Local Government Association | directors of adass adult social services | Partners in Care and Health

Client Level Data in Practice

5 December 2024

Local Government Association | directors of adass adult social services | Partners in Care and Health

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PCH helps councils to improve the way they deliver adult social care and public health services and helps Government understand the challenges faced by the sector.

The programme is a trusted network for developing and sharing best practice, developing tools and techniques, providing support and building connections. It is funded by the Department of Health and Social Care and offered to councils without charge.

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- You can use the chat function to ask questions, this is being monitored for the Q and A section of this webinar.
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Agenda

1. Welcome and introduction from Pete Sidgwick (10.00am)
2. Introduction to Client Level Data - Uma Moorthy, Jenny Neuburger, Mark Browne, Raj Malhi, Naomi Knight and Jen Goodall, DHSC (10.10am)
3. Examples of use of CLD (10.40 am)
    - Dorset Council – Louise Ford
    - Newham Council – Jonathan Cox
4. What is the relevance and potential of CLD for you as a leader? - Open discussion and questions (11:00 am)
5. Conclusions and close (11.20 am)

What is the relevance and potential of CLD for you as a leader?

- What are the implications of this new dataset for you?
- What are your concerns about the interpretation of published data?
- What impact will it have on the way you work?
- What insights and data would you want to get from CLD?

Department of Health & Social Care

The changing landscape of adult social care data: from aggregate to client level data

CLD in practice webinar, 5 December 2024

What we will cover in today's session

- What is CLD?
- What are the benefits?
- How we are starting to use the data nationally
- How we are supporting local authorities to use the data locally
- Publication plans
- Goals for improving the collection and your role as a leader

What is CLD?

Client Level Data (CLD) is the first national collection of adult social care records from local authorities in England, operated by NHS England.* CLD:

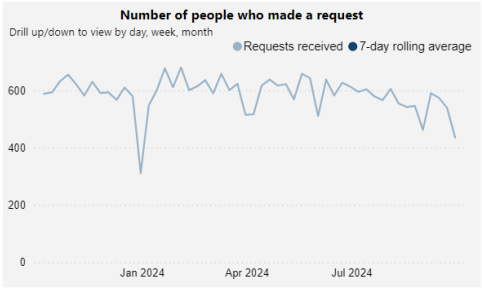
- **contains individual records of events involving service users and carers**
- was developed by DHSC, NHSE and AGEM in partnership with local authorities*
- became a mandatory collection on 1 April 2023
- is submitted quarterly by local authorities to NHSE (AGEM) since July 2023
- replaced existing aggregate annual collection (SALT) on 1 April 2024
- provides a minimum core dataset designed to meet local reporting requirements
- feeds into national oversight and frameworks including ASCOF from 24/25

*Under the Collection of Client Level Adult Social Care Data (No 3) Directions 2023 - NHS England Digital

**via the CLD reference group and LGA

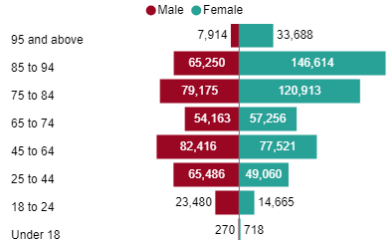
What are the benefits?

More frequent data enables more timely monitoring of ASC system pressures



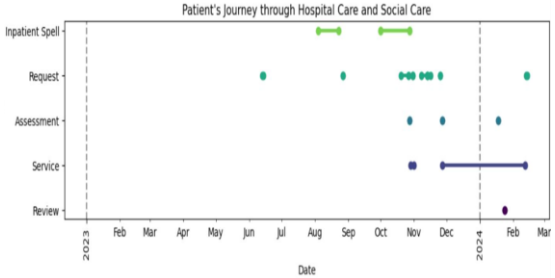
- DHSC analysts developed a CLD dashboard for local authorities in consultation with the CLD reference group, including time series charts describing trends in activity, now used by over 90% of local authorities
- Since March 2024, DHSC has published monthly statistics on numbers of people receiving long-term support by support setting

Individual event level data enables more flexible analyses and insights



- The CLD dashboard provides the ability to filter on multiple person and service characteristics to look at activity trends for different groups – in a way not previously possible with aggregate SALT returns
- DHSC has also published statistics on number of people receiving long term support broken down by more granular age group and numbers per 100,000 population

Linking social care and health records enables analysis of interactions and outcomes



- We plan to add linked health data to the CLD dashboard in 2025 to provide further insight for local authorities
- DHSC analysts have developed a replacement ASCOF metric using CLD data linked to hospital episode statistics (HES) to describe outcomes of reablement after hospital discharge

