

Agenda

Trafford Locality Board Meeting

Date: Tuesday, 20 January 2026

Time: 1.00 pm

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

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1	1.00	10 mins	Apologies for Absence		Info	Chair
2			Declarations of Interest		Info	Chair
3			Minutes of the Meeting Held on 16th December 2025	1 - 8	Approval	Chair
4			Action Log & Matters Arising <ul style="list-style-type: none"> • Neighbourhood Plan 	9 - 10	Discuss/Info	Chair
5			Forward Plan	11 - 12	Info	Chair
6	1.10	5 mins	Public Questions	13 - 14	Discuss/Info	Chair
7	1.15	10 mins	NHS Reforms		Discuss/Info	GJ
8	1.25	30 mins	Performance			
8a			Interim Impact Report: Trafford Delivery Plan 2025-26 and Trafford Co-operative Commitments 2025-28	15 - 38	Discuss/Info	TM
8b			Locality Scorecard	39 - 60	Discuss/Info	TM

8c			Healthwatch Performance Report	61 - 72	Discuss/Info	TM
9	1.55	10 mins	Finance Report	73 - 84	Discuss/Info	JF
10	2.05	15 mins	Trafford Community Business Case Overview Adult Nursing	85 - 92	Discuss/Info	PD
11	2.20	15 mins	Fairer Trafford Update	93 - 98	Discuss/Info	HG
12			Any Other Urgent Business			

Minutes

Trafford Locality Board

Date: Tuesday, 16 December 2025
 Time: 1.00 pm
 Venue: Meeting Room 12 and via MS Teams

Present	Apologies
<p>Tom Ross (TR) Leader of Council and Co-Chair (in the Chair) Jane Wareing (JW) GP Board Representative and Co-Chair Helen Gollins (HG) Director of Public Health, Trafford Council Tom Rafferty (TRa) Acting Chief Strategy Officer, MFT Maggie Kufeldt (MK) Corporate Director of Adults & Wellbeing Zahid Ahmed (ZA) GP Board Representative Gareth James (GJ) Deputy Place Lead for Health & Care Integration, NHS Greater Manchester Integrated Care - Trafford Bernadette Ashcroft (BA), VCFSE Representative Heather Fairfield (HF) Healthwatch Sara Todd, Place Based Lead NHS GM Trafford & Chief Executive of Trafford Council Manish Prasad (MP) Associate Medical Director</p> <p>In attendance: Patricia Davies (PD) LCO Chief Executive Adam Hebden (AH) MFT Representative Cllr Jane Slater (JS) Trafford Councillor Cllr Karina Carter (KC) Trafford Councillor Thomas Maloney (TM) Programme</p>	<p>Charlotte Bailey (CB) Chief People Officer NHS GM Darren Banks (DB) Group Director of Strategy, MFT Elizabeth Calder (EC) GMMH</p>

Director Health and Care, Trafford Council & NHS GM Trafford Julie Flanagan (JF) Finance Lead, Trafford, NHS GM Pippa Dewhirst (PDe) Governance	
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Item No.	Topic	Action
1a	APOLOGIES FOR ABSENCE Apologies for absence were received from Darren Banks, Elizabeth Calder and Charlotte Bailey.	
1b	DECLARATIONS OF INTEREST There were no declarations of interest.	
1c	MINUTES OF THE MEETING HELD ON 18TH NOVEMBER 2025 RESOLVED: the minutes of the meeting held on the 18 th November 2025 were approved as an accurate record.	
1d	ACTION LOG & MATTERS ARISING The action log was reviewed and it was noted all actions were complete or not yet due.	
2	PUBLIC QUESTIONS There were no public questions.	
3	FORWARD PLAN RESOLVED: the forward plan was noted.	
4	NHS REFORMS GJ shared the latest stakeholder briefing with regards to the NHS Organisational change process which covered: <ul style="list-style-type: none"> • National Context; • What means for NHS Greater Manchester; • People first approach; • Indicative timeline; • Workforce support; and • Conclusion. GJ gave an overview as per the briefing noting that the staffing structure would be shared on the 12 th January and the second round of	

	<p>voluntary redundancy would commence with the new structure and operating model being implemented by the 1st April.</p> <p>RESOLVED: the NHS reform update was noted.</p>	
5	<p>NHS GM: LOCALITY CONTRACTS 2025/26</p> <p>TLB were provided with a report that gave an overview of the position of NHS GM contracts which sat within locality delegated budget and sought Board approval for the contracts which required action in 2025/26. A full complied list of locality contracts was attached as Appendix A. The report excluded contracts where budget sat centrally, within NHS Greater Manchester. The budgets aligned to the contracts had previously been agreed and the paper was to ensure appropriate governance had been undertaken in relation to contracting form and procurement regulations.</p> <p>GJ provided a summary of the paper and advised the paper provided a detailed breakdown of the contracts which had expired, required extension or were new contracts for consideration of the Board.</p> <p>TLB considered the paper and supported the recommendations.</p> <p>RESOLVED: Trafford Locality Board:</p> <ul style="list-style-type: none"> • Noted the contracts which expired on 31st March 2025 and where no further action was required. • Approved contract extensions in line with recommended timeframes and commissioning rationale. • Noted upcoming activities in 25/26 which may impact contracting arrangements for 26/27. 	
6	<p>TRAFFORD NEIGHBOURHOOD PLAN: TIMELINE</p> <p>The paper summarised the timeline for contributions and coordination of Trafford's Neighbourhood Plan draft in key meetings and forums in advance of the NHS Greater Manchester submission deadline of 13th February 2026. TM advised draft content was actively being collated from all partners and there was a live draft of the submission, with the H&SC PMO holding version control. TM noted as we refined our ambition for Trafford's Neighbourhood Plan, we would highlight areas for improvement and opportunities. TM confirmed once a model was agreed collaborative work would take place to agree individual and collective contributions to understand the impact or our interventions and resources as work progressed to embed prevention and health creation at the heart of next year's delivery plan.</p>	

	<p>TM asked TLB to consider the timeline and confirm if there were any missing forums and advised he had already met with a number of colleagues ifrom public health. MFT etc. to discuss and had planned conversations with others including VCFSE colleagues to ensure all interested parties were engaged.</p> <p>GJ supported the proposed governance route and queried if there had been any feedback from the National Neighbourhood Health Improvement plan (NNHIP) work. TM advised there had been a GM co-ordination group last week with updates from Stockport and Rochdale that could be shared and agreed to circulate the slides for information.</p> <p>JW was not clear on the links with various plans and neighbourhood network contribution as there could be different priorities in each neighbourhood and suggested it would be good to find a balance. TM agreed work needed to be done on how this was done on a practical basis and noted whilst there would be one submission to GM the finer detail would be driven in neighbourhoods.</p> <p>ST suggested the executive briefing should be added to the governance timeline and TM agreed.</p> <p>RESOLVED: Trafford Locality Board noted the update and suggested updates to the neighbourhood plan timeline.</p>	<p>ACTION</p> <p>ACTION</p>
<p>7</p>	<p>NHS GM TRAFFORD FINANCE REPORT</p> <p>TRa joined the meeting.</p> <p>TLB received a presentation that detailed the financial position for the ICS overall and the locality delegated budgets by NHS GM for October 2025. JF reported as at Month 7 the total ICS year to date deficit was £82.2m, a £10.4m adverse variance against the plan, an improvement of £8.7m from the previous month. JF indicated the Locality position was overspent £1.65m YTD with a forecast outturn of £2.54m overspent. The improvement in both the YTD and the forecast position was linked to the transfer of ADHD costs to be pan GM reported. JF advised actions being taken to address the forecast variance for individual packages of care were underway however this did not deliver a breakeven position and additional escalation assurance meetings were to be scheduled where the forecast position would be scrutinised further. The locality YTD CIP position was ahead of plan by £547k with a risk adjusted forecast of £2.86m. The remaining schemes were progressing, and it was expected to deliver the target in year. JF noted due to the transition to a new finance ledger in October the analysis of expenditure across all sectors was excluded from the report. JF confirmed 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</p>	

	<p>secure the remainder of the deficit support funding.</p> <p>RESOLVED: Trafford Locality Board:</p> <ul style="list-style-type: none"> • Noted the Month 7 year to date reported financial position for GM ICS of £82.2m deficit, against a planned deficit of £71.8m, resulting in a variance against plan of a £10.4m deficit. • Noted the breakeven forecast outturn position in line with NHSE reporting requirements. • Noted a Locality YTD variance of £1.65m overspend for commissioned services and a forecast variance of £2.54m. • Noted the workstreams in place targeting the cost pressure and the increased grip and control measures for the locality • Noted the delivery of ICS CIP as at Month 7 of £325.6m against a plan of £307.7m, an overachievement of £17.9m • Note the locality CIP delivery of £1.89m against a plan of £1.34m an overachievement of £547k and limited risk remaining to achieve full delivery. • Noted the risk of the Q4 deficit support funding being withheld if the system could not 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. 	
8	<p>TRAFFORD LOCALITY SCORECARD</p> <p>TLB were provided with the current version of the Trafford Locality Scorecard and provided with an update on progress. TM noted there were no wholesale changes from the previous months report and work highlighted in the previous report had been retained in this month's report to highlight the continued relevance of work being carried out by partners but where possible updates had been included in the narrative.</p> <p>TM confirmed the dementia diagnosis rate had moved above target for the first time since February 2025 and continued to increase and the bowel and breast screening programmes were above target and amongst the highest coverage rates in GM.</p> <p>RESOLVED: Trafford Locality Board noted the progress update related to the Trafford Locality Scorecard and accompanying narrative.</p>	
9	<p>TRAFFORD PARTICIPATION STRATEGY - DRAFT</p> <p>TM advised in 2023 an 'Trafford Integrated Care Partnership Engagement Paper' was supported at Trafford Locality Board which set out a series of recommendations to develop a 'strategy' and practical toolkit to help Trafford stakeholders improve their individual and collective efforts in listening to the voice of our people and use it to help</p>	

	<p>plan, design, deliver and improve health and care services. Shortly after in 2024 NHS GM produced its 'People and Communities Participation Strategy' and we committed in the refresh of our Locality Plan in early 2025 to develop our own local response to the GM Strategy and embedded this within a specific 'Cooperative Commitment'. TM advised the draft Strategy and Framework provided helpful clarification on what we mean by participation, why it was so important and included practical applications of how this could work in practice. It highlighted the journey we had been on to develop the document, acknowledged some important developments which would help shape our actions moving forward and provided examples of how we were doing this already, so we could build from our examples of success. TM advised we had developed a set of building blocks which needed to be in place to enable our organisations, departments, teams and people to deliver meaningful participation. TM noted the strategy and framework were therefore a call to action to ensure we were individually and collectively doing our utmost to fulfil our cooperative commitment and provided some practical advice as to what processes, infrastructure, resourcing and policy needed to be in operation to do this.</p> <p>BA gave thanks for the work and noted the VCFSE involvement and suggested CYP and families work needed to be reflected in the strategy. TM agreed and would review how this could be included.</p> <p>HF noted Healthwatch had completed a project on patient participation groups (PPG) which could be utilised to support the work and would be good to include in the strategy as patient survey feedback had suggested patients would welcome PPGs. MP advised primary care already had PPG and was the suggestion to improve those. TM suggested a mapping exercise to establish what existing groups were in place. JW suggested PPG needed to be given specific projects to work well, MP concurred and noted the importance of ensuring the groups were diverse and representative of their communities.</p> <p>RESOLVED: Trafford Locality Board:</p> <ul style="list-style-type: none"> • Noted the content of the draft strategy and framework; and • Suggested changes as above. 	<p>ACTION</p> <p>ACTION</p>
<p>10</p>	<p>GREATER MANCHESTER - EARLY DIAGNOSIS OF CANCER STRATEGY</p> <p>Trafford Locality Board considered the early diagnosis of cancer strategy which outlined five priorities designed to take GM to the national long term plan ambition of 75% early stage cancer diagnosis. This was a system wide strategy developed through an extensive period of engagement. The strategy was designed to recognise and address variation across the 10 localities in GM, between different</p>	

	<p>cancer types and within the population.</p> <p>SS delivered a presentation which covered:</p> <ul style="list-style-type: none"> • Vision statement and how the strategy was developed; • Foundations of the strategy; • Priorities for early diagnosis; and • Ensuring the strategy remained relevant and effective. <p>GJ queried if there was variation across Trafford and if there were targeted approaches. HG confirmed that there was a Trafford cancer steering group that targeted work to neighbourhoods so in the North of Trafford where cervical screening uptake was lower targeted interventions were put in place. HG advised it was found in Partington cancer death rates were higher as people were not presenting until they were in later stages of cancer and work was done in collaboration with neighbourhood partners to increase lung and breast screening. SS highlighted that Partington had the highest lung cancer screening uptake in GM and has had several success stories where the cancer has been cured as it was caught early.</p> <p>HF queried if Healthwatch had been engaged with the strategy, SS understood the strategy had been shared with Healthwatch for comment.</p> <p>MP welcomed the strategy and queried if support services had the capacity to support the potential extra referrals created. AH took an action to bring an update to the Board about what was happening to develop extra capacity to support this work.</p> <p>RESOLVED: Trafford Locality Board noted the contents of the strategy and approved Trafford locality's role in its ongoing delivery to ensure the population of Trafford is reflected in the delivery plan.</p>	ACTION
11	<p>PCCC HIGHLIGHT REPORT</p> <p>The PCCC highlight report was provided for information.</p> <p>RESOLVED: the PCCC highlight report was noted.</p>	
12	<p>TRAFFORD CLINICAL AND PROVIDE SENATE (TCAPS) HIGHLIGHT REPORT</p> <p>The TCAPs highlight report was provided for information.</p> <p>RESOLVED: the TCAPS highlight report was noted.</p>	
13	<p>S75 DEED OF VARIATION</p>	

	<p>JF confirmed the S75 agreement between NHS GM and Trafford Council commenced on 1 April 2024 for a 3 year period ending 31 March 2027. The deed of variation updated the financial values within schedules 1 and 3 of the agreement for 2025-26, overwriting the values from the previous financial year. JF advised the values relating to the Better Care Fund were in line with those previously approved by the Locality and Health and Wellbeing Boards. In addition, schedule 8 was to be updated to incorporate the ICB policy for Data Security, Protection and Confidentiality. JF noted the deed of variation had previously been shared with members of the s75 steering group.</p> <p>RESOLVED: TLB reviewed and approved the s75 deed of variation for 2025-26.</p>	
14	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no other urgent business and the meeting was closed.</p>	

Trafford Locality Board - Action Log 25/26

Action No.	Date of Meeting	Agenda Item Ref.	Action	Update	Lead	Target Date	Status
171	18/11/25	Quality Report	SO to include any patient harm as a result of District Nursing concerns in future report.	Quality report on February agenda.	SO	17/02/26	In Progress
173	16/12/25	Trafford Neighbourhood Plan	TM to share to slides from GM co-ordination group regarding Stockport and Rochdale NNHIP.		TM	20/01/26	Completed
174	16/12/25	Trafford Neighbourhood Plan	TM to add executive briefing to neighbourhood timeline.		TM	20/01/26	Completed
175	16/12/25	Trafford Participation Strategy	TM to include TLB feedback and co-ordinate a mapping exercise to establish what groups including PPGs were in place.		TM	17/02/26	In Progress
176	17/12/25	Early diagnosis cancer strategy	AH to bring an update on MFT capacity to support early diagnosis cancer strategy.		AH	17/02/26	In Progress

