

# TRAFFORD COUNCIL

CQC ASSURANCE  
SELF-ASSESSMENT NARRATIVE

JULY 2025

Our vision: **"Improving lives every day; supporting people to be independent, safe and well"**





# CONTENTS

<b>Overview and summary</b>	<b>3</b>
<b>Theme 1: Working with people</b>	<b>11</b>
<b>Theme 2: Providing support</b>	<b>23</b>
<b>Theme 3: Ensuring safety within the system</b>	<b>27</b>
<b>Theme 4: Leadership</b>	<b>36</b>



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**Maggie Kufeldt**

Corporate Director, Adults and Wellbeing

*All case studies featured in this document, with pseudonyms and named, have given permission for their stories to be told.*

# DIRECTOR OF ADULT SOCIAL SERVICES' SUMMARY

Trafford is a caring and vibrant borough, and our Adult Social Care service is at the heart of that. Every day, our dedicated teams work to improve lives, connect our residents with the great things that are happening in the borough to support their independence, and to ensure the safety and dignity of the people we serve.

This document sets out Trafford's self-assessment in preparation for CQC assurance. It provides an overview of our Adult Social Care service, our strengths, areas for development, and the steps we are taking to improve. We are proud of the many strengths across Adult Social Care, from our in-house reablement offer and direct payments model, to high-performing in-house services and the way we collaborate with residents and partners.

At the same time, we recognise there is more to do. We have experienced changes in leadership at all levels up to Director of Adult Social Services (DASS), but we remain focused on our ambition for transformation and continuous improvement. This includes ensuring that we have the right capacity, capability, and infrastructure to deliver the required change.

Trafford Council has taken an open, outward-facing approach to understanding ASC performance by commissioning three key external reviews in recent years:

A Local Government Association (LGA) CQC readiness review (Sept 2023).  
A Partners in Care and Health (PCH) Safeguarding Audit (June 2024).  
An LGA Leadership Review (Sept 2024).

These reviews confirmed the need to modernise, improve consistency, and strengthen the quality of our practice, particularly in safeguarding, the 'front door,' and intermediate care. In response, we launched the Improving Lives Every Day (ILED) transformation programme, shaped by our EPIC values and developed in partnership with more than fifty frontline staff.

ILED aims to build a preventative, strengths-based approach that gives people greater choice and control, supporting our vision of a genuine prevention offer for adults.

As the improvement work continues, our direction is clear. With streamlined priorities, strong workforce engagement, and a clear commitment to our values, we are determined to keep improving lives every day. Our goal is simple: to ensure people in Trafford live well, with dignity, choice, and the right support at the right time.



**Maggie Kufeldt**

Corporate Director for Adults and Wellbeing  
(DASS)

# IMPROVING LIVES EVERY DAY PROGRAMME

In early 2025 we reviewed the progress and effectiveness of our ILED programme and took the opportunity to move from an approach with ten workstreams to one comprising five strategic themes (set out below). In doing so we were better able to articulate our strategic ambition, objectives and the improvements required.

Keeping People Safe, Healthy and Independent



## Specialist Interventions & Targeted Support

Provide tailored, intensive support for individuals with complex needs to promote independence and well-being. Also strengthening our pathways between mental health and social care services.



## Commissioning & Market Development

Strategically planning, procuring, and managing services to develop a sustainable, high-quality care market that meets evolving needs through robust commissioning, provider engagement.



## Service Delivery & Integration

Ensure seamless, person-centred support by coordinating services across health, social care, and community providers to enhance efficiency and outcomes via multi-agency working.



## Prevention, Self-Help via Voice of our People

Focusing on early intervention and prevention, aiming to maintain independence, reduce the need for long-term care, and improve overall well-being. The focus is on empowering individuals by incorporating lived experiences.



## Leadership & Culture

Addressing overarching issues that impact multiple areas within the service. This area aims will use strong leadership to ensure coherent and integrated approaches to workforce, quality, policies, processes and ensure we are CQC ready.

Each workstream amounts to an overarching project that will deliver the necessary transformational changes and service improvements to enhance the Trafford Adults and Wellbeing offer and improve individual outcomes. The programme is overseen by the Improving Lives Everyday Development Board.

The Development Board has an independent (former DASS) chair and a strong line up of internal and external partner representatives. ASC benefits from strong corporate and financial support from within the council and the ILED board is attended by the Leader and the Chief Executive, who are committed to contributing to the transformation programme.

The approach is supported by our Principal Social Worker (PSW) whose role is to lead and determine priorities for quality assurance and the improvement of social work.

We are focusing on six initial priorities from across the programme and are making progress in these areas.

## The priorities are:

- **Improving Safeguarding practice and performance** – delivering on the recommendations of the 2023 LGA peer review to develop consistent practice that Makes Safeguarding Personal.
- **Improving the 'Front Door' and addressing waiting lists** – undertaking a review of all the places people encounter Adult Social Care in Trafford to 'get it right first time' with a preventative and strengths-based approach.
- **Reviewing our Mental Health Social Care Arrangements** – ensuring our Mental Health Social Care Workforce has all the support and resources required to ensure they comply with statutory requirements. At the same time reviewing our S75 arrangements and agreeing the future delivery model.
- **Taking a Home First Approach to Intermediate Care** – working with our partners to agree a model for the future that reduces the bed base and supports more people leaving hospital to go back to their own home more quickly.
- **Improving the Quality of Social Work Practice** – with our new PSW we are strengthening our approach to practice. Underpinning this will be a robust approach to audit and moderation with clear links to learning and development.
- **Voice of our People** – hearing the voice of our residents in all that we do. Ensuring that the voice of people can be heard loud and clear in all our casework, taking every opportunity to hear and act on feedback and co-producing our major change programmes where we can.

Whilst these are our key priorities within the ILED programme, the other work of the programme continues, via a robust programme management approach, and an increased level of oversight and seniority, alongside the core statutory functions of ASC.

Our Adult Social Care Strategy, has been finalised. It provides further detail on how we will deliver the priorities. [Our soon-to-be-published Adult Social Care Strategy has been submitted as supporting evidence under IR1.2](#)



# OUR NEIGHBOURHOOD APPROACH

The [Trafford Locality Plan 2025-28](#) brings together existing health and wellbeing strategies from across health and social care, and describes our coordinated response to the needs of our residents.

The plan sets out the cooperative commitments of the Council, Trafford Local Care Organisation, VCFSE sector and NHS, which will drive forward the work of Trafford Integrated Care Partnership over the coming years.

## In Trafford, our aspirations are for:

- Stronger communities.
- Healthy and independent lives for everyone.
- Better lives for our most vulnerable.

Within this strategy, our Neighbourhood Programme aims to bring about a shift in the culture of how people approach health and wellbeing. The aim is to make it more person-centred and community based, for residents who require access to prevention right through to people who require the support from a wider range of professionals working collaboratively.

Our neighbourhood networks enable residents to build more personal resilience and independence. They address health and social needs at a local level, supporting people with better and faster access amenities and services.



*At the centre of each of our four neighbourhood areas are residents and the community and they have been involved in a co-produced plan providing a vision and priorities that matter to them.*

We are developing our Integrated Neighbourhood Teams (INTs) to support our residents with more complex needs. The INTs will comprise co-located health and wellbeing professionals, with the VCFSE sector and wider neighbourhood network wrapping around to provide local support.

Strategic leadership will be provided by the Neighbourhood Leadership Team including leads from social care, district nursing, mental health, general practice, and the VCFSE sector, overseen by a neighbourhood lead.



# ADULT SOCIAL CARE IN TRAFFORD

## KEY FACTS



# COMMISSIONING FOR INDEPENDENCE AND WELLBEING

Adult Social Care published its commissioning strategy in July 2024. It outlines how ASC services support some of the most vulnerable people in our community. It is vital, not only that they are delivered by excellent providers working with skilled and motivated staff, but that the provider market is effectively managed by commissioners.

A strong, innovative and buoyant provider market helps provide users and carers with high quality services and offers the best value for money for residents. *The strategy sets out our approach to commissioning adult social care services over the next four years through to 31 March 2029.*

It describes what we want to achieve, and what we will do, and by when. The strategy supports the work of the Trafford Improving Lives Everyday Development Board in contributing to improved outcomes for residents by increasing independence and well-being. The strategy does not set out a 'one size fits all' for everyone and for every neighbourhood in our borough.

This is vital, because Trafford is a borough of many dimensions, and each neighbourhood has its own character, its own priorities and needs. Whilst we will apply the same principles and values across the whole borough when we commission adult social care services, we will also work closely with our partners in the NHS, the voluntary, community and faith sectors, and in the independent sector, and most importantly with users and carers, to match our commissioning to meet the specific needs of our neighbourhoods.

In-house Provider Services at Trafford includes Intermediate Care and Assessment (Ascot House), Short-Term Reablement (Care at Home) and Supported Living services, which are all rated 'Good' (CQC Framework). We have circa 140 full time equivalent staff. These services are being reviewed as part of a joint review (with ICB) of intermediate care services in the borough, in line with the wider commissioning strategy.



# WHAT IS OUR INTELLIGENCE TELLING US?

A total of 163 people completed our Carers Survey questionnaires and 403 took part in our User Survey, both submitted to NHS England, to help form the ASCOF data. While we improved in 2023/24 compared with the previous year on four out of five indicators, overall satisfaction with services dropped by over 16%.

The learning disability group was the most satisfied group with 94% saying services helped to improve their quality of life. Adults aged over 65 in a community setting were the least satisfied, with only 42% saying they had a good or better quality of life due to services received and 61% stating that they or their family had to buy extra care or support because what they receive from the Council doesn't meet their needs.

We reviewed our approach to surveys in 2024/25, with a view to improving response rates and implementing ongoing satisfaction audits. We are identifying priority ASCOF areas and looking to learn from best practice among peers.

*Our approach to the use of data to inform practice, decision-making and strategy is currently evolving, with the recent introduction of Power BI dashboards. We now have focussed data activity across operational teams who have access to 'live' data in the performance and intelligence system.*

## OUR CHALLENGES

- Our ageing demographic is placing increasing demand pressures on adult social care services. We have seen a 3% year on year increase in adults with care and support needs and requiring a plan. Over the last year, this increase has risen by 6%.
- We have significant health inequalities between some of our wards, with communities across the borough experiencing economic deprivation, and national funding for prevention programmes are not matching the scale of support required.
- More residents are experiencing poor mental wellbeing, with access to support services seeing increased demand and waiting lists going up.
- An Autism Strategy is in place covering Greater Manchester, with a local Trafford action plan sitting underneath, but more must be done to serve adults presenting with autism only.



# THEME 1: WORKING WITH PEOPLE

Adult social services are available for everyone who is eligible for care and support under the Care Act 2014, and we are working hard to ensure that all our diverse communities in Trafford can access services in a fair and inclusive way.

