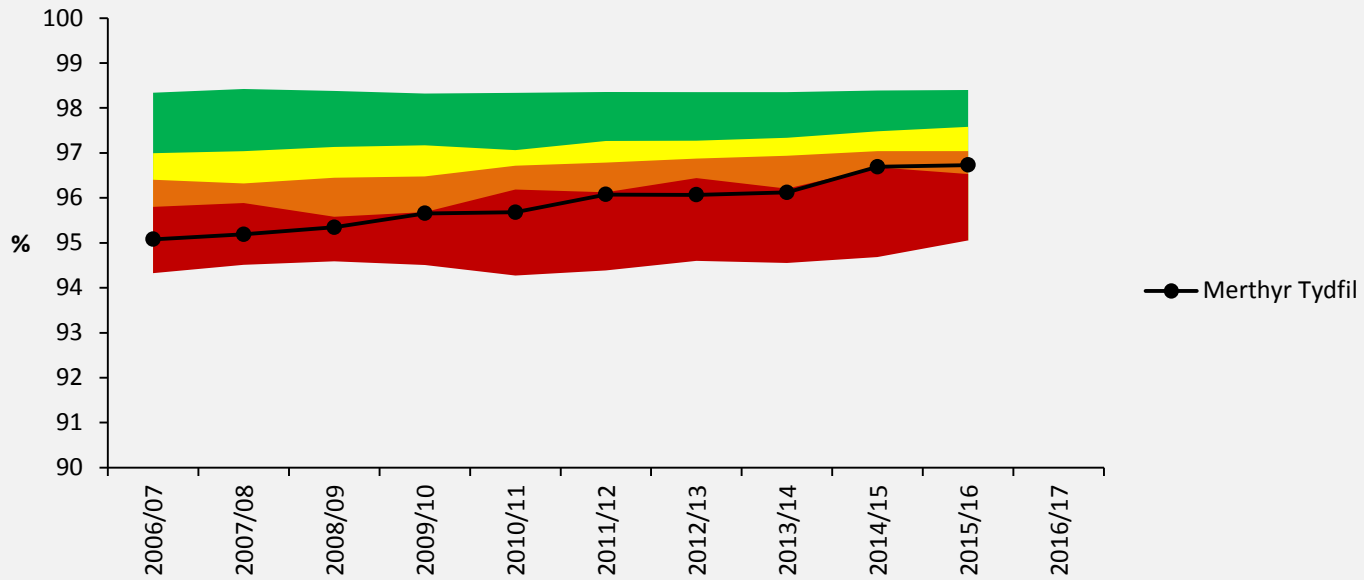
Population indicators

ADEQUATE	The % of the adult population (aged 18 and over) who can live independently



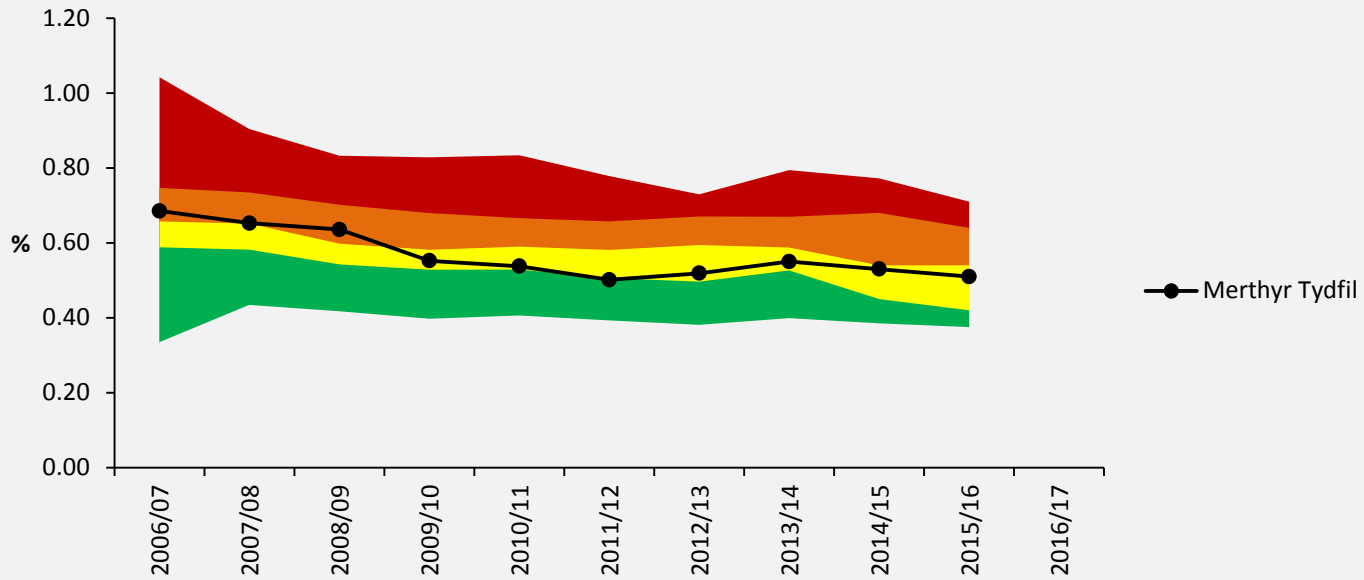
Latest Published Comparable Data:	31 March 2016
Latest Local Data Period:	31 March 2016
Data Frequency:	Annual
Source:	StatsWales