Using the data nationally: ASCOF and BCF

- **ASCOF figures for 23/24 published in December 2024 will use SALT as the data source.** ASCOF figures for 24/25 will be derived from CLD.
- **There are 6 ASCOF measures affected by the transition from SALT to CLD.** We have included 5 measures for 23/24 on the CLD LA dashboard based on the central transformation principles for reproducing ASCOF measures from CLD.
- We have received a lot of feedback on these measures and are considering refinements for the 24/25 handbook, which is intended to be published by the end of 2024. We plan to share revised figures on the CLD dashboard in early 2025 and finalised methodologies by April 2025.

Principles DHSC is adopting for CLD metrics in the ASCOF Handbook 24/25

1. **Definitions and rationale –** The definition and rationale for each metric will be published in the handbook.
2. **Methodology –** The detailed methodology (data processing steps and code) may be refined further after the handbook is published.
3. **Data quality –** As CLD remains a relatively new data source the quality of the data will be considered throughout the development of the metrics and when publishing.

Better Care Fund metrics

1. **Setting ambitions -** HWBs are asked to set ambitions against some ASCOF measures at present.
2. **Next year -** In 25/26 we are considering how we and HWBs can make better use of the quarterly CLD data on the relevant ASCOF measures.
3. **Longer term –** We would like to explore how CLD data can be linked to patient level data to form a better understanding of whether health and care is integrated at a local level.

Using the data nationally: CLD and CQC's local authority assessments

CQC's use of data in assessments

- CQC draw on the national social care data collection and other sources to look at how LAs are delivering their duties under Part 1 of the Care Act.
- CQC will have completed 153 site visits by end of December 2025.

Status

- CLD to replace SALT in LA assessments by December 2025.
- As CLD is being developed alongside CQC's roll out of assessments, it will become a larger part of the evidence base CQC can draw on overtime.

Benefits and implications

- Current data collections run every year, or every two years, meaning the age of the data CQC can vary in assessments. CLD's quarterly publication means there will be more timely data for CQC to draw on.
- Granular level of CLD will mean less gaps in the data landscape for LAs.
- CQC currently ask LAs to submit an 'information return' - the process is useful but can be burdensome. CLD will replace some of the metrics CQC ask for, therefore reducing the amount of info LAs need to provide.
- NB. CQC have said that CLD cannot replace ACSE and SACE in assessments, because it does not provide experiential data.

Supporting local authorities to use the data: the CLD dashboard

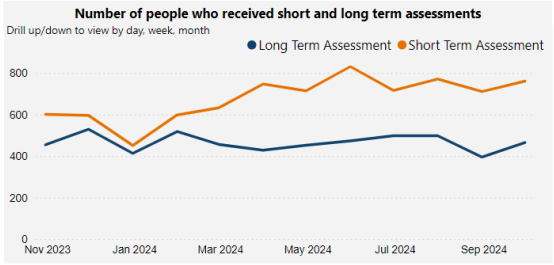
The local authority dashboard is widely used to help improve data quality and will be developed to support operational use including commissioning and service improvement in the future.

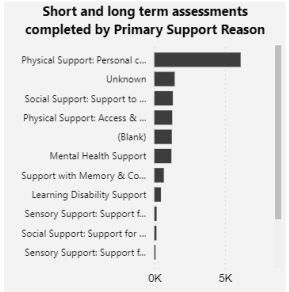
Launched in November 2023, over 90% of local authorities (143 out of 153) have accessed the dashboard and we have received positive comments about the value of the dashboard to help identify and rectify data quality issues.

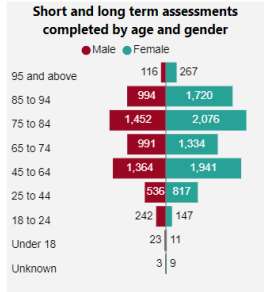
It also provides a secure environment for sharing metrics with local authorities for the purposes of testing and gathering feedback for refining analytical methods:

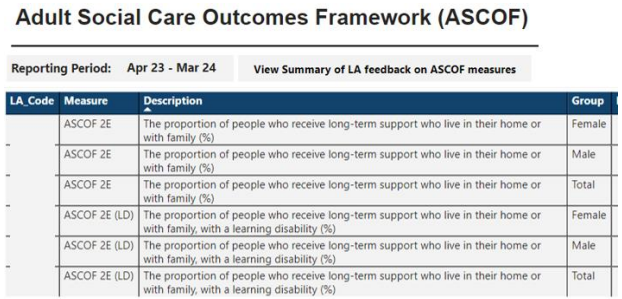
- Metrics for the adult social care outcomes framework (ASCOF) are currently on the dashboard and have been seen by over 110 LAs, with 20 local authorities providing detailed feedback.
- Metrics intended for publication will be shared via the dashboard for local authorities to review their figures in advance.

