

Central Transformation Principles

Reproducing ASCOF metrics from CLD



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Introduction

This technical document provides a description of how measures in the Adult Social Care Outcomes Framework (ASCOF), previously derived from the Short and Long Term Support (SALT) collection, can be derived from Client Level Data (CLD). CLD is a new data collection, involving a change in the method of collection from aggregate to record level. Hence metrics derived from CLD cannot be expected to perfectly match those collected in SALT. Further, a small number of fields in SALT were not carried over to the CLD specification. The purpose of this document is to outline how the principles underlying CLD-based metrics align with the principles and definitions previously used by SALT and ASCOF.

We are keen to emphasise that there is no requirement for local authorities to use these approaches to calculate figures for submission to NHS England. CLD submissions should continue to be made in line with the CLD collection guidance (found under 'ASC CLD specification' on the [AGEM CLD information pages](#)). As set out in the CLD guidance, metrics will be derived centrally. This document is intended as a reference for users to describe the fields from CLD and methods used to reproduce the existing ASCOF measures, as well as describing known limitations.

Methods have been developed in collaboration with local authority and DHSC analysts on our CLD SALT metrics reference group. The methodologies for the measures which form part of the new ASCOF are currently based on principles agreed for the equivalent metrics derived from SALT. These are designed for data where all fields have been completed in line with the CLD specification and guidance. 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 required fields are incomplete, these methods will underestimate activity. For those interested in seeing the full SQL code, this is available 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. For ease of illustration, dates quoted in this document relate to the financial year 2023/24 (snapshot date, 31st March 2024).

SALT will continue to be the primary source of information about local authority adult social care in 2023/24. ASCOF figures published in Autumn 2024 will use SALT as the data source.

Future ASCOF measures will be derived from CLD, however their definitions and methodologies may depart from those described in this document. As part of the ASCOF refresh and change in data source from SALT to CLD, the Department of Health and Social Care (DHSC) may consider improving and broadening certain definitions for future updates, where CLD makes this possible. As outlined in [DHSC's CLD transparency statement](#), when developing analyses and metrics from CLD, they will work with local authorities to develop methods and metrics and interpret and contextualise analyses. The methods will be based on an assessment of data quality and a comparison with SALT, as well as the opportunities and challenges associated with the shift from a retrospective annual, aggregate collection to a quarterly record-level data collection.

Summary 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.

There are slight differences with the methodology used in the DHSC LA dashboard and monthly statistics which adopts a simplified approach however the two are broadly aligned.

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 and use of latest submissions

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. This is done by selecting the latest submission covering the period of interest. For 2023/24 data, this will be as follows:

Find the latest submitted Import File for each Local Authority for the period of interest, within the submission window.

ImportDate after 31/03/2023 and before 01/08/2024

Reporting Period Start Date on or before 01/04/2023

Reporting Period End Date on or after 31/03/2024

For some metrics, which need to consider records across reporting periods, it will not be possible to use the latest submission, and so they will consider all records submitted by the local authority.

Key SALT principles

This technical document is aimed to support users of CLD who are familiar with SALT, and therefore looking to recreate metrics in a comparable way. As such, it assumes a level of familiarity with SALT principles, however for completeness, some of the key concepts referred to in this document are detailed here.

New clients are defined as those not in receipt of long-term support at the time the event of interest started. For example, for requests from new clients, this is identified by whether the event start date of the request occurred on or after the event start date of a long term service, and before or on the event end date of the service.

Where multiple services are provided within a year, or multiple services running in parallel, SALT uses a hierarchy to avoid double counting. Further details can be found in the [SALT collection guidance](#).

Deriving sequels

The following general principles are applied in order when trying to identify the sequel to an event:

1. Identify all subsequent events within a given number of days, if no subsequent events exist then the event outcome is used as the sequel (see appendix for mapping tables):
 - a. Requests – all activity within 28 days of the request
 - b. ST-Max for new clients – all activity within 3 days of the ST-Max event
2. Where subsequent activity exists within the given number of days, any events occurring within 3 days of each other are grouped together and considered related.
3. If a service event is found in the subsequent events then service type is used as the sequel (see mapping table)
4. If the same event is found to one which the sequel is being derived for (for example a request event is found when looking for the sequel to a request), then the original event is removed and the second event is retained, following the steps above.
5. If a non-service event is found which isn't the same event type as the event which the sequel is being derived for (for example an assessment or review when deriving the sequel to the request) then event outcome is considered:
 - a. If the event outcome of the non-service event = NFA or Progress to End of Life Care then this is used as the sequel
 - b. Otherwise the event outcome of the original event which the sequel is being derived from is used as the sequel (see appendix for mapping tables)

Feedback

This document reflects the approaches that will be used when calculating the CLD equivalent of the ASCOF measures for 2023/24, for comparison purposes. The Department of Health and Social Care (DHSC) may consider improving and broadening certain definitions for future updates, where CLD makes this possible. Ongoing feedback is therefore welcomed to help inform the development of the measures for future years.