In order to have a greater proportion of the adult population who can live independently, there needs to be a reduction in the number of clients who require a formal package of social care support provided or arranged by the council. To determine an accurate annual client count the data is sourced from the social care provision data on StatsWales using the census date of 31 March. To have a positive effect on this the council will need to focus efforts to ensure that support is available and accessible to individuals within their community. This will enable most people to access support services to meet their needs without requiring social services to provide or arrange a formal package of care. There will remain clients who require formal social care support. Increasingly this will include people with complex care needs. In these circumstances the council will seek to provide modern supportive care options.

This indicator is influenced by population, availability and accessibility of universal services and the number and types of services provided to clients in other local authorities.

Population indicators

GOOD	The % of the adult population (aged 18 and over) who cannot live independently



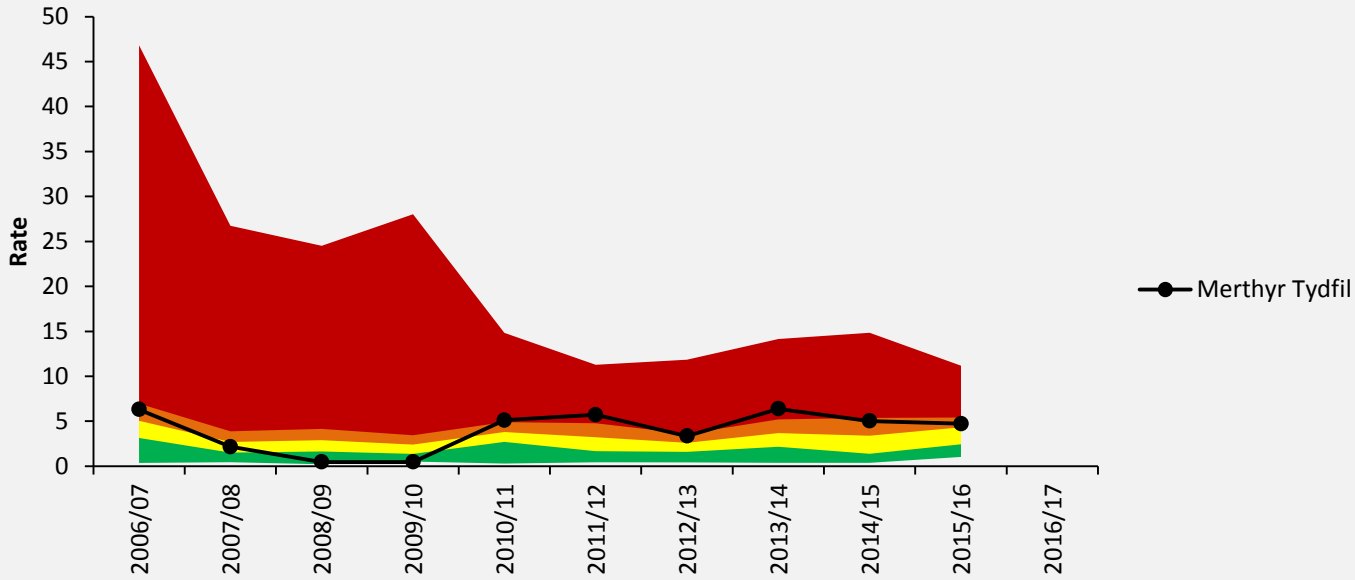
Latest Published Comparable Data: 31 March 2016
Latest Local Data Period: 31 March 2016
Data Frequency: Annual
Source: StatsWales

In order to have a lesser proportion of the adult population who cannot live independently, there needs to be a reduction in the number of clients who require residential social care. To determine an accurate annual client count the data is sourced from the social care provision data on StatsWales using the census date of 31 March. To have a positive effect on this the council will need to focus efforts to ensure that there is adequate support available to provide appropriate and cost effective alternatives to residential social care. There will always be a cohort of clients who require formal residential social care support either due to their needs or potentially due to the cost of supporting them at home being prohibitive. Where a care home placement is required the council will seek to provide the most appropriate placement balancing a persons' preference and their assessed needs.

