Central Transformation Principles

Reproducing SALT metrics from CLD

Introduction

This technical document provides a description of how metrics previously captured in 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 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 these CLD-based metrics align with the principles and definitions previously used by SALT.

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 SALT metrics, 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. These are designed for data where all fields have been completed in line with the CLD specification and guidance. 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 pseudonymised data fields that NHSE and DHSC 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. The Adult Social Care Activity and Finance Report published by NHS England in Autumn 2024 will contain activity data from SALT, alongside national figures for selected statistics derived from CLD, based on the methodologies in this document. In parallel to this, DHSC has started to publish new statistics from the CLD collection in the DHSC's monthly statistics for adult social care. The March publication included statistics on people receiving long-term support at the end of each month from 30 April to 31 December 2023, broken down by local authority, support setting and age group. As set out in the background quality and methodology accompanying the publication, the definitions are comparable to SALT LTS001b but not exactly the same.

Future adult social care activity statistics will be derived from CLD. They may depart from the methods adopted in SALT that are described in this document. DHSC will be responsible for publishing these activity statistics in future and may adapt methods to provide the most accurate description of activity. 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. Future DHSC publications will include statistics from CLD, some of which have similarities to SALT.

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 dd/mm/yy (TBC)

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 the processing will consider all records submitted by the local authority.

New clients

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.

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 now reflects the approaches that will be used when comparing SALT with CLD equivalents for 2023/24. 2023/24 is the last year of SALT data collection and so the content of this code is now fixed and will not be subject to any further rounds of feedback or changes.

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.

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

Build historical 'All Events' dataset (to count current Requests, establish previous activity to identify those that are 'New' and also ascertain Sequel to Request Events):

All Events (i.e. Requests, Assessments, Reviews and Services) beginning on or before 31/03/2024. No End Date is applied yet

Client Type is a Service User

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

Give all clients a new Identifier using a combination of NHS Number (where available) and Local Authority ID to allocate a unique ID to each Client in the cohort (see Summary for more information)

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 Request and Service events for each client

Requests – concatenation of LA Code, Client ID, Event Start Date and Route Of Access

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

Select latest edition of each Event:

Where multiple instances of Events with the same Event ID have been submitted over time, select only the last version submitted before dd/mm/yy i.e. last submission within the LA submission window, to ensure process uses most up-to-date version of each event

Create Requests Table:

Select LA Code, Client ID, Age, Event Start Date, Event End Date, Route Of Access and Event Outcome from the historical 'All Events' dataset into 'Request Build' table where Event Type is 'Request'

For Events with no Event End Date (End Date is NULL) populate End Date with todays date as a placeholder to allow the next steps to work correctly

Create cluster/chains of Request Event activity:

Cluster together separate Request Events that occur for the same Client, within a short timespan, into one combined Request Event to avoid over-counting Request activity.

A new Request Event starting within 4 days of a previous Request Event ending is considered to be the same Request for purposes of clustering

Move these into a 'Requests' table.

As part of this table build, create an additional 'Request Count' column, to record instances of multiple Requests for same Client at same LA within the period of interest. Request '1' should be first chronologically with sequence following from there

Add Request Start and End Date

Now clustered chains of Request Events have been fully formed, the Start and End date of each Request cluster can be added.

Filter for Request Event End Date between 01/04/2023 and 31/03/2024 (*any clusters that run beyond this date are out of scope)*

Take earliest Start Date associated with each Request cluster as the Request Start Date

Unique Requests from here on in are identified as distinct unique combinations of LA Code, Client ID and Request Count

Select only New Client Requests

Select all Service Events from 'All Events' table where Service Type is Long Term Nursing, Residential, Community or Prison into a 'Services' table

Disregard any Request clusters where Client has an open/ongoing Service event in 'Services' table

Request Cluster starts between a Service Start and End date for the same Client

Or

Request Cluster starts on/after Service Start Date for same Client and Service event has no End Date

Find Sequels to all Request Events

Begin by joining all Request clusters from 'Requests' table to all of the Client's subsequent Event activity from the 'All Events' table into a new 'Request Sequels' table

This allows us to see what Events were associated with the Client from the day that their Request for support ended, in order to determine the sequel to each event

Group 1: Request Events with no further activity in chronology

Some Request Clusters in 'Request Sequels' will be followed by no further Event activity for that Client. Stage these Requests into a 'No Chronology' table, using the Event Outcome associated with the Request Event End Date as the Final Outcome – no further information can be inferred.

