



# Adult Social Care Client Level Data - DHSC approach to using the data

July 2023

## Contents

Purpose of this statement .....	1
Background.....	2
Approach to using the data .....	3
Planned uses of the data .....	5
Publication of data .....	9

## Purpose of document

This document describes how the Department of Health and Social Care (DHSC) intends to use data from the new Adult Social Care Client Level Data collection.

NHS England runs the Client Level Data collection, and this document should be read alongside their [transparency notice](#) describing what data is collected, how it can be used, and which organisations the data can be shared with.

The aim of the new data collection is to improve knowledge about the care and support provided or commissioned by local authorities to adults and whether this has made a positive difference to their lives. Analysis of this data will support national policy development and delivery in a range of ways.



## Background

### **Context: Care Data Matters - strategy for adult social care data**

As outlined in [Care data matters: a roadmap for better data for adult social care](#), we are committed to transforming how social care data is collected, shared and used. Improving social care data will enable better joined-up care for people who draw on care and support, more time and resources for people who provide and commission care and support, greater understanding of people's care journeys and better management and oversight of the health and care system.

### **The Adult Social Care Client Level Data Collection**

The Client Level Data collection is the first national collection of social care records, covering requests for support, assessments and reviews and services provided or commissioned by local authorities as part of their duties under the Care Act 2014.

Instead of the current aggregated annual returns, local authorities will submit social care records every quarter to NHS England, starting from July 2023 (Apr-June, Q1 submission). To protect individuals' identities, NHS England apply techniques to pseudonymise the data and remove individual identifying information before it is analysed (see below for details).

Client Level Data will enable more frequent and detailed reporting about adult social care activity and service delivery. This will support improved benchmarking, care market oversight, service planning and commissioning.

For the first time, it will be possible to link pseudonymised health and social care records on a national scale, enabling in-depth analysis of patterns of health and care use and evaluation of how effective and integrated services are.

### **Development of the collection**

The project was developed from a data linkage pilot in North West England from 2015 to 2017. This involved local authorities and clinical commissioning groups in partnership with NHS Arden & Greater East Midlands Commissioning Support Unit (AGEM) and DHSC.

The national voluntary Client Level Data collection was established in 2018. The data specification was developed by DHSC with a local authority reference group representing



all regions. Plans for a mandatory collection were developed with NHS England from 2021, involving consultation with local authorities, sector representatives and people who use care.

In line with [Directions given by the Secretary of State for Health and Social Care](#), NHS England set up the mandatory Client Level Data collection starting on 1st April 2023, with the first quarterly submission of data in July 2023.

Further details about the collection, including the data specification and guidance, can be found on the [CLD information pages](#).

## Information for people using services and the public

Local authorities are legally required to update their privacy notice and other transparency materials, such as service user information leaflets to set out what data is being shared, for what purposes, and what people's rights are in relation to their data.

Through the process of setting up the Client Level Data collection, NHS England consulted with people who use care to find out how informed they felt about the use of their social care data. People responding did not raise concerns about the new collection but did say that they wanted more information about how their social care data is used.

## Approach to using the data

### Secure access to Client Level Data and linked health data

All organisations that want to use Client Level Data have to apply through NHS England's [Data Access Request Service](#) and set up a Data Sharing Agreement describing the legal basis for sharing the data, how it will be processed in a safe and secure way in accordance with the law and how it can be used and published.

A Data Sharing Agreement between DHSC and NHS England covers DHSC's use of Client Level Data. The agreement will be updated to include access to other [NHS commissioning datasets](#) including [Secondary Uses Service Dataset](#) (hospital records).

Analysts in DHSC access pseudonymised Client Level Data via a secure repository hosted by NHS England. The data is pseudonymised by NHS England beforehand, using



appropriate techniques to remove and prevent disclosure of identifying personal information such as name, NHS number and date of birth.

The purpose of accessing individual (pseudonymised) records is not to look at individuals, but to be able to understand patterns of care use and outcomes across different groups of people. Understanding how people use health and care services together also requires individual (pseudonymised) records that can be linked. An anonymous person ID derived from the NHS number will be supplied to enable linkage to pseudonymised health records.

