Department
of Health &
Social Care

NHS
Arden&GEM
Health and social care systems support

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

Release 1

September 2022

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 - Clarification relating to the guidance for creating a unique **event reference**, which should not include any person identifiable

Version	Date	Summary of changes
		values e.g. DOB, postcodes etc in a string. - Addition of **Service Type** value of 'Long Term Support: Prison' - Clarification of CQC registration details – Provider CQC Location ID, Provider CQC Location Name
5.01	Sept 2021	- **EQCL** references replaced throughout with the superseding NHS Digital Data Dictionary as appropriate - Relaxation to the **collection basis**, frequency and coverage of the submissions from LAs. - Update to **Event Outcome** guidance in relation to possible outcomes and events they relate to, a note on review/reassessments and updates to the table.
6.0 - (Version 6.0 was developed but not released, and changes were rolled into Release 1 due to restricted timelines.)	Dec 2021	Minor changes for Apr 22 implementation (1mth notice): Gender – 'unknown' replaced with 'other' to match SALT Hearing Impairment – correction to match specification Event Type – correction to match specification Event outcomes – service ended as planned correction Has Informal Carer, Autism Spectrum Disorder & Dementia – change values from 'Not known' to 'Unknown' for consistency across variables Carers for Apr 22 implementation (3mths notice): Changes throughout the guidance to reflect carers throughout New variables: • Client Type • Total Hrs caring per week • No. of adults being cared for • Adult 1/2/3 Linked Person ID Amended variables to include carer values: Primary Support Reason

Version	Date	Summary of changes
		Method of Assessment or Review Service Type Service Component Delivery mechanism – consolidation of values for carers, community and prison settings
Release 1	July 2022	Aligning with charging reform for mandatory collection in Apr 23: Changes to align with charging reform and help LAs monitor impacts on activity. New variable: • Funding Status Amended variables: • Assessment Type (values to distinguish financial from care needs assessments) • Event Outcome (value to identify progression to financial assessment) Service Component (distinguish social work from other professional support)
Release 1 (Update)	September 2022	Unknown values to assist mandatory collection: In the individual case where there may be missing/unknown data, an 'Unknown' option has been included for mandatory fields to assist complete submissions. Additional changes • 'Method of Assessment or Review' has been separated to be included in both assessment and review events as this is a requirement for SALT. • 'NFA- Other' added to Event Outcome variable where events did not fit existing categories. • 'Has informal carer' has been changed to 'Has Unpaid Carer' to clarify what is required. • 'Visual Impairment' and 'Hearing Impairment' have the new response option 'severity unknown' for instances where LAs know of an impairment but not its severity.

Release 1 notes

This guidance accompanies the updated Release 1 specification which contains some minor edits. These were made to address issues raised LA colleagues about the previous version. For example, ‘Method of Assessment or Review’ was in the ‘Assessment only’ section; it has now been split into “Method of Assessment” in the Assessment section, and “Method of Review” in the Review section. We appreciate the inconvenience and work associated with changing the specification at this stage, but following consultation with LA Reference Group members, we felt that these changes were necessary to support LAs provide complete and accurate returns. **There will be no further changes to the specification prior to April 2023, but we will continue to improve the accompanying guidance, working with the LA reference group and other stakeholders.**

Following the completion of the CLD burden assessment by NHS Digital, we are working to secure funding to support LAs in the implementation of CLD. There will be an update shortly to confirm the details.

A key part of CLD that it will replace the annual SALT return. It has been previously communicated that SALT would be required for submission alongside CLD returns for data covering 2023/24. Due to concerns of additional burden, this will be reviewed, and a decision communicated by early 2023. If it is decided that a 2023/24 SALT return is necessary, additional funding will be provided to address the burden arising from this. **A SALT submission in May 2023 will still be required covering 2022/23 as there is no mandatory CLD covering 2022/23.**

As a new data collection, it is expected that there will be inconsistencies in the way some fields are reported by LAs. Over time, we will work to refine the guidance to clarify the interpretation, but we acknowledge that not all situations can be described in the guidance. Due to the disparity in the ways that activity data is recorded across LAs, we are aware that the specification will not perfectly match the recording of all LAs. We will endeavour to clarify the approach to measurement and intended purpose for requested fields. In turn, we request that LAs are pragmatic in fitting their data to the specification where possible but should send queries where it is unclear. We will use these queries and responses to further improve the guidance and develop a set of FAQs.

LAs and other stakeholders can continue to send queries about this guidance and specification to socialcaredata@dhsc.gov.uk.

Additional updates will be communicated from the NHS Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU) Adult Social Care email address and website: agem.adultsocialcare@nhs.net

Purpose Overview and Background

Introduction

Each year there is demand for additions to Adult Social Care (ASC) data collections. The resulting growth of the collections, and the burden on Local Authorities (LAs) and NHS Digital (NHSD), is not sustainable. The NHSD review, reported early in 2018, recommended that client level data be introduced as a lower burden solution to many of these demands.

The September 2018 letter to LAs outlined a project to create client level social care returns. The ambition is that client level data flows draw on data already recorded in LA case management systems, reducing the gap between LA and national records of social care data. With routine validation of the data, LAs will also have a robust and consistent minimum core dataset that can be used to meet their local reporting demands, and the ability to request NHS number tracing and linked health data for greater commissioning insight into the local health and care system.

The ASC Client Level Data (CLD) collection represents an evolution of the annual aggregated Short and Long Term (SALT) collection by asking Councils to submit the underlying data instead. On behalf of DHSC, NHSD will aggregate the data centrally based on agreed transformation rules and share the outputs with the system. The intention is that quarterly CLD returns will replace the existing annual SALT collection. CLD collections will be mandated from April 2023, with the first quarterly submission in July 2023.