In Progress
Overdue
Completed

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Date & Time of Meeting	17 February 1pm	17 March 1pm
Agenda and Papers Sent out	10-Feb	10-Mar
Deadline for Papers	09-Feb	09-Mar
Chair	Tom Ross	Jane Wareing
Part 1 – GM ICB Committee (Trafford)		
	Locality Update and Governance	Locality Update and Governance
	Reforms	Reforms
		Trafford Governance Questionnaire
	Planning	Planning
	Finance, Performance and Sustainability	Finance, Performance and Sustainability
	Finance Report - JF	Finance Report - JF
	Locality Scorecard	Locality Scorecard
	Risk	Risk
	TLB Risk Register	TLB Risk Register
	Quality	Quality
	Quality Report - SO	
	Primary Care Commissioning Committee	Primary Care Commissioning Committee
	PCCC Highlight Report	
	Childrens	Childrens
	Children Commssioning Board update	
	SEND Board Update	
	TCAPS	TCAPS
	TCAPS Highlight Report	
	Trafford Provider Collaborative	Trafford Provider Collaborative
	Intermediate care update	
	Workwell	
	Trafford Workforce Group	Trafford Workforce Group
	Workforce Update	
	Trafford Participation Group	Trafford Participation Group
		Trafford Participation Group Update
	Partner Update	Partner Update
		Heathwatch 26/27 Plan
		Community Collective 26/27 Annual Plan
Part 2 – Section 75 Committee		
	BCF Q3	
	s75 Quarterly Report	

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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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Name of Committee / Board		Trafford Locality Board		
Date of Meeting		20 January 25		
Report Title		Interim Impact Report: Trafford Delivery Plan 2025-26 and Trafford Co-operative Commitments 2025-28		
Report Author & Job Title		Thomas Maloney, Programme Director Health and Care, Trafford Council & NHS GM (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				
<p>This report is an interim impact report assessing progress against the previously agreed 2025/26 Trafford Delivery Plan priorities, and progress on delivery of the Trafford Co-operative Commitments 2025-28 detailed in the 2025-28 Trafford Locality Plan. The report contains a high-level summary in the form of a ‘temperature check’ on the Delivery Plan priorities and Co-operative commitments.</p> <p>The H&SC PMO has worked with lead officers across the partnership to identify high level position statements on each of the priority programmes of work, accounting for progress up to November 2025. The report summarises progress visually using a simple criteria. Although excellent progress has been made, a large percentage of the priorities and commitments will continue into the 2026/27 financial year and form part of our proposed planning process for 26/27 which is detailed under a separate item at this Locality Board.</p>				
RECOMMENDATIONS				
<p>The Board are asked to:</p> <ol style="list-style-type: none"> Note the positive progress made in the delivery of the 25/26 priorities and 25/28 Co-operative Commitments Acknowledge a 26/27 approach to planning and reporting is in progress 				
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 <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		Each priority contained in the delivery plan will have its own governance and therefore risk will be captured appropriately. Where risks influence other deliverables, this should be picked up in system groups and escalated as per the agreed risk arrangements reporting into the Locality Board.		
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		Name/Designation: N/A		
		Comment / Approval: N/A		
Comment by Trafford Clinical and Practitioner		Date of TCAPS / Clinical Lead comment: N/A		
		Name/Designation: N/A		

<p>Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i></p>	<p>Comment: N/A</p>
<p>What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i></p>	<p>Successful delivery of our agreed Delivery Plan and Co-operative Commitments will ensure our vision is achieved:</p> <p><i>We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region</i></p>
<p>Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i></p>	<p>N/A</p>
<p>People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i></p>	<p>Local intelligence has fed into our priority setting and the voice of our people will continue to shape and fuel continuous improvement efforts and shape our plans.</p> <p>Communication of our progress will be shared appropriately with Trafford residents through a range of methods – for example our Neighbourhood Networks (x4)</p>
<p>Trafford’s Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i></p>	<p>Each priority / commissioning intention will be taking into account its impact on Trafford’s Carbon Footprint and in the annual impact report we will aim to quantify this impact, where appropriate and feasible.</p>
<p>Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i></p>	<p>This report does not include detailed output and outcome measurements. It is intended the full annual impact report, where feasible, includes quantifiable impacts and outcomes.</p> <p>Further work is required to understand the impact of all our interventions including where possible targets and trajectories against finance, performance, quality and population health – it is envisaged not all priorities will be able to be reported in this way for the purposes of the annual impact report.</p>
<p>Enabler implications</p>	<p>Legal implications: Each individual priority/commissioning intention will require to consider any legal implications.</p>



	<p>Workforce implications: Each individual priority/commissioning intention will require to consider any workforce implications.</p>
	<p>Digital implications: Each individual priority/commissioning intention will require to consider any digital implications.</p>
	<p>Estates implications: Each individual priority/commissioning intention will require to consider any estate implications.</p>
<p>Sub-Board Sign-Off / Comments (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)</p>	<p>Individual officer to officer conversations via meetings and email exchanges have taken place to form the content of this report.</p>
<p>Organisation Exec Lead Sign off</p>	<p>Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)</p>

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Interim Impact Report

Trafford Delivery Plan 2025-26

Trafford Locality Commitments 2025-28

November 2025

Trafford

Integrated Care Partnership





Trafford Delivery Plan 2025-26

Background and Context - update



Building on the commissioning intentions and priorities process enacted for 24/25 and utilising our existing system governance, we carried forward relevant 24/25 commissioning intentions and wider priorities and added these to outline 25/26 commissioning intentions and provider intentions to form our **Trafford Sustainability & Delivery Plan 25/26**

We factored in **Locality Commissioning Intentions and Priorities, Locality Provider Intentions and GM System Board priorities**

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The plan was co-created with all partners via the **Finance, Performance and Sustainability Group** and the **Strategy and Planning Group**

The Plan was **presented and agreed** at the **May Trafford Locality Board and Health & Wellbeing Board**.

	Delivery Aim	Summary Scope of Delivery		Key Governance Forums
Children, Young People, and Maternity 	To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.	<ul style="list-style-type: none"> Enhance Smoking & Healthy Weight offer Implement school nursing health offer Supporting social care sufficiency Integrated approach to early years 	<ul style="list-style-type: none"> Autism & ADHD pathways & offers Review CYP community health Violence reduction programmes Speech & Language reform 	Trafford Provider Collaborative Board Best Beginnings Board SEND Board Trafford Family Help Board Children's Commissioning
Prevention & Protection 	To improve our offer of services aimed at protecting residents from harm to their health	<ul style="list-style-type: none"> Drug & alcohol prevention & treatment Domestic Abuse services recommissioned Increased take up of immunisations & MMR Supporting active travel 	<ul style="list-style-type: none"> Supervised toothbrushing scheme Reduce smoking prevalence Enhance sexual health services Nutrition & hydration resources for older people 	Health & Wellbeing Board Tobacco Alliance Health Protection Board Domestic Abuse Partnership Board Age Well Partnership Board
Community Care 	To ensure people have access to good quality care in the community all at stages of life	<ul style="list-style-type: none"> Transform our community mental health offer Review of our Discharge to Assess model Memory-Loss Advisory Service recommissioned Delivery of All-Age Community Service Review 	<ul style="list-style-type: none"> Improve aging well services across home care, hospice at home, falls prevention Remodel reablement services New SPOA for community services 	Trafford Provider Collaborative Board Falls Steering Group Community Services Review
Mental Health 	To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people	<ul style="list-style-type: none"> Roll out of Living Well service Reduce use of out of area placements Reduce length of acute inpatient stays Develop a single point of access 	<ul style="list-style-type: none"> Support programme for isolation, relationships, suicide prevention Reduce Tier 4 admissions for children Review children's mental health Thrive offer 	Health & Wellbeing Board Trafford Provider Collaborative Board All Age Mental Health Group
Planned Care & Long-Term Conditions 	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention	<ul style="list-style-type: none"> Leisure schemes to increase activity MSK community triage and assessment LTC pathway redesign with prevention focus Increase uptake of health checks, screening 	<ul style="list-style-type: none"> Improve early detection of cancer and survival rates Targeted lung health checks across practices Improved prevention & management of LTCs 	Fairer Health for Trafford Partnership Health Checks Steering Group Health Protection Board Primary Care Commissioning Committee Trafford Moving
Primary Care 	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner	<ul style="list-style-type: none"> Recovery of access to primary care Social prescribing review Focus on CVD and diabetes Develop new spirometry service 	<ul style="list-style-type: none"> Winter capacity increase Implementation of Pharmacy First Improving the primary/secondary interface Establishing women's health hubs 	Trafford Provider Collaborative Board Primary Care Commissioning Committee Trafford GP Board Social Prescribing Steering Group
Urgent Care 	To enable people to receive the right care, in the right place, swiftly.	<ul style="list-style-type: none"> Enact Urgent Care Review recommendations Deliver UEC Recovery Plan priorities Support the new Trafford Crisis Response Implement a High Intensity User model 	<ul style="list-style-type: none"> Right Care, Right Person for mental health Access to 111 for mental health users Admission avoidance programmes Review, recommission out of hours contracts 	Trafford Provider Collaborative Board Urgent Care Board All Age Mental Health Group Trafford GP Board
Enablers 	Creating the conditions for effective change	<ul style="list-style-type: none"> New governance for autism, carers and learning disabilities SEND commissioning strategy 	<ul style="list-style-type: none"> Joint Strategic Needs Assessment Trafford Workforce Delivery Plan Development of the Women's Health Strategy 	Autism Board Carers Board JSNA Steering Group

Impact Reporting: Methodology

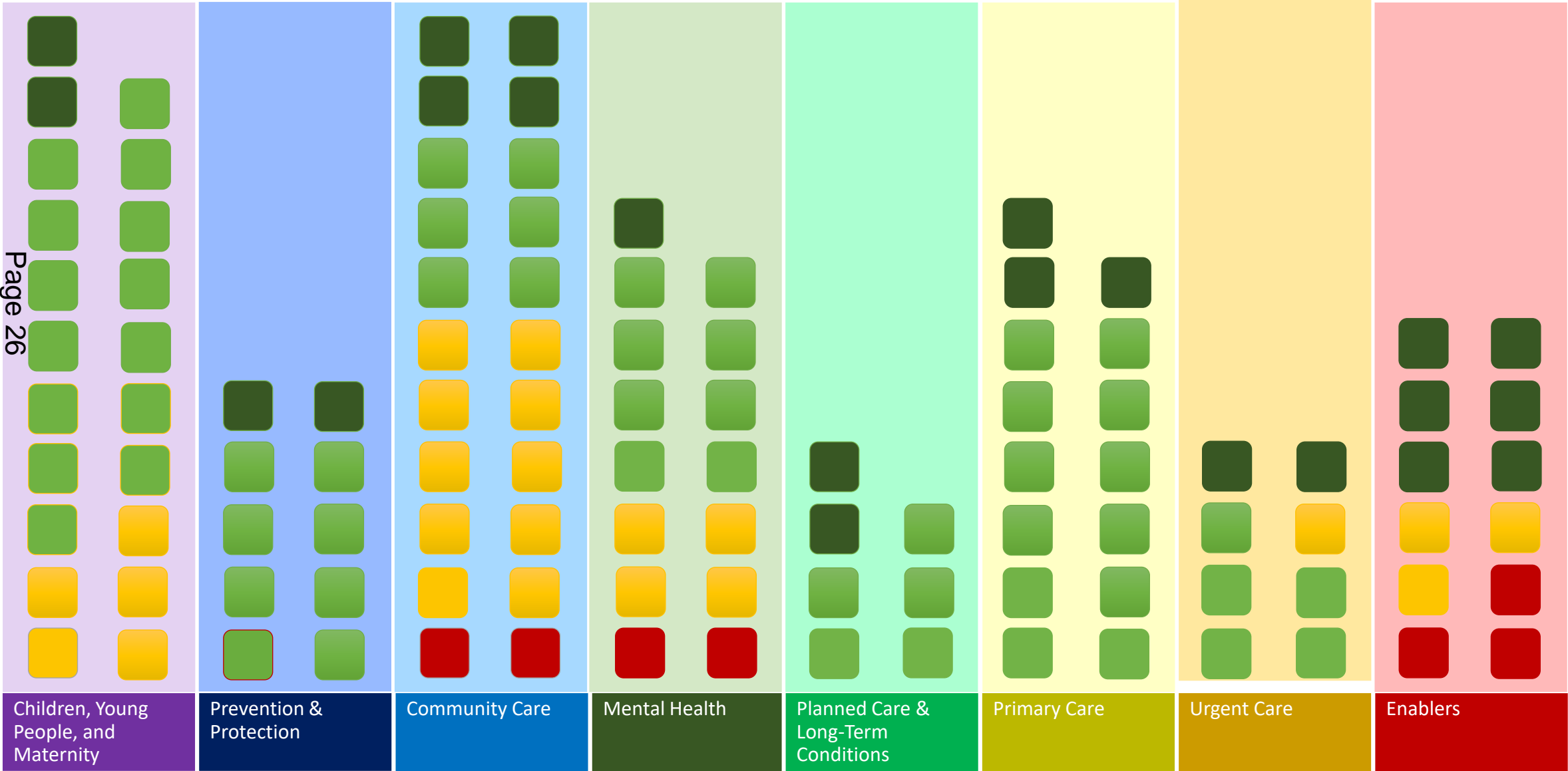


- We conducted an **interim impact report** on the 111 intentions and priorities in the 24/25 Plan in **January 2025** and presented this to the Board.
- We have **repeated this exercise for 25/26 priorities** and engaged lead officers to provide a short update on the delivery priorities as of the start of **November 2025** to demonstrate progress.
- In order to update the Board on progress across the 111 priorities we have again implemented a simple RAG rating so at a glance we can see where progress is being made in line with our ambitions and strategic priorities.
- Each lead officer has been engaged to provide a short update on their respective delivery priorities.
- Lead officers have given rationale where work is delayed or not progressed

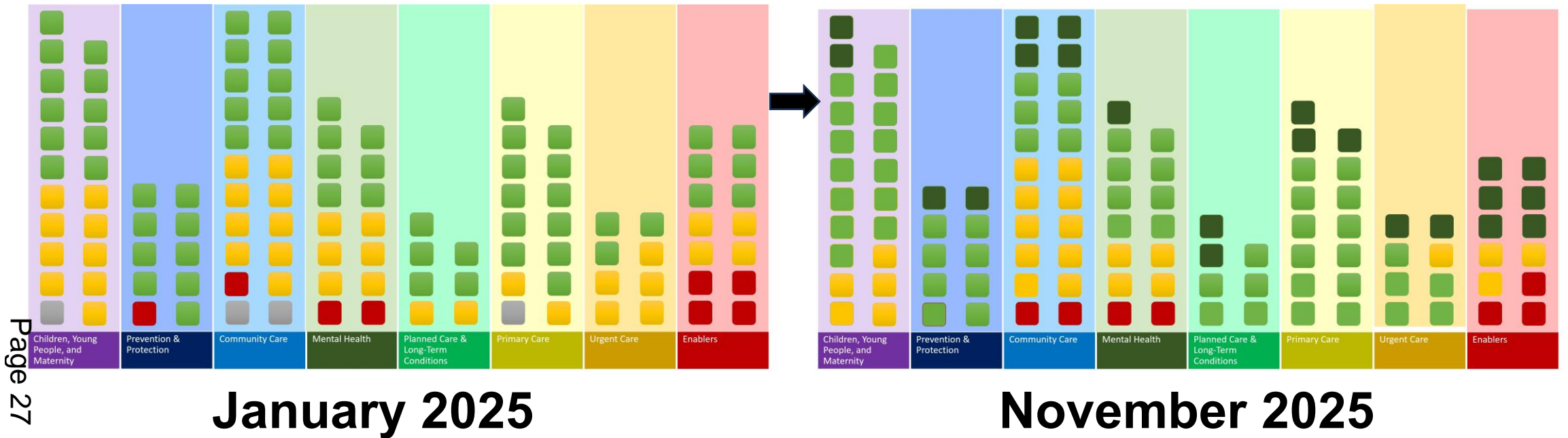
Progress	Classification
Completed	Green
Work Ongoing – On Track for 25/26 as planned	Light Green
Work Delayed but Ongoing	Yellow
Work Not Progressed	Red