Only non-identifiable data will be published, with data aggregated to at least local authority level and numbers rounded when they relate to fewer than five people to avoid the risk of individuals being identified.

## **Principles for developing analyses and metrics**

When developing analyses and metrics from Client Level Data, we commit to working with local authorities and other sector experts and bringing in the views of people who draw on care and support, to determine appropriate uses for the data, develop methods and metrics and interpret and contextualise analyses.

This will help ensure that data are analysed in appropriate and meaningful ways with an understanding of the context in which the data are generated, including data quality and variation due to practice, and how the analyses will be interpreted and used.

We have established analytical working groups with members of the local authority reference group and with sector representatives from the Local Government Association and Association of Directors of Adult Social Services (ADASS).

## **Quality Assurance**

As a new data collection, we expect there to be data quality issues and other complexities. From our engagement with local authorities, we are aware of implementation challenges and of variation in how services are organised and recorded locally.

In line with the government's [Standard for Administrative Data](#), we will work with local authorities to help them improve data quality, including improving local systems and processes. Working with NHSE and AGEM, we will provide accessible data quality reports to local authorities to help them improve the completeness and accuracy of their data as it



relates to specific areas of analysis. We will continue to make clarifications to the guidance where needed to support consistent returns.

When developing uses of Client Level Data, DHSC will consider whether the data is fit for the intended purpose against the core dimensions of data quality set out in the [government's data quality framework](#).

As part of any analytical outputs and statistical publications, we will provide clear supporting statements that describe data quality and provide appropriate contextual information and caveats.

For analytical models that use Client Level Data as an input, DHSC has a comprehensive framework of assurance for models used in critical areas of our activity, guided by an oversight committee of senior analysts. This is in line with HM Treasury guidance in the [Aqua book](#) and the recommendations of the [Review of quality assurance of Government analytical models](#) published in 2013.

## Planned uses of the data

### Provide key information about adult social care

Client Level Data will replace the [Short and Long Term Support](#) (SALT) collection as the primary source of information about local authority adult social care activity.

For the existing SALT return, local authorities collect data over the financial year and analyse this data locally to create statistics to submit to NHS England in May each year. These are published in Autumn in the [Adult Social Care Activity and Finance Report](#).

SALT includes statistics describing people's use of local authority adult social care services, including:

- the number of requests for support and what happened next (known as sequels)
- the number of episodes of short-term care designed to maximise independence, and their sequels
- the number of people using long-term care by age group and support setting.



The SALT statistics are used in analytical models and routine reporting for policy development and delivery in adult social care, including forecasting demand and funding requirements. The statistics are used as a primary data source for parliamentary questions and ministerial briefings and for the [Adult Social Care Outcomes Framework](#).

An analytical team in NHS England is leading work to develop methods (common data processing steps, transformations and aggregations) that recreate statistics from the [Short and Long Term Support](#) (SALT) collection.

With DHSC, NHS England has established a local authority analytical working group to develop and review the methods. To date, the team has:

- identified required fields in Client Level Data and developed initial methods to create key activity statistics e.g., number of people receiving long-term care
- created statistics for local authorities that have submitted voluntary Client Level Data returns and compared these to statistics from their historic SALT returns
- identified data quality and other factors accounting for differences and started to refine methods
- shared methods and statistics with the local authority analytical working group for review.

From August, the team will:

- apply refined methods to mandatory Client Level Data submitted by all local authorities
- review and refine methods in August/September 2023
- share methods with all local authorities in Autumn 2023 by publishing draft methodology, including calculations and assumptions.

## **Improve understanding of adult social care**

We will use Client Level Data to provide new and more detailed information about the characteristics of people who use adult social care. For example, the SALT collection



provides information about just two age groups (18-64, 65 years and older), whereas Client Level Data includes year of age.

By analysing information about the ethnicity of people who draw on care and support, we will be able to describe differences in care use.

