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

December 2021

Welcome to the December edition of the quarterly Adult Social Care – Client Level Data Newsletter! DHSC have been overwhelmed by the support and interest in CLD this year, and we just wanted to thank local authorities for the amount of work that has gone into CLD during this difficult time with many pressures. A special thank you to the 28 local authorities who have already signed up to the project, and the 22 local authorities that have given their time, expertise and views to help shape the specification and guidance.

Enjoy the festive season and have a safe and happy new year!

In this edition:

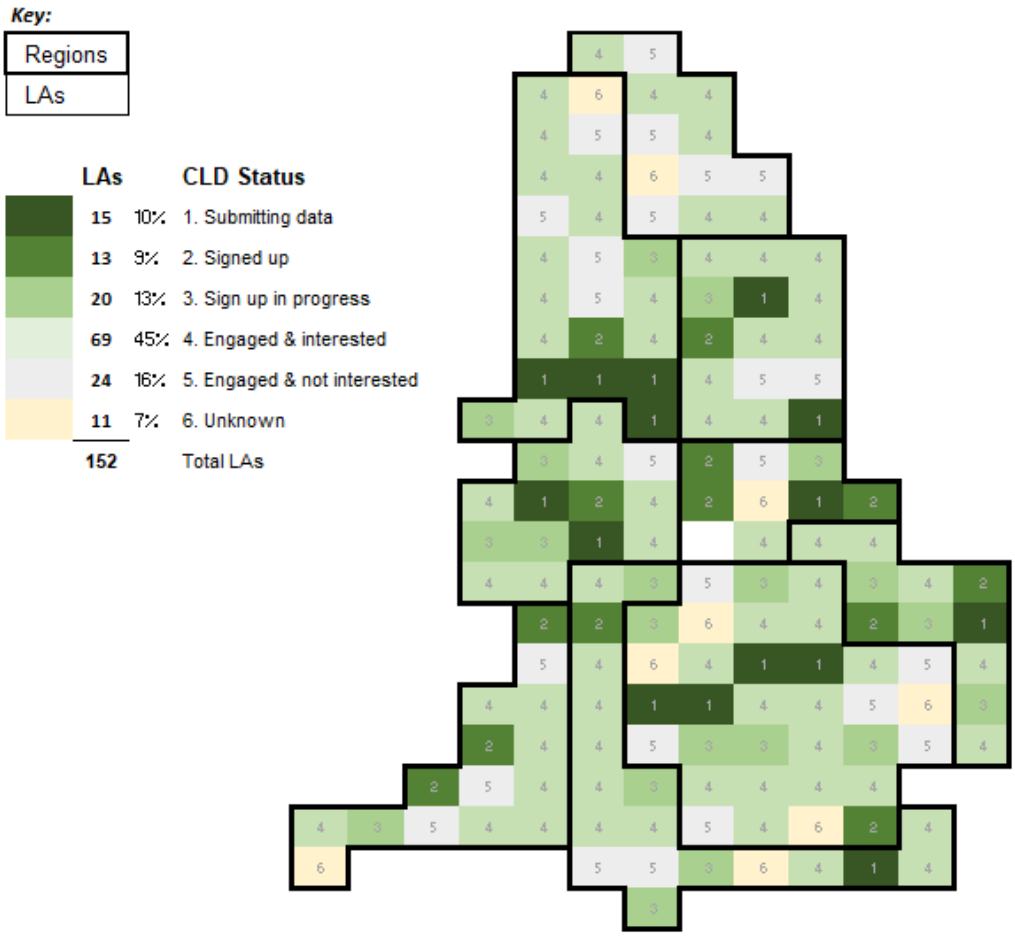
Project progress

The relaxation of the requirements announced in September 2021 has resulted in more LAs coming forward. 28 LAs have now signed up to the project, 15 of which are submitting data. A further 20 LAs are preparing to sign up by requesting access to the Data Landing Portal.

Based on outline CLD development timeframes of LAs, 68 LAs are expected to be flowing data by the end of April 2022, before attention turns to the annual collection period. This would represent 45% of local authorities in England.

Arden & Gem CSU are continuing to attract new interest from LAs, with sessions now organised on a 1:1 basis for those LAs. If LAs are not able to consider CLD at this stage, this is perfectly understandable. Please let Arden & Gem know this is the case.