We welcome your input in shaping the development of the dashboard for future operational use.









Supporting local authorities to use the data: digitising assessments

Programme Overview

The digitising and streamlining assessment programme aims to improve the assessments process for people and supports Local Authorities (LAs) to increase assessment capacity, helping to reduce delays and backlogs. Our work involves:

- Supporting LAs to increase the uptake of digital tools for care and financial assessments
- Developing and sharing best practice on streamlined & proportionate assessments
- Progressing & scaling central government data sharing agreements on centrally held data
- Developing a future strategy for ASC case management systems that supports new approaches to assessments

How will our work support LAs to use CLD?

- We have included CLD as a tool in our Local Authority Operating Model Toolkit to improve assessments. This includes a CLD toolcard summarising how local authorities can use CLD in their decision making, how it describes demand and use for ASC services regionally, to enable better outcomes.
- The toolcard contains useful resources, including links to guidance from SCIE, describing how LAs can use data can support better outcomes for people needing care and support.
- The toolcard also includes links to case studies. One example shows how in Liverpool, CLD was used to test winter planning strategies, allowing them to better predict the impact and effectiveness before implementation.
- Our work to introduce guidance for case management systems (CMSs) will enable more efficient gathering and collation of the required data, reducing the burden on LAs, and our work to increase uptake of digital tools could see the assessments process, and therefore the required data, more routinely digitised from start to end.

To access the Interim Operating Model Toolkit for LAs, sign up for KHub access **here**.

Publication plans

Up to now

We have worked with a reference group of local authority analysts to determine the best statistics to publish and to develop methodologies. Alongside LGA, we have agreed publication timescales, methodologies and collaborated on a survey asking what insights local authorities would like from CLD.

From March 2024, we began publishing the number of people receiving long-term support, quarterly. The statistics are broken down by ethnicity, gender and age and are presented at national, regional and local authority levels. They include ONS population data to present comparable rates.

January and April

Alongside updates to the existing long-term support statistics, we will be making an addition of statistics describing the number of people who receive ASC assessments, who have not received local authority social care support in the previous 12 months. This will be at national and regional level in January, with the addition of local authority breakdowns in April.

Future

We are developing methodologies for additional statistics. We plan to make the following additions in future publications:

- **Reviews:** The proportion of long-term service users that have received a review or assessment in the last 12 months.
- **Short-term support:** The number of people receiving short-term support.

Collaborative approach for developing and testing new CLD metrics and insights with the sector

1. Identify metrics

2. Develop at working level with LGA, CLD reference group and other experts

3. Share with all local authorities via CLD dashboard

4. Test and iterate with the wider sector

5. Finalise and publish as appropriate

Progress and challenges: your role as a leader

Ongoing implementation challenges

- Local authority adult social care services vary and so do IT case management systems (CMS), making it hard to agree on central definitions and categorisations of different ASC activity.
- Specific challenges exist for local authorities when they need to include data in their CLD return that is not on their CMS e.g. reablement services provided by external NHS partners and carer services provided externally

Support for improvement in 2025

- To support improvements to data quality and consistency, we have worked closely with the CLD reference group to make small updates to the CLD specification and changes to the guidance
- We are working with NHSE teams to consider what further central IG advice could be provided to support local data sharing
- Ongoing work in DHSC to develop CMS procurement guidance for local authorities.

Relevance and potential of CLD to you as a leader

- The updated guidance encourages joint working between local authority ASC data leads and social work teams to ensure the data submitted accurately reflects local activity
- We welcome your input in developing the CLD dashboard and other outputs to ensure we are sharing data in a way that supports local decision making

DHSC and NHSE have made significant progress in improving adult social care data since the pandemic. We are exploring how to build and expand on this by using data to drive, support and monitor sector-wide reform.

To date, we have begun to:

- **close key data gaps** to improve the availability of essential adult social care data and insights
- **streamline data collection** to reduce duplication and the reporting burden
- **improve access** to adult social care data and insights

How?

- ✓ **establishing the Client Level Dataset (CLD)**, which replaces annual aggregate collections from LAs (Short and Long Term Data (SALT) Return) with richer, quarterly returns.
- ✓ **building on the Capacity Tracker** to establish a single source of CQC-registered care provider data, delivering monthly intelligence on sector capacity and risk.
- ✓ commencing **development of a new digital product** to make adult social care data and insights readily accessible to all.

