

## Chapter Five

# Planning4care - a strategic planning tool

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by Doug Gosling



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### Abstract

This case study describes a new strategic planning tool, Planning4care, which enables authorities to profile the social care needs of their over 65 population and understand projected changes over the next 20 years in terms of needs, service requirements and cost of meeting need. The tool also models the effects of possible changes – ‘what if’ scenarios – on the whole health and social care system. It can provide vital analysis for the social care element of the Joint Strategic Needs Assessment (JSNA), and supports joint working through providing a shared information base.

**Key words:** population needs analysis; strategic planning tool; JSNA.

### Introduction

This case study describes a new strategic planning tool, Planning4care, which enables authorities to profile the social care needs of their over 65 population and understand projected changes over the next 20 years in terms of needs, service requirements and cost of meeting need. The tool also models the effects of possible changes – ‘what if’ scenarios – on the whole health and social care system. It can provide vital analysis for the social care element of the Joint Strategic Needs Assessment (JSNA), and supports joint working through providing a shared information base.

### Background

Competent strategic commissioning is seen as increasingly fundamental to achieve the outcomes set out in the White Paper “Our Health, Our Care, Our Say”. Such commissioning starts with a population needs assessment, which usually includes projections of changes in population and the demands for services. From 2008, as outlined in The Commissioning Framework (1), published by DH in the summer of 2007, the Directors of Adult Social Services and Public Health will share a statutory responsibility to produce a Joint Strategic Needs Assessment. This will be the means by which Primary Care Trusts (PCTs) and local authorities will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs.

(1) Department of Health, (March 2007). Commissioning framework for health and wellbeing, DH

To date, where population needs assessments typically fall short is that they:

- Are limited in their analysis to support long-term planning, i.e. beyond ten years
- Use information based on nationally derived figures and trends, with no meaningful localisation of the data
- Include information usually only about those parts of the population who are eligible and/or who receive statutory services, i.e. not whole population modelling
- Are not linked to services and costs and therefore not able to produce projections about the detailed service and cost implications of possible changes, whether these are demographic changes, or changes to service provision. Even when such projections can be made, they are often in single service 'silos'; they rarely model how changes would affect the whole system

The background for this project was the context for a collaboration to develop a web based strategic planning tool which would improve local planning based on richer local information. The expansion of statutory authorities' responsibilities for whole communities means such a planning tool needs to cover whole populations.

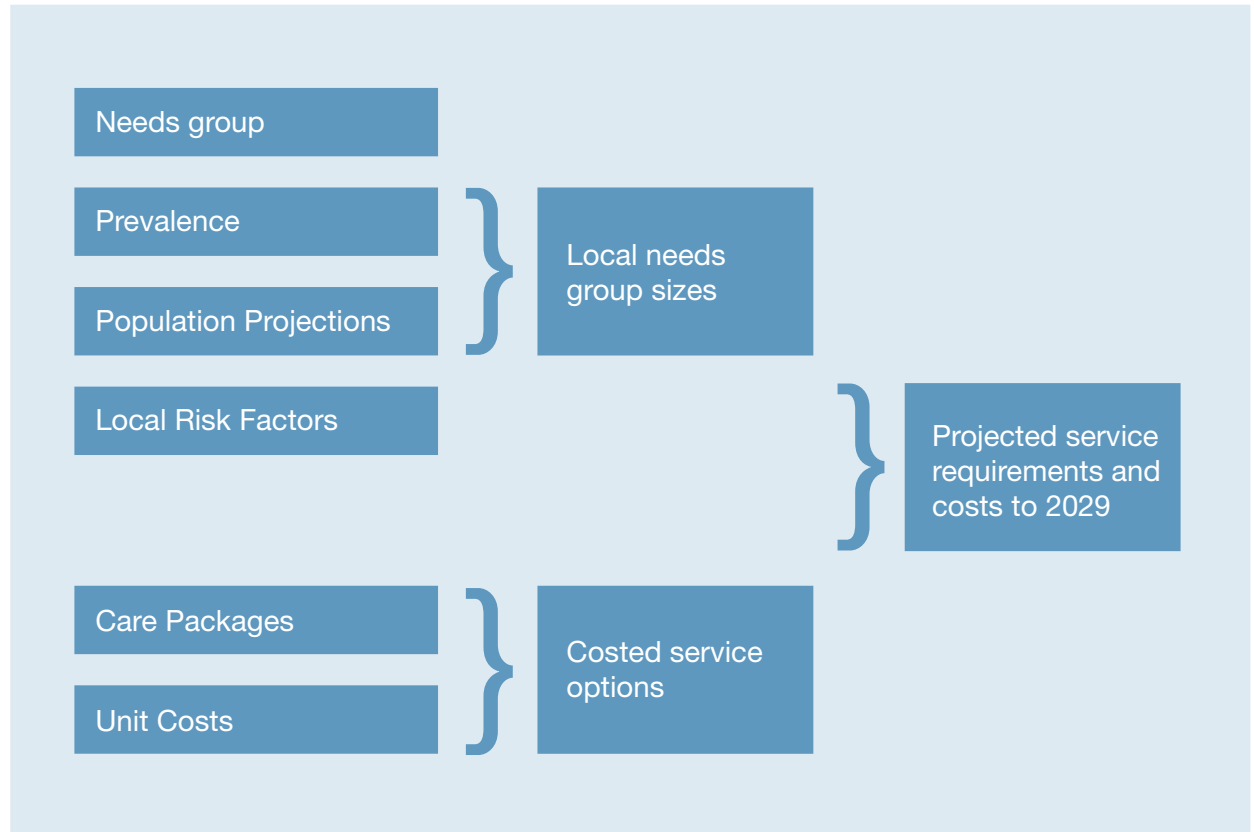
### **How was Planning4care developed?**

