# Central Transformation Principles

## Reproducing SALT and ASCOF metrics from CLD

## Introduction

This document has been prepared to provide guidance around how metrics previously captured in the Short and Long Term Support (SALT) collection can best be derived from Client Level Data (CLD), where there is an ongoing need for this insight. As a new data collection, with a change in the underlying source, metrics derived from CLD are not expected to perfectly match those from SALT (and a small number of fields in SALT

were not carried over to the CLD specification). However, the approach outlined is intended to stay in line with principles adopted by SALT. This guidance document is intended as a reference for users to describe the fields and methods used from CLD to reproduce the existing SALT metrics, as well as an indication of known limitations, since as per the CLD guidance sequels will be derived centrally by NHS England using standardised transformations from the sequence of events in a chronologically ordered data set, or by a terminating Event Outcome.

Each metric is described on a standalone basis so users can refer to the approach taken for an individual metric, without needing to consult the full document from start to finish.

For five metrics that form part of the new Adult Social Care Outcomes Framework (ASCOF), for continuity, this methodology is currently based on principles agreed for the equivalent metrics derived from SALT. As part of the ASCOF refresh and change in data source from SALT to CLD, conversations with the Department of Health and Social Care (DHSC) are ongoing and future refreshes may consider improving and broadening definitions where CLD makes this possible.

Methods have been developed in collaboration with local authority and DHSC analysts on our CLD SALT metrics reference group. For those interested in seeing the full SQL code, this will be made available in due course through our NHS England github page along with information on how the CLD returns submitted by local authorities maps to the pseudonymised data fields that analysts access centrally.

Users will be able to use CLD to select and analyse reporting periods of their choice, not just financial year reporting periods, however for ease of illustration, any dates quoted in this document relate to running data for the financial year 2023/24 (snapshot date, 31st March 2024).

## STS001: Numbers of requests for support received from new clients, broken down by the different sequels to that request

**Build historical 'All Events' dataset (to count current Requests and establish previous activity to identify those that are 'New'):**

All Long Term Service Events and all Request Events beginning on or before 31/03/2024

Client Type is a Service User

Date of Death on or after 01/04/2023 **OR** no Date of Death

Derive age at period of interest end date – see Glossary

Give all Clients a new unique person Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details.

**Create Requests Table:**

All Request events in the historical 'All Events' dataset

Where Event ended between 01/04/2023 and 31/03/2024 i.e. within the Financial Year

**Create Long Term Support table:**

All Long Term Service events in the historical 'All Events' dataset

**Create 'Current Open' table:**

For all events showing in the Requests table, check if the client had an open/ongoing Long Term Service event in the Long Term Support table when Request commenced

*Long Term Support event starting before start of Request event and event not ending before start of Request event*

**New Requests:**

Select all Client ID, Event Start Date, Event End Date and Event Outcome into a New Requests table, where event is in the Requests table but client does not have an open/ongoing LTS event in the 'Current Open' table

**Sequel to Request:**

Where Event Outcome in the Request Event is Admitted to Hospital or No Further Action (NFA) then record this as Final Outcome

For all other Event Outcomes, search for next Service row in chronology and record this as Final Outcome

Using this Final table, count number of requests by their 'Final Outcome', broken down by sequel type and Route of Access (as per SALT STS001) or other choice of breakdown

**Known limitations:**

- For any methodology that needs to consider 'what happened next', if Events are left open, and the event end date not updated, the process will not work accurately.

- Where local authorities operate strengths-based approaches or offer drop-in assessments, initial contacts that are submitted solely as assessments (records with Event Type = Assessment) will not be counted as requests. To avoid this problem, local authorities have been advised to take one of two possible approaches when submitting data. The CLD guidance recommends that these events should submitted in the CLD return as requests (Event Type = Request) and that the Event Description field is used to indicate that they are also initial conversations or assessments (Annex C of CLD guidance). Alternatively, some local authorities have submitted two sets of records for these events, one with the Event Type = Request and one with the Event Type = Assessment to ensure full information is submitted across all relevant fields. Either approach should ensure that initial contacts are counted as requests.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- Although this may only arise in a small number of instances, any clients with a missing ID – where it was not possible to assign an ID without potential for double-counting – will be removed from the results. Please see Glossary for further information.

## STS002a: Of new clients where the sequel to a request for support was 'Short term Support to Maximise Independence' (STS001) a breakdown of what followed the period of short term support

**Build historical 'All Events' dataset (to count current Requests and establish previous activity to identify those that are 'New' ):**

All Long Term Service Events and all Request Events beginning on or before 31/03/2024

Client Type is a Service User

Date of Death on or after 01/04/2023 **OR** no Date of Death

Derive age at period of interest end date – see Glossary

Give all Clients a new unique person Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details.

**Create Requests Table:**

All Request events in the historical 'All Events' dataset

Where Event ended between 01/04/2023 and 31/03/2024 i.e. within the Financial Year

**Create Long Term Support table:**

All Long Term Service events in the historical 'All Events' dataset

**Create 'Current Open' table:**

For all events showing in the Requests table, check if the client had an open/ongoing Long Term Service event in the Long Term Support table when Request commenced

*Long Term Support event starting before start of Request event and event not ending before start of Request event*

**New Requests:**

Select all Client ID, Event Start Date, Event End Date and Event Outcome into a New Requests table, where event is in the Requests table but client does not have an open/ongoing LTS event in the 'Current Open' table

Sequel to Request:

Where Event Outcome in the Request Event is Admitted to Hospital or No Further Action (NFA) then record this as Final Outcome

For all other Event Outcomes, search for next Service row in chronology and record this as Final Outcome

From this table, select all the records where ST-Max was the next Service row and use this as the cohort for STS002a.