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.

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

Establish ST-Max events and sequels to each period of re-ablement

Run SALT code for STS002a through in its entirety



Denominator:

Using the final STS002a table build, count out all ST-Max Events where Final Mapped Outcome (mapped to SALT) is in the following list:

'Long Term Support (any setting)'

'Ongoing Low Level Support'

'Short Term Support (other)'

'No Services Provided – Universal Services / signposted to other services'

'No services provided – other'

Count based on count of Events / Rows in table



Numerator:

Using the final STS002a table build, count out all ST-Max Events where Final Mapped Outcome (mapped to SALT) is in the following list:

'Ongoing Low Level Support'

'Short Term Support (other)'

'No Services Provided – Universal Services / signposted to other services'

'No services provided – other'

Count based on count of Events / Rows in table

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 necessary for the derivation 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, as there may be no further activity recorded. 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 Summary 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

Event type is Service

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

Derive age at period of interest end date – see Summary



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 Summary for further details



Create bespoke Event ID:

Using a prescribed list of unique fields, create a new 'Event ID' field made from a concatenation of these fields to help identify distinct Service events for each client

Event ID = concatenation of LA Code, Client ID, Event-Start Date, Service Type, Service Component and Delivery Mechanism



Remove 'Open' records subsequently recorded as Closed

Using the new Event ID field to pin-point specific Events within the data, run a process to remove any previously submitted 'Open' events (i.e. no Event End Date) that have subsequently appeared in more recent submissions with an Event End Date before period of interest (e.g. 01/04/2024)



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

Denominator: ONS population estimate 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 necessary for the derivation 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-derived ASCOF measures, which involve an age breakdown, where a client has missing age information, they would not be included 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 Summary 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 using data from the latest LA submission for that reporting period:
Events beginning on or before 31/03/2024 **AND** ending on or after 01/04/2023 (or still open)

Import Date is equal to the Import Date found in the Latest Submission – see Summary for further details

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



Set cohort of interest:

Client Type is a Service User

Event type is Service

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

Derive age at period of interest end date – see Summary



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 Summary for further details



De-Duplicate:

Where Clients have multiple conflicting Accommodation Status' within the period of interest, de-duplicate based on following principles in order:

1. Status on event with latest Event Start Date
2. Any 'Known' Status selected over 'Unknown'
3. Status on event with latest Import Date
4. If still conflicting Status, record as 'Unknown'



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 Summary)

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, this metric will be calculated from SALT and as such, will be based on the original definition, focusing on those with a Learning Disability PSR only.
- From 2024/25 onwards, the indicator extends 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 in the analytical processing as 'Unknown' (please note, the source data remains unchanged, as submitted).
- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields necessary for the derivation 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-derived ASCOF measures, which involve an age breakdown, where a client has missing age information, they would not be included 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 Summary of key concepts for further information).
- Accommodation Status is recorded for purposes of the measure as the last Accommodation Status within the period of interest. In cases where Accommodation Status has been back-filled to all historical records at source, this may not reflect Accommodation Status as at time of activity.

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

Set period of interest using data from the latest LA submission for that reporting period:
Events beginning on or before 31/03/2024 AND ending on or after 01/04/2023 (or still open)

Import Date is equal to the Import Date found in the Latest Submission – see Summary

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



Part 1a and 2a – Client-based measures

Set cohort of interest:
Client Type is a Service User

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

Derive age at period of interest end date – see Summary



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 Summary for further details



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



Denominator: Count distinct number of Clients in the cohort where final de-duplicated setting is 'Long Term Support: Community'

Count based on count of the new unique ID field

Numerator 1a: Of those in the Denominator, count distinct number of Clients in the cohort where Delivery Mechanism field or Service Component field = 'Direct Payment' or Delivery Mechanism field = 'CASSR managed personal budget'. *Count based on count of the new unique ID field*

Numerator 2a: 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*

Part 1b and 2b – Carer-based measures

Set cohort of interest:

Client Type is a Carer or Carer known by association

Service Type is 'Carer Support: Direct to Carer' or Service Type is 'Carer Support: Support involving the person cared-for'

Or

Service Type is blank AND Event Outcome is 'NFA - Information & Advice / Signposting only'

Or

Event Type is 'Assessment' or Event Type is 'Review' AND Service Type is blank

Derive age at period of interest end date – see Summary



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 Carer in the cohort. See Summary for further details



Map all Carers into SALT 'Support Provided' categories using combination of Service Type, Event Type and Event Outcome



De-duplicate Carers based on SALT hierarchy (e.g. where one individual has multiple type of Support Provided)



Denominator: Count distinct number of Carers in the cohort where final de-duplicated 'Support Provided' field is 'Direct Payment only', 'CASSR Managed Personal Budget' or 'CASSR Commissioned Support only'

Numerator 1b: Of those in the Denominator, count distinct number of Carers in the cohort where Support Provided (see Appendix) = 'Direct Payment only' or 'CASSR Managed Personal Budget'. *Count based on count of the new unique ID field*

Numerator 2b: Of those in the Denominator, count distinct number of Carers in the cohort where Support provided (see Appendix) = '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 necessary for the derivation 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 Summary of key concepts for further information).
- Carers – there are some instances where the delivery mechanism is unknown or invalid in the service type – support to direct to carer. As it is not possible to categorise this support at the appropriate level of detail, these records are out of scope for ASCOF.
- Carers – there are some instances where Event Outcome may be invalid or may not accurately reflect the outcome reached. This may lead to under-reporting of the 'Information and Advice' cohort and 'No Direct Support Provided to Carer' cohort
- To establish the support setting a client is recorded against, should they be receiving support in different settings at the same time, a hierarchy is used. This uses the same approach as SALT. If an individual were receiving long term support in a residential home as well as some long term support in the community on the date in question, they would be recorded against the residential support setting in SALT rather than the community, and likewise in CLD, therefore out of scope for this indicator.

Appendix – mapping tables

STS002a (continued next page)

	<u>CLD equivalent</u>	
<u>STS002a Sequels</u>	<u>Event Outcome</u>	<u>Service</u>
Early cessation of service (not leading to long term support) - 100% NHS funded care/End of Life/deceased	NFA - 100% NHS funded care	
	NFA - Deceased	
Early cessation of service (not leading to long term support)	N/A	N/A
Early Cessation of Service (leading to long term support)	N/A	N/A
Long Term Support (any setting)	Default to next service in chronology	Long Term Support: Nursing Care
		Long Term Support: Residential Care
		Long Term Support: Community
		Long Term Support: Prison
No services provided – needs identified but self-funding	NFA - Self-funded client (Inc. 12wk disregard)	
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
No services provided – needs identified but support declined	NFA - Support declined	
No Services Provided – Universal Services / signposted to other services	NFA - Information & Advice / Signposting only	
No services provided – other	Service Ended as Planned	Nothing located in chronology
	NFA - Moved to another LA	
	NFA- Other	
	NFA - No services offered: Other reason	

	NFA - Support ended: Other reason	
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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)
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)

Carer support (for ASCOF 3D)

<u>CLD Combination</u>	<u>Carer Support Provided</u>
Service_Type = 'Carer Support: Direct to Carer' and (Delivery_Mechanism = 'Direct Payment' or Service_Component = 'Direct Payment')	'Direct Payment only'
Service_Type = 'Carer Support: Direct to Carer' and (Delivery_Mechanism = 'CASSR Managed Personal Budget' and Service_Component not like 'Direct Payment')	'CASSR Managed Personal Budget'
Service_Type = 'Carer Support: Direct to Carer' and (Delivery_Mechanism = 'CASSR Commissioned support' and Service_Component not like 'Direct Payment')	'CASSR Commissioned Support only'
Service_Type = 'Carer Support: Direct to Carer' and (Delivery_Mechanism not in ('Direct Payment', 'CASSR Managed Personal Budget', 'CASSR Commissioned support') and Service_Component not like 'Direct Payment')	'Support Direct to Carer: Unknown Delivery Mech'
Service_Type = 'Carer Support: Direct to Carer' and (Delivery_Mechanism is NULL and Service_Component not like 'Direct Payment')	'Support Direct to Carer: Unknown Delivery Mech'
Service_Type = 'Carer Support: Support involving the person cared-for'	'No Direct Support Provided to Carer'
Event_Type in ('Assessment', 'Review') and Event_Outcome not like 'NFA - Information & Advice / Signposting only'	'No Direct Support Provided to Carer'
Event_Type in ('Assessment', 'Review') and Event_Outcome is NULL	'No Direct Support Provided to Carer'
Event_Type in ('Assessment', 'Review') and Event_Outcome = 'NFA - Information & Advice / Signposting only'	'Information, Advice and Other Universal Services / Signposting'
Event_Type = 'Request'	'Information, Advice and Other Universal Services / Signposting'