Adult Social Care Activity Statistics: methodologies for measures derived from CLD

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Introduction

This document outlines the methodologies and detailed data processing steps for creating activity measures from client level data (CLD), previously submitted by local authorities through the annual Short and Long Term Support (SALT) return. The methods build upon the central transformation principles developed by NHS England. Working with local authorities via the CLD reference group, the measures have been adapted based on feedback to improve accuracy and comparability with SALT derived figures and to minimise the impact of known data quality issues. Nevertheless, CLD derived metrics are not expected to perfectly match SALT equivalents given the change in the data source, particularly the change in method of collection from aggregate to event level reporting.

These methodologies represent our best efforts to measure activity using CLD to date. However, CLD remains a relatively new data source and we continue to engage with local authorities and receive feedback on uses of the data, including development of new measures of activity not previously captured in SALT. Further refinements to the methods may therefore be considered in the future where it is deemed necessary.

Common data processing steps

Processing the data for analysis

Summary

There are two methods of selecting and processing CLD submissions, depending on the data required for analysis:

1. Single submissions for analysis requiring data covering a period of 12 months

2. Joined submissions for analysis requiring data covering more than 12 months

As part of the central processing, two main data tables are updated on a quarterly basis to cover the latest 12 month reporting period (single submissions table) and an extended period going back to the start of mandatory reporting, 1 April 2023 (joined submissions table). Joined submissions are required for the calculation of metrics where definitions/selection of cohorts rely on information before or after the statistical reporting year, about individuals' care and event histories e.g. identifying 'new' clients.

The main processing steps in production of these tables are:

*   Selecting submissions covering the required analysis period

- Filtering the data to events ending in the period and services ongoing during the period

- Creating cleaned and derived fields

- Deduplicating records

Methodology

The processing steps to produce the main data tables are:

1. Data cleaning of priority fields (see table below) – invalid values are replaced where the equivalent valid value can be confidently identified

2. Amending event end dates – to match the date of death where this precedes the service end date, or to match the reporting period end date where the service end date appears to have been erroneously left blank (i.e. the service has a blank end date in one submission but is not included in the next submission)

3. Selecting submissions:

    a. Single submissions – data is selected by taking the latest submission. The reporting period stated in the submission is used.

    b. Joined submissions – data is selected by combining submissions with prior periods going back to 1 April 2023. The reporting period stated in the submission is not taken as given, instead it is derived by checking the data in each submission.

    c. Deduplication – The table below lists the fields used to determine unique events. For requests, assessment and reviews, the fields used to produce the joined submissions and single submissions tables are the same. For services, some additional fields with time varying information that could change between submissions (delivery mechanism, costs and units) are only used to identify unique service events in the single submissions table.

	Requests	Assessments	Services	Reviews
LA Code	✓	✓	✓	✓
Derived Person ID (NHS number unless missing then LA_ID)	✓	✓	✓	✓
Event Start Date	✓	✓	✓	✓
Event End Date	✓	✓		✓
Client Type	✓	✓	✓	✓
Request: Route of Access	✓			
Assessment Type		✓		
Service Type			✓	
Service Component			✓	
Single submissions table only:				
Delivery Mechanism			✓	
Unit Cost			✓	
Cost Frequency (Unit Type)			✓	
Planned units per week			✓	

Person identifiers

The anonymised person identifier used throughout the activity statistics is the pseudonymised traced NHS number in the first instance. If this is missing, the pseudonymised local authority provided NHS number is used. If both NHS numbers are missing, the local authority unique person identifier is used. This methodology is consistent with that used in the local authority CLD dashboard.

Cleaning

For variables in the CLD specification with a defined list of variables, efforts have been made to replace invalid values where there is a clear corresponding valid value. Those invalid values that cannot be validated are recorded as unknown.

STS001

Numbers of requests for support received from 'new' clients, broken down by the different sequels to that request.

Methodology

Cohort: What is included

This metric counts the number of requests for adult social care support made by or on behalf of people aged 18 or older, who have not received long term support in the previous 3 months. The metric also counts the number of people that these requests relate to. The following steps are taken to select the relevant events.

1. Using the joined submissions table (see processing the data for analysis) requests are selected where the recorded event end dates are within the statistical reporting year of interest.