Dashboard of the Trafford Delivery Priorities – November 2025



Comparison – January 2025 to November 2025



- We can see that **22 intentions** have been **completed** since January 2025
 - The number of intentions that are **delayed** has **reduced from 35 to 23**
 - The number of intentions that have **not progressed** has decreased from **8 to 7**
-

Overview: Completed



Overview: 'Not Progressed'

Trafford Locality Board: Delivery & Sustainability Plan Temperature Check				
Description	Trafford Priorities	Lead Partners	Status	Rationale if 'delayed' or 'not progressed'
Children and Families: Increase access to evidence-based care for women with moderate to severe perinatal mental health difficulties	Mental Health	GMMH/MFT	Not Progressed	An agreement on funding between Public Health and MFT is to be resolved, which has increased risk to the service. Work will continue into next year. The PIMH service pathway is being reviewed, with a new specification in place for June/July
Childrens: Develop a Single Point of Access across mental health services and establish connecting to First Response	Mental Health	GM ICB, Trafford Council, CYP MH providers	Not Progressed	There is no allocated funding at present. This has been submitted as Trafford's priority for MHIS funding for 25/26 implementation
Development of the Learning Disability Board	Enablers	Trafford Council / All partners	Not Progressed	Paused. With the DASS for consideration in absence of Commissioning Director. Clarity required re: roles and responsibilities.
Development of the Carers Board	Enablers	Trafford Council / All partners	Not Progressed	Board established and meetings underway. Dementia Project Pilot in progress, aiming to enhance carers knowledge and build resilience, project set to close June 2025 with no extension funding yet agreed. This has been included in the prevalence sustainability plan
Development of the Autism Board	Enablers	Trafford Council / All partners	Not Progressed	Work not yet started, new responsibilities to be agreed with new Commissioning Director
Review and implement PIPOT approach	Community Care	Trafford Council / All partners	Not Progressed	No rationale received
Implementation of Self-referral in community health services	Community Care	Trafford Council (Adults)/TLCO	Not Progressed	No rational recieved



Trafford Cooperative Commitments 2025-28

Co-operative Commitments – Temperature Check Strategy

Strategy

<p>We will understand the interdependencies of our key strategies and plans and work efficiently through our established governance to monitor progress.</p>	<p>We have continued to strategise and plan as a system through a variety of established partnership forums - namely Finance Performance and Sustainability and the Strategy and Planning Group. The Trafford Provider Collaborative Board (TPCB) has also been a forum by which we plan joint activity which delivers against our ambition outlaid in the Locality Plan. Trafford stakeholders have been proactive in bringing relevant strategy refresh documents through partnership governance for feedback and input - helping shape the direction of our constituent Health and Wellbeing Board (HWBB) and Trafford Locality Board (TLB) partner organisations.</p>
<p>We will influence GM strategy by contributing local data and intelligence and play an active role in shaping the GM Integrated Care Partnership Strategy and the Joint Forward Plan.</p>	<p>The HWBB periodically reviews the ICP Strategy and Forward Plan - with review points cemented into the agreed annual work programme. Our Locality Scorecard and Neighbourhood Scorecards are regularly reported through locality governance and influence GM strategy and commissioning - also being fed into the Locality Assurance Meeting (LAM) process. We reach out through established GM and GM/Locality interface governance to share information, data and intelligence influencing GM system priorities and transformation programmes - Community Services and Adult Social Care Transformation for example. Trafford has an active role, involving all partner organisations, in established GM planning processes and governance - ensuring local delivery priorities are fed into the process.</p>
<p>Where required we will have placed based representation of GM strategies that accounts for our population's needs</p>	<p>Several organisational and departmental strategies underpin the Locality Plan (GMMH, MFT, ASC, Live Well, etc) - a number of system wide strategies have also emerged this year (Participation Strategy) to channel our collective efforts - all of which directly address the health, care and broader needs of our communities and neighbourhoods.</p>

Co-operative Commitments – Temperature Check Engagement, Co-design and Co-production

Engagement, Co-design and Co-production

<p>We will continue our collective journey towards meaningful participation through effective communications, codesign, and co-production, guided by our agreed Participation Framework.</p>	<p>We have drafted the Trafford Particip[ation Strategy and Framework and taken this through TLB in December 25. We are engaging a variety of forums, partnerships and orgaisatons to help further refine the content and artuiculate the challenge for stakehodlers to respond to, actively going live in 26/27 and each constiuent orgaisation being accountable for responding to the practical asks of the stratgy.</p>
<p>We will support the codesign of the Trafford Partnership Borough Plan ensuring health and care contributes to the prosperity of our locality, and that the Borough plan enables the conditions for thriving, healthy communities</p>	<p>The Trafford Partnership Borough Plan looks to set out the priorities for the Trafford Partnership and Trafford’s People and Places for the next ten years. It will align and work with local strategies, as well as provide a golden thread to the recently launched Greater Manchester Strategy. Engagement on the borough plan has been ongoing and has involved key input from health and care colleagues, including senior leadership at the Trafford Partnership Summit in April 2025, and with operational staff through the Neighbourhood Networks. This included the production of a State of the Borough Report to highlight the key data metrics for a system level, which was presented at the Trafford Partnership Summit.</p> <p>Partners have also had the opportunity to engage with the plan and to outline their priorities through 121s, this has included public, private, and VCFSE colleagues.</p> <p>Engagement so far has outlined key areas for what the partnership should focus in on, but also how the partnership should work, enhancing our public service reform and collaboration approach. This will be further developed through the next Trafford Partnership Summit that has been delayed due to pre-election periods.</p>

Co-operative Commitments – Temperature Check Prevention, Sustainability, Finance

Prevention/ Sustainability/ Finance

<p>We will move to a model of care that supports people to maintain good health (reducing prevalence and proactive care) by making improvements that allow us to change how we allocate our financial resources.</p>	<p>Our Locality Plan sets out our commitment to prevention in all practice and policies and we have developed processes and governance to ensure our system planning and prioritisation is influenced by our desired mode of care. We have taken policy direction from the NHS 10 Year Plan, GM Strategy and our Locality Plan. We remain committed to agreeing our left shift / health creation priorities in line with emergent GM commissioning intentions and locally driven priorities based off granular data and local intelligence.</p>
<p>We will revisit and revise the Trafford Prevention Strategy to align with the new Locality Plan.</p>	<p>We have drafted the Prevention Framework and tested in both the HWBB and TLB. We have started to explore prevention spend against the framework to inform future design, commissioning and delivery of services. The Prevention Strategy is in draft format and going through a period of engagement with partners prior to publication. Both tools will be used to influence our Neighbourhood Plan and its priorities for 26/27.</p>
<p>We will work together transparently to understand our organisational challenges and use our combined resources to improve outcomes for our residents and help create a sustainable health and care system.</p>	<p>We have strengthened governance arrangements and the Locality Board Risk Management processes has kept organisational and system risk firmy on the work plan of our formal governance groups (TLB, HWBB, TPCB, etc) with the ability to escalate into GM governance where required - including LAM processes/arrangements. We have enhanced S75 arrangements between GM ICB and Trafford Council with the formation of our Steering Group. We have also made progress in sharing financial information across the partnership via FPS although there is significant progress still to realise.</p>



Health Inequalities

We will retain an unwavering commitment to reduce Trafford's health inequalities through the delivery of high quality and safe services at the right time and in the right place, recognising the unique characteristics of our locality, our neighbourhoods and our communities.

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Co-operative Commitments – Temperature Check Delivery and Transformation

Delivery & Transformation

<p>Commit to open and transparent partnership working in relation to service redesign and transformation to ensure there are no or limited detrimental effects to the system, partner organisations and people.</p>	<p>Our strategy and planning approach this year builds on learning from the two previous annual planning cycles and encourages transparent sharing of information and intelligence to influence both organisational and system priorities - forums such as FPS and Strategy and Planning group provide the space to test emergent thinking and forums such as TPCB provide a platform for delivery / operationally focussed conversations - ensuring the ripple effect of transformation and improvement are known and socialised and mitigated where feasible.</p>
<p>We will work collaboratively to develop a system owned delivery plan each year, reflective of our Locality Plan aspirations and guiding GM strategy and national guidance.</p>	<p>We have a well established set of locality governance which acts as the engine room for developing plans together - culminating sharing and testing draft plans through sector based forums, organisational senior leadership forums and system governance group - namely TLB and HWBB for formal ratification and support.</p>
<p>We will commit to delivering the three strategic priorities of the Trafford Workforce Delivery Plan</p>	<p>As we agreed our priorities for 25/26 we entered a period of significant organisational reform in a variety of organisations responsible for delivery of the workforce plan priorities. We therefore agreed to focus on one key priority which was the concept of an intergraded neighbourhood induction and orientation programme. Progress hasn't been as fruitful as anticipated but we have now made progress in adopting a broader lens to the priority and placing the work under the stewardship of the Trafford Live Well Steering Group - where we can galvanise partners and test new models of induction in the Phase 1 Implementation Plan geographies, Sale and Partington. Plans are in place to mobilise a test site and programme in March 26.</p>
<p>We will work with children and young people to interpret the Greater Manchester Joint Forward Delivery Plan for Children & Young People and agree priorities for Trafford to give every child and young person the best start in life.</p>	<p>We are establishing and implementing a Family Hubs Model, on a neighbourhood footprint and aligned with Live Well, to support our CYP to thrive through prevention, deescalation and effective every day support in their communities. We have also interpreted and factored in best Start National Guidance.</p>

Co-operative Commitments – Temperature Check Enablers

Enablers

<p>Trafford partners and stakeholders will play an active role in refreshing the Trafford Social Value Charter Pledge and commit to working towards the seven principles.</p>	<p>Council and STAR colleagues have drafted a new Social Value (SV) Charter, shared with SV Steering Group members in August 2025 for feedback. Colleagues have continued to meet to discuss a collaborative plan of action to progress the refresh of the SV Charter and stakeholder engagement required.</p>
<p>We will capitalise on the existing learning arising from recent UKSPF-funded grants programmes and community-led initiatives in neighbourhood plans, to grow our collective understanding and to develop Trafford’s creative health offer.</p>	<p>Building on the Culture and Public Health collaborative workshop, Arts, Health, Action, an across the two sectors’ working group will begin to build a Community of Practice, working with Neighbourhood Leads and the Our Creative Lives Programme, and will work to embed the benefits of creative and cultural activity into Live Well developments across the Borough</p>

Co-operative Commitments – Temperature Check Outcomes/Performance



Governance

We will periodically review our governance arrangements to ensure robustness of our approach and processes.

Last year we completed a governance questionnaire aimed at staff and partners asking for feedback on the effectiveness of our governance arrangements and relevant processes – feedback has informed our governance arrangements for 25/26. This year our Locality Board was independently assessed by the Good Governance Institute (GGI) who evaluated the connection with Trafford Locality Priorities and the NHS GM Priorities and noted a positive alignment – we will continue to work with the GGI to review and improve our Governance. We continually assess how our governance arrangements can best support the work of our Locality. Recently we have made adjustments to a sub-section of our Neighbourhood governance due to the emergence of the Trafford Live Well programme, resulting in the stepping down of the Neighbourhood Steering Group and introduction of a focussed Neighbourhood Health and Care Group.

Co-operative Commitments – Temperature Check Outcomes/Performance

Enablers

<p>We will develop a Trafford Locality Outcomes Framework that enables our system to have sight of our key performance metrics and drive forward our collective efforts for improving the health of Trafford residents.</p>	
<p>We will have an equal and unwavering commitment to focusing on our in-year performance challenges and our long-term commitment to improved population health.</p>	
<p>We will produce an annual 'Impact Report' which will detail our collective key achievements and areas for improvement, that we will use to influence future plans and priorities, in addition to servicing statutory annual reporting requirements.</p>	<p>We will produce an annual 'Impact Report' which will detail our collective key achievements and areas for improvement, that we will use to influence future plans and priorities, in addition to servicing statutory annual reporting requirements.</p>

Summary and Next Steps



- This report provides a high-level update of the delivery priorities for 25/26, covering the period approximately April to November 2025, and the cooperative commitments 2025-28.
- At the end of the 25/26 financial year, a full written report on the progress, timescales, and impact of the 25/26 delivery priorities will be written and shared with the Locality Board and HWBB (June 2026).
- Discussions on the Board's 26/27 approach to planning and impact reporting are currently underway.

The Board are asked to:

- Note the positive progress made in the delivery of the 25/26 priorities and cooperative commitments
 - Acknowledge a 26/27 approach to planning and reporting is in progress
-

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Name of Committee / Board		Trafford Locality Board		
Date of Meeting		20 January 2026		
Report Title		Trafford Locality Scorecard – January 2026		
Report Author & Job Title		Thomas Maloney Programme Director Health and Care, NHS GM (Trafford) / Trafford Council, Mark Embling, GM ICB 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				
<p>The purpose of this paper is to present the current version of the Trafford Locality Scorecard and provide an update on progress. The Trafford Locality Scorecard aligns 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 is included.</p> <p>To note there are no wholesale changes from the previous months report and work highlighted in the previous report has been retained in this month’s report to highlight the continued relevance of work being carried out by partners – where possible updates have been included in the narrative e.g. Cervical Screening</p>				
RECOMMENDATIONS				
<p>The Board is asked to:</p> <p>a) Note the progress update related to the Trafford Locality Scorecard (January 2026) and accompanying narrative.</p>				
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 <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		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 <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		<p>Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) / Trafford Council</p> <p>Comment / Approval: Finance can be linked directly and indirectly to performance and therefore its imperative finance and performance together inform our efforts on sustainability in its broadest sense.</p>		
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or		<p>Date of TCAPS / Clinical Lead comment: 11-Nov-25</p> <p>Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) / Trafford Council</p>		



<p>Clinical Lead <i>(If not required, please briefly detail why)</i></p>	<p>Comment: There are various targets relating to clinical and practitioner practice and therefore not understanding our performance in these areas poses a risk. It is important the correct forums are engaged in managing performance in relation to appropriate health and care services.</p>
<p>What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i></p>	<p>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.</p>
<p>Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i></p>	<p>N/A</p>
<p>People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i></p>	<p>N/A</p>
<p>Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i></p>	<p>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.</p>
<p>Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i></p>	<p>Contained within the paper</p>
<p>Enabler implications</p>	<p>Legal implications: N/A</p>
	<p>Workforce implications: N/A</p>
	<p>Digital implications: N/A</p>
	<p>Estates implications: N/A</p>
<p>Sub-Board Sign-Off / Comments <i>(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)</i></p>	<p>A version of this paper has been discussed and agreed at Finance, Performance & Sustainability Meeting, the latest on 08 Jan 2026.</p>
<p>Organisation Exec Lead Sign off</p>	<p>Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)</p>



1. Introduction

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

The Trafford Locality Scorecard aligns with Trafford's 7 Delivery Ambitions and includes 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.

GM Intel Hub > Home Page > Corporate > Performance & Quality
GM Intel Hub > Home Page > Locality

Link here: [GM Intelligence Hub](#)

2. Progress Summary

- 2.1 The Trafford Locality Scorecard is presented and discussed at Finance, Performance & Sustainability (FP&S) 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 Changes since the last Locality Board (November 2025). Please note the December 2025 FP&S meeting was deferred due to ongoing discussions around NHS Reform.