Local Authority Interest / Participation in ASC-CLD
Position @ 24 Dec 2021



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

Change Control

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

The major changes outlined below, required to incorporate carers, will be included in version 6 of the specification and guidance, which will become live from 01 April 2022. On this date, the Data Landing Portal submission template will be updated for new submissions.

Please note, LAs are still encouraged to submit the data they have, and there is no expectation that the amended specification be met in full straight away. A partial submission is acceptable, and because of the modular nature of CLD, data development can be broken down into each of the event types and further still by client types (service user and carer) and submitted separately. In this way, the CLD dataset can be developed and added to over time.

All of the support materials will be updated and made available on the Arden & Gem CLD website early in the new year.

Unpaid Carers

The addition of activity for unpaid carers into the specification will allow for the remaining SALT LTS003 carers table to be derived. It will create the most comprehensive social care dataset for carers yet, with the same opportunities to understand the pathways for carers, their achievement of outcomes and carer profiles.

The development of a dataset for carers follows similar principles as for service users in the current specification:

- To be based on the principles of SALT and the underlying dataset required to complete the aggregate carers tables (LTS003).
- To improve the granularity of data and enhance the official statistics and intelligence available.
- To fill known data gaps e.g., personal outcomes, assessment activity and eligibility, enhancing customer profiles.
- To include data items that add value to the system, and are recorded by LAs carrying out their social services responsibilities.
- To facilitate the linking of person level records on the NHS Identifier, but to also link service users and carers within CLD where appropriate to do so.

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When carers data was discussed in the CLD Reference Group, the consensus was that we should work towards standardising a social care dataset which contains the same data requirement for service users and carers. As a result, many of the existing variables can be used for both service users and carers, with some small changes to the available values. Where this was not possible, new carer specific variables have been added.

For context, the table below shows the relevance of carers to all data items in the updated specification. To fully incorporate carers, just six new variables will be added to the specification, and value changes to five existing variables.

CLD data item	**SU / Carer / Both**	**Values** (new, relevant or changes only)	**Details**
LA Code	Both		
Reporting Period Start Date	Both		
Reporting Period End Date	Both		
Person Unique Identifier	Both		
NHS Number	Both		
First Name	Both		
Last Name	Both		
GP Practice Name	Both		
GP Practice Code	Both		
Gender	Both		
Ethnicity	Both		
Date of Birth	Both		
Date of Death	Both		
Client Type **NEW**	Both	**NEW variable with values:** • **Service User** • **Carer** • **Carer known by association**	To distinguish between event rows that relate to each client type. If a service user is also a carer, we would expect to see the events for the person as a service user and also, separately for the person as a carer **Carer known by association** should be selected if there are no events that specifically relate to the carer. Its use is for linking purposes only, where carer support is identified in service user events, where: a) the carer has been involved in a joint assessment with the person cared for and/or b) support involving the cared for is provided. Carer known by association should not be used to include carer details where the carer is listed on systems as a relationship with no direct involvement in care provision.
Primary Support Reason **AMENDMENT**	Both	**Value(s) added:** • **Social Support: Support to Carer**	New value explicitly for a person where the row relates to carer activity (client type = carer). If the carer is **also** a service user, the rows for the person relating to their needs as a service user should reflect their primary support reason (i.e. the person will have two PSRs – support to carer **plus** one other)
Postcode	Both		
Accommodation Status	Both		