2. These request events are included where the age at the event end date is 18 or over and the client type field does not actively indicate that the request is for a carer.

3. Request events that occur within 4 days of one another are treated as part of the same request for support for an individual. In these cases, the events are combined such that the earliest event start date and latest event end date among the events is used. All remaining event details are taken from the event with the latest event end date.

4. Requests are then excluded if the individual had an active long term support event in the 91 days prior to the request start date.

Request events are combined as described above because it is assumed that these events are likely to be related to the same request for support.

Breakdowns including sequels to requests

STS001 is broken down by the route of access recorded for the event, age group and the 3 month sequel to the request. This is determined using the events which occurred during the 3 months after the request ended alongside information captured in the event outcome field. The following events are used to identify the 3 month sequel.

- Events that occur within 91 days of the request end date or before the start date of a subsequent request if this occurs in the 91 day period.

- Carer services are not considered.

The hierarchy below is applied to categorise the 3 month sequel.

1. Where someone has died and the date of death is within 7 days of the request end date, the sequel is 'NFA: deceased' (no further action).

2. Where a service is provided, the type of service is given as the sequel. In the case of multiple eligible services, the event hierarchy table (see Appendix 1) is used to determine the service type.

3. Where there is no subsequent service during the 3 months, either the event outcome of another event which follows the request is used i.e. of an assessment or review, or the event outcome of the original request. A hierarchy is used to determine which event outcome provides the most useful information (see table in Appendix 2).

4. Where there is no subsequent event during the 3 month period following the request, the event outcome of the request is used.

Wherever there is conflicting information about event outcomes across records, a hierarchy is applied to select the sequel (see Appendix 2). To identify the route of access, the information is taken from the most recent request event.

Using CLD to determine the sequels presents some challenges. Local contextual information is not included in CLD, that may previously have been used by local authorities to help determine the most appropriate sequel to report via SALT. The national methodology described here for determining the sequel in STS001 was created in consultation with local authority analysts, to balance the risk of missing important outcomes with the risk of incorrectly connecting unrelated events. The 3 month sequel was implemented as the best compromise.

STS002

STS002a

The number of episodes of 'Short term support to maximise independence' (ST-Max) provided to 'new' clients within the statistical reporting period, broken down by what happened over the next seven days.

STS002b

The number of episodes of 'Short term support to maximise independence' (ST-Max) provided to 'existing' clients within the statistical reporting period, broken down by what happened over the next seven days.

Methodology

Cohort: What is included

This metric counts the number of episodes of ST-Max provided to people aged 18 or older. STS002a only includes events relating to people who have not received long term support in the previous 3 months, whilst STS002b only includes events relating to people who are in receipt of long term support at the start of the ST-Max episode or who received long term support in the previous 3 months. The following steps are taken to select the relevant ST-Max events.

1. Using the joined submissions table (see processing the data for analysis), ST-Max events are selected where the recorded event end dates are within the statistical reporting year of interest.

2. ST-Max events that occur within 7 days of one another are treated as part of the same ST-Max 'episode', creating a cluster of ST-Max records. The episode start and end dates are identified with the earliest event start date and latest event end date among the constituent records. All remaining cluster details are taken from the record in the episode with the latest event end date, and if there is a tie, a hierarchy is applied to the event outcome field to determine the sequel (Appendix 2).

3. ST-Max events are:

   a. excluded from STS002a if the individual had an active long term support event in the 91 days prior to the reablement episode start date.

b. included in STS002b only if the individual has an active long term service open at the time of the reablement or has had an active long term support event in the 91 days prior to the reablement episode start date.