What's next?

To continue to realise our ambitions for better adult social care data, we are exploring options for how to:

Improve social care data collection and publication.

Improve access to data <u>within</u> the adult social care sector.

ASC Data reform

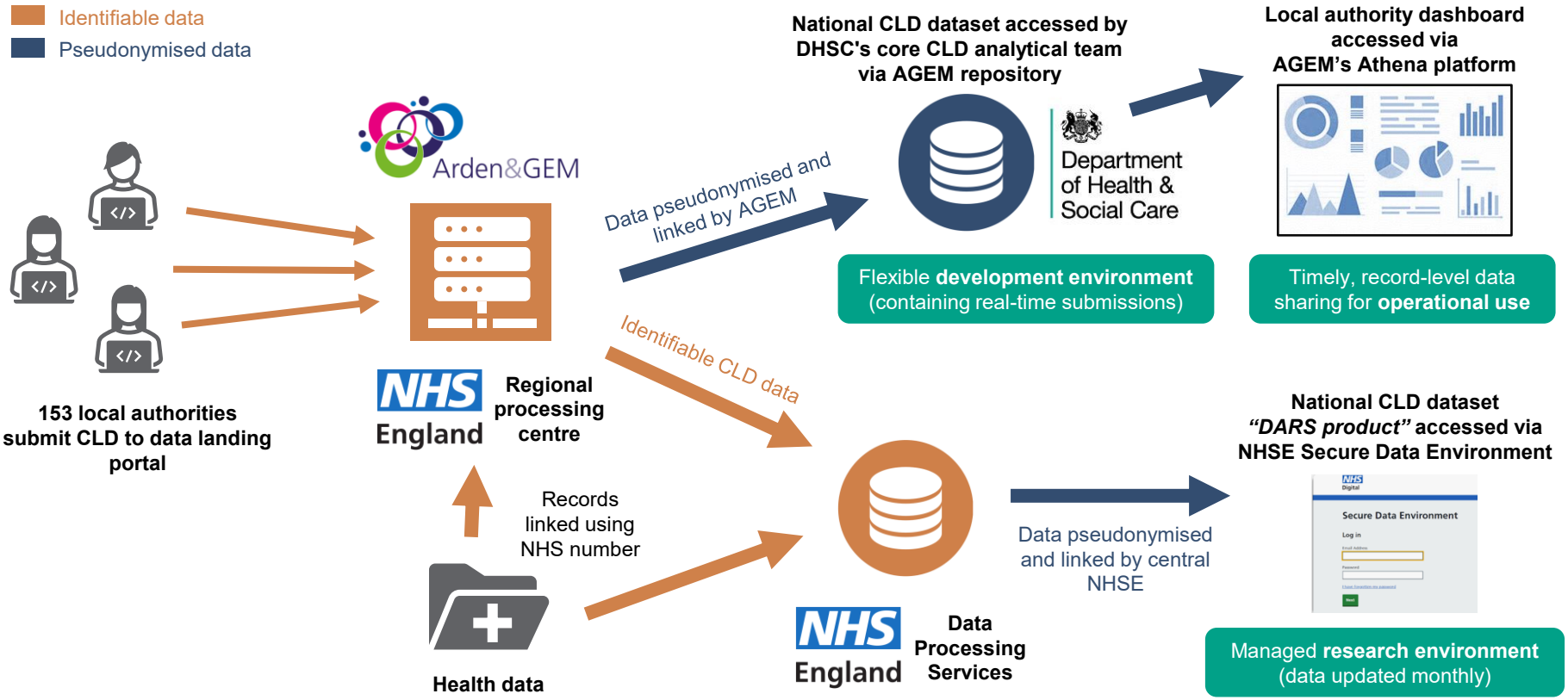
Improve data access and sharing <u>between</u> health & social care, for direct care.

Improve the safe and secure use of adult social care data to strengthen public services.