We want to improve continuously by listening to our residents and building our services around their specific needs, so that everyone who uses social care services has good outcomes from personalised services.

We actively contribute to achieving the Council's overall vision that Trafford becomes a place where all our residents, businesses and communities thrive.

## Our strengths

- **Community Learning Disability Team.**
- **Neighbourhood-based community link officers.**
- **Work with the Armed Forces community.**
- **Welfare Rights.**
- **Deprivation of Liberty Team.**
- **Carers Centre Offer.**

## Areas for improvement and direction of travel

- **Approach to Equality, Diversity and Inclusion.**
- **Integrated Neighbourhood Teams' approach and changing people's experience at the first point of contact for residents of Trafford.**
- **Information, advice and guidance.**
- **Waiting lists.**
- **Voice of our People (VOOP) and resident engagement.**
- **Uptake of Direct Payments.**
- **Mental health social work.**

## OUR STRENGTHS

### COMMUNITY LEARNING DISABILITY TEAM

Our Community Learning Disability Team is a strong example of an effective borough-wide team, assessing, planning and safeguarding anyone in Trafford with a diagnosed learning disability.

The latest Client Level Data published for people living at home:

	CLD: 23/24	CLD: 24/25
18-64	86.90%	89.20%
65+	58.80%	65.10%
All Ages	67.30%	72.60%

In 23/24 we were ranked 17th nationally for supporting 18–64-year-olds to live at home.

## EMPLOYMENT

The national dataset from the Client Level Data (CLD) does not include the employment metric, but our current data shows 12.8% of 18-64 people with learning disabilities are currently receiving a service are employed. The proportion in 23/24 was 10.5% so we have seen a significant increase. At that time we were placed as the best in the North-West, and ranked 9th nationally.

People's legal rights are upheld consistently, supported by strength-based and person-centred approaches. Our approach to transforming care has been exceptional, evidenced by our reduction in people supported under this directive. We have only one person currently placed in a secure setting, with active planning for discharge, a reduction of 11 over the last five years.

# COMMUNITY LEARNING DISABILITY TEAM CASE STUDIES

At a recent case in the Court of Protection, our social worker Bridget Neumbe was singled out for praise by the judge, for her ongoing and robust support resulting in a smooth transition for a young person, Priya, into a long-term placement. Priya has a severe learning disability and complex needs. She is non-verbal and has limited motor skills, using a wheelchair. She loved school at a specialist setting, music lessons in particular, and engaging with others. Before Priya turned 18, she was allocated Bridget to support her transition from a children's residential placement to adult services.

Court of Protection proceeding were initiated to ensure that decisions were lawful, proportionate and in her best interests. Suitable placements were explored and presented on court forms. Round table meetings were also held with Priya's family and relevant professionals.

Since moving into her adult placement in Trafford, Priya has been settled and happy. She is close to family, for regular visits, and her bedroom has been renovated to suit her personality and needs, with bright pastel colours and built-in hoists. Ensuring a smooth and successful Preparing for Adulthood transition was a lengthy process due to the tasks and work to be undertaken, involving timely referrals, legal literacy, collaborative working and a person-centred approach.

## NEIGHBOURHOOD-BASED COMMUNITY LINK OFFICERS

Trafford has four neighbourhood teams located geographically across the borough. Co-located with primary care and NHS community teams, they provide support to the assessment, care-planning and safeguarding activity in their areas.

A key role within the neighbourhood is that of the Community Link Officers (CLO). Based within the Social Care teams, they work across the service to support residents of Trafford with lower-level need, focussing on practical support to address issues they may face, whilst working preventatively to achieve better outcomes.

The CLOs connect residents with other support networks across the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, problem-solving and supporting with often challenging situations.



## WORK WITH THE ARMED FORCES COMMUNITY

Trafford Council is a Ministry of Defence Covenant Gold Award holder, one of only a handful of authorities nationwide, for our outstanding support to those who have served our country. Complying with the Armed Forces Covenant and Armed Forces Act 2021, providing advice, training, and guidance for the Armed Forces Community, promoting them as a community of interest, and supporting people to access services and support. We have established bespoke training for colleagues on Armed Forces Duty, developed with GMCA and distributed across GM to other local authorities.

## ARMED FORCES CASE STUDY

Garrie Stockley served in the Royal Navy as a medical assistant for eight years, touring the Gulf, Mediterranean, Africa and Far East as well as protecting the then Prince Charles as a member of his honour guard, parading in the Hong Kong handover in 1997. Garrie's ship HMS Chatham was the military escort for the Royal yacht

On leaving the Navy, Garrie joined Greater Manchester Police as a neighbourhood officer in Stretford for nine years before moving to Shetland, where he was born, to work as a salmon farmer. At work there he suffered a serious head injury and could not walk or talk for several months. After recovering, he was involved in a serious car accident. Though well enough to rejoin the police, he then tore his Achilles tendon on duty. All of these injuries led Garrie to developing a debilitating neurological disorder that led to him being medically retired.



The change of lifestyle, and reliance on his wheelchair, took its toll on Garrie, who is married with three children, and his mental health plummeted. He says: "I was suicidal at points. But the Council's Armed Forces Lead, Sue Wright offered support and help and put me in touch with folk."

The Council was able to find Garrie and his family more suitable social housing in Sale and introduced him to the Spearhead Foundation, which provides a social hub for ex-servicemen and women. Garrie has recently been asked to be a Trustee of the Foundation and regularly attends armed forces events.

Garrie says: "Sue came along with ideas and contacts and really helped me. I might not be here today if it wasn't for her support."

## WELFARE RIGHTS

The Welfare Rights team supports residents of Trafford and employees of the Council with information advice and advocacy regarding Welfare Benefit matters. We provide a comprehensive service that covers providing benefit checks to representation at the upper tier tribunal which can create case law.

In 2024/25 the team received 2,930 contacts, which was an increase of 5.5% from the previous year. The same period generated a total income gain of £1,407,281.05, a 16.7% increase on the 2023/24. On closing a case, a feedback survey is sent to residents. 95% of those who sent back the form were 100% satisfied with the service with an average score of 4.95 out of 5.

## DEPRIVATION OF LIBERTY TEAM

The Deprivation of Liberty Safeguards (DoLS) Team has made significant progress on its service development journey over the last 12 months. The team has a Team Manager, Senior Practitioner, 3.5 Best Interests Assessors (BIA) and three Management Information Officers. A steady staff team, alongside additional recruitment, has provided stability alongside an opportunity to creatively innovate the service.

The DoLS assessment waiting list has reduced by 74% from 552 people waiting in February 2024 to 140 people waiting in February 2025. The typical waiting time from referral to authorisation is approximately three months. In February 2025, the service did not have any referrals waiting for an assessment over four months (excluding planned respite referrals), which is a fantastic achievement and evidence the service is moving in a positive direction.

## WELFARE RIGHTS CASE STUDIES

Emily, a single parent with a child with neurodiversity was referred by the Discretionary Payments team. She moved house, fleeing domestic violence, but the new, more expensive rent was not updated in her Universal Credit for eight months. Emily, already in rent arrears before moving, was struggling financially. Checks revealed her benefits had been underpaid and two weeks later she received a lump sum of £8,500 and an increase to monthly payments. Emily now had more money to live on and some savings to fall back on.

John, an amputee, separated from a long-term partner and also had a long stay in hospital. When a private tenancy was found for him, his daughter helped him to make a Universal Credit claim. This was unsuccessful leaving John isolated, anxious and depressed. Though there were more hitches along the way, together with the Job Centre, we worked with John to get him the Universal Credit he was owed, plus extra money due to his limited capacity for work. John could afford to live and cover his disability-related expenses.

Consequently, our residents are waiting for less time to receive a DoLS assessment. This in turn ensures they receive earlier access to the all-important safeguards that protect their human right to liberty, the least restrictive option in their best interests, and free, timely access to the Court of Protection to challenge the deprivation of liberty, if this is required.

Trafford DoLS Team has successfully worked in partnership with Tameside DoLS Team and STAR Procurement to launch a joint DoLS Assessment Flexible Procurement System on 1 October 2024. This is a significant achievement and provides assurance that the service is abiding by procurement regulations in relation to the service overall spend, and that assessors being used for DoLS assessments have satisfied governance requirements.

The sharing of knowledge and resources between councils has increased external provider/assessor capacity to meet increasing assessment demand and has empowered both councils to work in partnership to maintain the contract. Both councils presented a workshop about the work achieved as an example of joint working and best practice at the National Commissioning Conference in December 2024.

We have a Quality Assurance Signatory external to the Council who quality assures every assessment, returning any that do not meet the required standard, and completes the DoLS standard authorisation (Form 5). We are in the process of developing a DoLS Quality Audit Tool for Form 3, Form 4 and Form 5 (Authorisations).

## DEPRIVATION OF LIBERTY CASE STUDY

Philip, aged 66, sustained severe injuries following a fire at home in 2007. In 2012 he was diagnosed with Wernicke's-Korsakoff's Syndrome, a type of dementia caused by drinking too much alcohol, and significantly impacted his ability to retain information. Due to the high risk of fire and Philip endangering himself and others, he moved to a residential care home in 2012.

Philip had over 10 DoLS standard authorisations before he expressed to a Best Interests Assessor (BIA) for the first time: "I have lived here for 10 years. I can live here, but I don't like it. I'd rather be free and have my life back."

Philip's long-term goal was to live in a flat of his own. With advocacy support of an independent paid Relevant Person's Representative (RPR), Philip's voice was heard, and his human rights were promoted. Philip was supported to make a s.21A challenge to his deprivation of liberty to the Court of Protection.

The Neighbourhood Team reviewed Philip's care needs under the Care Act 2014 and explored less restrictive options. Philip moved to a self-contained flat on the site of the care home for a period of four weeks to more fully assess his needs and capabilities, while weighing the risks to his safety and wellbeing. Philip was supported with additional one to one support for social enrichment opportunities to enhance his quality of life.

The introduction of less restrictive options has led to Philip being very pleased with the support he receives, and he is much happier to stay at the care home with these changes having been made. The DoLS assessment process ensured Philip's voice was listened to, that he received important safeguards, and a positive less restrictive outcome that improved his quality of life.