Note: In SALT, it was required that ST-Max episodes counted in this metric should have a prior request, counted in STS001. The data coverage has shown us that local authorities have very different internal procedures and recording practices for requests into reablement. Therefore, in consultation with local authorities, the requirement for prior requests for ST-Max episodes has been removed. Where there is a prior request, this will still be linked and the route of access reported. A missing prior request will mean that the route of access will be reported as unknown.
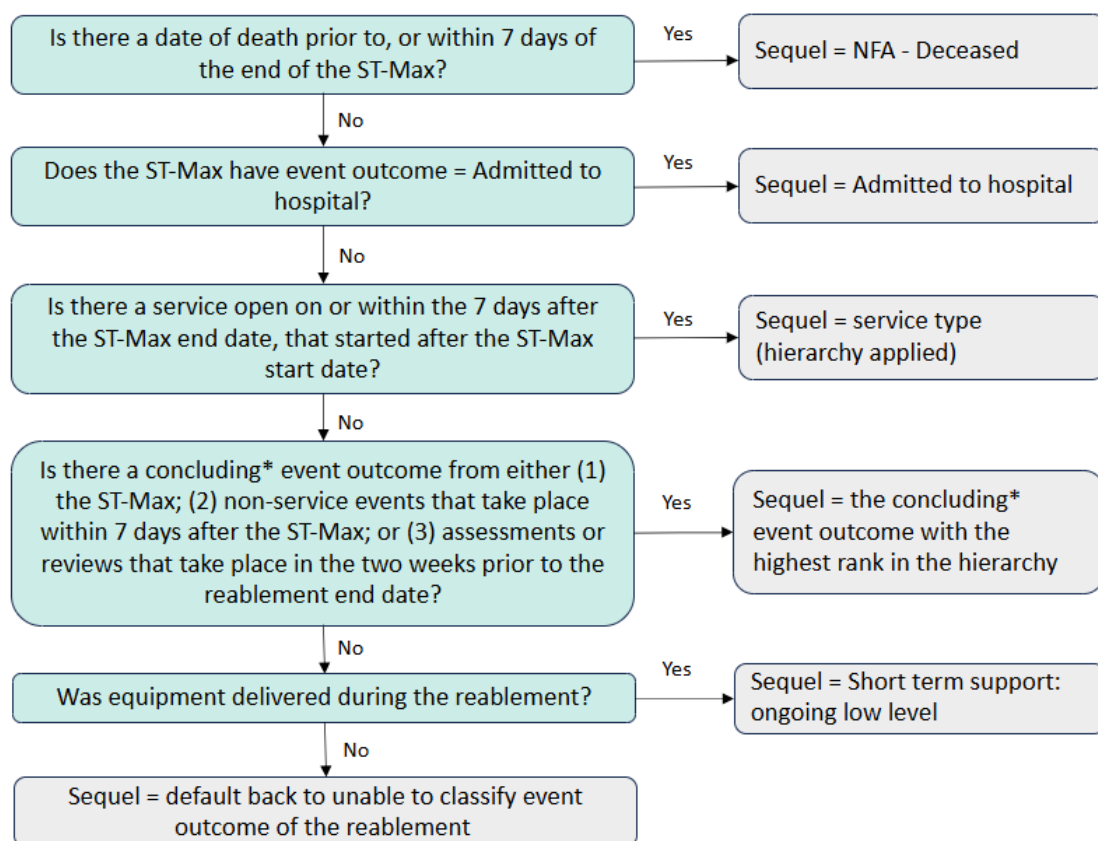
Breakdowns

ST-Max episodes are broken down by age band, primary support reason, whether the person has an unpaid carer and route of access. STS002a is also broken down by ethnicity and 7-day sequel. STS002b is also broken down by a 7-day sequel. All breakdowns are derived directly from the fields of the ST-Max episode except route of access and the respective sequel categories, which are described below.

Determining 7-day sequels for new clients (STS002a)

For the purposes of STS002a, sequels describe the immediate outcome after reablement. They are used to identify whether a person went on to require further immediate support or whether their reablement successfully helped them regain independence at the end of the reablement. Sequels are identified by considering the services that occurred during the ST-Max episode and in the 7 days after the reablement ended as well as the information captured in the event outcome field of any assessments or reviews.

The 7-day period was used to ensure that subsequent events that were not directly related to the ST-Max were not included. This was agreed in consultation with the CLD reference group. Any event that takes place after the 7-day period will not be used to derive sequels so it is possible that genuine events relating to the ST-Max events will be missed, however the risk of including sequels that were not related to the reablement was considered greater if we extended beyond 7 days so, on balance, this period was agreed with the local authority reference group to be optimal.