CLD has the potential to deliver substantial benefits across the health and care system. In January 2020, the Office for Statistics Regulation published a report identifying under investment in data and analysis as a key problem in adult social care, making it harder for individuals and organisations to make informed decisions. CLD will enable greater flexibility and frequency of social care monitoring, with the ability for LAs to create tools to help with demand management, population segmentation and rapid evaluation of new services or changes to existing services. In addition, linking with health care data will significantly improve LAs understanding of the local health and care systems, supporting more holistic commissioning decisions.

Project aims

The CLD project aims are:

- to ensure that the existing aggregated SALT returns can be replicated using client level data, enabling continued monitoring of LA adult social care activity, and continuation of existing Official Statistics publications based on these. Fields required to produce the SALT metrics are included in the CLD specification. LAs are encouraged to sign up as soon as possible to develop their CLD returns, ready for the first mandatory submission in July 2023.

- to enable LAs and Integrated Care Systems (ICSs) to obtain linked individual health and social care data for their local areas. This will enable analysis of users' health and care journeys, and help with planning, outcomes monitoring and evaluation of social care interventions. It will support joint commissioning and will enable LAs to monitor impacts of charging reform on demand for assessments and services.

- to support national benchmarking and assurance, policy development and implementation. DHSC and NHSE/I will have access to more granular, more timely social care data for analysis as well as a wide range of linked anonymised health care data through national data access portals such as the NHSD Secure Data Environment. This will allow better understanding of key policy areas such as support for unpaid carers, care provider markets, impacts of charging reform on demand and individual outcomes associated with different ways of providing care.

- to support the development and improvement of social care data over time and allow for future amendments as local systems and national policies develop. As part of charging reform implementation, DHSC is working with trailblazer LAs to co-develop the specification for new LA financial data returns. Evidence from the Northwest Pilots, and the Local Government Association (LGA) Markets & Modelling Project found that financial information is not readily available to all LAs. The trailblazer collection will remain separate from CLD but could become part of CLD in future.

ASC CLD Specification

The specification has been co-developed with LAs and stakeholders, ensuring continuity with the current aggregate collections which were designed jointly with LAs, ADASS, NHSD and DHSC.

The ASC CLD Specification includes data items needed to reproduce the SALT metrics, as well as additional data items that will enhance the collection and provide essential information across a range of areas, including charging reform. Most of the content from the existing SALT collection in relation to service users and carers is covered, except for intermediate care data currently reported in the SALT STS004 table.

Key additions to the specification include additional carer information and the new client funding status field to enable monitoring of the impact of charging reform on LA activity. This new field is intended to support the identification of client funding arrangements and their journey through ASC system as part of the Care Act reform which is scheduled to go-live in October 2023. Changes have been kept to a minimum, to avoid undue burden on LAs.

In addition to the new fields and based on feedback, some mandatory fields include an option to state where the information is not available to ensure all 33 mandated fields can be completed. The ‘Unknown’ option should be selected where there is no recorded information for that particular case. Where applicable, the unknown code has been altered and further guidance for variable specific codes can be found in the ‘Specification Details’ of this document.

Definitions follow those set out in the NHS Digital Data Dictionary wherever possible and are listed in the CLD Data Dictionary published on the AGEM CSU website here. The existing CLD Data Dictionary will be updated with the new aspects of the specification shortly.

LAs are encouraged to start flowing data as soon as possible in line with the Version 5 specification. Submissions to the AGEM website from April 2023 will be in line with the Release 1 specification, including the mandatory submissions from July 2023.

Data collection

LAs will be required to submit data on a quarterly basis, they can also submit monthly data on a voluntary basis. The process for the collection works as follows:

- LAs extract data from their case management systems each quarter.
- LAs carry out limited processing to submit a standard quarterly return as a csv file in line with the ASC CLD Specification.
- LAs upload the csv file to a Data Landing Platform (DLP) hosted by NHSD’s North West (NW) Data Services for Commissioners Regional Office (DSCRO) - which is run by AGEM CSU
- NHSD (AGEM) provides data quality reports back to LAs, including optional NHS number tracing

Work is underway to investigate the potential for flowing identifiable enhanced CLD flows back to LAs, including a defined set of additional derivations for the LAs to use e.g. to populate their live patient/client systems.

Collection Schedule

CLD submissions will be mandated on a quarterly basis as detailed below. LAs may opt to submit monthly to provide more frequent information but this will be on a voluntary basis.

CLD submissions will work on a 12-month rolling basis in which data submitted will be treated as provisional until it is no longer within the most recent year of data submitted. In practice, this will be built up from the first submission covering the most recent reporting period only. Table 1 gives an example of an LA who is reporting quarterly from the first mandatory reporting period. This allows for any missing or inaccurate records contained in previous quarterly submissions to be amended in later submissions.

Reporting of the quarterly data will take place within the month following the relevant reporting period. For example, the return taking place in July will include data covering the period April to June. Similarly, for voluntary monthly returns, reporting will take place in the month following data collection. If there are any issues, please inform AGEM CSU (NW DSCRO).

The proposed 33 mandatory fields are made up of the fields required to reproduce the SALT return (28 variables), monitor key impacts of charging reform on LA activity (2 variables, further details on Client Funding Status can be found in Annex C) and evaluate provider market risk through three “Costs (Services)” fields.

LAs having difficulty in submitting these fields should contact AGEM CSU (agem.adultsocialcare@nhs.net) at the earliest point.

LAs will need time to develop their CLD return and are therefore strongly encouraged to submit data as soon as possible.

Table 1 Schedule for the first year of mandatory collection:

Apr 2023	CLD collection becomes mandatory ready for first submission in Jul 2023 in line with the Release 1 Specification.
Jul 2023 – first return covering Q1 data	CLD return for Q1 (Apr – Jun 2023) 33 fields covered by mandatory return, including 28 SALT fields, 2 for monitoring impacts of charging reform, and 3 under the costs (services) module.