## CARERS CENTRE

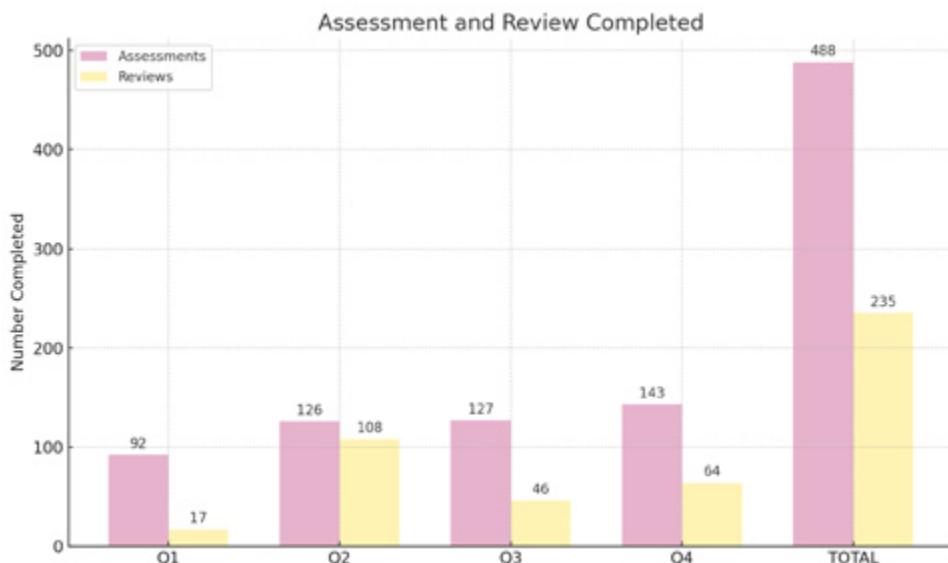
Trafford Carers Centre (TCC) carries out carers' assessments on behalf of Trafford Council. The service has expanded over the past few years, establishing a series of support groups for specific communities, for example young carers, carers for people with dementia. The Carers Centre works closely with its clients and the wider community around them to explore the caring situation, how caring impacts the individual and their family, and whether there is any support needed to help maintain their caring role.

### **Carers' Assessments are carried out in a manner that:**

- Is appropriate and proportionate to needs and circumstance.
- Ensures the carer is able to participate effectively in the assessment.
- Has regard to choices, wishes and the outcome they want to achieve.
- Takes account of the level and severity of needs.

## CARERS' ASSESSMENTS

**The table below shows the assessment and review data for the period 2024/25:**



Completed carer surveys in the last financial year indicated that 69.2% of carers were fully satisfied with the support they have received from TCC. Only one person rated TCC a 3/5 for their support and their reason was that they had just registered.

# OUR AREAS FOR IMPROVEMENT AND DIRECTION OF TRAVEL

## OUR APPROACH TO EQUALITY, DIVERSITY AND INCLUSION

The services we provide should reflect the diverse nature of our residents, businesses and communities. Our Corporate Equality Strategy outlines the steps that we will take to promote equality, diversity and inclusion in all our work.

We have co-produced and launched our anti-racism policy and procedure for staff to provide wraparound support for staff who experience racist abuse and continue to participate in the Social Care Workforce Race Equality Standard (SC-WRES) programme. This activity is supported via a robust action plan in conjunction with our overall workforce strategy.

The Council engaged with the GM Civic and Community Leadership programme, aimed at increasing representation from ethnically diverse communities in civic and public life, with six Trafford residents completing the programme. Trafford Council established the Trafford Faith Action Network, led by our non-Executive Member Champion for Community Cohesion to bring different faith leaders together to discuss how we deliver the Council's Corporate Plan together.

The Business Intelligence Unit has developed EDI dashboards, that detail the standard demographic details, disabilities and protected characteristics we have recorded on Liquid Logic for people with a current care plan, or who have had a Let's Talk form completed in the last three years.

The dashboards highlighted that, while we are good at recording mandatory demographic fields, other fields such as language, sexual orientation or marital status were often left blank. When the dashboard was first created in Spring 2024, only one person in receipt of a current service had their sexual orientation information completed.

In response to this, an EDI working group was created, and sessions were delivered to social workers, advising on why understanding sexual orientation can help inform care placements, and offering suggestions for conversation prompts to ask people about their sexual orientation. At the date of this report (July 2025) we know the sexual orientation of 397 people receiving current care. Continuous improvement our capture of EDI data is a key part of our improving social work practice priorities.



## INTEGRATED NEIGHBOURHOOD TEAMS' APPROACH AND CHANGING PEOPLE'S EXPERIENCE AT THE FIRST POINT OF CONTACT FOR RESIDENTS OF TRAFFORD

Demand and complexity of need have increased in the past five years (since the Covid-19 pandemic), resulting in the waiting lists for Care Act assessments across our four community social work teams increasing. Analysis of the relevant data and the feedback gathered from our staff and residents (via complaints, workforce engagement, case audits and practice supervision) indicated that the processes from point of contact through to assessment were not supporting preventative conversations early enough, which was resulting in residents waiting longer, and potentially increasing their need and dependence. It was also identified that approaches to demand management differed among the teams, including strength-based practice.

In order to address immediate concerns relating to waiting lists, a temporary triage team was introduced in June 2025 to ensure a consistent response at the first point of contact, support the review of the waiting lists, to support a rapid approach to prevent, and reduce delays in assessment and delivery of care services and to ensure vulnerable service users receive the right support at the earliest point in line with Care Act 'Levels of Need' guidance. We have already seen an improved position with regards to waiting list volume and length of wait.

In addition to the impact of processes leading to increased waiting lists, other themes regarding longer waits are related to challenges regarding reduced workforce capacity and ability to respond to increasing demand and complexity of need. Where there are waits for services to start, this is related to complexity of need/service type.

Work within the Improving Lives Every Day (ILED) transformation programme in conjunction with analysis of the relevant datasets led to the commissioning of Peopletoo. A public sector grounded consultancy, which has reviewed the current arrangements from point of contact through to provision of services, the related demand, capacity and process steps throughout. The review was completed by 31st July. Prior to this a series of recommendations were presented to the ILED Board on 21st July 2025, which have subsequently been adopted. An onwards implementation plan and timeframe will be agreed to progress the preferred remodelling of service, with expected delivery into the autumn.

Key elements of this process have involved a workforce review to ensure consistency of approach among broader assessment staff, building on previous legal literacy training, and a review of all assessment documents. Training in relation to the new forms is currently underway with an intended launch in September.

We want all residents in need of our services to receive assessments and re-assessments at any stage promptly and consistently, and we know that there is more work to be done to reduce waiting times. This includes people whose care is commissioned by the Council, unpaid carers, self-funders and those in receipt of Direct Payments.

## INFORMATION, ADVICE AND GUIDANCE

The review of our 'Front Door' completed by Peopletoo included the quality of our information, advice and guidance, and the experience of our residents in accessing what they need prior to assessment. A corporate review of the Council's website is also being completed, and it is accepted that improvements are required.

In addition, a recent event where residents, care providers, ASC, health and VCFSE partners came together to review our 'front door' highlighted our need to improve access to consistent and relevant information for all. The event, 'Shaping our Future', was facilitated in partnership with colleagues from Social Care Futures.

**The objectives set out in the website improvement plan contribute to delivering the Council's vision and priorities and meet the requirement of council users. The website needs to be:**

- User-focused and easy to navigate.
- Self-service wherever possible – driving channel shift.
- Aligned with the Government Digital Services (GDS) design principles and service standard.
- Fully accessible and compliant with Web Content Accessibility Guidelines.
- Value for money – delivering cost effective services.

The website improvement plan is detailed as part of the incoming Trafford Digital Strategy.

## VOICE OF OUR PEOPLE (VOOP) AND RESIDENT ENGAGEMENT

Voice of our People (VOOP) surveys enable people to give feedback, scoring their experience via statements outlining our aspiration for the service that people should experience. We have a standard feedback form for VOOP and some bespoke ones that have been developed, or are still being developed, e.g. Carers, Direct Payments, Learning Disability and DoLS.

There is the option for people to complete the feedback survey themselves, with a practitioner, with a dedicated VOOP officer, or as part of the Integrated Complaints Team. All feedback is input into a spreadsheet that enables thematic reports to be run and triangulated, with our feedback from complaints and audits through the Making It Real group. This group cascades its findings across ASC allowing for improvements to be made at the earliest opportunity.

The 'Shaping our Future' event held recently also supported focussed discussion on how we can improve our engagement with residents, specific focus on how to refresh the Learning Disability Partnership Board (LDPB), and support to consider how we will now further develop a co-production approach with our residents.

## TAKE-UP OF DIRECT PAYMENTS

The Direct Payments service helps people eligible for support as assessed by Adult Social Care under the Care Act 2014, to access and manage a Direct Payment arrangement for all or part provision of support. The service has 411 adult recipients, of which there are 139 people employing PAs, 182 people attending day services and 196 people using agency support. Service users can access each service individually, or if assessed need/outcomes dictate, can access a mixture of services.

We have seen a small decrease in the number of people in receipt of Direct Payments over the last three years. We are committed to increasing the amount of people who currently receive personalised care which is facilitated by way of a Personal Budget/Direct Payment/Personal Health Budget and to facilitate this we have developed our Personal Assistant Recruitment Web, facility for Direct Payments.

To promote the PA Web and the concept of Direct Payments and Personal Assistant work we have visited job clubs and community drop-ins, had stalls at events including Trafford Live, overhauled marketing materials and featured case studies on social media. We are now looking to advertise on jobs platforms to attract potential candidates for this hyper-local, flexible and meaningful work. We recognise the need to develop the market for more variety and vibrancy of options, for people to spend their money on.

## DIRECT PAYMENTS CASE STUDY

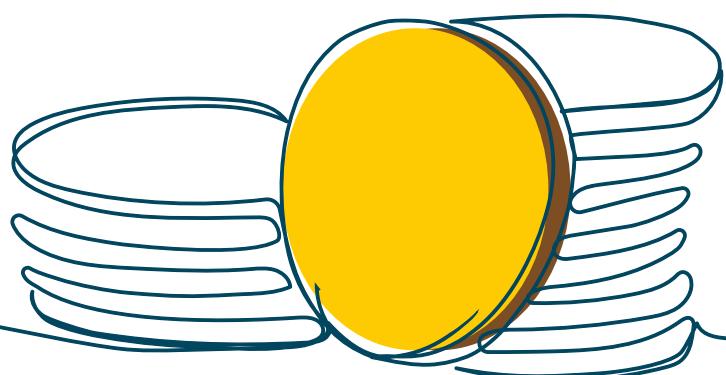
Pauline Delglyn, 63, of Old Trafford, employs Tiarra Morrison, 29, for eight hours a week, helping with whatever tasks are needed such as cleaning, meal preparation, shopping and going out and about in the community.

Pauline, who was born and brought up in Moss Side, is registered blind and leads a full life including playing keyboards and saxophone, teaching English as a second language, IT and Braille.

A former psychiatric nurse, she is a trained counsellor, active member of several community groups and hosts a radio show about health, wellbeing and local matters on local radio on Sunday mornings.

Pauline says: "I am well supported. I ask for help when I need it and the whole community looks out for me. I feel privileged to have Tiarra in my corner. She keeps me company, making sure I have my medication ready to take and reading my mail for me."

Tiarra said: "Being a personal assistant fits really well with other commitments in life and it's really nice to be able to support Pauline to do the things she wants to do."



# DIRECT PAYMENTS CASE STUDY



An artist with autism and learning disabilities is hitting career highs thanks to support via Trafford Council's Direct Payments scheme.

