

# Adult Social Care Client Level Data set

## Implementation Guidance

Published 18 October 2022

**Improving lives with  
data and technology**

## Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a new information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB). This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Technical Output Specification

An Information Standards Notice (DAPB4081 Amd 19/2022) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 18 October 2022

## Glossary of terms

Term / Abbreviation	Definition
ASC	Adult Social Care
CASSR	Council with Adult Social Services Responsibilities
CSU	Commissioning Support Unit
DAPB	Data Alliance Partnership Board
DAPSB	Data Alliance Partnership Sub Board
DHSC	Department of Health and Social Care
DLP	Data Landing Portal
DSAS	Data Standards Assurance Service
DSCRO	Data Services for Commissioners Regional Offices
LA	Local Authority
NDOO	National Data Opt Out
SALT	Short and Long Term Support

# Contents

<b>Introduction</b>	<b>5</b>
<b>Purpose of Document</b>	<b>5</b>
<b>Scope of the Document</b>	<b>5</b>
<b>Background</b>	<b>6</b>
<b>Legal Basis</b>	<b>7</b>
<b>Information Standards Notice Process</b>	<b>7</b>
<b>Organisational Guidance</b>	<b>7</b>
<b>Resources / Costs</b>	<b>7</b>
<b>Information Governance</b>	<b>8</b>
<b>Data Quality</b>	<b>9</b>
<b>Skill Mix Changes and Training</b>	<b>11</b>
<b>Step-by-step Implementation Guide</b>	<b>12</b>
<b>Human Behavioural Guidance</b>	<b>15</b>
<b>Data Users</b>	<b>15</b>
<b>Technical Guidance</b>	<b>16</b>
<b>Maintenance</b>	<b>16</b>
<b>Data Set Maintenance</b>	<b>16</b>
<b>Data Set Requirements</b>	<b>17</b>
<b>Data Alliance Partnership Board (DAPB)</b>	<b>17</b>
<b>Information Standards Notice (ISN)</b>	<b>17</b>
<b>Risks and Issues</b>	<b>17</b>
<b>Implementation Support</b>	<b>18</b>
<b>Support</b>	<b>18</b>
<b>Disclaimer</b>	<b>18</b>

# Introduction

## Purpose of Document

The following guidance is intended to support the implementation of the Adult Social Care Client Level Dataset (ASCCLD) v1.0 which is mandated for local collection from 1 April 2023, and submission from 1 July 2023. This document is not exhaustive but aims to make users aware of guidance available, drawing attention to essential steps and helping services assess their state of readiness. This document also includes information on a variety of topics that impact implementation of the data set such as information governance, training and ongoing maintenance. All aspects of this Implementation Guidance should be considered during initial set up. Users should make use of this document when preparing a high-level picture of how their organisation intends to tackle this implementation to meet the required timescales.

## Scope of the Document

This document provides guidance on how to implement the ASCCLD. This document should be read in conjunction with the following documents:

- ASCCLD Requirements Specification
- ASCCLD Technical Output Specification

The following areas are out of scope of this document:

- detailed background and justification for the development of the Information Standard
- detailed commentary on the data submission framework (i.e., how data is submitted by Councils with Adult Social Services Responsibilities<sup>1</sup> (CASSRs) to Data Services for Commissioners Regional Offices (DSCROs). Further information about both options is available on [NHS Arden & GEM CSU](#) webpage (referred to hereafter as ASCCLD webpage).
- restating information already accessible from the Technical Output Specification.

---

<sup>1</sup> All data will be collected from Councils with Adult Social Services Responsibilities (CASSRs) in England, however for ease of reading CASSRs will be referred to as local authorities (LAs) throughout this guidance

## Background

The collection of client-level adult social care data has evolved iteratively from an initial pilot involving three Local Authorities (LAs), extending to voluntary collection across England. The ambition of this collection is that client level data flows are built on data recorded in case management systems to reduce the gap between LA records, and national records of social care data. The development of client level data returns will also relieve the pressure of compiling and transforming complex data for the current aggregate Short and Long Term Support (SALT) return; [DAPB2161](#). With routine validation of the data including the NHS batch tracing service, LAs will have a robust and consistent minimum core dataset that can be used to meet the majority of their local reporting demands, with the ability to request linked health data for greater commissioning insight into the local health and care system.

