

## Agenda

### Trafford Locality Board Meeting

Date: Tuesday, 17 February 2026

Time: 1.00 pm

Venue: Meeting Room 9 and via MS Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1a	13.00	5 mins	Apologies for Absence		Info	Chair
1b			Declarations of Interest		Info	Chair
1c			Minutes of the Meeting Held on 20 January 2026	3 - 12	Approval	Chair
1d			Action Log & Matters Arising	13 - 14	Discuss	Chair
1e			Forward Plan	15 - 16	Info	Chair
2	13.05	5 mins	<b>NHS Reforms</b>	17 - 18	Info	GJ
3	13.10	20 mins	<b>Draft Neighbourhood Plan 26/27</b>	19 - 72	Approval	GJ/MK/ HG
4	13.30	10 mins	<b>NHS GM Trafford Finance report</b>	73 - 84	Discuss/Info	GJ
5	13.40	10 mins	<b>Trafford Locality Quality Report Q3</b>	85 - 100	Discuss/Info	GJ
<b>Part 2: s75</b>						
6	13.50	10 mins	<b>Better Care Fund Programme Quarter 3 return</b>	101 - 104	Approval	GJ

7			Any Business	Other	Urgent			Chair
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## Minutes

### Trafford Locality Board (TLB)

Date: Tuesday, 20 January 2026

Time: 1.00 pm

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

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

Cllr Karina Carter (KC) Trafford Councillor Thomas Maloney (TM) Programme Director Health and Care Ian Bett (IB) LCO Director of Performance and Operations	
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Item No.	Topic	Action
1	<b>APOLOGIES FOR ABSENCE</b>  Apologies for absence were received from Sara Todd and Tom Rafferty.	
2	<b>DECLARATIONS OF INTEREST</b>  There were no declarations of interest.	
3	<b>MINUTES OF THE MEETING HELD ON 16TH DECEMBER 2025</b>  RESOLVED: the minutes of the meeting held on the 16th December 2025 were approved as an accurate record.	
4	<b>ACTION LOG &amp; MATTERS ARISING</b>  The action log was reviewed and noted actions were either complete or not yet due.  TM took the opportunity to update on the neighbourhood plan as part of matters arising from the previous meeting. TM noted the neighbourhood plan was being taken through appropriate governance and had been well received at HWBB. TM noted the deadline for submission was the 13th February 2026 and with TLB not due to meet until the 17th February the intention was to bring it to TLB for approval and submit a few days late. TM noted an executive summary would be drafted as it was a large document and suggested one to one conversations with key directors to work through the detail of next years delivery plan.	ACTION
5	<b>FORWARD PLAN</b>  The forward plan was noted for information.	
6	<b>PUBLIC QUESTIONS</b>  There was no public questions received.	
7	<b>NHS REFORMS</b>  GJ provided a verbal update on NHS Reforms noting work was	

	<p>progressing quickly to deliver target following pause and there was a need to implement changes in line with the new operating model in the new financial year. GJ indicated the ICB were currently going through full staff consultation which started before Christmas. GJ indicated two rounds of voluntary redundancy would be offered and the first closed with more than 200 applicants with the second window due to open in February. GJ noted would be transition period in early April and the ICB would be working to reduced costs from April and so it was vital to progress work. GJ noted the development of the place partnership agreement and who would host needed to be agreed now there was a better understanding and all ten localities were working on similar basis. GJ noted a further update would be provided in part 3. CB acknowledged all those working hard to deliver at pace.</p> <p>RESOLVED: the NHS reforms update was noted.</p>	
8	<b>PERFORMANCE</b>	
8a	<p><b>INTERIM IMPACT REPORT: TRAFFORD DELIVERY PLAN 2025-26 AND TRAFFORD CO-OPERATIVE COMMITMENTS 2025-28</b></p> <p>TLB were provided with an interim impact report assessing progress against the previously agreed 2025/26 Trafford Delivery Plan priorities, and progress on delivery of the Trafford Cooperative Commitments 2025-28 detailed in the 2025-28 Trafford Locality Plan. The report contained a high-level summary in the form of a ‘temperature check’ on the Delivery Plan priorities and Co-operative commitments. The Health &amp; Social Care Project Management Office had 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 summarised progress visually using a simple criteria. Although excellent progress had been made, a large percentage of the priorities and commitments would continue into the 2026/27 financial year and form part of the proposed planning process for 26/27 which was detailed under a separate item at the Locality Board.</p> <p>TM provided a summary for the Board, highlighting the 111 intentions and priorities had been RAG rated and showed between January 2025 to November 2025 23 had been completed, there had had been a reduction in delayed priorities and a small amount that had not progressed. TM recognised the 111 priorities was optimistic given challenges including NHS reforms but significant progress had been made. TM clarified the amount that had not been progressed had been reduced to two as further updates had been received and he would circulate a revised pack following the meeting.</p> <p>GJ praised the easy to follow format and thanked all partners for their</p>	ACTION