Oct 2023 – second return covering Q1 (refreshed data) and Q2 data	CLD return covering Q1 and Q2 (Apr – Sept 2023) 33 fields covered by mandatory collection
Jan 2024 – third return covering Q1 to Q2 (refreshed data) and Q3 data	CLD return covering Q1 to Q3 (Apr – Dec 2023) 33 fields covered by mandatory collection
Apr 2024 – fourth return covering Q1 to Q3 (refreshed data) and Q4 data	CLD return covering Q1 to Q4 (Apr 2023 – Mar 2024) 33 fields covered by mandatory collection
July 2024 – fifth return covering Q2 to Q4 2023 (refreshed data) and Q1 2024 data	CLD return covering Q2 to Q1 (July 2023 – June 2024)

Note: This table refers to only the mandatory fields. In total, there are 50 fields covered by the specification and LAs are encouraged to provide data for as many of these fields as possible.

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.

During the early stages of the submission schedule, data will be investigated to identify data gaps and quality issues. This will be used to develop the validation rules and to identify common issues.

An excel data validation tool supporting Version 5 of the specification has been developed and is available to download from the CLD website, https://www.ardengemcsu.nhs.uk/asccld. This enables LAs to check the data conforms to the formatting of the specification and provides some basic aggregations to support sense checking. An updated version of this tool covering the Release 1 specification will be released prior to December 2022.

Personal data

The collection requires the submission of personal data including NHS number, postcode, name, and date of birth. Sensitive data items (or “Special Category” data) are also collected, including ethnicity and information about physical and mental health conditions.

Before any onward dissemination from NHSD is allowed, the NHS number will be replaced by a consistent pseudonym. Other identifiers such as postcode and date of birth will be either removed or replaced with higher level derivations e.g., age group.

Data released can remain at client level and anonymised in line with the ICO code of practice on anonymisation. This allows linkage and analysis of data for the same person across social care and health care datasets.

Pseudonymisation helps reduce privacy risks by making it more difficult to identify individuals, but it is still personal data. Where data sharing agreements are set up, and other datasets are also provided with the same pseudonym, patients' data will be linked to those datasets, for the purposes outlined in a data sharing agreement and within a secure data environment. The Directions and Information Standard will limit access appropriately, specifying the basis on which it can be shared and the purposes that it can be used for.

Specification details

Submission Information

LA Code

Mandatory

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 that all data rows can be attributed to specific Local Authorities, and to derive the Local Authority Name. LA codes can be found here from the file labelled "lauth".

Data type: *Integer*

Reporting Period Start Date

Mandatory

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

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

Reporting Period End Date

Mandatory

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 values provided for every event row in the data. For most fields, it is expected that the values will remain the same for an individual within a reporting period. However, where specified below, there are some fields that can have a different values for an individual given certain circumstances.

NHS Number

Mandatory

NHS Number should be provided, as the 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)*

LA Person Unique Identifier

Mandatory

An LA Client ID – a Person Unique Identifier - can be supplied to identify events for the same person, for whom the NHS number is missing.

Data type: *Integer or Alpha-numeric*

First & Last Name (two separate variables)

Mandatory

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 (two separate variables)

GP Practice Name and GP Practice code are included (where available).

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

Gender

Mandatory

Gender should be completed in line with the current classification to facilitate aggregation to the SALT tables. Gender is defined as the gender the individual considers themselves to be. ‘Other’ has been added for clients who do not identify as male or female. ‘Unknown’ should be used where the client’s gender has not been recorded.

Female

Male

Other

Unknown

Data type: *Defined list*

Ethnicity

Mandatory

Ethnicity should be completed in line with the current NHS Digital Data Dictionary to facilitate aggregation to SALT tables and vastly improved diversity monitoring to cover. ‘Unknown’ should be used where the client’s ethnicity has not been recorded.

White - British

White - Irish

White - Any other White background

Mixed - White and Black Caribbean

Mixed - White and Black African

Mixed - White and Asian

Mixed - Any other mixed background

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - Bangladeshi

Asian or Asian British - Any other Asian background

Black or Black British - Caribbean

Black or Black British - African

Black or Black British - Any other Black background

Other Ethnic Groups - Chinese

Other Ethnic Groups - Any other ethnic group

Unknown

Data type: *Defined list*

Date of Birth

Mandatory

Date of Birth allows age and age bands to be derived for service users and carers and is also used for NHS batch tracing.

Date of birth for service users should indicate they are adults aged 18 or over at the end of the reporting period, whilst unpaid carers can be any age.

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

Date of Death

Mandatory

Date of death recorded as appropriate. For an individual who is not dead, please input the value

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

Client Type

Mandatory

As in SALT, the CLD collection should only report on service users aged 18 and over, and carers of any age who are caring for adults. This includes carers aged under 18 who care for an adult. Young carers (aged under 18) that are caring for other children aged under 18 should not be included.

This excludes carers caring for their children irrespective of whether the child has support needs for a disability (covered by the Children's & Families Act 2014).

This variable has been added to distinguish between event rows that relate to each client type. 'Unknown' should be used where the client type has not been recorded.

Service User

Carer

Carer known by association

Unknown

Data Type: *Defined list*.

If a service user is also a carer, we would expect to see the events for the person as a service user and separately the events 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 rows, 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, as the carer is unlikely to have given consent to share their details.

Primary Support Reason

Mandatory

The *latest known* Primary Support Reason (PSR) in the reporting period should be recorded for the service user against each event row.

If the PSR is not determined i.e., the service user's journey does not progress past the request stage, then 'Unknown' should be chosen.

If a service user receives multiple services for different reasons, the most relevant PSR to each event should be chosen. If a service user is also supported by the local authority as an unpaid carer, the event rows that relate to the support provided to the person as a service user should show the most relevant support reason, and the event rows that relate to the person supported because of their caring role, should have a PSR of Social Support:

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

Social Support: Support to Carer

Unknown

- Data type: *Defined list*

Postcode

Mandatory

The postcode of the person’s normal place of residence should be recorded alongside all event rows for that client in the return. The postcode will be used to assist with identifying missing NHS numbers and to derive geographical fields to support analysis.