Sally Hirst, 24, is an artist in residence at the Everyday Art School at the Whitworth Gallery in Manchester. She has co-run workshops across the country to inspire people of all ages and was even named Young Creative of the Year at the Manchester Culture Awards last year.

Her success has been made possible by support from Venture Arts in Hulme where Sally attends several times a week at a placement funded by Direct Payments.

The good news comes as the Council encourages more residents to take up Direct Payments which offer choice and flexibility over care options, in line with its priority of facilitating health and independent lives for everyone.

Sally, of Old Trafford, has exhibited her artwork at Manchester's Jewish Museum, People's History Museum and Portico Library. She also co-curated an art exhibition in Bali. Most recently Sally ran a workshop about calm, supporting other Venture Arts artists to create designs for a new pop-up space in Aviva studios in Manchester.

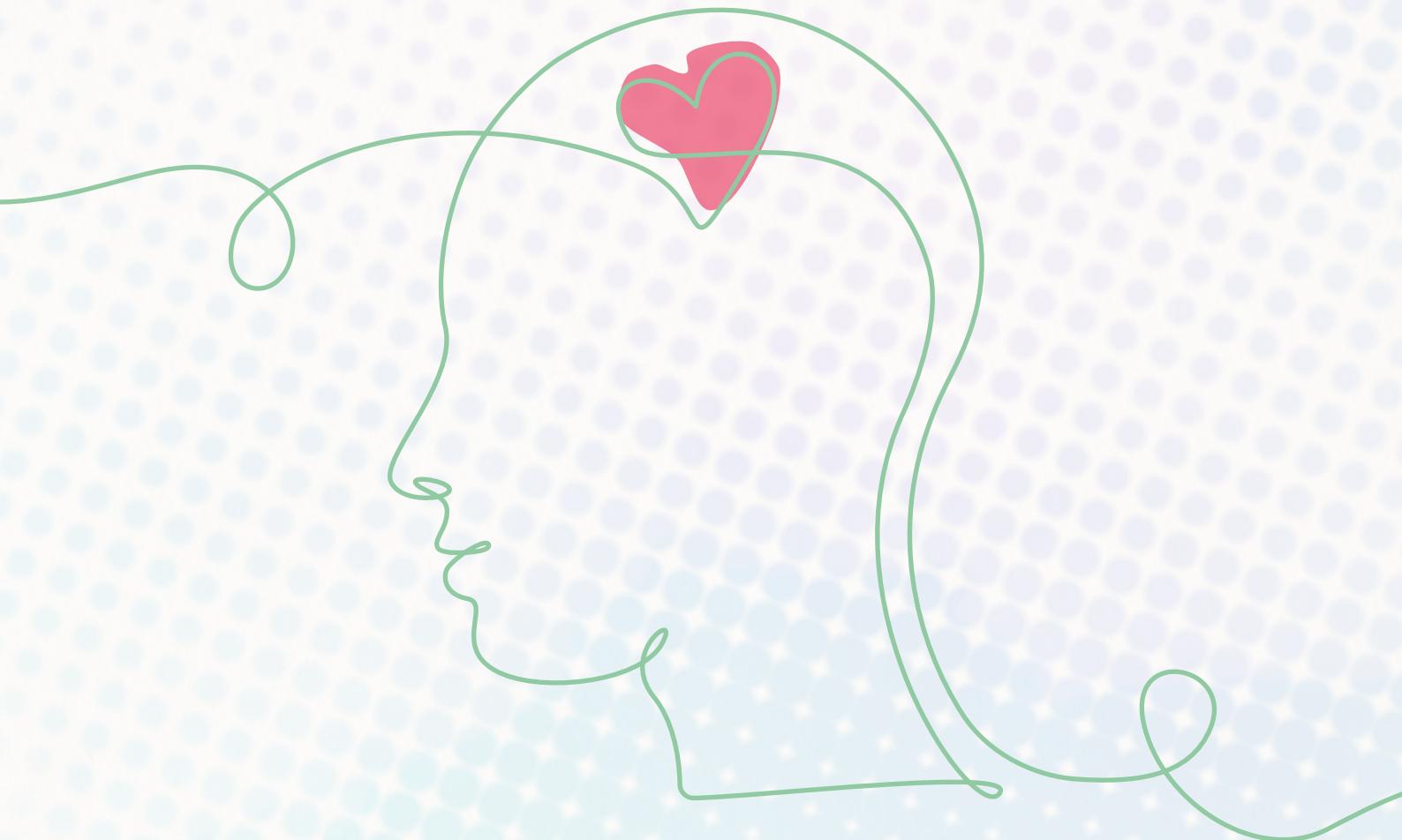
Despite suffering fatigue, Sally writes poetry and holds haiku parties, encouraging other authors. She has performed at the Tate in Liverpool and other high-profile venues.

Sally has been attending Venture Arts since withdrawing from college due to health problems as a teenager. She first took up weaving during lockdowns, spurred on by online support from her mentors.

She explains: "Venture Arts helps me to be an artist. I come up with ideas and they help me with research and development. Through Venture Arts I've also made friends and built my confidence. They have all sorts of connections that have helped to open doors for me."

Sally keeps busy full-time at Venture Arts and the Whitworth. She walks or uses her wheelchair to get there. Sally's mum, Emma Hirst, says: "It's amazing what Venture Arts and Direct Payments have helped Sally to achieve."

"We would recommend anyone eligible for Direct Payments to have a think about how it could benefit them and their lifestyle."



## MENTAL HEALTH SOCIAL WORK

ASC statutory duties under the Care Act in relation to mental health services have been delivered via a Section 75 partnership arrangement with Greater Manchester Mental Health Trust (GMMH) for many years. Engagement with our workforce, GMMH and colleagues in Greater Manchester has been completed in recent months, to understand performance, activity and outcome data, in addition to the experience of our residents and staff.

Further to this, an options appraisal and programme of work to support us to decide the model of delivery of social work statutory duties going forwards has commenced, with a view to supporting our staff to remain co-located within the mental health trust, but with direct line management and oversight within ASC to achieve better outcomes for our residents. Approval for this direction of travel for our mental health social work has been approved as at 21st July, 2025, at the Council's Executive (elected leadership team) giving the mandate to progress.

# THEME 2: PROVIDING SUPPORT

In Trafford we work together with our partner organisations to deliver personalised yet joined-up care for the residents who need us. We use our money wisely, to give everyone the best possible experience of our services, offering choices where possible, in reflection of people's diverse preferences and requirements.

## Our strengths

- **Good quality in-house provision across intermediate care, reablement and supported living.**
- **Driving high-quality care standards and avoiding provider market failure.**
- **Track record of significant investment, including Real Living Wage.**
- **Enhanced Provider support offer – co-production of the quality framework.**
- **Provider engagement.**

## Areas for improvement and direction of travel

- **Integrated Neighbourhood Team development.**
- **Co-production involvement plan.**
- **Respite offer.**
- **Improved choice and creative.**

## OUR STRENGTHS

### TRACK RECORD OF SIGNIFICANT INVESTMENT, INCLUDING REAL LIVING WAGE

Currently:

- 100% of homecare providers pay the RLW.
- 70 % of care homes pay the RLW.
- 82% (13 out of 16) of Learning Disability providers pay the RLW.
- 86% (6 out of 7) of Mental Health providers pay the RLW.

Trafford has a policy of preferring providers who pay the RLW. On accreditation, we put a three-year milestone plan in place to have all our contracted organisations pay the Real Living Wage and we audit progress against this annually. Additionally, Trafford is also Good Employment Accredited, with a yearly report to the Real Living Wage Foundation on our Accreditation.

In addition, 84 - 100% of Trafford's care and nursing homes are rated Good or Outstanding in CQC ratings (range relates to the size of the care home).

### PROVIDER ENGAGEMENT AND RELATIONSHIPS

We have developed strong relationships with our providers, including engaging on a quarterly basis across all specialisms, to provide opportunities to discuss key issues, understand challenges, and as a regular opportunity for guest speakers and question-and-answer sessions.

Our relationships mean that where providers experience an area of concern, they can go directly to the respective specialist commissioner to proactively work together to resolve it by way of guidance/advice. We have worked closely with Trafford's self-advocacy group, to support residents with awareness of safeguarding and community safety.

A monthly newsletter is sent out to all providers across Adult Services advising them of training opportunities, key local and national communications and priorities along with any good news stories.

Our in-house provider services benefit from integrated operating models, having access to extensive health professionals and health information and advice and collaborating with multi-disciplinary teams. The fact that Ascot House and Care at Home are co-located and that most referrals to the reablement service are from Ascot House or Trafford Crisis response lends itself to continuity of care and improved customer experience.

## DRIVING HIGH QUALITY STANDARDS AVOIDING MARKET FAILURE

Ensuring good performance and quality is everyone's business. Trafford has developed a Joint Quality Assurance Framework which defines the roles and responsibility of our Joint Quality Assurance (JQA) Board. The lived experience and satisfaction of residents and their families is key to this continuous improvement journey. Our feedback and evaluation systems support the care recipient and family voice to inform assurances and learning.

Our quality assurance approach incorporates intelligence collated systemwide from all Health and Social Care professionals attending services or individuals from a variety of sources.

Our Framework highlights the need for collated data which forms a measured picture of the ability of providers to deliver safe, effective, responsive, caring and well-led services.

Our services benefit from being in the heart of the community, ensuring that the people we support can go about their everyday life. A substantial proportion of our in-house workforce are Trafford residents, who have served the Council for decades, dedicated and committed to delivering high-quality, person-centred support.

Our in-house workforce allows for greater flexibility in terms of ensuring delivery. Our in-house services are rated as 'Good' by CQC. We recognise that they need to be developed as part of the wider market. We have improved how we provide information, advice and guidance to our residents who would like a Direct Payment as means of purchasing community services. This includes how we can support them to put a Direct Payment arrangement in place effectively. To facilitate this, we will review and change the information available on the Council's website, making it easier to understand and more accessible.

It allows us to identify thematic issues or poor practice and respond in a way that is measured and balanced to reduce the impact of poor practice or performance whilst providing an enhanced support mechanism to our providers to address the issues timely and efficiently.

Where there is a clear risk of low standards of performance the Framework affords Council officers a clear process to provide support for improvement whilst ensuring there are clear mechanisms for escalation in the event of lack of progression, improvement or engagement. In the last 12 months we have not been required to support any of our care providers facing business failure.

# OUR AREAS FOR IMPROVEMENT AND DIRECTION OF TRAVEL

## INTEGRATED NEIGHBOURHOOD TEAM DEVELOPMENT

As we drive forward with our Locality Plan ambitions, we are committed to developing our Integrated Neighbourhood Teams (INT) within each of our four neighbourhoods. Our INTs will be inclusive, bringing together the workforce from across the Council, MFT (as the provider for Community Health Services), Greater Manchester Mental Health and Primary Care, whilst connecting to broader stakeholders as and when required.