Clustering of ST-Max episodes:

Where there are multiple ST-Max event rows relating to the same reablement episode, group these together into one ST-Max episode.

This is where there are ST-Max event rows for the same client running concurrently or sequentially where reablement has been recorded in CLD in an itemised way.

**Establish the sequel to the ST-Max event:**

Use Event Outcome field in the latest ST-Max event within each cluster to place them into 2 broad categories of what needs to happen next to establish the sequel of the ST-MAX.

1. Code procedure stops: take Event Outcome as sequel
2. Find next service in chronology

These records will now be processed in order, starting with all category 1 events followed by category 2 events. See glossary for further information on mapping to these categories.

Category 1 – Code procedure stops: take Event Outcome as sequel

*e.g. Event Outcome = 'NFA – information & Advice / signposting only'*

Stage these records into the **Final table**, taking the 'Event Outcome' on the ST-Max row as the final outcome/sequel to the event

Category 2 – Find next service in chronology

*e.g. Event Outcome = 'Progress to Support Planning / Services'*

Find the next Service event occurring in the time period for the client after their ST-Max event ended

> *If there is no Service in the event chronology of the client within 4 weeks of the ST-Max Event ending, the Event Outcome on the ST-Max event is taken*
>
> *Service Events in the chronology are clustered to account for when a sequence of activity may occur following an ST-Max event. The Service event at the culmination of this sequence is taken as the outcome/sequel*
>
> *Another ST-Max event occurring in the clients event chronology before a Service event means this new ST-Max row supersedes the previous one*

Stage these ST-Max events into **Final table**, mapping the Service Types to the SALT categories using the STS002a mapping table (see Appendix – Mapping Tables)

Using this Final table, count number of ST-Max episodes (clusters or discrete events) by their 'Final Outcome' broken down by age band and Route of Access (as per SALT STS002a) or other choice of breakdown

**Known limitations**

- To consider 'what happened next' the methodology is dependent on Event Outcome field being complete, accurate and valid as per the specification Defined List.

- Early cessation of service is not possible to derive from CLD (as per the guidance). This means that headline figures may be broadly comparable with SALT but the proportion allocated to each sequel will vary.

- For any methodology that needs to consider 'what happened next', if Events are left open, and the event end date not updated, the process will not work accurately.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

## STS002b: Of existing clients who have received 'Short term Support to Maximise Independence' a breakdown of what followed the period of short term support

**Set period of interest:**
Events beginning on or before 31/03/2024 **AND** ending on or after 01/04/2023 (or still open)

**Set cohort of interest:**
Client Type is a Service User

Service Type is 'Short Term Support: ST-Max'

Derive age at period of interest end date – see Glossary

Give all Clients a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details.

Create 'Current Open' table:

For all events showing in the ST-Max table, check if the client had an open/ongoing Long Term Service event when ST-Max event commenced

*Long Term Support event starting before start of ST-Max event and event not ending before start of ST-Max event*

Clustering of ST-Max episodes:

Where there are multiple ST-Max event rows relating to the same reablement episode, group these together into one ST-Max episode.

This is where there are ST-Max event rows for the same client running concurrently or sequentially where reablement has been recorded in CLD in an itemised way.

Select ST-Max episodes (clusters or discrete events) from ST-Max cohort table where Clients are present in the 'Current Open' table : These are the Existing Clients to be taken forward into STS002b.

Establish the sequel to the ST-Max event:

Use Event Outcome field in the ST-Max events to place them into 3 broad categories of what needs to happen next to establish the sequel of the ST-Max.

1. Code procedure stops: take Event Outcome as sequel
2. Find next Service in chronology
3. Find current Open Service where present, otherwise Code procedure stops

These records will now be processed in order, starting with all category 1 events

Category 1 – Code Stop: Show Event Outcome

*e.g. Event Outcome = 'NFA – information & Advice / signposting only'*

Stage these records into the **Final table**, taking the 'Event Outcome' on the ST-Max row as the final outcome/sequel to the event

Category 2 – Find next LTS in chronology

*e.g. Event Outcome = 'Progress to Support Planning / Services'*

Find the next Service event occurring in the time period for the client after their ST-Max event ended

> *If there is no Long Term Service in the event chronology of the client within 4 weeks of the ST-Max Event ending, the Event Outcome on the ST-Max event is taken*

> *Service Events in the chronology are clustered to account for when a sequence of activity may occur following an ST-Max event. The Service event at the culmination of this sequence is taken as the outcome/sequel*

> *Another ST-Max event occurring in the clients event chronology before a Service event means this new ST-Max row supersedes the previous one*

Stage these ST-Max events into **Final table**, mapping the Service Types to the SALT categories using the STS002a mapping table (see Appendix – Mapping Tables)

**Category 3 – Find current Open Service / Code procedure stops**

*e.g. Event Outcome = 'No change in package'*

Find any current open/ongoing Long Term Service events occurring in the time period for the client after their ST-Max event ended.

Stage these ST-Max events into **Final table**, mapping the Service Types to the SALT categories using the STS002a mapping table (see Appendix – Mapping Tables)

Using this Final table, count distinct number of episodes (clusters or discrete events) by their 'Final Outcome', broken down by Age band and Route Of Access (as per SALT STS002b) or other choice of breakdown

**Known limitations:**

- To consider 'what happened next' the methodology is dependent on Event Outcome field being complete, accurate and valid as per the specification Defined List.

- Early cessation of service is not possible to derive from CLD (as per the guidance). This means that headline figures may be broadly comparable with SALT but the proportion allocated to each sequel will vary.

- For any methodology that needs to consider 'what happened next', if Events are left open, and the event end date not updated, the process will not work accurately.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

## STS004 : Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

As per the guidance, STS004 was not carried forward to the CLD specification. For 2023/24, ASCOF 2D will be calculated using SALT and going forwards, a new metric on hospital discharge will be developed.

## LTS001a : The number of people accessing long term support during the year to 31st March by Primary Support Reason, Age Band, Support Setting and Mechanism of Service Delivery

**Set period of interest:**
Events beginning on or before 31/03/2024 **AND** ending on or after 01/04/2023 (or still open)

Date of Death on or after 31/03/2024 **OR** no Date of Death

**Set cohort of interest:** Client Type is a Service User

Service Type is one of Long Term Support: Nursing Care, Residential Care, Community or Prison

Derive age at period of interest end date – see Glossary

Select which fields are of interest e.g. support setting and PSR, noting that some records need de-duplicating based on a hierarchy (e.g. where one individual has multiple Support Settings)

Give all Clients a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details.

Using this subset, count distinct number of Clients by PSR and age band, or other choice of breakdown. *Count based on count of the new unique ID field*

**Known limitations**

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- There are instances arising in CLD where Clients have conflicting PSR entries for otherwise identical records. In these cases, any record where PSR is known will be brought forward over a duplicate entry with an Unknown PSR. If conflicting records are still present after this step, the latest submitted row will be brought forward. After this process any remaining duplicate events with conflicting PSRs will be recorded as Unknown PSR in the final table.

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

- As delivery mechanism is not mandatory, some delivery mechanisms previously captured in SALT (e.g. CASSR commissioned support, CASSR managed personal budget) may not aways be populated in CLD. As such, full completeness across columns previously recorded in SALT LTS001a may not be possible.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

## LTS001b : Of the clients in LTS001a, the number of people accessing long term support at the year-end (31st March) by Primary Support Reason, Age Band, Support from Carer, Gender, Ethnicity, Support Setting and Mechanism of Service Delivery.

**Set period of interest:**
Events beginning on or before 31/03/2024 **AND** ending on or after 31/03/2024 (or still open)

Date of Death on or after 31/03/2024 **OR** no Date of Death

**Set cohort of interest:**
Client Type is a Service User

Service Type is one of Long Term Support: Nursing Care, Residential Care, Community or Prison

Derive age at period of interest end date – see Glossary

Select which fields are of interest e.g. support setting, PSR, ethnicity noting that some records need de-duplicating based on a hierarchy (e.g. where one individual has multiple Support Settings)

Give all Clients a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details.

Using this subset, count distinct number of Clients by PSR and age band, or other choice of breakdown

*Count based on count of the new unique ID field*

**Known limitations**

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from

the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification.  All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- There are instances arising in CLD where Clients have conflicting PSR entries for otherwise identical records. In these cases, any record where PSR is known will be brought forward over a duplicate entry with an Unknown PSR. If conflicting records are still present after this step, the latest submitted row will be brought forward. After this process any remaining duplicate events with conflicting PSRs will be recorded as Unknown PSR in the final table. Similar sequences are run for Carer Support and Ethnicity for Tables 2 and 3a/b respectively.

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

- As delivery mechanism is not mandatory, some delivery mechanisms previously captured in SALT (e.g. CASSR commissioned support, CASSR managed personal budget) may not aways be populated in CLD. As such, full completeness across columns previously in LTS001b may not be possible.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

## LTS001c : Of the clients in LTS001b, the number of people who have been accessing long term support for more than 12 months at the year-end (31st March). Broken down by Primary Support Reason, Age Band, Support Setting and Mechanism of Service Delivery.

**Set period of interest:**
Events beginning on or before 31/03/2023 **AND** ending on or after 31/03/2024 (or still open)

Or where a cluster of continuous events result in 12 months continual support, even if the service itself initially appears to have been interrupted

Date of Death on or after 31/03/2024 **OR** no Date of Death

**Set cohort of interest:**
Client Type is a Service User

Service Type is one of Long Term Support: Nursing Care, Residential Care, Community or Prison

Derive age at period of interest end date – see Appendix/Glossary

Select which fields are of interest e.g. support setting, PSR, ethnicity noting that some records need de-duplicating based on a hierarchy (e.g. where one individual has multiple Support Settings)

Give all Clients a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Appendix/Glossary for further details

Using this subset, count distinct number of Clients by PSR and age band, or other choice of breakdown

Count based on count of the new unique ID field

**Known limitations**

- Interrupted services may be recorded differently across the country so for this small proportion of cases, more may need to be understood to develop the methodology further.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification.  All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- As delivery mechanism is not mandatory, some delivery mechanisms previously captured in SALT (e.g. CASSR commissioned support, CASSR managed personal budget) may not aways be populated in CLD. As such, full completeness across columns previously in LTS001c may not be possible.

- There are instances arising in CLD where Clients have conflicting PSR entries for otherwise identical records. In these cases, any record where PSR is known will be brought forward over a duplicate entry with an Unknown PSR. If conflicting records are still present after this step, the latest submitted row will be brought forward. After this process any remaining duplicate events with conflicting PSRs will be recorded as Unknown PSR in the final table.

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

## LTS002a: Those clients receiving long term support recorded in LTS001a who received an unplanned review during the year PLUS planned reviews for those clients that led to a care home admission

**Create Cohort**
Run process to create LTS001a and pull all Client IDs included in this measure

Client Type is Service User

Event Type is Review

Method of Review is 'Service User Only' or 'Service User and Carer'

Derive age at period of interest end date – see Glossary

⬇

**Set period of interest**

Events ending between 01/04/2023 and 31/03/2024

⬇

**Unplanned Reviews:**
Filter Events where Review Reason field begins 'Unplanned - '

Where Support Setting denotes living in the Community, stage into **Community Unplanned** table

Where Support Setting denotes Residential/Nursing stage into **Res/Nursing Unplanned** table

⬇

**Sequel to Unplanned Reviews in both Community Unplanned and Res/Nursing Unplanned:**

Group by Review Reason to ascertain Significant Event (*'Unplanned - Hospital (Planned and unplanned episodes)', 'Unplanned - Carer related', 'Unplanned - Safeguarding concern', 'Unplanned - Other Reason', 'Unplanned - Provider Failure', 'Unplanned - Change in Commissioning arrangements'*)

*Count distinct events by sequel to unplanned review*

⬇

**Planned Reviews:**

Filter Events from original LTS001a cohort where Review Reason field is 'Planned'

Where Support Setting denotes living in the Community (as per existing SALT definitions – link to guidance)

Where Event Outcome is either *'Progress to Reablement/ST-Max', 'Progress to Re-assessment / Unplanned Review', 'Progress to Assessment'* or *'Progress to Support Planning / Services'* to identify that something happened next

**Care Home Admission:**

Select all Events from CLD where Event Type is 'Service' and Service Type is Long Term Support: Nursing Care **OR** Long Term Support: Residential Care

Client ID is present in the Planned Reviews cohort above

Long Term Nursing/Residential Service Event Start Date is after the End Date of the Planned Review event for each Client

Long Term Nursing/Residential Service Event Start Date on or before 31/03/2024

**Count Care Home Admission Sequel Events:**

Group by Long Term Support: Nursing Care and Long Term Support: Residential Care

*Count distinct Event References*

**Known limitations**

- Mappings are still to be finalised for some of the sequels to reviews such as 'Level of Long Term Support Increased' and 'Level of Long Term Support Decreased', as there is no field to capture this within CLD. Scenarios such as these will need to be inferred from the CLD chronology

- There is no currently Event Outcome in the CLD defined list that denotes a Service being temporarily suspended, to satisfy the 'All Long Term Support Temporarily Suspended' category in LTS002a. It may be possible to infer this from the Client's chronology, this is still to be investigated fully as part of finalising the mappings for this table.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification.  All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- For the purpose of this table, which is disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

## LTS002b: Those clients receiving long term support for more than 12 months at the year-end (LTS001c), for whom an unplanned or planned review of care needs took place during the year and the sequel to that review

**Create Cohort**
Run process to create LTS001c and pull all Client IDs included in this measure

Client Type is Service User

Event Type is Review

Method of Review is 'Service User Only' or 'Service User and Carer'

Derive age at period of interest end date – see Glossary

⬇

**Set period of interest**

Events ending between 01/04/2023 and 31/03/2024

⬇

**Unplanned Reviews:**
Filter Events where Review Reason field begins 'Unplanned - '

Where Support Setting denotes living in the Community, stage into **Community Unplanned** table

Where Support Setting denotes Residential/Nursing stage into **Res/Nursing Unplanned** table

⬇

**Sequel to Unplanned Reviews in both Community Unplanned and Res/Nursing Unplanned:**

Group by Review Reason to ascertain Significant Event *('Unplanned - Hospital (Planned and unplanned episodes)', 'Unplanned - Carer related', 'Unplanned - Safeguarding concern', 'Unplanned - Other Reason', 'Unplanned - Provider Failure', 'Unplanned - Change in Commissioning arrangements')*

*Count distinct events by sequel to unplanned review*

⬇

> **Planned Reviews:**
>
> Filter Events from original LTS001c cohort where Review Reason field is 'Planned'
>
> Where Support Setting denotes living in the Community (as per existing SALT definitions – link to guidance)
>
> Where Event Outcome is either *'Progress to Reablement/ST-Max', 'Progress to Re-assessment / Unplanned Review', 'Progress to Assessment' or 'Progress to Support Planning / Services'* to identify that something happened next

**Known limitations**

- For the LTS001c cohort, interrupted services may be recorded differently across the country so for this small proportion of cases, more may need to be understood to develop the methodology further.

- Mappings are still to be finalised for some of the sequels to reviews such as 'Level of Long Term Support Increased' and 'Level of Long Term Support Decreased', as there is no field to capture this within CLD. Scenarios such as these will need to be inferred from the CLD chronology

- There is no currently Event Outcome in the CLD defined list that denotes a Service being temporarily suspended, to satisfy the 'All Long Term Support Temporarily Suspended' category in LTS002a. It may be possible to infer this from the Client's chronology, this is still to be investigated fully as part of finalising the mappings for this table.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- For the purpose of this table, which is disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of

Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

## LTS003: Carer support provided during the year, broken down by the age of the carer, Primary Support Reason of the client (cared-for) and the type of support provided.

**Set period of interest:**
Events beginning on or before 31/03/2024 **AND** ending on or after 31/03/2024 (or still open)

Date of Death on or after 01/04/2023 **OR** no Date of Death

⬇

**Set cohort of interest:**
Client Type is a Carer

Derive age at period of interest end date – see Glossary

⬇

Select which fields are of interest e.g. support provided, method of assessment

⬇

Give all Carers a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Carers in the cohort. See Glossary for further details

⬇

Using this subset, count distinct number of Carers by age band, or other choice of breakdown

Count based on count of the new unique ID field

**Known limitations**

- As carer services are often outsourced to a third party, record level data may not be available for all carers in the way aggregate counts were previously. As such, the metadata needs to be checked to see if LAs have advised of any limitations of their submission which may impact their data, especially in comparison with SALT numbers previously reported.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from

the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification.  All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- As delivery mechanism is not mandatory, some delivery mechanisms previously captured in SALT (e.g. CASSR commissioned support, CASSR managed personal budget) may not aways be populated in CLD. As such, full completeness across columns previously in LTS003 may not be possible.

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

# LTS004 : Accommodation and employment status of working age clients with a Learning Disability

**Set period of interest:**
Events beginning on or before 31/03/2024 **AND** ending on or after 31/03/2024 (or still open)

Date of Death on or after 31/03/2024 **OR** no Date of Death

**Set cohort of interest:**
Client Type is a Service User

Service Type is one of Long Term Support: Nursing Care, Residential Care or Community Primary Support Reason is Learning Disability Support

Derive age at period of interest end date – see Glossary – and only include those aged 18-64

Give all Clients a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details

To this, join the record with the latest event start date and pull through Employment Status and Accommodation Status. The SALT metric focuses on last known status.

Using this subset, count distinct number of Clients by Employment Status, Accommodation Status, gender and age band, or other choice of breakdown

*Count based on count of the new unique ID field*

**Known limitations**

- Data quality issues have been identified in a handful of cases with conflicting accommodation status/employment status for seemingly duplicate records with same event start date. In these cases, any record where accommodation/employment status is known will be brought forward over a duplicate entry with an unknown status. If conflicting records are still present after this step, the latest submitted row will be brought forward. After this process any remaining duplicate events with conflicting accommodation/employment status will be recorded as having an Unknown status in the final table.

- Table is for 18-64 year olds only. Some clients have an unknown age and are therefore not considered for inclusion in the code process.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

## ASCOF 2A: the proportion of people who received short-term services during the year – who previously were not receiving services – where no further request was made for ongoing support

**Build historical 'All Events' dataset (to count current Requests and establish previous activity to identify those that are 'New'):**

All Long Term Service Events and all Request Events beginning on or before 31/03/2024

Client Type is a Service User

Date of Death on or after 01/04/2023 **OR** no Date of Death

Derive age at period of interest end date – see Glossary

Give all Clients a new unique person Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details.

**Create Requests Table:**

All Request events in the historical 'All Events' dataset

Where Event ended between 01/04/2023 and 31/03/2024 i.e. within the Financial Year

**Create Long Term Support table:**

All Long Term Service events in the historical 'All Events' dataset

**Create 'Current Open' table:**

For all events showing in the Requests table, check if the client had an open/ongoing Long Term Service event in the Long Term Support table when Request commenced

*Long Term Support event starting before start of Request event and event not ending before start of Request event*

**New Requests:**

Select all Client ID, Event Start Date, Event End Date and Event Outcome into a New Requests table, where event is in the Requests table but client does not have an open/ongoing LTS event in the 'Current Open' table

Sequel to Request:

Where Event Outcome in the Request Event is Admitted to Hospital or No Further Action (NFA) then record this as Final Outcome

For all other Event Outcomes, search for next Service row in chronology and record this as Final Outcome

From this table, select all the records where ST-Max was the next Service row and use these Client events as the cohort for ASCOF 2A.

Clustering of ST-Max episodes:

Where there are multiple ST-Max event rows relating to the same reablement episode, group these together into one ST-Max episode.

This is where there are ST-Max event rows for the same client running concurrently or sequentially where reablement has been recorded in CLD in an itemised way.

**Establish the sequel to the ST-Max event:**

Use Event Outcome field in the ST-Max events to place them into 2 broad categories of what needs to happen next to establish the sequel of the ST-Max.

1. Code procedure stops: take Event Outcome as sequel
2. Find next service in chronology

These records will now be processed in order, starting with all category 1 events followed by category 2 events. See glossary for further information.

Category 1 – Code Stop: Show Event Outcome

*e.g. Event Outcome = 'NFA – information & Advice / signposting only'*

Stage these records into the **Final table**, taking the 'Event Outcome' on the ST-Max row as the final outcome/sequel to the event

Category 2 – Find next service in chronology

*e.g. Event Outcome = 'Progress to Support Planning / Services'*

Find the next Service event occurring in the time period for the client after their ST-Max event ended

*If there is no Service in the event chronology of the client within 4 weeks of the ST-Max Event ending, the Event Outcome on the ST-Max event is taken*

*Service Events in the chronology are clustered to account for when a sequence of activity may occur following an ST-Max event. The Service event at the culmination of this sequence is taken as the outcome/sequel*

*Another ST-Max event occurring in the clients event chronology before a Service event means this new ST-Max row supersedes the previous one*

Stage these ST-Max events into **Final table**, writing the Service Type + Service Component as the final outcome/sequel to the event (e.g. 'Long Term Support: Community – Home Support')

**Denominator:**

Count distinct number of episodes (clusters or discrete episodes) in the ST-Max Final Table, excluding those NFA - Deceased, NFA – 100% NHS funded care, NFA – Support declined and NFA – Self-funded client

**Numerator:**

Of those in the Denominator, count distinct number of episodes where the next service in chronology was Short Term Support: Ongoing Low Level/Other Short Term or Event Outcome was NFA - Information & Advice / Signposting only, NFA - Moved to another LA,  NFA- Other, NFA - No services offered: Other reason or NFA - Support ended: Other reason

**Known limitations**

- For 2023/24 ASCOF, to prioritise continuity, this uses existing SALT principles where people who received short-term services refers to ST-Max episodes only, not other Short Term Services, and classes someone as a new client if they were not in receipt of long term support at the time of the request for support which resulted in ST-Max.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- To consider 'what happened next' the methodology is dependent on Event Outcome field being complete, accurate and valid as per the specification Defined List. If Events are left open, and the event end date not updated, the process will also not work accurately.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

## ASCOF 2B/2C: The number of adults whose long-term support needs are met by admission to residential and nursing care homes (per 100,000 population)

**Set cohort of interest:**
Client Type is a Service User

Service Type is one of Long Term Support: Nursing Care or Residential Care,

Derive age at period of interest end date – see Glossary

⬇

Give all Clients a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details

⬇

Create a subset to include any previous admissions that would have been included in previous reporting periods, where the event start date is before 1st April 2023

⬇

Create a separate subset to include any admissions that have started since 1st April 2023, and so therefore are new for this reporting period

⬇

Join the two tables and only retain rows for those individuals who started a nursing/residential service during the period in question but didn't have any records of previous admissions

⬇

Numerator: Using this, count the number of new admissions by age band

**Known limitations**

- Identifying if an admission is brand new is predicated on historical data being available since a new event can legitimately be created every time there is a change (even if the residential stay itself is long-standing) so there may be some over-counting compared with the current methodology

- The specification does not differentiate between permanent and temporary nursing and residential stays, and as this methodology is dependent on central transformation, without local triangulation, temporary admissions may be included going forwards.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

## ASCOF 2E: the proportion of people who receive long-term support who live in their home or with family

**Set period of interest:**
Events beginning on or before 31/03/2024 **AND** ending on or after 01/04/2023 (or still open)

Date of Death on or after 31/03/2024 **OR** no Date of Death

**Set cohort of interest:**
Client Type is a Service User

Service Type is one of Long Term Support: Nursing Care, Residential Care or Community

Derive age at period of interest end date – see Glossary

Give all Clients a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details

To this, join the record with the latest event start date and pull through Accommodation Status (in keeping with SALT approach of latest known status)

**Denominator:** Count distinct number of Clients in the cohort

*Count based on count of the new unique ID field*

**Numerator:** Of those in the Denominator, count distinct number of Clients in the cohort where Accommodation Status is an entry classified as being 'Settled Accommodation' (as per SALT definitions – see glossary)

*Count based on count of the new unique ID field*

*If Client has multiple potentially conflicting Accommodation Status', the status will be taken from the Event with the latest start date in the time period*

**Known limitations**

- For 2023/24 ASCOF, to prioritise continuity, this uses SALT principles on settled accommodation fields for 'living at home or with family'. Future refreshes will consider whether this definition should be broadened.

- The indicator has now extended beyond Learning Disability PSR, to all clients, however it is recognised that accommodation status coverage may be limited in the initial submissions. Some LAs have also referenced differences between reported accommodation status and support setting. Setting could be used to mitigate this however then we could lose visibility of certain groups of clients, especially those in Unsettled Accommodation such as hostels, refuges or rough sleeping.

- Potential conflicting accommodation status/employment status for duplicate records with same event start date means status would be over-written as 'Unknown'.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

## ASCOF 3D: the proportion of people who use services who receive direct payments

**Set period of interest:**
Events beginning on or before 31/03/2024 **AND** ending on or after 31/03/2024 (or still open)

Date of Death on or after 31/03/2024 **OR** no Date of Death

**Set cohort of interest:**
Client Type is a Service User

Service Type is one of Long Term Support: Community

Derive age at period of interest end date – see Glossary

Give all Clients a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Client in the cohort. See Glossary for further details

De-duplicate Clients based on a hierarchy (e.g. where one individual has multiple Support Settings)

**Denominator:** Count distinct number of Clients in the cohort

*Count based on count of the new unique ID field*

**Numerator:** Of those in the Denominator, count distinct number of Clients in the cohort where Delivery Mechanism field or Service Component field = 'Direct Payment'

*Count based on count of the new unique ID field*

**Known limitations**

- As delivery mechanism is not mandatory, it may not be 100% populated. Query uses events where **either** Service Component of 'Direct Payment' **or** Delivery Mechanism of 'Direct Payment' but some events may still not be captured if fields are not complete.

- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.

- To consider 'what happened next' the methodology is dependent on Event Outcome field being complete, accurate and valid as per the specification Defined List. If Events are left open, and the event end date not updated, the process will also not work accurately.

- As new submissions stack on top of existing ones in the CLD, scenarios will arise where information in one submission has been re-submitted and superseded by a subsequent submission. Example scenarios are where an Event is submitted with no Event End Date (i.e. open/ongoing service) and then again in a later submission with an Event End Date, or when a later submission includes a Date of Death where one previously wasn't recorded. Steps have been taken in the code process to ensure that the latest known information is used for all events, to avoid incorrectly counting events that are not in scope.

- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Glossary of key concepts for further information).

# Glossary of key concepts

## Distinct headcount methodology

There are a number of identifiers that could be used to calculate the total number of unique individuals.

The NHS Number pseudonym not only allows distinct individuals to be identified but also allows for onward linkage. However, this number is missing from a number of records, with completeness often varying depending on event type. There are also those drawing on care and support who may not have an NHS number, with analysis of the submissions showing this is more likely among Gypsy, Roma and Traveller communities.

Local authorities submit a local unique identifier field however LAs have provided feedback that despite best endeavours, an individual could have more than one LA ID. As such, this could lead to over-counting and the issue may be prevalent in some LAs more than others.

As it is likely that the first approach will under-report, and the second over-report, a hybrid methodology has been developed where NHS number is used in the first instance as a nationally recognised identifier, then local authority ID used where NHS Number is missing to increase coverage (but hasn't already been present associated with an existing NHS number record). This approach incorporated feedback from our local authority working group to maximise coverage whilst minimising double counting however it is acknowledged that in a small number of cases (0.16%), where no distinct ID can be reliably found, event rows may be removed from subsequent analysis.

**Worked example showing ID allocation and scenario leading to event removal:**

Once Time Period is filtered by the code for each Local Authority (e.g. Events falling in scope of Q1 23/24 by LA) four rows appear in the data with IDs as follows:

|  | NHS Number | LA ID | Action | Rationale |
|---|---|---|---|---|
| Record 1 | 123 | NULL* | **Use 123** | Always take an NHS number when present |
| Record 2 | 123 | 456 | **Use 123** | Always take an NHS number when present |
| Record 3 | NULL | 456 | **Exclude from analysis** | Can not ascertain with 100% accuracy whether or not this is same client as Record 2. Inclusion could lead to either double-counting (treating 456 as a distinct client) or wrongly attributing event details to NHS number 123 |
| Record 4 | NULL | 789 | **Use 789** | LA ID not present elsewhere in data |

*as of October 2023 field is 100% populated in CLD

# Derived age

Date of birth is removed from the pseudonymised view for disclosure purposes however to provide insight by age, a more precise metric than 'derived age at event start date' is required. This is particularly important for any metrics based on previous SALT definitions where the totals were calculated based on the date at the end of the reporting period. Derived Birth Month and Birth Years are available, and so a proxy date of birth is created, DDMMYY using the first day of the month as DD, the derived birth month as MM and derived birth year as YY. The difference between the date of interest and this proxy date of birth is calculated to derive an age at any given point in time.

Analysis has shown a notable proportion of clients aged 115 and older, possibly influenced by dummy dates of birth in the source data. These may have always been included in the 65 and over category however this cohort will become more prominent once age analysis is undertaken beyond the traditional 18-64 and 65+ age bands.

# Updated records

As more submissions are made by LAs over time, scenarios will arise where an Event submitted as 'open' (i.e. no Event End Date) is superseded in a more recent submission by an Event row containing an End Date. This has been accounted for and factored into the methodologies, with Events being removed from the analysis cohort if a recently added Event End Date means it no longer falls within the scope of the time period.

# Feedback

Please provide any comments on the proposed approaches to england.clientleveldata@nhs.net.  Any general queries should continue to be directed through existing channels:

> Local Authorities and other stakeholders can continue to send queries about the guidance and specification to socialcaredata@dhsc.gov.uk.

> The NHS Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU) team can be contacted at agem.adultsocialcare@nhs.net.

Any feedback on this guidance document is welcome and would be greatly appreciated. It is vital that any important steps in the logic or activity scenarios that have currently been overlooked are addressed as we continue to develop these codes to derive the existing set of SALT metrics from the CLD collection. Whilst all points will be fully considered and reviewed, in some cases suggested changes may not be implemented if they relate to LA-specific scenarios that are not applicable across all LAs nationally. The codes described in this document are designed to produce meaningful statistics for LAs across the whole of England and as such a 'one-size-fits-all' approach is understandably needed, the focus being on ensuring all over-arching principles are considered and accounted for in the processing of the data.

Where any changes are made, or any new limitations identified, these will be communicated and published for visibility.

# Appendix – mapping tables

## STS001

| | CLD equivalent | |
|---|---|---|
| **STS001 Sequels** | **Event Outcome** | **Service** |
| Short Term Support to Maximise Independence | Default to next service in chronology | Short Term Support: ST-Max |
| Long Term Support Nursing Care | Default to next service in chronology | Long Term Support: Nursing Care |
| Long Term Support Residential Care | Default to next service in chronology | Long Term Support: Residential Care |
| Long Term Support Community | Default to next service in chronology | Long Term Support: Community |
| Long Term Support Prison | Default to next service in chronology | Long Term Support: Prison |
| 100% NHS Funded Care | NFA - 100% NHS funded care | |
| End of Life | Progress to End of Life Care | |
| Ongoing Low Level Support | Default to next service in chronology | Short Term Support: Ongoing Low Level |
| Short Term Support (other) | Default to next service in chronology | Short Term Support: Other Short Term |
| Universal Services/ Signposted to other services | NFA - Information & Advice / Signposting only | |
| No Services Provided - Deceased | NFA - Deceased | |
| No Services Provided - other reason | NFA - Support ended: Other reason | |
| | NFA- Other | |

## STS002a (continued next page)

| STS002a Sequels | CLD equivalent | | |
| --- | --- | --- | --- |
| | Event Outcome | Service | Category Description |
| Early cessation of service (not leading to long term support) - 100% NHS funded care/End of Life/deceased | NFA - 100% NHS funded care | | Code procedure stops: take Event Outcome as sequel |
| | NFA - Deceased | | Code procedure stops: take Event Outcome as sequel |
| Early cessation of service (not leading to long term support) | N/A | N/A | N/A |
| Early Cessation of Service (leading to long term support) | N/A | N/A | N/A |
| Long Term Support (any setting) | Default to next service in chronology | Long Term Support: Nursing Care | Find next Service in Client's event records |
| | | Long Term Support: Residential Care | Find next Service in Client's event records |
| | | Long Term Support: Community | Find next Service in Client's event records |
| | | Long Term Support: Prison | Find next Service in Client's event records |
| No services provided – needs identified but self-funding | NFA - Self-funded client (Inc. 12wk disregard) | | Code procedure stops: take Event Outcome as sequel |
| Ongoing Low Level Support | Default to next service in chronology | Short Term Support: Ongoing Low Level | Find next Service in Client's event records |
| Short Term Support (other) | Default to next service in chronology | Short Term Support: Other Short Term | Find next Service in Client's event records |
| No services provided – needs identified but support declined | NFA - Support declined | | Code procedure stops: take Event Outcome as sequel |
| No Services Provided – Universal Services / signposted to other services | NFA - Information & Advice / Signposting only | | Code procedure stops: take Event Outcome as sequel |

| | | | |
|---|---|---|---|
| | Service Ended as Planned | Nothing located in chronology | Find next Service in Client's event records |
| No services provided – other | NFA - Moved to another LA | | Code procedure stops: take Event Outcome as sequel |
| | NFA- Other | | Code procedure stops: take Event Outcome as sequel |
| | NFA - No services offered: Other reason | | Code procedure stops: take Event Outcome as sequel |
| | NFA - Support ended: Other reason | | Code procedure stops: take Event Outcome as sequel |

## STS002b (continued next page)

| STS002b Sequels | CLD equivalent | | | |
| | Event Outcome | Service | Details | Category Description |
|---|---|---|---|---|
| Early Cessation of Service (not returning to long term support) - NHS funded care/ end of life / deceased | NFA - 100% NHS funded care | | | Code procedure stops: take Event Outcome as sequel |
| | NFA - Deceased | | | Code procedure stops: take Event Outcome as sequel |
| Early Cessation of Service (not returning to long term support) - other reason | N/A | N/A | | |
| Early Cessation of Service (return to long term support) - any setting | N/A | N/A | | |
| Move to Nursing Care (from community) | | Long Term Support: Nursing Care | Event records show a change from Community LTS to Nursing Care | Find next Service in Client's event records |
| Move to Residential Care (from community) | | Long Term Support: Residential Care | Event records show a change from Community LTS to Residential Care | Find next Service in Client's event records |
| Move to Community | | Long Term Support: Community | Event records show a change from Nursing/Residential into the Community | Find next Service in Client's event records |
| Level of Long-Term Support Increased | | Any Long Term Support | Increase in hours/cost of services | Find current open Service in Client's event records |
| No Change in Long Term Support | | Any Long Term Support | No change of hours/cost of services | Find current open Service in Client's event records |
| Level of Long Term Support Decreased | | Any Long Term Support | Decrease in hours/cost of services | Find current open Service in Client's event records |
| ALL Long Term Support Ended - no ongoing eligible needs | | NFA - Support | | Code procedure stops: take Event |

|  |  | ended: Other reason |  | Outcome as sequel |
|---|---|---|---|---|
|  |  | Any Long Term Support | Event records show an end to all Long Term Support | Find current open Service in Client's event records |

## LTS004 Accommodation Status mapping (continued next page)

| CLD Accommodation Status | Category |
|---|---|
| Owner occupier or shared ownership scheme | Settled Accommodation (SALT LTS004 Table 2a) |
| Tenant | Settled Accommodation (SALT LTS004 Table 2a) |
| Tenant - private landlord | Settled Accommodation (SALT LTS004 Table 2a) |
| Settled mainstream housing with family / friends | Settled Accommodation (SALT LTS004 Table 2a) |
| Supported accommodation / supported lodgings / supported group home | Settled Accommodation (SALT LTS004 Table 2a) |
| Shared Lives scheme | Settled Accommodation (SALT LTS004 Table 2a) |
| Approved premises for offenders released from prison or under probation supervision | Settled Accommodation (SALT LTS004 Table 2a) |
| Sheltered housing / extra care housing / other sheltered housing | Settled Accommodation (SALT LTS004 Table 2a) |
| Mobile accommodation for Gypsy / Roma and Traveller communities | Settled Accommodation (SALT LTS004 Table 2a) |
| Rough sleeper / squatting | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Night shelter / emergency hostel / direct access hostel | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Refuge | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Placed in temporary accommodation by the council (inc. homelessness resettlement) | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Staying with family / friends as a short-term guest | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Acute / long-term healthcare residential facility or hospital | Unsettled Accommodation (SALT LTS004 Table 2b) |

Reproducing SALT and ASCOF metrics from Client Level Data

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|---|---|
| Registered care home | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Registered nursing home | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Prison / Young offenders institution / detention centre | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Other temporary accommodation | Unsettled Accommodation (SALT LTS004 Table 2b) |
| Unknown | Unsettled Accommodation (SALT LTS004 Table 2b) |