Now delete these Request Clusters from the 'Requests' table

Build STS001 Table

Create an 'STS001' Table with columns LA Code, ID, Age, Route Of Access, Final Outcome and Final Outcome Mapped

Insert Requests from 'No Chronology' into this new STS001 table

'Final Outcome' column used to hold the raw Event Outcome from CLD. 'Final Outcome Mapped column' is the Event Outcome mapped to SALT wherever possible

Find Sequels to Requests that DO have onward activity

Any activity within 28 days of the Request Event ending in the 'Request Sequels' table is considered 'in scope' and related to the Request.

First Event encountered within this timeframe creates the start of a Sequel cluster/chain. Any subsequent Events after this are added to the chain until chain of continuous sequel Events ends or is broken.

An Event beginning more than 3 days after the Event End Date of previous Event is considered too far apart and constitutes a break in sequel chain at this point.

If another Request Event is encountered in the chain of onward Events, the chain ends here. These Requests should be identified with a Flag and dealt with in Group 4 at end of process

Group 2: Service found in chronology

For those sequel chains/clusters where a Service Event was encountered in the Clients onward activity following the Request, these Requests along with their sequel outcome can be inserted into the previously created 'STS001' table.

'Final Outcome' column should be Service Type of the sequel Service. 'Final Outcome Mapped' column should be Service Type of the sequel Service, mapped to the SALT STS001 table categories

In cases where more than one Service Event is returned, the SALT hierarchy as per LTS001 should be applied to select the correct Service type

Create SALT STS002a cohort

Filter the 'Service found in chronology' Requests above for those where the Service found was 'Short Term Support: St-Max'

Write these into a 'STS002a Cohort' table. The STS002a script will require this as a starting point for the ST-Max SALT table replication

Group 3: No Service found in chronology

In those cases where onward activity was found for the Client following the Request, but this activity only included **Assessments** or **Reviews**, search the Event Outcomes of these non-Service rows for any useable sequel information

Step 1:

If the Event Outcome on one or more of these non-Service Events in client chronology contains any 'NFA' outcome or 'Progress to End of Life Care' outcome then these can be inserted into 'STS001' table.

'Final Outcome' column should be the NFA/End of Life Event Outcome, 'Final Outcome Mapped' should be NFA/End of Life Outcome mapped to SALT categories

In cases where multiple conflicting NFA outcomes are encountered in sequel chronology, for onward analysis, over-write to 'NFA – Other' as insert into 'STS001' table

Group 3: No Service found in chronology

Step 2:

Requests where none of the Event Outcomes in the non-Service chronology following a Request contains any useable NFA/EOL information.

Insert these remaining Part 3 Requests into 'STS001' table where 'Final Outcome' is Event Outcome associated with original Request Event and 'Final Outcome Mapped' is Event Outcome associated with original Request Event mapped to SALT categories wherever possible

Group 4: Chronology Not In Scope

A Request containing onward Event activity considered to be 'out of scope' for determining a sequel can arise via two scenarios:

1) The first sequel event occurred too long after the Request ended (> 28 days) to be considered as related to the Request
2) Another Request Event was encountered in the sequel activity, which supplants and supersedes the original Request (pin-pointed with the Flag created earlier in process)

Insert these Requests into 'STS001' table where 'Final Outcome' is Event Outcome associated with original Request Event and 'Final Outcome Mapped' is Event Outcome associated with original Request Event mapped to SALT categories wherever possible

Every Request present in the initial clustered Requests table should now be accounted along with a sequel, in table 'STS001'.

Using this Final table, count number of requests, broken down by sequel type (Final Outcome Mapped) and Route of Access as per SALT STS001

Known limitations:

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

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

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

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

- Where records cannot be included in the overall headline numbers, the impact of records being excluded because they do not meet the specification will be quantified. Records not meeting the specification will be fed back to local authorities through the usual data validation route. It is currently not possible to definitively allocate a SALT-mapped outcome to around a third of all Requests, as at March 2024. As such, on-going low level support, other short term support and long term support sequels under-reported compared with SALT. An additional category has been created for visibility on these records, to show they are included in the headline figure but can’t be mapped to an existing sequel.

- The process uses a code routine that groups together both a) multiple Request Events occurring within a short time period and also b) sequel event activity to create chain or ‘cluster’ of sequel events. These processes use date thresholds agreed with the Local Authority SALT Working Group and designed to be as accurate as possible nationally. It is, however, possible that some related activity is lost if it falls outside of these parameters.