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CLD data item	SU / Carer / Both	Values (new, relevant or changes only)	Details
Employment Status	Both		DHSC policy team is particularly interested in carers employment
Has Informal Carer	Both		For carers this identifies carers who **also** receive informal care
Autism Spectrum Disorder (ASD)	SU only		
Visual Impairment	SU only		
Hearing Impairment	SU only		
Dementia	SU only		
Event Type	Both		
Event Reference	Both		
Event Start Date	Both		
Event End Date	Both		
Event Description	Both		
Event Outcome	Both		
Request: Route of Access	Both		For carers, the most appropriate ROA should be chosen , otherwise a value of 'Community/Other route' would be acceptable.
Assessment Type	Both		To rationalise the values, short and long term assessments can also be used for carers, with carers assessments identified in the context of 'client type'. This also allows for different assessment models for carers who may have staged assessments, lower level carer wellbeing / carer star assessments, which LAs can record in the 'event description' field. A long term assessment would be a Care Act Carers assessment of need.
Eligible Needs Identified	Both		Where **Method of assessment or review = 'SU and carer'**, i.e. a joint assessment, the eligibility should be recorded for the main subject of the assessment determined by the client type i.e. if a carer is involved in a client needs assessment, the eligibility will be in the context of the service user. Where the service user is involved in the carer's assessment, the eligibility will be for the carer.
Informal Carer involved in Assessment ****AMENDMENT**** **Re-purposed as:** **Method of Assessment or Review**	Both	**Existing variable name change: Informal Carer Involved in Assessment** **To: Method of Assessment or Review** **Values changed from:** • **Yes** • **No** **To:** • **Service User only** • **Carer only** • **Service User and carer**	A modified SALT variable from SALT LTS003 used for assessments and reviews for either client type, to capture all combinations of SU, carer or joint (SU and carer) assessments. This follows a query about how to capture the joint nature of reviews and specifically where LAs do a carers assessment with the client involved, as well as client assessments with a carer involved.
Total Hrs Caring per week ****NEW****	Carer only	**NEW variable with values;** • **1-19** • **20-49** • **50+**	Applicable to carer rows only Values are from the census. Noted that some LAs may not collect this as structured data and could be included in free text assessment notes
No. of adults being cared for ****NEW****	Carer only	**NEW variable with format: Integer**	Number of adults cared for which can include people who are not known to the LA – to see the full extent of the caring role. Integer should be greater than or equal to the number of linked Person_IDs recorded.

CLD data item	SU / Carer / Both	Values (new, relevant or changes only)	Details
Adult 1 Linked Person_ID **NEW**	Carer only	**NEW variable with format:** Alpha-numeric	3 data items added to capture up to 3 adults cared for, but ONLY where they are known to the LA i.e., they are already included as a service user in the CLD dataset in the same period. If the carer is receiving support from the LA but the person(s) cared for are not, it is not appropriate to know the person level details of that person cared for.
Adult 2 Linked Person_ID **NEW**	Carer only	**NEW variable with format:** Alpha-numeric	
Adult 3 Linked Person_ID **NEW**	Carer only	**NEW variable with format:** Alpha-numeric	
Service Type **AMENDMENT**	Both	**Value(s) added:** **Carer Support: Direct to Carer** **Carer Support: Involving the cared-for person**	Direct to Carer would be chosen for services provided directly to the carer and recorded for rows where client type = carer Support involving the cared-for person would be chosen for services identified as carer services but recorded for rows where client type = service user. All direct to carer services will be captured in the carer rows, and all carer support involving the cared for person will be captured on the service user row
Service Component **AMENDMENT**	Both	**Value(s) added:** • **Carer Respite** • **Carer Sitting Service** • **Other Carer Support** • **Carer Universal Services**	Existing service components can be used as carer services, such as 'direct payments', so long as the correct service type is chosen.
Delivery Mechanism **AMENDMENT**	Both	**Value(s) consolidated:** • **Direct Payment** • **CASSR Managed Personal Budget** • **CASSR Commissioned Support**	Rationalise the values by removing the prefixes for all settings: carer/community/prison, which can be identified from the service type
Provider CQC Location Name	Both		Also required for carer services provided by CQC registered providers
Provider CQC Location ID	Both		Also required for carer services provided by CQC registered providers
Review Reason	Both		As with route of access, rather than adding a new carer specific review reason, choose the most appropriate review reason, else default to 'planned' for all carer reviews
Review Outcomes Achieved	Both		Where **Method of assessment or review = 'SU and carer'**, i.e. a joint assessment, review outcomes achieved recorded for the main subject of the review. i.e. if a carer is involved in a client review, the review outcomes achieved will be in the context of the service user. Where the service user is involved in the carers review, the review outcomes achieved will be for the carer.
Unit Cost (£)	Both		Also required for carer services where costed in a personal budget (e.g. direct payments, CASSR managed direct to carer services, and respite)
Cost Frequency (Unit Type)	Both		Also required for carer services where costed in a personal budget (e.g. direct payments, CASSR managed direct to carer services, and respite)
Planned units per week	Both		As above, and provided for carer services with a frequency less than weekly.
Full cost client	SU only		

Development

Data Transformation

The CLD reference Group have completed and agreed in principle, the initial set of derived variables and data processing principles required to replicate the SALT tables relating to client activity. At this stage, there are 22 variables which are derived from the current CLD dataset. These additional variables will be created centrally by DSCROs (NHS Digital) and made available to LAs.