The concept behind the Client Level Data collection is to evolve the annual aggregated SALT collection by asking LAs to submit the underlying data instead. The Department of Health and Social Care (DHSC) and its partners would aggregate the data centrally, based on agreed transformation rules, and share the outputs with the system. This is expected to reduce some of the burden on LAs, but more importantly is expected to deliver substantial benefits. The benefits include greater flexibility and frequency of social care monitoring, with the ability for LAs to create predictive tools for demand management and risk stratification models for identifying differences in outcomes, costs and interventions between groups in our societies. Moreover, linking with local health data will significantly improve LAs understanding of the local health and care systems for better holistic commissioning decisions; clients should benefit if LA monitoring and planning is improved because of this collection.

The main CLD benefits expected to be realised are:

- Meeting the substantial local and national demand for patient / client level linked health and care data
- Providing a standard for each local area on flows of patients and clients across the system
- Reducing burden on LAs relative to SALT, both in terms of the data requirement and the need for LAs to perform complex transformations
- Improving consistency and transparency of reporting with central data transformation
- Improved monitoring of protected characteristics for adult social care activity
- Providing much more frequent and timely monitoring of adult social care activity and outcomes
- Linking client level data over time to undertake longitudinal analysis, which enables better understanding of the various 'user journeys' and the longer term impact and outcomes of social care interventions
- Enabling risk stratification and predictive modelling
- more granular validation will support improvements to the accuracy and robustness of the data
- greater granularity and flexibility in adding new variables to better reflect latest practice or in undertaking new analyses

- enabling local areas to assess the 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 to facilitate joint health and care commissioning

## Legal Basis

The legal requirement for data collection and processing is a Direction from the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act (HSCA) 2012 to establish and operate a system for the collection and analysis of Adult Social Care client level data.

The [Adult Social Care Client-Level Data Direction](#) can be found on the NHS Digital webpages.

The HSCA 2012 assigns NHS Digital 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 or NHS England. To comply with the direction received, NHS Digital has published a Data Provision Notice (DPN) using its powers under 259(1)(a) of the HSCA 2012 which is published on the [NHS Digital Data Provision Notices web page](#).

## Information Standards Notice Process

All approved new data standards, and changes to existing standards, are communicated to LAs and system suppliers through the publication of an ISN. These notices are published and available to view on the [ISN web pages](#).

This Information Standard has been put through rigorous assurance prior to approval by the Data Alliance Partnership Board (DAPB). The resulting Standard has been assigned standard number DAPB4081 and release number Amd 19/2022. The ISN acts as a formal notification for LAs to submit data as per the HSCA (section 250).

The ISN does not directly place any requirement on system suppliers to accommodate the ASCCLD within their systems. It is the LAs who must ensure that they have a system or systems to deliver the requirements specified in the standard. The IT Suppliers need to be aware of these requirements so that they can respond to the LAs they support. The contractual agreement between LAs and system suppliers will dictate whether system suppliers have to abide by the ISN and at what cost.

## Organisational Guidance

### Resources / Costs

Local Authorities have a routine requirement to collect data for both service and client administration primary purposes. The ASCCLD is designed to build on this requirement by gathering this information and using it for a number of secondary purposes including

planning, commissioning services and developing national policy. It is not within the scope of this document to provide advice on the procurement of systems, however further advice is available by contacting NHS Digital at [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

LAs should however expect some resource to be required in order to enable collection and extraction of the required data items and any system changes required. This is likely to be the case whether the provider is new to the data set or making amendments following publication of the ISN.

## Information Governance

All LAs should be aware of their legal and professional obligations with regard to information governance as it applies to the mandated ASCCLD standard. The NHS and government publish a significant amount of guidance that can assist LAs to comply with their obligations. Some of this information is signposted below. Please also see the NHS Digital [Looking After Information web page](#) for an overview of information published by NHS Digital.