- Efforts have been taken to ensure that numbers of Sequels at the end of the process is the same as the number of Requests at the beginning. Situations may still arise that cause duplicates to occur which may lead to slightly higher Sequel numbers than raw Request numbers e.g identical Events (same Client, ID, Event Start/End Date, Event Type, Service Type etc) recorded multiple times with conflicting Event Outcomes

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

Run STS001 (New Client Requests) code all the way through

The cohort of *Requests for Support where sequel to Request was 'Short Term Support to Maximise Independence'* is created in this STS001 script and forms the base of the STS002a script here (a few steps into the process)

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Build All Service User 'Subset' table

All Service Events (i.e. Requests, Assessments, Reviews and Services) beginning on or before 31/03/2024. No End Date is applied yet

Client Type is a Service User

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

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Give all clients a new Identifier using a combination of NHS Number (where available) and Local Authority ID to allocate a unique ID to each Client in the cohort (see Summary for more information)

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Create bespoke Event ID:

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

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

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Select latest edition of each Event:

Where multiple instances of Events with the same Event ID have been submitted over time, select only the last version submitted before dd/mm/yy i.e. last submission within the LA submission window, to ensure process uses most up-to-date version of each event

Create ST-Max Events Table:

Select LA Code, Client ID, Event Start Date, Event End Date and Event Outcome from all rows in the 'Subset' table where:

a) Event Type is 'Service' and Service Type is 'Short Term Support: St-Max'
b) LA Code, Client ID and Event Start corresponds to same instance of LA Code, Client ID and **Sequel Event** Start Date in the 'STS002a Cohort' table created in the STS001 (Requests) code

For Events with no Event End Date (End Date is NULL) populate End Date with today's date as a placeholder to allow the next step to work correctly

Create cluster/chains of ST-Max Events:

Cluster together separate ST-Max Events that occur for the same Client, within a short time span, into one combined Reablement period, to avoid over-counting ST-Max Events.

A new ST-Max Event starting within 1 day of a previous ST-Max Event ending is considered to be the same ST-Max Event for purposes of clustering

Move these into an 'ST-MAX' table.

As part of this table build, create an additional 'ST-Max Count' column, to record instances of multiple ST-Max clusters for same Client at same LA within the period of interest. ST-MAX '1' should be first chronologically with sequence following from there

Add ST-Max cluster Start and End Date

Now clustered chains of ST-Max have been fully formed, the Start and End date of each ST-Max cluster can be added.

Filter for Event End Date between 01/04/2023 and 31/03/2024 (*any clusters that run beyond this date are out of scope)*

Take earliest Start Date associated with each ST-Max cluster as the ST-Max Start Date

Unique instances of ST-Max from here on in are identified as distinct unique combinations of LA Code, Client ID and ST-Max Count

Find sequel outcomes to all ST-Max periods

Begin by joining all ST-Max clusters from 'ST-Max' table to all of the Client's subsequent Event activity from the 'Subset' table into a new 'ST-Max Sequels' table

This allows us to see what Events were associated with the Client from the day that their period of Reablement support ended, in order to determine the outcome of each ST-Max event

Find ST-Max clusters with no further activity in chronology

Some ST-Max Clusters in 'ST-Max Sequels' will be followed by no further Event activity for that Client. Stage these ST-Max clusters into a 'No Chronology' table, using the Event Outcome associated with the ST-Max Cluster End Date as the Final Outcome – no further information can be inferred.

Now delete these Clusters from the 'ST-Max' table

Build STS002a Table

Create an 'STS002a' Table with columns LA Code, Client ID, Final Outcome and Final Outcome Mapped

Insert ST-Max from 'No Chronology' into this new STS002a table

'Final Outcome' column used to hold the raw Event Outcome from CLD. 'Final Outcome Mapped column' is the Event Outcome mapped to SALT wherever possible

Find Sequels to those ST-Max clusters that DO have onward activity

Any activity within 3 days of the ST-Max Event ending in the 'ST-Max Sequels' table is considered 'in scope' and related to the ST-Max period.

First Event encountered within this timeframe creates the start of a Sequel cluster/chain. Any subsequent Events after this are added to the chain until chain of continuous sequel Events ends or is broken.

An Event beginning more than 3 days after the Event End Date of previous Event is considered too far apart and constitutes a break in sequel chain at this point.

