Relationship between Planning4care needs groupings and FAC levels (Older People)

planning4care

1.1 How do the Wanless needs groups link to FAC levels?

1.1.1 The Wanless needs groupings, as used in Planning4care, are based on the ability of an individual to perform basic personal care tasks, or activities of daily living (ADLs) - such as washing, feeding, toileting etc - and domestic care tasks, or instrumental activities of daily living (IADLs) – such as cleaning, shopping etc – without difficulty or needing to be helped. This is entirely dependent on the level of functional disability of the individual, and irrespective of their living circumstances, informal support networks etc.

1.1.2 The allocation of FAC levels, on the other hand, represents a CASSR's estimate of the level of risk to an individual, and the level of formal support required to address that risk – and is therefore dependent on living circumstances as well as level of support need. While one would clearly expect a significant degree of correlation between Wanless needs levels and FAC levels, they are not actually measuring the same thing.

1.1.3 A primary purpose of the Planning4care tool is to provide estimates and projections at local level of the total need for social care support for older people. This has therefore been based on the Wanless categorisations of 'absolute' need – estimating the numbers of older people locally expected to fall within each level of need, irrespective of how that need is met.

1.1.4 Recent work by PSSRU[1] to examine social care funding arrangements, as input to the Green paper on long term care funding, included an analysis of the relationship between ADL needs and FAC levels. This was based on a modelling of data on the uptake of publicly funded services using the British Household Panel Survey (BHPS), the Health Survey for England (HSE), and the General Household Survey (GHS) to estimate FAC levels as derived from ADL need, age, and access to informal care.

1.1.5 The needs group modelling uses a finer gradation of levels than the original Wanless categorisations (as adopted by Planning4care) – with 5 separate levels representing from 1 to 5+ areas of ADL need. These can be reasonably translated into the Planning4care levels as follows:

<table>
<tr><th>ADL level</th><th>Planning4care needs level</th></tr>
<tr><td>1</td><td>low</td></tr>
<tr><td>2</td><td>moderate</td></tr>
<tr><td>3</td><td rowspan="3">high/very high</td></tr>
<tr><td>4</td></tr>
<tr><td>5</td></tr>
</table>

[1] Forder J and Fernandez J-L, 2009, *Analysing the costs and benefits of social care funding arrangements in England: technical report,* PSSRU Discussion Paper 2644 www.pssru.ac.uk/pdf/dp2644.pdf

1.1.6 Using this read-across between the ADL and Planning4care needs levels, the PSSRU relationship with FAC levels translates as follows:

	FAC level				
Planning4care needs group	Critical	Substantial	Moderate	Low/ none	Total
High/ very high	78%	20%	1%	0%	100%
Moderate	3%	22%	26%	50%	100%
Low	0%	0%	1%	99%	100%

1.1.7 While there is clearly a strong overall correlation between needs groups and FAC levels, it is interesting to observe the degree to which the moderate group is spread across the range of FAC levels, presumably in response to risk factors.

1.2 Relationship of Wanless/ Planning4care needs groupings to intensity of care package

1.2.1 From version 2.0 onwards of the Planning4care tool, we use the local NASCIS data to estimate the numbers of older people receiving <=2 hours of home care per week, between 2 and 10 hours, and more than 10 hours respectively. The assumption is made that these broadly relate to needs groupings as follows:

Planning4care needs group	Typical care package (hours per week)
Moderate	<= 2 hours
High	2 – 10 hours
Very high	> 10 hours