- [The NHS Confidentiality Code of Practice \(2003\)](#)

*“This document is a guide to required practice for those who work within or under contract to NHS organisations concerning confidentiality and patients’ consent to the use of their health records.”*

- [Report of the Review of Patient Identifiable Information \(1997\) \(Caldicott Report\)](#)

*“A review commissioned in 1997 by the Chief Medical Officer of England which highlighted six key principles and made 16 specific recommendations regarding the transfer of patient identifiable information from NHS organisations to other NHS and non-NHS organisations.”*

- [The Information Governance Review \(2013\) \(Caldicott 2\)](#):

*“The guidance in this report is intended to help health and social care professionals and staff in sharing information appropriately in their day-to-day activities. There will however, always be exceptional and difficult circumstances where solutions are not obvious. In these situations, professionals and staff should seek advice from Caldicott Guardians or their professional bodies, and use their judgement to act in the best interests of their patients and clients.”*

- [Guide to the General Data Protection Regulation \(GDPR\)](#)

*“The guide to the General Data Protection Regulation contains:*

- *information about consent*
- *an explanation of rights under GDPR*
- *descriptions of special category and criminal offence data*
- *guidance on protecting children’s data”*

NHS Digital has also published [A Guide to Confidentiality in Health and Social Care \(2013\)](#) which provides good practice advice and guidance for health and social care staff.

All LAs must ensure compliance with the transparency/fair processing requirements of the Data Protection Act 2018 and the UK GDPR. To meet these requirements, LAs must make available information and guidance to service users and/or their legal guardians regarding

the processing of their data (or their child's data where applicable) for secondary uses purposes (such as service development analysis and national statistical research). Information must be provided in a concise, transparent, intelligible and easily accessible form and should include details such as an understanding of the data in question, what it will be used for and the patient's rights. This should be in the form of transparency/fair processing wording. As a result of this new information standard, users should create their transparency wording as part of a wider Data Protection Impact Assessment (DPIA). NHS Digital is also required to provide a Transparency notice. LAs should note that the transparency requirements under GDPR replace the prior requirement to provide 'fair processing' or 'privacy' information.

## National opt out as applied to ASCCLD

NHS Digital is not reliant on Section 251 support when mandated to collect data via Directions from NHS England and NHS Improvement or the Department of Health and Social Care and when acting as data controller. This is set out in sections 254 and 255 of the Health and Social Care Act 2012. As a result, National Data Opt Outs (NDOO) do not apply to the ASSCLD and all data can be submitted for all clients.

Further information about patient opt-outs is available on the [National Data Opt-out](#) web pages which include resources for health and care staff to use when informing service users.

## Compliance against statutory requirements

The specification and guidance for implementing this data set have been designed to support organisations in adhering to their statutory responsibilities relating to Information Governance, Data Protection Act 2018, the Freedom of Information Act 2000 and UK GDPR. It is the responsibility of the providing organisation to ensure that these statutory responsibilities are adhered to.

## Data Quality

NHS Digital is committed to supporting LAs in improving their local data quality at various stages of the data set life cycle. The following tools and resources are available to LAs:

- The Technical Output Specification and collection guidance materials available on the [ASCCLD web page](#) will help LAs to construct their file and understand data quality rules, and should be read prior to submitting. Additional questions can be made by contacting [agem.adultsocialcare@nhs.net](mailto:agem.adultsocialcare@nhs.net)
- A data validation tool is available to allow submitting organisations to validate their returns before submitting. This is an offline tool for organisations to use within their own secure environments before actually submitting the data. The tool highlights specific records that require further attention and provides summary statistics which can be used as a sense check.
- At the point of submission, the submission tool may carry out a number of validation checks. These checks may result either in a submission failure (mandatory validation) or warning (non-mandatory validation). Any submission failure data quality issues must be corrected for the submission to be accepted. Local Authorities should endeavour to also investigate and resolve warnings where necessary.
- Following submission, additional data quality reports are provided to LAs. Data quality is a consideration as part of the mandated requirements for LAs and as

such should review the Data Quality Feedback section within the Requirements Specification.

As an output data set, the ASCCLD does not pose any requirement for the modelling and design of local systems and, subsequently, local data quality measures. However, highlighted below, are areas the data set developers recommend should be considered by LAs within their local governance arrangements.

## **Corporate data quality framework**

Each organisation will have its own corporate framework for managing data quality in respect to data collection, submission and publication. Such a framework is likely to involve a number of components such as leadership and direction from a senior officer, organisational and departmental data quality objectives, data quality audits and a performance management framework. It is recommended that appropriate components of the corporate data quality framework include the ASCCLD, so that data quality relating to the data set is at the heart of the organisation's data quality framework.

