

Trafford Locality Plan 2025–28



Executive Summary

Trafford

Integrated Care Partnership



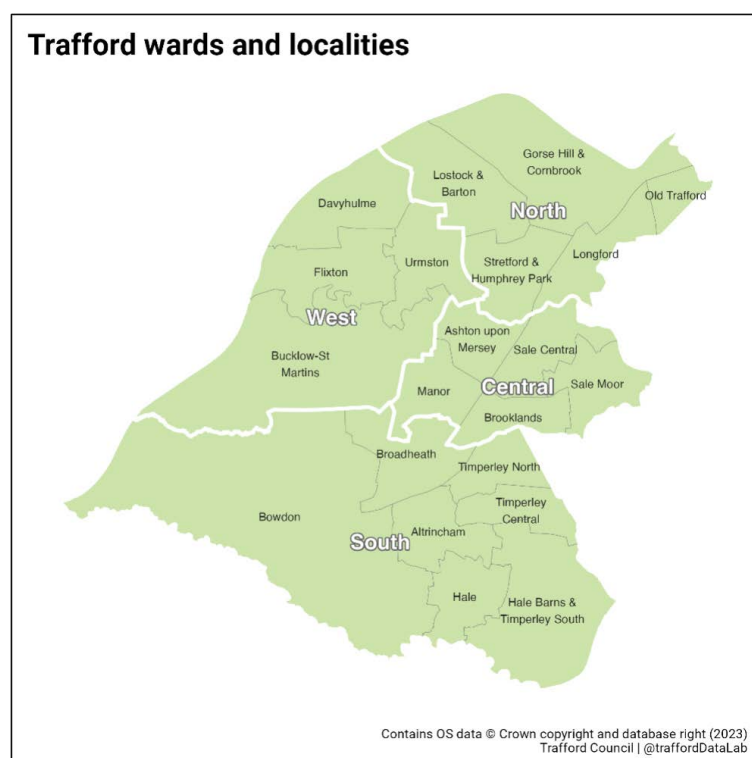
Part of Greater Manchester
Integrated Care Partnership



1. Executive Summary

1.1. Introduction

- 1.1.1. The borough of Trafford has long been a place to live and age well. Steeped in history, it's also a national and international hub for culture and leisure. Our diverse population of more than 235,000 people guide us as we develop and deliver health and social care services that our residents deserve.
- 1.1.2. Trafford Integrated Care Partnership planning is built around our towns – Altrincham, Stretford, Urmston, Partington, and Sale – and neighbourhoods, and by working with other localities in the Greater Manchester Integrated Care Partnership. We'll achieve our aims by bringing together partners and colleagues to design and deliver on our ambitions for better lives for our most vulnerable people; better wellbeing for our population; and better connections across our communities.
- 1.1.3. The Locality Plan is a strategic document that describes the link between our understanding of needs and opportunities in health and wellbeing, and our coordinated response to them.
- 1.1.4. There is a requirement on all GM localities to produce and publish such a plan, complementing other relevant plans within the locality and at Greater Manchester level.



1.2. Our Aspirations & Cooperative Commitments

1.2.1. Our Locality Plan sets out the aspirations and commitments from across our health and care system, and how we will work together to improve the health of Trafford people

1.2.2. We previously established a set of ‘aspirations’ that detailed our collective level of ambition: Better lives for our most vulnerable people; better wellbeing for our population; and better connections across our communities. The foundations of these aspirations remain a cornerstone of what we want to achieve with our Locality Plan. Stakeholders, partners and people have fed back some small but significant amendments to ensure our aspirations are reflective of our shared endeavours. We want our residents to live in good health, remaining independent in their own homes wherever this is possible.



Stronger communities



Healthy and independent lives for everyone



Better lives for our most vulnerable

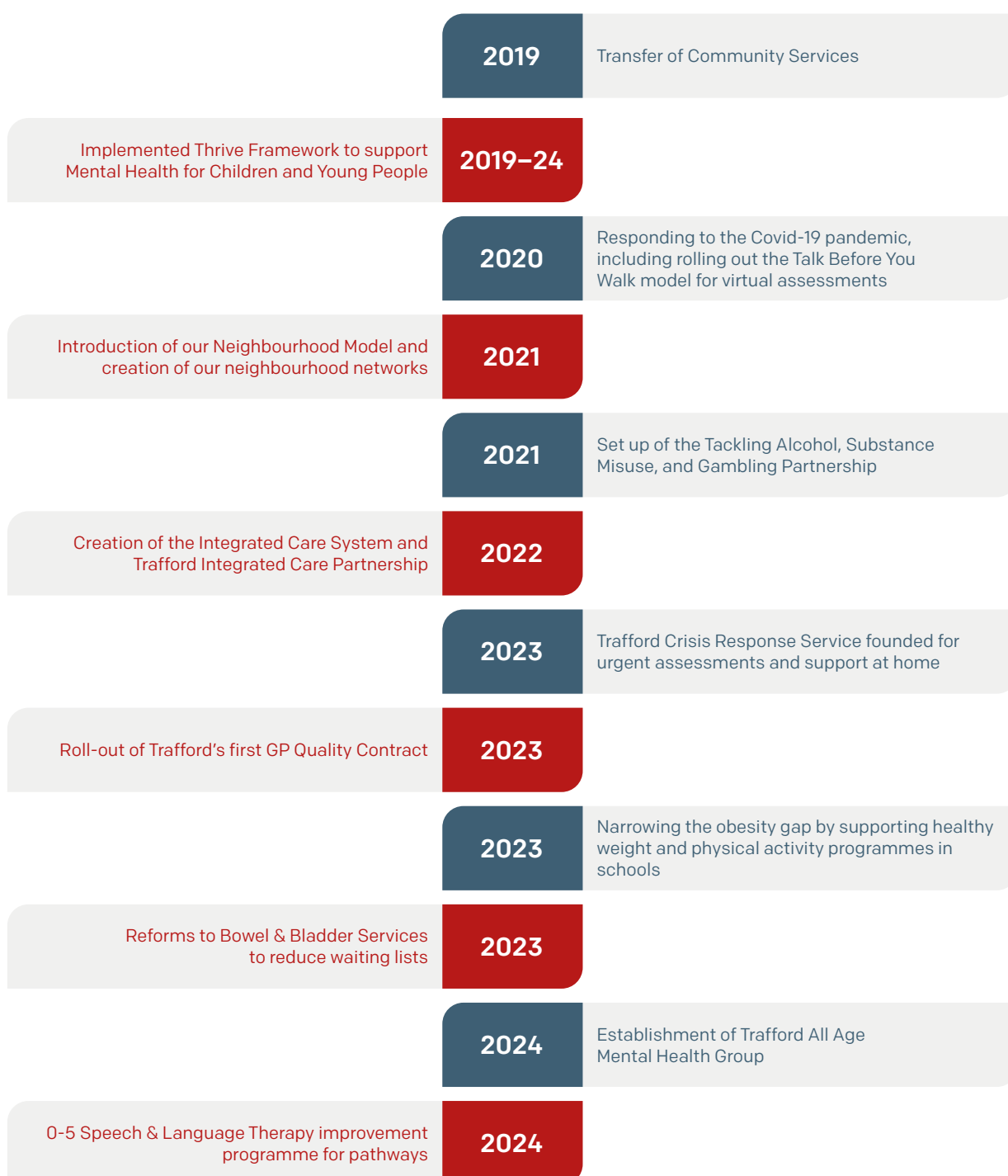
1.2.3. These are underpinned by a series of practical ‘cooperative commitments’ that partners will work together on, each of which has either been elevated from an existing strategy or plan, or co-designed by stakeholders and people. These commitments are practical by nature and will drive forward the work of Trafford Integrated Care Partnership over the coming years.

2.2.4. Trafford Locality Plan Cooperative Commitments

Strategy	We will understand the interdependencies of our key strategies and plans and work efficiently through our established governance to monitor progress.
	We will influence GM strategy by contributing local data and intelligence and play an active role in shaping the GM Integrated Care Partnership Strategy and the Joint Forward Plan.
	Where required we will have placed based representation of GM strategies that accounts for our population's needs.
Engagement, Co-design and Co-production	We will continue our collective journey towards meaningful participation through effective communications, codesign, and co-production, guided by our agreed Participation Framework.
	We will support the codesign of the Trafford Partnership Borough Plan ensuring health and care contributes to the prosperity of our locality, and that the Borough plan enables the conditions for thriving, healthy communities.
Prevention / Sustainability / finance	We will move to a model of care that supports people to maintain good health (reducing prevalence and proactive care) by making improvements that allow us to change how we allocate our financial resources.
	We will revisit and revise the Trafford Prevention Strategy to align with the new Locality Plan.
	We will work together transparently to understand our organisational challenges and use our combined resources to improve outcomes for our residents and help create a sustainable health and care system.
Health Inequalities	We will retain an unwavering commitment to reduce Trafford's health inequalities through the delivery of high quality and safe services at the right time and in the right place, recognising the unique characteristics of our locality, our neighbourhoods and our communities.
Delivery and Transformation	Commit to open and transparent partnership working in relation to service redesign and transformation to ensure there are no or limited detrimental effects to the system, partner organisations and people.
	We will work collaboratively to develop a system owned delivery plan each year, reflective of our Locality Plan aspirations and guiding GM strategy and national guidance.
	We will commit to delivering the three strategic priorities of the Trafford Workforce Delivery Plan
	We will work with children and young people to interpret the Greater Manchester Joint Forward Delivery Plan for Children & Young People, and agree priorities for Trafford to give every child and young person the best start in life.
Enablers	Trafford partners and stakeholders will play an active role in refreshing the Trafford Social Value Charter Pledge and commit to working towards the seven principles.
	We will capitalise on the existing learning arising from recent UKSPF-funded grants programmes and community-led initiatives in neighbourhood plans, to grow our collective understanding and to develop Trafford's creative health offer.
Governance	We will periodically review our governance arrangements to ensure robustness of our approach and processes.
Outcomes / Performance	We will develop a Trafford Locality Outcomes Framework that enables our system to have sight of our key performance metrics and drive forward our collective efforts for improving the health of Trafford residents.
	We will have an equal and unwavering commitment to focusing on our in-year performance challenges and our long-term commitment to improved population health.
	We will produce an annual 'Impact Report' which will detail our collective key achievements and areas for improvement, that we will use to influence future plans and priorities, in addition to servicing statutory annual reporting requirements.

1.3. Our Journey

- 1.3.1.** The current plan was written in 2019 and refreshed in 2021 at the height of the Covid-19 global pandemic. We are now presenting a new plan, looking forward to 2028, to build on our strengths and address the new challenges and opportunities of the coming years.
- 1.3.2.** Since 2019 there have been a number of significant achievements enabled by effective partnership working. Further information on these are available in the appendix.



1.4. Our Rationale

- 1.4.1.** Our aspiration is to develop a new Locality Plan and create one plan for health and care for Trafford by integrating the aims and aspirations of the current health and wellbeing strategy. We are driven by statutory changes to health and care arrangements, a change in central government, national reviews, the changing needs of our population, and advancements in technology leading to an ever-evolving evidence base for 'what works'.

1.5. Our Approach to Working Together

- 1.5.1.** Trafford has an established commitment to working with professionals and the public in an open and transparent way to help design, develop and deliver health and care services.
- 1.5.2.** To help strengthen this approach we have developed our 'Participation Framework' – collaboratively produced by the Trafford Participation Group.

1.6. Our Region

- 1.6.1.** Trafford, as one of the ten boroughs of Greater Manchester, contributes to and is influenced by regional bodies. The local authorities have pooled resources into a Greater Manchester Combined Authority (GMCA), with a GM Mayor, that provides regional political direction and regional strategic planning over a number of areas including some of the key determinants of health. With the transition of Clinical Commissioning Groups into Integrated Care Partnerships, Trafford became part of NHS GM ICP, which provides strategic and operational direction for healthcare across the Greater Manchester region.

1.7. Our Challenges

- 1.7.1.** It is clear the challenges we face as a health and social care system, and as a society. The Locality Plan represents our strategy to combat the challenges of today and to futureproof our system to weather the challenges of tomorrow. The key challenges facing us include:
- People are living longer, but also spending more years in poor health
 - Living with long term health conditions - like high blood pressure, diabetes and mental illness – which can affect quality of life and puts more pressure on NHS services
 - Rising demand across the board such as on mental health services
 - With more people needing services than ever before, people are waiting longer for diagnosis and treatment

- 1.7.2.** A notable pressure across Greater Manchester and Trafford is the need to achieve financial sustainability. This challenge is seen across health and social care and our public and VCFSE partners. Trafford's delivery of this will be driven by the Finance, Performance, and Sustainability Group. It is important we recognise the level of financial challenge we will need to address together to bring our system finance into balance and make our system sustainable.

1.8. Our Mission to Strengthen the Building Blocks of Health

- 1.8.1.** There remains an 11-year life expectancy difference between people living in the 10% most deprived and the 10% least deprived. Other inequalities exist in many of our health and social experiences and outcomes.

- 1.8.2.** Most deaths, particularly those which contribute to the gap in life expectancy, are attributed to chronic conditions and most of these are preventable through well-understood and cost-effective measures. These conditions are driven by main 'behavioural' risk factors but these, in turn, are shaped largely by our experience of inclusive education, quality housing, healthy environments, good work and income, and positive relationships; these constitute the building blocks of health.

- 1.8.3.** All parties in Trafford have a role to play to prevent and mitigate the effect of different circumstances experienced by different groups so that they do not lead to long term health inequalities. The Fairer Health for Trafford Partnership will drive our collaborative efforts to do this, focusing collective effort on certain key groups locally whilst championing and challenging inequalities throughout our strategic work.

- 1.8.4.** We are also clear that the challenges facing the system currently are complex and significant. This plan and subsequent activity will be ambitious but realistic in this context and build on an honest relationship with the public and partners about what is achievable together.

1.9. Our Stakeholders and Partners

- 1.9.1.** The Trafford Health & Social Care ecosystem is built up of a number of vital partners, including Trafford Council, a range of NHS bodies including Manchester Foundation Trust, Trafford GP Board, Greater Manchester Mental Health Foundation Trust and wider Primary Care services, including our 5 Primary Care Networks. Equally vital are our community partners such as the Trafford Community Collective, our Community Hubs, Healthwatch Trafford, Trafford Leisure and our social housing providers such as L&Q.



1.9.2. Trafford has a strong, committed and resourceful Voluntary, Community, Faith and Social Enterprise (VCFSE) sector built over many years. The sector connects communities, supports individuals and families, delivers services, and provides opportunities for volunteering, training and skills development. The VCFSE sector supports communities and helps them to thrive, often supporting the most vulnerable in our society.

1.9.3. Throughout the last 5 years we have strived to improve the connections and visibility of health and care strategy, policy and practice within a wider set of organisational and system governance. We acknowledge that to improve people’s health and wellbeing we need to work collaboratively outside of health and care to address the wider determinants of health.

1.10. Our Key Drivers for Change

1.10.1. There are a number of key drivers which will influence our collective efforts over the coming years. From national strategy, Greater Manchester policy, to the needs of our local population, these are some of those key drivers influencing our aspirations and commitments to improve people’s lives in Trafford.

1.10.2. National Drivers

1.10.3. The key drivers at the national level are central government and the national health bodies. Some of the notable areas where these influence Trafford include the new NHS Long Term Plan and the release of Lord Darzi's report on the state of the NHS in England which promote a shift to prevention and a focus on primary care and community services.

1.10.4. Regional Drivers

1.10.5. The Greater Manchester Strategy, led by the GMCA, sets out a route, over the next decade, to deliver a city region that is a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.

1.10.6. There is an NHS GM ICP strategy and Joint Forward Plan, which at the regional level sets out how we will work together to improve the health of our city-region's people through the Greater Manchester ICP.

1.10.7. Local Drivers

1.10.8. The Locality Plan is an opportunity to outline our local strategies and commit to the rationalisation and connection of existing commitments in the respective plans.

1.10.9. We produce a Joint Strategic Needs Assessment, which helps us understand the needs of our population and is essential to good strategic decision making and effective commissioning. There are a number of organisational strategies and improvement plans outlining short, medium, and long term priorities such as: Trafford Council's Corporate Plan, Greater Manchester Mental Health's Recovery Delivery Plan and Manchester Foundation Trust's 2024–29 organisational strategy.

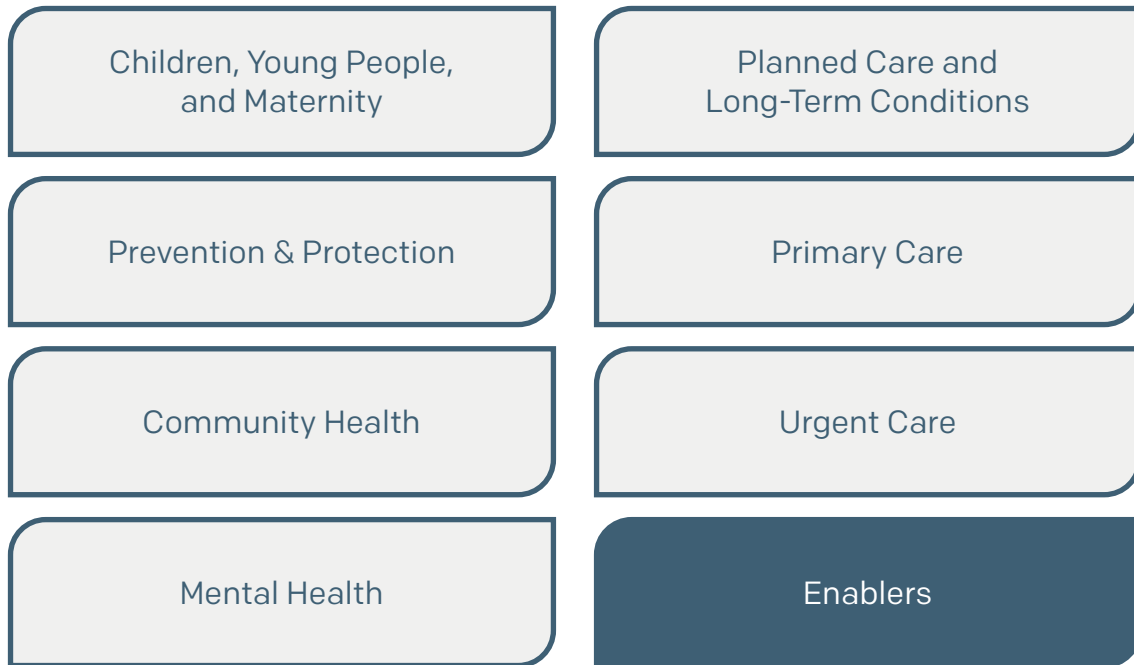
1.11. Our System Connectivity and Governance

1.11.1. Trafford has committed to working with all our partners to provide effective system governance that operates with honesty and transparency and fosters good working relationships enabling key decisions to be made collaboratively and with the best interests of Trafford residents.

1.11.2. There is an interconnected web of governance made up of different steering groups and boards across our health & care system, and our partners. The boards and groups all have a core purpose and ultimately ensure that all areas of responsibility delegated to constituent organisations can be successfully delivered. Our governance also enables Trafford to make effective decisions around those things formally delegated to the locality from NHS GM.

1.12. Our Priority Areas

1.12.1. Our Locality Plan describes the priority areas of our work over the following years. There are 7 of these, plus our key enablers that cut across all or multiple priorities. The areas are:



1.13. Our Annual Delivery Plan

1.13.1. Sitting alongside the Locality Plan will be a Delivery Plan, produced annually, that sets out our local commissioning intentions and delivery priorities for the year. For 2024/25 a large number were identified, reflecting the significant amount of work and change taking place across the borough. These were categorised into our 7 Priority Areas and Enablers and will form the basis of future annual Delivery Plans:

1.14. Our Engagement

1.14.1. This plan is a collaborative document, co-produced with our staff, patient and community groups and our partners in the health and care system. It is a testament to our collective vision to improve the health and quality of life for the people of Trafford over the next three years and beyond.

1.14.2. Public engagement was undertaken to provide an opportunity for residents to discuss health and care challenges, plans and ideas. We commissioned Healthwatch to conduct additional engagement with seldom heard groups, such as unpaid carers and those with learning disabilities and autism, for their views.

	Delivery Ambition	Public – What we Heard	Stakeholders – What we Heard
Children, Young People, and Maternity	To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.	<ul style="list-style-type: none"> • More support for young people e.g., free meals, youth clubs. • Better mental health services. • Easier access to children's health services through schools, especially mental health. • Improve patient/staff relationships. • Improve efficiency of midwife appointments. 	<ul style="list-style-type: none"> • Create closer connections between GM maternity services and our local offer • Significant gaps in mental health assessments for children
Prevention & Protection	To improve our offer of services aimed at protecting residents from harm to their health.	<ul style="list-style-type: none"> • Preventative health- tackling childhood obesity. • More long-term prevention programmes. 	<ul style="list-style-type: none"> • A shift to the left – prevention and proactive care • Enhancement in universal services • Agreed increase in prevention investment – aligned to the sustainability plan • Risk Stratification – Using data to plan and support better care • Strong Communities – empower residents and create conditions for self-care • Work together to improve the ability of the VCFSE sector to demonstrate contribution to our agreed shared outcomes
Community Care	To ensure people have access to good quality care in the community all at stages of life.	<ul style="list-style-type: none"> • Better community health services, more funds to community nursing and social care. • Working with vulnerable people will help as care in community saves NHS money. • “Healthy living” advice in the community is needed 	<ul style="list-style-type: none"> • Protect current investment and enhance investment where viable in community health services • Enhanced District Nursing capacity • Neighbourhoods being our ‘unit of delivery’ • Enhanced support for our Carers through more targeted interventions and diverse offers of support, recognising needs
Mental Health	To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people	<ul style="list-style-type: none"> • More support for carers’ mental health & wellbeing. • Improve mental health awareness within the Roma and traveller community. • Better mental health services. 	<ul style="list-style-type: none"> • A wide and varied set of services that can effectively cater for our neurodiverse people/communities – particularly those with complex needs • Enhancing talking therapies provision • Full roll out of our Living Well Model • Recognition of physical health issues of people experiencing mental health issues • Transformation of our community mental health teams
Planned Care & Long-Term Conditions	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention	<ul style="list-style-type: none"> • Treat the cause not the symptoms. • More support for people with Learning Disabilities. • Better pathways and understanding for people with Autism. • Concern about the cap on care provision costs for elderly. • Cancer treatment – more early intervention. 	<ul style="list-style-type: none"> • More proactive use of data and intelligence to understand risk of frailty • Enhanced diagnostic capacity at different spatial levels • Work flexibly in multidisciplinary ways to support people and families experiencing multiple disadvantage • Improve the connectedness of our social prescribing offer to people with LTC’s
Primary Care	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner	<ul style="list-style-type: none"> • GP appointments must be more flexible. • More family orientated drop-in clinics. • More face-to-face appointments. • Improve availability/affordability of dental care. • Better access to community dentistry service. 	<ul style="list-style-type: none"> • Enhanced use of SMS messaging to communicate with the public • Improve how we calculate the impact (£ & outcomes) of primary care services • Enhance connections between primary care and VCFSE sector – learning from Health in Communities
Urgent Care	To enable people to receive the right care, in the right place, swiftly.	<ul style="list-style-type: none"> • More responsive adult social services. • Prioritise medical urgency over bureaucracy. 	<ul style="list-style-type: none"> • Agree our long-term areas of reform, with clear organisational responsibilities throughout the pathway • Enable and mobilise Hospital @ Home • Amplification of Get To Know Where To Go’ • Completion of the Urgent Care Review recommendations • Optimise the role of the VCFSE sector and Primary Care in tackling winter pressures
Enablers	Creating the conditions for effective change	<ul style="list-style-type: none"> • Increase funding for social care assessments and reviews. • Increase in staffing across all agencies and departments to help deliver efficient and valuable services. • Increased funding for transport in social prescribing initiatives. 	<ul style="list-style-type: none"> • Ensure different plans and strategies read across and align • Commissioning intentions must be codesigned and system owned • Prioritisation – linked to the pillars of the sustainability plan • Effective public engagement strategies – managing the public’s expectations • Transparency of our collective decision making • Ensure commissioning, service redesign and transformation positively addresses inequalities • Utilise available artificial intelligence and be a locality that embraces digital solutions • Utilising our physical assets to enable co-location and integrated ways of working

- 1.14.3.** Professional stakeholder engagement took place with a wide variety of partners to gain as much specific feedback as possible, which has positively influenced the content of our plan and enabled tangible organisational and partnership actions.
- 1.14.4.** The table below showcases the pertinent points of feedback we have received through our extensive engagement exercise and places them against our delivery priorities. By doing this it has enabled us to develop our cooperative commitments which have purposefully been designed to influence both our long-term aspirations but the practical deliverables of our annual delivery plan.

1.15. Our Measures of Success

- 1.15.1.** We are committed to reporting on how successful we are in achieving the aspirations set out in our locality plan and have identified progress measures that align with our Delivery Areas, Outcome Statements and more practical Cooperative Commitments.
- 1.15.2.** We will establish a set of measures aligned to our place-based representation of the GM Sustainability Plan on which we expect to see change in the longer term.
- 1.15.3.** We have an example set of measures we will monitor through appropriate organisational and system governance. We will work together to establish the final set of measures used in the correct groups and boards to drive improvement.
- 1.15.4.** We will utilise new and existing performance products to track and disseminate our progress against our measures. This will be refreshed with each new annual delivery plan.
- 1.15.5.** Some of our key products include:
- Trafford Locality Scorecard
 - Trafford Sustainability Scorecard
 - Thematic Scorecards: Primary Care, Mental Health (CYP and Adults), Health Inequalities, Long Term Conditions etc
 - Neighbourhood Scorecards
- 1.15.6.** We will empower our partnerships and forums to capture the work they are responsible for and proactively use our existing governance infrastructure to play back key achievements and highlight areas for concern that may influence future strategy.

1.15.7. Some examples of the measures used for our delivery ambitions are as follows, the longer list can be found in the main report.

- **Children, Young People, and Maternity** – Reduction in referrals and re-referrals to specialist interventions, Obesity in 4-5 / 10–11-year-olds, School readiness
- **Prevention & Protection** – Healthy life expectancy, Preventable mortality rate, Cancers diagnosed at early-stage
- **Community Care** – 2-hour urgent community response contacts, Levels of community nursing, Reduced rate of permanent admissions to residential and nursing
- **Mental Health** – Age 14+ with completed LD health checks, Talking therapies access rate, Out of area MH placements
- **Planned Care & Long-Term Conditions** – NHS Health Checks, GP G&A referrals made, Dementia Diagnosis Rate (Aged 65+)
- **Primary Care** – Hypertension patients treated to target, CVD risk patients treated with statins, Regular GP appointments within 14 days
- **Urgent Care** – A&E 4-hour performance, A&E Attendances, Adult G&A bed occupancy

Population People Place Partnerships

Trafford Integrated Care Partnership

Trafford Town Hall
Talbot Road
Stretford
Greater Manchester
M32 0TH

gmicb-tr.mail@nhs.net

www.gmintegratedcare.org.uk

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