- 2.3 Following discussions at the FP&S Group (and due to changes to the metric definition) it was decided to remove the following metric:

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

- 2.4 The Community Care Priority Area now contains the following metrics which align with the Adult Social Care Outcomes Framework and Trafford Council Corporate Plan reporting:

- ASCOF_2A - % New care users who received short-term support (did not need follow-up support)
- ASCOF_2C - Rate of permanent admissions to residential and nursing placements (65+)
- ASCOF_3D - % People using social care in receipt of direct payments

- 2.5 Following FP&S, further work to define and agree Primary Care metrics will be carried out. The proposed metrics which have been temporarily removed from the scorecard, pending agreement are:

- Primary Care SitRep (GP Pulse Check)
- GP Quality Scheme metrics

- 2.6 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.



- 2.7 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.

3. Recommendations

- 3.1 The Board is asked to:

- a) Note the progress update related to the Trafford Locality Scorecard (November 2025) and accompanying narrative.

Trafford Locality Monthly Locality Scorecard Update January 2026



Trafford Locality Scorecard: Progress Summary

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

Completed

- ❑ All Metrics are linked to trend data to allow timeline analysis and statistical variation.
- ❑ Where possible, data is linked to the GMICB data warehouse and can be automatically refreshed.
- ❑ Previous / Current Month data has been populated to enable direction of performance to be shown.
- ❑ Red / Green based on Target Achievement and Trafford ranking within GM Localities added.
- ❑ Screening / Immunisation and Health Check data is now linked to monthly GP data extracts

Trafford Locality Scorecard: Progress Summary

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

In Development

- Statistical Significance column to allow filtering for focused metrics
- Assessed areas of system risk and considered inclusion of key metrics in the Locality Scorecard.

- Conversations are ongoing and we are awaiting feedback from Primary Care and Adult Social Care colleagues to identify suitable metrics (Pending LGOF consultation and publication of the new framework in April 26).
- 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.

Locality Scorecard



Greater Manchester
Integrated Care

Priority	Code	Metric	Latest	Nat/Loc	Target	Aim	Prev	Curr	Perf	TA	GM	Focus
CYP & Maternity	CYP001	First EHC Plans issued	Dec-2025	Loc	60.0%	Higher	73.3%	58.8%	↓	R		N
	CYP003	Family Help Assessments completed	Dec-2025	Loc	60.0%	Higher	63.8%	57.1%	↓	R		N
	CYP004	Age 0-5 hospital dental extractions due to tooth decay - 12M Rate per 100,000	Nov-2025	Loc	452.0	Lower	308.5	332.2	↓	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)	Nov-2025	Nat	70.0%	Higher	43.6%	44.8%	↑	R	4	N
	PP003	National Screening Programme - Bowel Age 60-74 (Every 30 months)	Nov-2025	Nat	70.0%	Higher	78.2%	78.2%	↑	G	2	N
	PP004	National Screening Programme - Breast Age 50-70) Every 36 months)	Nov-2025	Nat	70.0%	Higher	73.2%	73.9%	↑	G	1	N
	PP005	National Screening Programme - Cervical - Standard Age 25-49 (Every 42 months)	Nov-2025	Nat	80.0%	Higher	73.7%	73.6%	↓	R	2	Y
	PP006	National Screening Programme - Cervical - Extended Age 50-64 (Every 66 months)	Nov-2025	Nat	80.0%	Higher	78.8%	79.0%	↑	R	2	N
	PP007	Childhood Immunisations Age 2 MMR First Dose	Dec-2025	Nat	95.0%	Higher	91.8%	91.5%	↓	R	3	N
	PP008	Childhood Immunisations Age 5 MMR Second Dose	Dec-2025	Nat	95.0%	Higher	92.5%	92.5%	↓	R	2	N
	PP009	NHS Health Checks Age 40-74 (Received a health check in last 5 years)	Nov-2025	Loc	36.0%	Higher	47.2%	47.8%	↑	G	5	N
Community Care	ASCOF_2A	% New care users who received short-term support (did not need follow-up support)	Dec-2025	Loc	60.0%	Higher	60.2%	60.3%	↑	G		N
	ASCOF_2C	Rate of permanent admissions to residential and nursing placements (65+)	Dec-2025	Loc	484.0	Lower	308.1	341.1	↓	G		N
	ASCOF_3D	% People using social care in receipt of direct payments	Dec-2025	Loc	61.0%	Higher	19.0%	18.6%	↓	R		N
Mental Health	MH001	MH Inappropriate OAPS (Bed Days)	Sep-2025	Nat	0	Lower	785	580	↑	R	5	Y
	MH002	MH Patients No Criteria to Reside	Jan-2026	Nat	0	Lower	8	8	→	R	4	Y
	MH003	MH Long Length of Stay (% with LOS 60+ Days)	Oct-2025	Nat	0.0%	Lower	31.3%	28.6%	↑	R	7	Y
	MH004	Dementia Diagnosis Rate	Nov-2025	Nat	66.7%	Higher	69.5%	70.3%	↑	G	10	N
Planned Care & Long Term Conditions	LTC001	% of patients with >=20% 10-year CVD risk score treated with statins	Jun-2025	Nat	60.0%	Higher	67.2%	67.4%	↑	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	Nov-2025	Loc	81.6%	Higher	74.9%	82.6%	↑	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	Dec-2025	Nat	78.0%	Higher	71.9%	71.6%	↓	R	3	Y
	UC002	A&E Attendance Rate per 1,000	Dec-2025	Loc	38.7	Lower	37.2	35.6	↑	G	1	N
	UC004	2 Hour Urgent Community Response (First Care Contacts)	Nov-2025	Nat	70.0%	Higher	100.0%	97.3%	↓	G	2	N
	UC006	Hospital admissions for alcohol-specific conditions (12M Rate per 100,000)	Dec-2025	Loc	817.0	Lower	764.1	690.9	↑	G		N

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

Achieving or Above Target Metrics

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.

Priority	Code	Metric	Latest	Nat/Loc	Target	Aim	Prev	Curr	Perf	TA	GM	Focus
Prev. & Protection	PP003	National Screening Programme - Bowel Age 60-74 (Every 30 months)	Nov-2025	Nat	70.0%	Higher	78.2%	78.2%	↑	G	2	N
Prev. & Protection	PP004	National Screening Programme - Breast Age 50-70) Every 36 months)	Nov-2025	Nat	70.0%	Higher	73.2%	73.9%	↑	G	1	N
Prev. & Protection	PP009	NHS Health Checks Age 40-74 (Received a health check in last 5 years)	Nov-2025	Loc	36.0%	Higher	47.2%	47.8%	↑	G	5	N
Community Care	ASCOF_2A	% New care users who received short-term support (did not need follow-up support)	Dec-2025	Loc	60.0%	Higher	60.2%	60.3%	↑	G		N
Community Care	ASCOF_3D	% People using social care in receipt of direct payments	Dec-2025	Loc	0.6	Higher	0.2	0.2	↓	G		N
Mental Health	MH004	Dementia Diagnosis Rate	Nov-2025	Nat	66.7%	Higher	69.5%	70.3%	↑	G	10	N
Plan & Care & LTC	LTC001	% of patients with >=20% 10-year CVD risk score treated with statins	Jun-2025	Nat	60.0%	Higher	67.2%	67.4%	↑	G	5	N
Plan & 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	Nov-2025	Loc	81.6%	Higher	74.9%	82.6%	↑	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	Dec-2025	Loc	38.7	Lower	37.2	35.6	↑	G	1	N
Urgent Care	UC004	2 Hour Urgent Community Response (First Care Contacts)	Nov-2025	Nat	70.0	Higher	1.0	1.0	↓	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: 12 January 2026

Broad-Spectrum Antibiotic Prescribing continues to reduce
 Dementia Diagnosis Rate moved above target for the first time in February 2025 and continues to increase.
 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 25-49 (Every 42 months)	Nov-2025	Nat	80.0%	Higher	73.7%	73.6%	↓	R	2	Y
Mental Health	MH001	MH Inappropriate OAPS (Bed Days)	Sep-2025	Nat	0	Lower	785	580	↑	R	5	Y
Mental Health	MH002	MH Patients No Criteria to Reside	Jan-2026	Nat	0	Lower	8	8	→	R	4	Y
Mental Health	MH003	MH Long Length of Stay (% with LOS 60+ Days)	Oct-2025	Nat	0.0%	Lower	31.3%	28.6%	↑	R	7	Y
Urgent Care	UC001	A&E 4-hour Performance	Dec-2025	Nat	78.0%	Higher	71.9%	71.6%	↓	R	3	Y

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

Refreshed: 12 January 2026

- 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 25-49) (Every 42 months)

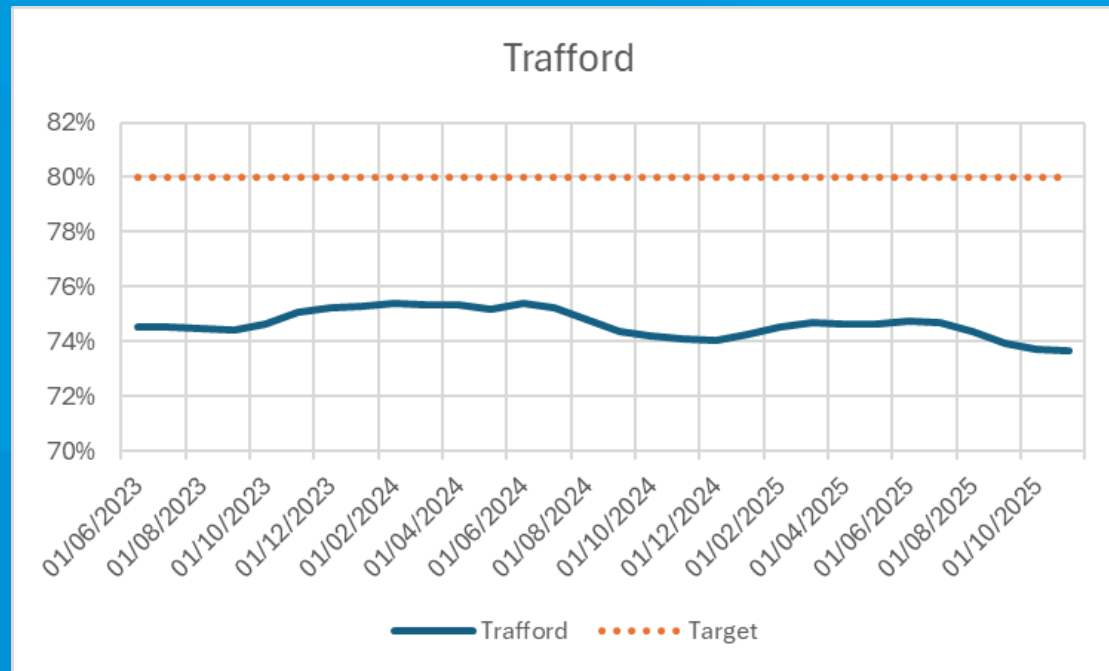


Greater Manchester
Integrated Care

Focus Rationale

In June 2025 coverage showed a small increase to 74.7% but has decreased to 73.6% in November 2025, below the target of 80%. The actual numbers behind the latest coverage are 27,792 women screened out of an eligible population of 37,738. To achieve the 80% target would require an additional 2,400 screenings (800 per month until the end of the financial year)

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- Recent decrease from 74.7% in June 2025 to 73.6% in November 2025
- Trafford's statistical neighbour in GM is Stockport Locality whose latest coverage is 76.0%
- Neighbourhood data is shown on the next slide



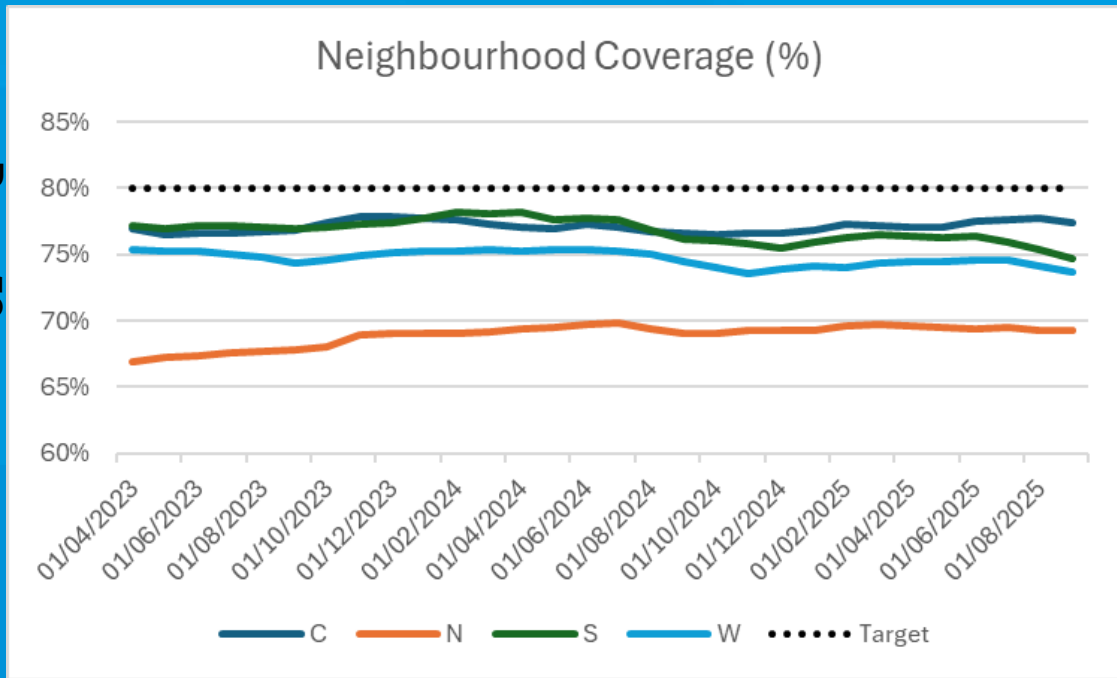
Priority – Prevention & Protection National Screening Programme - Cervical - Standard (Age 25-49) (Every 42 months)



Greater Manchester
Integrated Care

Focus Rationale

In June 2025 coverage showed a small increase to 74.7% but has decreased to 73.6% in November 2025, below the target of 80%. The actual numbers behind the latest coverage are 27,792 women screened out of an eligible population of 37,738. To achieve the 80% target would require an additional 2,400 screenings (800 per month until the end of the financial year)



- Decrease in coverage in South neighbourhood from July 2025 onwards.
- Trafford's statistical neighbour in GM is Stockport Locality whose latest coverage is 76.0%
- Additional narrative provided by Public Health colleagues is included on the next page.

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Cervical screening was the focus item at the 14th October Trafford Locality Cancer Steering Group. The group is attended by PCN cancer leads, Cancer Screening Improvement Leads (NHSE); Trafford neighbourhood network lead; Public Health, ICB Trafford GM Cancer alliance reps and VBME. Barriers and enablers were discussed, including:

- Online booking, text reminders and extended access for nurse appointments at weekends and in evenings
- Education sessions for admin team – sharing between practices (West PCN sharing their approach to this)
- Answer Cancer Training on having difficult conversations and resources on NHS Future website promoted
- Outreach to Hong Kong Chinese community undertaken by Altrincham Health Alliance
- Escalation of issues re cytology to NHSE team
- Neighbourhood lead to connect with Family Hub leads to explore further opportunities through PPGs and Family Hubs to raise awareness and promote uptake

Screening performance was also discussed with West, North, Central and Altrincham Healthcare Alliance PCNs during October/November as part of Public Health/PCN meetings.