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. Under these circumstances, the activity should be reported by the CASSR where the person is ordinarily resident, where the LA holds responsibility for the person in an out of county placement.

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. For unpaid carers, it is recognised that caring roles can be across LA borders, so as with above, the postcode of the carer’s normal place of residence should be recorded.

The following entries should be given for certain situations:

- No fixed abode – ZZ99 3VZ
- No postcode specified (address known) – ZZ99 3CZ
- No information recorded - Unknown

Unknown

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

Accommodation Status

Mandatory

This data item is collected for clients with a Learning Disability aged 18 to 64, although there is growing appetite for this to be captured for all adult client groups and age bands.

For CLD it is required that the Accommodation Status is linked to the latest known address / postcode. ‘Unknown’ should be used where the client’s accommodation status has not been recorded.

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

Employment Status

Mandatory

This data item should be prioritised for clients with a Learning Disability aged 18 to 64. Where possible, LAs should also include the employment status of unpaid carers.

Where possible, LAs should include the employment status of unpaid carers captured within the reporting period. ‘Unknown’ should be used where the client’s employment status has not been recorded.

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)

Paid: Hours per week unknown

Unknown

Data type: Defined list

Has Unpaid Carer

Mandatory

Formerly – ‘Has Informal Carer’ (changed to better represent the role of unpaid carers and align with current terminology. This should not affect the data submitted.)

Whether the person receives support from an informal carer gives a holistic view of a person's support package. These 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. This variable is also relevant for unpaid carers, to determine if they themselves are being cared for.

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. ‘Unknown’ should be used where it is not recorded if the carer unpaid or not.

Yes

No

Unknown

Data type: Defined list

Comorbid Conditions

Autism Spectrum Disorder (ASD)

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, and owing to updates in diagnostic criteria, these Reported Health Conditions / comorbid conditions no longer matched the emerging single categorisation of ‘Autism Spectrum Disorder’. As with Reported Health Conditions previously reported in SALT, ASD should be diagnosed and relevant to care needs.

‘Unknown’ should be used where the client’s ASD status has not been recorded.

Yes

No

Unknown

Data type: *Defined list*

Visual Impairment

For the purposes of CLD visual impairment should be recorded for all people who are in scope of the CLD collection. ‘Unknown’ should be used where the client’s Visual status has not been recorded.

Blind/severely sight impaired

Partial sight/sight impaired

No visual impairment

Visual impairment - severity unknown

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

For the purposes of CLD Hearing impairment is reported for all people who are in scope of the CLD collection. ‘Unknown’ should be used where the client’s hearing status has not been recorded.

Deaf with speech

Deaf without speech

Hard of hearing

No hearing impairment

Hearing impairment - severity unknown

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. 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.

‘Unknown’ should be used where the client’s Dementia status has not been recorded.

Yes

No

Unknown

Data type: *Defined list*

Client Funding Status

Mandatory

This is a new field intended to support the identification of client funding arrangements as part of the Care Act reform which is scheduled to go-live in October 2023.

A person’s funding status may change over time, between events. The current status should be recorded – for example, if a person has a new financial assessment and their funding status changes as a result, the new assessed status should be recorded in the relevant event row under person details.

Where care is jointly health and social care funded and the client is also contributing, the 'Joint Health and Social Care Funded' value should be selected.

As this new field requires the funding status to be collected from financial systems, the ‘Unknown - System Level’ and ‘Unknown - Individual Level’ values have been provided to enable collection issues to be identified and allow the field to be filled for the Mandatory collection. **Further guidance for each code and supporting materials can be found in Annex C.**

The following options apply:

18(3) Full Cost Client

Self-Funder - Metering Only

Joint Client and Social Care Funded

Fully Health Funded

Joint Health and Social Care Funded

Fully Social Care Funded

Unknown - System Level

Unknown - Individual Level

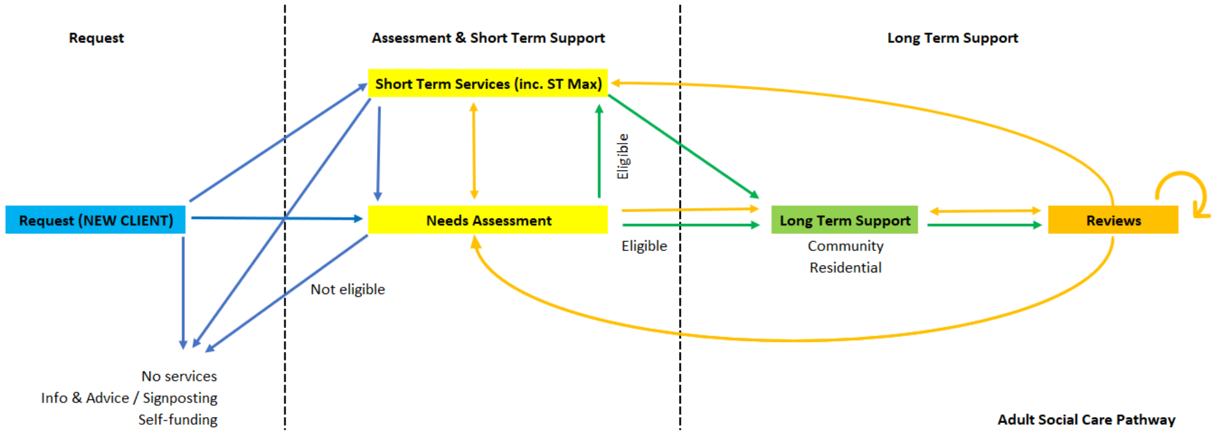
Data Type: *Defined List*

Events (All)

Event types which occur in the local authority within the reported timeframe should be captured for service users and carers. This includes:

- **Requests** received in the reporting period.
- **Assessments and reviews** commenced and/or completed in the reporting period. No open or ongoing requests, assessments or review events are required, each row should include an event outcome.
- **Service events** that started or ended within the reporting period, or where the service was open and ongoing at the end of 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. Service events are the only event type in CLD that can be open and ongoing, with an event start date, but no event end date.
- Cancelled events should be excluded from the collection. Suspended services should be included as originally intended.

