Data Provision Notice

Collection of Client Level Adult Social Care Data (No. 3)

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Contents

Background

The Health and Social Care Act 2012 (the Act) gives NHS England statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice (DPN), is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose

The Department of Health and Social Care (DHSC) has asked for the mandation of the collection that commenced as a pilot, as a voluntary collection with a limited number of Local Authorities, under the Collection of Client-Level Adult Social Care Data Direction 2017 and continued under Collection of Client-Level Adult Social Care Data (No 2) Direction (No.2 Direction).

The data to be collected under the Collection of Client-Level Adult Social Care Data (No.3) Direction (the Direction) will be processed for the purposes of delivering comprehensive data about adult social care services and enable key aspects of adult social care service provision, including integrated health and care pathways, across England to be analysed at a national level.

National analysis will provide aggregate data which may be released as management information to support more timely availability of key metrics. Subject to data quality, coverage and completeness, this data may also be used to support the official statistics and publication going forwards.

This will also enable Local Government and Integrated Care Boards to fulfil their statutory functions, in connection with the provision of health services and of adult social care in England. Data will be disseminated through the Data Access Request Service (DARS), in order to assist Local and National Government, Integrated Care Boards (ICBs) and other integrated health and care commissioning bodies such as those that are part of integrated care systems, in fulfilling their statutory functions. This includes, for example, the functions of Local Authorities (LAs) [1]

a. Monitoring, at a population level, particular cohorts of service users and designing analytical models which support more effective interventions in health and adult social care.
b. Monitoring service and integrated care outcomes across a pathway or care setting involving adult social care.
c. Developing, through evaluation of person-level data, more effective prevention strategies and interventions across a pathway or care setting involving adult social care.
d. Designing and implementing new payment models across health and adult social care.
e. Understanding current and future population needs and resource utilisation for local strategic planning and commissioning purposes including for health, social care and public health needs.

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[1] Care Act 2014 (c.23)

This collection and analysis will provide comprehensive data about adult social care services, including integrated health and adult social care pathways, and enable key aspects of service provision across England to be analysed by NHS England and reported at a national level. The outputs are intended to support the delivery of the principles set out in the Care data matters: a roadmap for better data for adult social care published by DHSC. The analysis of the data collected will provide improved information on the data quality as well as more granular insight than the current aggregate activity collection (Short and Long Term Support) allows.

Benefits

The benefits below will apply across health or social care settings, and potentially across both. Some local authorities who participated on a voluntary basis noted the improvements this meant for local reporting and data quality. However, all benefits can only be fully realised by linking the client-level adult social care data (CLD) received under this Notice with health data collected separately as the combined data will provide additional insight across these settings and across more complete pathways.

The main CLD benefits expected to be realised are listed below:

- meeting the substantial local demand for patient/user level linked health and care data
- providing a standard for each local area on flows of patients and care users across the system
- reduced burden on LAs relative to Short and Long Term Support (SALT), both in terms of the data requirement and the need for LAs to perform complex transformations
- improved consistency and transparency of reporting with central data transformation (agreed by all stakeholders)
- the data set should be comprehensive enough for LAs to answer most day-to-day information requests from service areas and commissioners
- improved monitoring of protected characteristics for all social care activity
- providing much more frequent and timely monitoring of social care activity and outcomes, with reduced time between submission and publication
- linking client level data over time, which allows the various ‘user journeys’ to be seen more clearly, as well as the longer-term impact and outcomes of social care interventions
- enabling risk stratification and predictive modelling
- more granular validation will vastly improve the accuracy and robustness of the data
- ensures LAs retain control of the social care data submitted for their area and responsibility
- greater granularity, flexibility and speed in adding new variables to better reflect latest practice or in undertaking new analyses

- enabling local areas to assess the effectiveness and cost-effectiveness of their interventions, and more evidence based national assessment of outcomes and productivity
- create opportunities for improved research and evaluation of policy and practices and facilitate joint health and care commissioning
- reconfigure and improve services through analysis of client-level, event-driven evidence
- plan, evaluate and improve local services.