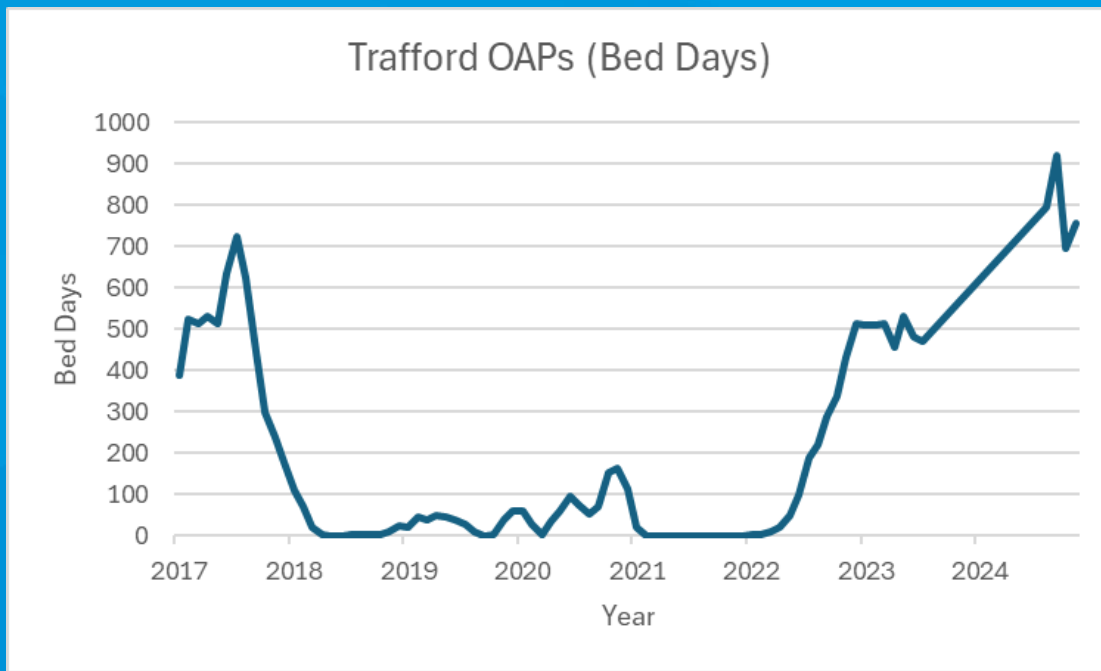


Priority - Mental Health MH Inappropriate Out of Area Placements (Bed Days)

Focus Rationale

In August 2022, the number of bed days related to OAPS was zero. From this point the number has steadily increased to 785 (September 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 of 785 bed days.

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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

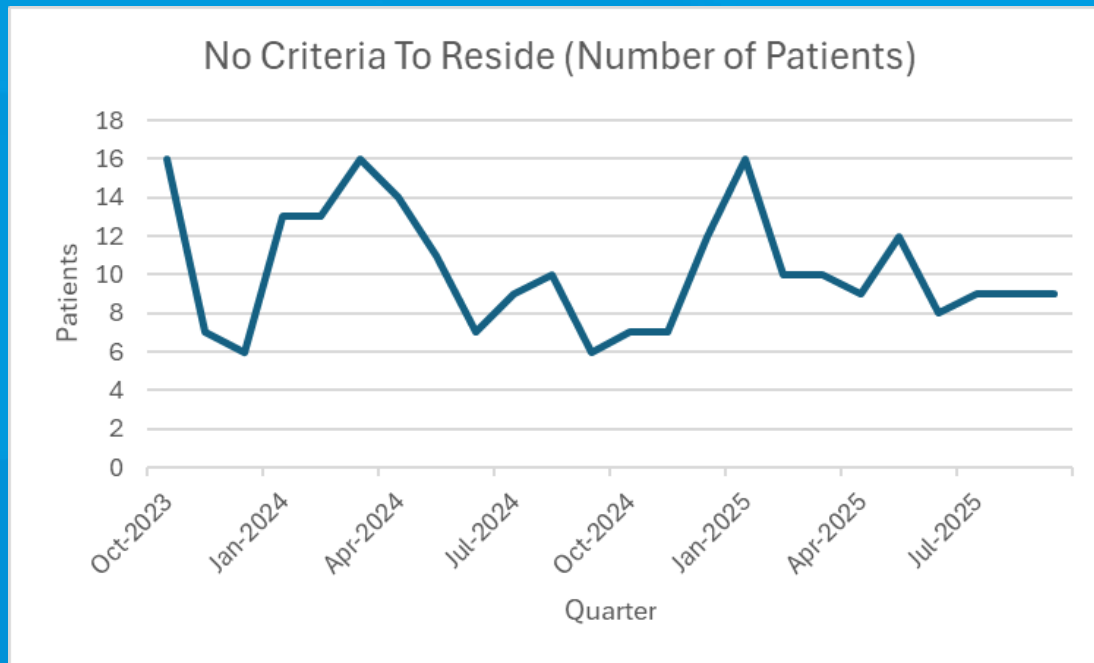
- GM overall target is 25% reduction
- Trafford target is 33% reduction
- Includes Adult Acute only (clarified by GM 31/07/25 – this is a change to last year).



Priority - Mental Health MH Patients No Criteria to Reside

Focus Rationale

In January 2025 the number of patients was at its highest (16). This number has decreased to 8 in January 2026
To achieve 0 patients with NCTR would require a decrease of 8 patients



CRFD Locality 2025-26 Targets (continued)

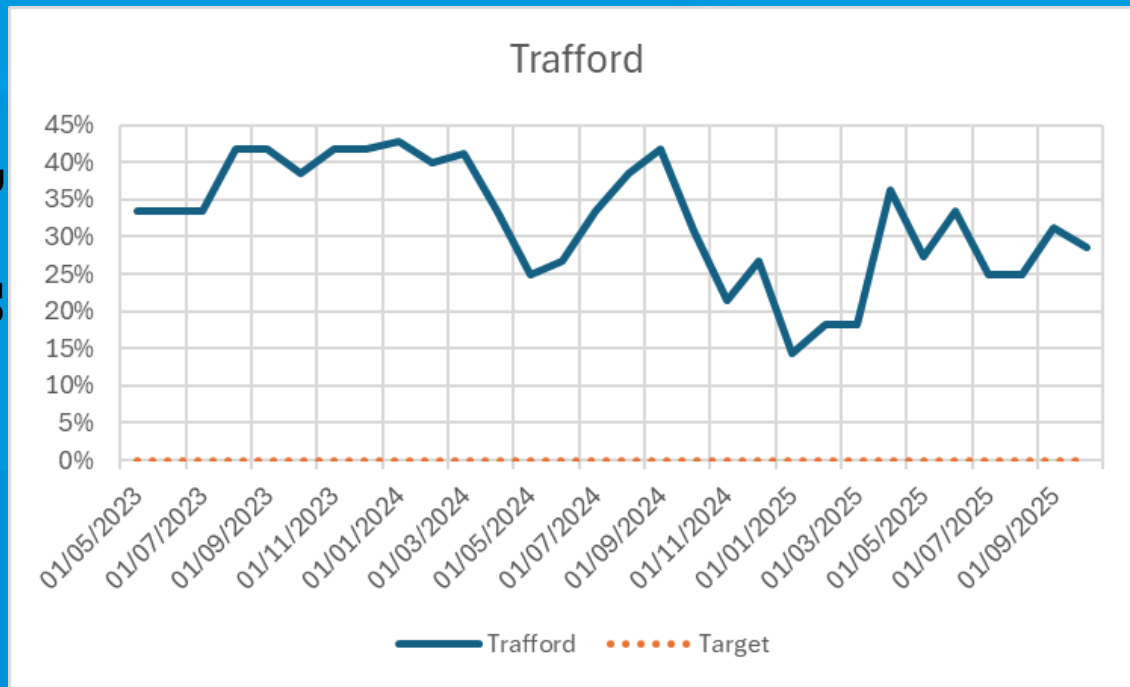
- Older Adult CRFD are not included in this target (but should still be tracked locally).
- Rehab CRFD are not included in this target (but should still be tracked locally)
- Trafford's 33% reduction equates to no more than 2080 bed days lost to CRFD between April 25-March 26.
- This requires an average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

Focus Rationale

In September 2024, the percentage of LLOS over 60 days was 41%. This has decreased to 28.6% in October 2025. The actual numbers behind the latest rate are 20 (LLOS 60+ days) out of a total of 70 LLoS. To achieve 0 patients with LLOS 60 days would require a decrease of 20 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.



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 value and maximise available capacity.

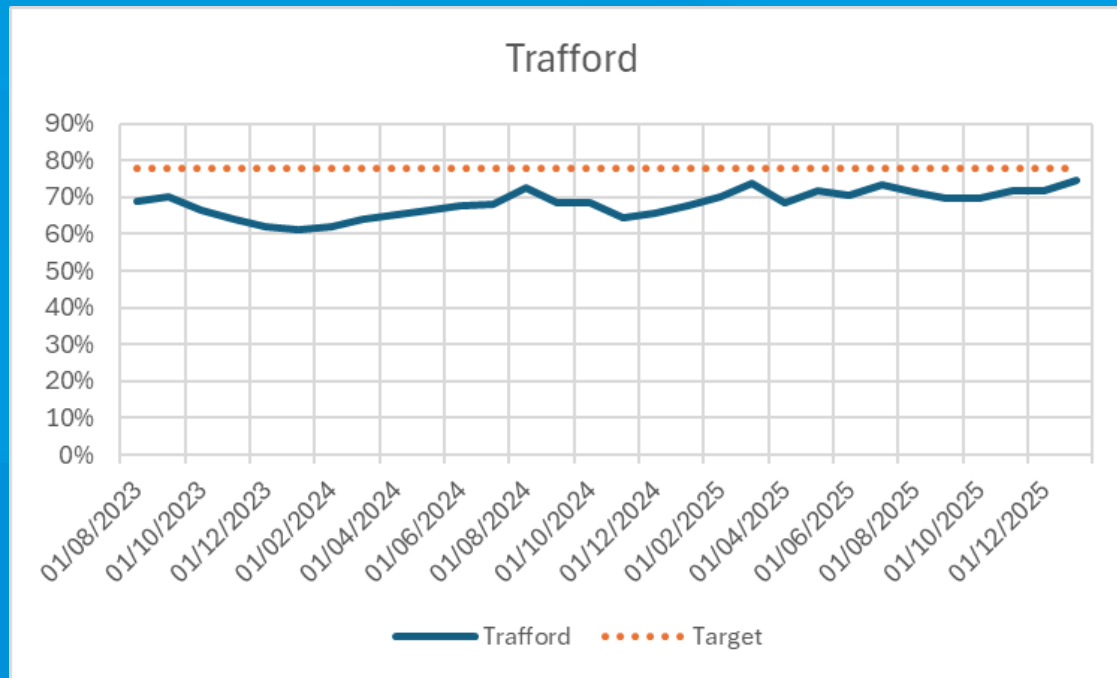


Priority – Urgent Care A&E 4-hour Performance

Focus Rationale

In July 2025, the 4-Hour performance rate was 73.6%. This decreased to 71.6% in December 2025. The actual numbers behind the latest rate are 5,193 patients seen within 4 hours out of a total of 7,251 attendances. To achieve the target of 78% would require an additional 470 patients to be seen within 4 hours (based on December figures)

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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)



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

Narrative (Continued)

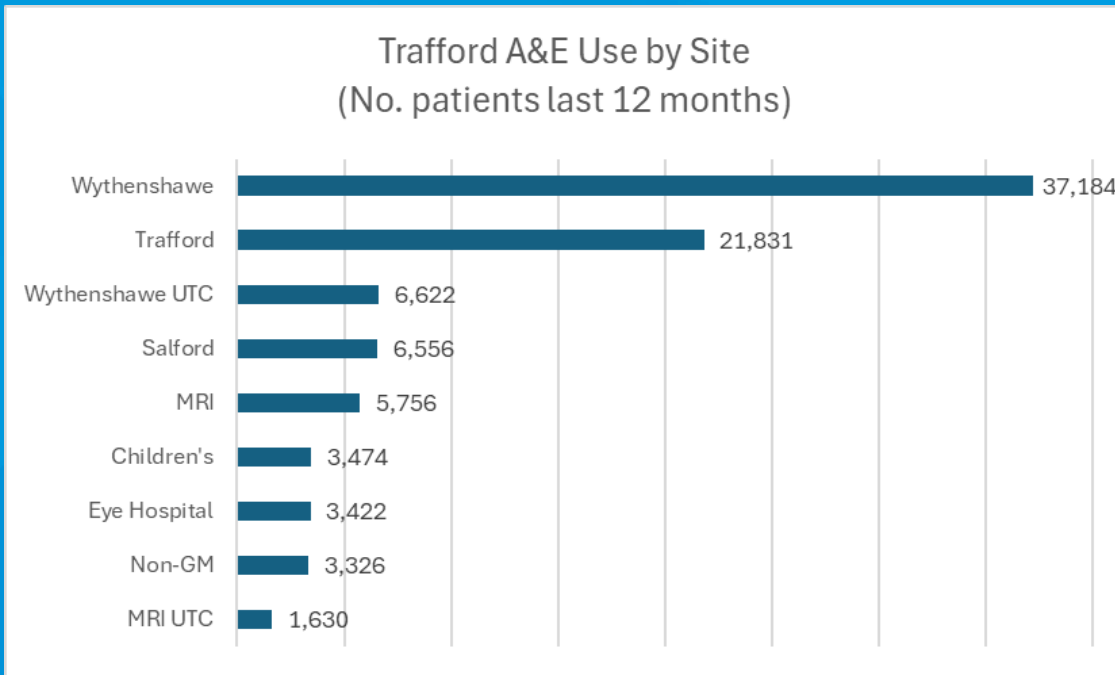
- Establishment of the new Trafford High Intensity User Scheme as part of the Primary Care Quality Contract
 - Daily MADE in place with GMMH and partners, to support internal and external next steps actions
 - For those patients where there are specific barriers, a meeting is set up to discuss the barriers 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

Additional Information

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

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

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



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Name of Committee / Board		Trafford Locality Board		
Date of Meeting		20 th January 2025		
Report Title		Healthwatch Trafford Performance Report October - November – December 2025		
Report Author & Job Title		Andrew Latham, Chief Officer		
Organisation Exec Lead		Andrew Latham		
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance	Discussion	Information
EXECUTIVE SUMMARY				
A summary of Healthwatch Trafford’s performance and impact during the period October 2025 to December 2025. This includes research, engagement activities, local concerns, and strategic updates.				
RECOMMENDATIONS				
1. To note the report.				
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 <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	None			
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation: N/A			
	Comment / Approval <i>(Delete appropriately)</i> N/A			
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>	Date of TCAPS / Clinical Lead comment (Delete appropriately): N/A			
	Name/Designation: (If appropriate) N/A			
	Comment: N/A			
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	N/A, update only			



Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	N/A, update only
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	N/A
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	N/A
Enabler implications	Legal implications:
	Workforce implications:
	Digital implications:
	Estates implications:
Sub-Board Sign-Off / Comments <i>(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)</i>	
Organisation Exec Lead Sign off	

Performance Report

October – November – December 2025

Activities during reporting period October – December '25

RESEARCH

- This quarter we have made significant progress with aspects we are leading on for the evaluation of **Trafford's Changing Futures programme (CF)**. In collaboration with partners delivering this programme, we designed and conducted interviews to assess the impact CF is having, what has worked particularly well, and any potential areas for improvement, from the perspectives of key and family workers. All eight interviews were completed, and a report will be shared with partners early in 2026.
- We are carrying out a project on **Palliative Care** in Trafford to understand people's experiences of these services. This will include looking at which services people use and how satisfied they are with them. The project includes three main sources of evidence: First, a **survey** which ran for several months and as of the end of December had gathered 26 responses from people either going through palliative care or people who cared for those going through it. The survey has now been closed and analysis is taking place. The second source of evidence will come from **case studies or focus groups** of carers who have knowledge of palliative care; our intention is for Trafford Carers Centre to assist with this. Other bereavement support groups may also be contacted. The final part of this project will be a **literature review** of secondary research, taking into account NHS Long Term Plan Ambitions for Palliative Care, Trafford's own Palliative Care Strategy, and relevant reports from other Healthwatch organisations. The report will be written by the end of January with the goal of publishing it in early March.
- For our project on **Parental Mental Health**, we are analysing responses from to our survey and will soon be conducting a literature review to provide added context. Reports from other Healthwatch organisations, Trafford's mental health strategy, and Greater Manchester's mental health strategy will be consulted for this. There is also the possibility of including case studies to ensure people's lived experience is included in the report. The timescale for this report is the same as the Palliative care report; we aim for publication in March.
- Our project on **Oral Health in Under 5s** is in the planning stage; we have had meetings with Trafford Public Health colleagues to discuss the most useful approach to take on this topic. At this time, our plan is to focus on the oral health of children with learning disabilities, as this was mentioned as an area where Public Health are lacking data. We

will have a meeting at the end of January with colleagues in charge of dentistry at Manchester University NHS Foundation Trust to gather more information about the issues they face with oral health in children with learning disabilities, and at this point we will finalise the aims of the project. We also intend to contact specialist schools as part of our research either in the form of interviews or a survey of professionals and carers.