Enabled by: Digital Social Care Records and wider sector digitisation, digital and data skills, information governance, cyber and data security

CARE

Data flow diagram

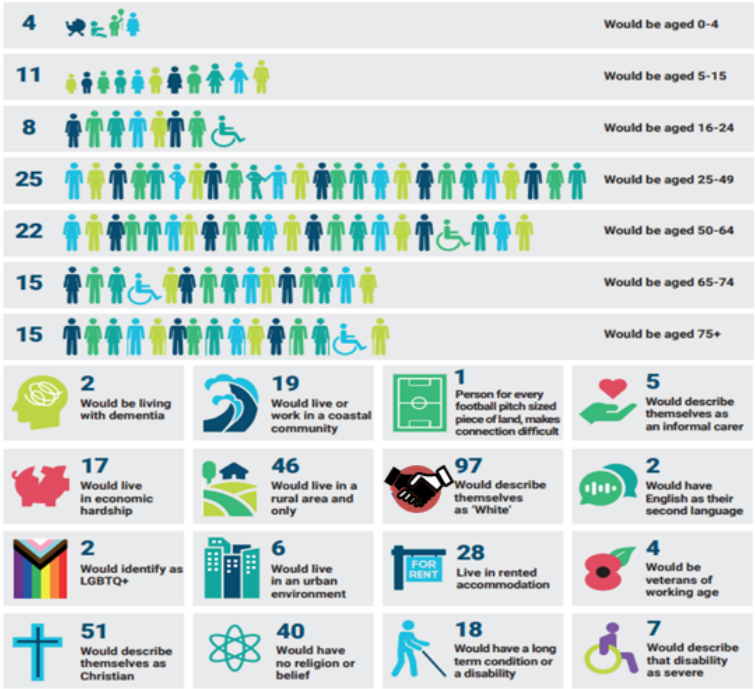


Dorset Council….our data journey

Dorset Council

If Dorset were a village….

Context: If Dorset was a village of 100 people…



Dorset has a current population of circa 380,000. Good social care, good housing & good public health impacts the lives of all these residents. Getting this right leads to economic prosperity, thriving communities and delivers for Dorset.

The average age of the population is 51 years, 3 years older than it was in 2021. Dorset has a larger than average number of people over 65 years, compared to the national average.

In the next 10 years, people over 80 years will grow by 46% and by 25 years, it will double, resulting in further demand for health and social care services.

There will be a 33% increase in people aged 90 in 10 years time, a 12% increase in people aged 85-89, a 16% increase in people 80-84 and a 32% increase in those aged 75-79.

Average house prices are 11 times higher than average earnings

We purchase 26% of the care home beds available in the market in Dorset and circa 50% for Home Care.

2% of our population are people living with a diagnosed dementia condition following a formal assessment. We anticipate undiagnosed dementia related conditions to be much higher.

Dorset Council

Our Client Level Data Story

- Focussed project to prepare for the new Client Level Data (CLD) return commenced in January 2023
- Creation of draft specifications for each area of CLD
- Extensive engagement across operational area of the business to raise awareness, embed understanding and agree reporting
- Embedding the ethos of CLD as an understanding of the people we support and how we are achieving their outcomes
- System reconfiguration to support new reporting requirements
- CLD live from 1 April 2023
- Monthly CLD reporting and analysis
- Performance surgeries across operational localities facilitated by analysts
- New locality reporting implemented (focussing on waiting lists)
- Regular data quality checks
- Process and recording changes throughout the year to support robustness of data
- Quarterly submission

Dorset Council

Making it real….

- Using data to understand and analyse team performance, clients using the service and impact of interventions.
- Recognising the importance of data cleansing to manage and plan work priorities.
- Working with Area Practice Managers to prioritise and organise staffing to manage the work.
  - Using data to manage short-term and long-term priorities.
- Working with the team to engage them with data and involve them in decision making.
  - Team meetings.
  - Email check-ins.
  - Supervision.
- Outcomes of using data more effectively.
  - Waiting list reduction of 5/6 - over 90% of individuals are allocated on the same day their referral reaches the team.
  - All non-placement reviews are up to date.
  - Service users are not having to wait extended periods for intervention and have up to date reviews.
  - Worker morale is better, they can see the bigger picture and support in how to reach out to reduce workload.

Dorset Council

Health and Adult Social Care data linkage

December 2024

Jonathan Cox
Associate Director in Public Health
LB Newham

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Aims and objectives

We have linked our ASC data to a NHS data set at the individual / ASC service level.

Overarching aims

- Better understanding of health & care system
- Prevent or delay care needs
- Improve health and wellbeing

Enablers

- History of sharing primary care data
- National CLD data standard for ASC
- Willingness and IG framework

Objectives

- Understand relationships between health and care
- Understand the health and care characteristics of those ‘on the cusp’ of needing ASC or with early needs
- Understand risk factors for social care use
- Identify opportunities and priorities for preventing or delaying care needs, informed by evidence
- Test and evaluate preventative interventions / services
- Use learning to iterate the approach
- Move from descriptive to predictive analytics?