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 below maps out the typical care pathway.



Event Type

Mandatory

The four key steps in the social care pathway that apply for clients and carers are listed below.

Request

Assessment

Service

Review

Data type: *Defined list*

Event Reference

The event reference facilitates identifying events for data quality reporting and is a mechanism to ensure that 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 can 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: *Integer or Alpha-numeric*

Event Start Date

Mandatory

Required for all event rows, this will be the date the event started, which may differ from 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 on the 22nd March, the start date recorded in CLD should be 20th March.

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

Event End Date

Mandatory

Event end date should be entered for all events completed or ended during the collection period. An event end date is required for all request, assessment and review events.

It is feasible to have an event start and event 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

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. 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
Request	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
Service	Residential Care HD1 Home support: Domestic Equipment: Bariatric Bed with Integrated Hoist
Review	Care management overview re-assessment Initial review 6-week review Annual review Unscheduled Review

Data type: *Text*

Event Outcome

Mandatory

The purpose of this field is to help determine the path taken by individuals in the social care system, particularly in situations in which the sequence of events is not be feasible to infer from linking event records. It is intended to reflect the reason for the ending of an event or indicate the resulting procedure.

As a mandatory field, all events require an Event Outcome. It is acknowledged that the Event Outcome is not always easy to extract from LA activity systems. LAs should select the Event Outcomes that best represent the outcomes of each event based on available information.

Event outcomes should be known at the point when the event is completed, with no further processing required. They will indicate whether the client's pathway has ended or indicate the subsequent step in the social care journey. There is no requirement to track cases and derive the usual SALT sequel attached to each unique event. The intention is that the processing of sequels will be done centrally following submission of the data, using agreed transformation rules based on linking records.

Event outcomes can be amended for event records that are included in later submissions, where the event outcome has changed or been corrected.

For situations in which the event has concluded but the next event is delayed, the expected Event Outcome should be included for the completed event. If there is a change of circumstance that leads to the expected event not taking place, the event outcome for the completed event can be revised in future submissions.

For example, if an individual that has made a request and is put on a triage list for an assessment, the Event Outcome for the request should be “Progress to Assessment”. If the individual is deemed not to require an assessment or an emergency event such as hospital admission takes place prior to the assessment taking place, the Event Outcome of the request can be revised to reflect the situation.

In the case of a service which is open or ongoing at the end of the reporting period, the event outcome should be ‘Provision of Service’.

The list of event outcomes is detailed below:

Progress to Reablement / ST-Max

Progress to Assessment

Admitted to Hospital

Progress to Re-assessment / Unplanned Review

Progress to Support Planning / Services

Progress to End of Life Care

No change in package

Service ended as planned

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 - No services offered - other reason

NFA - Other

Progress to financial assessment

Provision of service

Data type: *Defined list*

‘NFA - ’ means ‘No Further Action’, where a terminal step **in a particular workflow** for a new or existing client indicating that there would be *no subsequent events expected*. In principle these event outcomes would be the default 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. This is especially important when considering events can lead to multiple actions.

Where a local authority has a split review/reassessment process, please record the review event with an event outcome of ‘progress to reassessment’ and the subsequent assessment event with the relevant outcome. This event outcome has been included to account for different LA practices and data recording.

Events (Requests only)

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, and for carers.

As with SALT, matters relating to adult safeguarding procedures and Deprivation of Liberty Safeguards are excluded.

Route of Access

Mandatory

Route of Access is required for all requests for support whether this is for a NEW or EXISTING client. Requests captures referrals from other services/ professionals as well as direct contacts from people contacting the LA on someone else’s behalf. The recording of route of access should follow the SALT convention for STS001 and apply equally to service users and carers, although with the latter, this may not be captured on local systems, so a default of ‘Community / Other route’ should be chosen.

Planned Entry (Transition)

Discharge from Hospital

Diversion from Hospital Services

Community / Other route

Prison

Self-Funder

Discharge from Reablement

Transfer from Other LA

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. Mental health assessments should also be included as an assessment event.

Assessment Type

Mandatory

The CLD LA Reference Group saw the benefit of adding a new variable with structured assessment type values to match SALT concepts, and LAs may choose to capture the system assessment name using the event description.

This field has been made mandatory and amended to capture Financial Assessments to support monitoring of Charging Reform implementation.

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.

Long Term Assessment

Needs Assessment, Transitions Assessment, Carer’s Assessment of eligibility

Short Term Assessment

Occupational Therapy Assessment, Reablement Assessment, equipment assessment, proportional assessments (Staged, conversation)

Financial Assessment

A financial assessment or means test works out if the council will pay towards care.

Data type: *Defined list*

Eligible Needs Identified

Identifies when a 'long term' assessment of need has been completed for the service user or carer, and the person's eligibility under the Care Act is determined.

In the event of an assessment that begins but is terminated prior to its conclusion, the "Eligible Needs Identified" field should be left blank. The "Event Outcome" should reflect the reason for the assessment termination.

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

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

Data type: *Defined list*

Method of Assessment

Mandatory

Formerly – 'Informal Carer involvement in Assessment' and 'Method of Assessment or Review'

To, in part, reflect the Care Act requirements of an assessment to identify associated carer activity (i.e. joint assessments) as reported in SALT LTS003 Table 3. Where a caring relationship has been identified, there is an expectation that the service user and carer are included and consulted in the assessment, if they so choose.

This data item has been re-purposed from the original 'Informal Carer Involvement in Assessment' variable and is more in line with the requirements of the SALT LTS003 table 3. It has also been split from 'Method of Assessment or Review' to avoid confusion that this is required for both events. This is to ensure that all combinations of service user, carer or joint assessment or review events can be determined, however this is captured locally i.e. where LAs complete a carers assessment with the client involved, or where a client assessment involves a carer.