Our INTs will work collaboratively to ensure that a multi-agency/disciplinary approach will be adopted for our residents who have two or more agencies working with them to ensure their outcomes can be realised. The first INT has 'gone live' at Central (Sale) with the intention to have the remaining three operational by the end of 2025. A thorough process to 'test' our processes/approaches, whilst learning from the Central team's experience has been completed to inform best practice for the other teams' implementation.

## CO-PRODUCTION IMPROVEMENT PLAN

As part of the ILED programme we recognise that involving, engaging and coproducing with our residents is absolutely key to the successful delivery of our plans.

To do this we have developed The Trafford Engagement Approach Towards Co-Production plan, aims to actively engage care recipients, their families, carers and the wider community in the design, delivery and evaluation of services, fostering a shared understanding of needs, priorities and aspirations.

Policy is based on a Think Local Act Personal (TLAP) ethos, the initial engagement phase involves building awareness of the principle of co-production, the establishment of forums and an information pack, then advisory groups and training for stakeholders. This will be followed by setting up communication channels, holding co-design workshops and facilitating joint decision-making for service delivery.

Next will come feedback mechanisms, impact evaluation and a continuous cycle of review and adjustment. Success will be measured by increased participation, satisfaction among participants, service improvement and long-term sustainability. In addition, Trafford Locality Board has supported the development of the Trafford Integrated Care Partnership Engagement Framework, which will complement the draft Greater Manchester People and Communities Participation Strategy.

This will be a dynamic and flexible tool that ensures Trafford can meaningfully engage, people, communities, and staff at varying levels with a mix methodology approach – but importantly underpinned by consistent application of our shared principles and enabling systems and processes.

We have also recently commissioned Social Care Futures to help facilitate, 'Shaping our Future' a public-facing event to support the review of our 'front door' services and across the learning disability partnership board. We hope to build on the connections established at the event to support robust and meaningful co-production in Trafford.



## RESPITE OFFER

Trafford's offer on respite has been identified as requiring improvement with more choice and opportunities. The current offer for our older people is often limited to private arrangements within our care homes. In general, older people are often supported at home by family and friends. We recognise there is an over-reliance on family carers and informal support networks. We are going to address this by developing our offer to carers, ensuring more choice around carers' Direct Payments and Direct Payments in general. In 2024/25, 72 residents accessed regular respite care, with an average of 18 people per week.

For adults considered to have a learning disability, respite options include The Fairways Respite Unit and the Key Care building-based facility Church Road.

We are exploring the use of Shared Lives for respite, for people with learning disabilities and/or autism.

Residents must be referred by a health or social care professional following an assessment of their needs. Respite care includes for Shared Lives carers who have adults with support needs living with them, day service providers and emergency accommodation. We recognise that this is an area of improvement which will be informed by legislative change and changing demography. Using a Direct Payment can also provide an individual with care and support needs whether sessional or overnight, with a carer.

# THEME 3: ENSURING SAFETY WITHIN THE SYSTEM

Safeguarding and carefully managed, monitored and assured systems of care are there to ensure that residents are protected from abuse of any kind. We work with our partners to establish and uphold high standards in this area of operation.

## Our strengths

- **Safe pathways and oversight of hospital discharge pathways via our Urgent Care, Control Room and Rapid MDT (multi-disciplinary team).**
- **Strong offer to care providers to support safety at the hub.**
- **Infection, Prevention and Control service.**
- **Approved Mental Health Professional (AMHP) Hub.**

## Areas for improvement and direction of travel

- **Making safeguarding personal.**
- **Safeguarding practice and pathways across the service.**
- **Preparing for Adulthood (PfA).**
- **Interface with GMMH and ASC.**
- **Emergency Duty Team (EDT) responses.**
- **Safeguarding Adults Board interface with operational services.**
- **Improving the experience of our residents in accessing adult social care across hospital and community services.**

## OUR STRENGTHS

### SAFE PATHWAYS AND OVERSIGHT OF HOSPITAL DISCHARGE PATHWAYS VIA OUR URGENT CARE, CONTROL ROOM AND RAPID MULTI-DISCIPLINARY TEAM

Our Urgent Care offer in Trafford spans our four hospital sites to support safe and timely discharge from hospital, assuring assessments of need are undertaken in the community. Trafford Control Room provides support for people being discharged home from hospital. Established to complement the existing Health and Social Care offer within hospital settings.

Urgent Care is a multi-disciplinary team comprising of health, allied health and social care professionals supporting our residents out of acute settings and providing holistic assessments to support people back to independence or provide the support they require to meet any identified needs. This includes our Stabilise and Make Safe (reablement), Discharge to Assess (DtA), Care at Home, Intermediate Care and Crisis Response services delivered in partnership with the TLCO.

Our strengths include our relationship with key stakeholders including commissioners and acute trusts, and the creation of innovative roles including a Reason to Reside (RtR) lead, a dedicated Housing Officer and a DtA flow manager, to support hospital discharge.

This builds on the long-standing successful integrated working between health and social care in Trafford.

The Council has been set a combined target of reducing people classed as having 'no Reason to Reside' across the Manchester University NHS Foundation Trust footprint by the Manchester and

Trafford Urgent Care Board (noting that we have a shared hospital footprint and community health offer). The Trafford target is 10 discharges per day. Trafford consistently achieves this target.

In 2024/25 there were 3158 referrals through discharge to assess, with an average of 3.6 days waiting. To date in 2025 (since April), there have been 934 referrals, with an average wait of 2.6 days.

Trafford Control Room has effective oversight of capacity, demand and flow across the community by reducing barriers to discharge. In line with Trafford's strong and long-established 'home first' ethos, backed by the NHS, we commission Discharge to Assess beds across residential and nursing settings, to ensure no long-term decisions are made in the acute setting.

Trafford provides discharge support to Wythenshawe Hospital, Salford Royal Foundation Trust, Trafford General Hospital and Manchester Royal Infirmary.

## URGENT CARE CASE STUDY

Following a fall at home, Patrick was admitted to hospital. He was discharged to a Discharge to Assess (Dta) bed. It was assessed that Patrick was unable to weigh up the risks of going home from there, but he wanted to. He had social care and nursing needs alongside dementia but wanted to go home without care support.

He had a son who held Lasting Power of Attorney for Health and Welfare, who disagreed with his plan and decided he should go into permanent 24-hour care. Had Patrick been placed into permanent 24-hour care, it is probable that this would have involved restrictive one-to-one support as, he was a significant falls risk due to his physical and cognitive presentation.

The situation was heading towards an appeal at the Court of Protection, which would have resulted in a negative impact on Patrick's wellbeing.

We were notified of another son who lived in Ireland. This son wanted to support his father in his own home, with full family support. Our social worker was able to engage with Patrick who, then expressed a deep desire to go home to Ireland and be with his son and family. The social worker put this plan into action and Patrick was discharged to his son's home in Ireland.

Patrick's care and health needs have also improved in this new environment. The social worker is currently working towards displacing LPA from those family members who were not acting in their father's best interests.

# RAPID MDT CASE STUDY

Henry, an elderly gentleman living alone, was admitted to hospital following a fall, sustaining a clavicle fracture. He was living with Parkinson's disease, angina, and Lewy body dementia.

Initially deemed to lack capacity to decide on his discharge, he was referred to the Control Room for a Discharge to Assess (D2A) bed-based placement to determine his long-term needs. The Integrated Discharge Team at Trafford General Hospital assessed Henry's care needs as requiring two-person support for mobility and personal care, support with nutrition and hydration and assistance with toileting.

Historically, he would have been placed directly into long-term 24-hour care from hospital. However, under the established D2A model, he was transferred to a short-term assessment placement, aligning with the 'home first' principle and preventing premature long-term care decisions.

Henry's assessment was conducted by the Rapid D2A MDT, comprising social workers, physiotherapists, and occupational therapists. Contrary to the initial assessment, the social worker determined Henry had capacity and wished to return home.

Therapy teams completed a home access visit, arranged necessary equipment, and stepped down his care level to facilitate his safe discharge home. To mitigate risks, his D2A bed was held open for 72 hours post-discharge.

Henry experienced a fall at home due to low blood pressure. Paramedics facilitated his return to the D2A bed, avoiding hospital admission.

Over the next month, the MDT observed a deterioration in Henry's cognitive capacity. A reassessment by the social worker and physio confirmed he now lacked capacity regarding his care needs and falls risk. A Best Interest Meeting (BIM) was held with his Lasting Power of Attorney (LPA) representatives, home care provider, and MDT members. Despite professionals initially leaning towards 24-hour care, the BIM reinforced Henry's long-standing preference to remain at home.

A personalised plan was developed, incorporating additional equipment and Telecare to enhance safety, a flexible home care package ensuring responsive support and continued MDT oversight, with community physiotherapy input.

Without MDT input, Henry may have remained in long-term care prematurely. The D2A model ensured he had every opportunity to return home safely, in line with his wishes.

The development of the multi-disciplinary Rapid Multi-Disciplinary Team (MDT), compromising social workers, nurses, therapy and primary care professionals. and an additional post to support Community Neuro Rehab Services to work with hospital leavers, provides the assistance required to support people to return home in a safe and timely manner. This actively supports our commitments to hospital discharge whilst embracing our 'home first' ethos.

Whilst our performance in relation to hospital discharge is good, we are ambitious and want to make more improvements to the experience for our residents and supporting preventative and strengths-based decisions earlier in the discharge process. The review of access to ASC recently completed by Peopletoo has supported the need to consider how our support to discharge works, and where our workforce is best placed.

Whilst our teams support discharge across four main acute hospital sites, they do so on a Trusted Assessor basis, with recommendations for support on discharge made prior to referral to ASC by the multi-disciplinary staff on the wards. As such, the support is potentially over-prescriptive and does not always have a 'home first' approach.

We intend to review our arrangements in partnership with the Acute Trust with a view to re-establishing social work presence on the hospital wards more consistently as a key part of the ward-level MDTs. Governance around this is within the ILED programme as a key priority for our service transformation.

## INFECTION PREVENTION AND CONTROL-SUPPORT TO CARE PROVIDERS

The locality Infection, Prevention and Control Team are a sub-team of Public Health, commissioned from Manchester NHS Foundation Trust. The service provides IPC advice, support and training in the community, working closely with the ICB, care settings, acute and specialist services.

- Promote Prevention of Infection**

Through audits of care homes (CQC compliance), audits of GP's and primary care settings, training and education, implementation of best practice from lessons learned.

- Reduce HCAI Infection**

By providing advice on measures and interventions, review, feedback, and collaborative management of other healthcare associated infections, education and support to promote the reduction in prescription of broad-spectrum antibiotics, liaison with NHS Medicines Optimisation Team for robust treatment.

- Protect People from Communicable Diseases**

By providing specialist advice and support on infectious diseases, providing surge response in relation to community-based outbreaks and incidents, contact tracing and follow up of cases, educate and promote awareness to increase uptake of vaccinations, e.g. MMR and influenza.

## APPROVED MENTAL HEALTH PROFESSIONAL (AMHP) HUB

Trafford's AMHP Hub delivers the key LA statutory duties regarding mental health under the Care Act 2014. Most notably, this includes undertaking assessments and, where appropriate, arranging admission to hospital either under the Mental Health Act (1983), the Mental Capacity Act (2005) or voluntarily. The AMHP Hub operates as a stand-alone service for Trafford Council, managed by the AMHP Manager.

Trafford's AMHP Hub focuses on the person first, then process, aiming to reduce the need for an MHA assessment via more effective prevention and early intervention. The service undertakes joint assessments/visits where people are in crisis and on the cusp of hospital admission, as a way of reducing duplication of assessments, and to explore place-based options which are least restrictive while managing risks, empowering the individual and enabling care at home.

Trafford's AMHP Lead/ Team Manager is working collaboratively with partners to ascertain and develop alternatives to hospital admission, such as more intensive community support and professional interventions. When undertaking the AMHP role/ triaging a new referral, our AMHPs start with the following question: "What would stop them from making an application under the MHA 1983 today?"

The Emergency Duty AMHPs undertake assessment from 4.30pm until 8.30am. To ensure there is a smooth transition and handover for referrals to the out-of-hours team when deemed necessary there will always be a direct conversation between the daytime and EDT AMHP. As part of our continuous learning ethos, we are reviewing our current EDT and Daytime AMHP services to create greater resilience and cohesion and a more seamless service.

## AMHP CASE STUDIES

Carla an AMHP, assessed service-user Kian who is known to the North CMHT. Kian has a history of a relapsing psychotic illness who historically has posed some risks to his family. The referral was made by the CMHT manager following concerns expressed by his family that Kian had discontinued his medication and had become reclusive and behaving in a way that indicated that he may be unwell.

The assessment was carried out with one of the North CMHT consultants and an independent s12 doctor. On assessment Kian was able to explain that he felt he had been over-sedated by his prescribed medication, but he was willing to try an alternative medication which he felt had been beneficial to him previously. A decision was taken to refer to the Home-based Treatment Team (HBTT) to support him with new medication, which he could take whilst remaining at home.

A GP referral came into the AMHP Hub regarding Perry. He had a history of anxiety and marked changes within his mood associated with bi-polar disorder. Perry was living at home with his wife and was becoming increasingly chaotic and manic. He was over-active with reduced sleep. A decision was taken for AMHP Carla to screen the referral with one of the clinical leads in the South CMHT. A joint visit took place following which a decision was taken to refer Perry to the HBTT for a review of his medication and ongoing monitoring of his mental state. Perry's wife indicated that she would prefer that he remain at home and not be admitted to hospital, as she felt this could potentially heighten his anxieties and have a detrimental impact. All agreed that it was very important to seek the least restrictive option in this case.

In both cases, the HBTT accepted the referral following the assessment and continued daily visits, avoiding psychiatric hospital admission.

# OUR AREAS FOR IMPROVEMENT AND DIRECTION OF TRAVEL

## STRONG OFFER TO CARE PROVIDERS TO SUPPORT SAFETY AT THE HUB

We have carried out a detailed analysis of the Adult Safeguarding (SAC) benchmark data in 2023/24 and 20/25 and this has helped inform our approach for affecting an improvement in three key areas: safeguarding concerns volume, Section 42 enquiries started and completed and the conversion rate for concerns to enquiries started.

Historically, when reviewing benchmark data, Trafford has been an outlier for the safeguarding concerns volume, with a rate of 3,762 per 100K Adult Population in 22/23, resulting in Trafford having the highest rate in England. After a review of how concerns were triaged and recorded in the system, and a change in our approach, the volume of concerns per 100k Adult Population reduced significantly to 656 in 23/24. By way of comparison, the northwest rate in 23/24 was 1,319 with the rate for England being 1,361.

While there was evidence of positively addressing our previous 22/23 outlier status, our lower rate was being seen as an improvement. However, it also raised questions about whether the 23/24 rate was now too low, and whether it was an accurate reflection of the volume of safeguarding concerns that should be coming into Trafford. Following detailed analysis and deep dives into data at neighbourhood level, as well as a focus on safeguarding improvements through the year, we are now projecting a provisional rate for concerns per 100K Adult Population of 1,156 for 24/25, which is more in line with England and the North West.

Further focus is also on the Section 42 enquiry per 100K Adult Population rate, which was 159 in 23/24, compared with the England rate of 390. The provisional figure for 24/25, has remained statistically low at 155. It has been identified that a contributing factor is the significant volume of enquiries that were still open at the end of the reporting period with circa 73 cases still open at the time of the final SAC return submission. This has resulted in a focus on systems to streamline the closure process with steps being put in place to monitor and review all open cases on a quarterly basis and to ensure timely investigation and closure, where appropriate.

Demands and pressures in the safeguarding system continue to be a challenge for Trafford. For example, since April 2025, 816 concerns have been received, 259 of which have led to a safeguarding enquiry having met the S42 criteria.

We have undertaken a systemic review with operational staff, following receipt of their feedback from wider engagement sessions and with our performance colleagues, which led to several process changes. This has resulted in our 24/25 data set showing our referral rates and conversion rates now aligning to our statistical neighbours and our Making Safeguarding Personal (MSP) increasing by 20%, bringing us over 90% satisfaction rates.

The Trafford Multi-Agency Risk Management (MARM) Framework is a multi-agency approach created to assist with managing cases relating to adults where there is a high level of risk, but the circumstances may sit outside of the statutory Adult Safeguarding framework and for which a multi-agency approach would be beneficial.

## SAFEGUARDING ADULTS BOARD INTERFACE WITH OPERATIONAL SERVICES

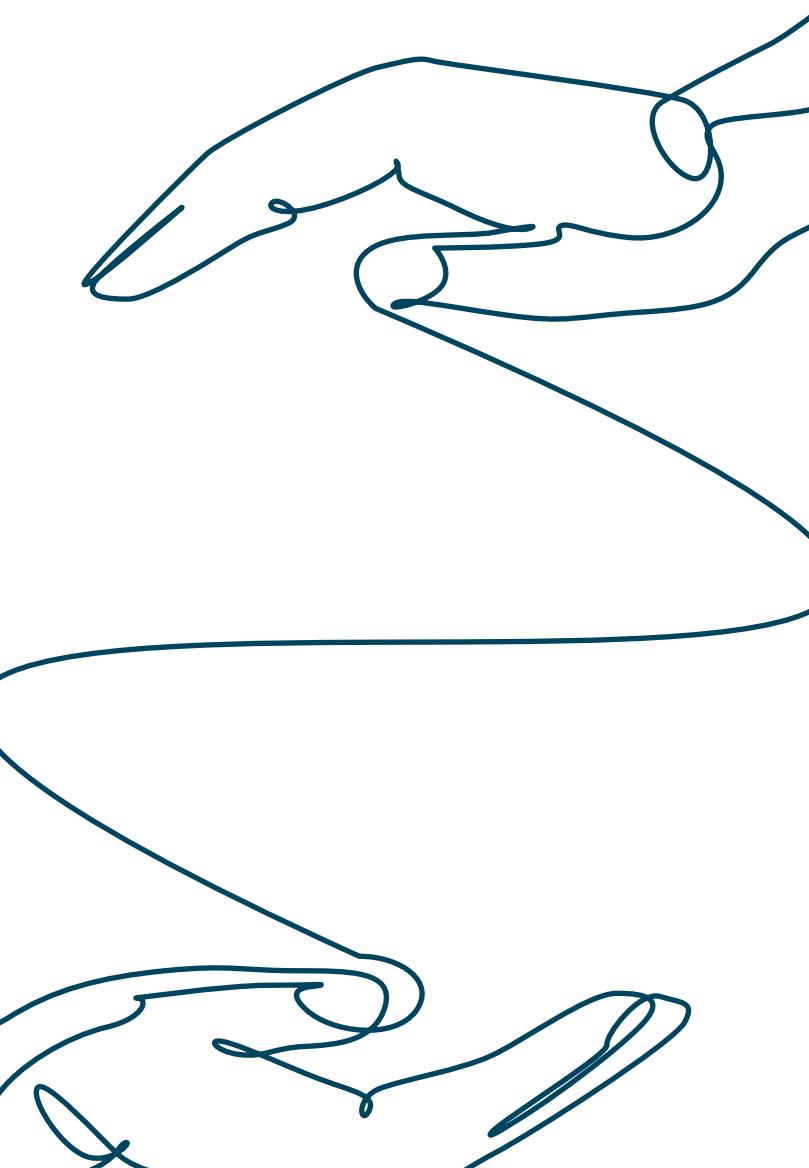
This was developed following local learning and recommendations arising from both our own and national Safeguarding Adults reviews. The framework will be useful to professionals working with adults who are experiencing a high level of risk from events and circumstances. The framework was launched in May 2024 following online briefings attended by over 120 members of the Trafford workforce.

The Safeguarding Adults Board (TSAB) was established in early 2025, having separated from the partnership with Children's Services (Trafford Strategic Safeguarding Partnership, TSSP). A full review of associated governance, subgroups and their workplans has been completed, and activity has commenced.

The Board Manager role is currently being recruited to, with interim oversight in place via the business unit, and oversight from the Assistant Director of Quality and Improvement to ensure our statutory function are delivered. Once in post, the Board Manager will undertake a thorough review of the implementation of the subgroups and all Board-related activity.

A Peer Review undertaken by the LGA in 2024 highlighted a need for clear plans to address consistent practice across all teams, most notably regarding making safeguarding personal, the application of the Mental Capacity Act, and ensuring that underpinning processes and policies support the delivery of service and support. These recommendations have been built into the strategic plan for the TSAB and ILED.