This work will now be used to establish a *proof-of-concept* reporting routine for transforming the raw CLD data submitted by LAs into consistent outputs. The processing rules will inevitably have to be refined over time as more LAs come onboard with different recording practices and different models of care that need to be incorporated into the processing.

In January, all of the derived variables will be added to the CLD data dictionary, and once a working *proof-of-concept* has been established, a CLD data transformations technical guide will be published, along with an LA-facing MS Excel reporting tool. The tool 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.

CLD outputs

With thanks to Liverpool for sharing an anonymised CLD dataset with DHSC, work is progressing to apply the transformation rules and derived variables agreed by the CLD Reference Group mentioned above. The initial focus of the output development is to replicate the existing aggregated SALT tables.

Using Liverpool's anonymised CLD submission of all service events for the 2019/20 reporting year, the following SALT LTS001 tables covering Long Term Support have been produced.

Differences in calculated age band for the tables are expected owing to suppressed dates of birth in the anonymised dataset. Equally, the test table figures were compared to rounded published figures, which would give rise to some variance, particularly with small/suppressed numbers.

When the CLD-derived tables below are compared with Liverpool's SALT submission for 2019/20, the sum of the table totals for 18 to 64 and 65 and over are within +/- 1.5%, and for column totals (support setting and delivery mechanism), the variance

ranges from +/-0.6% to +/-10%, excepting for small numbers. The variances compared to the published table totals[1] are included below each table below.

Please note: This comparison has been done for evaluation purposes only, and will not be part of routine CLD validation.

In addition to replicating the SALT LTS001 tables in their current form, it is of course possible to produce the long term support tables disaggregated by any other variable in the person level dataset; by 10yr age bands, co-morbidities, ethnicity, gender, Lower Super Output Area (LSOA) etc. Also, tables could show the associated gross or average cost of packages for each setting, delivery mechanism, whether that be for the period as a whole, or as a snapshot at the end of the period.

LTS001a – Derived from CLD data

The number of people accessing long term support during the year to 31st March by Primary Support Reason, Age Band, Support Setting and Delivery Mechanism.

Period: 01/04/2019 – 31/03/2020

Age Band & Primary Support Reason	Nursing	Residential	Community				Grand Total
			Direct Payment	Part Direct Payment	CASSR Managed Personal Budget	CASSR Commissioned Support	
18 to 64							
Physical Support: Access & mobility only	5	5	30	5	45	-	80
Physical Support: Personal care support	55	50	180	40	420	-	740
Sensory Support: Support for visual impairment	-	-	10	-	10	-	25
Sensory Support: Support for hearing impairment	-	-	-	-	5	-	5
Sensory Support: Support for dual impairment	-	-	-	-	-	-	5
Support with Memory & Cognition	10	5	10	-	20	-	50
Learning Disability Support	60	95	190	220	855	-	1,420
Mental Health Support	70	30	45	10	610	-	770
Social Support: Substance misuse support	5	-	-	-	15	-	20
Social Support: Asylum seeker support	-	-	-	-	5	-	5
Social Support: Support for Social Isolation/Other	-	-	5	-	20	-	25
Table 1a Total	**205**	**185**	**475**	**280**	**2,000**	**5**	**3,145**
65+							
Physical Support: Access & mobility only	30	80	20	15	305	-	445
Physical Support: Personal care support	475	1,000	205	95	2,495	-	4,275
Sensory Support: Support for visual impairment	5	20	5	-	25	-	55
Sensory Support: Support for hearing impairment	5	5	-	-	5	-	15
Sensory Support: Support for dual impairment	5	-	-	-	10	-	15
Support with Memory & Cognition	95	260	35	25	255	-	670
Learning Disability Support	20	25	25	20	190	-	270
Mental Health Support	115	145	20	15	235	-	525
Social Support: Substance misuse support	-	-	-	-	5	-	10
Social Support: Asylum seeker support	-	-	-	-	-	-	-
Social Support: Support for Social Isolation/Other	-	15	5	5	65	-	90
Table 1b Total	**745**	**1,550**	**320**	**170**	**3,590**	**-**	**6,375**
Grand Total 18+	**945**	**1,735**	**795**	**450**	**5,590**	**5**	**9,520**
19/20 Published Liverpool All Ages LTS001a totals	**925**	**1,705**	**790**	**500**	**5,555**	**10**	**9,485**
Difference	-2.2%	-1.8%	-0.6%	10.0%	-0.6%	50.0%	-0.4%

[1] Published datasets from https://files.digital.nhs.uk/C1/28AC78/Data%20Pack.zip

LTS001b – Derived from CLD data

Of the clients in LTS001a, the number of people accessing long term support at the year-end (31st March) by PSR, Age Band, Support Setting and Delivery Mechanism.

Period: 31/03/2020

Age Band & Primary Support Reason	Nursing	Residential	Community				Grand Total
			Direct Payment	Part Direct Payment	CASSR Managed Personal Budget	CASSR Commissioned Support	
18 to 64							
Physical Support: Access & mobility only	-	5	20	-	30	-	60
Physical Support: Personal care support	45	45	165	35	310	-	600
Sensory Support: Support for visual impairment	-	-	10	-	10	-	20
Sensory Support: Support for hearing impairment	-	-	-	-	5	-	5
Sensory Support: Support for dual impairment	-	-	-	-	-	-	5
Support with Memory & Cognition	10	5	10	-	20	-	40
Learning Disability Support	50	35	175	240	855	-	1,355
Mental Health Support	60	30	40	10	545	-	690
Social Support: Substance misuse support	5	-	-	-	10	-	15
Social Support: Asylum seeker support	-	-	-	-	5	-	5
Social Support: Support for Social Isolation/Other	-	-	-	-	15	-	20
Table 1a Total	**165**	**120**	**425**	**295**	**1,805**	**-**	**2,815**
65+							
Physical Support: Access & mobility only	25	55	15	10	190	-	290
Physical Support: Personal care support	305	745	155	65	1,575	-	2,845
Sensory Support: Support for visual impairment	-	-	-	-	-	-	-
Sensory Support: Support for hearing impairment	5	10	5	5	20	-	40
Sensory Support: Support for dual impairment	-	5	-	-	-	-	10
Support with Memory & Cognition	5	-	-	-	10	-	10
Learning Disability Support	70	190	25	20	175	-	475
Mental Health Support	10	15	25	20	175	-	245
Social Support: Substance misuse support	90	120	20	10	180	-	415
Social Support: Asylum seeker support	-	-	-	-	5	-	5
Social Support: Support for Social Isolation/Other	-	10	-	5	5	-	20
Table 1b Total	**510**	**1,150**	**245**	**130**	**2,330**	**-**	**4,365**
Grand Total 18+	**675**	**1,265**	**670**	**430**	**4,135**	**-**	**7,180**
19/20 Published Liverpool All Ages LTS001b totals	**665**	**1,220**	**685**	**435**	**4,170**	**5**	**7,180**
Difference	-1.5%	-3.7%	2.2%	1.1%	0.8%	100.0%	0.0%

LTS001c – Derived from CLD data

Of the clients in LTS001b, the number of people who have been accessing long term support for more than 12mths at the year-end, by PSR, Age Band, Support Setting & Delivery Mechanism.