Carer only

Service user only

Service user and carer

Data type: *Defined list*

Events (Carers only)

Person level data is required for carers in direct contact with the LA during the year – a request, an assessment, a service or a review. This can include direct contact with a commissioned carers support provider.

Carers who are not in direct contact with LAs (i.e. they do not have any events in the year where they are the primary focus of the intervention such as a carer request, a carers assessment or carer support: Direct to Carer) still need to be included in the dataset provided the carer is linked to a client and has been involved in the assessment and care management process for the person they care for. i.e. there is evidence of a joint assessment or review or the provision of ‘Carer Services: Support involving the person cared-for’. This is the only instance where a row of data will show the person details for the carer and the linked service user Person IDs only and not contain any event details. This record will be used for linking purposes only using Client type of ‘Carer known by association’.

Where either a carer or an adult service user is receiving LA support, but the reciprocal client or carer is not, the details of the latter should not be shared, since there is no purpose / consent to hold and share this data. This therefore implies we will not be able to disaggregate carer outputs for all parties e.g. cared for PSR/age, carer age/gender

The carer specific events should represent the direct interactions of LAs and carers in respect of their needs as a carer only i.e. a carers request, a carers assessment, carer review or ‘carer support: direct to carer’

Should the carer aged 18+ also be a service user then the person should be reflected in CLD as both including all events relating to their role as a carer, and all events relating to their needs as a service user, with the activity recorded and identified by Client Type: Service user or carer.

Total Hrs Caring per week

Values below are taken from the census to incorporate a measure of the extent of the caring role. It is acknowledged that this information may not currently be collected in a structured way on systems, but LAs are invited to share the information if it is available.

1 - 7 hrs

8 - 14 hrs

15 - 21 hrs

22 - 28 hrs

29 - 35 hrs

36 - 42 hrs

43 - 49 hrs

50+ hrs

Data type: *Defined list*

No. of adults being cared for

Number of adults cared for can include people who are not known to the LA, to see the full extent of the caring role. The number should be greater than or equal to the number of linked Person IDs recorded on the carer record.

Data type: *Integer*

Adult 1/2/3 Linked Person_ID (three separate variables)

There is provision to capture up to three 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.

Data type: *Integer or alpha-numeric*

Events (Services only)

All services starting, ending or open within the reporting period for people that are Funded fully or jointly by the Local Authority. For full cost clients – these are clients who would be self-funding but pay the full cost of their care directly to the LA under 18(3) – see Annex C.

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 recorded as an ended service with an end date of the suspension date and a new service recorded as appropriate.

Only services provided by Adult Care in respect of needs as an Adult should be included in reporting (cases in which clients are transitioned to adult social care before turning 18 should still be included). As such, any services provided by Children's Services during transition to Adult Care should be excluded.

Service Type

Mandatory

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 for both clients and carers.

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

Long Term Support: Prison

Carer Support: Direct to Carer

Carer Support: Support involving the person cared-for

Data type: *Defined list*

Service Component

Mandatory

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.

For instances where a service provision is a direct payment, but that it has a known specified purpose, the purpose should be represented in the Service Component field and Direct Payment should be selected in the Delivery Mechanism field. For cases in which the purpose for the direct payment is not specific or known, Direct Payment should be selected in the Service Component field. unknown. For example, where a direct payment is made for carer respite, the Service Component should be recorded as Carer Respite and the Delivery Mechanism field can be used to record Direct Payment.

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- Social worker

Professional Support- Other

Learning/Education/Employment Support

End of Life Care

Emergency Support

Other Short Term Support

Other Long Term Support

Carer Respite

Carer Sitting Service

Carer Universal Services

Other Carer Support

Data type: *Defined List*

Delivery Mechanism

Values have been consolidated and apply to carers and prison or community settings and can be identified separately from the service type variable. 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 or carer.

Direct Payment

CASSR Managed Personal Budget

CASSR Commissioned Support

Self- funder metering only

Part-direct payment is not required in the dataset as this can be derived from the mix of service rows for a client. Also to note that Direct Payment should not be chosen as a delivery mechanism for a person in a prison setting.

Data type: *Defined list*

Provider CQC Location ID

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 different from CQC Provider ID.

Data type: *Alpha-numeric*

Provider CQC Location Name

If the service provider is registered to carry out regulated activities with the Care Quality Commission (CQC), please record the CQC Location Name.

Data type: *Alpha-numeric*

Events (Reviews only)

A ‘review’ is a full re-examination of client needs and *should* include a (formal) reassessment of need and direct contact with the client. CLD is flexible enough to accommodate a single review event which incorporates a review of needs, and where LAs undertake a review and a separate re-assessment event.

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

Mandatory

The Significant Event in SALT LTS002 has been renamed as Review Reason for the Client Level Data collection. As with route of access, rather than adding a new carer specific review reason, please choose the most appropriate review reason if known, else default to ‘planned’ for all carer reviews. 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

Mandatory

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, Making Safeguarding Personal (MSP) table:

Fully met

e.g. if all outcomes are fully met

Partially met

e.g. if at least one is fully or partially met

Not met

e.g. if no outcomes are 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 relevant individuals, where the reviewer arrives at a professional judgement on the achievement of their outcomes.

Method of Review

Mandatory

Formerly – 'Informal Carer involvement in Assessment' and 'Method of Assessment or Review'

This data item has been re-purposed from the original 'Informal Carer Involvement in Assessment' variable and is more in line with the requirements of the SALT LTS003 table 3. It has also been split from 'Method of Assessment or Review' to avoid confusion and state that this is a requirement for both events. This is to ensure that all combinations of service user, carer or joint assessment or review events can be determined, however this is captured locally i.e. where LAs complete a carers review with the client involved, or where a client review involves a carer.