It is a gradual and slow process to influence current numbers of residential care clients, which will limit the significance of any changes. The changes will also be influenced by population. Based on population projections, in order to achieve the Outcome Agreement Target the total number of adults receiving residential services at the 31 March will need to remain relatively constant at approximately 250.

Indicators

ADEQUATE	The rate of delayed transfers of care for social care reasons per 1000 population aged 75 or over



Latest Published Comparable Data: 31 March 2016
Latest Local Data Period: 31 March 2016
Data Frequency: Annual
Source: StatsWales

This is a national measure and is included in the statutory national performance measurement framework (National Strategic Indicator). It provides a measure of the extent to which the authority contributes to delayed transfers of care. A delayed transfer of care is experienced by an inpatient in hospital that is ready to move on to the next stage of care but is prevented from doing so. They arise when patients are awaiting assessment or for services, adaptations or equipment to be put in place to support them on their return home. Such delays are therefore capable of responding to improvement in the efficiency of services whilst recognising that an optimum use of resources may still lead to a residual level of delays.

Historic data shows significant performance fluctuations in the length of delayed transfers of care in Merthyr Tydfil (6.31 to 0.47 days). Delayed transfers of care (4.73) are higher than our baseline and remains above the Wales median (4.33). In order to hasten improvement, the service has identified the need to improve the hospital discharge process by exploring the development of an integrated hospital discharge team.

Regional Implementation Plan for Social Services and Wellbeing Act

START DATE	May 2014	GOOD
FINISH DATE	March 2017	

The Project

This project is the Cwm Taff Plan for the implementation of the Social Services Wellbeing Wales Act. The aim of the Cwm Taf Plan aligns to the purpose of the Act, which is to give people greater freedom to decide the services they need and transform the way social services are delivered, promoting people's independence to give them stronger voice and control.

Where are we now

The initial assessment demonstrated that the principles of the SS&WB Act were in place, however further work was required in respect of the implementation of a regional assessment for Adults and information available. Through 2016-17 the following progress has been made:

- A revised assessment format has been devised that incorporates the "What Matters" conversation and is outcome focussed. There has been a delay in fully implementing the revised assessment documentation as the focus has been on the implementation of WCCIS rather than revising the existing SWIFT database. The revised assessment format is now being trialled in the test system of WCCIS and is on course to be fully operational for the go live date in June.
- There have been two key stands in relation to the provision of information. These were the implementation of the DEWIS directory of services and the updating of the information that available on the council website to ensure that it met the requirements of the SS&WB Act. Both of these areas have been implemented.

The regional transformation leadership group commissioned Practice Solutions in January 2017 to evaluate compliance with the SS&WB Act across the Local Authority. A preliminary report indicated that the RAG status in relation to Information Advice and Assistance were green and amber. The identified gaps relate to the full implementation of the revised assessment arrangements as outlined above and the development of an Information Advice and Assistance strategy.

Retender Direct Payments Support Service

START DATE	April 2015	GOOD
FINISH DATE	March 2017	

The Project

The option of direct payment enables individuals to purchase the assistance or services that the local authority would otherwise have provided. Direct payments support independent living by enabling individuals to make their own decisions and control their own lives. This project is to explore the market for potential providers to deliver the Direct Payments Support Service for residents in Merthyr Tydfil.

Where are we now

The contract has been extended to March 2018 in order to explore a joint contact with Rhondda Cynon Taf County Borough Council.

Improve the Hospital Discharge Process

START DATE	April 2016	GOOD
FINISH DATE	March 2017	

The Project

This project is to improve the hospital discharge process by exploring the development of an integrated hospital discharge team. The aim is to support hospital discharge and admission avoidance, develop a hybrid workforce and a single point of access for health and social care.

Where are we now

Significant work has been undertaken at a rapid pace during 2016-17 which included:

- Development of a regional business case
- Sourcing funding for the project via the Intermediate Care Fund
- The establishment of an operational project group consisting of regional partners to oversee and drive the project.
- Operational processes have been established to support improved flow though the various elements of the hospital based team and community responses.

Current position

The hospital based element of the service became operational on one hospital site in April 2017 with the second site coming on stream in May 2017. The time taken to recruit staff has been an area of the project that has taken longer than anticipated however all posts have now been filled.

The business case identified that in order for the hospital based team to effectively support people to return home rather than be admitted to hospital a number of community support areas would require enhancing or development, these included:

- Access to packages of care out of hours and at weekends
- Access to specialist district nursing staff
- Access to a specialist medication assessment and support

These services are in place and will be operational in April & May incrementally. Therefore this project has now been completed.