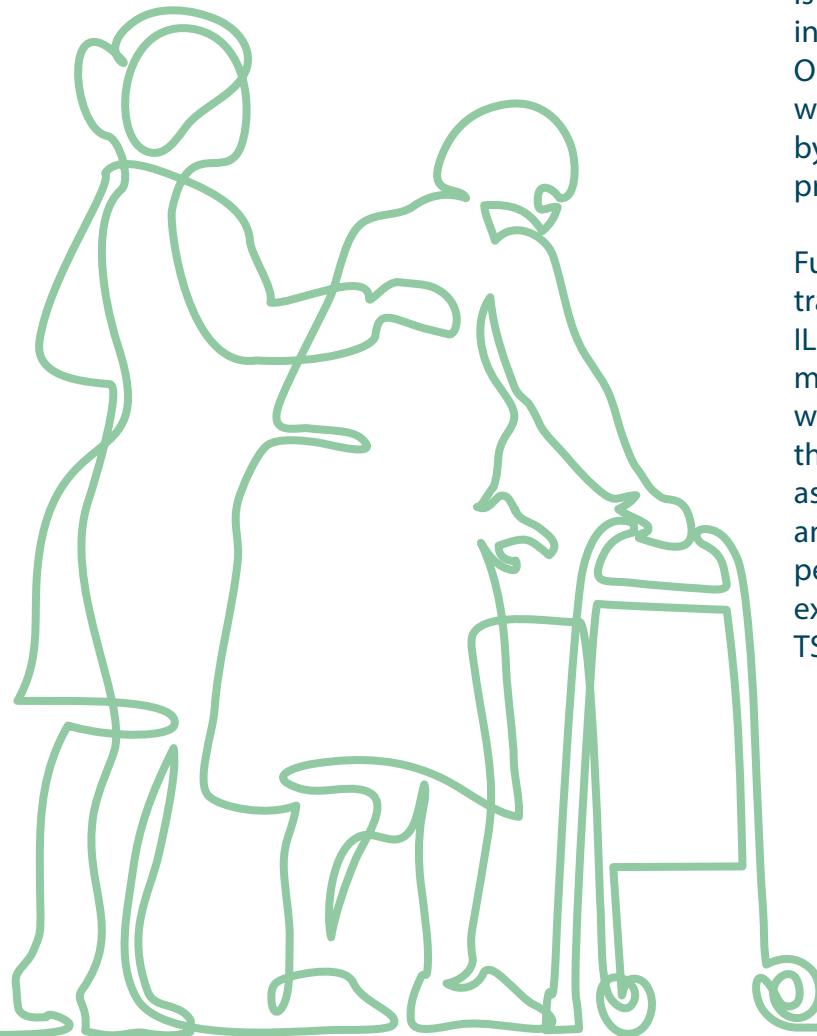
The strategic work of the Safeguarding Adults Board will support the operational practice of the service, the learning and development of practitioners and robust relationships across the partnership. Safeguarding in Trafford is a key DASS priority within the ILED improvement programme. Further development of practitioner confidence and training in safeguarding and the MARM framework will be explored as part of ongoing partnership learning and the workplan for the Board in conjunction with the PSW.



## PERSON-CENTRED SAFEGUARDING PRACTICE

We have adopted a thematic approach to the learning from our Safeguarding Adults Reviews (SARs) allowing us to continually build on learning, rather than dealing with recommendations from individual SARs in isolation.

This has included undertaking a SAR recommendations audit and workshop to map activity. We have developed tools to measure our quality and performance in respect of SARs. Furthermore, we have achieved a commitment from partners to improve data provision and developed an agreed data set and adult score card.



## PREPARING FOR ADULTHOOD (PFA)

Following the SEND Inspection, completed in October 2023, and completion of peer reviews plus ongoing attendance at collaborative carer events – jointly delivered with our SEND Improvement Lead – there has been increased planning activity and earlier allocation of young people who are within the preparation for adulthood cohort, aged 14 to 17 years and 11 months.

In the period of 2025 through to 2026 we have data confirming 26 referrals for young people. Of those, 22 have a named worker before the age of 18, meaning in 86% of cases we have met our ambitions.

In addition, there is an acknowledgement that allocating an adult worker, no later than 17.1 years is not where we want to be, but this will be an incremental approach once practice is embedded. Our case file audits are also indicative as to whether a young person was being supported by our Preparing for Adulthood policies and processes.

Further development of the PfA-related transformation is being developed within the ILED programme, with specific focus on the multiagency working to support young people who may not have care and support needs under the Care Act, but where there are significant risks associated with contextual safeguarding, trauma and multiple complexities. This is particularly pertinent for our care leavers, and as such is being explored as a key priority for joint work across the TSAB and TSSP.

# PREPARING FOR ADULTHOOD CASE STUDY

Paxton was diagnosed with a genetic condition causing poor growth, learning disabilities and behavioural problems. He lives at home with his parents and sister, is bright and energetic and loves loud music and drums, which are stimulating for him. He attends a specialist sixth form. Paxton had a personal assistant, but they were not able to continue due to his hitting, grabbing hair, stomping on feet, etc, when anxious, and his family were struggling with his behaviours.

He was allocated Caitlin as a social worker who oversaw a transfer of care from CAMHS to our CLDT psychiatrist, involving new assessments. She arranged respite via the Short Breaks Team and began the Preparing for Adulthood process. Some challenging behaviour during transition visits to the respite facility was worked through, including Paxton being supported by male staff, and the additional support from social care has enabled him to continue living in the family home, and an enhanced quality of life for the whole family.

Work with Paxton continues, helping his family to feel supported and confident, and for him to take part in new opportunities and activities. Collaboration with education and health colleagues, use of relevant legislative frameworks and Caitlin's work to ensure Paxton's voice was integrated into assessment and planning, combined to achieve successful outcomes.

## INTERFACE WITH GMMH AND TRAFFORD ASC

Community Mental Health services in Trafford are delivered in collaboration with Greater Manchester Mental Health NHS Foundation Trust (GMMH). Our social workers are deployed and managed via a Section 75 agreement into integrated teams who support adults of all ages. As outlined earlier, this is to be revised, and a full transformation programme has started.

While additional Adult Social Care management roles have been introduced in recent years, most notably Strategic Lead, Service Manager and Team Manager for the AMHP Hub, the delivery of the statutory responsibilities under the Care Act is being reviewed. This area forms one of the DASS priority workstreams of the ILED programme, across service delivery, leadership and culture.

## EMERGENCY DUTY TEAM (EDT) RESPONSES

The Emergency Duty Team is responsible for providing out-of-hours responses under the Mental Health Act 1983, the Care Act 2014, and the Children Act 1989. Managed within the ASC directorate, EDT has expanded its staffing and management support over the past few years in response to increased demand.

Through this work the team has provided 2,841 instances of supported to 1,017 individuals. Approximately half of these were in relation to adults.

Further to the findings of an ILAC inspection across Children's Services in 2022, an ongoing assurance process is in place which supports the delivery of a development plan for the service. This is being incorporated into the ASC Improving Lives Every Day programme within the delivery of improved access to ASC.

# THEME 4: LEADERSHIP

Trafford Council's Corporate Plan sets out the strategic direction and framework for everything we do in Adult Social Care and the rest of the Council. The strong governance mechanisms we have in place ensure the effective scrutiny, challenge, collaboration and ultimately delivery of this plan. Leadership and Culture forms the foundation tier of the ILED programme, with oversight and direction from the DASS.

## Our strengths

- **Partnership working.**
- **Leadership & Culture within the ILED.**
- **Employee wellbeing.**
- **Trafford Learning Academy.**
- **Values driven culture.**
- **Social Care -Workforce Race Equality Standard (SC-WRES).**

## Areas for improvement and direction of travel

- **Governance.**
- **Data use at all levels.**
- **Equality, diversity and inequalities in service design, delivery and policy.**
- **Quality improvement journey.**

# OUR STRENGTHS

## PARTNERSHIP WORKING

Trafford has a well-established adult commissioning service, with a strong operational focus, working closely with colleagues in delivery. A commissioning framework for most areas is provided by a Greater Manchester framework together with our own Trafford strategies.

Because of our aligned structure, we have a close working relationship with parties within NHS Greater Manchester, the locality transformation and delivery functions and we work closely in such areas as Enhanced Health in Care Homes, the rollout of Technology Enabled Care and quality assurance.

ASC has a long track record of working collaboratively with the NHS, for example through joint commissioning of mental health, learning disability and voluntary services, and on a range of joint funded arrangements through the Better Care Fund (BCF), facilitated in part by a jointly funded health and social care programme management office.





## LEADERSHIP & CULTURE – ILED

There have been changes in Adult Social Care leadership since August 2024 with the then Corporate Director of Adult Services (DASS) leaving the Council. As the DASS role carried a range of statutory responsibilities our Corporate Director of Children's Services was asked to hold these responsibilities alongside their existing role and lead the Adult Social Care Team.

With effect from 13 January 2025, the Interim Corporate Director of Adults and Wellbeing, came into post, and will be in post until June 2026 to support consistency of leadership, embed the transformation work and to support stability across the workforce.

We are in the process of reviewing our Directorate Management Team (DMT) and our leadership approach, and model. We are committed to making things clearer and more transparent for our staff, ensuring that they feel connected to DMT and the wider organisation, and that they have the tools including policies, procedures, IT plus managerial support and oversight they need to do their job.

We acknowledge that three key roles in the DMT are interim posts. It was necessary to cover the roles with skilled and experienced leaders to support the rapid delivery of transformation, robust leadership, and the stability of the overall service. The decision reflected the risks of not having cover in place, whilst also bringing much-needed capacity into the service, to deliver transformation whilst also ensuring the core statutory functions of the service are delivered.

Adult Social Care benefits from a strong officer-member relationship across all parties, underpinned by an effective formal and informal governance structure. The Council Leader and Executive Member for Healthy and Independent Lives provide vision and insight. There are strong, open and constructive relationships between Adult Social Care officers and members from all parties.

Political and corporate leadership has been identified as being strong and this has been reflected in the external reviews that have been conducted including our Corporate Peer Challenge (January 2025).

## **Examples of this include:**

- The Leader of the Council, the Executive Member for Healthy and Independent Lives (including Public Health and Adult services), the Chief Executive, Director of Children's Services (DCS) and Director of Public Health all being active members of the Improving Lives Every Day (ILED) Board.
- The Executive Member chairs and leads boards such as the Health and Wellbeing Board and the Trafford Carers Partnership as well as being a member of the Trafford Mental Health Partnership, which supports direct connectivity with stakeholders and those with lived experience.
- The independent chair of the Safeguarding Adults Board is a member of the HWB, Community Safety Partnership (CSP) and ILED Board which ensure connectivity across strategic partnerships. In addition, the Chair has regular meetings with the CEX and DASS to further promote ownership and line of sight to key issues.
- Changes to our internal governance and leadership arrangements are further strengthening our collective line of sight to practice. The CEX undertakes a regular programme of meet the teams across the directorate. In addition, the DASS and DMT are visiting all teams on a rolling basis.
- The Adult Social Care directorate is engaged in the Social Care Workforce Equality Standard which supports organisations to address evidence and make progress towards race equality. The SC-WRES requires local authorities to collect and submit data on an annually to highlight differences in experiences of Black, Asian and minoritised ethnic staff. The process holds up a mirror to reveal inequalities, supports change, and strengthens the accountability of organisations. ASC has proactively sought support to 'buddy up' with other local authorities to share learning, and best practice.
- A SC-WRES action plan has been developed, in conjunction with the Council's recently launched Anti-Racist Policy. Further support is being explored with representatives from the Anti-Racist Movement (ARM) via the British Association of Social Work (BASW) to help us deliver anti-racist practice supervision, 'safe spaces' for peer support and management training regarding how to support these conversations, grounded in psychological safety and trust.
- 'Let's Talk Adult Social Care': we have reshaped our engagement with frontline staff. In addition to team visits from the DASS, Directors and PSW, we held a series of engagement events over the late spring/early summer to update staff on the new leadership team, ILED programme, and DASS priorities. This included activities for staff to take part in, and opportunities to ask questions of the leadership team. Whilst providing the opportunity to give service updates, it is also a space to build relationships and trust across the teams. The events will run on a quarterly basis going forwards.
- Our Principal Social Worker was appointed in April, and is in the process of visiting teams, working with managers and frontline staff, and building relationships across the service, and with wider system partners. The role has moved into the Quality and Safeguarding portfolio, taking a leadership role within the senior leadership team, focussing on practice improvement, workforce development and championing the voice of our residents.