If another ST-Max Event is encountered in the chain of onward Events, the chain ends here. These ST-Max clusters should be identified with a Flag and dealt with at end of process

Service found in chronology

For those sequel chains/clusters where a Service Event was encountered in the Clients onward activity following the ST-Max period ending, these ST-Max clusters along with their sequel outcome can be inserted into the previously created 'STS002a' table.

'Final Outcome' column should be Service Type of the sequel Service. 'Final Outcome Mapped' column should be Service Type of the sequel Service, mapped to the SALT STS002a table categories

In cases where more than one Service Event is returned, the SALT hierarchy as per LTS001 should be applied to select the correct Service type

No Service found in chronology

In those cases where onward activity was found for the Client following the ST-Max period ending, but this activity only included **Assessments**, **Reviews or Requests**, search the Event Outcomes of these non-Service rows for any useable sequel information

Step 1:
If the Event Outcome on one or more of these non-Service Events in client chronology contains any 'NFA' outcome then these can be inserted into 'STS002a' table. 'Final Outcome' column should be the NFA Event Outcome as per CLD spec, 'Final Outcome Mapped' should be NFA Event Outcome mapped to SALT categories

In cases where multiple conflicting NFA outcomes are encountered in sequel chronology, over-write to 'NFA – Other' as insert into 'STS002a' table

No Service found in chronology

Step 2:
Process those ST-Max clusters where none of the Event Outcomes in the non-Service chronology contains any useable NFA information.

Insert these remaining ST-Max clusters into 'STS002a' table where 'Final Outcome' is Event Outcome associated with original ST-Max cluster End Date and 'Final Outcome Mapped' is Event Outcome associated with original ST-Max cluster End Date mapped to SALT categories wherever possible

Chronology Not In Scope

An ST-Max cluster containing only onward Event activity considered to be 'out of scope' for determining a sequel can arise via two scenarios:

3) The first sequel event occurred too long after the ST-Max period ended (> 3 days) to be considered as definitely related to the Reablement period
4) Another ST-Max Event was encountered in the sequel activity, which supplants and supersedes the original ST-Max period (pin-pointed with the Flag created earlier in process)

Insert these ST-Max clusters into 'STS002a' table where 'Final Outcome' is Event Outcome associated with original ST-Max Cluster End Date and 'Final Outcome Mapped' is Event Outcome associated with original ST-Max Cluster End Date mapped to SALT categories wherever possible

Every ST-Max/Reablement period present in the initial clustered ST-Max table should now be accounted for, along with a sequel, in table 'STS002a'.

Using this Final table, count number of ST-Max, broken down by sequel type (Final Outcome Mapped)

Known limitations

- To consider 'what happened next' the methodology is dependent on Event Outcome field being complete, accurate and valid as per the specification Defined List.
- It is currently not possible to definitively allocate a SALT-mapped outcome to around a quarter of all ST-Max episodes, as at March 2024. As such, some sequels may be under-reported compared with SALT. An additional category has been created for visibility on these records, to show they are included in the headline figure but can't be mapped to an existing sequel. The overall numbers also seem lower than reported in SALT. The code processes have been written to be as true to the original principles of SALT as possible and filter, process, de-duplicate and aggregate the data in a way that closest matches SALT – notably the requirement for an ST-Max event to be derived from the conclusion of a corresponding Request for support. Additional data triangulation locally may have meant that additional cases could have been submitted previously in the aggregate SALT collection.
- Early cessation of service is not possible to derive from CLD (as per the guidance). This means that headline figures may be broadly comparable with SALT but the proportion allocated to each sequel will vary.
- For any methodology that needs to consider 'what happened next', if Events are left open, and the event end date not updated, the process will not work accurately.

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

- Where records cannot be included (in the overall headline numbers), the impact of records being excluded because they do not meet the specification will be quantified. Records not meeting the specification will be fed back to local authorities through the usual data validation route.

STS002b: Of existing clients who have received 'Short term Support to Maximise Independence' a breakdown of what followed the period of short term support – full approach (code covers high level numbers only)

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

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Set cohort of interest:
Client Type is a Service User

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

Derive age at period of interest end date – see Summary

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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.