The flow chart below sets out the steps involved in processing data for sequels:

```
┌─────────────────────────────────┐   Yes   ┌──────────────────────────────┐
│ Is there a date of death prior  │────────▶│ Sequel = NFA - Deceased      │
│ to, or within 7 days of the end │         │                              │
│ of the ST-Max?                  │         └──────────────────────────────┘
└─────────────────────────────────┘
               │ No
               ▼
┌─────────────────────────────────┐   Yes   ┌──────────────────────────────┐
│ Does the ST-Max have event      │────────▶│ Sequel = Admitted to hospital│
│ outcome = Admitted to hospital? │         └──────────────────────────────┘
└─────────────────────────────────┘
               │ No
               ▼
┌─────────────────────────────────┐   Yes   ┌──────────────────────────────┐
│ Is there a service open on or   │────────▶│ Sequel = service type        │
│ within the 7 days after the     │         │ (hierarchy applied)          │
│ ST-Max end date, that started   │         └──────────────────────────────┘
│ after the ST-Max start date?    │
└─────────────────────────────────┘
               │ No
               ▼
┌─────────────────────────────────┐   Yes   ┌──────────────────────────────┐
│ Is there a concluding* event    │────────▶│ Sequel = the concluding*     │
│ outcome from either (1) the     │         │ event outcome with the       │
│ ST-Max; (2) non-service events  │         │ highest rank in the hierarchy│
│ that take place within 7 days   │         └──────────────────────────────┘
│ after the ST-Max; or (3)        │
│ assessments or reviews that take│
│ place in the two weeks prior to │
│ the reablement end date?        │
└─────────────────────────────────┘
               │ No
               ▼
┌─────────────────────────────────┐   Yes   ┌──────────────────────────────┐
│ Was equipment delivered during  │────────▶│ Sequel = Short term support: │
│ the reablement?                 │         │ ongoing low level            │
└─────────────────────────────────┘         └──────────────────────────────┘
               │ No
               ▼
┌─────────────────────────────────┐
│ Sequel = default back to unable │
│ to classify event outcome of    │
│ the reablement                  │
└─────────────────────────────────┘
```

* a 'concluding' event outcome is one where a definitive outcome can be determined (see appendix 2)

Deriving sequels describing changes in support for existing clients (STS002b)

For existing clients included in STS002b, the sequel describes the change in support before and after the ST-Max episode. Some examples include:

• Move to Nursing Care from Community

• Move to Residential Care from Community

• No Change in Long Term Support

To derive these, the identification of existing/prior long term support is required, as well as the 7-day sequel calculated using the same method as in STS002a. The existing/prior long-term support settings is identified from long terms service event in the previous 91 days. If more than one long term service event is found in that period, the service with the latest end date is picked to provide the information. If there are ties, or multiple services that are open at the time of the reablement, the hierarchy for long-term services is applied (Appendix 1).

Determine the Route of Access

The route of access is determined from request events that occur within the 28 days prior to the start of the ST-Max episode. A significant proportion of ST-Max episodes are missing such a prior request, and in these cases, the route of access is categorised as 'unknown'. If more than one request record is found in this period, the request with the latest end date is chosen to provide the route of access information. In the small proportion of cases where another ST-Max episode occurred in the prior 28 days after the request, the route of access in the request record is not used and is instead reported as 'unknown'.

STS004

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

Methodology

This measure cannot be replicated with the information available in CLD and it will not be used to calculate ASCOF 2D. A replacement ASCOF 2D is under development and more information will be shared in due course. In the meantime more information on this metric is available in the [Adult social care outcomes framework: handbook of definitions - GOV.UK](#).

LTS001

LTS001a

The number of people accessing long term support during the statistical reporting year by Primary Support Reason, Age Band, Support Setting and Mechanism of Service Delivery.

LTS001b

The number of people accessing long term support at the end of the statistical reporting year by Primary Support Reason, Age Band, Support from Carer, Gender, Ethnicity, Support Setting and Mechanism of Service Delivery.

LTS001c

The number of people who have been accessing long term support for throughout the statistical reporting year by Primary Support Reason, Age Band, Support Setting and Mechanism of Service Delivery.

Methodology

Cohort: What is included

This metric counts the number of people over the age of 18, who accessed long term support:

- At any time during the statistical reporting period for LTS001a.