Analytical approach

The linked data set currently includes:

- Demography & equity
- Use of ASC (known to, review, services)
- Long term conditions & multi-morbidity
- Hospital admissions
- Medicine managed in primary care
- Falls, measures of behaviour, frailty etc

Future data to be added:

- MH and Community Service MDS

Cross sectional associations

- What are characteristics of those using / not using ASC with matched case / control
- How does use of ASC vary with BMI, smoking, frailty, hospital admission, LoS, health conditions, carers
- How does cost of health care vary with ASC

Longitudinal

Analysis by time eg characteristics of those with rapid or early onset of need; individual pathways

Starting points can be health or ASC cohorts:

- ASC needs after stroke or hospital admission
- Health status of those using direct payment

High level findings

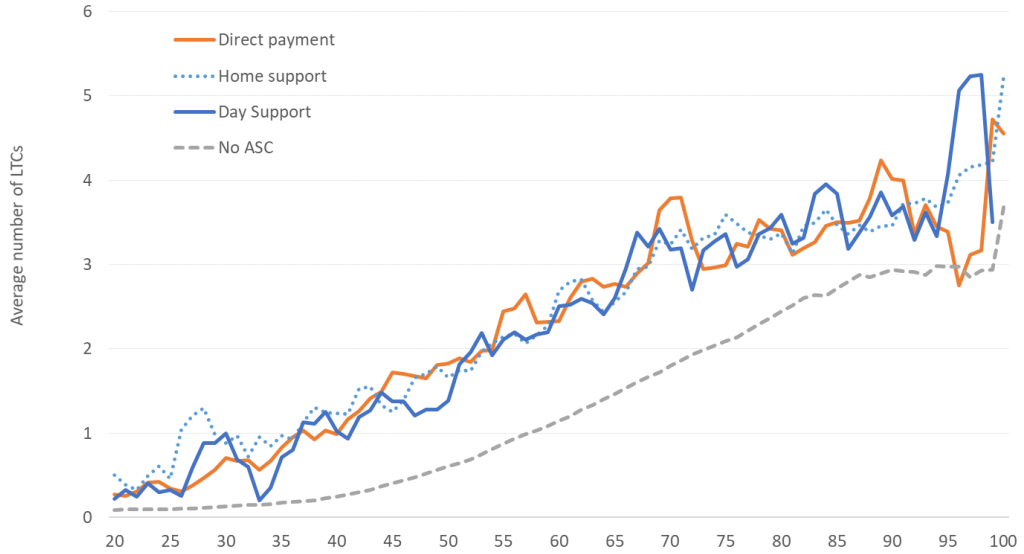
In Newham there are approximately:
- 6,000 users of ASC services (packages)
- 15,000 services (packages)

People using ASC services were 2.5 times more likely to have a non-elective hospital admission compared to those not using ASC (adjusted for age gender ethnicity but not health status).

Increasing numbers of LTCs are associated with use of ASC services.

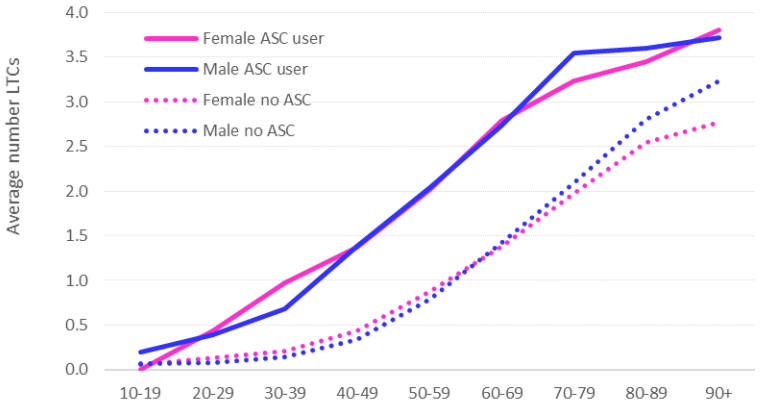
Compared to people with no LTCs, use of ASC services is:
- 10 times more likely with 1 LTC
- 29 times more likely with 2 LTCs
- 91 times more likely with 3+ LTCs