## **Data quality risks**

At organisational, departmental and individual levels, risks related to data quality should be identified and mitigated. Examples of risks, which could be considered, are:

- **Organisational.** Does the organisation have corporate policy and objectives for managing data? Is there a senior officer with overall responsibility for data quality?
- **Team.** Are all relevant staff aware of the purpose and importance of collecting data for this national data set? Are there sufficient resources available to continue data collection during staff absences?
- **Individual.** Do staff have sufficient time within their work routine to collect the data? Is there a need for additional training so staff can possess appropriate skills to collect the data, especially where systems are upgraded?

## **Organisational and Departmental objectives**

In any organisation, resources should be deployed towards organisational and departmental objectives. The organisation's performance management framework will identify the extent to which objectives are met, and where necessary, revised. Where the data set is used to monitor progress towards objectives, there should be greater emphasis on collecting good quality data. It may be necessary to embed the data set subject area into the organisation's performance management framework and therefore set local objectives, to ensure data is collected in a reliable and timely manner. Some organisations will have well developed processes and systems that, with minimum effort, will accommodate the data set. Other organisations, for which processes and systems are underdeveloped or in their infancy, or which are new to submission of the ASCCLD may require significant changes. In such instances, organisations may choose to plan the implementation of this Information Standard as a priority to ensure sufficient resources are deployed for conformance. The implementation of a new or re-engineered process may be more successful where organisations use peer organisations to identify and replicate areas of good practice.

## **Timelines**

### **Key Dates**

1 April 2023: All LAs to be ready to collect data for the ASCCLD as defined in this standard

1 July 2023: All LAs to be ready to submit data for the ASCCLD

31 July 2023: All LAs to have submitted Q1 2023-24 ASCCLD data

Reporting of the quarterly data will take place within the month following each collection period. For example, the return taking place in July will include data covering the period ending in June. Further details are available in the collection guidance.

## Utilisation of data quality feedback

The validations applied on data submission, are designed to report errors and inconsistencies within a single submission. The Requirements Specification includes a requirement to utilise these reports as early as possible following the initial submission. Such data quality feedback is not designed to replace local data validation but is intended to facilitate and assist with this activity.

## Local data validation

The validations which are applied on submission only relate to the structure and validity of the submitted data. On submission it will be impossible to identify whether data is accurate, complete and representative of local activity, which should be assessed via local data quality measures.

## Skill Mix Changes and Training

Local Authorities and system supplier organisations will benefit from developing a local implementation strategy. The strategy should include the identification of skills gaps which might impact on the implementation and maintenance of the ASCCLD extract within the organisation. Staff that are impacted by this will typically include social work practitioners, administration personnel, informatics personnel and IT services.

The data set is an output-based specification for data submission, consequently, 'in scope' services will normally collect information locally using an electronic system, whether this is a commercial or a bespoke system. To ensure systems are used in the correct manner, system suppliers and/or LAs will need to provide guidance for staff on how to use the local system. Training that might need to be considered includes:

### Technical skills

- Data input training
- Using new technologies such as hand-held devices
- Using new applications
- Understanding of the ASCCLD Information Standard
- Uploading data from remote devices to provider network / system
- Collation of data from local IT system(s)
- Validation of extract
- Rectification of poor data quality
- Usage of the data submission tool e.g. Data Landing Portal (DLP), including the web form
- Analysis of data quality reports

## Soft skills

- Collaboration skills between social work practitioners and informatics staff to identify and resolve errors in data entry and address systemic data quality issues
- Information governance expertise

## Social work practitioners

A local implementation strategy may require additional skills and training for social work practitioners in using new functions and modules within an existing or new IT system.

## Administration Personnel

A local implementation strategy may require additional skills and training for administration personnel in using new functions and modules within an existing or new IT system. Additionally, administration personnel may be responsible for transcribing data to a new or existing IT system.

## Informatics and IT Support Services

From an IT or Information Management Service perspective, skills may be required in:

- Configuring local systems to capture information as required
- Developing and maintaining a local data warehouse
- Creating a submission extract from a spectrum of local IT systems
- Creating uni- or bi-directional interfaces between electronic systems

## Information Governance

The ASCCLD facilitates the flow of patient confidential data. All organisations involved in the collection and dissemination of data that will ultimately form part of the ASCCLD must ensure that staff involved in data handling in any respect are fully conversant with the organisational information governance responsibilities.

For further information regarding the information governance responsibilities of care provider organisations with respect to patient confidential data, please see Information Governance section for details.

NHS Digital does not offer explicit training in any of these areas; however we are able to help LAs through:

- Sessions with the NHS Arden & GEM CSU team to help familiarise LAs with the ASCCLD collection
- Response to queries sent to the NHS Digital queries mailbox [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)
- Written guidance referenced elsewhere in this document and other documents on the ASCCLD [webpages](#)

# Step-by-step Implementation Guide

## Implementing the ASCCLD

The table below provides a high-level summary of essential steps for implementing the ASCCLD within your organisation.

Step	Activity	Description
1	Understand the background and scope of the Information Standard	Review this implementation guidance along with the Requirements Specification and other documentation to fully understand the background, objectives and scope of this Information Standard.
2	Identify and engage key stakeholders	<p>Identify the key stakeholders for your ASCCLD implementation and ensure they are aware of the requirement. In particular:</p> <ul style="list-style-type: none"> <li>• Read section Skills Mix Changes and Training to fully understand what local support may be required for different stakeholder groups</li> <li>• Ensure relevant systems suppliers and involved stakeholders are aware of the requirements for systems as per the Requirements Specification</li> <li>• Maintain ongoing stakeholder engagement</li> </ul>
3	Understand the required data	Review the Technical Output Specification and collection guidance materials available on the <a href="#">ASCCLD web page</a> to understand the required data items. Check whether local systems record the data in a way that can be submitted to the ASCCLD and liaise with system suppliers if required.
4	Information Governance	<p>The Implementation Guidance signposts additional information relating to Information Governance (IG) issues surrounding the use of health service data. Caldicott Guardians lead(s) MUST:</p> <ul style="list-style-type: none"> <li>• Review the Information Governance Guidelines signposted within the Implementation Guidance to understand the issues around data submission, storage and reporting processes when handling identifiable and sensitive data items</li> <li>• Review management of the consent issues and put in place local processes</li> <li>• Review the Information Governance guidelines outlined on the NHS Digital webpages <a href="#">here</a></li> </ul>
5	Understand the submission process	Review the <a href="#">ASCCLD web page</a> to fully understand the submission process.

6	Decide whether to use the NHS Number tracing service	LAs can access a missing NHS Number Tracing Service through their local DSCRO. Organisations interested in using the service should contact <a href="mailto:agem.adultsocialcare@nhs.net">agem.adultsocialcare@nhs.net</a> for further information and support.
7	Register for submission tool (DLP) account	A DLP account can be requested using the registration form on <a href="#">NHS Digital's website</a> , which also contains detailed user guides. NHS Arden and GEM CSU also provide detailed registration information on their <a href="#">website</a> .
8	Data submission	CASSR submits ASC data according to the submission schedule.
9	Data quality	Review the ASCCLD web page to fully understand the validations that will be applied to your submission and how any issues can be resolved.

# Human Behavioural Guidance

The following section describes how the data set should be used by social work practitioners and operational staff. LAs should meet the compliance requirements for their IT system or systems to implement the ASCCLD standard. This section also explains where data, in relation to the data set, can be found in the care pathway.

- Social work practitioners and administrative staff: will be responsible for capturing data as part of the on-going support of the service user i.e. for primary use purposes and will be responsible for capturing information such as demographics, assessment details etc. This will include ensuring completeness and data quality of the information within the data set
- Informatics staff: will be responsible for the collation of data which may come from a range of disparate systems, into a single data extract which can be submitted to NHS Digital. This will include ensuring completeness and data quality of the information within the data set
- Systems: should be implemented by LAs ensuring that data items can be captured electronically and output produced or derived to nationally agreed standards to allow extraction and/or derivation to produce the ASCCLD

## Data Users

### Primary users

The ASCCLD is not intended for primary data use. LAs have the flexibility to adopt any local data collection process or system as long as the local data collection frameworks can output a suitable data extract as per the data set specification, for submission to NHS Digital. LAs should therefore look to re-use their existing IT systems to extract ASCCLD data.