The ASC workforce constitutes a considerable proportion of overall staff in the Council and is responsible for delivering key statutory duties for the local authority.

### **Adults & Well-Being Workforce: June 2025**

In June 2025, the Adult and Well-Being Directorate comprised of 421 (Headcount) staff in post (361.33 full time equivalent (FTE)). Of the 421 headcount there was only 1 employee with 2 part time roles (1 in Ascot House and 1 in Better Care at Home).

They include the following services:

- Adult Social Care: 189 (171.72 FTE): includes GMMH 29 (24.84 FTE), Armed Forces 2 (1 FTE), Integrated Customer Engagement Team 7 (6 FTE) and Welfare Rights 7 (5.80 FTE).
- Commissioning: 24 (23.2 FTE): includes Adaptations Team 8 (8 FTE) and Programme Director 1 (1 FTE).
- Provider Services: 139 (111.27 FTE): includes Direct Payments 11 (10.21 FTE).
- Business Admin Hub: 144 (134.08): include Adults and Children's.

With regards to Commissioning, the Clinical Commissioning Team and the Children's Placement and Early Help moved into the Children's Services Directorate in September 2024.

Public Health became a Directorate on 01 April 2025.

We have a draft workforce strategy that accounts for the total workforce, including in-house provider services. The strategy references working in partnership and at a locality level. This strategy will be underpinned by delivery plans for the different teams. These will be developed in the coming months, overseen by the Workforce Development Group.

Our people are our most valued resource in how we provide great services and make a real difference to the community we serve. Safety, health and wellbeing should be part of everything we do. Our joint aim is to prevent both injuries and ill health to our workforce and others who may be affected by our work and prevent work-related absence.



This is firstly achieved within the principles of 'sensible risk management'. This is about taking practical steps to protect people from real physical and mental harm by ensuring appropriate arrangements are in place for staff to manage those risks effectively through risk assessments, safe working practices and training.

Secondly, the wellbeing of our staff forms an integral part of all we do and links closely with our Corporate Priorities. Our ongoing ambition is that the Trafford workplace consists of environments and working arrangements that encourage and enable staff to lead healthy lives and make choices that support positive wellbeing. This includes ensuring work-life balance for both their physical and mental wellbeing.

We have invested significantly in our wellbeing approaches for our workforce and have a comprehensive health and wellbeing intranet offer, which includes a range of online, accessible resources on health and wellbeing topics.

These include 'lunch and learn' bite size sessions on matters including working from home/hybrid working, developing resilience and positivity, mental health and wellbeing, financial wellbeing, managing stress, leadership and wellbeing, health and wellbeing bites, employee wellbeing support services, digital wellbeing, menopause resources, learning toolkits, back in the workplace and suicide awareness.

The Council health and wellbeing offer includes a range of employee wellbeing support services such as Occupational Health, Employee Assistance Programme, Physiotherapy, Access to Work, Digital Screen Equipment Assessments and Remploy/Access to mental health support services.

Our EPIC Promise to support the health and wellbeing of colleagues is underpinned by our wellbeing principles, shaped by colleagues and to support everyone in creating a healthier approach to good working practice.

Mental Health First Aiders are trained in-house volunteers who are a point of contact if employees, or someone they are concerned about, are experiencing a mental health issue or emotional distress.

They are not therapists or psychiatrists, but they can give initial support, signpost to appropriate help if required, and are generally available during usual office hours.

The Working Well Passport Working Well Passport is a voluntary, supportive tool that has been developed in collaboration with our staff forum groups. It is a live document that staff can use to record information about their individual circumstances and needs. As well as any adjustments or changes that have been agreed between them and their line manager as part of their EPIC check in session.

## APPRENTICE SOCIAL WORKER CASE STUDY



One-time army cook Richard Dodd, 93, was referred to Trafford Social Services by his nieces after illness and weight loss. An active and independent man, he consented to short-term rehabilitation with an agency, focusing on nutrition and healthy weight, before moving on to a long-term plan.

He was supported by social work apprentice Laura Titterington for a few weeks, to help him to continue to live well at home in Sale, organising a daily carer and other support for him.

Laura went over and above expectations, writing to the Government to secure an official veteran's badge that he wore to his local Remembrance service for the first time in 2024. Richard sadly passed away in hospital after a fall in January 2025.

## TRAFFORD LEARNING ACADEMY (TLA)

TLA was established in 2018 to proactively encourage and inspire people to choose a rewarding career in Adult Social Care. Since its commencement, TLA has proudly worked to celebrate and promote a culture of continuous learning and improvement via a variety of methods, including working in schools, college/HEI engagement programmes, provider/employment networks, delivering tailored learning sessions.

We have recently launched the reviewed and updated ASYE programme to better support newly-qualified social workers as they begin their careers. The comprehensive refresh builds on feedback from past and current participants and stakeholders, ensuring the programme remains relevant, impactful, and aligned with the evolving demands of Adult Social Care. With a renewed focus on skill development, resilience, and reflective practice, the updated ASYE programme is designed to empower newly qualified social workers to thrive in their roles.

Our HR Learning and Organisational Development Team supports the coordination of the Assessed and Supported Year in Employment (ASYE), supported by the Senior Workforce Development Practitioner in Adults.

Our Social Work Degree Apprenticeship commenced in 2018. Three places have been on offer each year apart from in 2023 when the programme was paused for review. To date we have had eight apprentices graduating and moving into internal social work roles. We have maintained 100% retention of these workers.

This programme involves working in substantive frontline positions in social care, while completing a degree in social work through a local university. Graduates have progressed to ASYE. AMHP training will also be offered as part of the CPD opportunities. In addition, 5 Social Workers have progressed to Experienced Social Worker grade in the past 12 months, some of whom started in the service as business support officers and have progressed via the apprenticeship route.

## VALUES DRIVEN CULTURE

The leadership and culture workstream of the ILED programme is rooted in the values and ethics of both social work, and the Council's corporate EPIC programme. Led by the DASS and the Assistant Director of Quality and Improvement, key areas include policy, workforce strategy, PSW workplan, EDI and quality assurance.

***Our Values are EPIC. We Empower, We are People Centred, We are Inclusive and We Collaborate. This approach was developed in 2019 through a series of workshops with staff and has been the touchstone for our working culture ever since, as we have seen the Council grow and develop.***

Our values are underpinned by a Behaviour Framework aligned to each of our values that outlines what "good" looks like if we are truly embracing and living our values. We want every colleague who works for Trafford to champion and embed our values and behaviours into their day-to-day work. This way we can all make a difference and contribute to ensuring Trafford is an EPIC place to work and has a supportive culture that enables us to achieve our vision and priorities.

Our EPIC Pioneers are our people champions. They are actively involved in supporting us to promote, champion and embed our values and behaviours. They motivate and inspire people to get involved in our health and wellbeing activities, promote the importance of completing our engagement survey's (b-Heard), help shape and influence our people policies such as our check in process and paperwork and have even found the time to pioneer our EPIC Promise.

Through embedding our values and behaviours in our day-to-day work, we can ensure Trafford has a supportive culture, with thriving employees who are happy, safe and healthy at work.

# OUR AREAS FOR IMPROVEMENT AND DIRECTION OF TRAVEL

## GOVERNANCE

A review of the internal governance across Adult Social Care has been completed in line with the refreshed Improving Lives Every Day programme, aligned to the corporate governance structure, the Council's Constitution, and the financial Scheme of Delegation.

Leadership and culture form the foundational layer of the ILED programme, ensuring that our workforce, and in turn our residents, are clear where decisions are made, by whom and for what reason, with a valid evidence base.

Terms of reference are in place for all formal forums, are reviewed regularly and shared with relevant involved members. Priority for this area is to engage with our workforce at all levels to ensure familiarity and confidence in decision-making, and their role in the relevant processes.

We have taken an approach to link relevant CQC evidence domains, with each ILED area, and ASC performance indicators. As such, clarity of purpose, relevance and context is clear.

Risk management is a key element of our effective corporate governance. The Council has an up-to-date Risk Management Strategy, and the Strategic Risk Register is regularly reviewed and monitored, with mitigations put in place. These are presented regularly throughout the year to both the Corporate Leadership Team, and the Accounts and Audit Committee. As a result of the changes, we are starting to see progress and better understanding of the interdependencies relationship between individual and corporate accountability.

## DATA USE AT ALL LEVELS

Data is key to understanding our activity, service delivery, impact on residents and in evidencing the delivery of our statutory duties. We have taken time to evaluate and understand the context and detail 'behind' the numbers, how reports are generated, which aspects of our electronic system are used to report from, and to understand the interface between operational teams and the data. Oversight of performance across the directorate is now achieved via the performance clinics referenced earlier in this document, feeding to the monthly Performance and Improvement Group, chaired by the DASS.

Use of the Power-bi system is enhancing how we use data to inform policy and decisions, and a review of the governance around performance reporting has led to the introduction of performance clinics. This approach will support frontline managers to interrogate the data, and gain assurance in what is being reported. This will also support frontline staff to gain a better understanding of their role in overall service performance, how that is reported regionally and nationally, and how data informs decisions around service, commissioning and finance.

## QUALITY IMPROVEMENT JOURNEY

Our Improving Lives Every Day programme, outlined in the first section of this document, is central to our improvement journey. We have a good range of data from multiple sources available to us, data which has been developed into dashboards and embedded within each workstream of the programme.

# CONCLUSION

This self-assessment reflects a shared commitment across Trafford to continuously improve how we support people who draw on adult social care. We have been open and honest about where we are performing well, where we need to improve, and what we are doing to make change happen.

Our approach is grounded in Trafford's EPIC values — we are Empowering people to live well, People-centred in everything we do, Inclusive in our decision-making, and Collaborative in how we work across teams, services, and communities.

We are applying the ILED model to drive improvement — Identifying gaps and opportunities, Learning from evidence and lived experience, Exploring ideas with partners, and Delivering actions that lead to better outcomes. This is not a one-off assessment, but part of a wider culture of reflection, ambition, and accountability.

We know we still have work to do. But we are clear in our direction, we are listening to people, and we are working with energy and purpose to build a stronger, more responsive adult social care system in Trafford.



**Maggie Kufeldt**

Corporate Director for Adults and Wellbeing  
(DASS)



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