- Another project is underway on the **'Live Well'** approach being taken by Trafford Public Health. This project will entail a Healthwatch 100 survey on the five ways to mental wellbeing and will be targeted at residents of Sale and Partington. The survey goes live in January, and Trafford Council will assist in its distribution. It will aim to identify barriers for people in achieving the five ways of mental wellbeing. There will be follow-up focus groups to consider how a Live Well offer may improve capacity for residents to improve their mental wellbeing, but these focus groups may not be carried out by Healthwatch.

COMMUNICATIONS

- We have shared details of a project being led by Healthwatch Bury, in collaboration with Greater Manchester Healthwatch network, aimed at raising awareness and improving support for men affected by **prostate cancer**.

We invited men across Greater Manchester to share their experiences to help identify gaps in care and shape better services. Participation took the form of completing a short survey, joining a focus group, or contacting us directly.

ENGAGEMENT

- Our authorised representatives conducted an **Enter & View** visit at **Delamere Medical Practice** in October. As well as speaking to patients on the day, we received over 250 responses from patients, practitioners and GP staff to online surveys that we created. A draft report with recommendations has been shared with the practice for consideration and comment.
- We were present at **St Johns Medical Centre's annual Health and Wellbeing Event** in October where we particularly engaged with older residents and promoted our palliative care project.

- The chair of our board represented us at Trafford Council's bereavement event at Sale Town Hall in October where we made connections with council staff, other voluntary sector organisations and Trafford residents.
- In November we listened to the experiences of local carers present at the **Carers Rights Day** put together by Trafford Carers at Stretford Public Hall. We also connected with many of the teams supporting them, including Beyond Empower, Scope and Greater Manchester Mental Health.
- We attended **Trafford Deaf Partnership** meeting at Trafford Town Hall where we spoke about the reach of our presentation following a listening event with Deaf residents in Trafford. The paper was shared with Trafford Council and Greater Manchester ICB teams and as well as the Fairer Trafford Partnership meeting in December, and it was agreed that representatives from TDP could attend a future face to face meeting of the Partnership to relay their experiences.

VOLUNTEERING

- The engagement activities mentioned helped to contribute **over 60 hours** of volunteer time in the months of October, November and December 2025.
- In addition, our volunteer **Readers Panel** reviewed our Patient Participation Group (PPG) report prior to publication.
- Authorized representative volunteers also took part in the **development and refinement** of the Enter & View process and report prior to publication.

From the Trafford community

KEY CONCERNS

- We received feedback that reminded us of the importance of good communication between patients and triaging staff after one resident contacted III, who did not realise that the person he had with him during his medical event was the person he was currently caring for and subsequently could not provide assistance to him.
- There were further issues with patient communication at some local GP practices with one resident feeling they needed to leave a practice after 13 years as a patient, citing “very unsatisfactory patient care and communication”. Another described their experience as leaving them feeling not listened to and belittled.
- In one instance, a patient attended the same clinician over a six-week period and was told their symptoms were manageable with pain relief. However, the patient was subsequently hospitalised with, as a consequence of their untreated underlying condition, sepsis. This highlights the dangers of patients and staff not hearing or understanding each other.
- Continuing the theme into hospitals, multiple residents reported feeling that both administrative and clinical staff did not listen to them leading to an unwanted examination and needing to travel beyond what was accessible for them. In the latter case, they were then told the appointment was unnecessary although this had not been communicated to other staff involved in their care.
- Although we heard little about waiting times for appointments compared to previous quarters, we did hear from one person who waited two months for a clinic letter that contained information they disputed.
- One resident was advised to go on a waiting list to register at their former GP as their current one does not support their needs or those of their non-verbal child, despite the former practice being closer.
- Last quarter, we heard positive feedback regarding the infant feeding team and infant feeding support services, and we received more over the last three months. Local midwife breastfeeding support services were particularly highlighted. However, another person ended up turning to private support after a tongue-tie was missed and there was no NHS support available, which they described as ‘tough’ financially.

- In further good news, several patients had positive experiences with hospital care at St Mary's, with others singling out the cardiac, paediatric, and colonoscopy teams at Wythenshawe hospital for praise.
- We continue to fulfil our information providing function, helping patients who are looking to make complaints as well as signposting to the appropriate clinical services when residents need more information, such as one resident who was given a copy of their abnormal blood results with no interpretation and needed to speak to a clinician.
- Some patients have experienced issues with blood test booking, including staff they felt were rude and difficulty reaching anyone despite multiple attempts via email and telephone.

Strategic updates

We attended the Macmillan coffee morning at St. John's promoting our Palliative Care survey. We have not had the response hoped for but, nevertheless, we will be producing a report in the new year which we hope will draw attention to this important area.

We also attended a bereavement event where each of the eight organisations involved in end-of-life care formed a panel explaining their roles. This was a well-attended event which threw a light on what happens in relation to explained and unexplained deaths. A particularly interesting point was that since the introduction of the Medical Examiner role, the number of inquests to Coroners has reduced significantly. We also learned that there was a 'tell us once' service which reduces the burden of notification on the bereaved as this notifies statutory bodies of a death.

Greater Manchester Mental Health Service provided us with details of their care group structure. This is taking some time to embed, particularly in senior roles at Moorside.

We also met with Bluesci to check on reports we had heard about delayed discharges. The main concerns were about the lack of suitable accommodation, the use of temporary housing, and sofa surfing. One specific issue is that patients on methadone cannot be housed in temporary accommodation.

ILED (Improving Lives Every Day) Board were provided with feedback from the CQC inspection. Again, housing was an issue highlighted, as was equipment. At the last Health Scrutiny Committee, a report on equipment services was discussed and the arrangements going forward noted involving three boroughs jointly commissioning this service. We repeated our offer to do a study on Discharge to Assess (D2A) which has lain dormant in our workplan for the last two years. The work in relation to Peopletoo's work on a directory is especially welcomed as we know from our own experience that this is particularly important to the public. Other proposals being put forward are significant, affecting the whole care pathway for people requiring social care. Our comments related to the need to make clear the issue of choice and the thorny topic of deferred payments, particularly where long-term care is thought to be required. These are aspects of care that would benefit from an independent voice and advocacy.

We look forward to the publication of Neighbourhood Plans and the priorities that surface. We are endeavouring to attend most local meetings.

As far as the changes in Healthwatch are concerned we have had one facilitated Healthwatch in Greater Manchester (HWinGM) development day from which an action plan has been produced. A second development day is planned for the end of January. There are also meetings with the ICB and the Mayor's office in the pipeline. In Trafford, we will be discussing the future with a wide range of partners so that we can come up with a model which meets most needs. We recognise that whatever model is ultimately agreed will be influenced by available resources from within the borough. We will also continue to look for commissioned work.

We will shortly start to seek views on our 2026/7 work plan. As far as we know there are no Greater Manchester ICB requirements other than to continue to provide representation. However, we will know more following our meeting with the ICB on 8th January as to whether they require any projects to be undertaken in return for the extension of the HWinGM funding agreement which will now potentially end on 31 March 2027.

A handwritten signature in blue ink, appearing to read "H. Fairfield", written over a thin blue horizontal line.

Heather Fairfield

Chair

Healthwatch Trafford

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Name of Committee / Board		Trafford Locality System Board		
Date of Meeting		20 January 2026		
Report Title		NHS GM Trafford Finance report		
Report Author & Job Title		Julie Flanagan NHS GM Trafford		
Organisation Exec Lead		Gareth James		
OUTCOME REQUIRED <i>(please highlight)</i>	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 November 2025.

As at Month 8 the total ICS year to date deficit is £83m, a £12.8m adverse variance against the plan, an deterioration of £2.4m from the previous month.

The Locality position is overspent £2.53m YTD with a forecast outturn of £2.54m overspent. The deterioration in the YTD is linked to the transition to the new ledger and has been resolved at month 9. The forecast position remains in line with previous the month. Actions being taken to address the forecast variance for individual packages of care are underway however this does not deliver a breakeven position

The locality YTD CIP position is ahead of plan by £644k and is forecast to deliver the target of £2.92m.

Due to the transition to a new finance ledger in October the analysis of expenditure across all sectors is excluded again from this report.

An increased financial control framework remains in place with the system required to demonstrate and provide assurance there is a credible plan to deliver the forecast to secure the remainder of the deficit support funding.

RECOMMENDATIONS

The Locality Board is requested to:

- Note the Month 8 year to date reported financial position for GM ICS of £83m deficit, against a planned deficit of £70.2m, resulting in a variance against plan of a £12.8m deficit.
- Note the breakeven forecast outturn position in line with NHSE reporting requirements.
- Note a Locality YTD variance of £2.53m overspend for commissioned services and a forecast variance of £2.54m.
- Note the workstreams in place targeting the cost pressure and the increased grip and control measures for the locality
- Note the delivery of ICS CIP as at Month 8 of £388.4m against a plan of £362.8m, an overachievement of £25.6m
- Note the locality CIP delivery of £2.3m against a plan of £1.66m an overachievement of £640k and forecast to achieve full delivery.



<ul style="list-style-type: none"> Note the risk of the Q4 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. 	
<p>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</p>	
<p>Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i></p>	<p>The volatility in the expenditure of individual packages of care expenditure continues to be the main risk to the financial position. Actions are underway targeting several aspects of this area of spend, however impact in 2025/26 will be limited to Q4.</p>
<p>Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i></p>	<p>Name/Designation:</p> <p>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.</p>
<p>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i></p>	<p>N/A</p> <p>Name/Designation: (If appropriate)</p> <p>Comment:</p>
<p>What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i></p>	<p>N/A</p>
<p>Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i></p>	<p>N/A</p>
<p>People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i></p>	<p>N/A</p>
<p>Trafford’s Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i></p>	<p>N/A</p>
<p>Links to Measurement / Outcomes</p>	



<i>(Please detail if this is included within the report)</i>	
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 8 November 2025

Trafford

Integrated Care Partnership



At Month 8 the total ICS year to date deficit is £83.0m, a £12.8m variance behind plan (Month 7: variance of £10.4m), which is a deterioration of £2.4m compared to last month.

M8 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	£2.2	£-0.2	£-2.4	£-65.2	£-78.0	£-12.8	£7.5	£7.5	£0.0
NHS GM	£-0.6	£-0.6	£0.0	£-5.0	£-5.0	£0.0	£-7.5	£-7.5	£0.0
ICS Total	£1.6	£-0.8	£-2.4	£-70.2	£-83.0	£-12.8	£0.0	£0.0	£0.0

Key points of note for Month 8 are:

- Whilst an overall deficit continues to be reported, there has been a further reduction in the in-month spend for the GM system of £22.0m compared to M7. And in addition, the run rate comparison for the overall system has improved by £32.5m compared to M7. Net risk also continues to reduce each month.
- The YTD provider position is now £12.8m behind plan, a deterioration of £2.4m in month, with the reported pressures being due to delays in CIP delivery, and the operational cost of delivery, particularly on workforce.
- NHS GM is reporting a £5.0m YTD deficit this month, which remains in line with the plan. Pressures continue to be reported relating to ADHD, Autism and s117 within Mental Health due to increased activity linked to Right to Choose, and on-going increased volume and costs associated with All Age Continuing Care. Pressures associated with Independent Sector elective activity and delays in delivery of savings also continue to be reported. However, Finance Recovery Plans continue to be monitored and updates in M8 indicate that whilst IS activity has reduced slightly and CIP delivery has improved again, MH and All Age Continuing Care run rates have deteriorated slightly. These pressures are currently offset partially with some areas of under spend in the overall position.
- On a YTD basis, CIP delivery is £25.6m ahead of target as a system (£1.7m behind plan by NHS GM, offset by a favourable provider variance of £27.3m). Whilst it is forecast that CIP targets will be met in full, there continues to be a risk to delivery reported by a number of organisations.
- Deficit Support Funding (DSF) has currently been received up to and including Q3 and the remainder allocation for Q4 will only be allocated 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.
- An increased financial control framework of enhanced grip and control still 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.

The below table outlines key areas to note for Month 8:

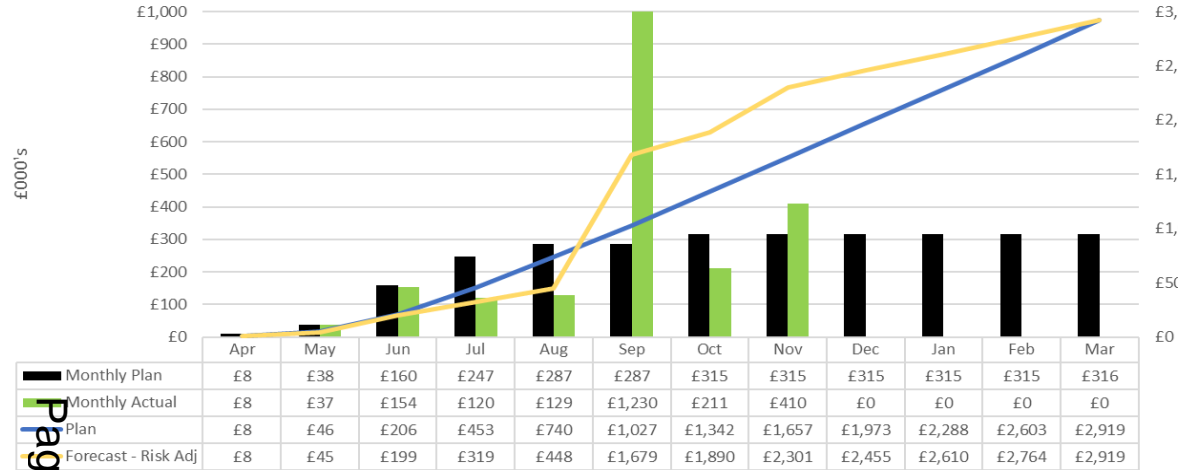
Key area	M8 Overview
Financial plan	The 2025/26 Greater Manchester ICS final plan following the notification of Deficit Support Funding (DSF) is breakeven, and as previously reported is split £7.5m deficit for NHS GM and a £7.5m surplus for GM providers. To date £150.0m of the £200.0m DSF has been received as an allocation.
Year to date variances	<ul style="list-style-type: none"> The YTD provider position has worsened to £12.8m deficit, with reported pressures being due to delays in CIP delivery, and the operational cost of delivery, particularly on workforce. The NHS GM position has remained on plan, reporting a £5.0m deficit this month. Pressures continue to be reported relating to ADHD, Autism and s117 within Mental Health due to increased activity linked to Right to Choose, and on-going increased volume and costs associated with All Age Continuing Care. Pressures associated with Independent Sector elective activity and delays in delivery of savings also continue to be reported. However, Finance Recovery Plans continue to be monitored and updates in M8 indicate that whilst IS activity has reduced slightly and CIP delivery has improved again, MH and All Age Continuing Care run rates have deteriorated slightly. These pressures are currently offset partially with some areas of under spend in the overall position. In-month spend has reduced again for both GM providers and NHS GM, and a further improvement in the forecast run rate position.
Efficiencies/CIP	As at M8 £388.4m of CIP has been delivered against a plan of £362.8m, an overachievement of £25.6m. The forecast CIP position is £659.3m which is above the plan of £656.0m although there are risks associated with delivery.
Capital	The provider capital YTD actual spend, including internally generated (BAU), IFRS 16 (leases) and PDC is £157.9m, compared to a plan of £189.1m. At this stage, even though some overspends are reported, it is expected that a balanced forecast outturn position will be delivered. The capital allocation for NHS GM remains at £10.9m and is expected to be fully utilised by the end of the financial year.
Cash	<p>At present provider cash balances are above plan by £0.5m and cash balances have decreased compared to M7 and there are continuing concerns with future cash flow for some providers.</p> <p>At M8 NHS GM had drawn down 67.9% of its annual cash allocation compared to a straight-line rate of 66.7%, 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 M8 equated to £8.5m, with an actual closing balance of £0.8m.</p> <p>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.</p>
Risk & Mitigations	At M8 the total gross risk has been estimated at £106.4m, a further reduction compared to M7. The majority of this relates to the risk associated with delivery of efficiency targets. It is currently assumed that all risk will be fully mitigated resulting in zero net risk.

Summary Financial Position as at Month 8				M7	In Month	Forecast			In Month
	Budget	Expenditure	Variance	Variance	Movement	Budget	Expenditure	Variance	Movement
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	
Commissioned Services									
Mental Health Services	3,159	3,151	7	-26	↑	4,804	4,793	11	↑
Community Services	7,958	7,939	19	-6	↑	11,937	11,899	38	↓
Personalised Packages of Care	29,240	31,849	-2,609	-1,630	↓	43,757	46,395	-2,638	↓
Primary Care Locally delegated	4,648	4,661	-14	-37	↑	7,260	7,323	-63	→
Estates void & subsidy	1,469	1,465	4	50	↓	2,200	2,200	0	→
Capacity & Discharge Fund	1,229	1,162	67	-0	↑	1,843	1,743	100	↑
Total Commissioned Services	47,702	50,228	-2,526	-1,648	↓	71,800	74,352	-2,553	↓

- YTD position has deteriorated from M7 in respect of individual packages of care, linked to the transition to the new ledger which have been corrected at M9.
- The forecast is a deficit of £2.54m is in line with the previous 2 months.
- The forecast assumes full delivery of CIP, performance year to date is £2.3m with a NHSE risk adjusted outturn of £2.92m being in line with the target.
- Due to the volatility of packages of care, risk to the forecast position remains high with no flexibility in other locally delegated budgets to offset any future adverse movements. Several workstreams are underway targeting the in-year cost pressure with any impact limited to Q4.



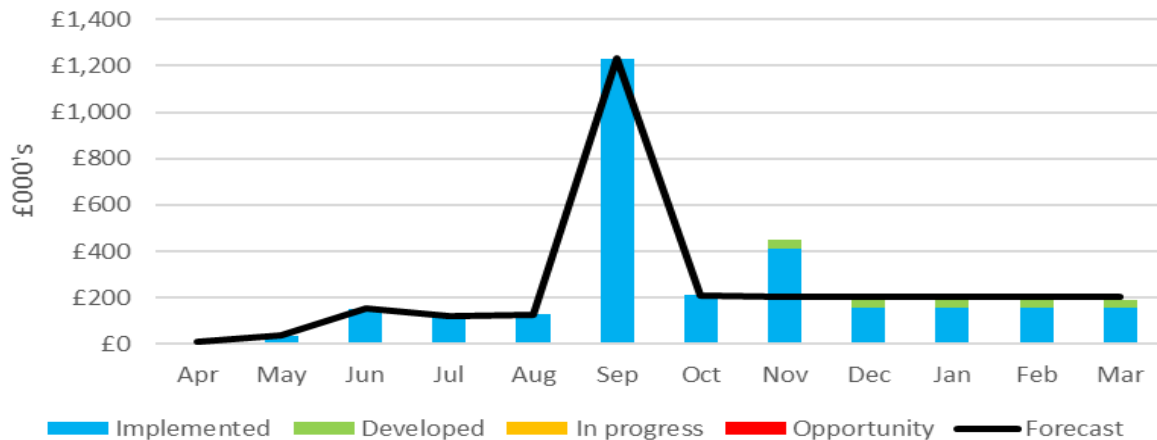
Trafford CIP 2025/26 Plan vs Actual



- Forecast achievement of £2.919m is in line with the target.
- The recurrent / non recurrent split of the schemes for in year delivery is 76%/24%.
- Contract slippage within primary care and mental health are the main contributors to the non recurrent savings.
- Workstreams to address the financial recovery plan will be considered to support the recurrent full year effect of this year's target.

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Trafford CIP YTD and forecast delivery





- Progress update on actions to address packages of care spend:
 - Joint review of LD packages of care with the LA – desktop exercise completed analysing cases to ensure no duplicates. Phase 2 to commence January 2026 with detailed case reviews of the combined high-cost case cohort identified in phase 1.
 - Task and finish group established to review end of life referrals to CHC with agreed terms of reference. Currently analysing data. CHC team to promote fasttrack training and use of the fast rack tool.
 - Initial market management engagement completed. Formal engagement with the market regarding proposed new rates for both residential, nursing and CHC to be undertaken separately by the LA and ICB due to timing.
 - CareCubed software package training for CHC staff scheduled for December and engagement workshops with care homes planned for early January.
 - BAU review of care plans on-going
- Enhanced grip and control measures for the locality will be in place
 - Additional escalation local assurance meetings to be scheduled with a specific focus on financial performance
 - Individual package of care deep dives incorporating finance and quality to provide further assurance
 - Increased scrutiny of STAR requests





The Locality Board is requested to:

- Note the Month 8 year to date reported financial position for GM ICS of £83m deficit, against a planned deficit of £70.2m, resulting in a variance against plan of a £12.8m deficit.
- Note the breakeven forecast outturn position in line with NHSE reporting requirements.
- Note a Locality YTD variance of £2.53m overspend for commissioned services and a forecast variance of £2.54m.
- Note the workstreams in place targeting the cost pressure and the increased grip and control measures for the locality
- Note the delivery of ICS CIP as at Month 8 of £388.4m against a plan of £362.8m, an overachievement of £25.6m
 - Note the locality CIP delivery of £2.3m against a plan of £1.66m an overachievement of £640k and forecast to achieve full delivery.
 - Note the risk of the Q4 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.

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Name of Committee / Board		Trafford Locality Board		
Date of Meeting		20 th January 2025		
Report Title		Trafford Adult Community Nursing Business Case Overview		
Report Author & Job Title		Patrica Davies, Manchester and Trafford Local Care Organisation Chief Executive		
Organisation Exec Lead		Gareth James, Deputy Place Based Lead		
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance	Discussion	Information
EXECUTIVE SUMMARY				
<p>Community nursing services across England are under significant pressure due to rising demand, increasing complexity and workforce shortages. Trafford's adult community nursing services are a cornerstone of local care, supporting more than 247,000 residents. Demand has grown significantly since the district nursing specification was last reviewed in 2016.</p> <p>Trafford Community Nursing has previously been raised an area for concern for the Board and recovery of this service is agreed as one of the key risks facing the locality with the inevitable resulting patient harm.</p> <p>In September 2025 the MFT Chief Executive wrote to NHS GM to highlight these risks and confirm the intent to envelope a business case. This business case is now shared with Trafford Locality Board.</p>				
RECOMMENDATIONS				
To consider the proposed option and provide feedback.				
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 <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	Risk is currently logged on the strategic risk register due to the risk of patient harm from lack of capacity. Options presented would mitigate some of the risk.			
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation: Gareth James			
	Comment / Approval <i>(Delete appropriately)</i>			



	The business case includes a financial ask of £646,000 and this has been included in the GM planning pressures for consideration when planning for 2026/27.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>	Date of TCAPS / Clinical Lead comment (Delete appropriately):
	Name/Designation: (If appropriate)
	Comment:
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	
Enabler implications	Legal implications:
	Workforce implications:
	Digital implications:
	Estates implications:
Sub-Board Sign-Off / Comments <i>(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)</i>	
Organisation Exec Lead Sign off	

Trafford Adult Community Nursing Business Case – Overview

Trafford Locality Board

January 2026



Introduction/Background

- Community nursing services across England are under significant pressure due to rising demand, increasing complexity, and workforce shortages. Trafford faces these same challenges but at a more severe level, with sustained referral growth and capacity constraints making current models unsustainable. The impact includes deferred visits, long waits, and increased clinical risk, reflected in District Nursing scoring 16 on the MFT Risk Register.
- Trafford's Adult Community Nursing services are a cornerstone of local care, supporting over 247,000 residents through District Nursing, Treatment Rooms, Specialist Bladder and Bowel care, and Specialist Palliative Care. Demand has grown significantly since the DN specification was last reviewed in 2016, driven by demographic change and rising complexity.
- National reviews, including the Darzi Investigation (2024) and Nuffield Trust report (2025), highlight a stark mismatch: DN demand has grown by 24% since 2010 and will rise by 34% by 2040, while workforce capacity has fallen by 43%. This has led to task-focused care, reduced prevention, and higher hospital admissions.
- The NHS Long-Term Plan and the GM Integrated Care Strategy both recognise community nursing as a critical foundation for effective hospital discharge, urgent care prevention, and care closer to home. Yet Trafford's commissioned capacity remains below national and regional benchmarks. As a result, caseloads now exceed safe staffing guidance which are now causing harm.
- In September 2025, the MFT Chief Executive wrote to GM ICB colleagues to highlight these risks and confirm the intent to develop this business case. The case sets out a strategic response to sustainably address capacity gaps, align with national and regional priorities, and ensure safe, effective, and equitable care in Trafford.
- Trafford ICB responded to acknowledge the challenges and confirmed the need for in-year funding to make services safe.



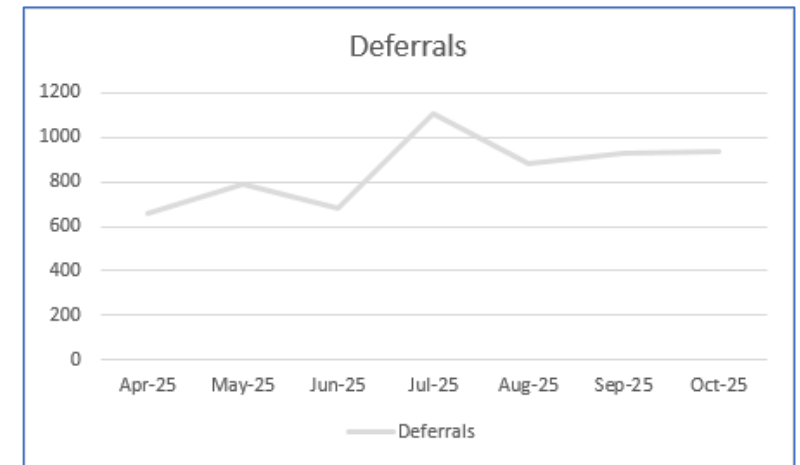
Case for Change

National benchmarking shows Trafford sits in the lower quartile for community nursing investment, spending £12 million per 100,000 residents aged 65 and over compared with a median of £18 million. The cost per contact is £29 versus a national average of £41, reflecting a lean operating model rather than greater efficiency. These lower levels of investment are directly linked to severe workforce pressures: 72% of community nurses regularly work unpaid overtime to manage excessive caseloads, and sickness rates have risen to 14.8%, largely due to work-related stress. **This under-resourcing is now impacting the capacity, quality and safety of Trafford’s core adult community nursing services.**

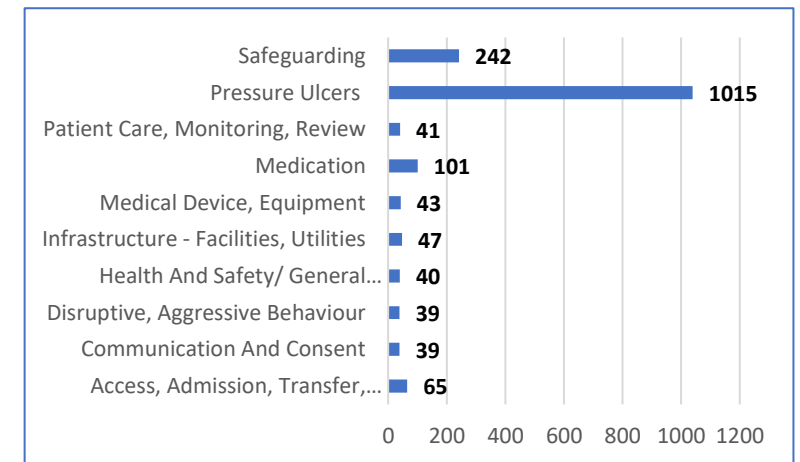
Core Adult Community Nursing: District Nursing (DN) and Treatment Room (TR)

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- Demand for DN in Trafford far exceeds capacity. Caseloads are three times the national average, with **each nurse seeing 16 patients daily** (vs. 12 in Manchester) and spending 38% less time per patient. Meeting demand would require 20 visits per day, which is unrealistic and unsafe.
- This leads to more than **200 deferred visits every week**, despite robust triage, with lower-priority interventions, routinely rescheduled, creating persistent risks to patient safety, outcomes and experience.
- This is reflected in the high volume of incidents, with 1,221 reported in the past 12 months, including **1,015 pressure ulcers** – (178 community-acquired, with 38 linked to lapses in care).
- Rising patient acuity limits the delivery of core functions, like palliative care and bladder and bowel assessments, forcing **specialist teams to absorb non-specialist tasks and** reducing their capacity for complex cases.
- TR clinics offer a cost-effective alternative to home visits for ambulant patients needing DN services. However, **referrals have risen by 21% since 2022/23**, with demand surging further (up to 35%) after the Trafford Elective Surgical Hub follow-up clinic closed, redirecting wound care patients to TR. When capacity is exceeded, patients are now sent to Walk-In Centres. Expanding TR clinics is essential to avoid inappropriate urgent care use and ensure VfM (TR appointments cost £21 versus £50–£100 at Walk-In Centres).



Trafford Monthly DN Deferral Volume (Apr 25 – Oct 25)



TLCO Adults Top 10 Incidents by Category Nov 24 – Oct 25

Case for Change (Cont.)