### Secondary users

As a secondary uses data set the ASCCLD will be made up of existing data extracted from one or more IT systems. Information generated by this NHS Information Standard through individual record level data extracts or published aggregate reports is likely to be used by the following organisations:

- Department of Health and Social Care (DHSC)
- NHS Digital
- NHS England and NHS Improvement
- Integrated Care Boards
- Research organisations including Universities

The following practitioners are likely to analyse information captured through ASCCLD:

- Service managers
- Performance analysts
- Commissioners

- Social work practitioners
- Researchers

Analysis carried out by NHS Digital and any future publications will be found on the NHS Digital website.

## Technical Guidance

Technical guidance in support of the ASCCLD can be found on the [ASCCLD web page](#).

## Maintenance

NHS Digital will review the Information Standard regularly. Where changes are identified, the risk and benefits in relation to timescales will be assessed to prioritise the requirement into a planned annual release. This annual update strategy will aid local planning and development by providing a consistent six-month window in order to make a limited set of changes, making implementation deadlines more achievable. Any national measures using amended data will be experimental for an initial period, with remaining official measures being unaffected.

## Data Set Maintenance

The ASCCLD is subject to ongoing maintenance to ensure it remains 'fit for purpose'. The data set maintenance process ensures the information standard continues to reflect changes to priorities, policy, practice and/or underlying classifications.

Users of the data are integral to the maintenance strategy for the ASCCLD. As such, the content of the data set is determined from consultation with various stakeholder groups including the Department of Health and Social Care, LAs and commissioners. Other changes arise from LAs identifying issues in the current requirements which do not align with current practice, such as the need for permissible value amendments. Commissioners raise issues around the availability of data which will allow them to undertake their duties.

Changes identified are likely to require the inclusion of new data items, amendment of existing items or removal of no longer required items which in turn will require a change to provider extracts. The scope of the maintenance process covers:

- Management of change requests from users and stakeholders
- Elaboration of data requirements through engagement with senior stakeholders, including provision of support and guidance to external stakeholders in developing the data set changes to meet information/policy requirements
- Development of options papers when required to enable senior stakeholders and the Programme/Project Board to make informed design decisions
- Liaison with health and care provider and system supplier organisations to develop appropriate technical solutions

- Establishment and maintenance of data set specific expert reference groups, which consist of care provider and system supplier representatives
- Specification of changes to the data set in response to changes in policy, practice, coding and classifications
- The process for authorisation and approval of changes to data set items, including obtaining DAPB standard change acceptance
- Undertaking periodic reviews of the data set including data items, definitions and data values
- Updates to the Implementation Guidance
- Ongoing updates to associated guidance documents outside the new version development cycle responding to changes in policy and practice; to clarify or improve pre-existing guidance; and amend identified errors. To note, any changes to the TOS would require a change to the published standard

## Data Set Requirements

Requirements for future versions of the collection can be submitted to NHS Arden & GEM CSU by the sponsor and users. Requests can be submitted using the change request form available in the Supporting Documents section of the [NHS Arden & GEM website](#).

Each request should be supported by a valid business requirement (i.e. what change is needed), justification (i.e. why it is needed) and also any associated timescales. Any requirement requests will be considered and agreed by the Sponsor prior to submission to the DAPB for formal approval and the publication of an ISN. The ISN will inform the NHS and systems suppliers of the changes and timescales.

## Data Alliance Partnership Board (DAPB)

DAPB oversees the development, assurance and approval of information standards, data collections, and data extractions. Further acceptance of an NHS Information Standard change submission by DAPB will be required prior to publication and implementation of any data set change.

## Information Standards Notice (ISN)

Any changes to this Information Standard will be communicated to the LAs affected, and their associated system suppliers, via the publication of an ISN. This will outline any new or changed requirements and associated timescales for implementation.

## Risks and Issues

In the event that a service provider or system supplier needs to raise a technical risk or issue, please contact NHS Digital by writing to us at: [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk).

# Implementation Support

## Support

For specific enquiries relating to the ASCCLD implementation support, please contact NHS Arden & GEM CSU at [agem.adultsocialcare@nhs.net](mailto:agem.adultsocialcare@nhs.net).

## Disclaimer

This document is intended to provide guidance for users in relation to the capture and submission of information for the Adult Social Care Client Level Dataset. It is not intended to represent official policy or legislative guidance. If you are concerned that any aspect of this guidance does not accurately reflect the intended purpose and/or official policy, legislative or practice guidance; please send details to NHS Digital at [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk).