their views if they haven't done so already.

News

Relaxation of requirements

There are 43 data items in the specification which some LAs might see as overwhelming and a potential barrier to them signing up. DHSC also recognise that LAs have limited social care analytical support and whilst they are interested in participating, LAs need to plan the development over a longer period, particularly if they have plans to incorporate CLD into their business as usual reporting routines. The important thing is that LAs can develop their client level dataset in a manageable way, starting with the data items they are comfortable with.

To address this, the guidance is being relaxed in relation to the completeness of the submission and the collection basis. Both aspects will be considered as part of the project evaluation in 2022, where LAs will be invited to share their views, local needs and experiences to determine what is appropriate.

The following updates to the guidance are detailed below:

- **Collection basis** – originally it was envisaged that LAs would flow client level data on a quarterly basis, with submissions throughout the year provided on a cumulative basis from 01 Apr, culminating in a full year submission in quarter 4. **This requirement is being relaxed to allow LAs to flow data for the period that is comfortable for them**. For example, this could be on a rolling 12 month basis, the previous reporting year, monthly or quarterly. Local Authorities can also take the opportunity to flow historic data with a view to linking multiple years of data to link with historic health data for more comprehensive time series analysis.

- **Completeness** – A key message from the last newsletter was that a partial CLD submission is acceptable. This message is being reinforced in the guidance to allow LAs to develop their client level data over time, focussing on the areas of the specification that can be achieved initially, and working towards the full specification over time. To this end, the **mandatory or voluntary status of each data item has been removed**. Instead, LAs are advised to see the mandatory data items as a 'priority' for development. The priority data items are important for NHS Batch tracing and to test the central processing of the data to produce meaningful outputs.

In the September Letter to Local Authorities - not to be confused with this September newsletter - there is a feature on Client Level Data which further supports the above messages to encourage local authorities to take the plunge!

Change control process

Some LAs have fed back that there have been too many changes to the specification already – noting the version numbering, now on v5.0. This is the product of many iterations over 3 years to get us to the published specification.

Since the specification has been driven by what is already collected in a core social care record, **there are no major changes expected during the project life cycle**. The one exception to this is the planned introduction of informal carer activity (see development section for an update on this).

Instead it is more likely that the existing data items are refined to accommodate local variation and reduce burden, and changes will be made to the guidance document only for consistent interpretation.

As a result of the relaxation of the requirements to submit data to the project, which allows LAs greater development time before submitting new or amended data elements, the decision was taken to amend the change control notification timescales for any changes to the specification:

- **Minor changes** – 1 months' notice – change to values / drop down for existing variables, deleted variables
- **Major changes** – 3 months' notice – new data items, carers

Any changes will be communicated via this quarterly newsletter with version control in the specification and guidance which will be rolled forward to a new version.

Data Landing Portal (DLP)

Setting up a Data Landing Portal (DLP) account in readiness for submitting ASC-CLD data can be done at any time, you don't have to wait until you have signed up the project. Organising DLP access early has no implications and does not commit LAs to submitting data, but it does mean you are ready to go! Whilst the process to register for an account is straightforward, it can take 30 days on average to get an account created and the necessary permissions in place.

Check out the 'Data Landing Portal' section on the Arden & Gem Client level Data website here, where you will find the **Local Authority DLP Registration & Data Submission Guide** with step by step guidance and troubleshooting tips. If you do need further help or advice, please contact us at agem.adultsocialcare@nhs.net.

Please note, when you do apply for an account, remember to ensure that the 'Recipient Organisation' for the data submissions is completed as '*North West DSCRO*'. Your local DSCRO will automatically receive the data submission too.

When you submit the DLP application, please remember to copy in agem.adultsocialcare@nhs.net, so we can support you through the process

Quick Access Links:
local-authority-dlp-registration-data-submission-guide-for-asc-v3.pdf
(ardengemcsu.nhs.uk)

Burden Assessment

Provided we have at least 30 Local Authorities participating in the Client Level Data project by the end of December 2021, the Collection Burden Assessment will commence in January 2022, and will be conducted in the same way as for other social care collections.

All participating LAs will be invited to complete the assessment. This is being conducted by the NHS Digital Data Standards Assurance Service (DSAS) who manage the Burden Assessment process. Many LAs will already have experience of this as the SALT burden assessment is completed in the same way.

Change Control

Current version of the ASC-CLD Specification:	**v5.0**
Current version of the ASC-CLD Guidance:	**v5.01**

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.

The following changes are a result of feedback from LAs, and involves **updates to the guidance only**, with no new data items or amendments to values for existing data items in the specification.

1. **Mandatory/voluntary data item status**

As mentioned above, all references to mandatory or voluntary data items have been removed from the guidance, CLD specification and CLD data dictionary. Instead, LAs should treat the mandatory data items as a 'priority' for development

2. **References to EQCL**

Recognition that the Equalities and Classifications Framework (EQCL) has been superseded by the ASC Data Dictionary, so references to the EQCL have been reviewed and updated.

3. Guidance for Event Outcome

Several queries have been received from LAs in relation to Event Outcomes. This data item is key for deriving SALT sequels and should indicate the immediate next step in the care pathway that is known at the end of an event. The table on page 28 of the guidance is to be used as a guide for LAs to decide which outcomes are appropriate for each event. Whilst this data item is being evaluated, there are no validation rules applied in the validation tool or on the Data Landing Platform that trigger if you choose an event outcome that doesn't correspond to the event it is listed under in the table. This data item will need some fine-tuning, so we welcome feedback from LAs to refine the list of values accordingly. The following adjustments have been made to Event Outcome guidance.

- **Event outcomes for services** This may not be known or captured on LA case management systems. LAs should therefore focus on reporting event outcomes **for reablement services only**, as this allows the SALT: Sequel to ST-Max to be derived.
- '**NFA - deceased**' should not be chosen for assessment or review events. This change is to ensure consistency with the current SALT guidance which states that 'reviews that are not completed before the client dies…should not be included'. Logically, the same equally applies to assessment events. Only completed assessments and reviews should be reported in CLD, and 'NFA – deceased' is not an appropriate event outcome if the person died before the event was completed.
- '**Progress to support planning / services**' is an acceptable event outcome for a review event.
- '**Service ended as planned**' was missing from the event outcome table on p28 of the guidance. This has been corrected.

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 1 months' notice of *minor* changes and 3 months' notice of *major* changes, **but with no expectation that LAs submit data to the amended specification immediately.**

Development

CLD Reference Group

The reference group continue to meet virtually on a monthly basis, and we are working collaboratively to develop the 3 work strands below.

Data Transformation

The group continue to work through the central processing rules which will be applied to the submitted client level data to facilitate aggregate reporting to the familiar SALT tables and more. So far, the group have agreed a number of derived variables such as calculated age at period end and event start, higher level groupings for personal information fields (e.g. PSRs, ethnicity, age bands), duration of events, client status (NEW or EXISTING client), event status, calculated gross commitment at service and client level. The complex methodology for deriving the SALT sequels from the data will be tackled in our next meeting. Once all of the required calculated fields are agreed in principle, these will be used to produce a *proof-of-concept* Excel reporting tool which will be developed using CLD data submissions to ensure all LA variations in data and different models of care can be processed consistently. This tool will be LA-facing and will be made available on the Arden & Gem CLD website for LAs to download and use with their data to show how the data are transformed and aggregated.

For transparency, the final data transformation document will be published on the Arden & Gem CLD website, with details of all derived variables also included in the CLD data dictionary.

Informal Carers

The first iteration of the informal carers specification has been discussed in the reference group. The intention is to use the existing CLD data specification to flow carers activity in the same way as for service users, but with the ability to record multiple linked cared-for unique identifiers, but only where the person(s) cared-for are known to the local authority.

As with the development of the existing CLD specification, the carers requirement follows the concepts of SALT and allows for the linking of multiple client and multiple carer records within the dataset.

Carers activity will be identified in CLD in two ways:

1) Any carers interacting directly with the Local Authority capturing events in the period that specifically relate to carer support, where the carer is the subject of the intervention. This means a row of **carers data** would show the carers personal information and capture carer requests, carer assessments, carer services: direct to carer (e.g. Carer Direct Payment) and carer reviews.

2) **Associated carer activity** in the care and support of the person(s) cared for which would be captured on a row of **service user data** and linked to one or more a carer records. This would include the carer's joint involvement in a needs assessment of the person(s) they care for (already in the CLD specification), and any LA funded services provided to the person(s) cared for, which also benefit the carer (e.g. Carer Respite).

The introduction of informal carers is planned for April 2022, and LAs will be invited to submit carers data from this point. LAs will be notified by the end of the calendar year and the guidance and amended specification will be made available, with updates to all support materials as appropriate.

LA Privacy Notices

Local Authority Information Governance Assurance has featured heavily in discussions with Local Authorities. This has been discussed in the reference group and members felt their LAs would welcome some support with IG assurance. DHSC have therefore committed to supporting local authorities with some guidance on privacy notices. This will ensure LAs and their citizens are clear how their anonymised person level data will be used and for what purpose. A review of a sample of published LA privacy notices is underway.

Feature

Once CLD data flows and NHS Batch tracing are established, LAs and their local Integrated Care Systems may want to explore the potential of linking health and care datasets for commissioning purposes. Arden & Gem have kindly shared a list of national commissioning datasets and examples of local NHS provider data flows which would be available via the DSCROs. These linked datasets would be accessible by applying to the NHS Digital Data Access Request Service.

National Commissioning Datasets:	Secondary Uses Service (SUS+)
	Mental Health Minimum Data Set (MHMDS)
	Mental Health Learning Disability Data Set (MHLDDS)
	Mental Health Services Data Set (MHSDS)
	Maternity Services Data Set (MSDS)
	Improving Access to Psychological Therapy (IAPT)
	Child and Young People Health Service (CYPHS)
	Community Services Data Set (CSDS)
	Diagnostic Imaging Data Set (DIDS)
	Cancer Waiting Times Monitoring Data Set (CWT)
	Civil Registries Data (CRD) (Births)
	Civil Registries Data (CRD) (Deaths)
	National Diabetes Audit (NDA)
	Patient Reported Outcome Measures (PROMs)
	e-Referral Service (eRS)
	Personal Demographics Service (PDS)
	Summary Hospital-level Mortality Indicator (SHMI)
	Medicines Dispensed in Primary Care (NHSBSA Data)
Local Provider Flows:	Acute care
	Ambulance
	Community Care
	Demand for Service
	Diagnostic Service
	Emergency Care
	Experience, Quality and Outcomes
	Mental Health
	Population Data
	Primary Care Services
	Public Health Screening

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: