NHS Greater Manchester Integrated Care

Agenda

Trafford Locality Board Meeting

Date: Tuesday, 21 October 2025

Time: 1.00 pm

Venue: Meeting Room 12, Trafford Town Hall and via teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1	1.00	5 mins	**Apologies for Absence**		Info	Chair
2			**Declarations of Interest**		Info	Chair
3			**Minutes of the Meeting Held on the 16th September 2025**	1 - 6	Approval	Chair
4			**Action Log & Matters Arising**	7 - 8	Discuss/Info	Chair
5	1.05	5 mins	**Public Questions**	9 - 10	Discuss/Info	Chair
6			**Forward Plan**	11 - 12	Info	Chair
7	1.10	10 mins	**NHS GM Trafford Finance report**	13 - 26	Assurance/ Info	JF
8	1.20	10 mins	**Locality Assurance Meeting**	27 - 66	Info	GJ
9	1.30	10 mins	**Trafford Locality Scorecard**	67 - 86	Discuss/Info /Assurance	TM
10	1.40	10 mins	**Strategic Risk Register**	87 - 96	Discuss/Info /Assurance	TM
11	1.50	10 mins	**Locality Sustainability and Delivery Plan 25/26**	97 - 100	Discuss/Info	TM

12	2.00	15 mins	**Trafford Winter Capacity Allocations 25/26**	101 - 110	Approval /Discuss	COD
13	2.15	15 mins	**Trafford and Manchester Clinical and Practitioner Effectiveness Group Arrangements**	111 - 120	Approval /Discuss	GF
14	2.40	15 mins	**MFT Strategy Refresh**	121 - 140	Discuss	TRa
15			**Any Other Urgent Business**			

Minutes

Trafford Locality Board

Date: Tuesday, 16 September 2025

Time: 1.00 pm

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

Present	Apologies
Jane Wareing (JW) GP Board Representative and Co-Chair Heather Fairfield (HF) Healthwatch Helen Golllins (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 & Wellbeing Bernadette Ashcroft (BA), VCFSE Representative Zahid Ahmed (ZA) GP Board Representative Elizabeth Calder (EC) GMMH Charlotte Bailey (CB) Chief People Officer NHS GM Sara Todd, Place Based Lead NHS GM Trafford & Chief Executive of Trafford Council In attendance: Patricia Davies (PD) 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 Pippa Dewhirst (PDe) Governance Team Leader Sarah Owen (SO) Associate Director of Nursing and Quality (Trafford) Mark Edwards (ME) TLCO	Gareth James (GJ) Deputy Place Lead for Health & Care Integration, NHS Greater Manchester Integrated Care - Trafford Tom Ross (TR) Leader of Council and Co-Chair Jill McGregor (JM) Corporate Director of Children's Services

Item No.	Topic	Action
1	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Gareth James and Tom Ross.	
2	**DECLARATIONS OF INTEREST** There were no declarations of interest.	
3	**MINUTES OF THE MEETING HELD ON THE 15TH JULY 2025** RESOLVED: the minutes of the meeting held on the 15th July 2025 were approved as an accurate record.	
4	**ACTION LOG & MATTERS ARISING** The action log was reviewed and all actions that were due were complete.	
5	**FORWARD PLAN** RESOLVED: the forward plan was noted as for information.	
6	**PUBLIC QUESTIONS** There were no questions received from members of the public.	
7	**NHS REFORM** TLB were provided with a briefing with regards to NHS reforms that covered: • Background to NHS Reform; • NHS Greater Manchester approach to reform; • Voluntary redundancy scheme update; and • Next steps. TM took the briefing as read and TLB noted the update provided with the agenda. RESOLVED: the update was noted.	
8	**NHS GM TRAFFORD FINANCE REPORT** TLB were provided with a finance update, JF was in attendance to present the report. JF provided an overview noting: • As at Month 4 the total ICS year to date deficit was £73.3m, a £9.7m adverse variance against the plan, a deterioration of £6m from the previous month. • The ICS level movement related to pay pressures mainly at MFT in respect of pay award and industrial action. The NHS GM position was breakeven but there were pressures within ADHD and all age continuing care which were currently offset. • The Locality position was overspent £1.5m YTD with a forecast outturn of breakeven in line with ICS reporting although there was a requirement to submit a recovery plan based on year to date run rates.	

	• The locality YTD CIP position was under plan by £145k with a risk adjusted forecast of £1.79m. Proposals to mitigate the CIP risk were included in a separate report. • An increased financial control framework remained in place with the system required to demonstrate and provide assurance there was a credible plan to deliver the forecast to secure the remainder of the deficit support funding. JF advised Q2 deficit support funding had been received but highlighted the risk of Q3 funding being withheld if the system cannot provide assurance there was a credible plan to deliver the forecast position. JF was thanked for the update and TLB noted the recommendations as per the report. RESOLVED: Trafford Locality Board: • Noted 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. • Noted the breakeven forecast outturn position in line with NHSE reporting requirements. • Noted a deterioration in the Locality YTD position reporting a variance of £1.5m overspend for commissioned services and the requirement for a recovery plan. • Noted the delivery of ICS CIP as at Month 4 of £164.3m against a plan of £165.7m a shortfall of £1.4m. • Noted the locality CIP delivery of £308k against a plan of £453k, a shortfall of £145k and a risk adjusted forecast of £1.79m • Noted the risk of the Q3 deficit support funding being withheld if the system cannot demonstrate and provide assurance there was a credible plan to deliver the forecast position. • Noted the continuation of the increased financial control framework including local recovery plans.	
9	**TRAFFORD LOCALITY SCORECARD PROGRESS** TLB received a presentation that detailed the current version of the Trafford Locality Scorecard and provided an update on progress. TM presented the item and advised this was a newly developed scorecard for the Trafford Locality and was aligned with Trafford's seven delivery ambitions and to help identify priority areas, a set of 'Focus Metrics' had been identified for discussion. TM noted the document was a work in progress and welcomed TLB input. TM noted as the scorecard developed he would like to include further detail on children and young people neuro diversity and community services as these were some areas TLB had highlighted as areas of concern previously. TM noted the seven focus metrics and highlighted with regards to the increase in hospital admissions for alcohol specific conditions this had increased post covid but there were plans in place as per the slides to try and mitigate. TM noted the cervical screening uptake differed by neighbourhood and so prompted more targeted support. JS noted the admission to hospital due to alcohol related condition was a worrying trend and suggested a deep dive to understand the cause. JS also recognised	

	admissions to Accident and Emergency had increased and would be interested to see further narrative to advise if there were repeat returns. JW praised the new format and suggested it would benefit from inclusion of good news stories. MK noted the scorecard was progressing well but it was key for the board to consider any actions and next steps and to ensure TLB sighted on progress to provide assurance. HG advised would consider the alcohol deepdive JS raised at the alcohol group and noted there was an assurance group to review cervical screening uptake but noted there would be challenges in certain locations. HG enquired why there was only red and green scoring and no amber rated metrics. TM confirmed this was the preferred scoring suggested at FPS and was not a red, amber, green rating but just red and green so it could be quickly analysed. DB suggested adding where Trafford ranked in GM for each metric. TRa queried where the metrics were analysed.TM advised the document would be reviewed at FPS and taken through relevant groups before coming to TLB for consideration. TM noted the feedback provided and agreed to consider for future iterations of the Locality Scorecard and TLB acknowledged the progress. RESOLVED: TLB noted the progress update related to the Trafford Locality Scorecard and accompanying narrative.	ACTION ACTION ACTION ACTION
10	**TRAFFORD LIVE WELL PROGRESS REPORT** TLB considered a report that gave 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 the agreed Learning Theme. The report had previously been considered at the Health and Wellbeing Board and was brought to TLB for information. HG provided a summary of the report noting there was a live well steering group that was forum for discussion on the project and led by Senior Responsible Officer Sara Saleh and Gareth James. HG advised the steering group had considered evidence and what could be achieved in year and suggested Partington and Sale should be sites for live well centres. HG confirmed the finance allocation as per the report noting £510k would go to VCFSE to create the live well eco system and £310k would be spent on infrastructure. HG advised the learning theme would be Community and Neighbourhood engagement and Trafford already had a good basis due to the current neighbourhood networks and any learning would be shared with colleagues across Greater Manchester. HG noted HWBB would be accountable for the live well project but regular updates would be brought to TLB. JS supported the suggested focus areas of Partington and Sale. Tra queried if the work would be led by the locality plan and priorities. HG advised the locality plan would inform as well as previous learning such as recognising it was important work was led by communities to ensure engagement. HG noted plans would be built on need and adding value with a focus on sustainability. HG advised plans were still in the developmental phase and would be co-produced but for Partington skills and employment would be key areas and for Health cervical smear uptake and alcohol related health conditions.	

	TM suggested revisiting the outputs of the joint HWBB and TLB symposium and the co-operative commitments as the work progressed and took an action to think about what forum could be discussion point for different parts of the Health and Care system. TM noted he was in discussion to potentially repurpose the neighbourhood steering group and would take through TPCB. TM noted the importance of work being based on need and clear impact. DB queried if there was prevention demonstrator with clear impact and measurable data of what we were expecting to deliver and was there evaluation planned. HG noted could be challenge as change may take years to embed but noted need to ensure locally there were key indicators and system outcomes. TM advised he had recently been involved with the GM innovation group where it was highlighted there was a partnership with the applied research collaborative (ARC). TM noted ARC had recently completed a return on investment analysis with regards to community hubs which showed value for money. TM advised his intention to take a summary of ARCs work to TPCB and he would continue to liaise with ARC and share any relevant outputs. RESOLVED: TLB acknowledged the Live well update, including developments surrounding the Live well strategy and implementation plan.	ACTION ACTION
11	**BCF Q1** TLB were provided with the Quarter one Better Care Fund submission for review. MK presented the submission noting it had been considered at the Health and Wellbeing Board and submitted to NHS England on the 15th August 2025. MK noted the submission confirmed the locality plans against the BCF metrics for 2025/26 but Q1 submission did not report on them as the data was not yet available. MK advised these metrics would be reported on in future submissions. MK confirmed the three key metrics were: • 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 and • Residential Admissions: Long-term support needs of older people (65 years +) met by admission to residential and nursing homes per 100,000 of population. MK highlighted the actual expenditure at the end of Q1 reflected 16% of the planned income. RESOLVED: Trafford Locality Board: 1. Noted the content of the final BCF return with confirmed Trafford Locality metric target plans in line with those proposed by NHS England and the Regional BCF Teams. 2. The submission would be approved by Trafford ICB and Trafford Council prior to submission. 3. Noted that the date for the next submission was yet to be released. However, in line with previous submissions this was anticipated to be in early October 2025.	
12	**ANY OTHER URGENT BUSINESS** **Antimicrobial rates** – HG reported that the antimicrobial rate had previously been a focus for TLB as Trafford had previously ranked 106th nationally for this metric and work had progressed to increase Traffords ranking to 63rd. HG advised the metric related to the prescribing of broad spectrum antibiotics and Trafford was currently ranked in the 70's. The public health team were working with GP practices to try to understand why this had increased and were connecting with Hospitals as were concerned about the increase in prescribing. JW noted a whole system approach was	

	needed. JS suggested sending out a briefing to residents explaining to them about antibiotic prescribing, HG agreed to take forward as an action. **Exercise Pegasus** - HG advised the exercise was a national pandemic simulation and would have three phases, emergence, containment and mitigation. HG advised a meeting had been stood up to brief Trafford colleagues. **Locality Assurance Meeting** – TM advised that the next LAM was due to be held on the 3rd October and a response to the queries raised were due on the 24th September and would require engagement from partners. TM would share the queries with MFT, GMMH and primary care colleagues for input via email.	ACTION ACTION

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	18/11/25	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.	PD to raise with CYP team to schedule update.	SA	18/11/25	In Progress
157	15/07/25	Healthwatch	HF to share Healthwatch exit plan with TLB when available.		HF	01/08/26	In Progress
158	16/09/25	Locality Scorecard	HG to raise concerns in locality governance. Specifically the rise in admissions due to alcohol at the alcohol group and decrease in cervical screening at the screening group.		HG	18/11/25	In Progress
159	16/09/25	Locality Scorecard	TM to develop scorecard to include good news stories and where Trafford ranked in GM for each metric.	Work is on-going to develop the scorecard and GM rankings have been included where possible.	TM	21/10/25	Completed
160	16/09/25	Live Well	TM noted the importance of the co-operative commitments agreed at the TLB/HWBB symposium and took an action to think about what forum could be utilised as discussion point for different parts of the Health and Care System.	TM to provide verbal update at the meeting.	TM	21/10/25	In Progress
161	16/09/25	Live Well	TM to share any relevant outputs from his work with the applied research collaborative.		TM	18/11/25	In Progress
162	16/09/25	Antibiotic Prescribing	HG to explore communications being sent out to residents about antibiotic prescribing.		HG	21/10/25	In Progress
163	16/09/25	Locality Assurance Meeting	TM to email MFT/GMMH and primary care colleagues to input into LAM queries.		TM		Completed

In Progress
Overdue
Completed

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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

Name:

Contact Details:

Question:

Should you have any queries, please contact the Governance team at gmicb-tr.governance@nhs.net.

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Date & Time of Meeting	18 November 1pm	16 December 1pm	20 January 1pm	17 February 1pm	17 March 1pm
Agenda and Papers Sent out	11-Nov	09-Dec	13-Jan	10-Feb	10-Mar
Deadline for Papers	10-Nov	08-Dec	12-Jan	09-Feb	09-Mar
Chair	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
	Reforms	Reforms	Reforms	Reforms	Reforms
	GM Tripartite		Trafford Governance Review of ToR		Trafford Governance Questionaire
	Contract Renewal				
	Locality Plan Cooperative Commitments				
	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
	Locality Scorecard	Locality Scorecard	Locality Scorecard	Locality Scorecard	Locality Scorecard
	Risk	Risk	Risk	Risk	Risk
			TLB Risk Register		TLB Risk Register
	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
	PCCC Highlight Report	PCCC Highlight Report		PCCC Highlight Report	
	Childrens	Childrens	Childrens	Childrens	Childrens
	Children Commssioning Board update		SEND Board Update	Children Commssioning Board update	
	SEND Board Update				
	TCAPS	TCAPS	TCAPS	TCAPS	TCAPS
	TCAPS Highlight Report		TCAPS Highlight Report		TCAPS Highlight Report
	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative
	District Nursing	Capacity & Discharge	Workwell	Intermediate care update	
	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 Update	Trafford Participation Group Update			Trafford Participation Group Update
	Partner Update	Partner Update	Partner Update	Partner Update	Partner Update
	ADHD		Healthwatch Performance Report		Heathwatch 26/27 Plan
	Fairer Health for Trafford				
					Community Collective 26/27 Annual Plan
Part 2 – Section 75 Committee					
	BCF Q2		s75 Quarterly Report		
			BCF Q3		

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Trafford
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Name of Committee / Board	**Trafford Locality System Board**			
Date of Meeting	**21 October 2025**			
Report Title	**NHS GM Trafford Finance report**			
Report Author & Job Title	**Julie Flanagan NHS GM Trafford**			
Organisation Exec Lead	**Gareth James**			
OUTCOME REQUIRED *(please highlight)*	Approval	Assurance X	Discussion	Information X

EXECUTIVE SUMMARY

The attached slide deck presents the financial position for the ICS overall and the locality delegated budgets by NHS GM for August 2025.

As at Month 5 the total ICS year to date deficit is £92.3m, a £19.8m adverse variance against the plan, a deterioration of £10.1m from the previous month.

The ICS level movement relates to pay pressures mainly at MFT in respect of premium staffing costs, industrial action and non pay pressures. 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 £2.2m YTD with a forecast outturn of breakeven in line with ICS reporting. A recovery plan is required to deliver this position as discussed last month and will be covered under the separate agenda item.

The locality YTD CIP position is under plan by £292k with a risk adjusted forecast of £1.79m. Proposals to mitigate the CIP risk as agreed by the board last month will be transacted at M6 and expected to significantly improve delivery and reduce risk.

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.

RECOMMENDATIONS

The Locality Board is requested to note:

- Note the Month 5 year to date reported financial position for GM ICS of £92.3m deficit, against a planned deficit of £72.5m, resulting in a variance against plan of a £19.8m deficit.
- Note the breakeven forecast outturn position in line with NHSE reporting requirements.
- Note a Locality YTD variance of £2.2m overspend for commissioned services, a deterioration of £700k from M4.
- Note the delivery of ICS CIP as at Month 5 of £218.2m against a plan of £209.2m, an overachievement of £9.1m
- Note the locality CIP delivery of £448k against a plan of £740k a shortfall of £292k and the expected improvement in the position following agreement of the CIP risk proposals at the September board.

• Note the analysis of total Trafford expenditure across all sectors and our benchmark to other localities • 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. •	
CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board	
Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	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.
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation: Actions to address the in year cost pressures within individual packages of care in the second half of the year are crucial to stabilising the expenditure and provide an improved foundation for 26/7.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	N/A Name/Designation: (If appropriate) Comment:
What is the impact on inequalities? ***(Please provide a high-level description of any known impacts)***	N/A
Equality Impact Assessment / Quality Impact Assessment Outcome ***(If not appropriate at this stage please state if an EIA or QIA is necessary)***	N/A
People and Communities: Communications & Engagement ***(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)***	N/A
Trafford's Carbon Footprint ***(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)***	N/A

Links to Measurement / Outcomes *(Please detail if this is included within the report)*	
Enabler implications	**Legal implications: N/A**
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	
Organisation Exec Lead Sign off	Gareth James

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Trafford Locality Finance Report Month 5 August 2025

Trafford
Integrated Care Partnership

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GM System Financial Position

Introduction

Trafford Integrated Care Partnership

As at Month 5 the total ICS year to date deficit is £92.3m, a £19.8m adverse variance against the plan (Month 4: variance of £9.7m), which is a deterioration of £10.1m from the previous month.

M5 2025/26 ICS Surplus/(Deficit) £m	In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Full Year Forecast	Full Year Variance
GM NHS Providers	-£8.3	-£18.4	-£10.1	-£69.4	-£89.1	-£19.8	£7.5	£7.5	£0.0
NHS GM	-£0.6	-£0.6	£0.0	-£3.1	-£3.1	£0.0	-£7.5	-£7.5	£0.0
ICS Total	-£8.9	-£19.0	-£10.1	-£72.5	-£92.3	-£19.8	£0.0	£0.0	£0.0

Key points of note for Month 5 are:

•The YTD provider position is now £19.8m behind plan, a deterioration of £10.1m in month, mainly related to MFT, who are reporting continued pressures due to increased premium staffing costs, industrial action and non-pay overspends.

•The NHS GM position has remained on plan, reporting a £3.1m YTD 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.

•On a YTD basis, CIP delivery is £9.1m ahead of target as a system (£4.3m behind plan by NHS GM, offset by a favourable provider variance of £13.4m). Whilst it is forecast that CIP targets will be met in full by the end of the year, there are emerging risks to delivery which have been identified as a risk.

•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 has been developed and is being discussed with NHSE colleagues.

•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 with both providers and internally within NHS GM to address any current shortfall.

GM Key messages

Month 5

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The below table outlines key areas to note for Month 5:

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	The drivers of the YTD deficit position are: •The YTD provider position has increased to £19.8m deficit, driven mainly by pay pressures, under delivery of savings and costs relating to Industrial Action. •The NHS GM position has remained on plan, reporting a £3.1m deficit this month. There are continuing pressures relating to ADHD, Autism and placements, including 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.
Efficiencies/CIP	As at M5 £218.2m of CIP has been delivered against a plan of £209.2m, an overachievement of £9.1m. The forecast CIP position is £656.0m as per the plan although there are risks associated with delivery and unidentified CIP of £15.9m.
Capital	The provider capital YTD actual spend, including internally generated (BAU), IFRS 16 (leases) and PDC is £78.4m, compared to a plan of £91.2m. At this stage it is expected that a balanced forecast outturn position will be delivered. It is also noted that an additional allocation has been confirmed but not yet fully committed. The capital allocation for NHS GM has reduced to £10.1m reflecting a reduction to the expected commitments against the Primary Care Utilisation Fund.
Cash	At present provider cash balances are above plan by £66.1m and cash balances have increased compared to M4, although there are continuing concerns with future cash flow for some providers. At M5 NHS GM had drawn down 43.3% of its annual cash allocation compared to a straight-line rate of 41.7%, 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 M5 equated to £8.9m, with an actual closing balance of £4.3m. The cash position for the system therefore remains a concern and will continue to be monitored closely to ensure appropriate levels of working capital across system.
Risk & Mitigations	At M5 the total gross risk has been estimated at £189.9m. 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.

Trafford Locality Financial Position

Month 5

Trafford
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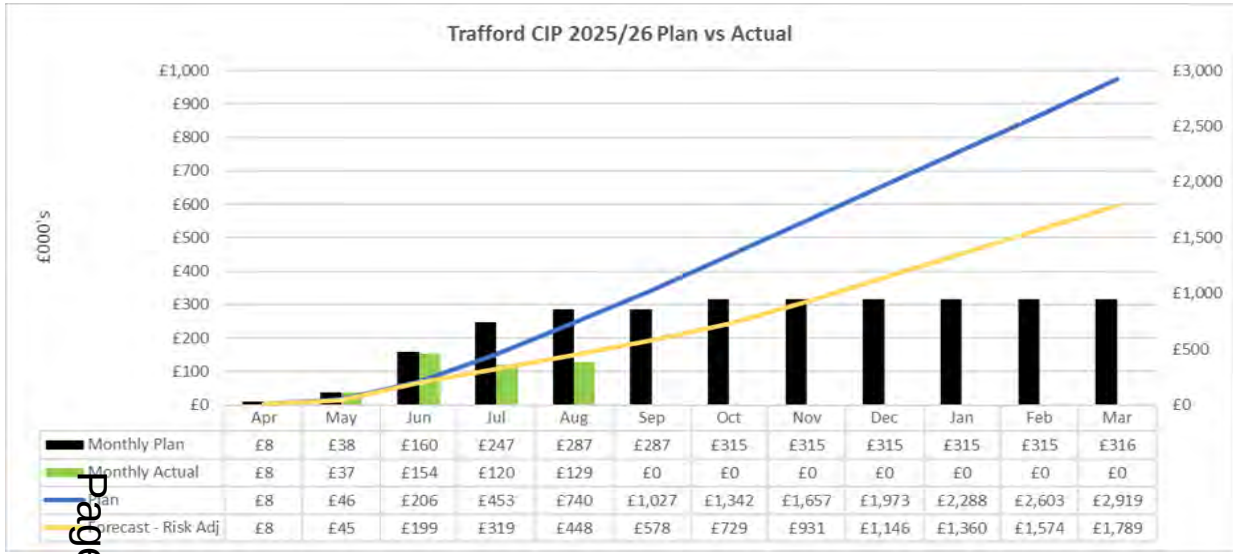
Summary Financial Position as at Month 5				In Month	Forecast			In Month
	Budget	Expenditure	Variance	Movement	Budget	Expenditure	Variance	Movement
	£'000	£'000	£'000		£'000	£'000	£'000	
Commissioned Services								
Mental Health Services	2,289	2,687	-398	↓	5,494	5,962	-468	↓
Community Services	4,954	5,018	-64	↓	12,207	12,194	14	↑
Personalised Packages of Care	18,544	19,938	-1,394	↓	43,857	43,340	516	↑
Primary Care Locally delegated	2,507	2,662	-155	↓	7,300	7,362	-62	↓
Estates void & subsidy	970	875	96	↑	2,320	2,320	0	→
Capacity & Discharge Fund	499	744	-245	↓	1,090	1,090	0	→
Total Commissioned Services	**29,764**	**31,924**	**-2,160**	↓	**72,267**	**72,267**	**-0**	↑
Corporate Services	1,636	1,496	140	↑	3,926	3,700	226	↑
Total Locality Delegated Services	**31,400**	**33,420**	**-2,020**	**579**	**76,193**	**75,967**	**226**	↑
Shadow Reported Services								
Prescribing	19,068	18,046	1,023	↑	46,205	46,055	150	↑
Primary Care Co commissioned	21,205	21,041	164	→	50,945	50,923	22	→
Total Shadow Reported Services	**40,273**	**39,087**	**1,187**		**97,150**	**96,978**	**172**	

- YTD position worsened in month by £642k of which £179k relates to ADHD, £344k in individualised packages of care and £100k on unidentified CIP.
- We continue to see activity and cost in ADHD referrals of c£100k per month against a budget of £38k.
- Increases in CHC packages this month relate to backdated cost for 1 case in respect of a period of unassessed period of care (PuPoC), £700k increase in package cost for 3 clients and a continuing rise in EoL / Fasttrack referrals.
- The pre adjusted forecast is a deficit of £3.1m assuming full delivery of CIP, the key variances are:
- ADHD forecast variance of £423k assuming the expenditure from M7 will align with the budget
- Individual packages of care forecast variance of £2.67m in CHC and an underspend of £125k in MH
- The adjusted forecast assumes an agreed recovery plan will be in place to deliver a breakeven position. Discussion has taken place at both the August and September Locality Board which requires a further review of the breakeven forecast.

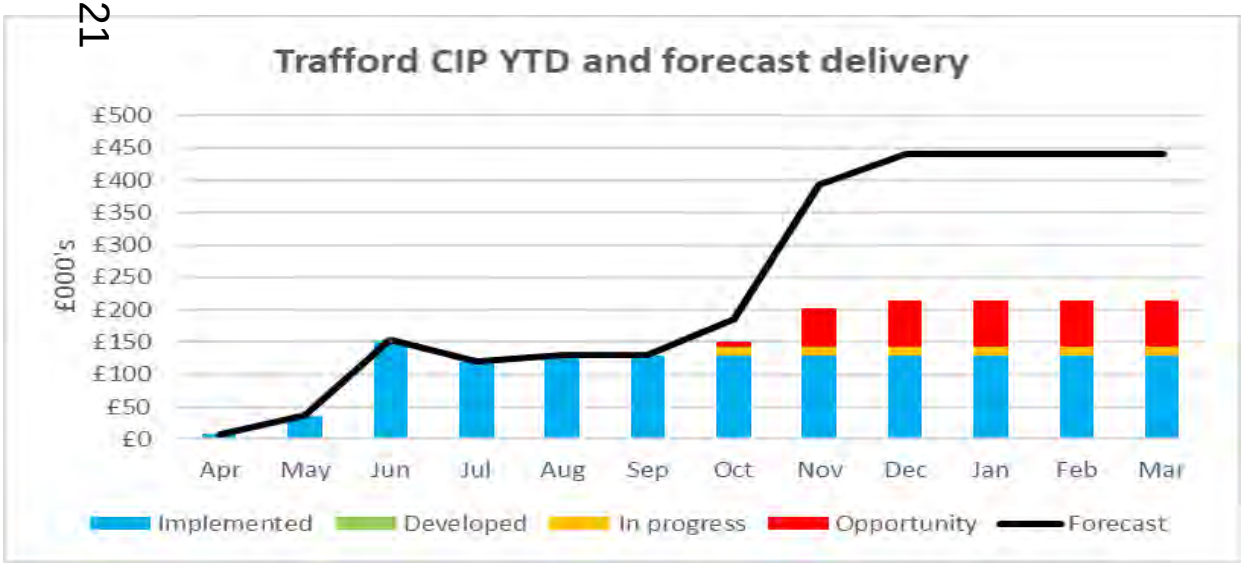
Trafford Locality CIP

Month 5

Trafford
Integrated Care Partnership



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Plan	£8	£38	£160	£247	£287	£287	£315	£315	£315	£315	£315	£316
Monthly Actual	£8	£37	£154	£120	£129	£0	£0	£0	£0	£0	£0	£0
Plan	£8	£46	£206	£453	£740	£1,027	£1,342	£1,657	£1,973	£2,288	£2,603	£2,919
Forecast - Risk Adj	£8	£45	£199	£319	£448	£578	£729	£931	£1,146	£1,360	£1,574	£1,789



- Forecast achievement of £1.789m based on GM risk adjustment calculations due to £704k of unidentified, £250k of activity management plan schemes linked to pan GM approach with limited deliverability in year and £250k linked to contact slippage / cross year accrual benefit – the latter to be accounted for centrally.
- We have reviewed again all budgets and have identified £1.2m linked to either contract slippage, delayed investment, external corporate recharges and expenditure reductions / budget underspends
- The application of the changes and the schemes already identified generates confirmed achievement of £2.45m
- The remaining £469k is to be addressed from individual packages of care of which £370k is in the developed stage therefore considered low risk.

All Sector Spend by Locality

The Jigsaw

Trafford
Integrated Care Partnership

- NHS GM has been undertaking work to identify its total spend by locality, referred to as the jigsaw. This commenced in 24/25 and since M4 is incorporated into the finance paper presented to the ICB finance committee.
- The purpose of the analysis is to reflect where residents are accessing services, provide a level of benchmarking across the GM localities and support focussed deep dives into the data where a locality is a particular high spender in a sector.
- Costs are assigned to a locality based on activity data linked to GP practice code where available, locality coded costs (delegated expenditure), weighted population and other expenditure analysis.
- Further refinements to the assignment are required particularly for mental health expenditure given the levels of SDF and the implications of host arrangements pre ICB which is skewing the value for Trafford.
- Information will be updated monthly and included in future finance reports.

All Sector Spend by Locality (Jigsaw) YTD - Month 5

Trafford Integrated Care Partnership

The M5 YTD Jigsaw is presented below, refinements have been made since M4 and this has highlighted an issue with Mental Health expenditure whereby the Trafford locality holds a number of budgets which dates back to CCG host commissioning arrangements. This will be rectified for month 6.

	Month 5 2025/26 Year to Date Expenditure									
	Acute £m	Specialised Commissioning £m	Mental Health £m	Community £m	CHC £m	Primary Care (GP Only) £m	Primary Care (Non GP) £m	Prescribing £m	Other £m	Total £m
Bolton	£171	£41	£29	£37	£10	£33	£15	£24	£3	£361
Bury	£113	£25	£25	£23	£12	£21	£10	£17	£3	£250
HMR	£124	£31	£18	£31	£6	£26	£11	£21	£3	£272
Manchester	£370	£96	£147	£59	£29	£78	£31	£49	£7	£866
Oldham	£139	£34	£29	£28	£9	£31	£14	£21	£2	£305
Salford	£168	£41	£23	£43	£6	£36	£15	£21	£4	£356
Stockport	£192	£39	£28	£32	£18	£34	£14	£26	£3	£386
Tameside	£136	£29	£28	£20	£7	£24	£12	£20	£4	£280
Trafford	£138	£29	£65	£22	£14	£25	£12	£18	£3	£327
Wigan	£210	£46	£23	£39	£21	£40	£16	£32	£4	£430
GM Total	£1,761	£411	£415	£334	£132	£348	£152	£248	£34	£3,834

	Month 5 2025/26 Year to Date Expenditure per head of population									
	Acute	Specialised Commissioning	Mental Health	Community	CHC	Primary Care (GP Only)	Primary Care (Non GP)	Prescribing	Other	Total
Bolton	£501	£119	£84	£107	£28	£98	£45	£69	£9	£1,061
Bury	£530	£119	£117	£110	£55	£100	£48	£78	£12	£1,169
HMR	£469	£119	£70	£116	£24	£100	£43	£78	£11	£1,030
Manchester	£456	£119	£181	£72	£36	£96	£39	£61	£9	£1,070
Oldham	£495	£119	£103	£100	£32	£109	£48	£73	£5	£1,084
Salford	£490	£119	£67	£126	£16	£105	£43	£61	£11	£1,036
Stockport	£592	£119	£87	£99	£56	£104	£45	£81	£9	£1,192
Tameside	£560	£119	£114	£83	£28	£98	£50	£82	£16	£1,150
Trafford	£565	£119	£268	£88	£57	£102	£51	£74	£12	£1,336
Wigan	£549	£119	£59	£102	£56	£104	£42	£83	£9	£1,123
GM Average	£511	£119	£120	£97	£38	£101	£44	£72	£10	£1,112

Highest Spending 3 per head of population

Lowest Spending 3 per head of population

Observations with regard to total expenditure and mental health will not be drawn at month 5 due to the issues highlighted above, however:

- NCA footprint localities have 4 of the 5 highest expenditure per head of population for community services and this will be investigated over the next 2 months.
- Further work to take place to understand if further refinement can take place with the Salford locality and the impact of the pool budget in place which may make expenditure comparisons to other localities at a directorate level misleading
- Specialised Commissioning expenditure has been made equal for all localities due to its high cost, low volume nature.

All Sector Spend by Locality (Jigsaw) FOT - Month 5

The same applies to MH expenditure for forecast as it does for YTD and will be rectified for month 6.

Trafford Integrated Care Partnership

	Month 5 2025/26 Forecast Out Turn Expenditure									
	Acute £m	Specialised Commissioning £m	Mental Health £m	Community £m	CHC £m	Primary Care (GP Only) £m	Primary Care (Non GP) £m	Prescribing £m	Other £m	Total £m
Bolton	£408	£98	£84	£86	£23	£80	£37	£57	£1	£875
Bury	£270	£61	£66	£56	£25	£53	£25	£41	£1	£597
HMR	£297	£76	£60	£72	£15	£63	£28	£50	£2	£662
Manchester	£884	£232	£276	£136	£67	£190	£77	£119	£3	£1,985
Oldham	£333	£81	£81	£67	£22	£74	£34	£50	£3	£744
Salford	£401	£98	£74	£104	£13	£87	£36	£50	£1	£865
Stockport	£457	£93	£86	£75	£43	£82	£36	£63	£1	£936
Tameside	£326	£70	£67	£48	£16	£58	£30	£48	£0	£666
Trafford	£329	£70	£111	£51	£32	£62	£31	£44	£1	£730
Wigan	£502	£110	£80	£92	£50	£97	£40	£77	£1	£1,048
GM Total	£4,208	£988	£984	£788	£306	£846	£373	£600	£15	£9,108

	Month 5 2025/26 Forecast Out Turn Expenditure per head of population									
	Acute	Specialised Commissioning	Mental Health	Community	CHC	Primary Care (GP Only)	Primary Care (Non GP)	Prescribing	Other	Total
Bolton	£1,197	£287	£247	£254	£67	£234	£110	£169	£4	£2,569
Bury	£1,265	£287	£308	£261	£115	£247	£117	£191	£3	£2,793
HMR	£1,125	£287	£226	£271	£57	£240	£105	£191	£6	£2,509
Manchester	£1,092	£287	£340	£169	£83	£235	£96	£147	£4	£2,451
Oldham	£1,181	£287	£287	£239	£78	£261	£119	£179	£12	£2,641
Salford	£1,167	£287	£217	£302	£39	£254	£105	£147	£3	£2,520
Stockport	£1,412	£287	£264	£231	£133	£254	£110	£194	£4	£2,887
Tameside	£1,339	£287	£276	£198	£67	£239	£124	£199	£2	£2,730
Trafford	£1,346	£287	£453	£209	£132	£252	£125	£179	£4	£2,987
Wigan	£1,310	£287	£208	£241	£130	£252	£104	£201	£3	£2,735
GM Average	£1,220	£287	£285	£228	£89	£245	£108	£174	£4	£2,641

Highest Spending 3 per head of population

Lowest Spending 3 per head of population

Recognising the above issue and that this may change the position at month 6 it should be noted as the expenditure currently stands:

- Trafford, Stockport and Bury have the highest YTD and forecast spend per head of population.
- Trafford and Stockport are also 2 of the highest acute spend per head of population, whilst in Bury it is the mental health and community spend which is increasing its costs per head
- Specialised Commissioning expenditure has been made equal for all localities due to its high cost, low volume nature, this is a change from month 4.

All Sector Spend by Locality (Jigsaw) | Detail M5

The table below shows the actual expenditure per head of population for the 5 months to August 2025.
*MH figures are incorrect due allocation of GM wide schemes to Trafford as previous CCG host.

Trafford
Integrated Care Partnership

Trafford spend with NHS providers

Acute - 2nd highest
MH – highest*
Community - 3rd highest
Primary Care C - Joint 2nd highest
Primary care NC – 3rd lowest

Trafford spend with non NHS providers

Acute – Joint 4th
MH – 3rd highest
Community – lowest

Trafford spend in remaining categories

CHC – highest
Prescribing – 6th
Other – Joint 2nd

	2025/26 month 5 actual expenditure per head of population																
	Acute				MH			Community			CHC	Primary Care exc non GP			Prescribing	Other	
	NHS exc top up	non NHS PK team	non NHS Localities	Total	NHS (UP)	non NHS(loc)	Total	NHS (CM)	non NHS(loc)	Total	Total	Contract	Non Contract	Total	Total	Total	Grand Total
Bolton	£467	£29	£5	**£501**	£54	£30	**£84**	£66	£41	**£107**	**£28**	£81	£17	**£98**	£69	**£9**	**£897**
Bury	£502	£23	£4	**£530**	£75	£42	**£117**	£71	£39	**£110**	**£55**	£84	£17	**£100**	£78	**£12**	**£1,002**
HMR	£455	£9	£5	**£469**	£52	£18	**£70**	£64	£53	**£116**	**£24**	£82	£18	**£100**	£78	**£11**	**£868**
Mcr	£444	£10	£2	**£456**	£140	£41	**£181**	£45	£27	**£72**	**£36**	£82	£14	**£96**	£61	**£9**	**£912**
Oldham	£467	£24	£4	**£495**	£73	£29	**£103**	£62	£38	**£100**	**£32**	£91	£18	**£109**	£73	**£5**	**£916**
Salford	£454	£31	£4	**£490**	£49	£17	**£67**	£62	£64	**£126**	**£16**	£84	£21	**£105**	£61	**£11**	**£875**
Stockport	£554	£36	£2	**£592**	£58	£29	**£87**	£52	£46	**£99**	**£56**	£84	£20	**£104**	£81	**£9**	**£1,028**
Tameside	£537	£16	£7	**£560**	£93	£20	**£114**	£49	£34	**£83**	**£28**	£83	£15	**£98**	£82	**£16**	**£981**
Trafford	£538	£24	£3	**£565**	£228	£40	**£268**	£65	£23	**£88**	**£57**	£86	£16	**£102**	£74	**£12**	**£1,166**
Wigan	£527	£18	£3	**£549**	£34	£25	**£59**	£59	£42	**£102**	**£56**	£86	£18	**£104**	£83	**£9**	**£961**
GM Total	**£486**	**£21**	**£4**	**£511**	**£90**	**£30**	**£120**	**£57**	**£39**	**£97**	**£38**	**£84**	**£17**	**£101**	**£72**	**£10**	**£949**

Summary & Recommendations

Month 5

Trafford Integrated Care Partnership

The Locality Board is requested to:

- Note the Month 5 year to date reported financial position for GM ICS of £92.3m deficit, against a planned deficit of £72.5m, resulting in a variance against plan of a £19.8m deficit.
- Note the breakeven forecast outturn position in line with NHSE reporting requirements.
- Note a Locality YTD variance of £2.2m overspend for commissioned services, a deterioration of £700k from M4.
- Note the delivery of ICS CIP as at Month 5 of £218.2m against a plan of £209.2m, an overachievement of £9.1m
- Note the locality CIP delivery of £448k against a plan of £740k a shortfall of £292k and the expected improvement in the position following agreement of the CIP risk proposals at the September board.
- Note the analysis of total Trafford expenditure across all sectors and our benchmark to other localities
- 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.

NHS
Greater Manchester

Trafford LAM – 03/10/2025
Key Line of Enquiry (KLOE) Responses

Prepared by:

Date:

Part of Greater Manchester Integrated Care Partnership

Items from the Locality

Neighbourhood Model:

Key Achievements this period

NHS Greater Manchester

West Neighbourhood:

- Lung Health Screening **- 69% attendance**. **26 people** referred for lung cancer investigation
- Vaccine Awareness Session held - **20 stakeholders** across North and West Networks

North Neighbourhood:

- **Ageing In Place** - end of Programme event in North. Cross Trafford bid submitted to spread work into South and Central
- Part of MFT **Active Hospital Project** – developing pathways and links with place-based activity
- **Community Power Project** has started in North Neighbourhood to develop Community Covenants and resident facing Neighbourhood Networks

Central Neighbourhood:
Living Well with Dementia Event
Sunday August 24th 2025

Neighbourhood Model:

Programme Evaluation with NIHR (ARC-GM)

Partnership: Trafford Council is working with the National Institute for Health Research (Applied Research Collaboration Greater Manchester) and the University of Manchester to evaluate the implementation and operation of our **Trafford Neighbourhood Model.**

NHS Greater Manchester

Completed (May-Sep 2025)

1. Rapid Evidence Synthesis Exercise: Integrated Neighbourhood Teams (INTs)
2. Community Hubs – Social Return on Investment (RoI)

In Progress (by Mar 2027)

3. Integrated Neighbourhood Teams (INTs) Evaluation

Planned (by April 2026)

4. Ripple Effect Mapping (REM)
5. Health in Communities Evaluation

Knowledge Mobilisation Fellowship

NIHR (ARC-GM) have approached Trafford partners with a resource/funding offer to increase capacity and capability in knowledge mobilisation via Knowledge Mobilisation Fellows (KMF).

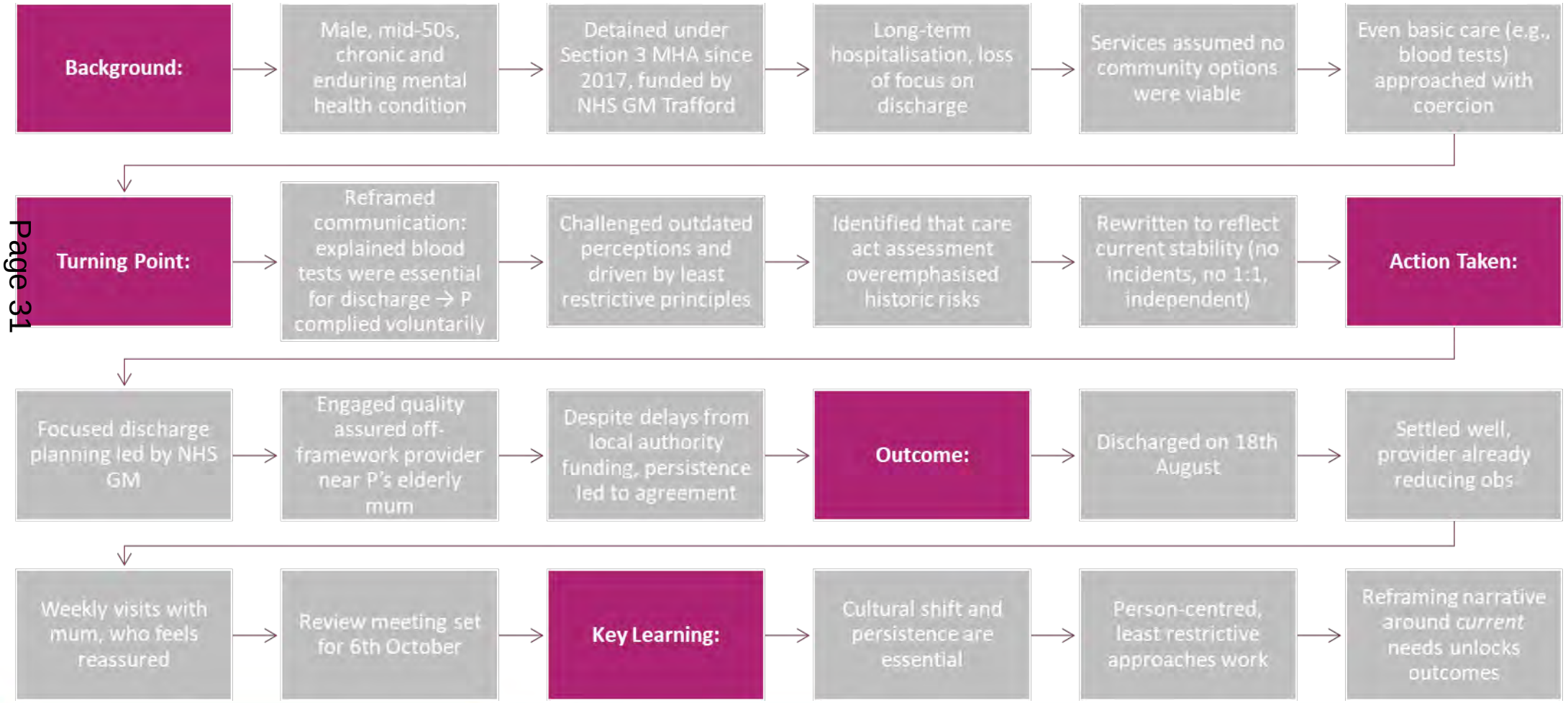
We wish to explore strategic options for embedding a KMF role within a suitable Trafford based organisation to enhance capacity and capability in community research, evaluation, and evidence-informed decision-making

- **Option 1: Fund the existing Live Well Project Manager, Trafford Council**
- **Option 2: Create a dedicated KM Fellow Role embedded in the VCFSE sector**
- **Option 3: Secondment arrangement for an existing VCFSE practitioner into the KM Role**

Good News Story: A Patient's Journey to Independence Through Collaborative, Least Restrictive Practice

NHS Greater Manchester

This case highlights the positive impact of NHS GM Trafford's strengthened oversight and grip on high-cost placements, aligned to the system-wide Cost Improvement Plan.



NHS
Greater Manchester

Delivery

Progress Against System Maturity Tool (SMT) Action Plan

NHS Greater Manchester

- **How is the locality progressing against its NHS Talking Therapies System Maturity Tool action plan, and how is this monitored and owned locally?** The problem descriptor remains red due to the capture of the problem being poor in Trafford (68%) compared to other areas (85%). A dashboard has been developed which is reviewed in both management supervision and district management meetings. Of the other 20 action areas 14 are green and the remainder, amber.
- **Has the SMT action plan been updated following the most recent assessment?** An updated action plan was provided to the ICS by GMMH on 22.09.2025
- **Is progress reviewed regularly at LAMs, or other forums?** Progress is reviewed via locality LAMs and also within GMMH via line management and clinical supervision, case-load insights with clinicians as well as District Service Meetings.
- **Are there clear leads and timeframes for delivering key actions?** The GMMH action plan includes owner, specific actions, updates, and completion dates against each system maturity action requirement.

Digital Innovation and Inclusion

NHS Greater Manchester

What progress has been made in adopting digital solutions to improve access, efficiency, and outcomes — and how is digital exclusion being monitored?

GMMH Talking Therapies (TT) are currently piloting KOA which is a digital therapy aimed at Post Traumatic Stress Disorder (PTSD) & Seasonal Affective Disorder (SAD), the pilot aims are to maximise outcomes with 50% of the time and capacity of face-to-face delivery. The Trust continue to utilise Silvercloud throughout its Step 2 services.

Is digital delivery above 10% of episodes provided?

e-therapy has been a difficult in Trafford due to historic working practices. The service has struggled to engage a long-standing workforce that delivers quality face to face interventions/outcomes. It has been difficult to change staff perceptions to advocate for silvercloud therapy. The division has plans to create a divisional assessment hub after this has been trialled in Manchester & Salford with great success, as part of this progression the hub will expand to include a waiting well provision, signposting, providing psychoeducational material and provided the Silvercloud option straight from assessment. This model is best practice in other localities (10%+) and free's up time and capacity that can be skill mixed to increase see and treat appointments at Step 3.

How is the locality ensuring equitable access for those digitally excluded?

Newly completed TT Research and Development Paper aimed at highlighting the challenges with initial attendance, attrition, and engagement. The paper has been created in collaboration with the TT Patient and Public involvement group. The paper highlights, challenges with retaining referrals from young people, ethnic backgrounds, unemployed and those from deprived backgrounds. Clinically, it highlights Severe Presentations, Perinatal, and clients reporting both Trust and Motivational issues. This feedback will inform the way in which clients are supported and retained through both the assessment and 1st to 2nd wait periods.

Efficiency and Focus on Delivery Care

NHS Greater Manchester

What actions are in place to reduce waste or inefficiencies across the pathway and ensure the service is focused on delivering high-quality episodes of care?"

Are resources being directed towards high-value clinical delivery (e.g. minimising admin duplication, managing DNAs)?

The roll out of choose and book and the Primary Medical Care Institutions (PMCIS) SMS text messaging module into all GMMH TT localities was completed in July, this makes access easier providing booking flexibility for all clients. Client feedback suggests that this option will reduce DNA rates & attrition points. The team plan to review after 6 months of divisional use, comparing before and after.

The TT division has recently implemented a peripatetic admin team to centralise a proportion of admin tasks centrally and remotely. This resource has eradicated agency use and allows admin resource to be parachuted into support services in times of pressure i.e. short-term sickness/annual leave. Coupled with efficiency savings from choose and book it creates the potential for admin resources to be skill mixed and reinvested into assessment and treatment.

Admin role adaptation in Manchester based upon the successful pilot in Bolton, which will add value, by contacting clients who wait (post assessment), creating that initial therapeutic relationship, offering psychoeducational materials, signposting, e-CBT, outlining expectations of therapy in readiness for therapy start. All aimed at reducing attrition, retaining clients for initial 2+ appointments and then beyond to 5+ appointments, completing a course of treatment, it is 5+ where we know we derive the best experience and outcomes for our clients.

How is variation in attrition, step-down, or re-referral being addressed?

Attrition rates are comparable across the GMMH TT division, although Trafford is a leader in minimising DNA's and promoting engagement, they are the locality that utilises clinical discretion but still closely adheres to the Trusts discharge policy. Trafford's good practice around creating post therapy groups to prevent representation is one which the division is looking to adopt elsewhere. The example given above which uses PPI groups to capture feedback which promote positive changes in practice is one which the division is looking to roll out across the patch.

Focus on Community Services

NHS Greater Manchester

- Could you provide the current waiting times for community health services, including a breakdown by proportion (e.g., 18, 52, 104 weeks)? Please specify the services they are waiting to access or be treated in, and the locations. Additionally, differentiate between children's and adults' services.
- What actions have been taken to reduce these waiting times, in which specialties, and what has been the impact? Could you also outline any additional planned actions, timescales and their expected impact?
- Are you able to share any examples of good practice in this area?
- How many intermediate care beds do you have, what do they cost, what is average LOS and utilisation?
- For district nursing, what's the state of play of the services in respect of caseload, vacancies, pressures etc and what improvement actions, if any, are being taken to address these along with expected impact?

Manchester Local Care Organisation

Trafford Local Care Organisation

TLCO Response for ICB Locality Assurance Meeting

October 2025

Powered by

NHS Manchester University NHS Foundation Trust

NHS Greater Manchester Mental Health NHS Foundation Trust

MANCHESTER CITY COUNCIL

NHS Greater Manchester Integrated Care

THE MANCHESTER PRIMARY CARE PARTNERSHIP

TRAFFORD COUNCIL

#WeAreCommunity

Overview of Waiting Times – Adult's

2025 v 2024:

- 33% reduction in number of patients waiting
- No patients waiting over 52 weeks
- 41% reduction in the 18-52 week bracket
- MSK waiters reduced from 3,680 to 1,555

Service	a 0-1 weeks	b 1-2 weeks	c 2-4 weeks	d 4-12 weeks	e 12-18 week	f 18-52 weeks	Total
Bladder and Bowel	33	25	57	176	99	193	583
Child Young People Weight Management Service	1	5	2	19	7	0	34
Comm Neuro Rehab	13	1	3	3	0	0	20
Comm Stroke	5	0	1	0	0	0	6
Community Parkinsons	2	0	0	2	0	1	5
Community Rehabilitation	39	11	18	18	4	0	90
MSK Service	130	198	330	838	48	11	1,555
Nutrition and Dietetics	41	28	38	89	27	4	227
OTAT	20	30	37	191	117	322	717
Podiatry Trafford	53	36	52	213	138	639	1,131
Pulmonary Rehabilitation	9	12	20	38	25	23	127
Specialist Weight Management Service	14	9	15	97	69	264	468
Speech and Language Service	20	9	23	21	0	0	73
XPert	0	2	3	12	5	9	31
Total	**380**	**366**	**599**	**1,717**	**539**	**1,466**	**5,067**

2025 vs 2024

Service	a 0-1 weeks	b 1-2 weeks	c 2-4 weeks	d 4-12 weeks	e 12-18 weeks	f 18-52 weeks	g 52-65 weeks	h 65-78 weeks	Grand Total
Bladder and Bowel	35	16	50	140	124	323	3	0	691
Child Young People Weight Management Service	1	4	1	16	4	0	0	0	26
Comm Neuro Rehab	4	6	3	4	2	0	0	0	19
Comm Stroke	6	0	0	0	0	0	0	0	6
Community Parkinsons	1	0	0	3	1	1	0	0	6
Community Rehabilitation	36	11	10	15	7	7	0	0	86
MSK Service	109	195	312	826	362	1,876	0	0	3,680
Nutrition and Dietetics	47	32	51	52	22	20	0	0	224
OTAT	19	25	35	170	122	595	4	0	970
Podiatry Trafford	52	25	52	201	178	526	10	10	1,054
Pulmonary Rehabilitation	10	10	9	68	40	31	0	0	168
Specialist Weight Management Service	14	9	30	118	106	152	1	0	430
Speech and Language Service	11	15	20	54	21	2	0	0	123
XPert	7	5	16	26	13	16	0	0	83
Grand Total	**352**	**353**	**589**	**1,693**	**1,002**	**3,549**	**18**	**10**	**7,566**

Overview of Waiting Times – Children's

2025 v 2024:

- 17% reduction in number of patients waiting
- No patients waiting over 52 weeks
- 54% reduction in number of waiters for Paediatric Medical Services, resulting from a significant data validation exercise and separate reporting for the ADHD pathway.

Service	a 0-1 weeks	b 1-2 weeks	c 2-4 weeks	d 4-12 weeks	e 12-18 week	f 18-52 weeks	Total
Childrens Learning Disability Nursing Team	4	2	3	11	10	12	42
Childrens Therapy Services	22	21	26	161	80	61	371
Orthoptics	7	12	28	14	2	1	64
Paediatric Medical Services	31	22	21	236	91	185	586
Speech and Language Service	0	11	6	59	14	6	96
Total	**64**	**68**	**84**	**481**	**197**	**265**	**1,159**

2025 vs 2024

Service	a 0-1 weeks	b 1-2 weeks	c 2-4 weeks	d 4-12 weeks	e 12-18 weeks	f 18-52 weeks	g 52-65 weeks	Grand Total
Childrens Learning Disability Nursing Team	5	5	5	15	2	7	0	39
Childrens Therapy Services	21	13	27	143	111	166	3	484
Orthoptics	3	13	3	18	1	0	0	38
Paediatric Medical Services	9	4	18	103	65	73	0	272
Speech and Language Service	15	5	13	44	16	22	0	115
Trafford Early Development Service (TEDS)	0	0	4	10	1	0	0	15
Grand Total	**53**	**40**	**70**	**333**	**196**	**268**	**3**	**963**

- The following pathways are reported via a combination of PARIS and EMIS and are therefore reported separately:
  - The Children's Autism pathway has seen an increase of 42% in children waiting from 1120 (May-24) to 1599 (Jun-25). Waiting times are 146 weeks.
  - The ADHD waiting list is now reported separately to the general community paediatric list, the waiting times are up to 52 weeks.

Actions to Improve

Children's Services

- **Sensory OT** pathway remodelled in 2022, has supported maintenance of waiting times
- **SaLT** service improvement work was undertaken in 2022 / 2023
- **Paediatric Medical Services**, a significant data validation exercise and separate reporting for the ADHD pathway, undertaken in 2025.
- Enhanced reporting to support operational oversight
- The demand on both the Autism and ADHD pathway is increasing, in line with the national picture, GM ICB have undertaken an improvement piece of work with an investment in the early help pathway.

Adult Services

- **Podiatry** data cleanse has taken place, alongside a review of service criteria.
- **OT Assessment Team** is undergoing a full service review in conjunction with Trafford Council. This also includes a recommendation that the Equipment, Adaptations and Advice Line (EAAL) is also incorporated in to the Council 'Front Door'.
- **Bladder and Bowel** have had a temporary post agreed, funded at pressure, to support recovery of backlog of new patients, those awaiting triage and also patients overdue their annual review. A full service deep dive, with options appraisal, has been undertaken.

Good Practice

MSK

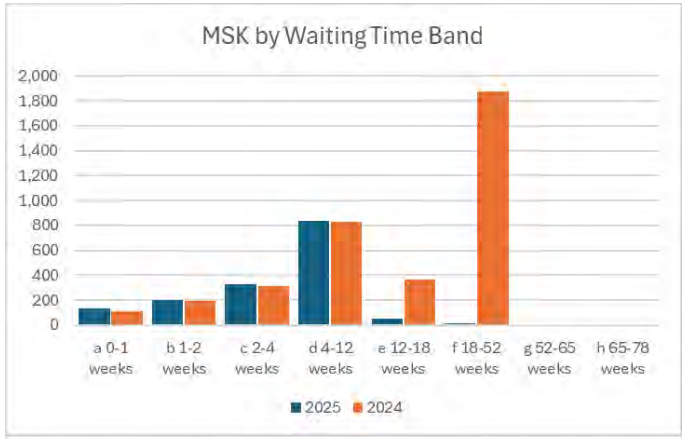
- ‘Get It Right First Time’ (GIRFT) project awarded additional investment to reduce waiting list
- Community Assessment Days Pilots

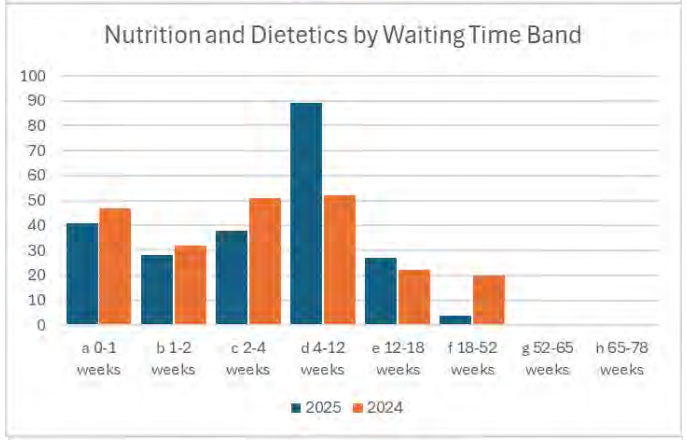
Nutrition & Dietetics

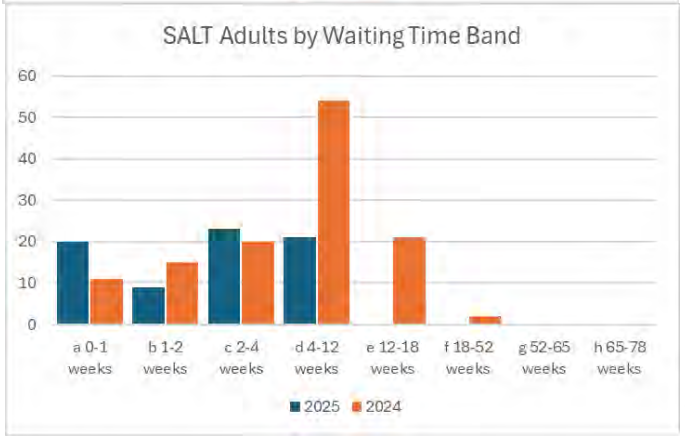
- Capacity and Demand analysis
- Additional investment by ICB
- Targeted approach to patients in Care Homes

Speech & Language

- Challenges with hard to recruit vacancy, merged funding with Specialist Palliative Care funding to create full time roll which will provide specialist in reach to service







Good Practice

- The **Balanced System** is a strategic whole system approach, predicated on the philosophy that supporting children and young people with speech, language and communication (SLC) needs, is everybody's business which balances input at universal, targeted and specialist levels from both the wider and specialist workforce. It has been commissioned across GM. The 'system' includes health, education and commissioning. Trafford SaLT are involved in its implementation at a strategic and service delivery level.

- The **Community Paediatric** service is trialling a shared initial assessment clinic to ensure equitable and timely first appointments to reduce waiting times and improve access to the service.

Challenges

District Nursing

- The Trafford District Nursing Service remains under pressure, and is currently a level 12 risk on the risk register.
- The 2024 National Benchmarking report identified the Trafford service as having the lowest investment in the country.
- A service Deep Dive was undertaken and presented to ICB in February 2025.
- 4,109 scheduled visits have been deferred since April 2025, an average of 820 per month, 205 per week.

Specialist Palliative Care

- Additional funding provided to stabilise the service and all posts have been recruited to which has had a positive impact on the service. The challenge remains that only a 5 day service is provided, which further impacts on District Nurse service and doesn't allow specialist support over the weekend.

Bladder & Bowel

- Service is under significant pressure with demand in excess of capacity, resulting in a waiting time of 48 weeks. The service also has a backlog of patients awaiting triage and overdue their annual assessment.

Challenges

Children's Autism pathway

- A business case has been developed (02.05.2025) recommending a recurrent investment of £284k into the autism team to support a WLI targeting the longest waiters. This initiative is intended to operate alongside ongoing national efforts to address long-term system requirements for CYP autism.
- The case has been supported by MFT / GM Strategic Commissioning and Trafford CYP commissioning board in May.
- The case for unmet need was discussed with GM mental health and children's health commissioners on 03 July 2025, we have recently received confirmation that there will be some non-recurrent funding to support waiting times, the exact value is TBC.
- The GM improvement work has resulted in some investment in the early help pathway, this remains untested in respect of the impact on demand for the assessment pathway.

Specialist Weight Management Service (SWMS)

- Changes to service acceptance criteria have been implemented but the waiting list still continues to rise.
- This is further compounded by patients being referred who are taking weight loss medication but for whom the service cannot safely manage.

Health in Communities: Tackling Health Inequalities

NHS Greater Manchester

Residents are **referred by VCFSE partner organisations, Adult Social Care or can self-refer** for health support in their community

Residents are identified through **Population Health Management** approach as being at risk of hypertension and are invited to attend for a BP check and/or NHS Health Check in their community

Nurses are available 4 hours each week at Sale Moor and Sale West. Nurse have **access to EMIS on site**

Sale West Community Centre

Sale Moor Community Centre

NHS Community Health Advisors can access your medical records on site(For SCPCN)

- Discuss any health concerns
- Advise on stopping smoking
- Weight management support, healthy eating advice
- Check vaccination status and book if needed
- Deliver NHS Health Check if eligible
- Arrange breast, bowel and other cancer screening tests if missed

SALE CENTRAL PCN

BODMIN - BOUNDARY - CONWAY - WASHWAY - FIRSWAY

"The best example of a Primary Care Network working with community"
Andy Burnham, GM Mayor

Over 300 sessions of support delivered to residents over the period April to December 2024 – **Over 300 people supported in 2025**

In addition to accessing health advice, residents can also be signposted into a wide range of other community-based support (e.g. housing, finance, debt, emergency food, training and employment)

Service Outline

Ascot House is a 45 bedded unit consisting of 36 IMC beds and 9 D2A beds, across 4 units.

Multiple provider model of delivery; TLCO, Trafford Council and MFT Acute (WTWA).

Therapy-led intermediate Care model

CQC registered as a Residential Care Home (Trafford Council)

One unit (9 beds) of IMC beds currently paused.

Care at Home office located upstairs.

Cost: £3,687,000 for IMC units (ICB)

IMC 24/25 Headlines

What does available data tell us?

Average Occupancy: 80%	Highest: 88% (June) Mode: 85% Lowest: 65% (Sept)
Patients Admitted: 223	Highest: 24 (May, Oct) Mode: 21 Lowest: 12 (Aug)
Patients Discharged: 232	Highest: 26 (May) Mode: 20 Lowest: 13 (Sept)
Average Therapy LOS: 19 days Average Overall LOS: 30 days	Longest Av LOS Therapy: 23 days (Sept) Shortest Av LOS Therapy: 8 days (Feb) Longest Av overall LOS: 38 days (Nov) Shortest Av overall LOS: 22 days (March)

CYP MH/CAMHS Access

NHS Greater Manchester

Please can the locality provide an update on the implementation of the Children's Neurodiversity hub?

- Trafford are currently sourcing an external VCSFE provider (Barnardos) to potentially provide the staffing structure outlined in the implementation plan that was submitted to GM.
- Plans have not yet been finalised although potential options have been discussed at Children's Commissioning Board and agreed, pending further discussions with Barnardos which are due to take place next week.
- A peer-to-peer support offer has been put in place and inline with what was submitted in Trafford's implementation plan. Starling (a neurodiverse charity who already carry out work on the ND in Education projects and in the community) are providing this offer for us and there will be some communications going out about this in the next few weeks.

What specific actions have localities taken or are planning to increase or maintain CAMHS access rates in 2025/26?

- As GM has overachieved on this over the years, the focus going forward will be on how each locality is ensuring access particularly where current access is lower than local prevalence and how they will either increase access or maintain it where prevalence targets are already being met.
- CAMHS main priority right now is maintaining access but reducing waiting times and also implementing the core specification. Development/implementation of the ND pathway will help to reduce demand on CAMHS particularly where there is no co-occurring mental health need.
- To support with access rates, the following progress has been made within the Trafford locality:
  - We are developing a new community based Mental Health offer for children and young people with mild to moderate mental health needs (VCSFE), who fall below the 'threshold' for CAMHS services.
  - We have recently launched the T-Thrive Hubs (MFT), which primarily provide signposting and advice. In addition, they offer short interventions through their Pathfinders and Navigators, such as transition groups and low-level one-to-one support. The T-Thrive Hub acts as a front door to CAMHS—referring into the service when needed, while also managing unsuitable referrals that might otherwise be directed to the core CAMHS team.
  - CAMHS in Trafford also offers consultation, training, supervision, and support to school staff, school nurses, GPs etc. This helps increase capacity in the system upstream.
  - The Trafford Infant Parent Service works with babies under age 5 & their carers to promote social & emotional wellbeing, manage early stressors around parenthood etc. Early support like this helps delay or reduce later demand.
  - Trafford benefit from a dedicated Children in Care CAMHS team which provide direct interventions, training, psychological perspectives in care plans, consultation to carers & professionals.
  - The Early Intervention Team aims to conduct a face-to-face assessment within 14 days of referral. Urgent referrals are triaged according to risk. The EIT also handles transition planning for young people moving into adult services, which helps avoid drop-off in care continuity.

UEC / Acute Patient Flow

How is the locality providing assurance that they are on track to achieve their 2025/26 CRFD reduction target?

What specific actions are being undertaken to improve discharge flow, minimise delays, and reduce the time from CRFD status to discharge, including cross-system escalation, leadership accountability, and impact on all Independent Sector bed usage?

- Care closer to home initiatives (routes from discharge back to Single Point of Access)
- System Visibility & Active Leadership Programme progress, risks and milestones
- Urgent Emergency Care Horizon Point 2 Development (Newton Europe)
- Key System Intervention Points Building a community model & intervening at the right point
- New capability offering Activity that can be removed from the hospital that can happen in the community – evidence the impact through case reviews on capabilities that would have prevented an escalation in need
- Pull model Creating visibility of a patient's journey so community services can ‘pull’ patients who are considered ‘complex discharges
- Refreshing of Manchester and Trafford Operational Delivery Group TOR to allow collaborative problem solving for transition points in the system (eg discharges/SpOA single point of access)
- Ensuring escalation and resolution if ‘Inappropriate transfer of work to GP’ as per joint chief medical officers joint working group 4 principles nationally mandated, ‘complete care’
- Complete care (fit notes and discharge letters): Trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need. Therefore, where patients need them, fit notes should be issued for the appropriate length of time to avoid unnecessary return appointments to General Practice. Good quality handover is pivotal to ongoing care
- Daily PTLs (Patient Tracking) meetings
- Establishment of the new Trafford High Intensity User Scheme as part of the Primary Care Quality Contract

LDA Inpatients

How is the locality supporting a reduction in admissions and supporting discharge for LDA inpatients admitted into non-secure MH beds. Please describe actions including detail on targeted work for Autistic people for whom we have seen a sustained increase in admissions.

- Trafford locality team are completing a data cleansing exercise on the AT database on. (August performance 8 (2 LDA & 6 Autism only)
- Care and Treatment Reviews (CTRs)
- Case reviews
- Ward round attendance
- All LDA patients are captured on the DSR (meet fortnightly) with health -CWP, CMHT social care, GMP, Barnardo's key worker service and Specialist support Team (SST).
- Trafford locality MH team have developed a training package to target and upskill CMHTs as an admission avoidance strategy. The training includes raising awareness of the Local Area Emergency Protocol (LEAP) Care and Treatment Reviews (CTRs) and Dynamic Support Register (DSR)

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Quality

Continuing Healthcare (CHC)

Please provide an update on staffing and achievement of KPIs

Trafford CHC team is fully recruited, September 25 sickness - ^4%

Percentage of referrals completed within 28 days (^80% target)	98%
Personal Health Budgets (PHB) (^85% target)	97.5%
Fast Tracks % approved (^90% target)	98%

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Greater Manchester

Primary Care & Medical Directorate

Primary Care & Medical Directorate

NHS Greater Manchester

How is the locality identifying and sharing good practice in hypertension and CVD management, particularly in areas where outcomes are strong, while also addressing gaps in engagement and outcomes for underserved or high-risk populations?

- Trafford LTC Steering Group - set up Q2, ToR and membership from stakeholders agreed. Creates forum for Local discussions about local, regional and national priorities.
- Identify and share good practice as well as addressing gaps and challenges.
- Meeting quarterly, with subgroups and workstreams for CVD, Respiratory, Diabetes and Cancer. Will report into TCAPs.
- Beccor PC Quality standards – implemented from April 2025 many scheme which focus on identifying high risk CVD patients based on Qrisk.
- Discussions about collaborative clinical leadership between Trafford , Manchester and MFT in a shared space, MTCPAG.

How is the locality working to reduce unwarranted variation and improve equity in line with national targets?

- Encouraging use of Primary Care Dashboards on GM Curator, for practices and PCNs to review and reflect upon performance for Quality Contract schemes
- Primary Care Quality Dashboard in place and has been shared with practices via GM as part of Primary Care Blueprint programme. The Dashboard will be reviewed in the locality monthly to review any unwarranted variation within any national targets such as the SMI/LD Annual Health Checks and cancer screening. Historically this has been monitored in a similar way and enhanced via engagement with service providers such as Empower you (3rd sector mental health provider) and CWP to support any patients who may have missed their health checks, hesitant to attend them or require additional support. This approach has helped us achieve national targets in both SMI and LD annual health checks.

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What approaches are being used to identify and support individuals who are less likely to engage with services, and how is this informing service design and delivery?

- High Intensity User schemes - to support and enable residents to access the services they need to improve their well being and health outcomes.
- Development of Integrated Neighbourhood teams and neighbourhood model around the Live Well model.
- Health in the Community project in one PCN, delivering health checks to people who would not otherwise possibly access healthcare, based in community centres/foodbank location.
- Community engagement events in neighbourhoods, eg recently Living well with Dementia Open Day in Sale at Community Fire Station. Brought together over 20 support groups, charities and professionals (LCO, PCN) in dementia care.
- Adhoc GP Practice events such as - Stay Well, Live Well Health Awareness Event taking place at Flixton Road Medical Centre on Tuesday 30th September 2025. Topic highlights include Effective Treatment for Military PTSD, Skin Changes, Diabetes and you, Prostate Awareness and Mental health for men. This helps the practice to inform delivery of their services in terms of prevention by targeting individuals who may need additional support and early intervention.
- Our links with community partners such as Healthwatch and their support at various internal committees such as locality board/locality quality group etc.
- Trafford Neighbourhood programme and the neighbourhood model which helps to deliver health and social care services to residents in areas close to them. The programme uses a data led vision to address any key priorities.

Leads to data driven and locally relevant neighbourhood plans and better outcomes

Trafford
Integrated Care Partnership

North

Pension Credit Top Up
Hundreds supported to claim their entitlements

Men's Cancer Campaign
New funding to run a service to increase screening & detection of men's cancers

Healthier, Happier Me
Supporting residents in Old Trafford with Long Term Conditions to move towards better health

School Readiness
Coordinating campaign with Family Hubs, Health Visitors, and VCFSE providers

MMR Vaccine Uptake
Working with Community Collective and Public Health to increase uptake

Move More Partnerships
2 groups in Old Trafford & Stretford in coordination with Youth Partnership.

West

Breast Cancer Screening
Increasing rates by over 28 % points in some practices, successful campaign in Partington to detect cancer earlier

Feel Better Partington
Supporting residents in Partington with Long Term Conditions

Lung Health Screening
75% increase in uptake by bringing into community space, with conversion rate to CT IRO 50%.

Falls Prevention
Supporting activities such as yoga and dancing for older people

Smoking Cessation
Support sessions held for individuals and families with local practices

Parental Conflict
Action group established to coordinate with VCSE partners on training & support

Musculoskeletal Appointments
Working with primary care and MFT to run community appointment days to drive uptake and early intervention.

South

Broomwood Moving Partnership
Supporting new facilities including an outdoor gym & boxing club, and outreach to increase physical activity

Older People's Network
Strategy to increase volunteering and social engagement. Living Well with Dementia Event

Alcohol Partnership
Supporting families affected by addiction, running responsible drinking campaign in Altrincham

Winter Hearts
Community support for older people and carers, with a focus on winter

Practice Open Days
Working with GP surgeries to hold practice open days in libraries

Business Support
Working with businesses on campaigns such as Purple Flag and scam awareness.

Central

Health in Communities
Community based support for those at risk of hypertension and offering health checks in the Community Centre.

Sale Moving Partnerships
Working with the Neighbourhood to support residents to be more active

Cancer Awareness
Working with Boundary PPG to increase awareness and encourage early identification and treatment

Community Transport
Volunteer-led scheme to support older people and those with mobility issues

Community Engagement
Community Needs Assessments with every family in Sale Moor. Setting up resident health panels.

Young People
Engagement of local schools in Neighbourhood working.

Which deliver high-impact changes

Trafford
Integrated Care Partnership

North – CYP Immunisations in Stretford High School

- Local high school identified as having immunisation uptake significantly lower than the rest of the borough
- The nursing team worked with the school, local community and faith communities to understand barriers to parents consenting for immunisation, also attending parents evening with a range of interpreters to educate and inform parents
- **Programme resulted in increased immunisation consent rates for HPV vaccine from 17% to 45% in that targeted group**

West – Breast Cancer Screening in Partington

- The town of Partington has a traditionally low breast cancer screening uptake
- Working with local people we looked at reasons behind this which included travel, awareness and myths
- A promotional campaign was designed and delivered with residents - and mobile screening brought in to improve access
- **Screening rates doubled from 34% in 2021 to 68% in 2024.**

South – Older People's Network Living Well With Dementia event

- Identified as a key priority area for the neighbourhood, an open event was arranged to share information
- Expert talks were delivered on a range of topics related to Living Well with Dementia
- 25 organisations attended a marketplace event
- **Over 500 local people attended the event – an unprecedented turnout for a community event.**

Central – Health in Communities

- Community health open access for residents identified as at risk, referred by VCFSE, adult social care or self-referral
- NHS Community Health Advisers are available for four hours each week at community venues
- They can discuss health concerns, offer health checks, screening and signposting to other services
- **316 sessions of support were delivered to residents between April and December 2024.**

NHS Greater Manchester

Primary Care-Secondary Care Interface: How is the locality improving coordination and safety across the primary–secondary care interface, and how are known issues or risks being identified, monitored, and addressed?

The locality has taken a proactive and collaborative approach to improving coordination and safety across the primary–secondary care interface. Work began in late 2023 and has since grown in formality, evolving from an initial joint working group across Manchester and Trafford into a formal oversight group with clear governance arrangements between MFT Trafford, Manchester, and MFT Group.

This group includes representation from primary and secondary care, Group Executives, Medical Directors, Associate Medical Directors, NHS Greater Manchester, LMC, GP Board, and MLCO/TLCO, and is chaired by the MFT Group Medical Director. Meetings are held on a quarterly basis and focus on identifying solutions, strengthening relationships, and enhancing joint working arrangements.

Terms of Reference have been formally agreed, and a PCSI Concord has been authored by the Trafford AMD in collaboration with MFT, LMC, and locality partners. This document outlines the principles and mutual expectations between primary and secondary care and has been shared with GM and other localities as a model for shared learning.

The oversight group's work is structured around four key pillars.

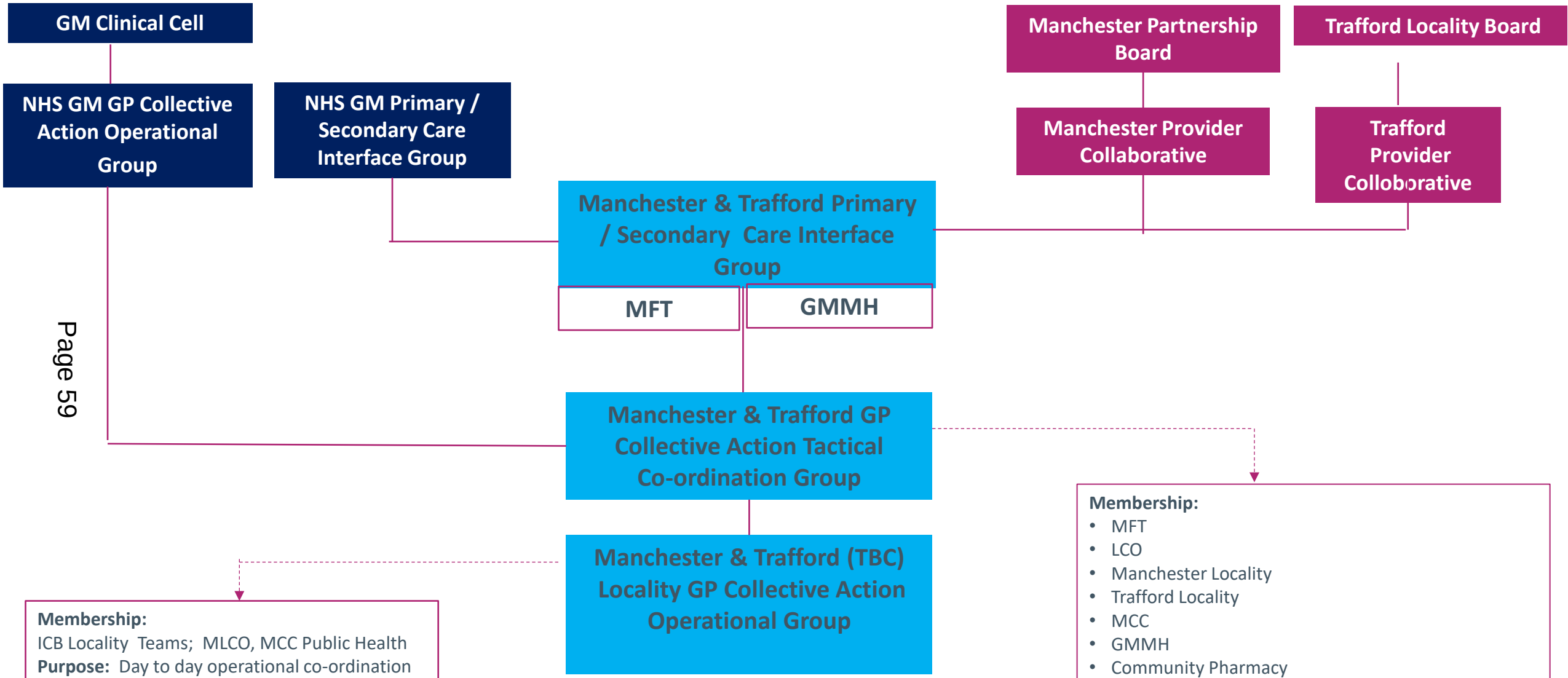
1. Onward Referrals
2. Complete Care
3. Call and Recall
4. Clear Points of Contact

Supporting the oversight group are four operational subgroups, each tasked with pathway redesign and problem-solving. These subgroups include wide stakeholder representation and serve as the engine room for translating strategic priorities into practical improvements across the interface.

Issues are raised through intelligence captured by the LMC, as well as directly within the meetings themselves if not already communicated via email beforehand. This ensures that both emerging and persistent risks are surfaced and addressed in a timely and transparent manner.

Cross-locality collaboration has not only strengthened relationships and improved mutual understanding across provider environments, but has also fostered deeper engagement, enhanced collective influence, and a more nuanced appreciation of the distinct needs and contexts within each locality. This has contributed to a more integrated and responsive care interface.

Manchester and Trafford Locality Governance:



Optimise Rx

NHS Greater Manchester

OptimiseRx is a software service integrated with EMIS

Displays messages at the point of prescribing that are directly relevant to the patient's medical record.

- Messages provide guidance on best practice, safety, cost-effectiveness, and both national and local prescribing guidelines.
- Because it uses coded data from the patient's record (e.g. allergies, diagnoses, medication history), messages are **patient-specific**
- The Trafford Medicines Optimisation Team controls which messages are active locally, ensuring maximum safety and value.
- Implementation started on **18th August.**

Performance to date

- **Practice activation rate:** 92% (24 out of 26 practices now live)
- **Message acceptance rate**: 35.8% — well above the GM average (23.6%) and nearly double the national average (18.8%)
- **Feedback from practices:** *''the practice like it", ''I have found it really helpful"*
- **Financial impact:** September's savings to date are the 2nd highest in GM, with only Manchester (82 practices) achieving more.

	Total savings	Cash releasing	Cost avoidance
ScriptSwitch (SS) July 25	£26K	£11.5K	14.5K
Combined SS and OptimiseRx Aug 25	£32.1	£12.1K	£20k
OptimiseRx savings 1st to 22nd Sept 25	£98.8K	£42.2K	£56.6K

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Finance

Finance – M5 position

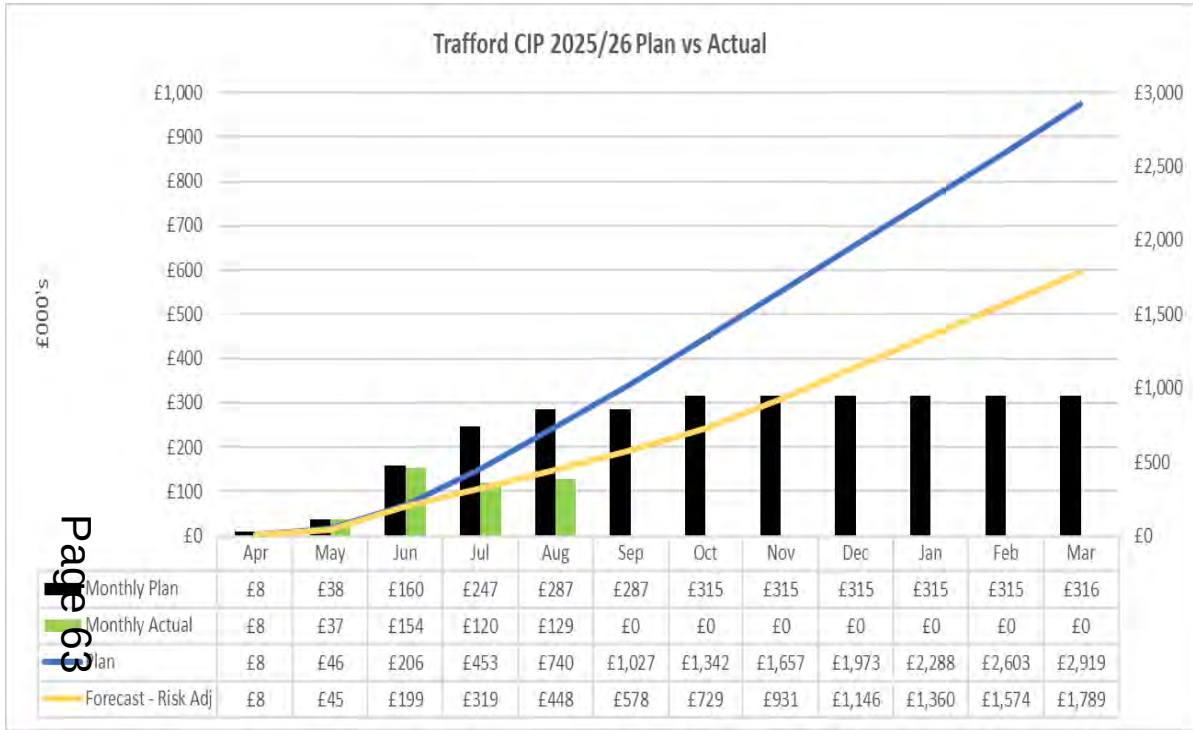
NHS Greater Manchester

A summary of the M5 YTD and adjusted forecast is presented in the table.

Summary Financial Position as at Month 5				In Month	Forecast			In Month
	Budget	Expenditure	Variance	Movement	Budget	Expenditure	Variance	Movement
	£'000	£'000	£'000		£'000	£'000	£'000	
Commissioned Services								
Mental Health Services	2,289	2,687	-398	↓	5,494	5,962	-468	↓
Community Services	4,954	5,018	-64	↓	12,207	12,194	14	↑
Personalised Packages of Care	18,544	19,938	-1,394	↓	43,857	43,340	516	↑
Primary Care Locally delegated	2,507	2,662	-155	↓	7,300	7,362	-62	↓
Estates void & subsidy	970	875	96	↑	2,320	2,320	0	→
Capacity & Discharge Fund	499	744	-245	↓	1,090	1,090	0	→
Total Commissioned Services	**29,764**	**31,924**	**-2,160**	↓	**72,267**	**72,267**	**-0**	↑
Corporate Services	1,636	1,496	140	↑	3,926	3,700	226	↑
Total Locality Delegated Services	**31,400**	**33,420**	**-2,020**	**579**	**76,193**	**75,967**	**226**	↑
Shadow Reported Services								
Prescribing	19,068	18,046	1,023	↑	46,205	46,055	150	↑
Primary Care Co commissioned	21,205	21,041	164	→	50,945	50,923	22	→
Total Shadow Reported Services	**40,273**	**39,087**	**1,187**		**97,150**	**96,978**	**172**	

- YTD position worsened in month by £642k of which £179k relates to ADHD, £344k in individualised packages of care and £100k on unidentified CIP.
- We continue to see activity and cost in ADHD referrals of c£100k per month against a budget of £38k.
- Increases in CHC packages this month relate to backdated cost for 1 PuPoC case, £700k increase in package cost for 3 clients and a continuing rise in EoL / Fasttrack referrals. We are assuming that the EoL annual bed days of these cases will align with 24/5 in the forecast which is a risk.
- The pre adjusted forecast is a deficit of £3.1m assuming full delivery of CIP, the key variances are:
- ADHD forecast variance of £423k assuming the expenditure from M7 will align with the budget
- Individual packages of care forecast variance of £2.67m in CHC and an underspend of £125k in MH
- The adjusted forecast assumes an agreed recovery plan will be in place to deliver a breakeven position. Discussion has taken place at both the August and September Locality Board which requires a further review of the breakeven forecast.

Finance - CIP



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Monthly Plan	£8	£38	£160	£247	£287	£287	£315	£315	£315	£315	£315	£316
Monthly Actual	£8	£37	£154	£120	£129	£0	£0	£0	£0	£0	£0	£0
Plan	£8	£46	£206	£453	£740	£1,027	£1,342	£1,657	£1,973	£2,288	£2,603	£2,919
Forecast - Risk Adj	£8	£45	£199	£319	£448	£578	£729	£931	£1,146	£1,360	£1,574	£1,789

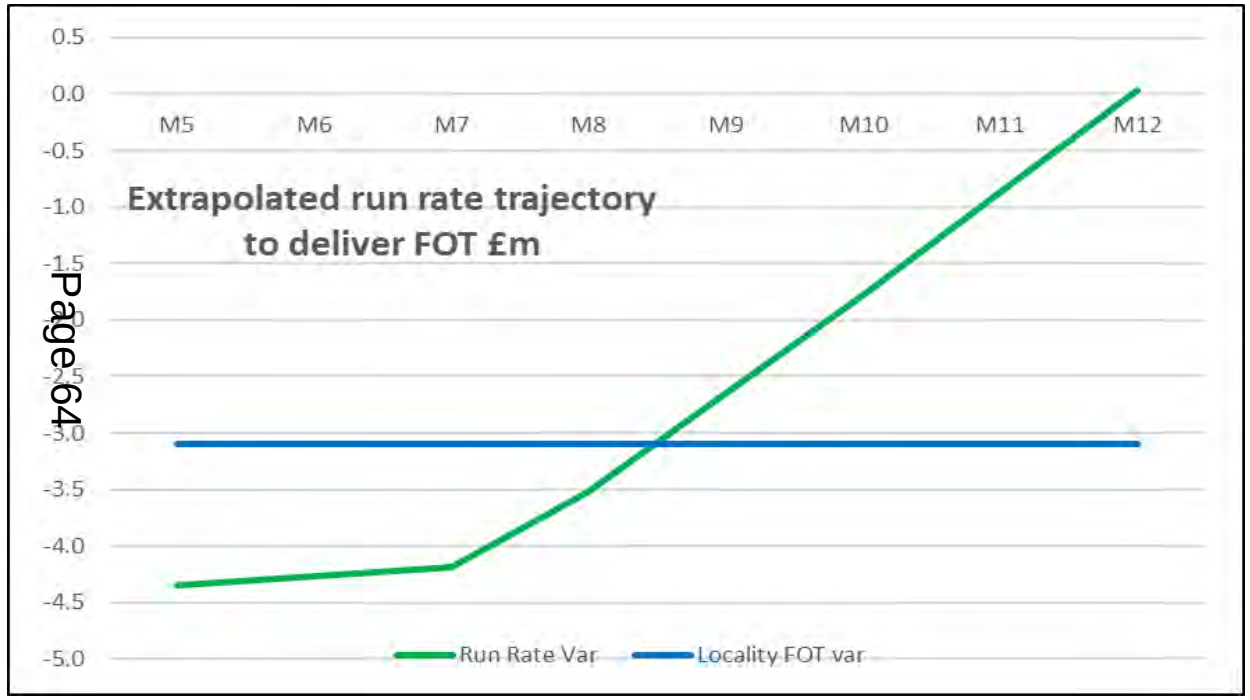
- Risk adjusted forecast of £1.79m due to £704k of unidentified, £250k of activity management plan schemes linked to pan GM approach with limited deliverability in year and £250k linked to contact slippage / cross year accrual benefit – the latter to be accounted for centrally.
- The phasing of the CIP assumed an impact on activity management plans for both community audiology and primary eye care would deliver from July however this is no longer likely to have an impact before Q4
- There is £245k in the YTD plan plinked to unidentified and contract slippage / cross year accrual benefit

Greater Manchester

Action taken to address the CIP risk:

- We have reviewed again all budgets and have identified £1.1m linked to either contract slippage, delayed investment, external corporate recharges and expenditure reductions / budget underspends.
- There is a brought forward CIP target within primary care of £234k which sits outside the 25/6 target of £2.9m and is not offset within the £1.1m of changes listed above.
- The application of the changes and those already identified will generate expected CIP savings in year of £1.924m recurrently and £704k non recurrently. Total CIP of £2.628m
- The remaining £291k is to be addressed from individual packages of care and any further contract slippage that may occur in latter half of the year. There is some risk to delivering of the balance.

Finance – Run Rate M5



Year to Date Expenditure (M5)	£31,924
Extrapolated Expenditure (Run Rate)	£76,617
Locality Forecast Expenditure	£75,308
Extrapolated Forecast Variance (Run Rate)	-£4,350
Locality Forecast Variance	-£3,041

- The locality calculated a pre adjusted forecast overspend of £3.1m at M5
- The locality forecast assumes full delivery of its £2.9m CIP target
- The run rate extrapolation calculates a forecast variance of £4.4m
- The run rate extrapolation is skewed by one off costs in the YTD position and expenditure profiles in the latter half of the year
- Run Rate trajectory requires a reduction in monthly spend by c£0.9m from M8 to deliver breakeven
- The cost pressures arising in year relate to ADHD/ ASD referrals and CHC packages of care
- Locality forecast assumptions which may present further risk to the forecast are:
  - EoL cases will average to the 24/5 levels.
  - ADHD /ASD referrals to align with budgeted levels in H2

Finance – Recovery plan

NHS Greater Manchester

Discussion at the Locality Board:

- Mature discussion held in private in both the August & September Locality Boards
- Focus on proposals to manage CIP risk and reduce in year cost pressures with a combined forecast total of £3.7m as at M4.
- Uncommitted budgets and expenditure slippage of £1.1m supported to manage CIP risk
- Based on central reduction to capacity funding no further reduction agreed
- Discussion on the varied and high pricing for placements in Trafford. No agreement to establish an arbitrary cap thereby reducing NH availability in borough. Consequently, no agreement to seek lower priced packages outside of borough as a first option.
- Discussion on VCFSE contracts and application of a % cost reduction. No agreement to standard %, contracts to be reviewed for VfM and outcomes. Counter intuitive to reduce overall spend in this area given 'left shift' agenda.

Action to be taken during H2:

- Senior review of CHC and MH individual packages of care with an annual value above £100k
- Roll out care cubed – costing software product as an evidence base to assess rates proposed by providers (likely more useful for complex cases)
- Undertake a market management review with several homes within borough to understand the differential in pricing. Joint working with LA.
- Establish a task and finish group to review end of life referrals and consider options to address increase
- Joint review with LA on programme expenditure of LD service users

The actions to be taken will have some impact on the current forecast however this is likely to be limited to Q4. Therefore, the impact of the action is expected to have a greater effect for 26/27 and support development of an evidenced based budget.

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Trafford
Integrated Care Partnership

Name of Committee / Board	Trafford Locality Board			
Date of Meeting	21 October 2025			
Report Title	Trafford Locality Scorecard			
Report Author & Job Title	Thomas Maloney Programme Director Health and Care, NHS GM (Trafford) / Trafford Council, Mark Embling, GMICB Lead Intelligence Analyst (Trafford)			
Organisation Exec Lead	Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)			
OUTCOME REQUIRED	Approval	**Assurance X**	**Discussion X**	**Information X**

EXECUTIVE SUMMARY

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 at Locality Board and, where available, narrative from Service Leads has been included.

RECOMMENDATIONS

The Board is asked to:

a) Note the progress update related to the Trafford Locality Scorecard (October 2025).
b) Note the areas of positive performance and focus metrics.

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

Risk implications *(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)*	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.
Financial implications and comment/approval *(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)*	Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) / Trafford Council
	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.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead *(If not required, please briefly detail why)*	Date of TCAPS / Clinical Lead comment: 15th October 25
	Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) / Trafford Council

	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 important the correct forums are engaged in managing performance in relation to appropriate health and care services.
What is the impact on inequalities? (P*lease provide a high-level description of any known impacts)*	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.
Equality Impact Assessment / Quality Impact Assessment Outcome *(If not appropriate at this stage please state if an EIA or QIA is necessary)*	N/A
People and Communities: Communications & Engagement *(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)*	N/A
Trafford's Carbon Footprint *(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)*	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.
Links to Measurement / Outcomes *(Please detail if this is included within the report)*	Contained within the paper
Enabler implications	**Legal implications:** N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	The scorecard has been discussed and agreed at Finance, Performance & Sustainability Meetings, the latest on 02-Oct-2025
Organisation Exec Lead Sign off	Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)

1. Introduction

1.1 The purpose of this paper is to share the current version of the Trafford Locality Scorecard (October 2025) and provide a progress update on developments.

The Trafford Locality Scorecard aligns with Trafford's 7 Delivery Ambitions with metrics covering both NHS and Local Authority priority work areas. It is in addition to the existing GMICB Scorecards and dashboards available from the GM Intelligence Hub.

Home Page > Corporate > Performance & Quality
Link here: GM Intelligence Hub

2. Progress Summary

2.1 The Trafford Locality Scorecard is presented and discussed at Finance, Performance & Sustainability Group meetings prior to Locality Board. This allows colleagues to provide feedback and discuss metric performance. Below is a summary of updates, developments query responses and suggestions:

2.2 **Completed Scorecard changes**

- Focus metrics included – 'Red' metrics below target or declining performance
- Positive metrics included – 'Green' metrics meeting or above target
- Trafford's ranking within the ten GM Localities included, where available

2.3 **Scorecard changes currently in development**

- Statistical Significance Column – Although some metrics may show 'Red' on the scorecard, this may be due to expected monthly variance or a one-off issue that is causing a temporary decrease in performance. These metrics are not included within the Focus Metrics, but this decision is currently based on data insight, intelligence and locality knowledge.

  By developing an indication of statistical significance and possibly incorporating Statistical Process Control (SPC), where appropriate, this part of the scorecard can be automated.

- Areas of system risk have been assessed and considered for inclusion as key metrics in the Locality Scorecard.

- Alcohol Admissions metric to be split into Children / Adults and amended to a rolling 12-month rate due to small numbers of activity.

- Dental Admissions metric to be amended to a rolling 12-month rate due to small numbers of activity.

2.4 **Further updates**

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 FP &S group.

Conversations are ongoing and we are awaiting feedback from Primary Care and Adult Social Care colleagues to identify suitable metrics for inclusion within the scorecard.

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 which we will consider as we enter the planning process for 26/27.

NHS
Greater Manchester
Integrated Care

Trafford Locality
Monthly Locality Scorecard Update
October 2025

Part of Greater Manchester
Integrated Care Partnership

Locality Scorecard

NHS Greater Manchester Integrated Care

Priority	Code	Metric	Latest	Nat/Loc	Target	Aim	Prev	Curr	Perf	TA	GM	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)	Aug-2025	Loc	25.0	Lower	21.7	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	3	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	5	N
	PP003	National Screening Programme - Bowel (Age 60 - 74 (Every 30 months)	Jun-2025	Nat	70.0%	Higher	72.9%	72.9%	↓	G	2	N
	PP004	National Screening Programme - Breast (Age 50-70) Every 36 months)	Jun-2025	Nat	70.0%	Higher	71.5%	70.9%	↓	G	1	N
	PP005	National Screening Programme - Cervical - Standard (Age 24-49) (Every 42 months)	Jun-2025	Nat	80.0%	Higher	74.9%	75.0%	↑	R	2	Y
	PP006	National Screening Programme - Cervical - Extended (Age 50-64) (Every 66 months)	Jun-2025	Nat	80.0%	Higher	79.0%	79.1%	↑	R	2	N
	PP007	Childhood Immunisations Age 2 MMR First Dose	Jun-2025	Nat	95.0%	Higher	91.5%	91.2%	↓	R	4	N
	PP008	Childhood Immunisations Age 5 MMR Second Dose	Jun-2025	Nat	95.0%	Higher	93.3%	93.5%	↑	R	3	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	5	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)	Jul-2025	Nat	0	Lower	695	755	↓	R	7	Y
	MH002	MH Patients No Criteria to Reside	Sep-2025	Nat	0	Lower	9	9	→	R	6	Y
	MH003	MH Long Length of Stay (% with LOS 60+ Days)	Jul-2025	Nat	0.0%	Lower	33.3%	25.0%	↑	R	5	Y
	MH004	Dementia Diagnosis Rate	Aug-2025	Nat	66.7%	Higher	68.8%	68.5%	↓	G	10	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	5	N
	LTC002	% of diabetic patients received all 8 diabetes care processes	Mar-2025	Nat	100.0%	Higher	43.5%	58.8%	↑	R		N
	LTC003	CKD QOF Registers (Currently Annual Only)	Mar-2025	Loc	4.41%	Higher	5.05%	5.39%	↑	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	3	N
	PC003	Antimicrobial resistance (% broad-spectrum antibiotic prescribing)	Jun-2025	Nat	10.0%	Lower	8.5%	8.6%	↓	G	9	N
Urgent Care	UC001	A&E 4-hour Performance	Sep-2025	Nat	78.0%	Higher	71.1%	69.4%	↓	R	4	Y
	UC002	A&E Attendance Rate per 1,000	Sep-2025	Loc	38.7	Lower	35.5	27.1	↑	G	2	N
	UC003	Hospital admissions for alcohol-specific conditions (rate per 100,000)	Jun-2025	Loc	70.0	Lower	79.8	63.8	↑	G		Y
	UC004	2 Hour Urgent Community Response (First Care Contacts)	Aug-2025	Nat	70.0%	Higher	97.4%	98.8%	↑	G	2	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 | TA = Target Achievement | GM = Rank 1(Better) 10(Worse) | Focus = Further investigation

Refreshed: 25 September 2025

Achieving or Above Target Metrics

NHS Greater Manchester Integrated Care

To provide a balanced view of performance to the Locality Board, metrics which are achieving or above target have now been included within an additional subset.

Trafford Locality Scorecard 2025-26 - Monthly Focus Metrics

Priority	Code	Metric	Latest	Nat/Loc	Target	Aim	Prev	Curr	Perf	TA	GM	Focus
CYP & Maternity	CYP002	Age 0-5 hospital dental extractions due to tooth decay (Rate per 100,000)	Aug-2025	Loc	25.0	Lower	21.7	14.5	↑	G		N
Prev. & Protection	PP003	National Screening Programme - Bowel Age 60-74 (Every 30 months)	Jun-2025	Nat	70.0%	Higher	72.9%	72.9%	↓	G	2	N
Prev. & Protection	PP004	National Screening Programme - Breast Age 50-70) Every 36 months)	Jun-2025	Nat	70.0%	Higher	71.5%	70.9%	↓	G	1	N
Prev. & Protection	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	5	N
Community Care	CC003	Rate of admissions to residential / nursing Age 65+ (Rate per 100,000)	Aug-2025	Loc	566.0	Lower	82.3	167.0	↓	G		N
Mental Health	MH004	Dementia Diagnosis Rate	Aug-2025	Nat	66.7%	Higher	68.8%	68.5%	↓	G	10	N
Planned Care & LTC	LTC001	% of patients with >=20% 10-year CVD risk score treated with statins	Mar-2025	Nat	60.0%	Higher	66.5%	67.2%	↑	G	5	N
Planned Care & LTC	LTC003	CKD QOF Registers (Currently Annual Only)	Mar-2025	Loc	4.41%	Higher	5.05%	5.39%	↑	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	3	N
Primary Care	PC003	Antimicrobial resistance (% broad-spectrum antibiotic prescribing)	Jun-2025	Nat	10.0%	Lower	8.5%	8.6%	↓	G	9	N
Urgent Care	UC002	A&E Attendance Rate per 1,000	Sep-2025	Loc	38.7	Lower	35.5	27.1	↓	G	2	N
Urgent Care	UC003	Hospital admissions for alcohol-specific conditions (rate per 100,000)	Jun-2025	Loc	70.0	Lower	79.8	63.8	↓	G		N
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atest = Latest data | Nat/Loc = National or Local Target | Aim = Activity direction for better performance | Prev = Previous position | Curr = Current position | Perf = Performance direction | TA = Target Achievement | GM = Rank 1(Better) 10(Worse) | Focus = Further investigatio

Refreshed: 25 September 2025

Dementia Diagnosis Rate moved above target for the first time in February 2025 and continues to increase.
GP Appointments within 14 days above target and Trafford has 3rd highest rate in GM
Bowel and Breast Screening Programmes above target and amongst highest coverage rates in GM

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:

Priority	Code	Metric	Latest	Nat/Loc	Target	Aim	Prev	Curr	Perf	TA	GM	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	2	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)	Jul-2025	Nat	0	Lower	695	755	↓	R	7	Y
Mental Health	MH002	MH Patients No Criteria to Reside	Sep-2025	Nat	0	Lower	9	9	→	R	6	Y
Mental Health	MH003	MH Long Length of Stay (% with LOS 60+ Days)	Jul-2025	Nat	0.0%	Lower	33.3%	25.0%	↑	R	5	Y
Urgent Care	UC001	A&E 4-hour Performance	Sep-2025	Nat	78.0%	Higher	71.1%	69.4%	↓	R	4	Y

atest = Latest data | Nat/Loc = National or Local Target | Aim = Activity direction for better performance | Prev = Previous position | Curr = Current position | Perf = Performance direction | TA = Target Achievement | GM = Rank 1(Better) 10(Worse) | Focus = Further investigatio

Refreshed: 25 September 2025

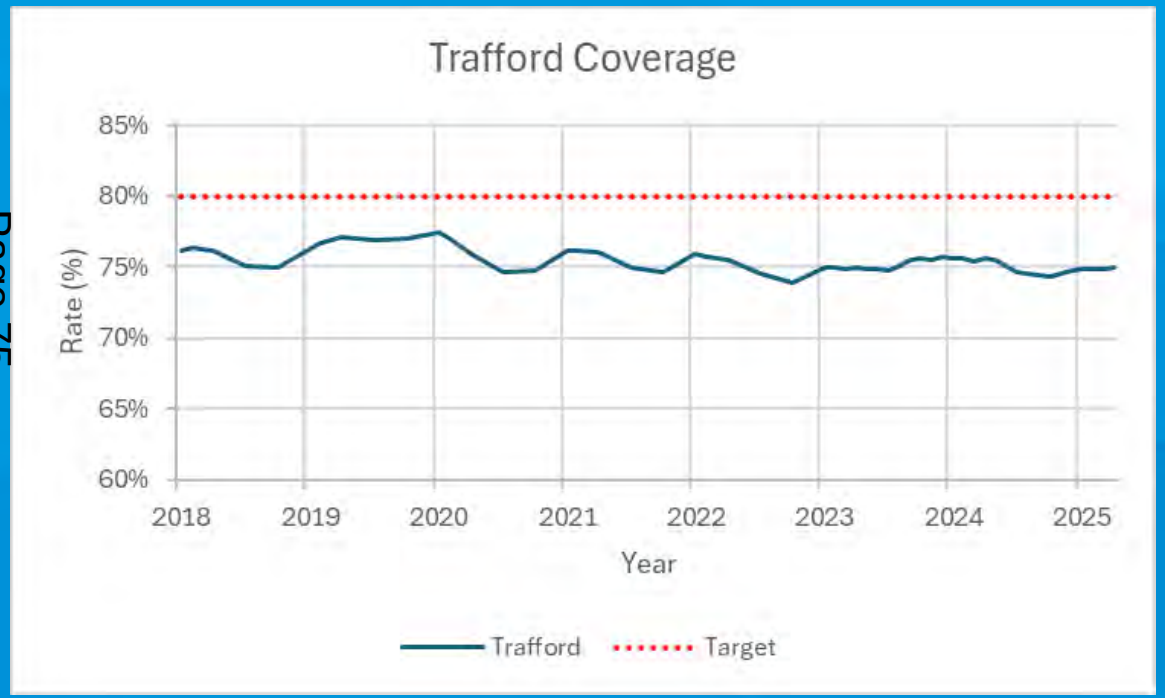
- Based on the identification of focus metrics we will coordinate a response from lead officers across the partnership and include narrative and mitigation that’s in place, in the monthly report for FPS and/or TLB.

- 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.

Priority – Prevention & Protection
National Screening Programme - Cervical - Standard (Age 24-49) (Every 42 months)

NHS Greater Manchester Integrated Care

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)



- 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 narrative provided by Public Health colleagues is included on the next page.

Priority – Prevention & Protection
National Screening Programme - Cervical - Standard (Age 24-49) (Every 42 months)

NHS Greater Manchester Integrated Care

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)

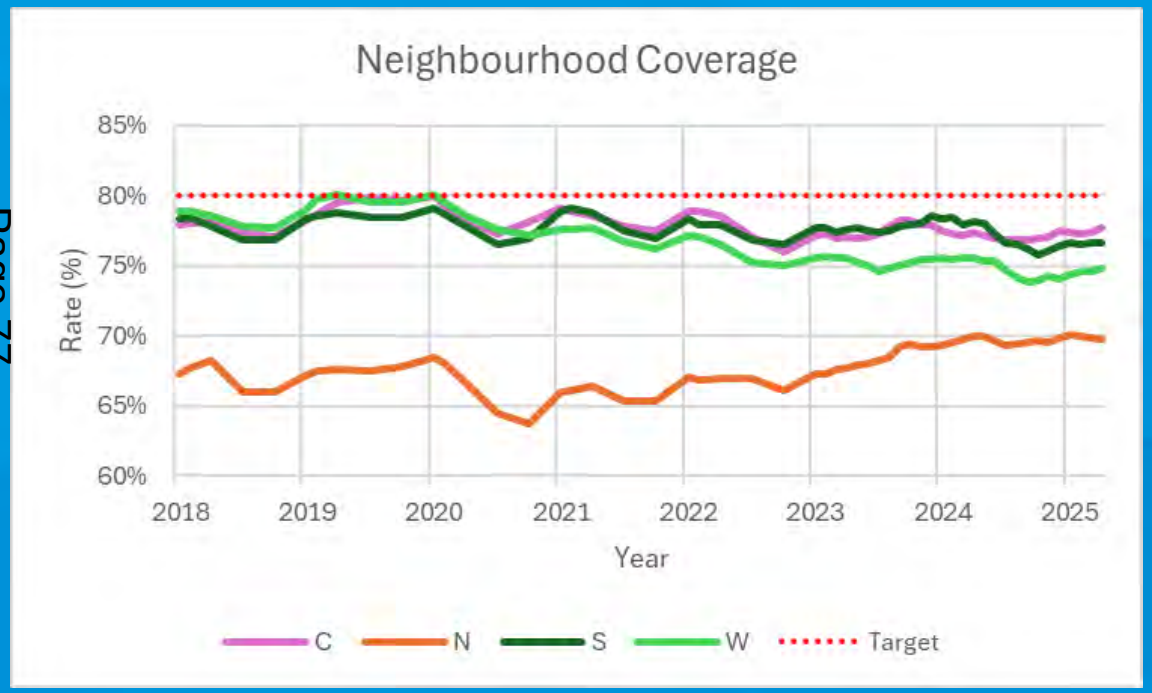
Summary of initiatives either currently in place or planned in relation to improving coverage:

- Voice of BME delivers culturally sensitive campaigns to increase cervical screening uptake for 24–49-year-olds, focusing on low-uptake PCNs.
- VBME outreach supports PCNs with emphasis on North.
- North PCN improvement is maintained; West remains low; AHA coverage has declined; targeted engagement continues in North.

Priority – Prevention & Protection
National Screening Programme - Cervical - Standard (Age 24-49) (Every 42 months)

NHS Greater Manchester Integrated Care

Additional Information
Further information at Neighbourhood level is provided below



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.

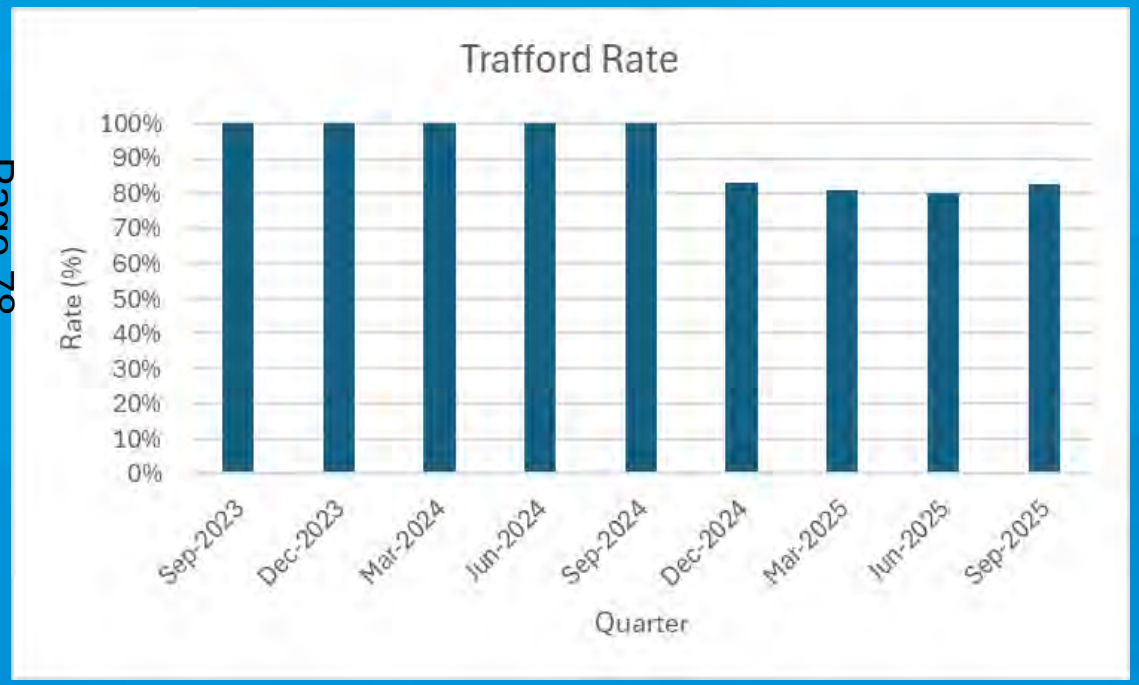
In this period North Neighbourhood has increased coverage from 63.8% to 69.7% (+5.9 percentage points).

Priority – Community Care
Age 65+ still at home 91 days after discharge from hospital into rehab

NHS Greater Manchester Integrated Care

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



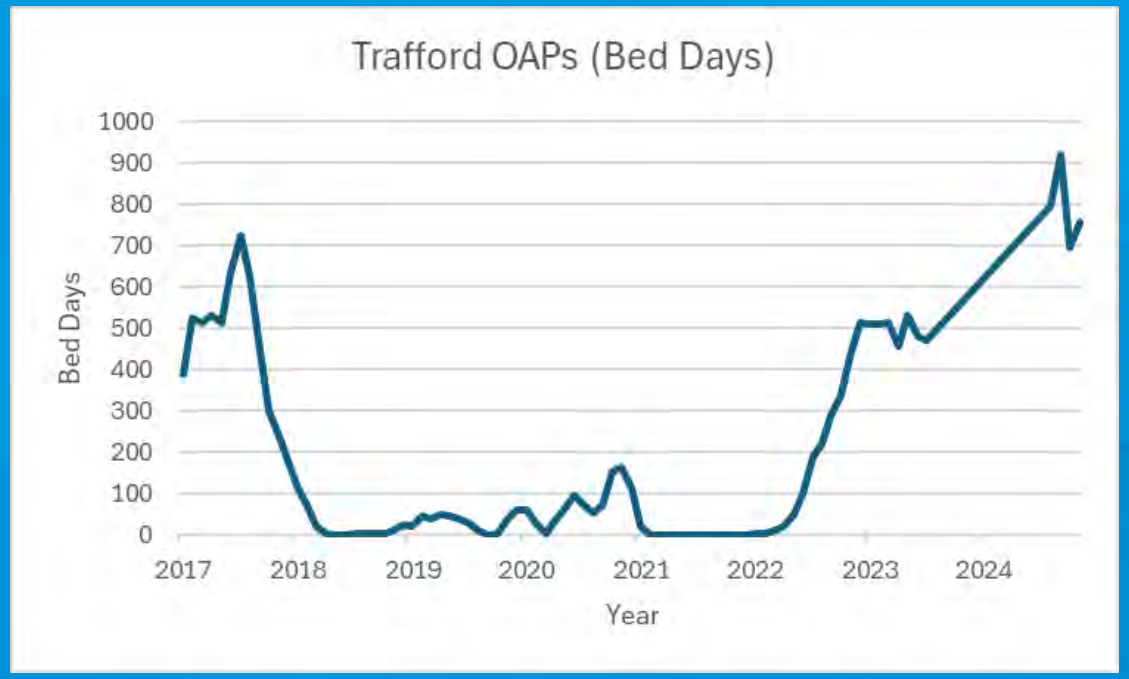
Metric is part of the Adult Social Care Outcomes Framework (ASCOF).
Annual data shows a rate of 90.9 for Trafford in 2022-23 compared to 88.7 for Stockport

This links to the work in intermediate care, reablement at home, use of assistive technology to promote independence and working with partners in the neighbourhoods around social activity/ local community groups via the voluntary sector.

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

NHS Greater Manchester Integrated Care

Focus Rationale
In August 2022, the number of bed days related to OAPS was zero. From this point the number has steadily increased to 755 (July 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 755



The Mental Health Metrics on this and the following slides are linked to a Performance Improvement Plan for Trafford Locality which focuses on patients who are Clinically Ready for Discharge (CRFD) but whose discharge is delayed.

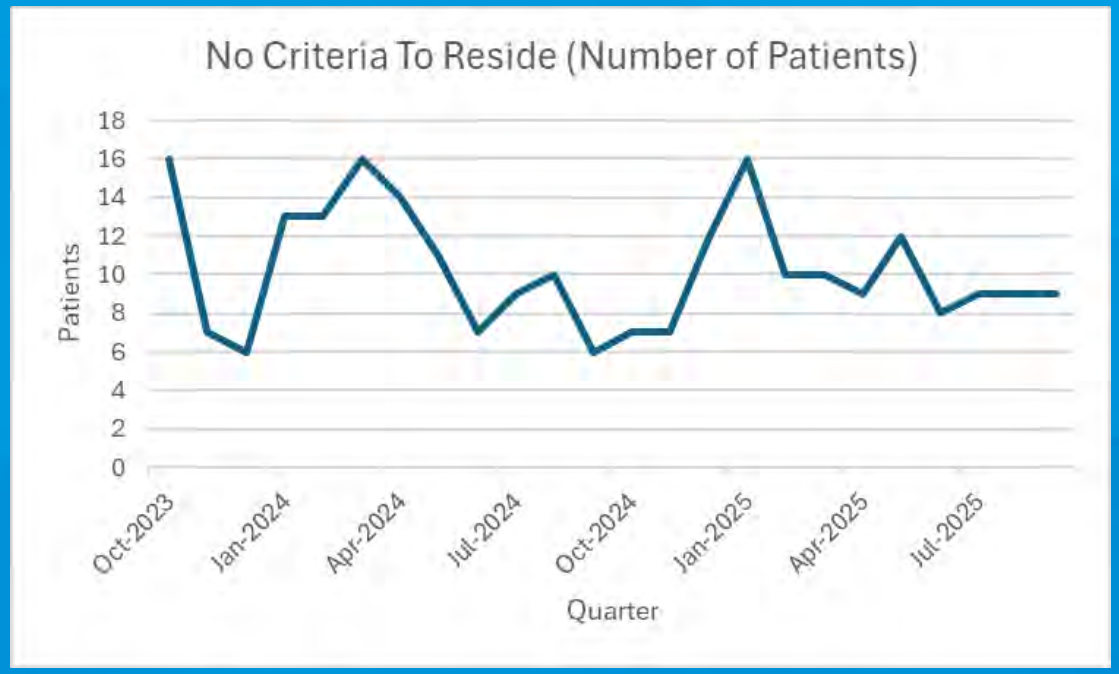
CRFD Locality 2025-26 Targets

- GM overall target is 25% reduction
- Trafford target is 33% reduction
- Includes Adult Acute only (clarified by GM 31/07/25 – this is a change to last year).

Priority - Mental Health
MH Patients No Criteria to Reside

NHS Greater Manchester Integrated Care

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



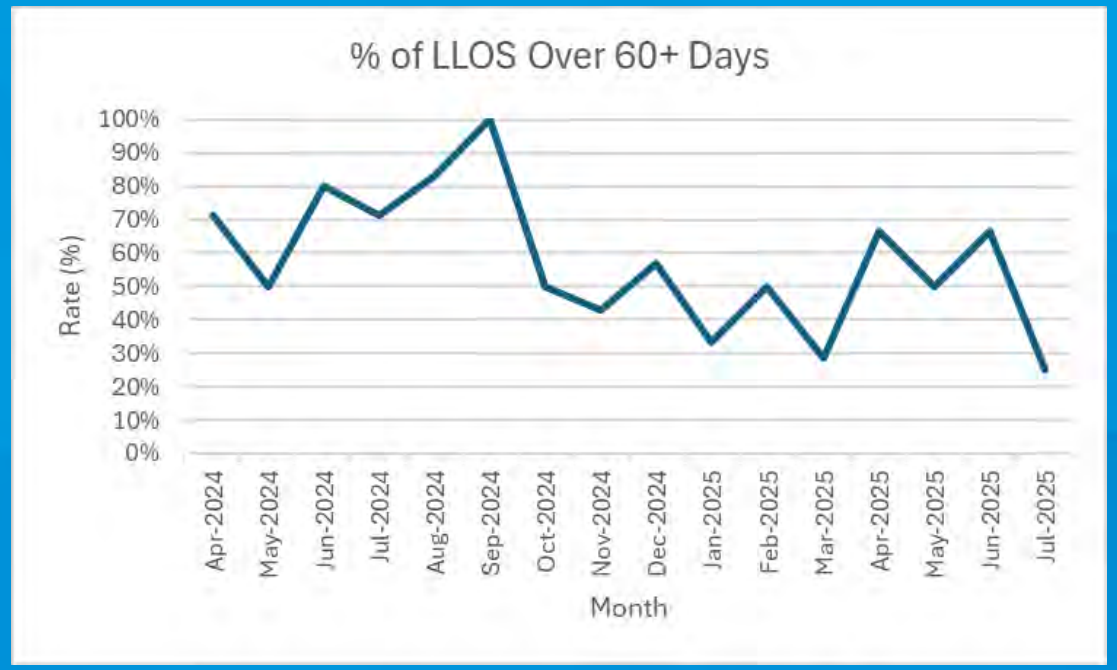
CRFD Locality 2025-26 Targets (continued)

- Older Adult CRFD are not included in this target (but should still be tracked locally).
- Rehab CRFD are not included in this target (but should still be tracked locally)
- Trafford's 33% reduction equates to no more than 2080 bed days lost to CRFD between April 25-March 26.
- This requires an average of no more than 5.7 people who are classed as CRFD in adult acute beds per day.

Priority - Mental Health
MH Long Length of Stay (% with LOS 60+ Days)

NHS Greater Manchester Integrated Care

Focus Rationale
In September 2024, the percentage of LLOS over 60 days was 100%. This has decreased to 25% in July 2025. The actual numbers behind the latest rate are 15 (LLOS 60+ days) out of a total of 60 LLoS. To achieve 0 patients with LLOS 60 days would require a decrease of 15 patients



Overall progress

- The number of bed days lost to CRFD reduced significantly in August, but we remain behind the trajectory to achieve the further 10% reduction for 25/26.
- Our local tracker shows that we need to have less than 4.5 CRFD patients per day on average to achieve the 10% reduction. We currently have 5 CRFD with plans in place to discharge 2 of these people WB 25th August.

Priority - Mental Health

Narrative (Continued)

Overall progress
Other 3 have plans in place for discharge ASAP.
We hold weekly MADE meetings where all CRFD are discussed, and plans agreed.

Plans
Ensure Trafford MADE meeting agenda focusses on the oversight of people who are CRFD, including:

- Complex cases
- People with a Learning Disability and/or Autism
- Joint funded cases, and
- Length of stay and readmission rates
- OAPS

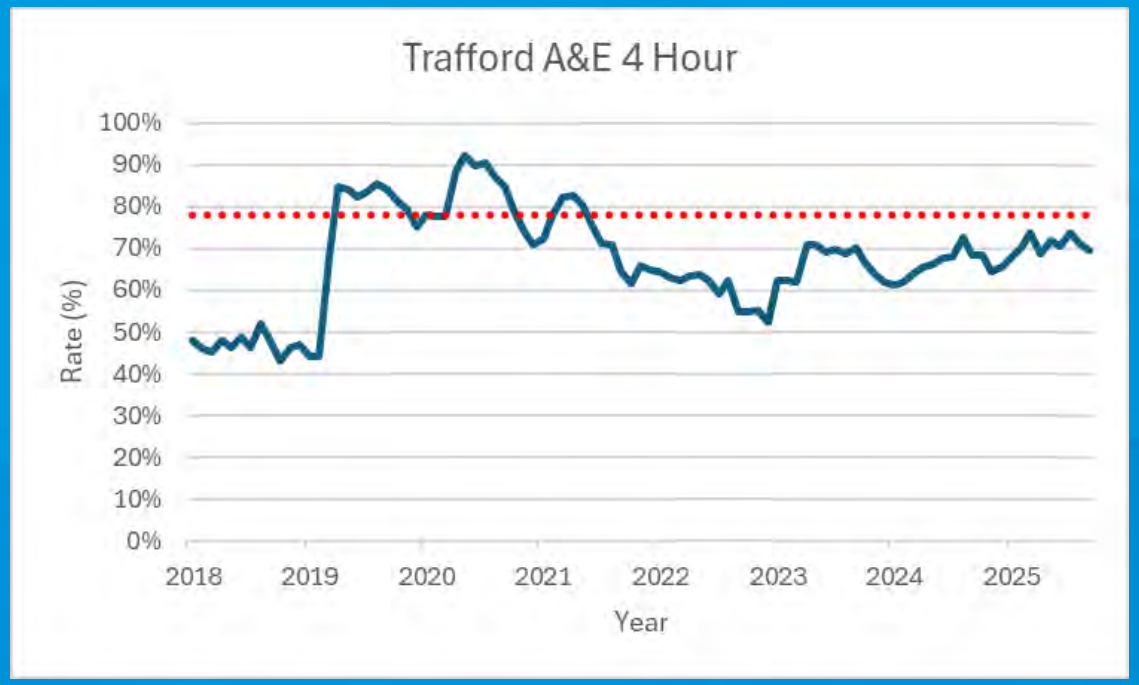
Consolidate block purchase of rehabilitation beds from Wigan and Salford localities to bring Trafford patients closer to home, achieve better vale and maximise available capacity.

Priority – Urgent Care
A&E 4-hour Performance

NHS Greater Manchester Integrated Care

Focus Rationale

In July 2025, the 4-Hour performance rate was 73.6%. This decreased to 71.0% in August 2025. The actual numbers behind the latest rate are 3,899 patients seen within 4 hours out of a total of 5,488 attendances. To achieve the target of 78% would require an additional 381 patients to be seen within 4 hours (based on August figures)



There are several initiatives either currently in place or planned to help improve A&E 4-Hour performance. The following summary is provided by the Trafford Urgent Care lead:

- Care closer to home initiatives (routes from discharge back to Single Point of Access)
- System Visibility & Active Leadership Programme progress, risks and milestones
- Urgent Emergency Care Horizon Point 2 Development (Newton Europe)
- Key System Intervention Points Building a community model & intervening at the right point

(Narrative is continued on following slides)

Priority – Urgent Care
A&E 4-hour Performance

NHS
Greater Manchester
Integrated Care

Narrative (Continued)

- New capability offering Activity that can be removed from the hospital that can happen in the community – evidence the impact through case reviews on capabilities that would have prevented an escalation in need
- Pull model Creating visibility of a patient's journey so community services can ‘pull’ patients who are considered ‘complex discharges
- Refreshing of Manchester and Trafford Operational Delivery Group TOR to allow collaborative problem solving for transition points in the system (e.g. discharges/SpOA single point of access)
- Ensuring escalation and resolution if ‘Inappropriate transfer of work to GP’ as per joint chief medical officers joint working group 4 principles nationally mandated, ‘complete care
- Complete care (fit notes and discharge letters): Trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need. Therefore, where patients need them, fit notes should be issued for the appropriate length of time to avoid unnecessary return appointments to General Practice. Good quality handover is pivotal to ongoing care
- Daily PTLs (Patient Tracking) meetings

Priority – Urgent Care
A&E 4-hour Performance

NHS Greater Manchester Integrated Care

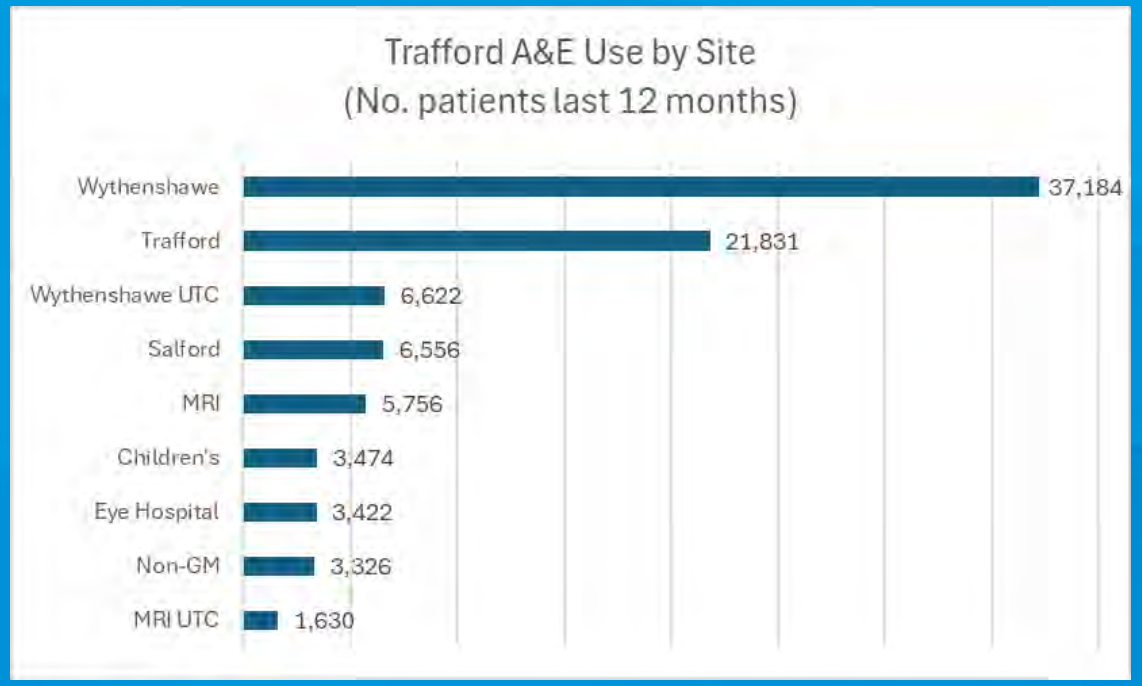
Narrative (Continued)

- Establishment of the new Trafford High Intensity User Scheme as part of the Primary Care Quality Contract
- Daily MADE in place with GMMH and partners, to support internal and external next steps actions
- For those patients where there are specific barriers, a meeting is set up to discuss the barriers and potential options and these will involve the patient's MDT, local commissioners, and senior system leaders
- GMMH patient flow service (PFS) ensures that a standardised approach is delivered across all GMMH services with practitioners available 24/7 to support system flow to all GMMH beds
- Senior Gate Keeping Initiative- to support and promote least restrictive community crisis options and to prevent delays in people requiring specialist mental health inpatient care when accessing A&E. The role has been evidenced to reduce the conversion rate for admissions, therefore supporting people to remain in the community with the appropriate care. When admission is required the implementation of the purposeful admission framework will support effective and efficient inpatient admissions.

Priority – Urgent Care
A&E 4-hour Performance

NHS Greater Manchester Integrated Care

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



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.

Trafford
Integrated Care Partnership

Name of Committee / Board	Trafford Locality Board			
Date of Meeting	21st October 2025			
Report Title	Trafford Strategic Risk Register 2025/26			
Report Author & Job Title	Pippa Dewhirst, Governance Manager, NHS GM ICB			
Organisation Exec Lead	Thomas Maloney, Programme Director Health and Care, Trafford Council / NHS GM (Trafford)			
OUTCOME REQUIRED *(please highlight)*	Approval	Assurance X	Discussion X	Information

EXECUTIVE SUMMARY

The purpose of this report is to present the Locality Board with an overview of the strategic risks for the 2025/26 Trafford Locality Board Strategic Risk Register and provide assurance that risks are effectively identified, monitored and managed.

There are currently 10 strategic risks on the Locality Board register, six of the risks are rated extreme (red), three rated high (orange) and one rated moderate risk (yellow).

Since the risks were last presented to the Locality Board in July 2025, two new risks have been added (SR17 and SR16) and two of the risks (SR03 and SR07) have been closed. The other risk scores remain the same and are all detailed in Appendix 1.

RECOMMENDATION

Trafford Locality Board is asked to:

1. note the content of this report and supporting appendix for assurance purposes; and

2. review the strategic risk position and confirm that the current level of risk, risk scores, controls, gaps in control and action plans are acceptable and in line with risk treatment plans.

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

Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	Risk is requested to be on meeting agendas' to further embed risk management activities. Risk management is an integral part of the organisation's statutory requirements. Risks considered and mitigated in the body of the report.
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation: N/A Comment / Approval: N/A
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	Date of TCAPS / Clinical Lead comment: N/A Name/Designation: N/A Comment: N/A
What is the impact on inequalities? ***(Please provide a***	N/A

high-level description of any known impacts)	
Equality Impact Assessment / Quality Impact Assessment Outcome ***(If not appropriate at this stage please state if an EIA or QIA is necessary)***	N/A
People and Communities: Communications & Engagement ***(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)***	N/A
Trafford's Carbon Footprint ***(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)***	N/A
Links to Measurement / Outcomes ***(Please detail if this is included within the report)***	N/A
Enabler implications	**Legal implications:** N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	N/A
Organisation Exec Lead Sign off	Thomas Maloney, Programme Director Health and Care

1.0 Introduction and Background

1.1 The Locality Board has a responsibility to maintain an on-going risk profile of the Trafford locality through the Locality Board Strategic Risk Register as set out in NHS GM's Risk Management Strategy. Accountability for each of the strategic risks recorded on the risk register is assigned to an Executive Lead and managed by a risk Lead Manager. The strategic risk register provides evidence and ensures that a systematic process for identifying Trafford locality's strategic objectives as well as its associated strategic risks, towards the achievement of its objectives, is in place. It is a key document for the Locality Board and should be used to monitor key risks and to assure itself that the risks are being managed and mitigated.

1.2 The Locality Board should; challenge the risk ratings and target risk scores; assess the robustness of the controls and actions plans identified and ensure that progress is made to reduce the gap between the current risk rating and the target score.
Other Boards and Working Groups that report into the Trafford Provider Collaborative Board (TPCB) and/or the Locality Board will have oversight of individual risks recorded on the register, in accordance with the terms of reference of each Board and/or Group.

1.3 The Locality Board has been working in an integrated manner with partner organisations and other stakeholders under the established Trafford Integrated Care Partnership. Joint priorities and work areas for the health and social care system have been developed to address challenges that have been identified. These are set out in the aspirations of the Trafford Locality Plan.

2.0 The status of the 2025/26 Trafford Locality Board Strategic Risk Register

2.1 There are currently 10 strategic risks identified on the 2025/26 Locality Board strategic risk register which align and directly link to the strategic priorities and objectives of NHS GM. All the risks have been reviewed and updated.

2.2 There has been some changes to the strategic risks since they were last presented to the Locality Board in March 2025. The changes are detailed below:

- Two new risks have been added.

  - SR17 is a new risk on the strategic risk register and highlights the risk of failure to deliver a breakeven financial position on ICB locality delegated budgets. The financial position is considered throughout locality governance including at the Senior Leadership Team meeting, Cost Improvement Plan Group, Finance Performance and Sustainability meeting and is reviewed at the Trafford Locality Board. All staff are briefed regularly via our locality staff briefings on the current financial position and are aware of key areas of

concern and work is on-going to improve. As discussed at the August and September board meetings, several actions are being progressed as agreed including addressing the risk to CIP however there is still a sizeable pressure linked to individual packages of care and ADHD right to choose which is generating the significant risk.

- SR16 is a new risk added to recognise there are several community services in a challenging position due to lack of capacity, long wait times and increase in demand. Concern is recognised in district nursing, specialist palliative care, occupational therapy wait, bladder and bowl service, children's autism pathway and specialist weight management service. Risks will be raised at the monthly MFT GM led contract meetings, Trafford Locality Assurance Meeting, Trafford Quality Group and a report will be taken via Trafford Provider Collaborative Board and to Trafford Locality Board highlighting the risks, implications and financial requirements to improve the position.

- 2 risks are recommended to close as the risks have been mitigated and they have reached their target score.

  - SR04 related to the risk to the delivery and provision of equipment for patients within Trafford following the LCO serving notice to cease delivery of the One Stop Resource Centre. Manchester Equipment Adaptations Partnership (MEAP) managed through Manchester City Council were appointed through a Direct Contract award to deliver equipment services for Trafford as an interim measure until the end of March 2025 to ensure continuity of the service. A full procurement exercise is planned to be led by Trafford Council and therefore to support the procurement period a further extension of the MEAP contract has been agreed until October 2026. A working group has been established to support this process and will remain in place until the provider is in place from April 25 and all elements of the transfer have been completed.

  - SR07 related to the risk to the outpatient programme and attendance of patients at Outpatient appointments due to the expiration of the Non Emergency Patient Transport Booking Service contract. A contract extension was supported by the Senior Leadership team and has been progressed through STAR process.

- All other risks have been reviewed by their risk leads and the scoring has remained the same, the risk register in appendix 1 provides further detail about action plans in place to mitigate the risks.

2.3 The movement of the strategic risks are presented in the two Heat Maps below.

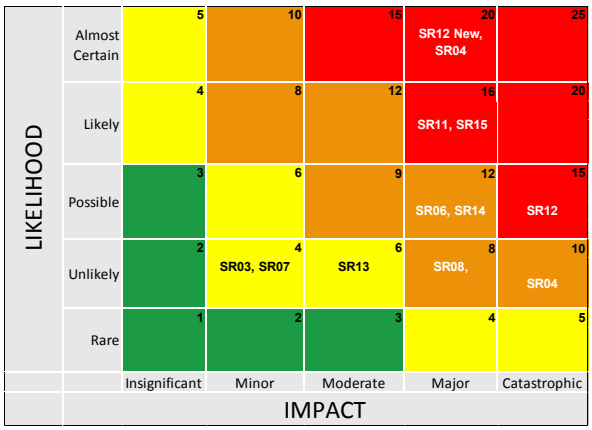


Figure 1: Heat Map (July 2025)

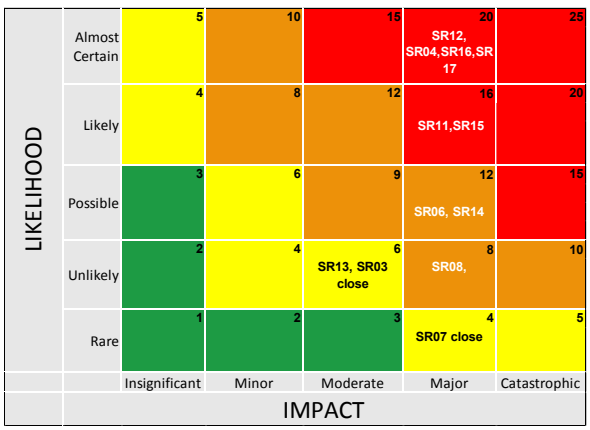


Figure 2: Heat Map (July 2025)

2.4 There are six extreme rated risks (coloured red, rated between 20 and 16) and three high risks (coloured orange, rated between 8 and 12) and one moderate risk (coloured yellow rated between 4-6).

2.5 The individual strategic risks, as well as their updates are detailed in Appendix 1.

2.6 The addition, review and updating of the strategic risks are ongoing and are discussed with the risk owners during the Risk Assurance Group. The review of the mitigating actions is also ongoing to assess, for example, whether the controls, gaps in controls and action plans identified, are adequate, effective or working as they should. For those high scoring risks of 15 and above, there is a need to review these regularly, reflecting the severity of these risks.

2.7 The strategic risk register was also shared with colleagues who attend Trafford Provider Collaborative Board via email to give them an opportunity to provide any feedback ahead of considering the risks at Trafford Locality Board.

3.0 Recommendations

3.1 Trafford Locality Board is asked to:

1. note the content of this report and supporting appendix for assurance purposes; and

2. review the strategic risk position and confirm that the current level of risk, risk scores, controls, gaps in control and action plans are acceptable and in line with risk treatment plans.

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NHS GM Priorities	Risk ID	Date Added	Executive Lead	Risk Description	Lead Manager	Committee Oversight	Likelihood	Impact	Initial Risk Rating (L x I)	Key Controls in place	Gaps in Control	Likelihood	Impact	Current Risk Rating (L x I)	Action Plans (*Action owner, Expected date of completion*)	Progress against Actions Plans	Assurance	Gaps in Assurance	Likelihood	Impact	Target Risk Rating (L x I)	Risk Movement	Last Reviewed Date	Estimated Closure Date	Status
Achieve Financial sustainability. We will manage public money well to achieve our objectives.	**SR12 New**	10/05/24	Gareth James	**Risk** - Failure to deliver the financial plan for 2025/26 for GM ICS as agreed with NHSE. **Cause** - Failure to develop and / or deliver recurrent saving schemes across the ICS or operational cost pressure above planned level of expenditure Implementation of NHS reform may impact delivery income is lower than planned **Impact** - Further scrutiny and intervention by NHSE unable to deliver GM ICS strategy health of GM population worsens continued inequalities and variation in health and care	Julie Flanagan	Trafford Locality Board Trafford Finance, Performance & Sustainability Group	4	5	20	• Financial Performance Recovery Oversight Group, Provider Oversight meetings and Locality Assurance meetings established which include financial assurance and scrutiny. • ICB CIP groups established reporting to EMT/ Chief Officers meeting/ Finance Committee, Finance Recovery Oversight Group which in turn reports to Finance Committee and Exec Committee • All organisations report financial and operational performance to their respective Finance Committees and Boards • Continuation of the grip and control measure implemented in 2023/24 including expenditure >£10k for ICB proposals and >£100k for NHS provider proposals is subject to review and approval by the ICB Exec team via the STAR process • All ICB contract renewals or extensions must also be submitted to the STAR process • If approval is granted via STAR then the governance route as identified in the SoRD is followed for ICB incurred costs or via NHS provider internal governance	• In year financial reporting of the Trafford system partner position still to be develop to provide insight to Trafford Locality board of the challenge	5	4	20	• Grip and control measures e.g. STAR process and Business Critical Post panel remain in place to control expenditure. CIP plans are further being developed and implemented to realise efficiencies along with commissioning intentions that will deliver efficiencies while improving services. Work ongoing through PMO All budgets reviewed to identify non recurrent slippage opportunities on a monthly basis. • Financial reporting and monitoring taking place on monthly basis • Provider oversight and ICB locality assurance meetings either monthly or quarterly dependent on level of risk •To develop in year financial reporting of the Trafford system partner position to provide insight to Trafford Locality board of the challenge • Red lines - GM developed trigger points that will require corrective actions. •ICB is adopting a new reporting pack with a focus on run rate to allow identification of potential issues so a mitigation plan can be implemented to address the risks on in year delivery	• ICB Locality CIP plan developed to deliver 3% efficiency with further work to underway to meet the final 1% Schemes shared with Locality board monthly • ICB locality report and high level ICS position reported to Locality board monthly • Locality Assurance meetings in place • First draft of a locality partnership finance report shared via FPS. Aim to provide enhanced report to Locality board from Q1 25/26 • Red line trigger points for ICB locality variances developed and shared •	• ICB finance Committee • Each NHS Organisation reports via their internal finance committee and board meeting • NHS GM reviews NHS provider performance as well as ICB financial performance at their EMT, finance committee and board • Trafford Locality Board to oversee financial performance of the ICB locality delegated budgets • Trafford Finance Performance And Sustainability Group established	In year financial reporting of the Trafford system partner position still to be develop to provide insight to Trafford Locality board of the challenge	4	3	12	↔	03/10/25	31/12/25	Active
Help people stay well and detect illness earlier. We will work together to prevent illness and reduce risk and inequalities.	**SR04**	17/10/23	Gareth James	There is a risk that children and young people will suffer from adverse healthcare due to insufficient funding and capacity across health services to meet the surge in demand. This could lead to delayed diagnosis/treatment and care resulting in poorer outcomes for children and young people especially in delayed access to mental health services and delays in the assessment and diagnosis of Autism and ADHD Waiting times for Autism and ADHD continue to increase, with high presentation of CYP waiting for diagnosis across multiple services across education, health and social care.	Cathy O'Driscoll	Trafford Locality Board	5	4	20	• NHS Long Term Plan • Trafford All Age Mental Health Strategy • GM Mental Health Strategy • GM Autism Minimum Standards • Trafford SEND Ambition Plan	•Workforce challenges across providers • No current financial agreements in place to bridge the current gap between service delivery budget and service costs for 2024/25. •SEND commissioning Strategy needs to be developed •Trafford All Age Mental Health Strategy is currently being refreshed •Significant increase in demand across all CYP health services	5	4	20	1.1 'Review of CYP Community Health Services 1.2 Redesign VCSE mental health service offers to meet demand within financial envelope 1.3 Develop a SEND Commissioning strategy and mental health strategy to progress system approach to reducing health inequalities 1.4 Developing a support offer for families whilst they are waiting for services 1.5 Implementation of the GM ND Pathway transformation programme.	A support whilst you are waiting included pre/post diagnostic offer has been developed and implementation has commenced through a staged approach. The support will be delivered from a 'system' approach across Education, health and social care teams'. There has been a focus on broadening the universal offer initially. Recurrent funding has been secured to improve the early intervention and prevention mental health offer. Proposals are currently being drafted. The review of community services has commenced focussing initially on the Physiotherapy and Occupational Therapy Service. A SEND commissioning strategy has been developed and is going to SEND board at the end of March for sign off.	All Age Mental Health Board CYP Commissioning Board SEND Board Locality Board	Routine performance data and transparency around finances from providers to support commissioning of services.	2	4	8	↔	06/10/25	01/09/25	Active
Strengthen our communities. We will help people, families and communities feel confident in managing their health.	**SR16**	06/10/25	Gareth James	**Risk**: There are several Community Services that are in a very challenging position due to lack of capacity / long waits and challenging shortages of funding for staff to meet the increasing demand. Most notedly District Nursing Service / Specialist Palliative Care / OT waits / Blader and Bowel Service / Childrens Autism pathway / SWMS **Cause**: Historic investment in the services and increasing demand on all services in some cases increase in activity by 42% **Impact:**Poor patient outcomes affecting the continuity and quality of patient care. / deterioration in condition / poor staffng morale due to significantly increased workloads and financial impact due to the requirement for additinal investment. Additionally potential for delays in dischage due to lack of community service provision.	Cathy O'Driscoll	Trafford Locality Board	5	4	20	MFT Contract and Contract Governance Locality Board Provider Collaboartive Trafford Locality Assurance Meeting Trafford Quality Group Trafford Health Scrutiny GM Strategic Commissioning Trafford Chidrens and Young People Commissioning Board	Sustainable workforce sustainable funding model lack of data and oversight on service capacity and delivery	5	4	20	A paper outlining the implications of the gaps in community services has been to the Trafford Senior Leadership Team to outline the risks and implications and the financial requirements. Further discussions and Trafford Provider Collaboarative ./ Trafford locality Board will be required. Ongoing concerns to be raised at monthly MFT GM led contract meetings GM improvement funding to be provided for the early help pathway	Ongoing risks in relation to the comunty Services and discussed at Trafford Locality Assurance Meeting TLCO assurance and mitigation plans for services requested from MFT	SLT TPCB Health Scrutiny Committee Trafford Locality Assurance Meeting TLB	To be reviewed and agreed	2	2	4	New	06/10/25		Active
Achieve Financial sustainability. We will manage public money well to achieve our objectives.	**SR17**	01/10/25	Gareth James	**Risk** - Failure to deliver a breakeven financial position on ICB locality delegated budgets. **Cause** - Failure to develop and / or deliver recurrent saving schemes to meet the target or operational cost pressure above planned level of expenditure **Impact** - Increased scurtiny by NHS GM, increased constraints on investment and spending plans, health of Trafford population worsens continued inequalities and variation in health and care	Julie Flanagan	Trafford Locality Board Trafford Finance, Performance & Sustainability Group	4	5	20	• Locality Assurance meetings established which include financial assurance and scrutiny. • Trafford CIP groups established reporting to Locality leadership team which in turn reports to Trafford Locality Board • Monthly reporting to the GM All Age Continuing Care group and separate deep dives on all indivdual packages of care spend • Continuation of the grip and control measure implemented in 2023/24 including expenditure >£10k for ICB proposals - approval by ICB Exec team • All ICB contract renewals or extensions must also be submitted to the STAR process • If approval is granted via STAR then the governance route as identified in the SoRD is followed for ICB incurred costs or via NHS provider internal governance	• No local (GM) commissioned service specification for ADHD • NH providers requiring rates out with the contracted level / limited contract management of care home market	5	4	20	• CIP plans have been reviewed and alternate proposals agreed by the board to significantly reduce the risk of CIP delivery. This includes non recurrent slippage •All care home providers to be contacted to finalise 24/5 statement of accounts • Financial reporting and monitoring taking place on monthly basis • Proposals to slow in year packages of care spend presented to the Locality Board in August and September and action groups to address the demand / spend to progress in Q3 • Senior meeting between ICB locality and LA adult social care / commissioning colleagues to be scheduled to work through escalated issues •	• Locality CIP plan updated to meet delivery of in year target •All care home providers contacted regarding 24/5 statement of account finalising the position on cross year accruals by end of Oct. Reconciliation meeting scheduled with LA colleagues • Locality Assurance meetings in place • LD ToR for task and finish group drafted awaiting approval; EoL packages of care analysis underway, meetings in place with 2 care homes to work through their operating model	• Trafford Locality Board • Trafford Locality Assurance Meeting • NHS GM All Age Continuing Care Group and locality packages of care deep dives • Trafford Finance Performance And Sustainability Group established		3	4	12	New	01/10/25	31/03/26	Active
Help people stay well and detect illness earlier. We will work together to prevent illness and reduce risk and inequalities.	**SR11**	17/10/23	Gareth James	There is a risk that the capacity of the Designated team at place will be unable to fulfil the requirements of the three delivery group functions adequately. This will lead to gaps in oversight and assurance of contracts, statutory functions, training, and abilities to embed new requirements such as the serious violence duty.	Sarah Owen	Trafford Strategic Safeguarding Partnership	4	4	16	•Safeguarding Quarterly report to GM and 6 weekly flash reports including situation report on workforce to reflect MIAA review. • Prioritisation of work streams. • Regular review of work streams to assist with the task of prioritisation through team meetings. • Engagement with all Partner agencies. •Maintaining virtual meetings where possible to maximise time available to team. • Statutory functions matrix is being established through the delivery groups to map minimum statutory requirements. • Mutual aid protocol to be designed for GM cover across the wider safeguarding workforce to assist with cover where possible.	• Business continuity and associated workstreams are not secure due to vacant posts in the Adult Named GPs and the Designated Doctor for child deaths not in post. • The current team capacity limits availability to engage in quality and service improvement. Examples of this can be seen in relation to: - domestic abuse, provider assurance visits, review of GP assurance tool kit, limited audit and assurance activity, - evidence gathering with provider organisations, - oversight of safeguarding within contracts, particularly since the changes to the quality team support. • The reduced capacity directly impacts the teams ability to be proactive. • The Named and Designated professionals have approximately half of the recommended allocation of time set out in the intercollegiate guidance and by definition can therefore only carry out half of the necessary aspects of the role. • Attendance at Named and Designated National Networks to facilitate awareness and alignment of wider workstreams throughout GM. The Designated Nurse - Safeguarding Children and Cared For Children has a dual role, this limits ability to engage fully in either role. In addition, one day per week is dedicated to the NHS EGA leadership Masters which reduces available time for locality work.	4	4	16	1.1 Arrangement to recruited Adult Named GP. 1.2 Further discussions around the GM Safeguarding Model	1.1 Recruitment to Adult GP role is not currently progressing - business critical form completed - not authorised due to wider GM capacity and possibility of mutual aid. 1.2 Deputy Designated Nurse post remains vacant due to interim arrangements within the organisation. Rationalisation of workload - sticking to prioritisation plans. 1.3Following the presentation of the Safeguarding compliance to the intercolligiate guiadance and Trafford locality safeguarding budget at SLT 15.10.24, authorisation was provided to commence applications to the business critical panel for the advertisemnt of vacant posts. The Designated Team are currently completing this process. 06.03.2025 - 1.1 The current Named GP has resigned with a 12 week notice period. The Designated Safeurding team are currently completing TRAC application and associated BCF authorisation. 1.2 Deputy Designated Nurse post has been successfully recruited to, expected start date June/July 2025. 26.06.25 The Designated Nurse for LAC is now in post- making the team complent with intercollegiate guidance and improving capacity to engage in both GM and locality work. vacancy freeze remains in place across the organisation, pending structural reform of the ICB, therfore There are no plans to recruit to the Named GP post for adults and Children, which is a significant gap for Primary Care. This also means that key functions will not be deliverable for the ICB within the locality as the business continuity / mutual aid offer does not extend to periods exceeding 1 month. The Designated Dr for child death post also also remains vacant, posing a challenge for the current CDOP model. 18.09.2025 - The Designated Nurse for LAC has served notice on the post. The Designated Dr for LAC is currently on	Trafford Locality Board	None identified yet	3	4	12	↔	18/09/25	01/01/26	Active

NHS GM Priorities	Risk ID	Date Added	Executive Lead	Risk Description	Lead Manager	Committee Oversight	Likelihood	Impact	Initial Risk Rating (L x I)	Key Controls in place	Gaps in Control	Likelihood	Impact	Current Risk Rating (L x I)	Action Plans (*Action owner, Expected date of completion*)	Progress against Actions Plans	Assurance	Gaps in Assurance	Likelihood	Impact	Target Risk Rating (L x I)	Risk Movement	Last Reviewed Date	Estimated Closure Date	Status
Achieve Financial sustainability. We will manage public money well to achieve our objectives.	**SR15**	01/07/25	Gareth James	**Risk**: The cost of Nursing Home care is difficult to control, across NHS GM ICB, as private care providers are demanding rates higher than the agreed contract rate. **Cause**: Risks mainly stem from the development and management of the market infrastructure, including pricing frameworks, standard contract and the ongoing spot purchase of specialist or out-of-area services. **Impact**: There is a financial impact as Personalised Care teams across NHS GM ICB may be paying above the budgeted cost to support CHC eligible patients. High provider costs may result in care needing to be sourced out of area, potentially affecting the continuity and quality of patient care.	Sorah Owen	Trafford Locality Board	5	4	20	The Service has access to a pricing framework negotiated with key providers of nursing and homecare services within the borough. This offers an agreed weekly/hourly rate for services rather than variable or spot pricing. Spot purchase is still used in situations where care need cannot be met on-framework due to market saturation or a requirement for specialist services.	Market management and contract monitoring are now within NHS GM centrally, with the ongoing need for all staff to review KPI's when reviewing care packages. LA spot purchase costs for D2A become difficult for the service to resolve, with health becoming responsible for the ongoing costs of placements they have not procured or been involved in the procurement of beds.	4	4	16	1.1 CIP programme with identified schemes to ensure adherence to the CHC framework and quality reviews of packages of 1.2 Procurement of Care Cubed to provide an evidence base to support negotiation with the care home market 1.3 Improved data/dashboard metric via CHS	1.1 CIP plan is monitored monthly via SLT oversight and reported 1.2 ILED prroject plan - market management and care cubed implementation plan 18.09.25 Care Cubed training planned in September and October. 1.3 CHS have created a tailored dashboard	Senior Leadership Team All Age Continuing Care (AACC)	Progess of ILED workstreams	4	3	12	↔	18/09/25	01/07/26	Active
Recover core NHS and care services. We will improve access to high quality services and reduce long waits.	**SR06**	17/10/23	Gareth James	There is a risk to the delivery of a sustainable and clinically safe model of Intermediate Care due to: - longstanding financial challenges and complex governance and delivery arrangements. - the challenges in obtaining system agreement for longer term redesign and transformation of services to enable more sustainable provision.	Cathy O'Driscoll	Home First Board.	4	4	16	• NHS GM and Trafford Council- S75 Group • Locality Board • MFT Contract and Contract Governance • Better Care Fund Programme Funding and Governance. • Pause in one bedded unit to lower costs in year.	• Sign-off of financial agreements for 25/26 as part of BCF planning. Full Programme scope, plan and arrangements for the Transforming IMC Programme, a named priority for 25-27.	3	4	12	1.1.System buy in and implementation of the recommendations of the Independent Changeology Review of IMC and D2A Pathways in Trafford, undertaken in 2024. 1.2 Development of IMC strategy and new models of care inc. delivery plans, and supporting governance to drive delivery.	1.1 25/26 BCF planning discussions are underway within S75 Steering Group. Plans to be agreed and submitted to NHSE by 31st March 2025. This will include finanical arrangements for the cost pressures for 25/26. 1.2. Exec to Exec discussions regarding Review recommedations underway, led by TC DAS. 1.3. Additional Programme support identified. 1.4. Programme governance in development. This programme will sit within the wider strategic Improving Lives Everyday Programme.	Better Care Fund Programme. Provider Collaborative Locality Board. Improving Lives Everyday Programme	Formal sign-up by all key partners and programme development and new models of care to be developed.	3	3	9	↔	06/102/25	01/09/26	Active
Support our workforce and our carers. We will ensure we have a sustainable, supported workforce including those caring at home	**SR14**	25/06/25	Sara Todd	**Risk** - NHS Reforms announced in mid-March '25 will have a significant impact on the level of ICB resource and the ability to deliver against GM strategy, due to the resource reductions and the current uncertainty there are risks to the delivery of the Trafford locality plan. There are further risks to the morale and wellbeing of ICB staff in the locality. it feels inevitable that we will enter a period of business continuity. **Cause** - likely that the delivery of 39% corporate cost reductions will have a wide ranging impact. during the transition design phase there is a high degree of uncertainty for staff and partners. **Impact** - slow-down of delivery of locality delivery and sustainability plans, potential lack of improvement against issues raised in the most recent staff survey, a period of business continuity with further risk to delivery of statutory duties.	Gareth James	Trafford Locality Board	3	4	12	• Robust GM design governance • Significant level of engagement ensuring locality colleagues have opportunity to contribute to the design of the new operating model • Development of Trafford locality people and culture action plan - co-produced with locality colleagues • Prioritisation of locality team workloads • Ensure that locality colleagues are given time and opportunity to take advantage of programme management capacity for 24/25 • Engagement at locality level - part 3 TLB conversations • Regular and honest communication with locality team	• Lack of detail underpinning the operating model • Lack of clarity on the availability of a voluntary redundancy offer • Locality team capacity during the vacancy freeze period • Lack of consistency in messaging between design groups	3	4	12	**1** A detailed Trafford people and culture action plan is being co-designed with locality team colleagues, covering the following 3 key areas: - supporting staff throughout the period of reform - including time for wellbeing, regular appraisals, regular and honest communications - prioritisation of workloads - to address issues raised in staff survey and to manage current capacity issues - commincation - regular face-to-face time together and flexible timing of comms **2** Ensure Trafford locality colleagues are embedded throughout GM design process **3** Regular locality partnership engagement	**1** Detailed actions agreed by SLT across the 3 areas and shared with staff at locality briefing - final plan agreed at time together at end of July. SLT will undertake prioritisation process in September (part of a pilot of GM framework) and continued monthly Trafford locality briefings. **2** SLT colleagues have been attending design forums and specific work-streams. Other Trafford partners also part of design phase. Current pause on implemnetation of operating model, Trafford colleagus taking part in detail model testing. Also a Trafford colleague working with GM colleagues to agree engagement activities planned for October. **3** TLB part 3 workshop held in May and follow up discussions in June and July (standing item on TLB),also, conversations with key locality partners and neighbouring localities. Further discussion at TLB in September led by Charlotte Bailey.	SLT TPCB TLB GM ELT Reform Board Exec Committee	Lack of new information to share with colleagues lack of information on HR framework Staff uncertainty during 'pause' period.	3	3	9	↔	22/09/25	On-going	Active

NHS GM Priorities	Risk ID	Date Added	Executive Lead	Risk Description	Lead Manager	Committee Oversight	Likelihood	Impact	Initial Risk Rating (L x I)	Key Controls in place	Gaps in Control	Likelihood	Impact	Current Risk Rating (L x I)	Action Plans (*Action owner, Expected date of completion*)	Progress against Actions Plans	Assurance	Gaps in Assurance	Likelihood	Impact	Target Risk Rating (L x I)	Risk Movement	Last Reviewed Date	Estimated Closure Date	Status
Strengthen our communities. We will help people, families and communities feel more confident in managing their own health.	**SR08**	17/10/23	Patricia Davies	There is a risk that the neighbourhood programme may not be able to deliver person-centred and community-based care in neighbourhoods if all partners don't fully commit to providing capacity, funding, engagement, and commitment in relation to the Neighbourhood Programme's four strategic objectives.	Tom Maloney (Interim)	Trafford Provider Collaborative Board	2	4	8	• Neighbourhood Programme SRO, programme manager and administrative support in place (new SRO(s) TBC post 6th October) • Programme management approach and documentation established and in place including action plans, risk registers, RAID logs, etc • Neighbourhood Programme governance in place including steering group, working groups and bi-annual design forum • Neighbourhood connectivity and governance has been reviewed and redesigned to align to Live Well incluing the expansion of existing groups and repurposing others - this ensures system wide alignment and connectivity • Trafford Live Well programme structure and full team complement with Programme Manager, Project Manager and Project Coordinator is now in place; in addition to the stand up of Steering Group and plan for supporting governance structure, and associated funding for 25/26 • Reporting mechanisms to TPCB, Live Well Steering Group and by escalation to the Locality Board and/or HWBB • Secured programme management capacity for 2025 - pending outcome of NHS Reform • Secured funding to support VCFSE model of engagement for 25/26 and 26/27 • Structured business / administrative support in place for the integrated neighbourhood teams who have gone live in central neighbourhood (June 25)	• Sustainable funding model for general practice participationin the integarted neighbourhood teams • Sustainable funding model yet to be confirmed for Trafford Community Hubs (26/27 onward) • Future funding of GM Live Well into localities post 25/26 • Unknown impact of NHS Reform on 'Place Partnerships' yet to be understood	2	4	8	1.1 Ongoing partnership discussions and curation of Neighbourhood Programme and Trafford Live Well priorities for 25/26 (and beyond). Development of investment principles to utilise the Live Well grant allocation (25/26) 1.2 Dynamic review of performance metrics in-year related to the neighbourhood plans. Adoption of population and cohort level measures in our recently agreed TLB Performance Arrangements for 25/26 1.3 Establishment of a VCFSE Community Engagement model across Trafford. 1.4 Establish Trafford's response to GM Live Well, including vision, mission statements, centres, spaces, offers, VCFSE sustainability, prevention	1.1 Strategic reset conversations have aligned the Neighbourhood model connectivity and governance with Live Well. Paralell Trafford Live Well conversations have earmarked specific priorities for 25/26 including sustainability of the VCFSE sector, mobilisation of live well spaces and centres - incldluing two flagship centres in Partington and Urmston. Investment proposal for the allocated monies for 25/26 has been drafted, using agreed investment principles. 1.2 Continued review of agreed performance metrics and associated products through Finance, Performnace and Sustainability - flex as and when requied and nuance reporting products as the neighbourhood priorities evolve and change. Neighbourhood Proformas are currently in development to support wider Locality Scorecard. 1.3 Task and Finish group have developed a proposed VCFSE Engagement Model - full mobilisation anticipated October 25 1.4 Live Well programme structure has been developed, with direct support from dedicated Project Manager and Project Coordinator, developing the required 'Programme Implementation Plan' by end of calender year.	Trafford Provider Collaborative Board Trafford Locality Board Trafford Live Well Steering group Neighbourhood Programme Steering Group (and directly reporting groups)	None identified yet	1	4	4	↔	15/09/25	01/01/26	Active
Support our workforce and our carers. We will ensure we have a sustainable, supported workforce to provide services, including those caring at home	**SR13**	17/10/23	Gareth James	There is a risk that without adequate resource, planning and controls we will fail to attract and retain our workforce; this may lead to a critical shortage of skills which could result in the organisation failing to deliver on its strategic priorities.	Tom Maloney	Trafford Locality Board	3	3	9	• GM Joint Forward Plan • GM People and Culture Strategy • Trafford Workforce Group established with strong multi-partner membership reflective of TLB and TPCB membership • Completed a organisational self assessment of existing practice against the 10 aims of the GM People and Culture Strategy • Organisational Strategy, Policy and Work Programmes in place for the different operational teams within Locality Board member organisations (i.e. Adult Social Care Policy) • Mandated Locality Workforce Updates to the GM One Workforce Committee (Quarterly) • Trafford Workforce Delivery Plan taken to each Locality Assurance Meeting (LAM) • Trafford People and Culture Action Plan - coproduced with staff via face to face engagement • NHS GM SLT 'Prioritisation' of key deliverables (July 25) • Continued engagement with staff via face to face staff briefings and Time Together sessions	• Feasibility study regarding the adoption and spread of good practice not fully completed but has started and a PID produced to direct the work project • Regular usage of data and information from Virtual Workforce Information System (VWIS) to aid strategic and operational workforce planning not yet mobilised but embedded as a strategic priority in the Trafford Workforce Delivery Plan • Inclusion of wider workforce metrics from independent adult social care and other sectors into VWIS to aid true collaborative workforce planning • SRO for VWIS has retired and gap in senior leadership to progress the proposed work • SRO for Integrated Career Pathway priority has been affected by organisational changes and capacity remains an issue - work programme has been posponed pending system reform conversations • Ability to recruit is paused whilst NHS reform continues, responding to the NHS 10 Year Plan	2	3	6	1.1 Workforce repositry: This priority has been deferred to a later date when capcity enables reprioritisation of this deliverable 1.2 Workforce planning using VWIS, initial reports produced July 25 focussed on primary care data - noting there could be restrictions on locality and/or GM central capacity to enable this workstream to its full potential. Initial reports have been made available to officers of the Trafford Workforce Group for initial exploration and comment. 1.3 Integrated Induction, has been mobilised (July 25), a task and finish group has been established (July 25) and learning from Stockport has been shared and will be utilised to form the core elemets of the model.	1.1 The repositry has been drafted and placed onto 'Padlets' for officers to utilise - feedback has been sought from the working group and partners made a decision to prioritise available capacity on driving forward the other strategic priorities contained in the Workforce Delivery Plan. This action has been stood down until there is adequate capacity and clear benefits of completing the work, likely 26/27. 1.2 SRO for VWIS has retired leaving a gap in capacity - Programme Director has taken temporary leadership responsibility to mobilise the work programme and various partnership meetings have taken place to establish a baseline reporting process and associated products. Draft scorecards are being developed with help from the central DII function / Locality BI Leads and these have been shared in the first quarter of 25/26 but capacity has been restricted due to reform and BAU pressures therefore this has not progresed to original timlines and has been dferred with an exact timeframe to be agreed. 1.3 This priority has gone live in Q1 25/26. An agenda for a stakeholder T&F Group has been produced and administrative support is being sought to arrange the neccessary logistics. Q3 stakeholder meetign to take place to look at piloting the new model in Q4 of 25/26.	Trafford Locality Board	None identified yet	2	2	4	↔	19/09/25	01/03/26	Active
Strengthen our communities. We will help people, families and communities feel more confident in managing their own health.	**SR03 to be closed**	08/05/24	Gareth James	There is a risk to the delivery and provision of equipment for patients within Trafford following the LCO serving notice to cease delivery of the One Stop Resource Centre. There will be a requirement to seek a new provider for the service following notice being provided. There is a risk to the delivery of this service given the tight timelines for the service ceasing and procurement timeline requirements.	Cathy O'Driscoll	Trafford Locality Board	3	4	12	Programme Group established with all system partners and NHS GM procurement colleagues. There is a framework approach to the recommissioning of the service. Associate Director acting as SRO for the programme of work	• Structured business / administrative support needed for the working groups • Sustainable funding model for general practice engagement in the design and delivery work • No guarantee that all the set of priorities identified will be funded • new GM controls in place will require being embedded into governance and timelines including STAR/PSR etc	2	2	4	Full procurement timeline has been developed and socialised with partners. Soft market testing was due to commence week starting 18th November through SBS. SBS were no longer able to support the programme of work and therfore due to the risks associated with continued service delivery it was agreed at Trafford Locality Board that the only option was to consider an Urgent Direct award to another provider for 12 months whilst a full procurement took place. The provider identified was Manchester City Council (MCC)and following agreement with MCC and through approval in internal governance a programme is in place to support the transfer of the service into MCC from the 1st April.	procurement timeline developed and socialised through governance and soft market testing materials developed. Full programme plan and outline timeline for the transfer of the service has been developed between the ICB / MCC TLCO to ensure the smoother trnasition of the service form the LCO from the 1st April 2025. A project plan with weekly working groups has been established to prograess areas of work and key actions required to ensure delivery by the 1st April 2025. follwing the transfer on the 1st April the working group will remain in place until all elements of the transfer have been completed including financials etc. and steps will be undertaken to agree the new procurement for 25/ 26 for this service.	Provider Collaborative Board Trafford Locality Board Trafford Senior Leadership Team Trafford Clinical Advisory Practitioner Senate	None identified yet	2	2	4	↔	06/10/25	03/04/25	Active
Recover core NHS and care services. We will continue to improve access to high quality services and reduce long waits.	**SR07 to be closed**	08/05/24	Gareth James	There is a risk to the Outpatient programme and attendance of patients at Outpatient appointments due to the expiration of the Non Emergency Patient Transport Booking Service contract provided by the Midland and Lancs CSU. The contract expired in March 24 and the MLCSU have advised the ICB they require a 53% uplift to their current contract. The contract is currently being provided on implied terms.	Cathy O'Driscoll	Trafford Locality Board	3	4	12	Updates to Trafford Senior Leadership Team	• Structured business / administrative support needed • Sustainable funding model • No guarantee the service will be funded further • new GM controls in place will require being embedded into governance and timelines including STAR/PSR etc	2	2	4	a paper outlining the implications has been to the Trafford Senior Leadership Team to outline the risks and implications of the contract and the financial requirements of the CSU and the extension of the contract was supported.	The contract extension was supported and the appropriate paperwork has been progressed through STAR and we are awaiting the outcome of the PSR Panel.	Provider Collaborative Board Trafford Locality Board Trafford Senior Leadership Team	None identified yet	2	2	4	↔	06/10/25	14/03/25	Active

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Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality Board**			
Date of Meeting	**21st October 25**			
Report Title	**Locality Sustainability and Delivery Plan 25/26**			
Report Author & Job Title	**Thomas Maloney, Programme Director Health and Care, Trafford Council & NHS GM (Trafford)**			
Organisation Exec Lead	**Gareth James, Deputy Pace Lead for Health and Care Integration, NHS GM (Trafford)**			
OUTCOME REQUIRED	Approval	Assurance	**Discussion X**	**Information X**

EXECUTIVE SUMMARY

This short paper summarises the different components of the planning process for 26/27 and encourages the use of the existing Trafford governance to channel planning related discussions.

There is limited detail available at this stage regarding the locality contribution to the planning process but does confirm the outline requirement for a 'Neighbourhood Health Plan'. The construct of the neighbourhood plan is still to be finalised through GM governance (With input from localities and providers) and there is no confirmation of specific deadlines for initial submissions, but an originally communicated deadline of 14th has been formally pushed back.

RECOMMENDATIONS

The Board are asked to:

1. Note the content of the report, including use of existing Trafford system governance for planning related discussion and ask from central GM to submit a 'Neighbourhood Plan' to the GM Planning process.

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

Risk implications (***Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	There are no specific risks at this stage although attention must be given to the timeframes for completion of the planning process, some of which are yet to be understood fully. A detailed timeline and programme approach will be embedded to ensure alignment with confirmed submission deadlines once available.
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation: N/A Comment / Approval: N/A
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	Date of TCAPS / Clinical Lead comment: N/A Name/Designation: N/A Comment: N/A

What is the impact on inequalities? (P*lease provide a high-level description of any known impacts)*	N/A
Equality Impact Assessment / Quality Impact Assessment Outcome *(If not appropriate at this stage please state if an EIA or QIA is necessary)*	N/A
People and Communities: Communications & Engagement *(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)*	N/A
Trafford's Carbon Footprint *(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)*	N/A
Links to Measurement / Outcomes *(Please detail if this is included within the report)*	N/A
Enabler implications	**Legal implications:** N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	The draft detail of the planning process has only been made available in the last week so the detail has yet to be shared in Trafford's partnerships forums. A series of individual conversations have taken place to socialise the outline process.
Organisation Exec Lead Sign off	Gareth James, Deputy Pace Lead for Health and Care Integration, NHS GM (Trafford)

Planning Process & Components

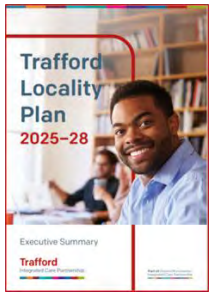
Trafford
Integrated Care Partnership

2024-25

2025-26

2026/27

Trafford Locality Plan 25-28



Locality Delivery Plan 24-25

GM ICP Strategy Missions	Number of Trafford Priorities
Strengthen our communities	34
Help people get into – and stay in – good work	1
Recover core NHS and care services	14
Help people stay well and detect illness earlier	64
Support our workforce and our carers	5
Achieve financial sustainability	N/A

Sustainability & Delivery Plan 25-26

Trafford Strategy and Planning Group

Trafford Finance, Performance and Sustainability

Organisational / Sector Commissioning Intentions

Council, NHS GM, MFT, GMMH, VCFSE Sector

Locality Determined Priorities

Collaborative Locality / Neighbourhood Priorities

NHS GM Commissioning Intentions

Cancer, CYP, Maternity, Primary Care, UEC, LTC, Elective

Impact of interventions: Finance, Workforce, Resource, Activity, Outcomes

Planning 26/27

Trafford
Integrated Care Partnership

Working Together and Process

- Continue to utilise **existing locality governance to 'house' planning related conversations** to ensure alignment and address any perceived gaps and/or interdependencies of the emergent priorities and commissioning intentions across the health and care eco-system:
  - Trafford Strategy and Planning Group (Monthly)
  - Trafford Finance, Performance and Sustainability Group (Monthly)

- Acknowledge the pivotal role of organisational prioritisation processes and where appropriate encourage joint discussions and collaboration – where there is commonality these will become our **Locality Delivery Priorities.**

- Trafford partners continue to engage in the GM Planning Hub and its associated processes including:
  - Understanding the **GM Commissioning Intentions** and the responsibility to enact locality delivery plans of GM commissioning priorities
  - Responding to the emergent ask for localities to produce a '**Neighbourhood Plan'** as a response to the NHS Planning Guidance and contribution to the overall GM Plan – the detail of which is being developed in the GM Neighbourhood Coordination Group

- Commitment to **quantify the impact of interventions/priorities** – finance, activity, workforce, outcomes, etc

Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality Board**			
Date of Meeting	**21 October 2025**			
Report Title	**Trafford Winter Capacity Allocations 25/26**			
Report Author & Job Title	**James Gray, Assistant Director Delivery and Transformation**			
Organisation Exec Lead	**Cathy O'Driscoll, Associate Director Delivery and Transformation**			
OUTCOME REQUIRED	**Approval** x	**Assurance**	**Discussion** x	**Information** x

EXECUTIVE SUMMARY

The NHS faces a recurring and significant challenge each winter due to a predictable surge in demand driven by respiratory illnesses, adverse weather, and increasingly complex patient needs. These factors place considerable operational pressure on the system, resulting in prolonged emergency department wait times, ambulance handover delays, and heightened demand across primary and community care services.

For the 2025/26 winter season, Trafford locality has been allocated £1,887,601 in capacity funding—consistent with prior years following initial concerns over potential reductions. This funding is intended to support schemes that increase system capacity, enhance resilience, and mitigate risks, particularly focusing on primary care enhancements that have demonstrated significant impact in previous winters.

Proposed investments include expanding Same Day Access appointments, increasing the operational days and hours of the Acute Respiratory Infection (ARI) Hubs, and extending the availability of the Ambulance Vehicle Service (AVS).

RECOMMENDATIONS

The Senior Leadership Team are asked to:

1) Note the contents of this paper and the winter capacity funding that is available within the locality.
2) Note the previously available funding and proposed funding available to the locality for the allocation of winter capacity funding for 25/26.
3) Agree to the outlined proposal within this document to allocate additional funding to primary care services (as detailed in Table B) as demonstrated by the impact of these services in previous years.

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

Risk implications (***Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	Risks are managed through existing locality governance arrangements with escalation through to various groups / boards including Trafford Locality Board, where applicable.

Financial implications and comment/approval *(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)*	
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead *(If not required, please briefly detail why)*	Date of TCAPS / Clinical Lead comment:
	Name/Designation: Dr Manish Prasad Associate Medical Director
	Comment: Extra winter funding is clinically vital because it allows healthcare systems to cope with the predictable, severe surge in patient demand during cold months. This funding is used to increase capacity eg opening more beds, increasing capacity in general practice, hiring extra staff, and speeding up discharges to treat seasonal illnesses and complex chronic conditions. Without it, services become overwhelmed, leading to critical delays in ambulance handovers and emergency care, which directly compromises patient safety and quality of care
What is the impact on inequalities? (P*lease provide a high-level description of any known impacts)*	
Equality Impact Assessment / Quality Impact Assessment Outcome *(If not appropriate at this stage please state if an EIA or QIA is necessary)*	
People and Communities: Communications & Engagement *(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)*	
Trafford's Carbon Footprint *(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)*	
Links to Measurement / Outcomes *(Please detail if this is included within the report)*	
Enabler implications	**Legal implications:**
	Workforce implications:
	Digital implications:

	Estates implications:
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	
Organisation Exec Lead Sign off	Gareth James, Deputy Place Lead, NHS GM Trafford.

1.0 Introduction

1.1 The seasonal surge in demand faced by the NHS constitutes a critical, predictable challenge that tests the fundamental resilience of the healthcare system during winter. This is often exacerbated by the increase in respiratory conditions/viruses, adverse weather conditions, and increased complexity of patient presentations, the winter period consistently resulting in increased operational pressures across the system. These pressure often, manifest as long emergency department (ED) wait times, increased demand across Primary Care and community services as well as escalating ambulance handover delays. Consequently, the strategic development and comprehensive execution of the NHS Winter Plans have transitioned from being contingency measures to an essential, proactive mechanism of systemic management of these seasonal shifts in demand and pressure.

1.2 This paper outlines the approach and mitigations that are available to generate additional capacity across health and social care system. The use of additional resources and funding during this time of year is fundamental in ensuring the system is able to stabilize and sustain effective responses to this increasing demand and mitigating operational risks that otherwise would threaten the safety of our patients and ensuring continuity of access to an already stretched health system.

1.3 There has been ongoing discussion and debate across the ICB in terms of the allocation of the winter capacity monies as it was initially indicated that there would be a significant reduction in the financial envelope available during 25/26. Following further discussions across NHS GM it was determined that the budget available to localities to implement the winter capacity schemes would be similar to the budget from previous years and localities were advised of this allocation on 22nd September 25 see Appendix A Confirmation of funding letter from NHS GM Deputy Chief Executive Colin Scales.

2.0 Background

2.1 On 6 June 2025, NHS England published urgent care guidance which sets out clear expectations about what each part of the NHS needs to do, to significantly improve Urgent and Emergency Care (UEC) services this winter.

2.2 Priorities over the winter period are to:
• Improve vaccination rates

• Increase the number of patients receiving care in primary, community and mental health settings
• Meet the maximum 45-minute ambulance handover time standard
• Improve flow through hospitals with a particular focus on patients waiting over 12 hours and making progress on eliminating corridor care
• Set local performance targets by pathway to improve patient discharge times, and eliminate internal discharge delays of more than 48 hours in all settings

2.3 Events to test system winter took place across the system:
• 8th September 2025 - a nationally supported, regionally led tabletop exercise to test the robustness of ICB and NHS Trust winter plans.
• 15th September 2025 – a locality stress test with additional support from Emergency Preparedness, Resilience, and Response (EPRR) colleagues. These events will help the system and organisations identify potential risks and issues and implement mitigations ahead of winter, further ensuring that plans are robust, and connected in a coherent way.

2.4 In addition to the system winter events to look at forward planning the Manchester and Trafford localities has also undertook an exercise to look at the impact of the previous winter schemes from 24/25 as part of a winter debrief. In addition to this more recently a desktop exercise has been undertaken in the Trafford locality by commissioners to consider the value for money and impact of previous winter schemes and the consideration of these previous schemes for viability for future years.

2.5 For additional context this paper covers the Winter Capacity funding on as to meet the objectives of the Better Care Fund (BCF), the previously ring-fenced Discharge Funding is now consolidated within the BCF and therefore no longer in scope of Winter funding discussions as has been the case in previous years.

3.0 Trafford Allocation

3.1 As outlined within Appendix A the Allocation for Trafford for 25/26 is £1,887,601.

3.2 The Trafford allocation has seen a small reduction in value based on allocation to a scheme around comms and engagement not being funded for the 25/26 period. However the locality may wish to consider whether there is a need to continue to fund this even with the reduction based on the impact it may have in future years.

3.3 Table A below outlines the Trafford allocation of capacity winter funding for 25/26 and the funding has been based on schemes submitted during 24/25.

Table A Outlining Trafford Locality Capacity Funding allocation for 25/26

Locality	Scheme Name	Provider	25/26 Opening Value	25/26 Revised Value	Change
Trafford	Dementia UK - Transition of Care Admiral Nurse	VCSE	66,398	66,398	-
Trafford	Primary Care - Additional Primary Care Resilience Same Day Access	Locality	657,960	657,960	-
Trafford	Primary Care - Acute Respiratory Infection Hubs	Locality	205,934	205,934	-
Trafford	MRI Achieving Excellence in Patient Flow	MFT	174,015	174,015	-
Trafford	Wythenshawe Winter Ward	MFT	406,720	406,720	-
Trafford	Patient Comms and engagement	Locality	20,430	-	- 20,430
Trafford	Hospital @ home	Locality	328,665	328,665	-
Trafford	Primary Care Frailty MDT	Locality	53,017	53,017	-
Trafford	Locality Schemes reduction	Locality	- 148,435	- 148,435	-
Trafford	GM PC - Optom	Primary Care	5,462	5,462	-
Trafford	GM PC - Pharmacy	Primary Care	5,731	5,731	-
Trafford	GM PC - Winter Surge	Primary Care	132,135	132,135	-
Total			**1,908,031**	**1,887,601**	**- 20,430**

3.4 Whilst NHS GM have outlined the schemes that could be funded based on previous values and schemes submitted to the system during 24/25 it is still for the locality to determine how the funding is to be utilised within the locality for 25/26. It should be noted though that MFT Executives have been assured of their allocation for the 25/26 period by the ICB Chief Officers and therefore this paper will take account of that financial assurance.

4.0 Trafford Prioritisation and Proposed Allocation

4.1 Whilst the allocation for Trafford is £1.88m it is clear there are a number of schemes outlined on Trafford's allocation that were not operationalised in the 24/25 period therefore this paper outlines the Trafford's prioritisation and proposed schemes for mobilisation based on the delivery of schemes and value for money from previous years delivery. Noting monies has already been allocated to MFT's Newton Europe work and therefore the proposal is to reconfigure the remaining allocated monies across the proposed schemes.

4.2 The Table below is colour coded for schemes in red being proposed not to operationalise for 25/26, schemes in green for locality agreement and proposed revised values and the schemes in blue where it is anticipated the allocated monies has already been allocated.

4.3 This year also includes an allocation of £12,500 VCFSE commitment previously agreed by Trafford Locality SLT.

4.4 As outlined in the below table would look to utilise the existing budgets that are aligned to the different services noting the primary care offers being funded at the rate of allocation. As outlined within the table the impact of the MFT schemes for MRI Achieving Excellence, Wythenshawe Ward and the Hospital @ Home scheme have an impact on the overall flexibility within the allocation to support increased primary care scheme investment.

Table B: Proposed Winter 25/26 Capacity Funded Schemes

Scheme Name	Provider	24/25 Allocation	25/26 Allocation	25/26 Proposed Revised Value
Dementia UK – Transition of Care Admiral Nurse	VCSE	£65,000	£66,398	£0
Additional Primary Care Resilience Same Day Access	Locality	£827,631	£657,960	£727,131
Primary Care Acute Respiratory Infection Hubs	Locality	£201,600	£205,934	£238,170
Trafford Acute Visiting Service	Locality	£64,818	£0	£217,873
MFT Newton Europe Programme	MFT	£568,512	£580,735	£580,735
Patient Comms and Engagement	Locality	£0	£0	£0
VCFSE Engagement	VCSE	£0	£0	£12,500
Community Digital Monitoring	Locality	£0	£328,665	£0
Primary Care Frailty MDT	Locality	£0	£53,017	£0
Locality Schemes Reduction	Locality	£0	-£148,435	£0
GM PC – Optom	Primary Care	£5,347	£5,462	£5,462
GM PC – Pharmacy	Primary Care	£5,610	£5,731	£5,731
GM PC Winter Surge	Primary Care	£129,354	£132,135	£0
		£1,867,872	**£1,887,602**	**£1,787,602**
			ICB CIP	100,000

4.5 Table B outlines the opportunities for the mobilisation and investment in additional schemes particularly in primary care that will have an impact on the system over the winter period. Additional funding for the Same Day Access appointments will be in line with the previous allocation for the scheme with an enhancement to reflect previous surge capacity support in previous years.

4.6 With a new combined total investment in the ARI Hubs of £238,170, this will provide a service from 1st November 2025- 31st March 2026 for 151 days. This would be a model of delivery for a 12hr clinic Monday – Friday, Saturday 6 hours and Sunday 4 hours operating over 121 days based on 15-minute appointments.

4.7 With the AVS funding of £217,873 being available it is assumed this would provide 119 days of provision between Monday- Friday with one car from 15th December and a second car from 1st Feb 26.

4.8 The proposed allocations in Table B would provide additional resources, resilience, capacity and flexibility to the system over winter during what we know will be a challenging period. In addition to this we already know that from reviews and desktop exercises that have been undertaken that the impact from the primary care services is significant and impacts both primary care demand but also the impact on UEC attendances during this period.

4.9 Noting the ICBs current financial challenges the proposal within the table is also to utilise some of the capacity budget to support the locality CIP challenges. This would see a contribution of £100,000 from the capacity funding towards the Trafford CIP. Noting though that assuming a £43 per appointment cost through the Same Day

Primary Care Access appointments this would have been an additional 2,325 appointments available within GP Practices over the winter period.

5.0 Summary

5.1 The winter period continues to present a predictable and significant challenge for the NHS, with increased demand driven by respiratory illness, adverse weather, and more complex patient needs. These pressures result in longer emergency department wait times, ambulance handover delays, and rising demand across primary and community care. To manage this, NHS winter planning has evolved into a critical, proactive function.

5.2 For 2025/26, Trafford has been allocated £1,887,601 in winter capacity funding, a figure consistent with previous years following initial concerns about reductions. The proposal within this document is to enhance primary care provision, including Same Day Access, ARI Hubs, and AVS services.

5.3 Based on reviews and desktop exercises, which highlighted the strong impact of primary care schemes on both demand reduction and alleviating pressure on urgent and emergency care (UEC). The proposal in this document allows for an expanded ARI Hub service running from November to March and extended AVS coverage, both of which are known to significantly reduce UEC attendances and improve access and flow across the health system.

6.0 Recommendations

6.1 Note the contents of this paper and the winter capacity funding that is available within the locality.

6.2 Note the previously available funding and proposed funding available to the locality for the allocation of winter capacity funding for 25/26.

6.3 Agree to the outlined proposal within this document to allocate additional funding to primary care services (as detailed in Table B) as demonstrated by the impact of these services in previous years.

7.0 Appendices

7.1 Appendix A

NHS
Greater Manchester

Prof Colin Scales
Deputy Chief Executive
NHS Greater Manchester
The Tootal Buildings
56 Oxford Road
Greater Manchester
Manchester
M1 6EU

22nd September 2025

Sent via email to Place Based Leads for onward communication with system partners
CC'd to DPBLs

Dear Sara

Re: Further Update & Confirmation of the Capacity Funding for the remainder of 2025/26

Firstly, please can I thank you for your patience with this challenging issue over the last few weeks. As you will recall I wrote to you in August to confirm some reductions in the Capacity funding for the remainder of 2025/26.

As a result, several risks have been raised by system partners following the receipt of this decision, regarding service delivery, impact to patient care, and financial risks. Therefore, we have been working hard to seek mitigation of these risks.

Thank you to your teams for taking the time to talk through your plans for the capacity funding for the remainder of the financial year, along with associated impact that your proposed schemes will have in the local system. As a result of those conversations, we are now able to confirm the funding envelope and agreed schemes for the remainder of the year.

Appendix 1 provides a summary of the revised locality allocations and details of your specific locality schemes that will continue to receive capacity fund support for the remainder of 2025/26.

There will be a requirement for us to monitor the delivery an impact of these schemes throughout the remainder of the year and a thorough examination of all schemes funded by the Capacity fund will take place in Q3 to inform the early planning of expenditure in 26/27.

There is a continued commitment to the strategic long-term UEC reform programme, with the aim of supporting urgent care delivery in the community and managing demand in acute urgent care settings. We will be working with you on the progress that we can collectively make towards achieving this.

Please can I ask that you communicate this final decision to your system partners and progress your locality work to mobilise these schemes as soon as possible.

Yours sincerely,

Trafford
Integrated Care Partnership

NHS
Greater Manchester

Professor Colin Scales
Deputy Chief Executive

Cc : Gareth James

Appendix 1

Locality	Scheme Name	Provider	25/26 Opening Value	25/26 Revised Value	Change
Trafford	Dementia UK - Transition of Care Admiral Nurse	VCSE	66,398	66,398	-
Trafford	Primary Care - Additional Primary Care Resilience Same Day Access	Locality	657,960	657,960	-
Trafford	Primary Care - Acute Respiratory Infection Hubs	Locality	205,934	205,934	-
Trafford	MRI Achieving Excellence in Patient Flow	MFT	174,015	174,015	-
Trafford	Wythenshawe Winter Ward	MFT	406,720	406,720	-
Trafford	Patient Comms and engagement	Locality	20,430	-	- 20,430
Trafford	Hospital @ home	Locality	328,665	328,665	-
Trafford	Primary Care Frailty MDT	Locality	53,017	53,017	-
Trafford	Locality Schemes reduction	Locality	- 148,435	- 148,435	-
Trafford	GM PC - Optom	Primary Care	5,462	5,462	-
Trafford	GM PC - Pharmacy	Primary Care	5,731	5,731	-
Trafford	GM PC - Winter Surge	Primary Care	132,135	132,135	-
Total			**1,908,031**	**1,887,601**	**- 20,430**

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Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality Board**			
Date of Meeting	**21st October 2025**			
Report Title	**Trafford and Manchester Clinical and Practitioner Effectiveness Group Arrangements**			
Report Author & Job Title	**Dr Manish Prasad AMD NHS GM (Trafford)**			
Organisation Exec Lead	**Gareth James (DPBL)**			
OUTCOME REQUIRED *(please highlight)*	Approval x	Assurance	Discussion x	Information

EXECUTIVE SUMMARY

Overview of the Trafford Clinical and Practitioner Senate (TCAPS) and the Manchester/Trafford Clinical & Professional Advisory Group (MTCPAG), as well as their essential roles in shaping the future of healthcare in Trafford and the broader Greater Manchester area.

Rooted in the context provided by the NHS Long Term Plan and renewed emphasis on frontline expertise and empowerment of clinical leaders is not merely aspirational, it is essential to address the critical need for integrated, patient-focused care, robust clinical leadership, and effective collaboration across localities.

The paper outlines a strategic move to better integrate Trafford's clinical leadership into the wider Greater Manchester health system and to formalise a dual-reporting relationship between (TCAPS) and the broader (MTCPAG). By doing so, Trafford can gain significant advantages from working within cross-locality spaces. The clinical leadership definitions table:

- Move beyond fragmented clinical forums to cultivate a unified, dynamic ecosystem for clinical redesign.
- The current structure, with multiple groups at the Trafford place and within MFT, presents an opportunity to innovate.
- Creating a culture of co-participation and co-production, we can free our collective expertise to a common vision. This means strategically aligning priorities and eliminating duplicated efforts to achieve greater efficiency.
- Goal is to leverage a whole-system approach, where every clinical voice contributes to designing pathways that deliver more coordinated and seamless care, ultimately benefiting both our residents and the dedicated staff who serve them.
- Not just about redesign, it's about reimagining how we build a more resilient and integrated healthcare future

Benefits of Cross-Locality Engagement

The proposed collaboration ensures that Trafford's clinical priorities are not only represented but also influential within a larger regional framework. This helps to secure the future of local healthcare by:

- **Amplifying Trafford's Voice:** By engaging with MTCPAG, TCAPS ensures that Trafford's specific needs and priorities are considered in strategic planning and decision-making at a system-wide level. This prevents Trafford from being isolated and ensures it has an equal partnership with other providers in the region.
- **Leveraging Broader Expertise:** The partnership allows Trafford to benefit from the wider clinical oversight and expertise available through MTCPAG. This collaboration can facilitate the development of new patient pathways and the sharing of best practices across localities, ultimately improving the quality of care for Trafford residents.
- **Driving Strategic Change:** The NHS Long Term Plan emphasizes a shift towards population health and prevention. The dual-reporting model ensures that Trafford's efforts align with this broader strategy and that local clinical leaders are empowered to drive these changes effectively, moving from reactive to proactive care.
- **Better Collaboration:** The recommendations in the document, such as joint workshops and a formal protocol for information sharing, are designed to build stronger relationships and a deeper understanding between clinical groups in Trafford and Manchester, leading to more aligned and effective service delivery.

In essence, this collaborative approach allows Trafford to retain its local focus on patient needs while actively shaping and benefiting from the resources and expertise of the wider health and care system.

In summary, the partnership between TCAPS and MTCPAG represents a forward-thinking, structured approach to delivering integrated, patient-focused healthcare in Trafford. By balancing local priorities with

broader system transformation, we can ensure that the residents of Trafford receive the highest quality care delivered efficiently, compassionately, and collaboratively.

RECOMMENDATIONS

- Formally adopt MTCPAG into Trafford governance and a dual-reporting model where it provides
  - periodic summary reports and assurance updates to Trafford Locality Board
  - Includes Trafford-specific transformation items as standing agenda points
  - Ensures feedback loops are established to incorporate Trafford Board responses into MTCPAG workstreams

By adopting these recommendations and the next steps, the Board will ensure that Trafford's clinical leadership, championed by TCAPS, remains central to local healthcare priorities, while effectively leveraging the broader clinical oversight and collaborative efforts facilitated by MTCPAG for truly integrated care, ultimately benefiting the residents of Trafford

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

Risk implications (***Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	The reforms and new place models once agreed may requires changes to this arrangement which could lead to a principal risk to the system with a potential for clinical priorities to be misaligned or diluted within cross-locality transformation programmes, leading to duplicated effort and a failure to address the specific health needs and inequalities of the Trafford population.
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation: Comment / Approval *(Delete appropriately):*
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	Date of TCAPS / Clinical Lead comment (Delete appropriately): 18/09/2025 Name/Designation: Manish Prasad AMD Comment: Broad support for this strategic direction of travel capitalising on aligning clinical leadership across multiple spaces ensuring a clear vision and set of priorities to support the delivery of evidence based high quality outcomes
What is the impact on inequalities? (***Please provide a high-level description of any known impacts)***	This paper addresses health inequalities by embedding their reduction as a core objective within the governance and clinical strategy of the Trafford system, primarily through the defined role of TCAPS. Ensuring Trafford specific priorities. clinical leaders are strategically inserting an inequalities lens directly into local governance and decision-making.

Equality Impact Assessment / Quality Impact Assessment Outcome ***(If not appropriate at this stage please state if an EIA or QIA is necessary)***	
People and Communities: Communications & Engagement ***(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)***	N/A
Trafford's Carbon Footprint ***(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)***	N/A
Links to Measurement / Outcomes ***(Please detail if this is included within the report)***	
Enabler implications	**Legal implications: N/A**
	Workforce implications:
	Digital implications:
	Estates implications:
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	**TCAPS** **GP Board input through TCAPS** **SLT**
Organisation Exec Lead Sign off	

1. National picture

The recently published NHS Long Term Plan sets a refreshed vision for integrated, patient-focused care across the system. Recent reviews of the Darzi Report continue to underscore its pivotal role in shaping NHS reforms. Notably, the 2023 assessment of the report reaffirmed the enduring relevance of clinical leadership in driving quality improvements. The review highlighted that strong clinical leadership remains essential to addressing current health challenges, such as the integration of care systems and the shift towards prevention and population health. By reiterating the importance of frontline expertise and patient-centred care, the review calls for a renewed focus on empowering clinical leaders to facilitate effective policy implementation and strategic change.

Robust clinical leadership is integral to the success of ongoing NHS reforms. Clinical leaders, with proximity to patient care, offer indispensable insights vital for both delivering against specific locality priorities and effectively driving the strategic shifts towards prevention and population health. This ensures that policy and strategy translate into tangible, patient-centred improvements across the system, safeguarding high-quality care and efficient resource allocation.

Healthcare is inherently multi-faceted, involving a vast array of clinical inputs from diverse providers: general practitioners, specialists, nurses, allied health professionals, pharmacists, social workers, and many more, often spanning different organisations (e.g., primary care, acute hospitals, community services, mental health). Each of these providers brings unique expertise, perspectives, and often, siloed understandings of a patient's journey or system challenges. Effective clinical leaders demonstrate collaborative and compassionate behaviours, are visible and credible across organisational boundaries, and remain deeply committed to professional diversity and inclusion.

Below are a set of GM definitions of Clinical contributors

Term	Summary
Clinical Director/Lead/Manager	A registered healthcare professional who leads teams, oversees budgets, and has accountability for service delivery
Clinical Leadership	The role of registered healthcare professionals in shaping high-quality care, including influencing decision-making, collaborating across professions, and embedding clinical expertise in system design.
Subject Matter Experts (SMEs)	Individuals with deep, specialized knowledge in a specific clinical, operational, or technical domain.
Clinical Expertise	The accumulated practical knowledge, judgment, and skills of registered healthcare professionals, applied to make evidence-based decisions, balance technical care with ethics, and improve patient outcomes
Clinical Opinion	A healthcare professional's judgment or perspective based on expertise and

	experience, used to inform decisions when evidence is limited or ambiguous
Clinical Voice	The active involvement and influence of clinicians in decision-making processes at all levels of the healthcare system.

The challenge lies in integrating these disparate clinical inputs into a cohesive and patient-centred care pathway. This is where impartial clinical leadership becomes the essential "gel" unites individual expertise into an integrated system, delivering seamless, high-quality care based on collective knowledge.

2. Local context

Credible, on-the-ground perspective ensures that policy and strategy translate into tangible, patient-centred improvements across the system, safeguarding high-quality care and efficient resource allocation. The NHS Long Term Plan, with its ambitious goals for integrated care and population health, explicitly underscores the necessity of such leadership.

Delivering the NHS Long Term Plan requires a simpler, more streamlined way of working. This is particularly relevant in Trafford, where the evolution of Integrated Care Systems (ICSs) and Boards (ICBs) demands three strategic shifts:

- **From Reactive Treatment to Proactive Prevention and Population Health:** Focusing on keeping people healthy and out of the hospital.
- **From Fragmented to Integrated Care:** Connecting services across different providers and locations.
- **From Traditional Models to Technology-Enabled Care:** Using technology to deliver efficient, modern healthcare.

In our rapidly evolving healthcare landscape and recognising the reduction in clinical capacity following the transition from CCG to ICB we must move beyond fragmented clinical forums to cultivate a unified, dynamic ecosystem for clinical redesign.

The current structure, with multiple clinical groups at the Trafford place and within MFT, presents an opportunity to innovate. By adopting a culture of co-participation and co-production, we can realise our collective expertise to a common vision. This means strategically aligning priorities and eliminating duplicated efforts to achieve greater efficiency. Our goal is to leverage a whole-system approach, where every clinical voice contributes to designing pathways that deliver more coordinated and seamless care, ultimately benefiting both our residents and the dedicated staff who serve them. This isn't just about redesign; it's about reimagining how we collaborate to build a more resilient and integrated healthcare future.

This paper outlines the critical roles of the Trafford Clinical and Practitioner Senate (TCAPS) and the Manchester/Trafford Clinical & Professional Advisory Group (MTCPAG) in shaping healthcare in Trafford.

As both localities work towards the strategic shifts outlined in the NHS Long Term Plan, effective collaboration is crucial, especially since Manchester Foundation Trust (MFT) serves both areas. The key challenge is to ensure that Trafford's unique identity and local priorities are not diluted by cross-locality initiatives. This document details how TCAPS and MTCPAG

can work together to achieve this balance, safeguarding local interests while fostering broader system-wide collaboration.

TCAPS) and MTCPAG have distinct roles yet are designed to work collaboratively within the broader governance structure.

3. TCAPS: Championing Trafford's Specific Priorities

TCAPS is established as a formal subgroup of the Trafford Locality Board and sits within the broader clinical governance landscape of Greater Manchester (GM). Its vision, as expressed in The Trafford Locality Plan 2019–2024, is to ensure that residents in the borough live long and healthy lives, with a primary focus on reducing health and social inequalities.

TCAPS not only champions Trafford-specific priorities and acts as a conduit for aligning these with broader system GM priorities, ensuring that local voices actively contribute to and are shaped by the collective clinical vision across Greater Manchester. It serves as a vehicle for clinicians and practitioners from all Trafford organisations and sectors to influence the planning and design of change both strategically and operationally, while also providing input into GM-wide discussions. This ensures that Trafford's interests are represented in system-level decision-making and that important GM clinical strategies are debated, endorsed, and delivered through local partnership.

All partners and professionals regardless of organisation have an equal voice within TCAPS. The forum enables collaborative, informed recommendations that can improve outcomes and reduce health inequalities for Trafford residents, while maintaining synergy with the over-arching goals set by the GM clinical governance structure. TCAPS works across organisational boundaries to promote a whole-system approach and supports a review of clinical and care pathways that considers both local and GM-wide best practices. This includes the design, planning, and delivery functions of provider collaboratives, and ensures the adoption of standardised pathways where appropriate, in alignment with GM standards.

Advisory in nature, TCAPS does not make decisions or resolve disputes independently, but makes recommendations to the Locality Board/TPCB, embedding both Trafford and GM system priorities within these proposals. Importantly, TCAPS does not make decisions on the operational delivery of member organisations, but rather on the pathways to be adopted collaboratively ensuring that Trafford's clinical leadership contributes with, and influential in, the delivery of Greater Manchester's clinical vision.

4. MTCPAG: Providing Cross-Locality Clinical and Professional Oversight

In contrast, MTCPAG will provide a clinical and professional advisory function to Manchester and Trafford localities and it will work to ensure there is clinical and professional oversight of priority joint work programmes across the two health and care systems, and ensure that there is clinical and professional oversight on transformation programmes including but not limited to pathway redesign, mobilisation of new models of care, and shifting more service provision to out-of-hospital care.

MTCPAG forms a key element of the governance structure for both Manchester and Trafford Localities, as part of Greater Manchester Integrated Care (NHS GM). Currently, it provides an advisory function and reports to the Manchester GP Boards and the MFT Population Health Management Committee.

Whilst MTCPAG operates as part of Manchester Foundation Trust (MFT), the Manchester locality board and Manchester GP board serving both Manchester and Trafford, the locality must have mechanisms in place to ensure Trafford-specific priorities are visible and actioned within cross-locality discussions.

During covid, Trafford locality asked MTCPAG to extend it's role to incorporate Trafford and that this worked very effectively. It was Trafford GP board that asked for the arrangements to end in Sept 2023 but that since April 2025 there has been a formal ask from Trafford LMC to be included in the membership and that Trafford LMC and GPs have been actively involved in the group and indeed its task and finish sub groups over the past few months so it feels like the right time to revisit a more formal connection particularly in the current context of ICB efficiencies

5. Proposal

Collaboration between the Trafford Clinical and Practitioner Senate (TCAPS) and the Clinical & Professional Advisory Group (MTCPAG) is essential to avoid duplication and enhance operational efficiency. The proposed model emphasises a close working relationship with a clear delineation of roles to ensure Trafford's clinical voice remains prominent in system-wide transformation programs.

TCAPS and MTCPAG will work closely and in conjunction, sharing summary updates from each forum to ensure clear sight of the work being undertaken not only at a Trafford level but across the cross-sector/borough system-wide level. TCAPS will escalate delivery issues to the appropriate governance channels, and any strategic priorities outside of delivery will be escalated to the Trafford Locality Board to ensure and maintain strategic influence of priorities

To ensure effectiveness, MTCPAG's role in this interface is to support Trafford's strategic direction by investing in and recognising the unique priorities identified by TCAPS, ensuring that broader transformation programs are aligned with and sensitive to the specific needs of Trafford residents. MTCPAG will provides cross-locality clinical and professional oversight for service transformation across both Manchester and Trafford, supporting the delivery of both Locality Boards' priorities and ensuring cross- locality clinical oversight.

To make this effective, clear communication between TCAPS and MTCPAG is essential. Periodic joint meetings agreed protocols for escalation, and defined success metrics will support collaboration and ensure both groups stay aligned. Leadership development that blends local expertise with cross-locality insight will further strengthen integrated, patient-focused transformation while maintaining Trafford's unique needs.

6. Benefits of Collaboration

The structured collaboration between TCAPS and MTCPAG, with a clear delineation of their roles, offers significant benefits while safeguarding Trafford's identity:

- **Tailored Solutions for Trafford**: TCAPS's focus on Trafford-specific priorities ensures that care pathways and transformation efforts are directly responsive to the unique demographic and health needs of the Trafford population.

- **Strategic Clinical Input into Local Governance**: TCAPS's direct reporting to the Trafford Locality Board embeds clinical leadership and expertise firmly within Trafford's governance framework.
- **Avoidance of Duplication and Enhanced Efficiency**: The close working relationship and information sharing between TCAPS and MTCPAG will prevent redundant efforts and allow for efficient use of resources across both localities, without compromising on Trafford's distinct requirements.
- **Coordinated Cross-Locality Initiatives**: MTCPAG's broader oversight ensures that where joint initiatives or regional strategies are beneficial (e.g., those involving MFT which serves both localities), they are implemented with clinical assurance and professional leadership, while still accommodating Trafford's specific context.
- **Strengthened Relationships and Shared Learning**: Both groups contribute to building stronger relationships between clinicians and professionals across Manchester and Trafford, fostering a culture of shared learning and best practice without dictating local operational decisions.
- **Unified Voice for MFT's Role**: With MFT serving both localities, the coordinated approach between MTCPAG and TCAPS provides a cohesive clinical and professional voice for transformation efforts, ensuring that MFT's aim to "Work with partners to help people live longer healthier lives" is realised effectively across both areas, while respecting local nuances.

This collaboration will strengthen integrated, patient-focused transformation while preserving Trafford's unique needs, ensuring patient needs and local priorities are at the forefront of service design. This structured approach ensures tailored solutions for Trafford, embeds strategic clinical input into local governance, and facilitates coordinated cross-locality initiatives without diluting local responsiveness.

This model ensures Trafford's clinical leadership remains at the forefront of local priorities through TCAPS, while leveraging the broader clinical oversight and collaborative efforts facilitated by MTCPAG for truly integrated care without diluting local governance or responsiveness.

7. Trafford Governance

Group	Host	Scope	Reporting
TCAPS	Trafford	Trafford and GM	TLB TPCB
MTCPAG	MFT	Manchester/Trafford/MFT	ICB locality, GP boards, LMCs, public health. Suggested – VCSFE in T and social care T (both on invites for M), MFT all hospital sites, MFT – both LCO

The various clinical forums and commissioning spaces will report to TCAPS and MTCPAG, which serve as the primary oversight groups

8. Recommendations

To mirror this structure for Trafford, MTCPAG will formally adopt a dual-reporting model where it provides

- periodic summary reports and assurance updates to Trafford Locality Board
- Includes Trafford-specific transformation items as standing agenda points
- Ensures feedback loops are established to incorporate Trafford Board responses into MTCPAG workstreams

If approved next steps:

- Clearly stating MTCPAG's commitment to supporting Trafford-specific clinical priorities
- MFT and TLCO representation at TCAPS and TOR reflecting these changes
- Reviewing interfaces between all clinical subgroups across Trafford/Manchester /MFT
- Developing a formal protocol for information sharing and escalation between the two groups.
- Initiating regular joint workshops to foster deeper understanding and alignment.
- Defining metrics to measure the success of this collaboration in achieving Trafford's health outcomes.
- Promoting clinical leadership development that balances both local cross boundary and regional priorities.

By adopting these recommendations, the Board will ensure that Trafford's clinical leadership, championed by TCAPS, remains central to local healthcare priorities, while effectively leveraging the broader clinical oversight and collaborative efforts facilitated by MTCPAG for truly integrated care, ultimately benefiting the residents of Trafford.

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Trafford
Integrated Care Partnership

Name of Committee / Board	**Trafford Locality Board**			
Date of Meeting	**21/10/2025**			
Report Title	**MFT Strategy Refresh**			
Report Author & Job Title	**Caroline Davidson, Director of Strategy - MFT**			
Organisation Exec Lead	**Tom Rafferty, Acting Chief Strategy Officer – MFT**			
OUTCOME REQUIRED *(please highlight)*	Approval	Assurance	Discussion	Information

EXECUTIVE SUMMARY

The presentation sets out the process we have been through to refresh the MFT Strategy including the outputs of the consultation and engagement, the changes that have been made to our objectives and actions, the critical enablers that have been identified and how the refreshed strategy aligns with the Trafford Locality Plan.

RECOMMENDATIONS

TLB is asked to

1. Note and comment on the changes made to the MFT Strategy and
2. Note that we plan to share further detail on our plans for 26/27 and alignment with Trafford locality plans at the November meeting of TLB.

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

Risk implications ***(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)***	
Financial implications and comment/approval ***(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)***	Name/Designation: Comment / Approval *(Delete appropriately):*
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead ***(If not required, please briefly detail why)***	Date of TCAPS / Clinical Lead comment (Delete appropriately): Name/Designation: (If appropriate) Comment:
What is the impact on inequalities? ***(Please provide a***	

high-level description of any known impacts)	
Equality Impact Assessment / Quality Impact Assessment Outcome *(If not appropriate at this stage please state if an EIA or QIA is necessary)*	
People and Communities: Communications & Engagement *(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)*	
Trafford's Carbon Footprint *(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)*	
Links to Measurement / Outcomes *(Please detail if this is included within the report)*	
Enabler implications	**Legal implications:**
	Workforce implications:
	Digital implications:
	Estates implications:
Sub-Board Sign-Off / Comments **(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)**	
Organisation Exec Lead Sign off	

Manchester University
NHS Foundation Trust

MFT Strategy Refresh

Tom Rafferty, Acting Chief Strategy Officer

Refreshing the MFT strategy

- MFT strategy was launched in April 2024
- In 2025 a number of key strategies and plans were published – NHS Modern Industrial Strategy Life Sciences Sector Plan, Greater Manchester Strategy *'Together we are Greater Manchester'* and the NHS 10 Year plan – *Fit for the Future*.
- As a result the refresh of the MFT strategy, planned for 2026, was brought forward
- Timescale was tight – due to the need to complete the work in time for the 26/27 annual planning round that began in September - has been done at significant pace
- Given the strong alignment between the MFT Strategy and the NHS 10 Year Plan this was a refresh only – not a major re-write
- Revised changes to our objectives and underpinning actions approved by the Board as the basis of annual planning
- Final revised strategy document to be presented to the Board for approval in January 2026

Strong alignment across 10YP, GM plan and existing MFT Strategy

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Areas of alignment

- More people supported in the community
- Targeting the causes of illness
- Giving people an excellent patient experience
- Adoption of genomics and precision medicine
- Listening and responding to staff
- Increasing productivity
- Developing our digital infrastructure
- Applying research an innovation to improve peoples' health

Areas where the strategy could go further

- Delivering more services in the community and in peoples' own homes
- Increasing the work we do on prevention
- More prominence for our digital developments
- Patient experience and feedback

How we are refreshing the MFT strategy

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Engagement

- Strategic Advisory Group workshop – identify key themes from 10YP for MFT
- All staff questionnaire on key themes and priorities
- All member questionnaire on key themes and priorities
- 121 discussions with executives
- Meetings with Clinical Group CEOs
- Trust Leadership Team discussion

Ideas for changes to the MFT strategy

Consultation

- Council of Governors
- Strategy Reference Groups
- Clinical Groups
- Corporate Teams

Proposed amendments to MFT strategy and priorities for 26/27

Approval

- Approval from Trust Leadership Team Committee
- Approval from Board of Directors

How we are refreshing the MFT strategy

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Who we spoke to …

- All staff questionnaire
- All member questionnaire
- MFT executives
- Clinical Group CEOs
- Council of Governors
- MFT staff reference groups
- Patient and public representatives reference group
- Partners reference group

What we heard …

Importance of focusing on preventing illness and stopping people getting sick in the first place

Providing care closer to home where possible

Making services (and computer systems) work together to join up care

Addressing disparities across localities

Supporting staff to adopt new technology

Supporting staff to engage with system partners

Ensure that the strategy is written in a way that is meaningful to different audiences

Need to align MFT plans with those of our partners

Important role of MFT in contributing to system-wide priorities

Recognise the impact of ‘left shift’ on acute secondary care services

The importance of digital technology in delivering the strategy – and MFT’s ambition in this space

There are no changes to our mission and aims

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Our mission and strategic aims align well with the 10 Year Plan and remain valid. It is therefore proposed that there will be ***no change*** to the Trust Mission or Strategic Aims. There is also value in maintaining a consistent message for our staff and partners.

OUR MISSION Working together to improve the health and quality of life of our diverse communities

There are some slight changes to our objectives

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Support for shifting care into the community and the importance of developing our digital capabilities came through strongly from all the groups we engaged with. We are therefore proposing 2 changes to our objectives.

Current objective	Proposed objective
2. We will improve the experience of children and adults with long-term conditions, joining up primary care, community and hospital services so people are cared for in the most appropriate place	2. **We will work with partners to redesign services so that more care is delivered locally in neighbourhoods**.
11. We will apply research and innovation including digital technology and artificial intelligence, to improve people's health and the services we provide	11. We will apply research and innovation, **building on our position as a digital leader and embracing new technology** such as artificial intelligence, to improve people's health and **transform** the services we provide

Refreshed MFT strategic aims and objectives

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Work with partners to help people live longer, healthier lives	Provide high quality, safe care with excellent outcomes and experience	Be the place where people enjoy working, learning and building a career	Ensure value for our patients and communities by making best use of our resources	Deliver world-class research & innovation that improves people's lives
We will work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.	We will provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience wherever they are treated.	We will make sure that our staff feel valued and supported by listening well and responding to their feedback. We will improve the experience of all our staff experience by embracing diversity and fairness.	We will deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships	We will strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part.
We will work with partners to redesign services so that more care is delivered locally in neighbourhoods	We will continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.	We will offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here	We will achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.	We will apply research and innovation, **building on our position as a digital leader** and embracing new technology such as artificial intelligence, to improve people's health and transform the services we provide
	We will strengthen our specialised services and support the adoption of genomics and precision medicine.			

We have identified some critical enablers

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Feedback from staff and partners highlighted a number of themes that apply across the whole of the strategy – they relate more to the way in which we will do things – we are therefore presenting these as cross-cutting enablers.

Equity	We will work with partners to close inequalities in our communities, improving equity of access and outcomes in our services and research, and treating the people who work and learn at MFT equitably.
Digital Innovation	We will capitalise on our leading digital capabilities to transform the way we deliver services, grow our research and innovation activities and make better use of our resources.
Improvement	We will embed an approach to continuous improvement across the organisation ensuring that everyone has the skills and data that they need to improve our services.
Partnership	To deliver our strategy we will work together with… our communities and the people that use our services; with colleagues across health and care, including primary care, Local Authorities and the VCSFE sector; with the people who work and train at MFT and their representatives; with partner organisations and industry.

Alignment with Trafford Locality Plan

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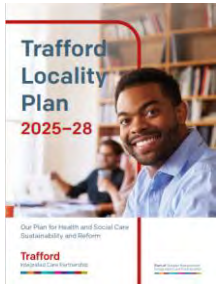

CYP and Mental Health	⟺	We will work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.
Prevention and Protection		We will work with partners to redesign services so that more care is delivered locally in neighbourhoods, ensuring the right services and support is available for people in the right place and from the right professionals.
Community Care	⟺	We will provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience wherever they are treated.
Mental Health		We will continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.
Primary care	⟺	We will strengthen our specialised services and support the adoption of genomics and precision medicine.
Planned Care and LTC		We will make sure that our staff feel valued and supported by listening well and responding to their feedback. We will improve the experience of all our staff experience by embracing diversity and fairness.
UEC	⟺	We will offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here
Enablers	⟺	We will deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships
		We will achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.
		We will strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part.
		We will apply research and innovation, building on our position as a digital leader and embracing new technology such as artificial intelligence, to improve people's health and transform the services we provide

Next Steps

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- Continued consultation on our strategy – further reference group meeting in November, focused on the framing and communication of our plans
- Development of our annual plan for 26/27 based on our refreshed strategy – work is on-going to ensure actions are integrated with place and neighbourhood health and care plans
- Plan to share further detail on our MFT 26/27 plans and alignment with Trafford locality plans at November meeting

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MFT Strategy Actions

Strategic Aim	Objective	Action
1. Work with partners to help people live longer, healthier lives	1. We will work with partners to target the biggest causes of illness and inequalities, supporting people to live well from birth through to the end of their lives, reducing their need for healthcare services.	Develop personalised maternity care pathways to improve equity, access, and outcomes for women at higher risk, including those from minority ethnic backgrounds and deprived areas.
		Work with partners across Manchester and Trafford - including primary care and Local Authorities and VCSFE colleagues - to further develop all-age neighbourhood health services through our Local Care Organisations, delivering more services in the community with a focus on prevention. Support the GM Live Well Programme.
		Address health inequalities by working with under-served communities to improve things like oral health, bowel cancer screening, hypertension and diabetes services. Extend this approach to asthma in children and young people, and to other screening and immunisation programmes.
		Deliver our Cancer Strategic Delivery Plan. Develop our services and pathways to deliver equitable access and outcomes and personalised care.
		Increase number of public health interventions that we deliver across MFT to both address the three major lifestyle drivers of illness - smoking, poor diet and lack of activity - and wider social determinants of health by supporting access to services for housing, debt, benefits, employment etc.
		Deliver the Care Closer to Home programme. Support patients in the most appropriate care setting, improving the way that people move through community and hospital services, reducing days away from home.
		Improve the way in which we collect and use demographic data, and data on inequalities, to inform our planning, decision-making and service improvement.
		Embed the Green Plan among the MFT workforce, continuing to reduce the carbon footprint per patient contact through the full decommissioning of nitrous oxide manifolds at our main hospital sites, and engage 10% of the workforce through sustainability communications and training.
	2. We will improve the experience of children and adults with long-term conditions, joining-up primary care, community and hospital services so that people are cared for in the most appropriate place.	Improve the care of patients with long term conditions, such as cardiovascular, respiratory, diabetes, ensuring the right services and support is available for people in the right place and from the right professionals.
		Work with colleagues in primary care, social care and the VCSFE to develop and implement plans to improve the interface with MFT services, improving the experience for patients and reducing steps that may contribute to delays.
		Work with commissioners and locality partners to ensure that access to services across our communities is consistent, whilst being tailored to local need.
		Build on the establishment of our Community Diagnostic Centres to support the transformation of pathways and support the delivery of more care at a neighbourhood level.
		Develop a programme for the adoption of wearable technology to support the adoption of new models of care.
2. Provide high quality, safe care with excellent outcomes and experience	3. We will provide safe, integrated, local services, diagnosing and treating people quickly, giving people an excellent experience wherever they are treated.	Build a patient experience framework to improve delivery of person-centred services, strengthening the way we obtain feedback and our approaches to co-production. Build on our relationships with external groups, including through our VCSE leaders forum, to ensure broader community involvement.

		Ensure that every patient-facing team at MFT has a process through which they analyse real-time feedback from people that use our services and make changes to improve the service they offer.
		Reduce episodes of avoidable harm in our hospitals through a focus on preventing pressure ulcers, falls and missed doses of critical medicines.
		Improve patient outcomes and reduce the burden of antimicrobial resistance by promoting the prompt switching of intravenous to oral antibiotics and reducing the use of 'watch and reserve' antimicrobials across MFT.
		Deliver the Care on Time programme. Transform our outpatient services, elective and diagnostic pathways, supported by digital innovation. Reduce waiting times equitably and ensure that - when people are waiting - they are waiting safely.
		Implement a robust quality system that integrates safety, patient experience, and outcomes to drive continuous improvement.
	4. We will strengthen our specialised services and support the adoption of genomics and precision medicine.	Help to deliver high quality, sustainable regional services by centralising care in some areas, for example, in Cardiac Surgery and Vascular Surgery.
		Use the range and scale of services that we offer to develop high quality specialised services, for example, in Cancer Surgery and Transplant services.
		Maintain our regional centres, providing leadership and support across Greater Manchester and beyond in areas such as Children's, Ophthalmology and Respiratory services.
		Mainstream genomic medicine across specialties at MFT and the wider system through the new Regional Genomic Medicine Service, bringing genomic testing earlier in care pathways and applying pharmacogenomics.
		Build on our position as being at the forefront of genomic testing nationally by developing services such as circulating tumour DNA testing, pharmacogenomics and in population health. Develop plans in other advanced diagnostic disciplines such as metabolomics, proteomics and integrative diagnostics.
		Continue to be a leading provider nationally of cell and gene therapies, and other advanced therapies, in both service and research. Develop a long-term plan to consider our future capacity and potential strategic partnerships.
		Develop and deliver our strategic delivery plan for robotic assisted surgery across MFT
	5. We will continue to deliver the benefits that come with our breadth and scale, using our unique range of services to improve outcomes, address inequalities and deliver value for money.	Ensure equitable access and outcomes for patients across MFT by establishing networked or single services in key specialties, delivering models of care that meet people's needs, address inequalities and are financially sustainable.
		Work together with GM providers to deliver the Trust Provider Collaborative priorities, including the GM pathology and procurement collaborations, single queue diagnostics and corporate services projects.
3. Be the place where people enjoy working, learning and building career	6. We will make sure that our staff feel valued and supported by listening well and responding to their feedback. We will improve the experience of all our staff experience by embracing diversity and fairness.	Ensure effective engagement with colleagues at all levels, including strong engagment with Staff Networks, students and trainees, Trade Unions and professional associations. Work with ED&I leads and with Change Agents to support this.
		Listen and respond to what staff and students tell us through surveys and other routes. Co-create plans to deliver improvements.

		Monitor and deliver on the Trust-wide Equality, Diversity and Inclusion (ED&I) plan to create an organisation where all staff feel a sense of value and belonging and are treated fairly.
		Promote a safe, open and transparent working environment which encourages staff to raise concerns directly within their team, whilst ensuring that other routes are available for staff to raise concerns where necessary.
		Embed our values and behaviours through values-based recruitment, leadership development programmes, and implementation of the management and leadership framework. Ensure that our values are role modelled and understood, encouraging colleagues to challenge inappropriate behaviour.
		Make MFT a place that people enjoy working and learning through our culture change programme, working with our team of Change Agents on three-year cycles of cultural improvement.
		Implement, monitor and enhance our response to violent, abuse and sexual safety concerns. Ensure that people see that concerns regarding their safety and wellbeing are taken seriously and acted on.
		Support healthy living and address health inequalities by promoting staff health and wellbeing services and initiatives such as Health and Wellbeing Champions. Deliver a step change in how we support attendance by addressing long term inequities and policy gaps.
	7. We will offer new ways for people to start their career in healthcare. Everyone at MFT will have opportunities to develop new skills and build their careers here.	Work with colleagues to build a People Plan aligned to the goals of the 10 Year Helth Plan, developing a workforce that is fit for the future, with an individualised development plan for every employee.
		Co-design an education and training plan, supporting new roles and ways of working, improving access to roles and maximising apprenticeship opportunties.
		Strengthen our widening participation initiatives, working with job centres, schools and local communities. Ensure recruitment, onboarding and career development practices are inclusive and accessible.
		Continue to recognise the brilliant work of our people and our teams through staff recognition and awards programmes.
		Publicise the work of our teams externally so that people get the recognition that they deserve nationally and internationally.
4. Ensure value for our patients and communities by making the best use of our resources	8. We will achieve financial sustainability, increasing our productivity through continuous improvement and the effective management of public money.	Standardise our operational policies and practice across MFT to eliminate unwarranted variation and deliver better value.
		Deliver a programme of engagement for staff so that everyone understands the part they can play and is engaged in making the best use of our resource.
		Maximise the value and income delivered by our MFT Charities, learning from approaches taken elsewhere, to strengthen the brands of our hospitals and Local Care Organisations, and improve our services.
		Develop and deliver plans to increase commercial activities for MFT in support of the Trust's financial sustainability, innovation and partnerships.
		Refresh the Trusts medium term financial and capital plans to support our strategic ambitions, actively responding to new financial flows and payment mechanisms in support of the Trusts clinical and population health strategies.

	9. We will deliver value through our estate and digital infrastructure, developing existing and new strategic partnerships.	Deliver the Hive benefits case around clinical quality, patient experience, productivity and research and innovation, supporting staff the get the most out of the system. Maximise the use of the MyMFT app to improve engagement with communities, information sharing about our services and healthy living, and the involvement of individuals with their care, whilst mitigating the risk of digital exclusion.
		Complete the redevelopment of North Manchester General Hospital as part of the New Hospitals Programme, and the wider campus, as part of the North Manchester Strategy.
		Work with national and local partners to identify alternative sources of capital funding to support the development of our estate and facilities. Progress our plans for the development of Wythenshawe Hospital and the surrounding area.
		Develop and implement an estates plan that is aligned to the MFT strategy, delivers our major capital programmes and ensures that our estate meets the required standards.
5. Deliver world-class research and innovation that improves people's lives	10. We will strengthen our delivery of world-class research and innovation by developing our infrastructure and supporting staff, patients and our communities to take part.	Help to create protected time for people across the organisation to pursue external funding opportunities and carry out research and innovation activity.
		Make research and innovation more accessible to staff through leaner, more proportionate administrative processes.
		Support people to develop the skills to deliver world-class research and innovation by creating a careers framework that supports people at all levels to become involved and succeed in research. Work closely with universities to identify areas of joint interest in which clinical academic roles can be created.
		Develop and deliver plans to improve access for research studies to services such imaging, pharmacy and laboratory medicine.
		Prioritise the delivery of research programmes and the strategic themes that are part of our NIHR hosted infrastructure, supporting them to meet and surpass the required outputs.
		Look for opportunities to further develop our research and innovation infrastructure and to maximise commercial opportunities. Drive forward research and innovation in new areas – such as children and young people, neighbourhood health services, long-term conditions and health inequalities.
		Develop strong relationships with our communities so that we can work together on research and innovation which addresses the issues that matter most to people and improve the diversity of people participating. Co-create our engagement strategy to ensure research remains relevant and more accessible.
		Make sure that our research and innovation work addresses the challenges and opportunities for the organisation, supported by our iTAP programme, Innovation Ambassadors and system partners.
		Use digital channels, including Hive and MyMFT, to identify opportunities for patients and our communities to get involved in research and innovation, and to make it easier for people to stay involved with research once they are recruited.
	11. We will apply research and innovation, including digital technology and artificial intelligence, to improve people's health and the services we	Build on the development of the MFT trusted research environment so that it can be harnessed to improve services for patients and power cutting-edge medical and commercial research.

	health and the services we provide.	Explore the opportunity to appoint at least one strategic partner to help us adopt safe and effective AI solutions for clinical and operational use at scale.
		Increase the number of impactful, formalised industry partnerships year-on-year to generate new research and innovation activities and new income streams as appropriate.
		Work with higher education institutions (e.g. universities) to explore the opportunities for bespoke collaboration which strategically matches MFT's ambition with individual partners' expertise.
		Deliver our Digital Strategic Delivery Plan, ensuring that MFT is a digitally connected, data-driven organisation. Support the public and staff to use digital innovations to improve their health and working lives.

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