Legal basis for collection, analysis, publication and dissemination

Collection and Analysis

NHS England has been directed by the Secretary of State under section 254 of the 2012 Act to establish and operate a system for the collection and analysis of the information specified for this service. A copy of the Collection of Client-Level Adult Social Care Data (No. 3) Direction is published here: https://digital.nhs.uk//about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/collection-of-client-level-adult-social-care-data-no-3

The National Data Opt-Out will not apply to the submission of data to NHS England for this collection as provision of the data to NHS England by those organisations receiving this DPN is a legal requirement with which the participating organisations must comply.

All requests to NHS England for dissemination of the submitted data will be handled in accordance with the National Data Opt-Out Policy by the NHS England Data Access Request Service (DARS).

This information is required by NHS England under section 259(1)(a) of the 2012 Act to comply with the Collection of Client-Level Adult Social Care Data (No. 3) Direction. In line with section 259(5) of the 2012 Act, all participating organisations in England that are within the scope of this DPN, as identified below, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this DPN.

This Notice is issued in accordance with the procedure published as part of NHS England's duty under section 259(8) of the 2012 Act.

Dissemination

Regular Dissemination/Sharing

Data quality reports will be provided to Local Authorities, by NHS England, on the data they have submitted, highlighting the errors. This will allow Local Authorities to review the data quality and resubmit the data.

Data Access Request Service (DARS)

Organisations are able to apply to the Data Access Request Service (DARS) and on approval, with the appropriate legal basis, have access to data obtained under the Direction. Any dissemination will be subject to the organisations applying to access the data having a lawful basis to process it, NHS England having a lawful basis to disclose it, successful applications being made to the NHS England Data Access Request Service (DARS) and the organisations entering into a data sharing agreement.

For the avoidance of doubt, through this process and NHS England's discretionary powers, DHSC and Local Authorities can access pseudonymised individual-level records for analysis.

Transparency

NHS England has issued a Transparency Notice for this collection. This Transparency Notice ensures that NHS England meets its legal duty in line with the UK GDPR and the

Data Protection Act 2018 and supports Local Authorities in meeting their legal duty in line with the Data Protection Act 2018.

Local Authorities will be able to use and/or link to the information that is included in the NHS England Transparency Notice:

Adult Social Care Client Level Data: GDPR information - NHS Digital

As Data Controller of their clients' personal data, Local Authorities must decide:

- the fair processing information that they provide to their clients
- the method of issuing this fair processing information to their clients. NHS England will support Local Authorities to do this.

NHS England will disclose in its Data Release Register, the organisations to which it disseminates the data obtained through this DPN and the purposes of the dissemination.

Persons consulted

On receipt of the first Direction to establish a pilot system to collect adult social care data from specific local authorities, consultation was undertaken, as required under section 258 of the Health and Social Care Act 2012, with the following persons:

- The Department of Health and Social Care
- The Local Government Association
- Representatives from Local Authorities
- Representatives from Clinical Commissioning Groups (CCGs)
- Representatives from Data Services for Commissioning Regional Offices (DSCROs)
- Representatives from Commissioning Support Units (CSUs)

Subsequent consultation has also taken place with:

> The Data Alliance Partnership Board (DAPB) [2], which includes representatives from the Department of Health and Social Care (**DHSC**), The National Institute for Health and Care Excellence, NHS England, Care Quality Commission, Local Government Association, Health Research Authority, Association of Directors of Adult Social Services and service users.

Scope of the collection

Under section 259(1)(a) of the 2012 Act, this Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

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[2] The Data Alliance Partnership Board (DAPB) has been established as part of a system-wide information and technology governance model. The DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and standards requirements are agreed and priorities assigned.

- Local Authorities in England, including service providers contracted by the Local Authority (the Local Authority shall be responsible for ensuring compliance with this Notice)

Under section 259 (5) of the 2012 Act the organisation types specified in the above Scope must comply with the Form, Manner and Period requirements below.