- At the end of the statistical reporting period in LTS001b.

- Continuously during the 12 month statistical reporting period in LTS001c. This includes people who have a single continuous long-term service event starting on or before the statistical reporting period start date and ending on or after the statistical reporting period end date. It also includes people who have a chain of long term services spanning that period, which are either overlapping, or within 7 days of each other.

This 7 day allowance is to ensure people are not excluded where they are considered 'on the books' continuously but their service events are paused and restarted within a short period.

Breakdowns

People in each measure are assigned to an appropriate age band, primary support reason, service type, delivery mechanism and funding status. LTS001b also includes breakdowns for 'has unpaid carer', gender and ethnicity. Using the below assignment criteria, each person will only be included once per category.

This assignment to a category is achieved as follows:

1. Select all events where the service type is one of the long term support categories, and the service is active at any time during the statistical reporting period.

2. If there is more than one such long term service for the same individual, the service with the highest ranked Service Type is chosen. If there are still ties, the following fields are used to determine which record to choose:

   a. Service Type (hierarchy applied – appendix 1)

   b. Delivery Mechanism (hierarchy applied – appendix 3)

   c. Primary Support Reason (latest)

   d. Event Start Date (latest)

   e. Event End Date (latest - open services are considered the latest)

The person's age at the end of the statistical reporting period is used. The delivery mechanism is categorised as a direct payment if a 'direct payment' is found in either the delivery mechanism CLD field, or the service component CLD field.

LTS002

LTS002a

The number of people accessing long term support during the statistical reporting year, who received an unplanned review during the year and planned reviews for those clients that led to a care home admission.

LTS002b

The number of people who have been accessing long term support for throughout the statistical reporting year, who received an unplanned or planned review of care needs during the year and the sequel to that review.

Methodology

Cohort: What is included

LTS002a counts the number of unplanned reviews where the person had received long term support at some point during the statistical reporting year. It also counts planned reviews that led to a care home admission in this cohort. The following process is used to identify the relevant events.

1. Using the joined submissions table (see processing the data for analysis):

    a. events for individuals who have received long term support during the year are selected in LTS002a (see LTS001a methodology).

    b. events for individuals who have received long term support consistently throughout the reporting year are selected in LTS002b (see LTS001c methodology).

2. Review and long term assessment events are then selected where the individual had received long term support at any point in the 91 days prior to the review or assessment start date.

3. These review and assessment events are then combined where the dates of the events are within 4 days of one another. In these cases, the events are combined such that the earliest event start date and latest event end date among the events is used. The review is categorised as unplanned if any of the events included are unplanned reviews (based on review reason field).

Long term assessment events are counted as reviews in these statistics because reassessments are used in the place of unplanned reviews by some local authorities for people receiving long term support.

Breakdowns

These statistics are broken down by:

- The support setting the individual is in prior to the review

- The change in support following the review

- Whether the review was planned or unplanned

- Age group (18-64 years and 65+ years)

- The significant event leading to an unplanned review

Categorisation of support setting

The support setting (residential care, nursing care, prison or community) is based on the long term services that are active at some point in the 91 days prior to the review. Where multiple services start before the review, they are first ranked according to when the services ended: services that are ongoing when the review starts are prioritised above those that finish prior to the start of the review. Following this, where there are still multiple services in consideration, the hierarchy in Appendix 1 is used to categorise the support setting.

For example, if someone is recorded as having long term community support services (based on service type field) as well as long term residential care in place at the time of the review start, their support setting will be categorised 'Residential care'.

Determining a change in support setting

To determine whether a client has a change in setting following a review, all future events are considered up until the client's next review. The events during this period are ranked first according to event end date, and then by the support setting hierarchy (above). The aim of this process is to find out where the client is at the time of their next review and determine whether they have changed setting or not. If there is no next review, the most recent support setting is used, applying the support setting hierarchy as above if necessary.

If no further services are recorded after a client's review, the sequel is categorised as 'All long term support ended.'

Where the support setting after the review is the same as prior to the review, this is categorised as 'no change in setting'. However, where an ST Max event occurs after the review and before the next review, the sequel is categorised as 'Short Term Support to Maximise Independence.'