Carer only

Service user only

Service user and carer

Data type: *Defined list*

Costs (Services only)

Mandatory

Financial information is highly valuable information to have at client level. This provides valuable information for:

- Monitoring of expected metering towards the care cap once Charging Reform legislation is implemented.
- Informing the “fair cost of care” exercise.
- Analysing cost variation between services, including analysis of cost-effectiveness.
- Understanding cost variation across clients, as a key marker of the intensity of service required.
- Assessing changes in intensity of care and cost over time for individual clients

From April 2023, 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 will typically 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 Care, Short Term Nursing Care and Carer Respite
> Carers Support, excluding CASSR Commissioned Support Services.

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 inclusion of Cost Frequency (unit type) is intended to allow flexibility in the way LAs report the cost of services. If it is not possible to match the unit, costs can be aggregated to a time-period frequency.

Collecting the fields of ‘unit cost’, ‘cost frequency’ and ‘planned units per week’ will provide more timely data as well as the distributions underlying each local authority’s progress towards a fair cost of care, compared to the average fee rates in the existing local authority average data returns (ASC-FR and iBCF). This will enable policy-makers to better understand the range of costs that local authorities face and the impacts of those on different groups of providers and clients when making policy decisions. It will also support understanding of provider market risk and facilitate forecast financial support required for the sector.

Unit Cost (£)

Mandatory

Funding of social care services is very complex and LAs have different recording practices for the separate elements of funding. The goal of this field is to represent the cost of care services while allowing for the most consistent reporting across LAs. We will continue to review this aspect of the guidance with the LA Reference Group to ensure it meets this target.

The unit cost should be based on the Gross Cost of the commissioned service, including Adult Social Care and service user contributions.

This figure should be NET OF (not include):

- 3rd party top-ups
- FNC contributions
- CHC contributions
- Education funding

The unit cost entered should reflect the latest known cost of the service as recorded on the system. The key thing is that there should be the most recent cost for a given service in the reporting period. There is no requirement for any duplicate service event rows to account for 'uplifts' during the reporting period.

Data type: *Numeric (0.00)*

Cost Frequency (Unit Type)

Mandatory

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

Mandatory

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)*

Annex A Comparison with SALT

The CLD collection builds on the familiar concepts of the SALT collection, utilising much of the existing data items and classifications in the NHS Digital Data Dictionary, 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).

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 Location ID have been added which should be reported for regulated services only. 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 originally in the Equalities and Classifications Framework (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 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.

Annex B Development of the Project and timeline for delivery of CLD

Since the September 2018 letter was issued, two strands of work have been pursued to develop client level data for Adult Social Care.

The North West Pilots were set up to test the feasibility of data sharing including information governance through LAs providing a client level social care dataset to NHS Arden & GEM CSU – one of NHS Digital's Data Centres for Commissioners Regional Offices (DSCROs). The Department of Health and Social Care (DHSC) has and will continue to support the extension of this project to all LAs; known as the 'Client Level Data (CLD) project'. Work with early-adopter 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; that is, formal instructions which will authorise the flow of data between LAs and NHSD through NHS Arden and GEM (DSCRO).

In parallel, the NHS Transformation Directorate is undertaking work to standardise terminology and improve interoperability across the health and social care systems. This includes specifying a core set of information relevant for people using adult social care services about care received across settings as part of a Digital Social Care Record. They are also working with LA social care system IT suppliers and vendors to develop a "care account" specification to help LAs implement and monitor charging reform.

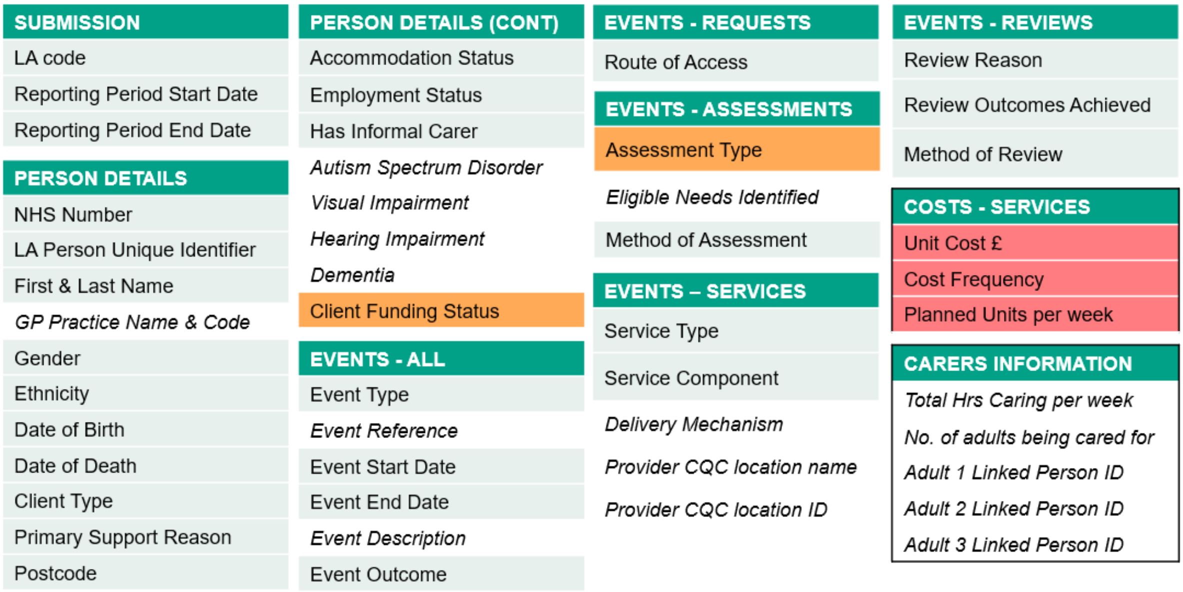
These two initiatives focus on separate elements of the CLD project's aims, while supporting the other's development. The CLD specification built from the NW Pilots will clarify the minimum expectation for data to include in a national data collection, while the NHSTD approach aims to standardise definitions and specifications embedded in local case management IT systems.