Over time, we will be able to provide more detailed information about the wide range of work that local authorities do to support people, including care needs assessments and support to unpaid carers. However, from engagement with local authorities, we are aware that some areas of activity such as carer services are often externally commissioned and local authorities do not always hold records that can be submitted as part of the Client Level Data return. We expect there to be gaps in the data and initial analyses will be exploratory.

Through analysis of individual (pseudonymised) records, we can also develop a wider range of meaningful measures of the types and intensity of care and support that people receive.

Client Level Data will help us to know whether care is improving people's lives. We will analyse new information about whether individuals achieved their personal outcomes when they had a review. As with unpaid carers data, initial analyses will be exploratory since we are aware that there will be gaps in data where local authorities do not routinely record review outcomes in an easily reportable form. Many are updating their systems and processes to capture this information in future.

## **Support improvement by sharing data and intelligence with local authorities**

DHSC is committed to routinely sharing data and intelligence from Client Level Data with local authorities in an accessible form, appropriate to the needs of different users. Working with a local authority analytical working group, we are developing a dashboard using Client Level Data to support commissioners and performance leads to:

- gain a better understanding of local demand, pressures on services and operational performance through monitoring activity
- carry out strategic thinking for understanding local need and planning services
- improve strategic commissioning of services.



We are exploring how the client level data collection might be used to provide insight into how councils commission care across local, regional and national care markets.

## **Enable better oversight and assurance of local authority pressures and activity**

Through more frequent quarterly data, Client Level Data will provide more timely insight to understand demand for, and use of, adult social care services. This will support better oversight and assurance of the social care system. It will provide quarterly statistics, such as:

- number of new requests to local authorities for adult social care
- number of care needs assessments undertaken by local authorities
- number of new services commissioned by local authorities.

Although data will be submitted quarterly, it will also be possible to use event start dates to understand weekly or daily time trends in activity where this is useful.

Having a national Client Level Data specification will enable local, regional and national tools to be developed to interrogate the data and provide insight beyond the core published statistics.

The updated [Adult Social Care Outcomes Framework](#) will include six metrics derived from Client Level Data and we will explore how the data can be used in any future updates.

We are exploring ways that Client Level Data can be used to monitor waiting times for local authority care by linking individual (pseudonymised) records. We will work with sector representatives, ahead of 2024 and 2025, to identify a core suite of suitable waiting times metrics that are agreeable to and adopted by a range of stakeholders including councils, DHSC, CQC and service user representative groups.

We regularly meet with the Care Quality Commission to explore how metrics derived from Client Level Data could potentially be used to inform their assessment of how well local authorities are discharging their Care Act 2014 duties, through the new [local authority assessment framework](#). DHSC is also working with the new [Office for Local Government](#) to explore how social care datasets, including CLD are used in its assessment of local authority performance.





## **Promote joint approaches to hospital discharge and the role of social care in helping people stay out of hospital**

DHSC will work with NHS England to develop effective and useful ways of using Client Level Data alongside NHS hospital data to improve understanding of how people move between health and social care settings. Initially, we will focus on improving our understanding of the movement of people out of hospital, although just for the group who receive care and support via their local authority, but we recognise Client Level Data has a much greater potential than this.

In future, we will develop metrics to improve our understanding of people's journeys across the settings and services. For example, we will be able to look at the role of social care in helping people to stay out of hospital by comparing rates of hospital admission across groups of people receiving different care.

## **Publication of data**

DHSC is committed to publishing statistics using Client Level Data to provide useful new information to the public, local and national government. As set out in our principles for using the data, we will consult with local authorities and sector representatives on the contents and timing of publications. Any publication would contain only aggregated, anonymous data that could not be used to identify individuals. DHSC will work with NHS England to ensure these align with the [Adult Social Care Activity and Finance Report](#).

Note that the existing [Adult Social Care Activity and Finance Report](#) for 22/23 will be published in Autumn/Winter 2023 using data from the Short and Long Term Support 22/23 Collection. From 23/24, when there is dual running, it will be possible to use Client Level Data alongside SALT to produce statistics for comparison.