The tool was developed by the two consultancies Care Equation and Oxford Consultants for Social Inclusion (OCSI) in collaboration with Brighton & Hove local authority and PCT. The project received support from the Care Services Improvement Partnership (CSIP) and built on the national long-term care finance model developed by the Personal Social Services Research Unit (PSSRU) and used for the national Wanless Review of Social Care 2006.

During the first half of 2007, this collaborative partnership worked on the detailed development of the tool. The starting point was how to localise effectively the planning ideas and projections developed in the work of the Wanless Social Care Review and the PSSRU. The main focus of this work was clarifying what information the statutory services already had and what projections and analysis they needed from the tool. By August, staff in Brighton and Hove had a demonstration model to work with. Using the feedback from this early use, the development team adjusted and finalised the tool. In October 2007 it was launched for wider use, incorporating analysis for all local authorities in England. Though a product and service designed primarily for statutory authorities, the development team is also exploring the potential for providers to use the tool in their business planning.

## What does Planning4care contain?

The core of the system is a model which brings together data from a wide range of sources to produce estimates of needs, services and costs for individual authorities.



All analysis is linked back to a needs classification based on ability to manage activities of daily living (ADL) and instrumental activities of daily living (IADLs); this is based on the needs classification used in the national model underlying the Wanless Social Care Review. There are 4 main needs groups, Low, Moderate, High and Very High Need. The Very High Needs group is subdivided by whether care needs arise from primarily physical or cognitive impairment. The pilot work with Brighton and Hove showed a good match between these needs criteria and those used within Fair Access to Care (FACS).

### Data contributing to needs estimates

#### National level data

- Needs groups prevalence (estimated from the General Household Survey)
- Informal care prevalence (estimated from GHS)
- Dementia prevalence (Medical Research Council, Cognitive Function and Ageing Study)

### Local level data

- Sub-national population projections (Office for National Statistics (ONS))
- AA/DLA claimant levels for local areas (DWP)
- Local informal care prevalence (Census)
- Local risk factors (Census, DWP)

### Data contributing to resource analysis

#### National level data

- Typical care packages by levels of need (Wanless Social Care Review)

#### Local level data

- Local take-up rates for publicly funded care (Social services statistical returns)
- Local unit costs (Social services statistical returns)
- Facility to replace Wanless care packages with local service patterns

A particular innovation in the model is the use of local needs related factors to derive estimates and projections that reflect the profiles of individual localities as closely as possible. These include Attendance Allowance and Disability Living Allowance claimant levels, broken down by age and gender, which was found to be the strongest predictor of care needs of any of the socio-economic indicators in the General Household Survey. Other local area data, such as the proportion of households with no car, the proportion of social rented housing, and the proportion of employed people with routine or manual occupations, are factored into the local analysis in order to give more accurate information about local needs projections.

The analysis provides a whole population estimate of people aged 65 and over by level of care need. It also separates out people who are well supported by informal care (who may not require services) and, for people who do require services, differentiates between those who are publicly funded and those who would need to fund services themselves.

Planning4care incorporates a number of alternative scenarios for predicting the range and cost of packages of care for groups of the population. The standard model includes two scenarios: the first projects continuation of current patterns of care and the second is based on a set of core outcomes. There are full definitions and descriptions of the relative size of component services in these scenarios. It is also possible to explore locally defined scenarios, considering the effect of changes in levels of informal care, the costs of services, or changes in eligibility.

## What does Planning4care produce?

The web-based tool provides graphical and tabular information about six core aspects relevant to strategic planning:

- 1 The current needs of the over 65 population, broken down by level of need, age band, gender, type of support (informal and formal care) and source of funding (publicly funded and self-funded)
- 2 The geographical distribution of people with care needs shown on maps using Middle-layer Super Output Areas (MSOA) boundaries. MSOAs are an Office for National Statistics unit of population of about 7000 people.
- 3 Population projections, by age
- 4 Projections of care needs, by needs group, type of support (informal and formal care) and source of funding (publicly funded and self-funded)
- 5 Projections of service requirements, by type of service. Projections show expected service requirements for the whole population (including self-funders, but excluding those fully supported by informal care) and for services commissioned by the Local Authority
- 6 Projections in service costs, globally and by type of service, and by whether LA funded or for the whole population (including self-funders)

For all these projections, it is possible to look at five year bands over the next twenty years, or one year bands over the next five years, and to compare the local authorities with regional or national projections. For some projections, it is possible to adjust the underlying assumptions to see how this affects projected service requirements and costs, e.g. changing care scenarios, varying the level of inflation for cost projections, applying changes in the level of informal carers. On all outputs, the source of the data and any key assumptions are noted.