Period: 31/03/2020

Age Band & PSR	Nursing	Residential	Community				Grand Total
			Direct Payment	Part Direct Payment	CASSR Managed Personal Budget	CASSR Commissioned Support	
18 to 64							
Physical Support: Access & mobility only	-	5	20	-	20	-	45
Physical Support: Personal care support	35	40	150	30	235	-	495
Sensory Support: Support for visual impairment	-	-	10	-	10	-	20
Sensory Support: Support for hearing impairment	-	-	-	-	-	-	-
Sensory Support: Support for dual impairment	-	-	-	-	-	-	5
Support with Memory & Cognition	5	5	5	-	5	-	25
Learning Disability Support	45	30	155	235	760	-	1,225
Mental Health Support	55	25	35	10	495	-	620
Social Support: Substance misuse support	5	-	-	-	10	-	10
Social Support: Asylum seeker support	-	-	-	-	5	-	5
Social Support: Support for Social Isolation/Other	-	-	-	-	5	-	10
Table 1a Total	145	100	380	280	1,545	-	2,455
65+							
Physical Support: Access & mobility only	15	35	10	10	115	-	185
Physical Support: Personal care support	245	635	130	50	1,030	-	2,095
Sensory Support: Support for visual impairment	5	10	5	5	15	-	30
Sensory Support: Support for hearing impairment	-	5	-	-	-	-	10
Sensory Support: Support for dual impairment	-	-	-	-	5	-	5
Support with Memory & Cognition	50	140	15	15	95	-	315
Learning Disability Support	10	15	20	20	160	-	230
Mental Health Support	75	90	10	10	145	-	325
Social Support: Substance misuse support	-	-	-	-	5	-	5
Social Support: Asylum seeker support	-	-	-	-	-	-	-
Social Support: Support for Social Isolation/Other	-	10	-	-	5	-	15
Table 1b Total	405	930	190	110	1,570	-	3,210
Grand Total 18+	**555**	**1,035**	**570**	**390**	**3,120**	**-**	**5,670**
Published Liverpool All Ages LTS001c totals	**560**	**1,005**	**575**	**380**	**3,225**	**5**	**5,750**
Difference	0.9%	-3.0%	0.9%	-2.6%	3.3%	100.0%	1.4%

Case Study: Making submissions a reality in Solihull

Roger Catley, Governance Lead: Adult Care & Support, Solihull

OVERVIEW

Solihull Council Adult Social Care employs 460 staff and supports over 4,400 people.

There was strong support from the Director of Adult Social Services (DASS) and within the directorate to respond to the Department for Health and Social Care (DHSC) invitation for voluntary submissions from the adult social care sector. Solihull recognised the opportunities and benefits that the sharing of client level data could bring for our clients and their care journey, whilst improving operational and commissioning intelligence.

The prospect of being able to see, and work with, pseudonymised client level data linked with health data was another key driver to engage with the programme.

Early onboarding also provided an opportunity to focus on data quality at an early stage.

APPROACH

Solihull Council already had a strong focus on data quality and completeness, which has helped the transition to quarterly ASC CLD submissions.

Data quality

Liquid Logic system (LAS) is updated daily with client assessment and service delivery information to ensure we have up-to-date knowledge of the people we support. Weekly data quality reports from our Corporate Information Team have long been an established part of system governance arrangements, enabling operational teams to address issues and provide effective feedback in a timely manner.

Resource requirements

Whilst no additional resources were required for the client-level data submissions, our work coincided with the Covid-19 pandemic which did impact resource availability. Some additional short-term capacity was provided to the Corporate Information Team to complete the set-up work whilst maintaining critical support to our Covid-19 response. The ASC team primarily consists of 2 people.

Making it happen

A task and finish group was established, chaired by an Assistant Director, attended by the ACS Governance Lead (responsible for systems and data quality), Strategic Commissioner (Strategy and Planning), the Corporate Information Manager and Senior Information Analyst (responsible for the client extract data processes).

This group met fortnightly to track progress, ensure all required stakeholders were involved and communicated with, and address any issues or blockers.

Having the support, commitment and ‘buy in’ from senior managers helped ensure the project had visibility and remained on track to reach its first submission goal.

This ongoing support will be key to delivering the next phases: automation for submissions and increased field completeness alongside continual data quality improvements.

BENEFITS

Improved data quality

The feedback loops and culture of communication have been enhanced by this work and this has started to lead to improvements in data quality, with increased ownership of data integrity.

Improved communication and understanding

Staff can often be recording data without a clear understanding of how it will be used or that nominal inaccuracies may result in significant reconciliation issues. Having more regular data quality conversations means there is a greater awareness and understanding, across departments.

Linked health data

Being able to see, and work with pseudonymised health and ASC data will provide numerous benefits alongside a greater understanding of our services and their impact on our clients.

LESSONS LEARNT

NHS numbers

NHS numbers were not the main requirements for our customer data set, meaning we needed to update existing client records and put in place new data quality requirements.

Classifications & outcomes

The classifications and outcomes for the client level data submissions do not always match our descriptors, which required us to develop mapping for our data.

Flexibility in submission

Being able to submit through the DLP at a date/time and frequency that suits us has enabled us to respond to local pressures and priorities whilst still delivering on our commitment to be early onboarders.

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:

Department of Health & Social Care

CARE

NHS Digital

NHS Arden&GEM Health and social care systems support