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Create 'Current Open' table:

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

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

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Clustering of ST-Max episodes:

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

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

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

Known limitations:

- The STS002b tables cannot be replicated exactly from CLD as route of access is not available for STS002b as it is only associated in the specification with a request for support. The accompanying code calculates the high-level numbers (to provide broad comparison with the SALT tables) however due to these limitations, does not attempt to recreate the breakdown further.
- To consider 'what happened next' the methodology is dependent on Event Outcome field being complete, accurate and valid as per the specification Defined List.
- Early cessation of service is not possible to derive from CLD (as per the guidance). This means that headline figures may be broadly comparable with SALT but the proportion allocated to each sequel will vary.
- For any methodology that needs to consider 'what happened next', if Events are left open, and the event end date not updated, the process will not work accurately.
- For the purposes of replicating SALT tables, which are typically disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.
- Where records cannot be included (in the overall headline numbers), the impact of records being excluded because they do not meet the specification will be quantified. Records not meeting the specification will be fed back to local authorities through the usual data validation route.

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

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

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

Set period of interest using data from the latest 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

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Set cohort of interest: Client Type is a Service User

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

Derive age at period of interest end date – see Summary

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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.

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

↓

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

Known limitations

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

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

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

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

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

- ‘Latest Submission’ procedure at the beginning of the code takes the last submission (date and time) for each Local Authority within the relevant period of interest. This is used on the understanding that the last data submitted by each Local Authority in each quarterly window is the latest, complete picture to date. If a Local Authority submits a partial return or a top-up of a specific cohort as their last submission before the submission deadline, this will cause under-counting and inaccurate reporting for the LA in question.

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

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

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

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

↓

Set cohort of interest:
Client Type is a Service User

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

Derive age at period of interest end date – see 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.

↓

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

↓

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

Count based on count of the new unique ID field

Known limitations

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

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

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

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

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

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

- DHSC now publish Monthly statistics for adult social care (England) - GOV.UK (www.gov.uk) using Client Level Data. It should be noted that in the DHSC publication, individuals will be counted under multiple categories if they receive long-term support in multiple settings at the end of the month. As such, the totals (but not the data by setting) are comparable with LTS001b, whereby a person is counted in only one support setting based on a hierarchy.

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

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

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

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

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

↓

Set cohort of interest:
Client Type is a Service User

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

Derive age at period of interest end date – see Summary

↓

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

↓

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

↓

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

Count based on count of the new unique ID field

Known limitations

- Interrupted services may be recorded differently across the country so whilst the methodology tries to mitigate for this by considering continuous activity, not just services with a start date over 12 months ago, some cases may not be captured.
- Because the collection was not mandatory before 1st April 2023, this measure will use events beginning on or before 1st April 2023 (rather than 31st March 2023) as a proxy for any services/continual long term activity open for 12 months or more.
- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.
- As delivery mechanism is not mandatory, some delivery mechanisms previously captured in SALT (e.g. CASSR commissioned support, CASSR managed personal budget) may not aways be populated in CLD. As such, full completeness across columns previously in LTS001c may not be possible.
- There are instances arising in CLD where Clients have conflicting PSR entries for otherwise identical records. In these cases, any record where PSR is known will be brought forward over a duplicate entry with an Unknown PSR. If conflicting records are still present after this step, the latest submitted row will be brought forward. After this process any remaining duplicate events with conflicting PSRs will be recorded as Unknown PSR in the final table.
- 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).

LTS002a: Those clients receiving long term support recorded in LTS001a who received an unplanned review during the year PLUS planned reviews for those clients that led to a care home admission – approach only (no accompanying code)

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

Client Type is Service User

Event Type is Review

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

Derive age at period of interest end date – see Summary

Set period of interest

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

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

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

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

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

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

Count distinct events by sequel to unplanned review

Planned Reviews:

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

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

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

Care Home Admission:

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

Client ID is present in the Planned Reviews cohort above

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

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

Count Care Home Admission Sequel Events:

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

Count distinct Event References

Known limitations

- The over-arching approach is captured here should users want to recreate LTS002a however code has not been developed for this measure. There are no fields in CLD to capture 'Level of Long Term Support Increased' and 'Level of Long Term Support Decreased': scenarios such as these will need to be inferred from the CLD chronology.
- There is no currently Event Outcome in the CLD defined list that denotes a Service being temporarily suspended, to satisfy the 'All Long Term Support Temporarily Suspended' category in LTS002a. It may be possible to infer this from the Client's chronology, this is still to be investigated fully as part of finalising the mappings for this table.
- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.
- For the purpose of this table, which is disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.
- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Summary of key concepts for further information).

