

## Agenda

### Trafford Locality Board Meeting

Date: Tuesday, 16 September 2025

Time: 1.00 pm

Venue: Meeting Room 9, Trafford Town Hall and via MS Teams

Item No.	Time	Duration	Subject	Paper/Verbal	For Approval/Discussion/Information/Assurance	By Whom
1	1.00	10 mins	<b>Apologies for Absence</b>		Info	Chair
2			<b>Declarations of Interest</b>		Info	Chair
3			<b>Minutes of the Meeting Held on the 15th July 2025</b>	1 - 8	Approval	Chair
4			<b>Action Log &amp; Matters Arising</b>	9 - 10	Discuss	Chair
5			<b>Forward Plan</b>	11 - 12	Info	Chair
6	1.10	5 mins	<b>Public Questions</b>	13 - 14	Discuss	Chair
7	1.15	5 mins	<b>NHS Reform</b>	15 - 20	Discuss/Info	TM/ST
Finance, Performance & Sustainability						
8	1.20	10 mins	<b>NHS GM Trafford Finance report</b>	21 - 30	Assurance	JF
9	1.30	20 mins	<b>Trafford Locality Scorecard Progress</b>	31 - 50	Discuss/Info	TM
Partner Updates						
10	1.50	10 mins	<b>Trafford Live Well Progress Report</b>	51 - 64	Discuss/Info	HG

Part 2: s75						
11	2.00	10 mins	<b>BCF Q1</b>	65 - 68	Approval	GJ/MK
12			<b>Any Other Urgent Business</b>			Chair

## Minutes

### Trafford Locality Board

Date: Tuesday, 15 July 2025

Time: 1.00 pm

Venue: via MS Teams

Present	Apologies
<p>Tom Ross (TR) Leader of Council and Co-Chair Jane Wareing (JW) GP Board Representative and Co-Chair Gareth James (GJ) Deputy Place Lead for Health &amp; Care Integration, NHS Greater Manchester Integrated Care Heather Fairfield (HF) Healthwatch Helen Gollins (HG) Director of Public Health, Trafford Council Darren Banks (DB) Group Director of Strategy, MFT Tom Rafferty (TRa) MFT Maggie Kufeldt (MK) Corporate Director of Adults &amp; Wellbeing Bernadette Ashcroft (BA), VCFSE Representative Zahid Ahmed (ZA) GP Board Representative Michelle Richards (MR) GMMH Representative</p> <p>In attendance:</p> <p>Ian Lurcock (IL) TLCO Manish Prasad (MP) Associate Medical Director Cllr Jane Slater (JS) Cllr Karina Carter (KC) Thomas Maloney (TM) Programme Director Health and Care Julie Flanagan (JF) Finance Lead, Trafford, NHS GM Shona Gallagher (SG) SEND Improvement Lead, Trafford Council Sally Atkinson (SA) Specialist Commissioner for Children's Health, Trafford Council Pippa Dewhirst (PD) Governance Team Leader</p>	<p>Charlotte Bailey (CB) Chief People Officer NHS GM Jill McGregor (JM) Corporate Director of Children's Services Elizabeth Calder (EC) GMMH</p>

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Item No.	Topic	Action
1	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were received from Charlotte Bailey. Jill McGregor sent Shona Gallager as substitute and Michelle Richards attended as substitute for Elizabeth Calder.	
2	<b>DECLARATIONS OF INTEREST</b>  There were no declarations of interest.	
3	<b>MINUTES OF THE MEETING HELD ON 17 JUNE 2025</b>  RESOLVED: the minutes of the meeting held on the 17th June 2025 were approved as an accurate record.	
4	<b>ACTION LOG &amp; MATTERS ARISING</b>  There were no actions due.  HF took the opportunity to raise the profile of the work Healthwatch were mobilising to analyse patient participation groups in General Practice and asked for the support of GPs. JW offered her support for the programme.	
5	<b>FORWARD PLAN</b>  The forward plan was reviewed and DB requested CPAG be added. AH requested district nursing and ADHD be added.  GJ also advised that the sustainability and delivery plan would be brought back to TLB for discussion which prioritised both areas.	ACTION
6	<b>PUBLIC QUESTIONS</b>  There were no public questions received.	
7	<b>NHS REFORM</b>  GJ advised the document shared was a high-level briefing that had been shared with all ten locality boards. GJ confirmed work was continuing at pace to deliver the 39% reduction in costs ICBs had been instructed to deliver by April 2026. GJ noted there was a level of uncertainty with regards to the voluntary redundancy scheme as initially it had been suggested it was to be funded by the Treasury and this was no longer the case and other options were being explored.  JS wanted to give thanks to staff who continued to deliver in these unsettling times. DB thanks for the update and requested any information on future operating models to be shared with partners.  RESOLVED: the update was noted.	

8	<p><b>10 YEAR PLAN</b></p> <p>The NHS 10 Year plan was shared for information. GJ confirmed the document was a simple summary of the NHS 10-year plan provided by the GM communications team.</p> <p>RESOLVED: the NHS 10-year plan was noted.</p>	
9	<p><b>NHS GM TRAFFORD FINANCE REPORT</b></p> <p>JF presented the financial position for the ICS overall and the locality delegated budgets by NHS GM for May 2025. It was reported that at Month 2 the total ICS year to date deficit was £45.3m, a £3.7m adverse variance against the plan (Month 1: variance of £1.8m), which was a deterioration from the prior month. The ICS level overspend related to pay pressures and under delivery of savings within provider organisations. The NHS GM position was breakeven but there were pressures within ADHD which were currently offset. The Locality position was underspent £150k YTD with a forecast outturn of £248k overspent. The underspend in May related to MH care packages, however this was not expected to continue with pressures continuing in ADHD referrals which was driving the forecast. The locality CIP position was broadly in line with plan at month 2 however there remained significant risk to the delivery of the target, which was increasingly phased from quarter 2. Work continued to identify further schemes to bridge the gap with the RAG rating of identified schemes under review and indicating an improvement. An increased financial control framework remained in place to ensure only essential additional expenditure was committed, and on-going scrutiny of the financial position and delivery of CIP through the System Improvement process continues.</p> <p>JF noted a key risk was that whilst Trafford continued to report a breakeven position as the deficit support funding that was received on a quarterly basis was conditional on this but there was still high level of risk. JF noted risks included continued rise in demand for ADHD referrals and cost of care packages. JF noted CIP savings were currently looking to deliver £1.1m and further decisions would be brought back to TLB to enable Trafford to deliver against the CIP target.</p> <p>GJ thanked JF for the update and noted at the Trafford Locality Assurance Meeting Trafford had shown that the deterioration with regards to the finances was largely due to the cost of packages of care and the cost of care in Trafford. GJ confirmed that they had been advised informally that Trafford should expect to receive a letter to provide a financial recovery plan. GJ noted further financial discussion would take place at FPS before being brought back to TLB and there would need to be difficult decisions taken as there was pressure from NHS GM to balance the budget.</p> <p>RESOLVED: Trafford Locality Board:</p> <ul style="list-style-type: none"> <li>Noted the Month 2 year to date reported financial position for GM ICS of £45.3m deficit, against a planned deficit of £41.6m, resulting in a variance against plan of a £3.7m deficit.</li> <li>Noted the breakeven forecast outturn position in line with NHSE reporting requirements.</li> <li>Noted the Locality reported forecast outturn variance of £248k on commissioned services but a forecast underspend on corporate budgets</li> <li>Noted the delivery of ICS CIP as at Month 2 of £79.3m against a plan of £87.1m, a shortfall of £7.9m.</li> <li>Noted the locality CIP delivery of £45k year to date and current risk adjusted forecast of £1.12m</li> </ul>	ACTION

10	<p><b>TRAFFORD PERFORMANCE AND LOCALITY SCORECARD</b></p> <p>TM shared the existing Trafford Locality Scorecard (June 2025) including explanatory narrative for each metric where available. The report also included summary tables to identify priority metrics and those metrics where Trafford performance was above target or in the upper quartile of national performance. TM advised the newly agreed performance arrangements would be brought to the August meeting of the Locality Board. Constraint capacity and technical delays in accessing data had resulted in a slight delay, it was proposed the new monthly Locality Scorecard be tabled at the August Finance, Performance and Sustainability meeting and subsequently the Locality Board in the same month.</p> <p>TM highlighted some measures were lower than we would hope with cancer 28 day wait from referral to faster diagnosis at being below target and 10<sup>th</sup> across GM. TM noted there had been a rise in MH OAP bed days with Trafford now being 7<sup>th</sup> across GM. TM noted the challenge in the system and noted further debate could be had when the new performance products were brought to the next meeting.</p> <p>TLB noted the update.</p> <p><b>RESOLVED:</b> Trafford Locality Board noted the content of the Locality Scorecard (June 25) and accompanying narrative.</p>	ACTION
11	<p><b>TPCB PRIORITIES 25-26</b></p> <p>TLB were provided with a report that outlined the activity being undertaken in 25-26 across the Strategic and Ancillary priorities of the Trafford Provider Collaborative Board (TPCB). MK presented the update as co-chair of TPCB. It was noted each priority had its own direct governance arrangements, and updates would be brought on a cyclical basis, and by exception, by the relevant priority leads throughout the year for assurance, guidance and support and were required decision making in line with delegated responsibilities of Board members. For 25-26 the priorities agreed in 24-25 were reviewed, with Intermediate Care becoming a new Strategic Priority and Long-Term Conditions a new Ancillary Priority. It was noted with the implementation of the recommendations from the Urgent Care Review underway, and the ending of the Women's Health Hub pilot, these were no longer specific Board priorities but remained important work programmes. A more detailed version of the strategic and ancillary priorities was agreed in-principle at the June meeting of the Trafford Provider Collaborative Board and was available on request.</p> <p>MK advised the four strategic priorities were Neighbourhood model, Mental Health, Childrens and Intermediate Care and the priorities reflected input from key partners across the system. MK confirmed regular updates would be brought back to TLB.</p> <p>MK highlighted TPCB would also have ancillary priorities including:</p> <ul style="list-style-type: none"> <li>• Social prescribing;</li> <li>• Home first;</li> <li>• Capacity &amp; discharge;</li> <li>• Sexual health;</li> <li>• Primary care;</li> <li>• Falls; and</li> <li>• Long term conditions.</li> </ul> <p>MK noted the priorities remained open to change and TPCB would be flexible to emergent need. MK advised that the priorities would be reviewed on a rolling basis as per the forward plan that was shared with the slides and noted the accompanying governance for each priority.</p>	

	<p>TM took the opportunity to note that as part of the performance arrangement refresh we would seek to enhance the data offer available to give governance groups more clarity on the performance of the priorities. TM advised the aim was for data and impact to be reviewed by the working group before going to TPCB and other governance as necessary to give appropriate assurance.</p> <p>GJ noted key areas TLB had raised as priority areas such as district nursing, palliative care and children and young people all feature in some of the priority areas. TRa would like to see district nursing articulated more clearly in the priorities so there was clear visibility as a priority area.</p> <p>TR summarised the recommendations and TLB supported.</p> <p><b>RESOLVED:</b> Trafford Locality Board:</p> <ol style="list-style-type: none"> <li>1. Noted and acknowledge the planned activity across the priority areas of work for 25-26; and</li> <li>2. Considered any comments or questions to be fed back to the relevant priority leads.</li> </ol>	
12	<p><b>STRATEGIC RISK REGISTER</b></p> <p>TLB were presented with an overview of the strategic risks for 2025/26. TLB were provided with the Strategic Risk Register and supporting information which sought to provide assurance that risks were effectively identified, monitored and managed.</p> <p>TM presented the report and confirmed there were currently 10 strategic risks on the Locality Board register, four of the risks were rated extreme (red), three rated high (orange) and three rated moderate risk (yellow). TM noted since the risks were last presented to the Locality Board in March 2025, two new risks had been added (SR14 and SR15) 1 risks (SR03,) had been reduced and two of the risks (SR12 and SR04) had increased. The other risk scores remained the same and were all detailed in Appendix 1.</p> <p>TM highlighted SR14 had been added to reflect the risk from the NHS reforms and mitigations were in place as described in the report. TM noted TLB had received an update on current reform issues earlier in the agenda.</p> <p>TM confirmed SR15 related to the rising cost of the care market and advised work was under way to undertake strategic market management to support this risk.</p> <p>TM noted SR04 related to childrens risk that had been increased to a risk score of 20 further to conversations the last time the risk register was reviewed that TLB felt the scoring was too low and did not reflect the risk with extended wait times for some children's services.</p> <p>TM advised that SR12 related to the strategic financial risk and had increased from 15 to 20 to reflect the risk associated with being able to deliver the financial control total.</p> <p>TM noted SR03 related to the risk to the delivery of equipment for patients within Trafford following the TLCO serving notice to cease the service. An interim provider arrangement had been put in place to mitigate the risk until March 2026 and work continued to support the longer term procurement plan.</p> <p>TM highlighted that the risk register would be reviewed in conjunction with performance products to establish if any further developments could be made to</p>	

	<p>provide further assurance.</p> <p>DB queried if the NHS reforms risk should be classed as an issue as it was happening. ST suggested the risk was about the impact to service delivery and this was what would try to mitigate.</p> <p>TR suggested district nursing should be captured as a separate risk, GJ agreed a risk to cover community services could be an option.</p> <p><b>RESOLVED:</b> Trafford Locality Board:</p> <ol style="list-style-type: none"> <li>1. noted the content of the report and supporting appendix for assurance purposes; and</li> <li>2. reviewed the strategic risk position and confirmed that the current level of risk, risk scores, controls, gaps in control and action plans were acceptable and in line with risk treatment plans.</li> </ol>	ACTION
13	<p><b>ND PATHWAYS: NEW MODEL OF CARE PLAN</b></p> <p>SA provided a report for TLB which aimed to tackle the significant challenges across GM in addressing the needs of Children and young people (CYP) with neurodevelopmental (ND) symptoms, including extremely long waiting lists, a new needs-led CYP ND model of care for Autism and ADHD had been developed, with the intention to implement it across all 10 GM localities. The proposed model was aligned with national best practice and incorporated insights from successful pilots and initiatives, ensuring that it met the holistic needs of CYP and their families/carers. The model had been designed with a strong focus on outcomes for CYP, incorporating insights from a wide range of professionals across health, local authority, parents/carers and the VCSE sector. SA reported the current system was plagued by inconsistent service delivery, and inadequate support structures, leading to poor outcomes for many families. The proposed model aimed to address these challenges through a unified, needs led approach, emphasising early intervention, consistent service delivery, and multi-disciplinary collaboration. The paper detailed Trafford's implementation plan in line with the core components of the programme.</p> <p>SA provided an overview of the presentation which covered:</p> <ul style="list-style-type: none"> <li>• Background and transformation programme;</li> <li>• Core components and progress against them;</li> <li>• Trafford's ND Implementation plan;</li> <li>• Proposed Model – ND hub;</li> <li>• New CAHMs specification update;</li> <li>• GM timeline; and</li> <li>• Next steps.</li> </ul> <p>SA asked for TLB agreement to the proposed implementation plan and next steps.</p> <p>TLB were offered the opportunity to provide feedback.</p> <p>HG raised concern about the level of presenting need and support for families while they wait to be seen, access to medication and support for transition to adulthood. SA confirmed some of the areas had been raised with the GM team who were drafting a criteria for prioritisation and SA had raised potential for inequalities.</p> <p>SG noted a culture shift was needed to move away from diagnosis and support given based on the need of the child. KC expressed concerns that we would be putting more pressure on newly established family hubs. KC/JW requested some communications from SA in case of queries from parents. SA noted GM would be</p>	

	<p>providing communications and SG highlighted communications were key to highlight the aim was to provide additional support to children in need.</p> <p>TR queried if additional support would be provided for those that were on the wait list and due to changing thresholds would no longer be. SA advised clarity had been sought from GM, but support would be given from the hub.</p> <p>HF wanted assurance that steps were in place to ensure a smooth transition. SG reported that there was a ND pathway group that met every two weeks to review system implementation but it was a GM wide agreed model.</p> <p>JW requested further advice about the right to choose guidance, SA had requested from GM and had been advised a workshop was due to be held in September to consider right to choose guidance. SA confirmed following the event and when they receive further information they would share with TLB.</p> <p>TLB gave thanks for the update and supported the proposals in the report.</p> <p><b>RESOLVED:</b> TLB agreed to the proposed implementation plan in line with GM ICBs core requirements.</p>	
<b>14</b>	<p><b>HEALTHWATCH TRAFFORD PERFORMANCE REPORT</b></p> <p>Healthwatch provided a summary of their performance and impact during the period April 2025 to June 2025. HF took the opportunity to raise concern about dental services with a number of patients reporting they had to move from NHS to private, which was not affordable. HF advised Healthwatch were planning to look at oral health for under five year olds.</p> <p>HF advised that Healthwatch was due to be terminated in September 2026 and Healthwatch would develop an exit plan that they would share with TLB. HF noted concern about lack of independent input and TLB concurred it was disappointing news. TR noted Healthwatch had been a superb source of challenge and both TR and JS would write to the government to express their disappointment.</p> <p>TR presented HF with flowers in recognition of her service as Chair of Healthwatch for 10 years. TLB thanks to HF for her service.</p> <p><b>RESOLVED:</b> TLB noted the Healthwatch update.</p>	ACTION
<b>15</b>	<p><b>DEVELOPMENT OF A PREVENTION FRAMEWORK FOR THE TRAFFORD SYSTEM</b></p> <p>HG took the opportunity to update the Board about recent measles cases. HG advised there were currently 43 cases in Greater Manchester with Salford and Oldham most effected and only one case in Trafford. HG advised the public health team had been doing lots of work to encourage the uptake of the MMR vaccination and asked for TLB support to help keep residents safe by promoting the vaccine.</p> <p>TLB were provided with a report that gave an update on the approach to improving health and reducing inequalities through the development and implementation of a prevention framework.</p> <p>ZB shared a presentation which covered:</p> <ul style="list-style-type: none"> <li>• Why prevention was important;</li> <li>• Evidence base for prevention;</li> <li>• System wide approach to prevention in Trafford;</li> </ul>	

	<ul style="list-style-type: none"> <li>• Examples of collaborative prevention;</li> <li>• Prevention framework development;</li> <li>• Prevention mapping;</li> <li>• Measuring outcomes;</li> <li>• Summary and recommendations.</li> </ul>	
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HG asked TLB to consider the framework and offer any feedback.

TR gave thanks for the presentation and noted how it worked well where there were evidenced interventions and suggested researching what was working nationally to support local work.

DB noted areas mentioned did not align with the TPCB priorities mentioned earlier and the aim should be to ensure alignment with priorities. HG noted it was key prevention should be embedded within every aspect of work and not a separate programme.

TLB gave thanks for the presentation and supported the recommendations.

RESOLVED: Trafford Locality Board:

- committed to redressing the system to ensure a balance in investment and strategic approach between treatment and prevention.
- reviewed the draft framework and agreed that the approach would support the Board to strengthen prevention across the system.
- once agreed, encourage member organisations to review delivery plans against the framework and use the outputs of the review to inform their future strategic direction.

**16**

**ANY OTHER URGENT BUSINESS**

There was no urgent business to consider.

### Trafford Locality Board - Action Log 25/26

Action No.	Date of Meeting	Agenda Item Ref.	Action	Update	Lead	Target Date	Status
129	18/02/25	Trafford Delivery Plan: Interim Impact Report	MK agreed to bring back further update on PIPOT process and development of the boards referred to in the risks and issues section of the report.	Due to available time on the agenda this item has been deferred.	MK	21/10/25	In Progress
139	18/02/25	TCAPs Highlight Report	MP to provide update regarding GM Clinical Governance Framework when available.	Update from GM not expected until later in year.	MP	21/10/25	In Progress
150	17/06/25	Performance Metrics	Risk to be considered when reviewing performance metrics to see if any further performance metrics could be utilised to offer assurance.	Will be covered as part of October risk update.	TM	21/10/25	Completed
151	17/06/25	Sustainability and Delivery Plan 25/26	TM to provide the sustainability and delivery plan at the July meeting.	Due to available time on the agenda this item has been deferred.	TM	21/10/25	In Progress
152	15/07/25	Forward Plan	District Nursing and ADHD to be added to the forward plan.	PD added to forward plan.	PD	16/09/25	Completed
153	15/07/25	NHS GM Trafford Finance Report	JF to bring further finance update to enable difficult decisions to support the financial recovery plan.	Separate finance focussed session took place in August to start discussion on finance proposals to support CIP target and FRP.	JF	16/09/25	Completed
154	15/07/25	Trafford Performance and Locality Scorecard	TM to bring back newly agreed performance documents.	Performance documents on agenda.	TM	16/09/25	Completed
155	15/07/25	Strategic Risk Register	District Nursing risk to be added to the register	Risk register will be updated and brought back to TLB in October.	PD	21/10/25	In Progress
156	15/07/25	ND Pathways: New Model of Care Plan	SA to provide update following September workshop and when received any further information from GM.		SA	21/10/25	In Progress
157	15/07/25	Healthwatch	HF to share Healthwatch exit plan with TLB when available.		HF	01/08/26	In Progress

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In Progress

Overdue

Completed

Agenda Item 4

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# Agenda Item 5

Date & Time of Meeting	21 October 1pm	18 November 1pm	16 December 1pm	20 January 1pm	17 February 1pm	17 March 1pm
Agenda and Papers Sent out	14-Oct	11-Nov	09-Dec	13-Jan	10-Feb	10-Mar
Deadline for Papers	13-Oct	10-Nov	08-Dec	12-Jan	09-Feb	09-Mar
Chair	Tom Ross	Jane Wareing	Tom Ross	Jane Wareing	Tom Ross	Jane Wareing
Part 1 – GM ICB Committee (Trafford)						
Locality Update and Governance	Locality Update and Governance	Locality Update and Governance	Locality Update and Governance	Locality Update and Governance	Locality Update and Governance	Locality Update and Governance
GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)	GM Integrated Care Partnership Update – ST (GJ)
Contract Renewal		Trafford Governance Review of ToR				Trafford Governance Questionnaire
GM Tripartite						
Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability
Finance Report - JF	Finance Report - JF	Finance Report - JF	Finance Report - JF	Finance Report - JF	Finance Report - JF	Finance Report - JF
Locality Scorecard	Locality Scorecard	Locality Scorecard	Locality Scorecard	Locality Scorecard	Locality Scorecard	Locality Scorecard
Risk	Risk	Risk	Risk	Risk	Risk	Risk
TLB Risk Register			TLB Risk Register			TLB Risk Register
Quality	Quality	Quality	Quality	Quality	Quality	Quality
	Quality Report - SO			Quality Report - SO		
Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee	Primary Care Commissioning Committee
PCCC Highlight Report		PCCC Highlight Report		PCCC Highlight Report		
Childrens	Childrens	Childrens	Childrens	Childrens	Childrens	Childrens
SEND Board Update	Children Commsioning Board update		SEND Board Update	Children Comssioning Board update		
TCAPS	TCAPS	TCAPS	TCAPS	TCAPS	TCAPS	TCAPS
TCAPS Highlight Report		TCAPS Highlight Report		TCAPS Highlight Report		
Trafford and Manchester Clinical and Practitioner Effectiveness Group Arrangements						
Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative
		Capacity & Discharge	Workwell	Intermediate care update		
District Nursing						
Trafford Workforce Group	Trafford Workforce Group	Trafford Workforce Group	Trafford Workforce Group	Trafford Workforce Group	Trafford Workforce Group	Trafford Workforce Group
	Workforce Update		Workforce Update			
Trafford Participation Group	Trafford Participation Group	Trafford Participation Group	Trafford Participation Group	Trafford Participation Group	Trafford Participation Group	Trafford Participation Group
	Trafford Participation Group Update	Trafford Participation Group Update	Trafford Participation Group Update			Trafford Participation Group Update
Partner Update	Partner Update	Partner Update	Partner Update	Partner Update	Partner Update	Partner Update
Healthwatch Performance Report	ADHD		Healthwatch Performance Report			Community Collective 26/27 Annual Plan
	Fairer Health for Trafford					
Part 2 – Section 75 Committee						
s75_ Quarterly Report			s75_ Quarterly Report			
BCF Q2			BCF Q3			

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## Public Question Time – Trafford Locality Board

**This item is time limited to 5 minutes.**

### Public Questions

Any Member of the public wishing to ask a question with regards to an agenda item at the above meeting can only do so if a written copy of the question is submitted to the governance team one working day before the meeting.

Where possible questions will be responded to verbally in the 5 minutes allocated at the meeting, if this is not possible the question will be raised at the meeting and a response will be provided in writing to the requestor.

Please complete the form below and return it to [gmicb-tr.governance@nhs.net](mailto:gmicb-tr.governance@nhs.net)

Name:

Contact Details:

Question:

Should you have any queries, please contact the Governance team at  
[gmicb-tr.governance@nhs.net](mailto:gmicb-tr.governance@nhs.net).

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# NHS reform key messages

Updated 2 September 2025

# Background to NHS Reform

- On 1 April 2025, [NHS England wrote to ICB and provider leaders](#) outlining how we will work together in 2025/26 to deliver our core priorities, laying the foundations for reform in preparation to deliver the ambitions of the 10 Year Health Plan
- Delivering the 10 Year Health Plan will require a leaner and simpler way of working, where every part of the NHS is clear on their purpose, what they are accountable for, and to whom. Our focus is to deliver the three strategic shifts:
  - **Treatment to prevention** – stronger emphasis on preventative health and wellbeing, addressing the causes of ill health before medical intervention is needed
  - **Hospital to community** – reducing reliance on acute care by building more joined up, person-centred care closer to home in local neighbourhoods
  - **Analogue to digital** – Using technology and data to make healthcare smarter, faster, and more tailored to each person's needs
- NHS England has worked with ICB leaders across the country (including some of our own) to co-produce a [draft Model ICB Blueprint](#) that clarifies the role and purpose of ICBs, our core functions and what needs to be in place to ensure success:
  - **ICBs will continue to play a vital leadership role**, focused on understanding population health needs, planning for the long term, reducing health inequalities and ensuring access to consistently high quality and efficient care
  - **Our functions will be more focused**, with some responsibilities moving to providers or regional/national teams over time. We will need to do some things differently, more efficiently and/or at scale
  - **Not all changes can be done this year** as some need legislation and some functional changes/transfers will need time to be done safely

# Our approach to reform in NHS Greater Manchester

- We are committed to delivering an operating model for NHS GM in line with the model ICB blueprint, build on strong partnerships, local needs and a shared ambition for population health improvement
- GM will retain footprint aligned with GMCA (supported by the ICP) and not merging with any other ICBs
- GM is ahead nationally, already using an integrated place model, and we have reaffirmed our commitment to 10 places aligned with local authorities
- Our vision for Greater Manchester still applies as does our commitment to our 6 missions as outlined in the [ICP strategy](#)
- We continue to be committed to our [Sustainability Plan](#) and the three shifts (outlined in 'Background')
- NHS GM will be accountable for the £8.5bn of health spend across Greater Manchester
- We will aim to influence the wider public sector spend across Greater Manchester by working in partnership with colleagues from across a range of services
- To oversee our progress, a Task and Finish Group, chaired by NHS GM's chair, Sir Richard Leese is now established with membership from senior leaders representing providers, Place and staff alongside our chief officers
- We continue to engage with stakeholders from across the ICP, including the voluntary, community, faith and social enterprise (VCFSE) sector, provider trusts and primary care

# Voluntary redundancy scheme update

- Our intention was to deliver a completely new organisational structure by the end of March 2026, which would go towards reducing our operating costs by the required 39% and deliver a full year of savings in 2026/27
- Alongside Lancashire and South Cumbria ICB and Cheshire and Merseyside ICB, we submitted a joint, self-funded North West voluntary redundancy scheme to NHS England, which was then sent to the Treasury for overall approval
- NHS England has now informed us the Treasury has not yet approved any proposals for redundancy from any of the ICBs
- As a result, the planned September launch of our VR scheme cannot proceed and the joint North West proposal remains pending with the Treasury. No ICB currently has permission to spend on redundancies

## What this means right now:

- Treasury is in summer recess; we expect no updates for several weeks
- If no decision is received soon, we must assume no VR scheme will happen this year
- We cannot yet share new organisational structures until we know if we can progress with redundancies
- We are now waiting for clarity on whether the original savings targets still apply for the next financial year, which would leave us with approx. £44m less than we receive now

## Our next steps: twin-track approach

- Treasury's post-recess update will be critical to next steps. We need to prepare for both scenarios:
  - If Treasury approves, we need to be ready to progress quickly with our redundancy scheme
  - If not, develop an alternative plan and timeline
- We are exploring efficiency improvements that do not require redundancies, and which aligns with our pre-existing New Ways of Working review; looking at ways we reduce duplication and improve clarity over roles and responsibilities across NHS GM
  - The pause gives us time for a more thoughtful, refined approach to reform
  - We need to continue to set a new path for GM. We have a clear purpose to deliver our annual plan and must continue to provide the best health service possible for the people of Greater Manchester

To receive our updates, please contact the Internal and Stakeholder team [gmhscp.gm-stakeholders@nhs.net](mailto:gmhscp.gm-stakeholders@nhs.net)



<b>Name of Committee / Board</b> <b>Trafford Locality System Board</b>				
<b>Date of Meeting</b>		<b>16 September 2025</b>		
<b>Report Title</b>		<b>NHS GM Trafford Finance report</b>		
<b>Report Author &amp; Job Title</b>		<b>Julie Flanagan NHS GM Trafford</b>		
<b>Organisation Exec Lead</b>		<b>Gareth James</b>		
<b>OUTCOME REQUIRED (please highlight)</b>	Approval	Assurance X	Discussion	Information X
<b>EXECUTIVE SUMMARY</b>				
The attached slide deck presents the financial position for the ICS overall and the locality delegated budgets by NHS GM for July 2025.				
As at Month 4 the total ICS year to date deficit is £73.3m, a £9.7m adverse variance against the plan, a deterioration of £6m from the previous month.				
The ICS level movement relates to pay pressures mainly at MFT in respect of pay award and industrial action. The NHS GM position is breakeven but there are pressures within ADHD and all age continuing care which are currently offset.				
The Locality position is overspent £1.5m YTD with a forecast outturn of breakeven in line with ICS reporting although there is a requirement to submit a recovery plan based on year to date run rates.				
The locality YTD CIP position is under plan by £145k with a risk adjusted forecast of £1.79m. Proposals to mitigate the CIP risk are included in a separate report.				
An increased financial control framework remains in place with the system required to demonstrate and provide assurance there is a credible plan to deliver the forecast to secure the remainder of the deficit support funding.				
<b>RECOMMENDATIONS</b>				
The Locality Board is requested to note:				
<ul style="list-style-type: none"> <li>• Note the Month 4 year to date reported financial position for GM ICS of £73.3m deficit, against a planned deficit of £63.5m, resulting in a variance against plan of a £9.7m deficit.</li> <li>• Note the breakeven forecast outturn position in line with NHSE reporting requirements.</li> <li>• Note a deterioration in the Locality YTD position reporting a variance of £1.5m overspend for commissioned services and the requirement for a recovery plan.</li> <li>• Note the delivery of ICS CIP as at Month 4 of £164.3m against a plan of £165.7m a shortfall of £1.4m.</li> <li>• Note the locality CIP delivery of £308k against a plan of £453k, a shortfall of £145k and a risk adjusted forecast of £1.79m</li> <li>• Note the risk of the Q3 deficit support funding being withheld if the system cannot demonstrate and provide assurance there is a credible plan to deliver the forecast position.</li> </ul>				

<ul style="list-style-type: none"> <li>• Note the continuation of the increased financial control framework including local recovery plans.</li> </ul>	
<p><b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b></p>	
<p><b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i></p>	The main risks to delivery of the locality financial position are full achievement of the CIP target and bringing the individual packages of care expenditure back to plan.
<p><b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i></p>	<p>Name/Designation:</p> <p>The CIP target has an increased profile in the second half of the year. A number of high cost packages have impacted the position year to date.</p>
<p><b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i></p>	<p>N/A</p> <p>Name/Designation: (If appropriate)</p> <p>Comment:</p>
<p><b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i></p>	N/A
<p><b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i></p>	N/A
<p><b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i></p>	N/A
<p><b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i></p>	N/A
<p><b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i></p>	
<b>Enabler implications</b>	<b>Legal implications:</b> N/A



	<b>Workforce implications:</b> N/A
	<b>Digital implications:</b> N/A
	<b>Estates implications:</b> N/A
<b>Sub-Board Sign-Off / Comments</b> (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	
<b>Organisation Exec Lead Sign off</b>	Gareth James

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# Trafford Locality Finance Report

## Month 4 July 2025

**Trafford**  
Integrated Care Partnership



As at Month 4 the total ICS year to date deficit is £73.3m, a £9.7m adverse variance against the plan (Month 3: variance of £3.7m), which is a deterioration of £6.0m from the previous month.

Month 4 2025/26 ICS Surplus/(Deficit) £m	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Full Year Actual	Full Year Variance
GM NHS Providers	-£61.0	-£70.8	-£9.7	£7.5	£7.5	-£0.0
NHS GM	-£2.5	-£2.5	£0.0	-£7.5	-£7.5	£0.0
<b>ICS Total</b>	<b>-£63.5</b>	<b>-£73.3</b>	<b>-£9.7</b>	<b>£0.0</b>	<b>£0.0</b>	<b>-£0.0</b>

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Key points of note for Month 4 are:

- The YTD provider position is now £9.7m behind plan, a deterioration of £6.0m in month, mainly related to MFT, who are reporting pressures due to increased pay costs associated with pay award and industrial action. It is reported the CIP delivery for GM providers is ahead of plan overall by £3.3m, although there are emerging risks to delivery.
- The NHS GM position has remained on plan, reporting a £2.5m deficit this month. There are continuing pressures relating to ADHD, Autism and s117 within Mental Health, increased costs associated with All Age Continuing Care and delays in the identification and delivery of savings for a number of schemes. There is also overperformance of Independent Sector elective plans requiring activity management processes to bring back in line. These pressures are offset partially with some areas of under spend in the overall position.
- As a system it is forecast that CIP targets will be met in full by the end of the year, albeit with on-going associated risk. On a YTD basis, delivery is £1.4m behind target as a system (£4.7m behind plan by NHS GM, offset by a favourable provider variance of £3.3m).
- NHSE guidance states that the Deficit Support Funding (DSF) will only be allocated for the remainder of the financial year if the system can demonstrate and provide assurance that there is a credible plan to deliver the FOT position, with an added focus on improving the underlying position. A system assessment of assurance and associated risk to delivery is in development.
- As a result, an increased financial control framework remains in place to ensure only essential additional expenditure is committed, and on-going scrutiny of the financial position and delivery of CIP through the System Improvement process continues. Urgent recovery meetings continue to be held to address any current shortfall.

The below table outlines key areas to note for Month 4:

Key area	M4 Overview
Financial plan	The 2025/26 Greater Manchester ICS final plan following the notification of Deficit Support Funding (DSF) is breakeven, and as previously reported is split £7.5m deficit for NHS GM and a £7.5m surplus for GM providers. To date £100.0m of the £200.0m DSF has been received as an allocation.
Year to date variances	<p>The drivers of the YTD deficit position are:</p> <ul style="list-style-type: none"> <li>The YTD provider position has increased to £9.7m deficit, driven mainly by pay pressures and under delivery of savings.</li> <li>The NHS GM position has remained on plan, reporting a £2.5m deficit this month. There are continuing pressures relating to ADHD, Autism and s117 within Mental Health, increased costs associated with All Age Continuing Care and delays in the identification and delivery of savings for a number of schemes. There is also overperformance of Independent Sector elective plans requiring activity management processes to bring back in line. These pressures are offset partially with some areas of under spend in the overall position.</li> </ul>
Efficiencies/CIP	As at M4 £164.3m of CIP has been delivered against a plan of £165.7m, an underachievement of £1.4m. The forecast CIP position is £656.0m as per the plan although there are risks and unidentified CIP of £16.8m.
Capital	<p>The provider capital YTD actual spend, including internally generated (BAU), IFRS 16 (leases) and PDC is £64.5m, compared to a plan of £67.7m. At this stage it is expected that a balanced forecast outturn position will be delivered. It is also noted that additional allocation has been confirmed but not yet fully committed.</p> <p>The capital allocation for NHS GM has reduced this month to £10.8m reflecting a reduction to the expected commitments against the Primary Care Utilisation Fund.</p>
Cash	<p>At present provider cash balances are above plan by £46.6m, however cash balances have reduced compared to M3.</p> <p>At M4 NHS GM had drawn down 34.6% of its annual cash allocation compared to a straight-line rate of 33.3%, reflecting the need to settle 2024/25 liabilities and the profiling of the DSF which has been transacted with providers. The allowable cash balance at the end of M4 equated to £8.7m, with an actual closing balance of £0.1m.</p> <p>The cash position for the system remains a concern and will continue to be monitored closely to ensure appropriate levels of working capital across system.</p>
Risk & Mitigations	At M4 the total gross risk has been estimated at £223.8m. The majority of this relates to the risk associated with delivery of efficiency targets. It is currently assumed that all risk will be fully mitigated resulting in zero net risk.

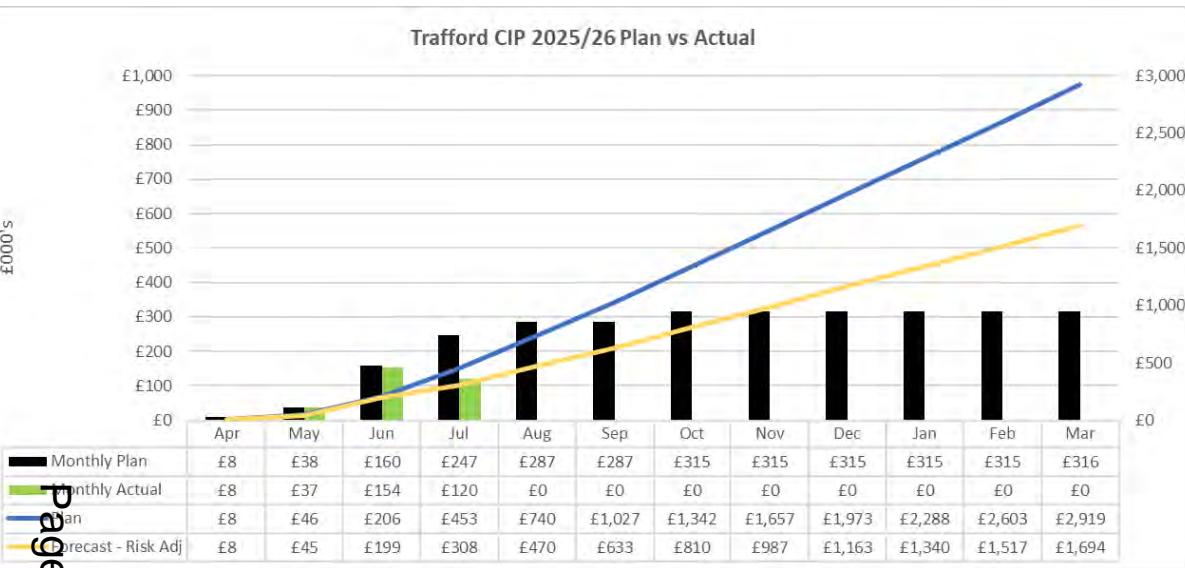
	Summary Financial Position as at Month 4				In Month	Forecast			In Month
	Budget	Expenditure	Variance	Movement		Budget	Expenditure	Variance	
	£'000	£'000	£'000		£'000	£'000	£'000		
<b>Commissioned Services</b>									
Mental Health Services	1,841	2,060	-219	⬇️	5,523	5,932	-409	➡️	
Community Services	4,125	4,177	-52	⬇️	12,207	12,211	-4	⬇️	
Personalised Packages of Care	14,894	15,945	-1,050	⬇️	43,828	43,365	463	⬆️	
Primary Care Locally delegated	2,433	2,524	-90	⬇️	7,300	7,350	-50	⬇️	
Estates void & subsidy	778	741	37	⬆️	2,320	2,320	0	➡️	
Capacity & Discharge Fund	538	681	-143	⬇️	1,090	1,090	0	➡️	
<b>Total Commissioned Services</b>	<b>24,609</b>	<b>26,127</b>	<b>-1,518</b>	<b>⬇️</b>	<b>72,267</b>	<b>72,267</b>	<b>-0</b>	<b>⬆️</b>	
Corporate Services	1,257	1,180	77	⬆️	3,771	3,628	143	⬇️	
<b>Total Locality Delegated Services</b>	<b>25,866</b>	<b>27,307</b>	<b>-1,441</b>	<b>961</b>	<b>76,038</b>	<b>75,895</b>	<b>142</b>		
<b>Shadow Reported Services</b>									
Prescribing	15,386	14,593	793	⬆️	46,237	46,121	117	⬇️	
Primary Care Co commissioned	21,205	21,041	164	⬇️	50,945	50,923	22	⬇️	
<b>Total Shadow Reported Services</b>	<b>36,591</b>	<b>35,634</b>	<b>957</b>		<b>97,182</b>	<b>97,044</b>	<b>139</b>		

- The locality commissioned services position YTD has deteriorated by c £1m from M3, the key adverse variances arising in MH ADHD, CHC and unidentified CIP. The YTD run rate would suggest forecast spend of £78.381m and forms the start point of the requested recovery plan. The run rate however, does not take into account savings plans profiled later in the year.
- The forecast outturn is at breakeven in line with ICS reporting however to deliver this requires full achievement of the CIP and in year pressures within ADHD and packages of care to be addressed.
- Proposals to address both the risk to CIP delivery and the budget overspends will be presented to the board separately.
- The year to date position includes delivery of £308k of savings, being £145k under plan. The non recurrent CIP delivered in 24/5 has a remaining balance of £234k, and is being addressed alongside other draft plans against the remaining in year CIP target.
- Corporate budgets are forecast to underspend by £144k. Long term vacancies have been removed to non pay budgets supporting the cleanse of the electronic staff record.
- Shadow reported services are showing a YTD and forecast underspend



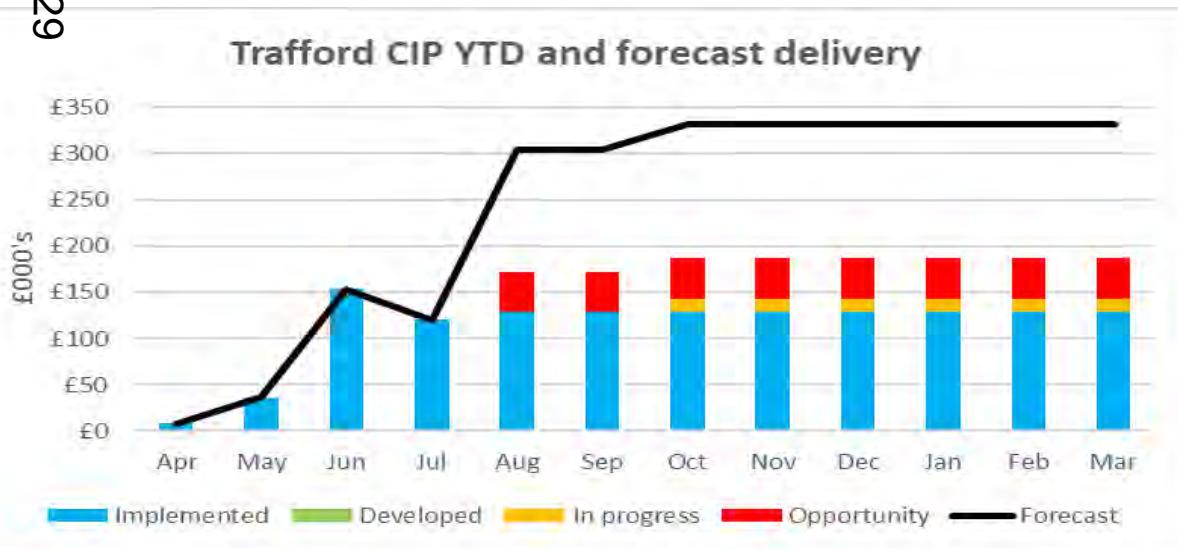
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Trafford CIP 2025/26 Plan vs Actual



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Trafford CIP YTD and forecast delivery



- Forecast achievement of £1.785m based on GM risk adjustment calculations
- RAG ratings continue to be reviewed with 4 schemes rated as blue signalling 100% delivery – total value of £1.35m
- No schemes currently rated green with an optimisation bias of 75% delivery
- 1 scheme rated amber signalling 50% delivery – these are PHB audits (£170k) - post optimisation bias of £85k in total
- 7 Red rated schemes – post optimisation bias signalling 25% delivery at a value of £350k
- MIAA reviews (£150k) now removed, and target increased within other schemes to compensate
- Our CIP plan still includes unidentified savings of £704k
- Brought forward recurrent CIP from last year - £234k

The Locality Board is requested to:

- Note the Month 4 year to date reported financial position for GM ICS of £73.3m deficit, against a planned deficit of £63.5m, resulting in a variance against plan of a £9.7m deficit.
- Note the breakeven forecast outturn position in line with NHSE reporting requirements.
- Note a deterioration in the Locality YTD variance of £1.5m overspend for commissioned services and the requirement for a recovery plan, to be presented separately.
- Note the delivery of ICS CIP as at Month 4 of £164.3m against a plan of £165.7m a shortfall of £1.4m.
- Note the locality CIP delivery of £308k against a plan of £453k, a shortfall of £145k and a risk adjusted forecast of £1.79m
- Note the risk of the Q3 deficit support funding being withheld if the system cannot demonstrate and provide assurance there is a credible plan to deliver the forecast position.
- Note the continuation of the increased financial control framework including local recovery plans.



<b>Name of Committee / Board</b> Trafford Locality Board <b>Date of Meeting</b> 16 <sup>th</sup> September 2025 <b>Report Title</b> Trafford Locality Scorecard Progress <b>Report Author &amp; Job Title</b> Thomas Maloney Programme Director Health and Care, NHS GM (Trafford) / Trafford Council, Mark Embling, GMICB Lead Intelligence Analyst (Trafford) <b>Organisation Exec Lead</b> Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)				
<b>OUTCOME REQUIRED</b>	Approval	Assurance X	Discussion X	Information X
<b>EXECUTIVE SUMMARY</b>				
<p>The purpose of this paper is to present the current version of the Trafford Locality Scorecard and provide an update on progress. This a newly developed scorecard for Trafford Locality and is aligned with Trafford's 7 Delivery Ambitions. To help identify priority areas, a set of 'Focus Metrics' have been identified for discussion and, where available, narrative from Service Leads has been included.</p>				
<b>RECOMMENDATIONS</b>				
<p>The Board is asked to:</p> <ol style="list-style-type: none"> <li>Note the progress update related to the Trafford Locality Scorecard (September 2025) and accompanying narrative.</li> </ol>				
<b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b>				
<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	<p>There is a general risk that if we don't mobilise adequate performance arrangements in the locality, we will be unable to have the correct levels of assurance specifically at our Locality Board of the localities delegated responsibilities.</p>			
<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	<p>Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) / Trafford Council</p> <p>Comment / Approval: Finance can be linked directly and indirectly to performance and therefore its imperative finance and performance together inform our efforts on sustainability in its broadest sense.</p>			
<b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i>	<p>Date of TCAPS / Clinical Lead comment: 10-Sep-25</p> <p>Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) / Trafford Council</p> <p>Comment: There are various targets relating to clinical and practitioner practice and therefore not understanding our performance in these areas poses a risk. It is</p>			



	important the correct forums are engaged in managing performance in relation to appropriate health and care services.
<b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i>	Without robust performance arrangements we will be unable to understand if we are tackling inequalities successfully. There are clear and obvious links with the work of the HWBB and Trafford Fairer Health For All Partnership to strengthen work in this area.
<b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
<b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	N/A
<b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	Impact on our carbon footprint is monitored through different governance but it is important we understand our performance in relation to appropriate services and schemes through our locality performance arrangements in health and care.
<b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i>	Contained within the paper
<b>Enabler implications</b>	<b>Legal implications:</b> N/A
	<b>Workforce implications:</b> N/A
	<b>Digital implications:</b> N/A
	<b>Estates implications:</b> N/A
<b>Sub-Board Sign-Off / Comments</b> <i>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</i>	Proposals were presented at Trafford Locality Board in April 2025 and have subsequently been discussed and agreed at Finance, Performance & Sustainability Meetings, the latest on 04-Sep-2025
<b>Organisation Exec Lead Sign off</b>	Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)

# Trafford Locality Monthly Locality Scorecard Update September 2025



# Trafford Performance Arrangements 25/26

**Trafford**

Integrated Care Partnership



Driver	Trafford Locality Plan 25-28	Trafford Sustainability and Delivery Plan 25/26	Trafford Sustainability and Delivery Plan 25/26	Locality Assurance Meeting	Locality Assurance Meeting
Product	Trafford Outcomes Framework	Trafford Locality Scorecard	Neighbourhood Scorecards	Locality Sight and Oversight Scorecard	GM Sustainability Scorecard
Metrics					
Frequency	Annual	Monthly	Monthly	Quarterly	Quarterly
Governance	Trafford Locality Board & Health and Wellbeing Board	Trafford Locality Board & Health and Wellbeing Board	Trafford Provider Collaborative Board	Trafford Locality Board	Trafford Locality Board

FPS colleagues have submitted feedback to the draft products and below is a summary of updates and developments, responding to queries and suggestions of the group:

- All Metrics are linked to Monthly / Quarterly Historic Data allowing trend analysis and statistical variation.
- Where possible, data is linked to the GMICB data warehouse and can be automatically refreshed.
- Previous / Current Month data has been populated to enable direction of performance to be shown.
- Red / Green based on Target Achievement
- Statistical Significance column in development to allow filtering for focused metrics (statistical significance is currently derived based on locality knowledge).
- Assessed areas of system risk and considered inclusion of key metrics in the Locality Scorecard.

# Locality Scorecard



Greater Manchester  
Integrated Care

Priority	Code	Metric	Latest	Nat/Loc	Target	Aim	Prev	Curr	Perf	TgAch	Focus
CYP & Maternity	CYP001	SEND % Education Health Care Plan (EHCP) completed within 20 weeks	Jun-2025	Loc	60.0%	Higher	25.0%	53.3%	↑	R	N
	CYP002	Age 0-5 hospital dental extractions due to tooth decay (Rate per 100,000)	Jul-2025	Loc	25.0	Lower	0.0	14.5	↓	G	N
	CYP003	Number of Family Help Assessment completed by partner agencies	Jun-2025	Loc	60.0%	Higher	50.0%	65.7%	↑	G	N
Prev. & Protection	PP001	Proportion of physically active adults	Mar-2024	Nat	67.6%	Higher	68.3%	65.7%	↓	R	N
	PP002	National Screening Programme - Bowel - Age 50 - 59 (Every 30 months, being phased in)	Jun-2025	Nat	70.0%	Higher	36.6%	38.0%	↑	R	N
	PP003	National Screening Programme - Bowel (Age 60 - 74 (Every 30 months)	Jun-2025	Nat	70.0%	Higher	72.9%	72.9%	↓	G	N
	PP004	National Screening Programme - Breast (Age 50-70) Every 36 months	Jun-2025	Nat	70.0%	Higher	71.5%	70.9%	↓	G	N
	PP005	National Screening Programme - Cervical - Standard (Age 24-49) (Every 42 months)	Jun-2025	Nat	80.0%	Higher	74.9%	75.0%	↑	R	Y
	PP006	National Screening Programme - Cervical - Extended (Age 50-64) (Every 66 months)	Jun-2025	Nat	80.0%	Higher	79.0%	79.1%	↑	R	N
	PP007	Childhood Immunisations Age 2 MMR First Dose	Jun-2025	Nat	95.0%	Higher	91.5%	91.2%	↓	R	N
	PP008	Childhood Immunisations Age 5 MMR Second Dose	Jun-2025	Nat	95.0%	Higher	93.3%	93.5%	↑	R	N
	PP009	NHS Health Checks Age 40-74 (Received a health check in last 5 years)	May-2025	Loc	36.0%	Higher	41.3%	42.0%	↑	G	N
Community Care	CC001	Age 65+ still at home 91 days after discharge from hospital into rehab	Sep-2025	Nat	100.0%	Higher	80.2%	82.6%	↑	R	Y
	CC003	Rate of admissions to residential / nursing Age 65+ (Rate per 100,000)	Jun-2025	Loc	566.0	Lower	496.8	86.8	↑	G	N
Mental Health	MH001	MH Inappropriate OAPS (Bed Days)	Jun-2025	Nat	0	Lower	920	695	↑	R	Y
	MH002	MH Patients No Criteria to Reside	Aug-2025	Nat	0	Lower	9	9	→	R	Y
	MH003	MH Long Length of Stay (% with LOS 60+ Days)	Jun-2025	Nat	0.0%	Lower	50.0%	66.7%	↓	R	Y
	MH004	Dementia Diagnosis Rate	Jul-2025	Nat	66.7%	Higher	68.3%	68.8%	↑	G	N
Planned Care & Long Term Conditions	LTC001	% of patients with >=20% 10-year CVD risk score treated with statins	Mar-2025	Nat	60.0%	Higher	66.5%	67.2%	↑	G	N
	LTC002	% of diabetic patients received all 8 diabetes care processes	Dec-2024	Nat	100.0%	Higher	28.1%	43.5%	↑	R	N
	LTC003	CKD QOF Registers (Currently Annual Only)	Mar-2024	Loc	4.41%	Higher	4.93%	5.05%	↑	G	N
Primary Care	PC001	GP appointments - percentage of regular appointments within 14 days	Jul-2025	Loc	81.6%	Higher	83.1%	83.4%	↑	G	N
	PC003	Antimicrobial resistance (% broad-spectrum antibiotic prescribing)	Jun-2025	Nat	10.0%	Lower	8.5%	8.6%	↓	G	N
Urgent Care	UC001	A&E 4-hour Performance	Aug-2025	Nat	78.0%	Higher	73.6%	71.0%	↓	R	Y
	UC002	A&E Attendance Rate per 1,000	Aug-2025	Loc	38.7	Lower	39.7	26.9	↑	G	N
	UC003	Hospital admissions for alcohol-specific conditions (rate per 100,000)	May-2025	Loc	70.0	Lower	63.7	79.8	↓	R	Y
	UC004	2 Hour Urgent Community Response (First Care Contacts)	Jun-2025	Nat	70.0%	Higher	94.7%	99.0%	↑	G	N

Latest = Latest data | Nat/Loc = National or Local Target | Aim = Activity direction for better performance | Prev = Previous position | Curr = Current position | Perf = Performance direction | TgAch = Target Achievement | Focus = Further investigation

Refreshed: 28 August 2025

- Several metrics were originally marked as 'To be Confirmed' as they are still awaiting feedback from partners on their suitability following delays to conversations at FPS. For clarity, we have temporarily removed these metrics from the scorecard until we resolve a position:

- Community Care Contacts / % of patients discharged home with support
- Primary Care SiitRep (GP Pulse Check)
- GP Quality Scheme metrics

Conversations are ongoing and we are awaiting feedback from Primary Care and Adult Social Care colleagues to identify suitable metrics (Pending LGOF consultation and publication of the new framework).

- Children's metrics will also need assessing against the new 'Best Start in Life' Policy / Framework and appropriate measures identified for both the Locality Monthly Scorecard and the Annual Outcomes Framework.
- We are also exploring the use of additional metrics linked to a selection of our system risks, suggested metrics include those pertaining to District Nursing.



# Focus Metrics and Narrative

- From the Locality Scorecard we can show a smaller subset of “focus metrics”. These are metrics which are not improving, statistically significantly different and/or below target and are therefore of interest to analyse further.

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Priority	Code	Metric	Latest	Nat/Loc	Target	Aim	Prev	Curr	Perf	TgAch	Focus
Prev. & Protection	PP005	National Screening Programme - Cervical - Standard (Age 24-49) (Every 42 months)	Jun-2025	Nat	80.0%	Higher	74.9%	75.0%	↑	R	Y
Community Care	CC001	Age 65+ still at home 91 days after discharge from hospital into rehab	Sep-2025	Nat	100.0%	Higher	80.2%	82.6%	↑	R	Y
Mental Health	MH001	MH Inappropriate OAPS (Bed Days)	Jun-2025	Nat	0	Lower	920	695	↑	R	Y
	MH002	MH Patients No Criteria to Reside	Aug-2025	Nat	0	Lower	9	9	➡	R	Y
Urgent Care	MH003	MH Long Length of Stay (% with LOS 60+ Days)	Jun-2025	Nat	0.0%	Lower	50.0%	66.7%	⬇	R	Y
	UC001	A&E 4-hour Performance	Aug-2025	Nat	78.0%	Higher	73.6%	71.0%	⬇	R	Y
	UC003	Hospital admissions for alcohol-specific conditions (rate per 100,000)	May-2025	Loc	70.0	Lower	63.7	79.8	⬇	R	Y

Latest = Latest data | Nat/Loc = National or Local Target | Aim = Activity direction for better performance | Prev = Previous position | Curr = Current position | Perf = Performance direction | TgAch = Target Achievement | Focus = Further investigation

Refreshed: 28 August 2025

- Based on the identification of focus metrics we will coordinate a response from lead officers across the partnership and include narrative and mitigation that's in place, in the monthly report for FPS and/or TLB.
- On the following slides there is a more detailed position on each of the focus metrics, including rationale for identification, current performance and includes narrative where available from lead officers.

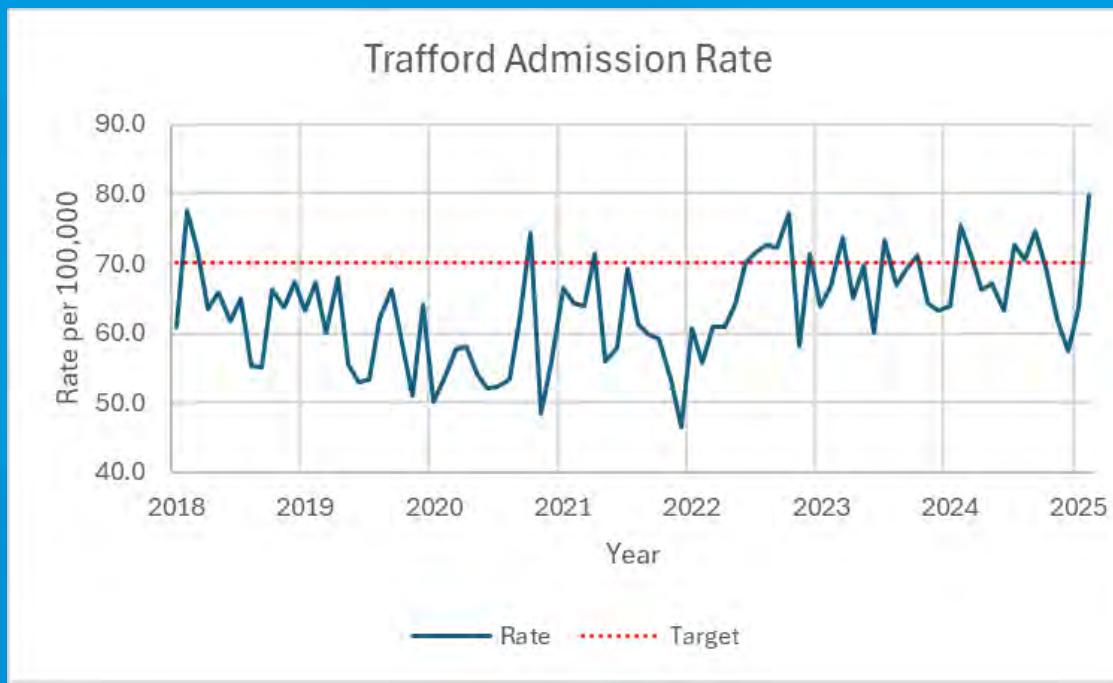
#### Focus Rationale

Alcohol-specific admissions are diagnosed as attributable directly to alcohol. This does not include indirect admissions (e.g. Fractures)

The actual numbers behind the latest rate (May 2025) is 199 admissions

The target is based on the 2023-24 rate and allows a maximum of 175 admissions per month (based on latest population total)

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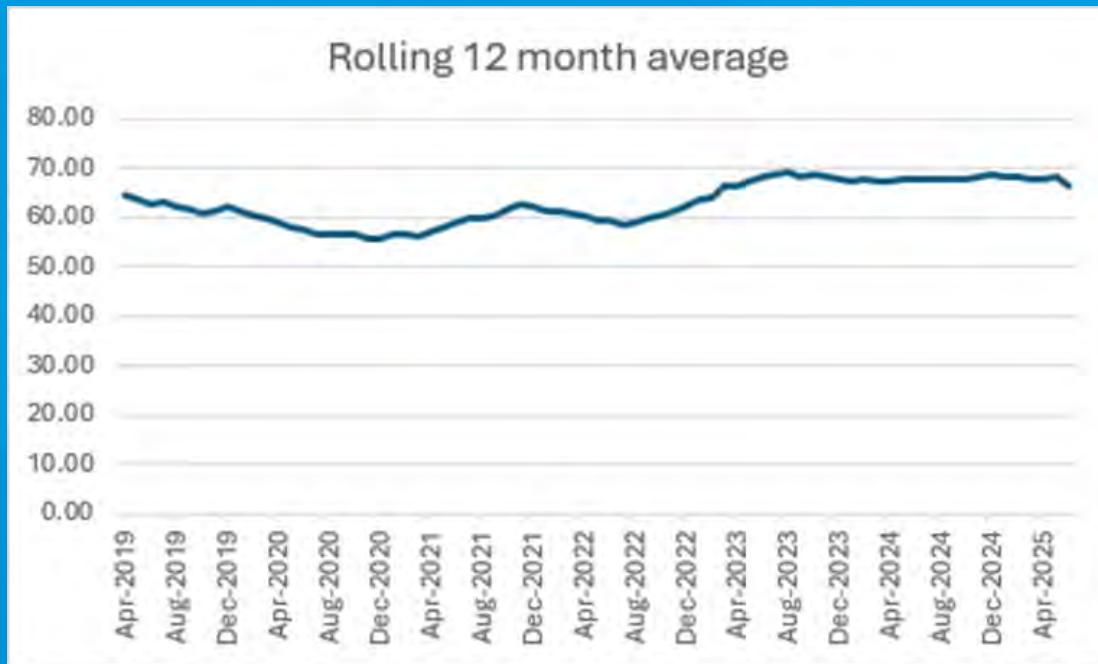
We have put additional funding and National, GM and local focus on particularly increasing treatment numbers and reducing harm and acute illness so hope to see admissions reduce and then deaths which are high nationally at the moment.

Alcohol remains a leading cause of morbidity and mortality with significant inequalities. A GM alcohol strategy is looking at population approaches and in Trafford the TASMGP brings partners together to focus on join up of support for people before, during and in recovery from addiction and harmful drug and alcohol use.

#### Additional Information

Additional information provided by Public Health is shown below

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Post-Covid admissions are higher and we are still tackling the untreated addiction and increased social risk factors, such as isolation and stress from the pandemic which affected alcohol-related behaviours. We are still seeing high levels of complexity and illness resulting, for example, in a high number of specialist detox places requested.

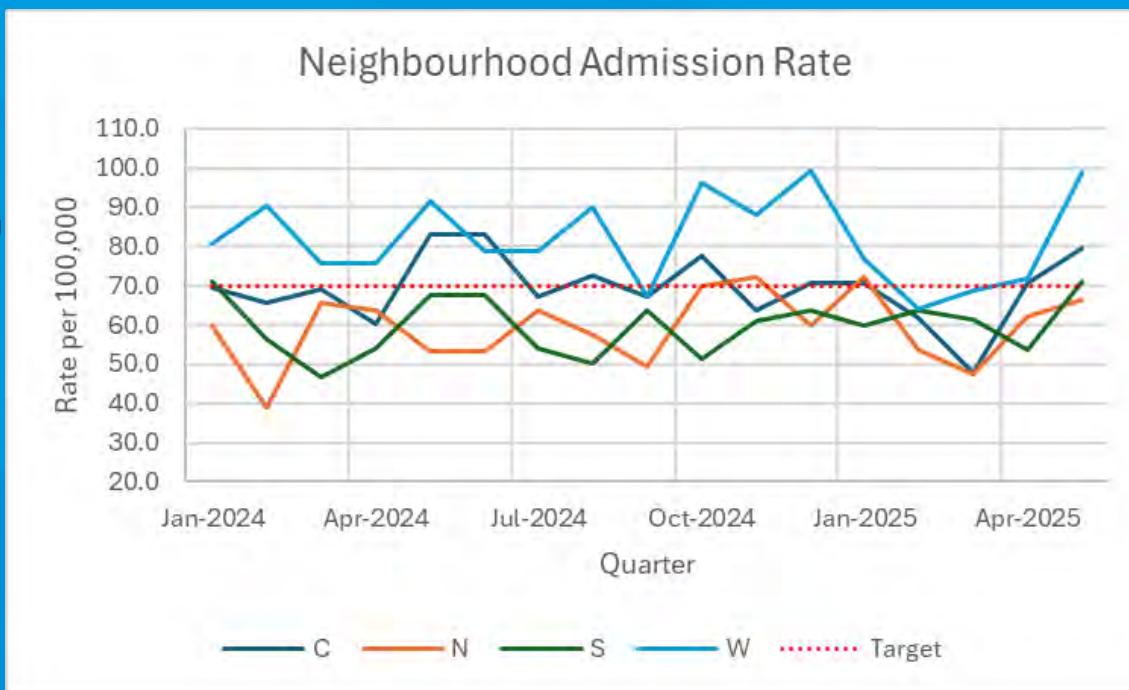
The number of people in treatment has increased, particularly in the last year. Investment from central government increased but those costs limit what we can do in terms of early intervention, trauma-informed care with mental health support etc.

We have enhanced those aspects as much as we can and particularly this year focusing on long-term recovery assets working with our community organisations. We expect to see reductions again in long-term but it requires a system effort and social and economic policy support. The treatment service is being recommissioned currently which will inevitably impact on capacity and system leadership for the rest of this year.

### Additional Information

Further information at Neighbourhood level is shown below

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The increase in the admission rate for West Neighbourhood represents an increase in admissions from 48 (April) to 62 (May).

At practice level, the biggest increases were seen in Urmston Group Practice (+7), and Partington Family Practice (+7)

#### Notes on rates:

A rate per 100,000 allows comparison of areas with different sized populations. Example: 100 admissions in a population of 250,000

Rate per person	0.0004
Rate per 100 (%)	0.04
Rate per 1,000	0.4
Rate per 100,000	40.0

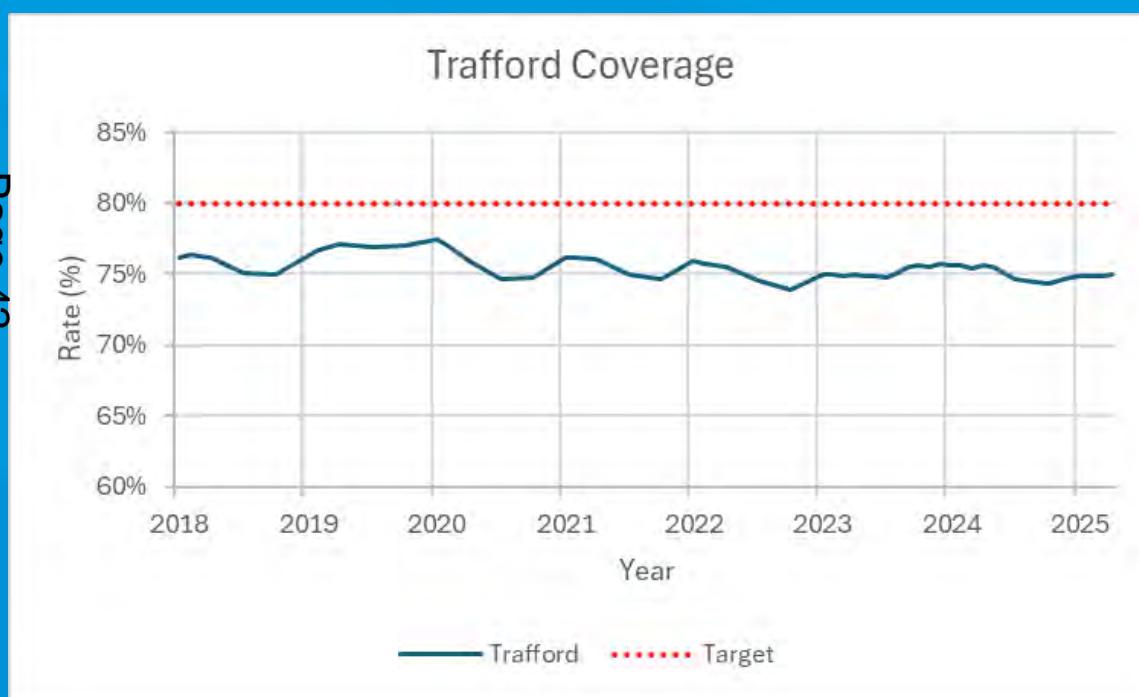
### Focus Rationale

In May 2025, coverage was 74.9%. This has increased to 75.0% in June 2025 but is still below the target of 80%

The actual numbers behind the latest coverage are 28,307 women screened out of an eligible population of 37,390

To achieve the 80% target would require an additional 1,858 screenings (206 per month until the end of the financial year)

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The last decrease in coverage was between June and December 2024. At that point in time, the Trafford rate decreased from 75.6% to 74.3% (-1.3%).

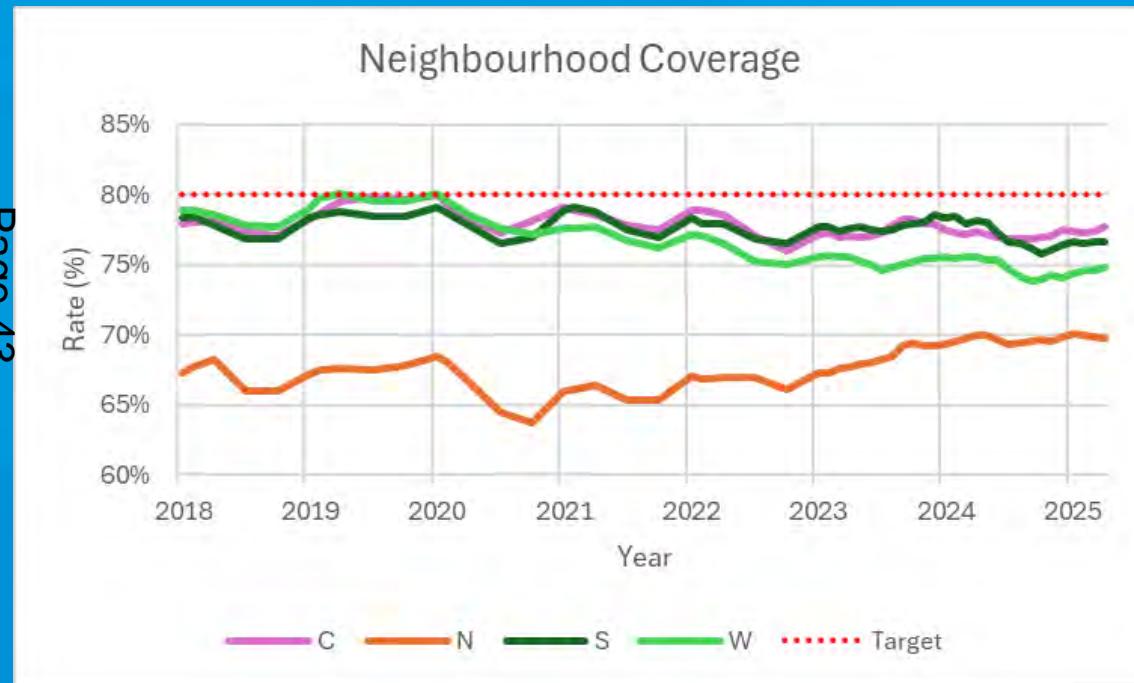
Within Trafford Neighbourhoods, the biggest change was in South (-2.4%) and West (-1.6%).

Trafford's statistical neighbour in GM is Stockport Locality whose latest coverage is 77.0%

### Additional Information

Further information at Neighbourhood level is provided below

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The difference between the neighbourhood with the lowest coverage and the highest has narrowed from 14.4 percentage points in December 2020 to 8 percentage points in June 2025.

In this period North Neighbourhood has increased coverage from 63.8% to 69.7% (+5.9 percentage points).

## Priority – Community Care

### Age 65+ still at home 91 days after discharge from hospital into rehab

#### Focus Rationale

From September 2023 to September 2024 the proportion still at home after 91 days was 100%. Latest data shows a proportion of 82.6%. The actual numbers behind the latest coverage are 418 still at home out of a total of 506 discharges from hospital. To achieve 100% would require an additional 88 patients to be still at home 91 days after discharge

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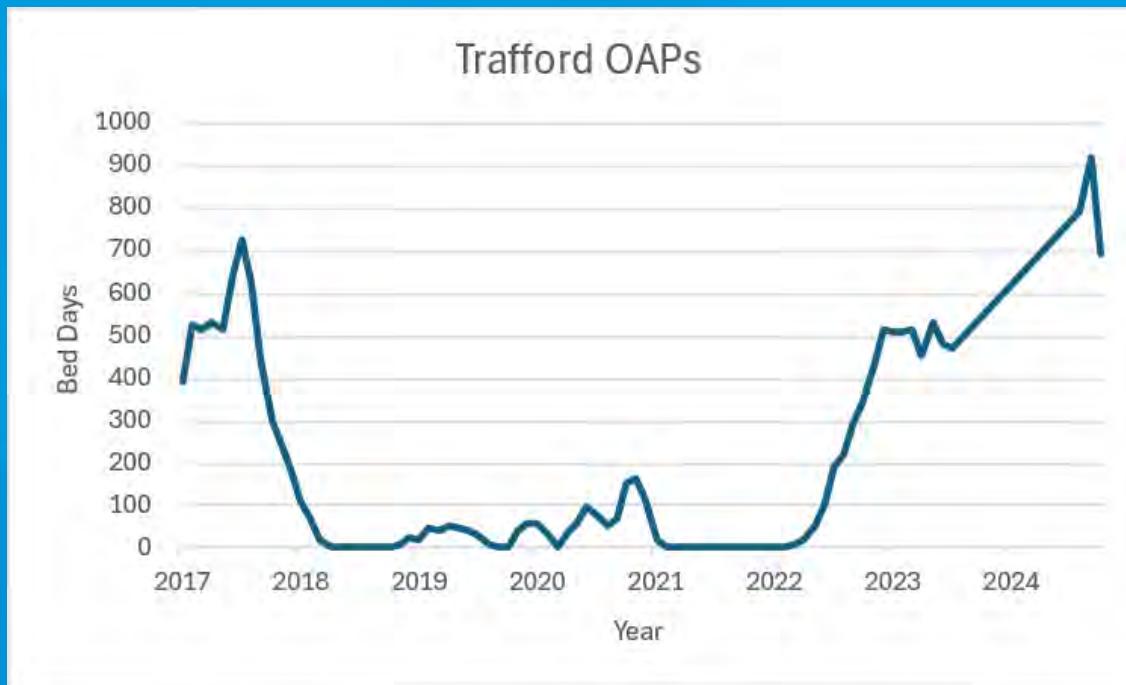
Metric is part of the Adult Social Care Outcomes Framework (ASCOF). Annual data shows a rate of 90.9 for Trafford in 2022-23 compared to 88.7 for Stockport

## Priority - Mental Health MH Inappropriate Out of Area Placements (Bed Days)

### Focus Rationale

In August 2022, the number of bed days related to OAPS was zero. From this point the number has steadily increased to 695 (June 2025). Between May 2025 and June 2025 the number decreased from 920 to 695 (A decrease of 25%)  
To achieve 0 OAPs would require a decrease in bed days of 695

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Awaiting Narrative

# Priority - Mental Health MH Patients No Criteria to Reside

## Focus Rationale

In January 2025 the number of patients was at its highest (16). This number has decreased to 9 in August 2025  
To achieve 0 patients with NCTR would require a decrease of 9 patients

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Awaiting Narrative

# Priority - Mental Health

## MH Long Length of Stay (% with LOS 60+ Days)

### Focus Rationale

In September 2024, the rate of LLOS 60 days and over was 100%. This has decreased to 66.7% in June 2025  
The actual numbers behind the June 2025 rate are 20 (LLOS 60+ days) out of a total of 30 patients  
To achieve 0 patients with LLOS 60 days would require a decrease of 20 patients

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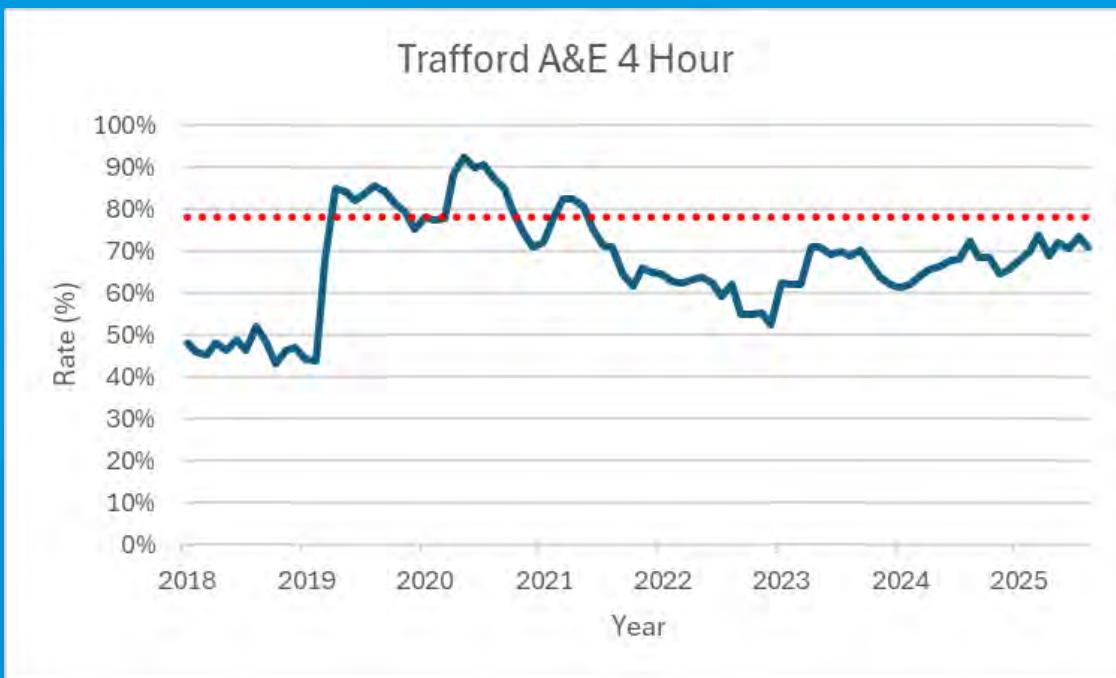


Awaiting Narrative

## Focus Rationale

In August 2024, the rate was 72.5%. This decreased to 64.5% in November 2024. Since then the rate has increased to 73.6% in July 2025  
In July 2025, the actual numbers behind the rate were 5,968 patients seen within 4 hours out of a total of 8,112  
To achieve the target of 78% would require an additional 360 patients to be seen within 4 hours (based on July figures)

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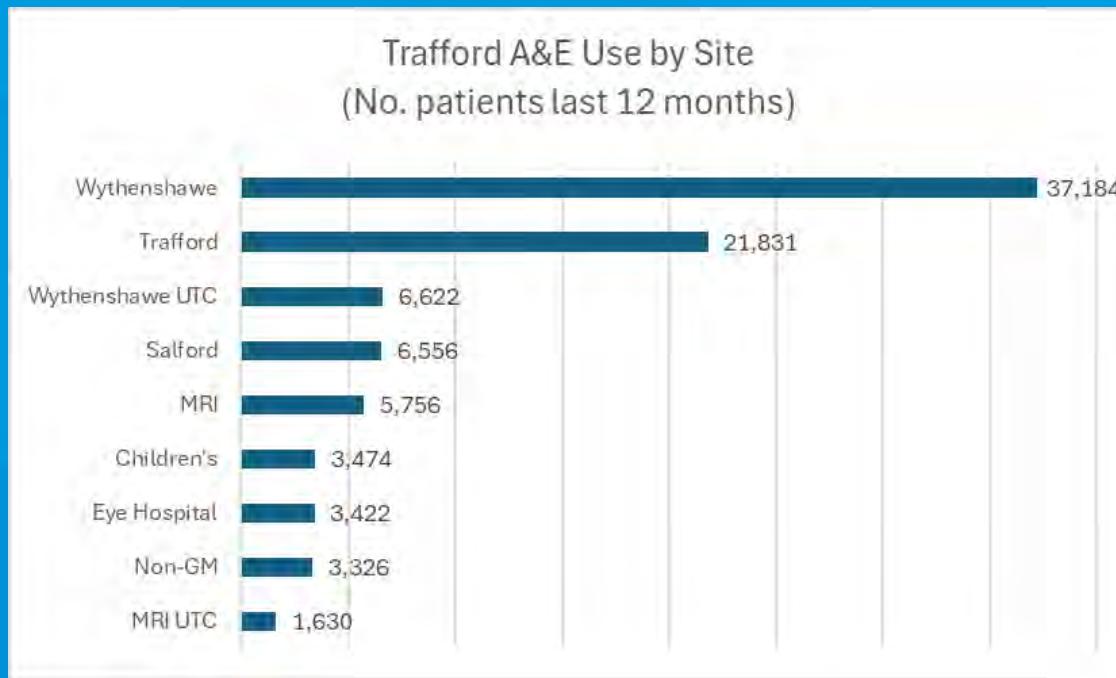


Awaiting Narrative

## Additional Information

The chart below shows the actual number of attendances for Trafford patients at A&E and Urgent Care sites

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On average Trafford patients account for around 90,000 attendances per year

The top 3 highest attendance rates are recorded by GP practices in Partington and Old Trafford.



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<b>Name of Committee / Board</b>	<b>Trafford Locality Board</b>			
<b>Date of Meeting</b>	<b>16<sup>th</sup> September 2025</b>			
<b>Report Title</b>	<b>Trafford Live Well Implementation</b>			
<b>Report Author &amp; Job Title</b>	<b>Deputy Chief Executive and Corporate Director of Strategy and Resources; and Director of Public Health</b>			
<b>Organisation Exec Lead</b>				
<b>OUTCOME REQUIRED</b> <i>(please highlight)</i>	Approval	Assurance	Discussion	Information
<b>EXECUTIVE SUMMARY</b>				
<p>This report provides an update on the Greater Manchester Combined Authority programme 'Live Well' and the Implementation Plans for Trafford, including providing proposals linked to the Implementation namely the locations of Trafford's flagship Live Well Centres, a high-level spend profile for the £820,000 Implementation Fund, and our agreed Learning Theme. The paper has been drafted for the Health and Wellbeing Board and is brought to TLB for information.</p>				
<b>RECOMMENDATIONS</b>				
<p>Trafford Locality Board are asked to acknowledge the Live Well update, including developments surrounding the Live Well Strategy and Implementation Plan</p>				
<b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b>				
<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	A detailed risk register will be produced as part of the project management of Live Well in Trafford and monitored regularly at the Live Well Steering Group.			
<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	<p>Name/Designation:</p> <p>Trafford is being supported by £820,000 Implement Fund grant for 2025/2026. Monies have to be committed by March 2026 and be spent on capital or revenue. The grant agreement has been assessed by the nominated Live Well finance lead at Trafford Council. Aligned to the proposals for this fund will be funding principles to ensure spend is utilised appropriately towards the Live Well Strategy – this includes value for money and sustainability, embedding the longevity of Live Well. Future funding has not been confirmed by GM and no money will be spent at risk against any potential future years.</p>			
<b>Comment by Trafford Clinical and Practitioner</b>	Date of TCAPS / Clinical Lead comment (Delete appropriately):			

<p><b>Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i></p>	<p>Name/Designation: (If appropriate)</p> <p>Comment:</p>
<p><b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i></p>	
<p><b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i></p>	<p>To support Live Well in Trafford, an Equality Impact Assessment is being undertaken. This will be delivered for a borough-wide level and supported by location specific assessments for the Live Well Eco-systems, firstly Partington and Sale. The principles of a Fairer Trafford are embedded across the Strategy to ensure tackling inequalities is at the heart of Live Well.</p>
<p><b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i></p>	
<p><b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i></p>	
<p><b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i></p>	
<p><b>Enabler implications</b></p>	<p><b>Legal implications:</b></p>
	<p><b>Workforce implications:</b></p>
	<p><b>Digital implications:</b></p>
	<p><b>Estates implications:</b></p>
<p><b>Sub-Board Sign-Off / Comments</b> <i>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</i></p>	<p>This paper</p>
<p><b>Organisation Exec Lead Sign off</b></p>	

## 1.0 Live Well Update

- 1.1 Live Well is Greater Manchester's (GM) movement and approach to ensuring great everyday support in every neighbourhood. It is supported by four components:
  - Live Well Centres, Spaces and Offers – connecting brilliant everyday support. Supported by...
  - A Vibrant and Resilient VCFSE Sector and Communities – resourced to support at scale. Embedded within...
  - An Optimum Neighbourhood Model – working alongside people and communities. Underpinned by...
  - A Culture of Prevention.
- 1.2 Over recent months, the Live Well movement has been growing momentum, including shaping what it looks like across each of the GM localities.
- 1.3 In July 2025, GM launched the next Greater Manchester Strategy (GMS), outlining the regional ambitions for the next ten-years. Within this included 7 connected workstreams to 'fix' the 5 foundations of life. Live Well is outlined as one of those workstreams to create 'Everyday support in every neighbourhood'. Linked to this are GM pledges – including the pledge that:
 

***By 2030 everyone will get the support they need, in their neighbourhood to live well:***

  - *Anyone requiring one will be able to access a bespoke Live Well appointment, via a network of Live Well Centres, Spaces, and Offers, providing practical help from debt to housing and more.*
  - *We will narrow the gap between the GM employment rate and the national rate, with good sustainable jobs, that pay well and provide equal opportunities for all residents.*
  - *We will reduce the number of children living in poverty.*
- 1.4 This was recognised in the NHS 10-Year Plan, launched in July 2025, where Live Well was presented as a prevention case study. This coincides with GM being announced as the National Prevention Demonstrator.
- 1.5 GM governance for Live Well has started to emerge, with a GM Live Well Board going to be established. This is being supported by an already established GM Strategic Live Well Local Implementation Group, and a Live Well Alliance that will be established.
- 1.6 To support Live Well locally across GM, the Greater Manchester Combined Authority (GMCA) and NHS GM, have contributed £5million each to create a £10million Implementation Fund for 2025/2026. Each locality has been provided a % share of this based on a population split. For Trafford this equates to £820,000, with money having to be committed by March 2026.
- 1.7 Associated with the above, a Grant Agreement, between GMCA and Trafford Council, for the £820,000 has been signed and sealed in conjunction with the Director of Legal and Governance, and the Deputy Chief Executive and Corporate Director of Strategy and Resources as Trafford's Live Well Senior Responsible Officer. The draft Grant Agreement was checked by finance and legal officers before signing and sealing.

1.8 The Grant Agreement and Implementation Fund, has outcomes associated with them for each locality:

- At least 50% of the funding must be directed to the local Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, with evidence of joint working with the sector to agree the proportion of investment.
- To establish at least one 'Live Well Centre' by 31<sup>st</sup> March 2026, to serve as the local flagship for developing and delivering Live Well support.

1.9 To support the Fund, each locality has been asked to produce a Live Well Implementation Plan.

## **2.0 Trafford Implementation Plan and Strategy**

2.1 In Trafford, the Deputy Chief Executive and Corporate Director of Strategy and Resources is the designated Senior Responsible Officer (SRO) and Strategic Lead for Live Well in Trafford. The Strategic Partnership Manager is the Operational Lead for Live Well in Trafford.

2.2 The development of Live Well in Trafford has been supported by a Trafford Live Well Steering Group (LWSG), chaired by the SRO, with the Deputy Place Lead as vice-chair. The LWSG has representatives from across the Trafford system, with Council officers from across the directorates, and representatives from NHS GM Trafford, Manchester Foundation Trust, Primary Care, Trafford Community Collective, and a nominated representative from the Trafford Community Hubs.

2.3 The project management for Live Well in Trafford has been supported with the recruitment of a Live Well Project Manager, and a Business Change Support Officer, funded through Trafford's Live Well Implementation Fund allocation.

2.4 The support the production of Trafford's Implementation Plans, a short Live Well Strategy has been produced, to outline the proposed approach.

### ***Trafford Live Well Strategy***

2.5 At its heart, Live Well in Trafford will look "***to improve the lives and opportunities of Trafford Residents to create a Fairer Trafford by creating easy to access, everyday support in every community.***" Live Well will be a central pillar to our public sector system reform approach, building on the ethos of the **Trafford Partnership**, by supporting the shift around **how** we work together, by placing each resident and neighbourhood in the **driving seat** of change. This is supported by Trafford's Fairer Trafford approach that will act as a wrap around lens to ensure its principles are embedded into everything we do.

2.6 Rather than reinventing the wheel, **Trafford Live Well is the vehicle** — powered by established strategic partnerships, tailored support models, and co-production. These elements act as the **wheels**, enabling every resident to live a happy, healthy life. The

Live Well vehicle will look different in each area, with different wheels depending on local needs and aspirations. It provides an umbrella to think about a Strategic Communities approach to delivering change for residents.

- 2.7 Trafford is a place of places, with vibrant town centres and communities bringing our diverse population together, each with their own history, assets, and potential. This is highlighted through our current approach to neighbourhood working which recognises these assets, as well as our approach to the Trafford Community Hubs. Live Well will be built out from these areas, with Live Well Eco-systems developed across six 'catchment' areas by 2030 – Old Trafford, Stretford, Urmston, Partington, Sale, and Altrincham.
- 2.8 By doing so, Trafford's Live Well approach will be built on the foundations of place – utilising the strengths and assets of those communities, organisations, and resident, allowing for our Live Well approach to bring the key components together to support our communities and residents to enact change.
- 2.9 To support Implementation, and the ask for at least one flagship Live Well Centre by the end of March 2026, Trafford's Live Well Strategy will take a roadmap approach, starting with the development of two Live Well Eco-systems, focusing in on **Partington** and **Sale**.
- 2.10 Both areas have different but strong rationales to be flagship locations:
  - Partington currently experiences higher deprivation than the rest of Trafford on a number of deprivation metrics, however the community boasts a rich network of existing community assets that has a track record of providing support for residents. If Live Well in Trafford is to have equity at its heart, starting within a community with long standing challenges will ensure those that Live Well is established for will benefit from the approach first.
  - In Sale, led through key community anchors, lots of Live Well linked activity has been growing over time. Central, the neighbourhood in which Sale is based, is also the fast forward neighbourhood. It provides a strong springboard to develop a Live Well Eco-system.
- 2.11 Both areas will be co-developed to support the strategic development of Live Well – this will help Trafford create a minimum standard offer but meet the needs of our respective communities. The roadmap will be supported with activity in every area to grow the foundations for Live Well working – allowing for the roadmap to expand over time.
- 2.12 The first two eco-systems will be built upon in Partington and Sale. To support genuine co-development, the specific approach and location of the Live Well Centre(s) will be established with the communities, organisations, and residents of those areas, building on their current assets. Learning will be shared across the areas to embed learning by doing and real time reflections.

#### ***Implementation Fund***



2.13 As stated in paragraph 1.8, at least 50% of Trafford's £820,000 allocation as part of the GM Live Well Implementation Fund must be directed to the local VCFSE sector.

2.14 To support the strategy and roadmap, an equitable approach to funding will be utilised. This will be utilised to help support the development of Live Well in Partington and Sale, but to ensure there is activity in every area of the borough.

2.15 The overall fund will be split into VCFSE Support, and Live Well Infrastructure:

VCFSE Support (VCFSE)	LW Infrastructure (Public + Potential VCFSE)
Maximum of £150,000 per Flagship Eco-systems (Partington and Sale) to create the Live Well Eco-system	£101,834 Live Well Project Management
Minimum of £37,500 per Other Eco-systems (Old Trafford, Stretford, Urmston, Altrincham) to support the Live Well Roadmap	£148,166 to support Flagship LW Centre Implementation (ICT Systems, Digital/Data Infrastructure, Staffing)
£60,000 VCFSE Capacity Support to help with Funding and Sustainability	£50,000 Community Engagement
	£10,000 Communications and Branding

2.16 Support across the Eco-systems will operate on a sliding scale based on the co-development plans created with Partington and Sale, with a maximum value outlined in the table above for the flagship locations, and a minimum for other Eco-systems.

2.17 Money may support capital or revenue activities.

#### ***Learning Theme***

2.18 Within the Implementation Plan, each locality across GM has been requested to propose a theme or focus area that the locality will explore to offer as learning for others.

2.19 It is proposed Trafford's Live Well Learning Theme is **Neighbourhood Engagement**. There is already lots of great learning that can be shared within this, such as the Poverty Truth Commission, Voice of Lived Experience Panel, and Trafford's Neighbourhood Networks, but opportunities for future learning such as utilising an Elephants Trial and the development of the Trafford Faith in Action Network.



- 2.20 The learning will further support the co-development approach that will be taken to develop the Live Well Eco-systems and vice-versa.
- 2.21 The above will be formulated into the Implementation Plan template and submitted to GMCA, alongside the Live Well Strategy.

### **3.0 Next Steps**

- 3.1 Immediate next steps for Live Well in Trafford include:

- Signing off Trafford's Live Well Implementation Plan and submission to GM.
- Engaging with the developing Live Well governance at a GM level.
- Developing appropriate governance for Live Well Implementation, including task and finish groups, and re-shaping the Live Well Steering Group to reflect new operational governance.

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## **Trafford Live Well Strategy**

### **What is GM Live Well?**

Greater Manchester Live Well is a region-wide movement to provide everyday support in every neighbourhood so all of our residents can live happier, healthier lives. It represents a fundamental shift in how public services will work in partnership with people and communities.

It has four components...

- **Live Well Centres, Spaces and Offer** – connecting brilliant everyday support...
- **A Vibrant and Resilient VCFSE Sector and Communities** – resourced to respond at scale...
- **An Optimum Neighbourhood Model** – working alongside people and communities, supported by...
- **A Culture of Prevention**

To support our regional ambitions in the Greater Manchester Strategy, GM has pledged that “*By 2030 everyone will get the support they need, in their neighbourhood, to live well.*” This includes “*anyone requiring one will be able to access a bespoke Live Well appointment, via a network of Live Well centres, spaces and offers*”.

### **Live Well in Trafford**

**Trafford Live Well** is a strategic programme designed to ensure that all residents, communities, and partners across Trafford collectively ‘Live Well’. The strategy aims to build healthier, more resilient communities by embedding prevention and tackling inequalities at every level. This will work towards our vision “***To improve the lives and opportunities of Trafford Residents to create a Fairer Trafford by creating easy to access, everyday support in every community.***” Live Well will be a central pillar to our **public sector system reform** approach, building on the ethos of the **Trafford Partnership**, by supporting the shift around **how** we work together, by placing each resident and neighbourhood in the **driving seat** of change.

Rather than reinventing the wheel, **Trafford Live Well is the vehicle** — powered by established strategic partnerships, tailored support models, and co-production. These elements act as the **wheels**, enabling every resident to live a happy, healthy life. The Live Well vehicle will look different in each area, with different wheels depending on local needs and aspirations. This highlights the programme’s flexibility, personalised support, and commitment to resident co-development and partnership, recognising that Trafford is a place of places.

The **vehicle metaphor** enables each area and resident to co-produce their Live Well journey in a way that responds to their unique context. Every Live Well area will include a **minimum support offer** — the essential components needed to design their vehicle for the journey ahead. For example, each Live Well Centre will include a **No Wrong Front Door** triage and tiered assessment process to ensure seamless access to support. However, each area will be developed, through co-production principles to ensure it is community-centred, and then person-centred in delivery. This means there will be community specific support that meets the needs of that area. This may also change over time.

Doing the above will build on our strong foundations, bringing the notion of not reinventing the wheel to life, but acting as an umbrella to ensure integration and collaboration across services and approaches.

Each Live Well Eco-system in Trafford will be equipped with resources, training and the knowledge to provide a high quality No Wrong Front Door triage assessment. Implementing the No Wrong Front Door will involve healthcare providers, including primary care, VCFSE organisations, and Trafford wide partners coordinating services for residents and sharing information to ensure the right services support individuals in all our communities.

The No Wrong Door approach has the potential to offer both clinical and non-clinical support services by working holistically and across disciplines with the whole person. For example, it will ensure all Trafford Live Well Care Navigators, Centres, Spaces, and Offers are trauma-informed, trained in the prevention model of Prevent–Delay–Reduce, and follow a whole-person triage care process that integrates patient partnership and expertise. Further training will be provided in data capture and sharing as part of digital and service infrastructure.

Live Well will be supported by our principles for development and implementation:

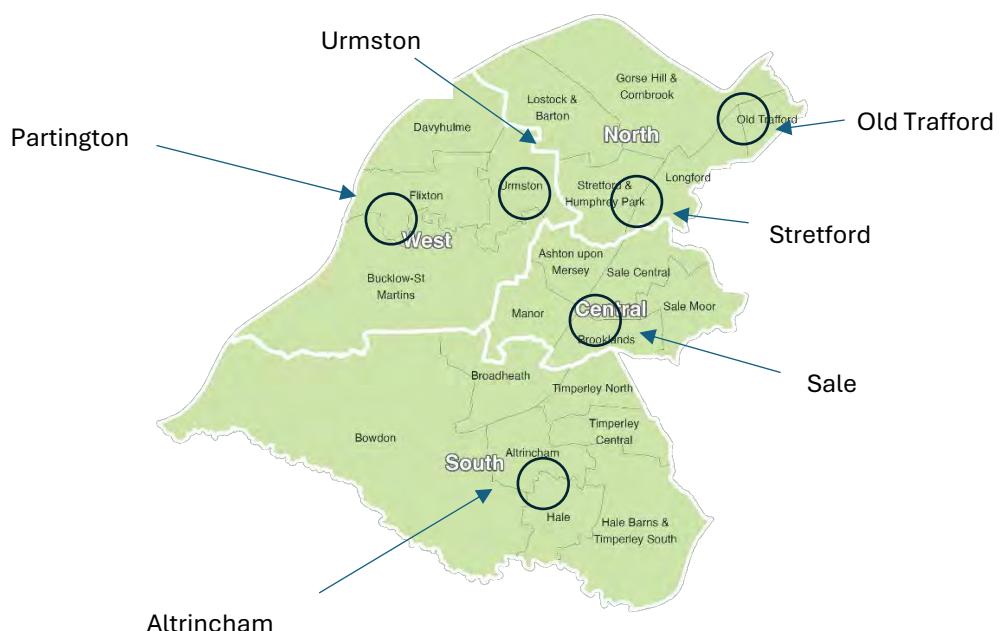


## Implementation Roadmap / Approach

Part of our approach to Live Well in Trafford is taking a roadmap, allowing the Live Well vehicle to be implemented across the borough.

Trafford is a place of places, with vibrant town centres and communities bringing our diverse population together, each with their own history, assets, and potential. This is highlighted through our current approach to neighbourhood working which recognises these assets, as well as our approach to the Trafford Community Hubs. Live Well will be built out from these areas, with Live Well Eco-systems developed across six ‘catchment’ areas by 2030: (*circles do not represent actual catchment areas or eco-system boundaries, they are for illustration purposes only*)

### Trafford wards and localities



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By doing so, Trafford's roadmap will be built on the foundations of place – utilising the strengths and assets of those communities, organisations, and residents.

To support the roadmap – Trafford Live Well will focus on two Live Well Eco-systems in the first instance. Both areas will be co-developed to support the strategic development of Live Well – this will help Trafford create a minimum standard offer but meet the needs of our respective communities. The roadmap will be supported with activity in every area to grow the foundations for Live Well working – allowing for the roadmap to expand over time. Activity may include setting up an Advice Hub in that area, or supporting a Health in Communities style activity, or undertaking deep engagement to support the groundwork for a Live Well Centre. This will be supported by a Live Well Investment Strategy that mirrors the approach of a focus on two areas but activity in every area.

By focusing in on two, learning will be shared across the sites, and the other four eco-systems to support reflection and growth to embed learn by doing.

Future implementation will be considered through a 2+2+2 method – with 2030 being the end goal target.

The first two eco-systems will be built upon in **Partington** and **Sale**. To support genuine co-development, the specific approach and location of the Live Well Centre(s) will be established with the communities, organisations, and residents of those areas, building on their current assets.

**Partington** – The community of Partington currently experiences higher deprivation than the rest of Trafford on a number of deprivation metrics, for example households deprived in health, employment, and education, with long entrenched inequalities that have struggled to shift over time. However the community boasts a rich network of existing community assets that has a track record of providing support for residents, with existing relationships built through initiatives such as Feel Better Partington. If Live Well in Trafford is to have equity at its heart, starting within a community with long standing challenges will ensure those that Live Well is established for will benefit from the approach first.

**Sale** – Across Sale, led through key community anchors, lots of Live Well linked activity has been growing over time, such as the establishment of an Advice Hub at Our Sale West, Health in Communities, where primary care is engaged and delivering within a community-based setting, and a growing partnership between Our Sale West and Sale Moor Community Partnership. Central, the neighbourhood in which Sale is based, is also the fast forward neighbourhood, with Integrated Neighbourhood Teams being piloted and work engaging the community on the neighbourhood needs having already taken place. It provides a strong springboard to develop a Live Well Eco-system.

Selecting Partington and Sale provides a platform to build on our foundations and ensure a Fairer Trafford is driving Live Well in Trafford.

## Next Steps

### LIVE WELL IN TRAFFORD – IMPLEMENTATION METHODOLOGY (ALIGNED TO YEAR 1 DELIVERABLES)

Strategic Area	Key Actions	Methodology Integration
<b>Programme Infrastructure &amp; Governance</b>	<ul style="list-style-type: none"><li>Establish governance structures including the Live Well Steering Group (LWSG) and neighbourhood-level Task &amp; Finish groups.</li><li>Develop Locality Implementation Plans for</li></ul>	<ul style="list-style-type: none"><li>Mobilisation phase (Q3–Q4 2025): governance setup and funding allocation.</li><li>Borough Plan alignment: supports</li></ul>

	<p>each of the six hub areas (Sale and Partington first).</p> <ul style="list-style-type: none"> <li>• Allocate and manage the £10m implementation support fund.</li> </ul>	system-wide integration and strategic leadership.
<b>Live Well Centres, Spaces &amp; Offers</b>	<ul style="list-style-type: none"> <li>• Launch flagship centres in Sale and Partington by March 2026, with phased roll-out to other localities.</li> <li>• Co-design Live Well “Hallmarks” with residents and VCFSE partners.</li> <li>• Engage Primary Care in service integration and centre design.</li> </ul>	<ul style="list-style-type: none"> <li>• Design &amp; Co-Production phase (Q4 2025 – Q1 2026): centre planning and stakeholder engagement.</li> <li>• Build &amp; Integrate phase (Q1–Q2 2026): physical and digital infrastructure.</li> <li>• Borough Plan alignment: place-based, co-produced services.</li> </ul>
<b>Community-led Movement &amp; Learning</b>	<ul style="list-style-type: none"> <li>• Host monthly Live Well webinars and local movement-building events.</li> <li>• Facilitate learning and innovation sessions across neighbourhoods.</li> </ul>	<ul style="list-style-type: none"> <li>• Embedded throughout all phases: supports engagement, feedback, and adaptive learning.</li> <li>• Borough Plan alignment: builds community power and inclusive communication.</li> </ul>
<b>Workforce &amp; System Leadership</b>	<ul style="list-style-type: none"> <li>• Design a borough-wide workforce development offer (e.g., trauma-informed, neurodiversity training).</li> <li>• Appoint strategic partner for leadership development.</li> <li>• Launch first recruitment cohort.</li> </ul>	<ul style="list-style-type: none"> <li>• Embedded in Build &amp; Integrate phase.</li> <li>• Borough Plan alignment: supports system efficiency and sustainable transformation.</li> </ul>
<b>Evaluation &amp; Research</b>	<ul style="list-style-type: none"> <li>• Implement mixed-method evaluation approach.</li> <li>• Collaborate with GM academic institutions to embed relational ways of working.</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation &amp; Scale phase (Q2 2026 onwards): impact assessment and model refinement.</li> <li>• Borough Plan alignment: supports data-driven action and accountability.</li> </ul>
<b>Strategic Themes &amp; Offers in Development</b>	<ul style="list-style-type: none"> <li>• Develop thematic Live Well offers including: <ul style="list-style-type: none"> <li>– Mental Health (Living Well)</li> <li>– Housing (with GMHPG)</li> <li>– Debt</li> <li>– Veterans (Valour)</li> <li>– Employment Support via Trailblazer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Integrated into service design and co-production phases.</li> <li>• Borough Plan alignment: supports inclusive, person-centred support and economic inclusion.</li> </ul>

### Live Well Learning Theme

To support Live Well across GM, each local area has been asked to select a learning theme that they can share with the rest of GM.

Through Trafford’s current approach to working with our communities, there is lots of existing learning that can be shared, but also key activity, that aligned to the Implementation Methodology, that we will be undertaking that others can learn from.

It is proposed that Trafford’s Learning Theme is **‘Neighbourhood Engagement’**. This will explore our approach to development engagement that enhances community power within a neighbourhood, and ensures we coordinate strategically how we engage across Trafford.

Trafford has a track record of utilising engagement to shape our work, whether that be the Poverty Truth Commission to establish Advice Hubs, or Neighbourhood Networks to engage with Health and Social Care service delivery, there are elements of great engagement across our neighbourhoods.

But there is more we can do, thinking about Live Well as an umbrella for how we undertake neighbourhood engagement, to ensure we are operating as a system, with learnings shared across partners and implemented strategically so are being shaped by our neighbourhoods and embed co-production at every stage we can.

As we implement Live Well, there are lots of opportunities to link into, such as:

- Elephants Trial
- Neighbourhood Networks 2.0
- Covenant Development in Stretford
- NHS VCFSE Engagement Fund
- Trafford Faith in Action Network

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<b>Name of Committee / Board</b>	<b>Trafford Locality Board</b>			
<b>Date of Meeting</b>	<b>16<sup>th</sup> September 2025</b>			
<b>Report Title</b>	<b>Better Care Fund Programme Quarter 1 return</b>			
<b>Report Author &amp; Job Title</b>	<b>Alex Cotton, Head of Transformation and Delivery</b>			
<b>Organisation Exec Lead</b>	<b>Gareth James, Deputy Place Base Lead and Maggie Kufeldt, Corporate Director for Adults and Wellbeing (DASS)</b>			
<b>OUTCOME REQUIRED</b>	<b>Approval</b> <input checked="" type="checkbox"/>	<b>Assurance</b> <input checked="" type="checkbox"/>	<b>Discussion</b>	<b>Information</b> <input checked="" type="checkbox"/>

### EXECUTIVE SUMMARY

The BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. This report provides the national return in Q1 which is required to be submitted by close of play on 15<sup>th</sup> August 2025.

This Quarter 1 submission focusing on:

- Confirmation of locality plans against BCF metrics for 2025/2026 for which will be assessed against on a quarterly basis across the year.
- This Q1 submission does not report on the delivery against these metrics for the period of 1<sup>st</sup> April -30<sup>th</sup> June 2025 as this data is not yet available. Locality performance against these metrics will be reported in our Q2 submission.
- Confirmation of income and expenditure of the BCF 25/26 Programme and actual expenditure for Q1 25/26.

The full BCF return to NHS England is attached alongside this paper, but to support ease of reading, please find key messages highlighted below:

### The Key metrics for 25/26 are:

- **Emergency Admissions to Hospital for people 65+ per 100,000 of population.**
- **Delayed Discharges:** Average length of delay for all adult acute patients (this calculates the % of patients discharged after their Discharge Ready Date multiplied by the average number of days).
- **Residential Admissions:** Long-term support needs of older people (65 years +) met by admission to residential and nursing homes per 100,000 of population

### Recommendation

It is recommended that Trafford locality adopt the target plans proposed by NHS England. The proposed target plans represent a moderated improvements on 24/25 actual performance in which we achieved all set targets. The 25/26 plan proposed is flat across the 12 months so there will be some seasonal within our actual delivery.

### Expenditure position

The actual expenditure position at the end of Q1 is £5,787,858 which is 16% of planned income.

### Programme Schemes:

During 25/26 this report will highlight any exceptions against plan and schemes within it. At the end of Q1 there are no current exceptions to report.

## RECOMMENDATIONS

Trafford Locality Board are asked to:

1. Note the content of the final BCF return with confirms Trafford Locality metric target plans will be in line with those proposed by NHS England and the Regional BCF Teams.
2. This submission will be approved by Trafford ICB and Trafford Council prior to submission.
3. Note that the date for the next submission has yet to be released. However, in line with previous submissions this is anticipated to be in early October 2025.

## CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board

<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	Risks are managed through existing locality governance arrangements with escalation through to various groups / boards including Trafford Locality Board, where applicable.
<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	<p>Name/Designation: Julie Flanagan, Associate Director of Finance (Trafford)</p> <p>The BCF Programme Budget is £35, 932,707 which includes £3,066,844 Disability Funding Grant</p>
<b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i>	<p>Date of TCAPS / Clinical Lead comment: N/A</p> <p>Name/Designation: N/A</p> <p>Comment: N/A</p>
<b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i>	Implementation of our BCF Plan will improving outcomes for all Trafford residents and help reduce health inequalities for residents of the locality
<b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
<b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	N/A
<b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive)</i>	Implementation of the BCF Plan will improving outcomes for all Trafford residents and help support Trafford's



<p><i>and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i></p>	<p>contribution to GM's aspirational carbon reduction targets</p>
<p><b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i></p>	<p>Trafford performance against key agreed milestone plans will be provided and reported on via quarterly submissions for the remainder of 25/26.</p>
<p><b>Enabler implications</b></p>	<p><b>Legal implications:</b> N/A <b>Workforce implications:</b> N/A <b>Digital implications:</b> N/A <b>Estates implications:</b> N/A</p>
<p><b>Sub-Board Sign-Off / Comments</b> <i>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</i></p>	<p>This submission has been approved by Trafford ICB SLT and Trafford Council CLT prior to submission. This return will also be retrospectively approved by Health and Wellbeing Board on 12<sup>th</sup> September 2025.</p>
<p><b>Organisation Exec Lead Sign off</b></p>	<p>Gareth James, Deputy Place Lead, NHS GM Trafford.</p>

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