To see exactly what is available in the tool and how it works, please log on to [www.planning4care.org.uk](http://www.planning4care.org.uk) and register for access to the demonstration module.

Authorities that subscribe to Planning4care's basic package get web-based access to the Planning4care tool for their Local Authority area and regional and national comparators, a strategic needs assessment report, scenario mapping, and an introductory briefing on the use of the tool. Accessing the outputs of the tool is straightforward, but customers may need a full explanation of what is behind the analysis and how best to use it. The Planning4care team is planning to set up a Customer User Group and will develop additional functions and provide other consultancy based support for customers by agreement.

## Using Planning4care

Brighton and Hove, having collaborated on the tool's development, have started to use it in a number of ways.

The social care contracts team is considering re-letting home care contracts on a locality basis. The need mapping and projections provide information about the possible changes in need for service during the life of the contracts. This team also sees the potential for mapping current building based provision against projected patterns of need, to help decide where new services should be built.

The Finance sections in both the Council and the PCT are planning over a three year period. The short term (over five years) projections produced by Planning4care, which can incorporate changes in the projected level of inflation, provide an important contribution to this.

Where the tool comes into its own is in strategic planning of services - understanding the current and anticipated future needs of populations and individuals, in order to enable local services to plan ahead for the next 10 to 15 years and to support the development of the wider health and social care market - including services for those who have the ability to pay for social care themselves. The tool combines national and local data from a wide range of sources, and then analyses this and produces projections based on explicit assumptions. The range of the information used, the timescale covered, and the ways the information is analysed and projections are modelled, combine to deliver a product which supports whole population (over 65), whole system, needs based and costed planning. The website includes a briefing on how the tool can contribute to the different stages described in the CSIP guidance on key activities in social care commissioning. This covers both understanding the present needs and market and anticipating and planning for the future. The briefing covers how authorities could use the Planning4care analysis, and, equally importantly, what else authorities need to do in order to fulfil each particular activity. It acknowledges that the tool is not set up to identify best practice service models; this understanding needs to come from research and other published material.

Adjustments can be made to the standard outputs to meet requirements locally. The model can have bespoke locality boundaries superimposed on the mapping output, by inputting the post code references for the required localities. The range and mixture of care packages used is traditional as the 'base case' reflects current national patterns. If an authority has a service profile that is significantly different to this, adjustment for the actual local profile can be made. Perhaps more critically in the longer term, as individual budgets and direct payments result in greater flexibility about how customers meet their needs, the underlying assumptions will need to be adjusted and the range of care packages extended. As a step in that direction, the model currently includes a second care scenario, based on the 'Core Outcomes' model developed by the Wanless Review. As more authorities use Planning4care, comparison and benchmarking will increase. The standard package provides national or whole region comparisons. Authorities will probably want to compare themselves with other authorities in their 'family' and specific authorities within their region, and this facility can be set up between subscribing authorities.

It is important to remain realistic: Planning4care is a tool that supports effective strategic planning and commissioning. It cannot, of itself, make anyone a smart planner or commissioner. What it can do, through its sophisticated and thorough analysis of local information, is provide informed projections: views of possible futures based on explicit assumptions. These projections can stimulate discussion about what other information an authority needs to make meaningful and effective strategic planning decisions. To use it to its full potential, planners and commissioners will, at minimum, need to be able to link Planning4care outputs to:

- Their understanding and ability to work with current and potential providers in an increasingly complex and diverse health and social care market
- Their detailed understanding of the aspirations of service users (current and potential) and the wider population about the nature of support and services they want to see in their communities
- An appreciation of local and national political direction and desires, linked to the size and pressures on budgets to purchase services by individuals and authorities

## **Conclusion**

Planning4care is a tool that can extend the breadth and depth of any authority's ability to understand and plan for social care and health needs and provision over a 20 year time scale. Its relevance and usefulness for statutory authorities is a direct result of the partnership approach to its development between private consultants and Brighton & Hove Council and PCT. It has the potential to be a tool that transforms the way authorities plan: the broader and deeper base of information and projections will provide a much fuller, evidence based, starting point; the questions and options it raises may stimulate more creative and dynamic planning. It is, however sophisticated, only one tool for strategic planners or commissioners to use. A wider range of understanding, working relationships and technical planning and commissioning skills are essential to use any tool effectively.

## **Biography**

This case study was written by Doug Gosling. After qualifying in social work, Doug worked for 15 plus years in various social care roles: generic social work, mental health day services and training. He spent his last 11 years in full-time employment as a Service Manager (Commissioning and Contracts) for Stockport Social Services. Since (semi) retiring in June 2005, Doug has been working freelance on commissioning and contracting projects for local authorities and voluntary organisations.