Review type
Review type is reported in CLD returns under the review reason field, distinguishing planned and unplanned reviews. This is used to provide breakdowns for these statistics. Note that where (re)assessment events are included, these are not categorised as either planned or unplanned but are included in totals.

Significant event
Unplanned reviews are further broken down by the reasons given in the review type field in CLD returns. This is not relevant for planned review and assessment events.

LTS003

Carer support provided during the year, broken down by the age of the carer and the type of support provided.

Methodology

Due to the data quality issues relating to unpaid carers in CLD to date, the inclusion of LTS003 is under review. This is particularly in relation to the difficulty in data completeness where carer activity is performed by third parties.

LTS004

Accommodation and employment status of long term support recipients by age group and primary support reason.

Methodology

This metric has been expanded to report the accommodation and employment status of all adults, broken into age bands 18–64 and 65 and over, across all primary support reasons for those receiving long-term support. Previously, it only concerned adults aged 18-64 with a learning disability who were receiving long-term support.

Cohort: What is included

The measure includes individuals who:

- Are aged either 18–64 and 65 and over at the end of the statistical reporting year

- Have received long term support during the statistical reporting year (in the community, residential care, or nursing care)

Breakdowns

For each person in the scope, the most recent valid information is used from the single submissions table (see processing the data for analysis) to determine:

- Accommodation status

- Employment status

- Gender

- Primary support reason

Where multiple records exist, the latest known details are selected, giving priority to open events and more recent dates. Where records occur with the same end date but have conflicting values, these fields are categorised as 'Unknown'.

If accommodation status is missing or unknown, information about the service they received is used to estimate likely accommodation type. This includes looking at service type and service component fields for the latest care service provided e.g., shared lives, extra care housing. Where the service type is recorded as 'Long Term: Community' but the service component is missing, the accommodation type is reported as 'Unknown – at home' (See Appendix 4).

Appendix 1: Service type hierarchy

Service Type	Rank
Short term support: ST-Max	1
Long term support: Prison	2
Long term support: Nursing care	3
Long term support: Residential care	4
Long term support: Community	5
Short term support: Ongoing low level	6
Short term support: Other short term	7

Appendix 2: Event outcome hierarchy

Event Outcome	Rank
Admitted to hospital	1
NFA - Moved to another LA	2
NFA - 100% NHS funded care	3
NFA - Self-funded client (inc. 12wk disregard)	4
NFA - Information & advice / signposting only	5
NFA - Support declined	6
NFA - Deceased	7
Service ended as planned	8
NFA - Support ended: other reason	9
NFA - No services offered: other reason	10
NFA- Other	11
Progress to reablement/ST-Max*	12
Progress to assessment*	13
Progress to re-assessment / unplanned review*	14
Progress to financial assessment *	15
Progress to support planning / services*	16
No change in package*	17
Provision of service*	18
Progress to end of life care*	19

*This hierarchy matches that outlined in the CLD guidance. For the purposes of determining sequels for STS001 and STS002, these 'intermediate' outcomes are considered 'unable to classify' as it cannot be determined whether or not further long term support was required. For this reason, these starred event outcomes are deprioritised over other event outcomes when determining the sequels.

Appendix 3: Delivery mechanism hierarchy

Service Type	Rank
Direct payment	1
CASSR managed personal budget	2
CASSR commissioned support	3

Appendix 4: Service information mapping to accommodation status

The below mapping is used when a person's accommodation status is unknown, to try to deduce their accommodation from the services received. If a person is in receipt of multiple services, then a hierarchy is applied in the order they are listed below.

Service Type	Service Component	Mapped accommodation status	Living at home or with family
Long Term Support: Nursing Care	(any service component)	Registered nursing home	No
Long Term Support: Residential Care	(any service component)	Registered care home	No
(any service type)	Extra care housing	Sheltered housing, extra care housing or other sheltered housing	Yes
(any service type)	Shared Lives	Shared Lives scheme	Yes
(any service type)	Community supported living	Supported accommodation / supported lodgings / supported home group	Yes
Long Term Support: Community	(any service component)	Unknown - at home	Yes
Long Term Support: Prison	(any service component)	Prison / Young offenders institution / detention centre	No