Cross sectional analysis: LTCs and age

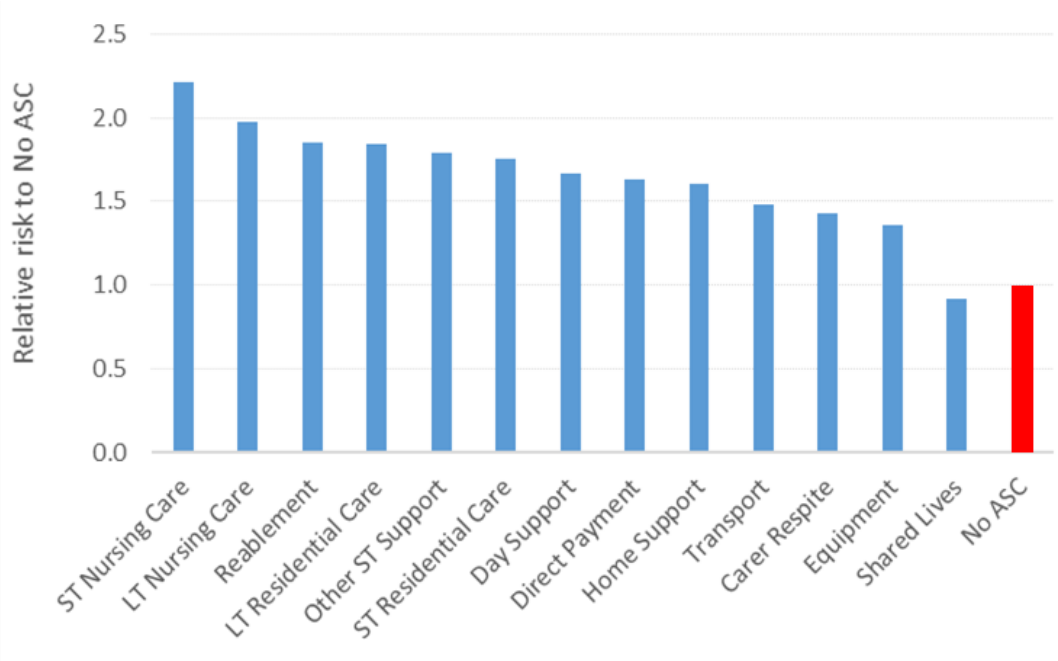


Users of ASC services have more LTCs on average than people of the same age not using ASC services.

There is approximately a 20 year gap for the same number of LTCs between people using / not using ASC services.



Cross sectional analysis: GP appointments in 60+ years

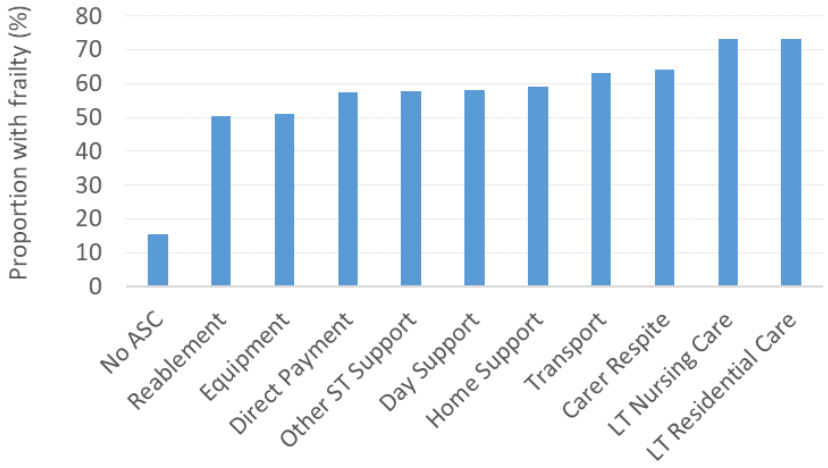


ASC users aged 60+ years have more GP appointments on average than people not using any ASC service, except for users of the Shared Lives service.

People using nursing care have around twice the number of appointments compared to those not using any ASC service.

No ASC service users have 8.6 / year

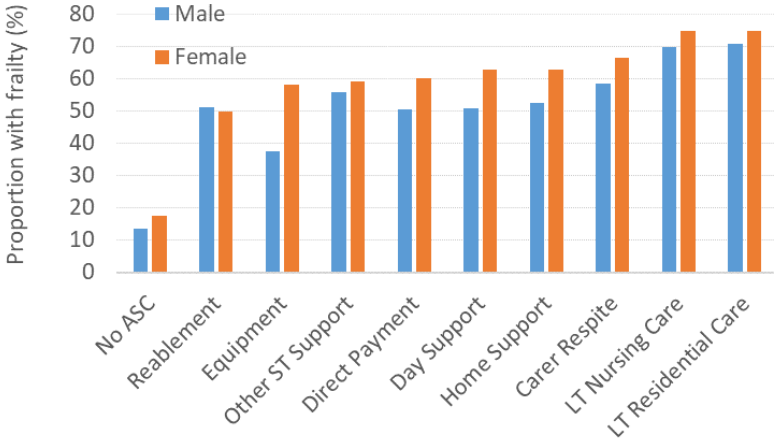
Cross sectional analysis: frailty in 60+ years