LTS002b: Those clients receiving long term support for more than 12 months at the year-end (LTS001c), for whom an unplanned or planned review of care needs took place during the year and the sequel to that review - approach only (no accompanying code)

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

Client Type is Service User

Event Type is Review

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

Derive age at period of interest end date – see Summary

Set period of interest

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

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

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

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

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

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

Count distinct events by sequel to unplanned review

Planned Reviews:

Filter Events from original LTS001c cohort where Review Reason field is 'Planned'

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

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

Known limitations

- The over-arching approach is captured here should users want to recreate LTS002a however code has not been developed for this measure and so is not available on github. There are no fields in CLD to capture 'Level of Long Term Support Increased' and 'Level of Long Term Support Decreased': scenarios such as these will need to be inferred from the CLD chronology.
- For the LTS001c cohort, interrupted services may be recorded differently across the country so for this small proportion of cases, more may need to be understood to develop the methodology further.
- There is no currently Event Outcome in the CLD defined list that denotes a Service being temporarily suspended, to satisfy the 'All Long Term Support Temporarily Suspended' category in LTS002b. It may be possible to infer this from the Client's chronology, this is still to be investigated fully as part of finalising the mappings for this table.
- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.
- For the purpose of this table, which is disaggregated into 18-64 and 65 and over age bands, where a client has missing age information, they would not be included in these tables as they cannot be mapped to an age band.
- NHS Number is used as a unique identifier for each Client wherever possible. Where NHS number is not populated the Local Authority unique ID is used instead, if this can be done without compromising accuracy. In instances where no ID can be attributed to an event row without introducing the risk of either double-counting or incorrect allocation of identifiers to individuals, these event rows will be removed from the headcount (see Summary of key concepts for further information).

LTS003: Carer support provided during the year, broken down by the age of the carer and the type of support provided. (High level total only.)

Set period of interest using data from the latest 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

↓

Set cohort of interest:
Client Type is a Carer

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

↓

Give all Carers a new Identifier – using firstly the NHS Number when available, followed by the Local Authority Identifier to fill any gaps wherever possible – to allocate a unique ID to each Carers in the cohort. See 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 a hierarchy (e.g. where one individual has multiple type of Support Provided)

↓

Using this subset, count distinct number of Carers

Count based on count of the new unique ID field

Known limitations

- As carer services are often outsourced to a third party, record level data may not be available for all carers in the way aggregate counts were previously. As such, the metadata needs to be checked to see if LAs have advised of any limitations of their submission which may impact their data, especially in comparison with SALT numbers previously reported.
- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions.
- As delivery mechanism is not mandatory, some delivery mechanisms previously captured in SALT (e.g. CASSR commissioned support, CASSR managed personal budget) may not aways be populated in CLD. As such, full completeness across columns previously in LTS003 may not be possible.
- 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).
- The accompanying code calculates the high-level numbers (to provide broad comparison with the SALT tables) however due to the limitations above, does not attempt to recreate the breakdown further.

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

Set period of interest using data from the latest 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

↓

Set cohort of interest:
Client Type is a Service User

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

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

↓

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

↓

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

↓

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

Count based on count of the new unique ID field

Known limitations

- Data quality issues have been identified in a handful of cases with conflicting accommodation status/employment status for seemingly duplicate records with same event start date. In these cases, any record where accommodation/employment status is known will be brought forward over a duplicate entry with an unknown status. If conflicting records are still present after this step, the latest submitted row will be brought forward. After this process any remaining duplicate events with conflicting accommodation/employment status will be recorded as having an Unknown status in the final table.
- Table is for 18-64 year olds only. Some clients have an unknown age and are therefore not considered for inclusion in the code process.
- As with all measures, the process is reliant on LAs accurately capturing fields as per the relevant specification defined lists. Any fields that are invalid as per the CLD specification are removed from the analysis – source data will not be corrected and invalid field entries cannot be mapped to the specification. All invalid field entries are flagged and captured in the Data Quality Reports received by LAs to highlight areas to be corrected in future submissions. To quantify the difference between figures appearing in this table, and headline figures that could be derived from LTS001a, the number of individuals excluded because their record did not meet the specification on employment/accommodation data will be calculated as part of this process.
- 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).

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Appendix – mapping tables

STS001

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

STS002a (continued next page)

	CLD equivalent	
STS002a Sequels	**Event Outcome**	**Service**
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	

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)