Form of the collection

The Client-Level Adult Social Care Data Set Requirements Specification is as per the latest template, as published alongside the Direction here and comprises two documents:

1. Collection of Client Level Adult Social Care Data No. 3 Guidance for specification.
2. Collection of Client Level Adult Social Care Data No. 3 Data Template.

Manner of the collection

Local Authorities (LAs) are required to submit data to NHS England on a quarterly basis.

The data collection to be used to obtain client-level data is as follows:

- LAs extract data from their case management systems
- LAs do limited processing to submit a standard return in line with the ASC CLD Specification
- NHS England (CSU Regional Processing Centres, RPCs (formerly DSCRO's)) receives the data in csv format, uploaded by LAs to the RPC Data Landing Platform. This is being undertaken by RPC as they supported the original pilot and voluntary activity and so the infrastructure is already in place and will ensure continuity for local authorities once the collection is mandatory.
- NHS England (RPC) provides validation reports back to LAs, including NHS Number batch tracing results
- NHS England (RPC) provides access to the data for LAs to retrieve their own LA's processed data set only to utilise their own LA business intelligence tools, and/or to use the Business Intelligence tools in the RPC Data Access Environment (DAE)
- NHS England (RPC) produces standard reports for Local Authorities and other stakeholders.
- NHS England (RPC) pseudonymises the data. Access is managed to linked health and care data via the Data Access Request Service (DARS).

NHS England (RPC) will endeavour to ensure that all data submissions are received and able to be processed in a consistent way, with further guidance available here: Adult Social Care Client Level Data - NHS Arden & GEM CSU (ardengemcsu.nhs.uk).

Period of the collection

The collection start date by Local Authorities for quarterly data flows under this Notice is 1st April 2023, with first submissions to NHS England due in July 2023.

The Client-Level Adult Social Care Data Set Requirements Specification accompanying the Direction sets out the timings of data flows, which will begin on a quarterly cycle, within each financial year. However, LAs are encouraged to submit data on a monthly basis if possible.

Data quality

It is recognised that data quality is variable within Local Authorities and may vary between them. Data should be supplied as complete as possible and in line with the agreed Data Template and Data Specification here: https://digital.nhs.uk//about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/secretary-of-state-directions/collection-of-client-level-adult-social-care-data-no-3

Submission is via the RPC Data Landing Portal, and some element of data quality validation will be undertaken as part of this submission process.

In addition, NHS England will monitor the data quality of fields against the Data Specification and against other demographic data. Where incorrect data is found this will be provided back to Local Authorities as part of a data quality report, highlighting the errors. Local Authorities may make additional data submissions to correct significant errors.

Other data quality reports at aggregate level will also be provided highlighting issues such as missing or incorrect fields. The format and specification of these reports will be developed once the data is flowing to NHS England, and reports supplied to the Local Authorities as appropriate. Data quality reports will be provided to highlight both the validity and completeness of data submissions.

NHS England (RPC) will validate the data against existing demographic data including NHS Number. Where data are missing this will be added for further analysis. Any missing NHS Numbers that can be traced will be able to be provided back to the submitting Local Authority to update their systems. Where this is required, the method of updating this data will be agreed with each Local Authority.

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England will:

- schedule submissions on a quarterly basis
- allow additional submissions only with the agreement of those providing data in appropriate circumstances, such as to correct significant data errors
- provide appropriate data quality reports to help with future submissions
- provide suitable submission methods to minimise the burden on data collection as well as to ensure data consistency and quality, and support organisations where they can in establishing processes to make those submissions.

In addition, in support of its obligation under 265(3) of the Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Standards Assurance Service (DSAS) which assures burden assessment evidence as part of the overarching Data Alliance Partnership Board (DAPB) approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Assurance and burden assessment of this collection has been undertaken by the Data Standards Assurance Service (DSAS), and been approved by the Adult Social Care Data Outcomes Board (DOB) as well as by the Data Alliance Partnership Board (DAPB).

Assessed costs

The associated burden of the data collection on data providers is £6.3m for Year 1 (including set up) costs.