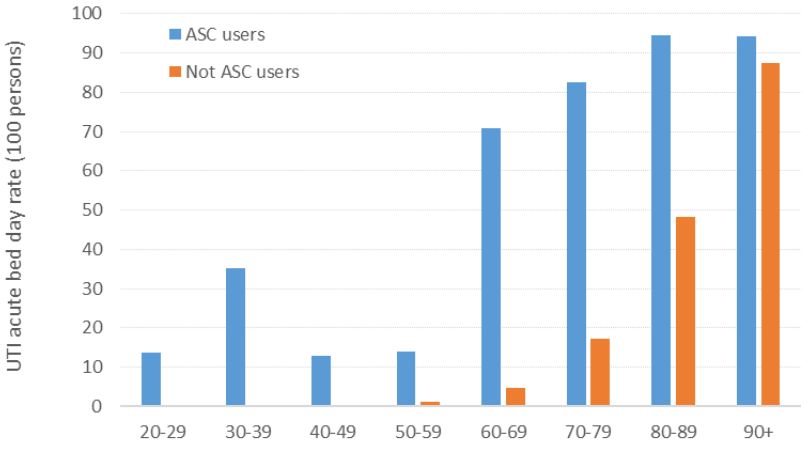
Moderate or severe frailty is much more common amongst people aged 60+ years who use social care than those not using care:

- 15% of people not using ASC are frail
- 73% of people using nursing or residential care are frail

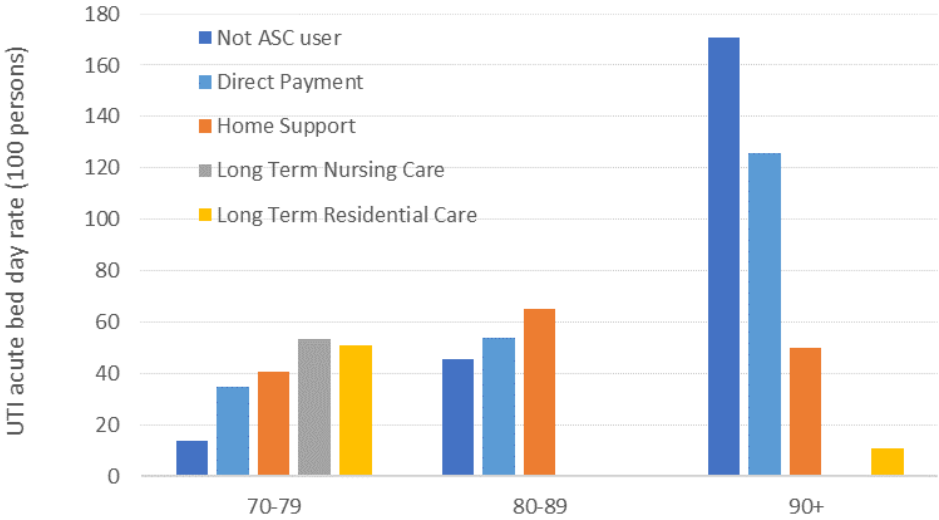
Moderate or severe frailty is more common amongst females aged 60+ years who use social care compared to male users



Cross sectional analysis: UTI admissions



We can compare how use of UTI bed days varies by ASC service / no ASC service



In 90+ years, the UTI bed day rate is lower in some ASC users than for those not using ASC, especially amongst nursing and residential service use

Longitudinal analysis: reablement

We can test temporal effects such as the effect of reablement on subsequent service use

3 year history of an Asian British male, 70-75 years with primary need of Physical Support: Personal care support

3 year history of an Asian British female, 80+ years with primary need of Physical Support: Personal care support

Next steps

- What are the themes to explore? eg pathways into residential care, reablement, hospital discharge
- Analytics plan
  - Descriptives of ASC service use by age, sex, ethnicity, place
    - LTCs & multimorbidity
    - Secondary care use
  - Methods: casemix adjustment with CMS, regression, longitudinal analysis
  - Enablers: data platform access, community of analysts & commissioners, code sharing

Questions

What are our outcomes of interest for ASC and NHS

What are our prevention opportunities

How do we make greater use of the linked data generally

If you have any thoughts / ideas please get in touch Jonathan.Cox@newham.gov.uk