CLD is also part of a wider strategy for Adult Social Care Data, overseen by the Data and Outcomes Board (DOB) which is co-chaired by DHSC and the Association of Directors of Adult Social Services (ADASS). DOB responsible for governance and assurance of ASC data on new and existing data collections. Other related ASC data collections include:

- Collection of data directly from care providers - currently via Capacity Tracker for care homes and for home care.
- CQC's Provider Information Collection and framework to assure LA's adult social services
- 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

Overview of CLD specification



SUBMISSION
- LA code
- Reporting Period Start Date
- Reporting Period End Date

PERSON DETAILS
- NHS Number
- LA Person Unique Identifier
- First & Last Name
- *GP Practice Name & Code*
- Gender
- Ethnicity
- Date of Birth
- Date of Death
- Client Type
- Primary Support Reason
- Postcode

PERSON DETAILS (CONT)
- Accommodation Status
- Employment Status
- Has Informal Carer
- *Autism Spectrum Disorder*
- *Visual Impairment*
- *Hearing Impairment*
- *Dementia*
- Client Funding Status

EVENTS - ALL
- Event Type
- *Event Reference*
- Event Start Date
- Event End Date
- *Event Description*
- Event Outcome

EVENTS - REQUESTS
- Route of Access

EVENTS - ASSESSMENTS
- Assessment Type
- *Eligible Needs Identified*
- Method of Assessment

EVENTS – SERVICES
- Service Type
- Service Component
- *Delivery Mechanism*
- *Provider CQC location name*
- *Provider CQC location ID*

EVENTS - REVIEWS
- Review Reason
- Review Outcomes Achieved
- Method of Review

COSTS - SERVICES
- Unit Cost £
- Cost Frequency
- Planned Units per week

CARERS INFORMATION
- *Total Hrs Caring per week*
- *No. of adults being cared for*
- *Adult 1 Linked Person ID*
- *Adult 2 Linked Person ID*
- *Adult 3 Linked Person ID*

☐ SALT metrics

🟧 Charging reform monitoring fields

🟥 Costs (fee rates for services) module

Italics Voluntary fields

Annex C Client Funding Status

It is anticipated that a client's funding status may change on:

- A new **financial assessment/review** – For example, the person has a change in their financial position – more/less income and/or assets.
- A **change to the service they receive** – i.e. the person receives a different service – in the community this could be a change in hours for domiciliary care and within the care home environment, may mean a change of home or the client is now also in receipt of NHS Funded Nursing Care.
- A change in **Funding from Health**, for example – they have been agreed as eligible for Continuing Healthcare (CHC) which they were not eligible for prior to this.

Once these have been answered, the following options apply:

- **18(3) Full Cost Client:** Client pays the full cost of their package of care. This is commissioned by the Local Authority on their behalf. Essentially, a self-funding client who wishes to take up LA purchasing and meter towards the cap.

- **Self-Funding – Metering Only:** Client purchases their own care from the provider and pays the full cost directly to them. Recorded for the purposes of metering towards the cap. In a case where the individual is solely self-funded, a new financial assessment/review may be the only event recorded for these individuals unless there is a change or review in funding status.

- **Joint Client and Social Care Funded:** Client pays a contribution towards the cost of care (not full cost/self funders), there is no health funding.

- **Fully Health Funded:** Client is fully funded by the NHS – this may be Free Nursing Care, Continuing Health Care, S117 or other funding streams. The client will not be paying a contribution towards this. DLC will not be paid by the client in this scenario irrespective of means.

- **Joint Health and Social Care Funded:** Client receives funding from both the local authority and NHS – this may be Free Nursing Care, Continuing Health Care, S117 or other funding streams. The client may (or may not) be contributing towards the Social Care element – clients will never be expected to pay towards health funded elements.

  LA Contribution – DLC. Example – Client is in a care home at £500 per week. Funding is agreed as 50/50 between health and LA.

Client has the means to pay the full DLC rate (currently £200 per week). This would not contribute towards metering. Assuming the client also has the means to pay remaining £50 per week, they would meter at this rate. Otherwise, if they do not contribute towards the ASC component, they would not be paying towards the cost of care and therefore, would not meter towards the cap. Further guidance on DLC's is being developed by DHSC.

- **Fully Social Care Funded:** Client does not pay a contribution towards the cost of care, there is no health funding. Local Authority pays 100% of the cost. Client *may* pay some/all DLC contribution depending on means.

Data type: *Defined list*

The following table shows which category a client would be expected to be allocated to:

Scenario	18(3) Full Cost Client	Self Funding - Metering Only	Joint Client and Social Care Funded	Fully Health Funded	Joint Health and Social Care Funded	Fully Social Care Funded
Client Pays partial Contribution - No FNC, No CHC, No 117			x			
Client Does Not Pay Contribution - No FNC, No CHC, No 117						x
Client Pays full cost/direct to provider - No FNC, No CHC, No 117		x				
Client Pays partial Contribution - Health – Social Care Joint Funded (e.g. 50% CHC)					x	
Client Does Not Pay Contribution - Health – Social Care Joint Funded (e.g. 50% CHC)					x	
Client Pays full cost/direct to provider - Health - Joint Funded (e.g. 50% CHC)		x				
Client Does Not Pay Contribution - Health - Fully Funded				x		
Client pays full cost for Residential Care.	x					

Contact Details

If you require any more information about the project onboarding process, the submission or access to the data, please email our project partner, Arden & Gem (lead DSCRO): agem.adultsocialcare@nhs.net

For more general information regarding the wider remit of the project, or technical aspects of the specification and guidance, please email DHSC directly: socialcaredata@dhsc.gov.uk

To keep up to date with newsletters, support materials and guidance, please visit the dedicated CLD Project Website:
https://www.ardengemcsu.nhs.uk/asccld