Specialist Bladder and Bowel Service (BABS)

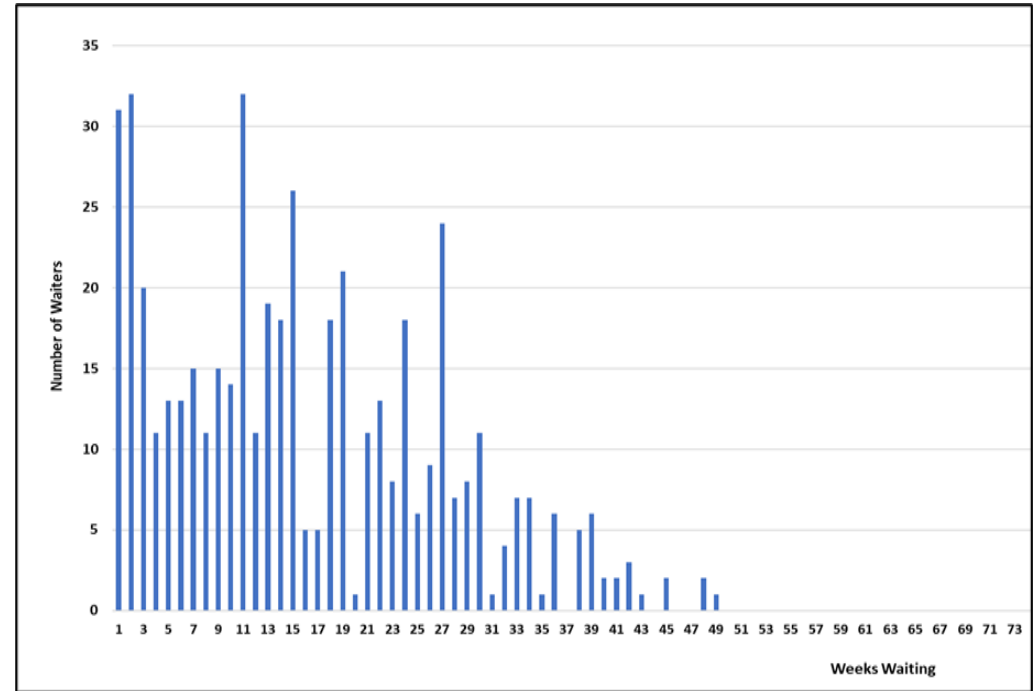
- Referrals for BABS average 114 per month, an increase of 9% since 2022/23. Due to low staffing numbers, specialist nurses are undertaking routine continence assessments that should be managed by DN teams, reducing their ability to focus on complex cases. As a result, waiting times have escalated, with a **current backlog of 531 patients and the longest wait reaching 49 weeks.**

Specialist Palliative Care (SPC)

- Page 92
- Despite recent investment in an enhanced 5-day service, Trafford remains an outlier in Specialist Palliative Care provision compared to Manchester, where a 7-day enhanced model operates. **The current service does not meet national or local guidance for high-quality end-of-life care.** The absence of weekend provision places additional pressure on DN teams and contributes to avoidable emergency hospital admissions.

Specialist Diabetes Nursing (SDN)

- High numbers of Type 2 diabetes patients exacerbate DN caseloads, with approximately **78 patients requiring daily insulin administration—resulting in around 91 home visits each day.** Many of these patients could transition to self-care with appropriate education and support; however, the DN service lacks capacity to assess self-care competencies.



Trafford Bladder and Bowel Team Waiters (as of November 2025)

Financially, MFT is already spending significantly more on Trafford community nursing than the contract value, now exceeding £500,000 per annum. Therefore, any expansion of the service will require additional commissioner funding.

Proposed Option

The case appraises two options, with Option 1 detailing an expansion of the existing model and an ask for 10.5 WTE district nurses (£659k recurrent). However, this does not address BABS or SPC challenges, nor does it remedy existing operational inefficiencies or provide future sustainability.

In contrast, the preferred Option 2 outlines a comprehensive redesign and targeted investment in both adult core and specialist community nursing services in Trafford. The aim is to enhance patient outcomes, simplify care pathways, and deliver financial sustainability with clear value for money. The proposal is two-pronged, including:

- 1) Redesign of existing resource to optimise provision and pathways** - Refreshed service specifications which set out clear clinical criteria for each nursing function to ensure that both routine and specialist interventions are delivered efficiently by the most appropriate team, in the right place, at the right time. Furthermore, this option sees the redesign of the current nursing triage model which will release **£.315k to repurpose into District Nursing** (offsetting overall investment ask).
- 2) ICB Investment to expand services to address the residual capacity gap (£646k recurrent)** – Recurrent investment into core and key speciality nursing services including DN, BABS, SPC and Specialist Diabetes Nursing, developing a robust delivery model which sustainably meets demand, ensuring safe and high-quality care.

Option 2 Benefits (Non-Exhaustive)

Removes all DN deferrals due to capacity constraints, significantly improving patient safety and outcomes and supporting reduction in incidents relating to lapses in care (notably pressure ulcers).

Achieves DN daily visit caseloads of 10, in line with national guidance, improving staff health and wellbeing & retention.

Clearance of all legacy BABS waiters and achievement of wait times.

Provides investment into DN Treatment rooms, preventing urgent care attends for TESH patients and meeting 30-minute appointment requirements as per coroner recommendations.

Provides a 7-day Specialist Palliative Care service to Trafford residents.

Provides specialist community diabetes support for DN teams and GPs, supporting more self-care competence in patients and reducing DN daily insulin visit case loads. This provision also supporting the foundations for Tier 2 diabetes care and levelling up Trafford with the Manchester locality offer.

Provides a sustainable core service which will provide a clear capacity and demand basis to build upon for future left-shift opportunities.

Aligns with national and local commitments (including Trafford Locality Plan) to strengthen community services, reduce hospital admissions, and build a sustainable workforce through innovative models and skill mix optimisation.

Supports the GM Strategy through contributing to integrated pathways across Trafford and Manchester, ensuring consistency in triage, referral management, and specialist care provision.

Notably, by leveraging operational efficiencies and optimised skill mix, Option 2 delivers **56% more additional frontline nursing capacity** than Option 1, while requiring slightly less recurrent investment (£13k efficiency).

Recommendations & Key Milestones

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#	Recommendation/ Key Milestone	Lead/s	Timeframe
1	Discuss full-service review and investment case with Trafford ICB colleagues.	P Davies / G James	Dec 2025
2	Share proposed DN service specification for review with GM ICB Community Service Review Group.	L Alani	Dec / early Jan 2026
3	Joint CEOs letter (Trafford Council / MFT) to NHS GM	P Davies	Jan 2026
4	Establish GM community nursing group with Snr nursing lead to review spec for GM wide adoption	P Johnson	Jan – Apr2026
5	Trafford local mobilisation phase of revised triage model	I Bett / L Alani	January – Apr 2026
6	2026/27 commissioning and contract progression	T Rafferty / L Rowlands	Jan - Mar 2026

Note: Detailed Full Business Case and community nursing service specification can be shared with board

Name of Committee / Board		Trafford Locality Board		
Date of Meeting		20/1/2026		
Report Title		Fairer Trafford Update		
Report Author & Job Title		Helen Gollins, Director of Public Health		
Organisation Exec Lead		Cllr Slater, Executive Member for Healthy and Independent Lives.		
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance	Discussion	Information
EXECUTIVE SUMMARY				
<p>The Fairer Trafford programme addresses health inequalities in Trafford, where life expectancy varies by up to 7.5 years between wards. Phase 1 focuses on three priority cohorts: Unpaid Carers, Adults with Learning Disabilities (LD), and Individuals with Serious Mental Illness (SMI). Recommendations have been developed through engagement and co-production and are progressing through governance for implementation.</p> <p>Key actions include improving health checks, screening, data sharing, and health literacy, alongside embedding Fairer Trafford principles across services. A new Clinical Specialist – Health Inequalities role will strengthen leadership in primary care. Future priorities will include ethnically diverse communities, care-experienced people, deprived communities, the Gypsy, Roma Traveller community, and the Deaf community.</p> <p>The Board is asked to note progress, support embedding principles, and endorse next steps.</p>				
RECOMMENDATIONS				
<p>The Trafford Locality Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the progress made to date. 2. Support the embedding of Fairer Trafford principles across all locality programmes. 3. Endorse the proposed next steps, including representation by key organisations at the partnership and development of a refreshed workplan. 				
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 <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	N/A			
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation: N/A			
	Comment / Approval <i>(Delete appropriately):</i>			
Comment by Trafford Clinical and Practitioner	Date of TCAPS / Clinical Lead comment (Delete appropriately): N/A			



Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>	Name/Designation: (If appropriate)
	Comment:
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	<p>The Fairer Trafford programme is designed to reduce health inequalities by targeting priority cohorts and embedding equity principles across the system. While measurable impacts are expected over time, early actions focus on improving access, tailoring support, and addressing systemic barriers for groups most affected by inequality.</p>
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	<p>An Equality Impact Assessment will be required as recommendations move into implementation to ensure actions are inclusive and proportionate. A Quality Impact Assessment is not applicable at this stage but will be considered if service changes are proposed.</p>
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	<p>Co-production has been central to the development of recommendations, ensuring that the voices of residents with lived experience shape priorities and solutions. Engagement has included discussions through existing partnership boards and targeted sessions with advocacy groups, students, parents and carers. To strengthen this approach, lived experience audits are proposed as part of ongoing reviews, providing continuous feedback on implementation and impact. This will help ensure services remain responsive, inclusive, and aligned with the needs of those most affected by health inequalities.</p>
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	N/A
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	<p>Outcomes measures to be developed as part of recommendation implementation.</p>
Enabler implications	Legal implications: N/A
	Workforce implications: New role - Clinical Specialist (4hrs/week) to be trailed.
	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	Cllr Slater

1. Purpose

To provide the Trafford Locality Board with an update on the Fairer Trafford programme, summarise progress to date, and outline next steps for embedding Fairer Trafford principles and delivering actions for priority cohorts.

2. Background

Health inequalities in Trafford remain a significant and preventable challenge, with life expectancy differing by up to **7.5 years between wards**. These disparities are largely driven by social determinants such as poverty, housing, education, and access to healthcare.

The **Fairer Trafford Partnership** was established to coordinate borough-wide action and align efforts with the GM Fairer Health for All Framework. Phase 1 of the programme has focused on three priority cohorts:

- Unpaid Carers
- Adults with Learning Disabilities
- Individuals with Serious Mental Illness (SMI).

Recommendations for each priority cohort have been developed through detailed scoping and engagement/co-production with residents with lived experience and are now progressing through governance for approval - through All-Age Mental Health Group, Carers Partnership Board, and Learning Disability Partnership Board (scheduled for discussion in 2026). These groups will provide sign-off and oversee implementation, ensuring recommendations are embedded within relevant delivery plans.

3. Common Themes Across Priority Cohorts

Several systemic issues have emerged that impact access and outcomes for all three cohorts and recommendations have been developed to address these.

3.1 Registration and Coding

Accurate identification of carers and consistent coding of protected characteristics, such as disability, are essential to deliver person-centred care and make reasonable adjustments. Current variability in data collection limits service responsiveness and improving registration and recording practices would enhance coordination and equity.

3.2 Health Checks and Health Improvement Support

Uptake and quality of annual health checks remain inconsistent, reducing opportunities for early intervention. Baseline mapping of services such as Manchester Mind and Trafford Carers Centre has informed initial recommendations, and resident insights are being



gathered to shape more inclusive, person-centred approaches. Combining quantitative data with lived experience will ensure health improvement offers are tailored and effective.

3.3 Screening and Vaccination

Collaborative work with NHS GM is exploring co-location of mobile screening services with existing clinics to improve accessibility. Vaccination uptake data, particularly post-winter flu campaigns, will inform targeted approaches for priority groups.

3.4 Information Sharing

Barriers in transferring health check data between primary and secondary care, and with the VCFSE sector, hinder continuity of care. Streamlining these processes would improve patient outcomes and system efficiency.

3.5 Health Literacy

Low health literacy is a significant contributor to health inequalities, disproportionately affecting priority cohorts. Efforts to coproduce solutions that empower individuals to understand and act on health information will improve self-management, reduce urgent care demand, and promote health equity.

4. Key Updates

4.1 Progress on Priority Cohort Recommendations

For Unpaid Carers, recommendations have been approved by the Carers Partnership Board, and work is underway to develop outcome measures and embed actions within delivery plans. Engagement with Trafford Council staff working carers group is also taking place to ensure practical implementation.

For People with Learning Disabilities (LD), this cohort has been identified as a priority within the Healthy Weight Strategy. Work includes linking LD and mental health provider services to existing health improvement support, sense-checking recommendations with advocacy groups, and scoping a comprehensive LD needs assessment.

For People with Serious Mental Illness, actions within the agreed recommendations are progressing. Further conversations are planned to identify accountable leads and develop outcome measures, with a clear aim to embed these actions within the Mental Health Delivery Plan.

4.2 Clinical Specialist – Health Inequalities

To strengthen leadership within primary care and ensure Fairer Trafford principles are consistently applied, we will be trialling a new post of **Clinical Specialist – Health Inequalities**. The postholder will embed inclusive care practices, influence service design, and improve access, experience, and outcomes for underserved groups. Key responsibilities include strategic leadership, partnership working with local health and community organisations, and supporting data improvement and workforce development. The role also involves advocating for inclusive practice, delivering training on health inequalities, and co-producing solutions with residents. Expected outcomes include improved uptake of health checks, reduced variation in care, stronger integration between primary care and community health initiatives, and enhanced workforce capability to address inequalities.



The post will be funded by Public Health for an initial 12-month period. The job description has been drafted, and recruitment will begin once finalised by the Fairer Trafford partnership.

4.3 Embedding Fairer Trafford Principles

Fairer Trafford Principles have been developed to guide wider service design and delivery, ensuring an inequalities lens is consistently applied. These principles have been approved by Trafford Council Executive and will be embedded as part of business-as-usual across services:

- **Workforce Development** - Equip and empower staff with the knowledge, skills, and confidence to address inequality.
- **Communication** – Communicate clearly, respectfully and inclusively to build understanding, and reduce stigma.
- **Targeted Approach** - Direct more intensive support towards those with the greatest need.
- **Engagement** - build trust through time, relationships, and genuine connection.
- **Data-Driven Decision Making** – Ensure we have access to high-quality, representative data and insight to reveal inequalities and guide action.
- **Culture & Leadership** - Leadership sets the tone and creates space, permission and accountability for equitable practice. Fairer Trafford principles aim to reduce inequalities by embedding fairness, inclusion, and compassion. Current work includes:

Work is underway to operationalise Fairer Trafford principles by converting high-level commitments into clear, actionable requirements. This includes applying an inequalities lens to all Live Well decisions, particularly funding allocations, and embedding Equality Impact Assessments throughout implementation. Alignment with Trafford Council's Corporate Equality Strategy ensures consistency across governance, while incorporating a trauma-informed approach strengthens efforts to deliver stigma-free, compassionate services.

5. Future Priority Cohorts

Work is underway to refresh the Health Inequalities needs assessment to ensure future priorities reflect emerging local challenges. Proposed cohorts for the next phase include;

- Ethnically diverse communities - supported through the formation of a Race Equity Improvement Partnership
- Care-experienced people - with a focus on social prescribing support
- Residents in deprived communities - linked to the rollout of Live Well Centres and spaces
- The Gypsy, Roma Traveller community - where current support and barriers are being scoped
- The Deaf community - with recommendations from the recent Healthwatch report being embedded.



6. Recommendations

The Trafford Locality Board is asked to:

1. Note the progress made to date.
2. Support the embedding of Fairer Trafford principles and priority cohorts across all programmes.
3. Endorse the proposed next steps, including representation by key organisations at the Fairer Trafford partnership and in the development of a refreshed workplan.