	<p>contribution to the work that was achieved in a period of change. DB suggested would be beneficial to review the impact rather than progression in future iterations of the report.</p> <p>JM confirmed that with regards to children priorities she could provide a further update offline to be captured in the updated document covering operational elements and support for parents.</p> <p>HF highlighted her support for the prioritisation of single point of access, JW agreed childrens mental health could be difficult to navigate and supported HF suggestion.</p> <p>TM noted as part of the locality plan all agreed to co-operative commitments and the report provided an update and supporting narrative on how they were developing.</p> <p>JS noted thanks for the report and recognised the work of TM and his team.</p> <p>TLB supported the recommendations as per the report.</p> <p>RESOLVED: Trafford Locality Board:</p> <ul style="list-style-type: none"> <li>• noted the positive progress made in the delivery of the 25/26 priorities and 25/28 Cooperative Commitments; and</li> <li>• acknowledged a 26/27 approach to planning and reporting was in progress.</li> </ul>	
8b	<p><b>LOCALITY SCORECARD</b></p> <p>TLB were presented the current version of the Trafford Locality Scorecard and provided with an update on progress. The Trafford Locality Scorecard aligned with Trafford's seven delivery ambitions and to help identify priority areas, a set of focus metrics had been identified for discussion at Locality Board and, where available, narrative from Service Leads was included. TM noted positive performance and recognised focused metrics remained the same as last month and whilst they had been retained in this month's report to highlight the continued relevance of work being carried out by partners it would be worth discussing scheduling. TM suggested the locality scorecard was brought to TLB for consideration on a bi-monthly basis. TLB members agreed this would be worthwhile to give adequate time to allow to provide any narrative on changes.</p> <p>JS recognised both dementia diagnosis rates and broad spectrum antibiotic prescribing were making positive change and highlighted the good work going on to support.</p> <p>RESOLVED: Trafford Locality Board noted the progress update related</p>	ACTION

	to the Trafford Locality Scorecard and accompanying narrative and agreed the locality scorecard should be considered on a bi-monthly basis.	
8c	<p><b>HEALTHWATCH PERFORMANCE REPORT</b></p> <p>Healthwatch Trafford provided a summary of their performance and impact from October 2025 to December 2025. HF provided a brief update on the future of Healthwatch noting that funding was not available for the central team beyond March 2026 and a workshop was scheduled for the 30<sup>th</sup> January to discuss next steps. HF advised that Healthwatch had visited and inspected Delamere practice and had interviewed staff and patients with the findings published in a report which could be utilised by the practice. HF suggested there had been some Trafford practices that had not been reviewed by the CQC in a number of years. HF advised that Healthwatch intended to bring a workplan for 2026/27 to the March TLB for review and requested Members email her with any suggestions. HF suggested a smoking review maybe beneficial as there was increased smoking prevalence in the North of Trafford and would be interesting to review the links to poverty.</p> <p>TR recognised the good work of Healthwatch and the engagement they received from patients. DB requested Healthwatch share any feedback they have received with regards to palliative care which could support MFT review. MP echoed TR sentiment and confirmed that Trafford did now have a CQC inspector and practices would be reviewed with the inspector meeting with the ICB on a quarterly basis.</p> <p>RESOLVED: the Healthwatch update was noted.</p>	ACTION
9	<p><b>FINANCE REPORT</b></p> <p>JF presented 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 was £83m, a £12.8m adverse variance against the plan, a deterioration of £2.4m from the previous month. JF advised the Locality position was overspent £2.53m YTD with a forecast outturn of £2.54m overspent. The deterioration in the YTD was linked to the transition to the new ledger and had been resolved at month 9. The forecast position remained in line with the previous month. JF confirmed actions being taken to address the forecast variance for individual packages of care were underway however this did not deliver a breakeven position. JF reported the locality YTD CIP position was ahead of plan by £644k and was forecast to deliver the target of £2.92m. JF noted due to the transition to a new finance ledger in October the analysis of expenditure across all sectors was excluded again from the report and an increased financial control framework remained in place with the system required to demonstrate and provide assurance there was a credible plan to deliver the forecast to secure</p>	

	<p>the remainder of the deficit support funding. JF highlighted the progress update on actions to address packages of care spend including joint review of LD packages of care, end of life data currently being analysed and initial market management engagement had been completed with care cubed software training completed and engagement workshops scheduled. GJ noted that GM had a planned workshop session in two weeks time to review packages of care and how it was handled in the future model.</p> <p>MK noted the ICB and Social Care team had made great progress with care cubed and market management and suggested a meeting with JF/GJ before the GM workshop to ensure continued. Discussion took place with regards to investment, spend and demographic of Trafford. GJ noted it was vital locality came together in partnership to influence spend so whilst budget may not sit with locality could contribute to plan.</p> <p>JM and KC left the meeting at this point.</p> <p>RESOLVED: Trafford Locality Board:</p> <ul style="list-style-type: none"> <li>• Noted 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.</li> <li>• Noted the breakeven forecast outturn position in line with NHSE reporting requirements.</li> <li>• Noted a Locality YTD variance of £2.53m overspend for commissioned services and a forecast variance of £2.54m.</li> <li>• Noted the workstreams in place targeting the cost pressure and the increased grip and control measures for the locality</li> <li>• Noted the delivery of ICS CIP as at Month 8 of £388.4m against a plan of £362.8m, an overachievement of £25.6m</li> <li>• Noted the locality CIP delivery of £2.3m against a plan of £1.66m an</li> <li>• overachievement of £640k and forecast to achieve full delivery.</li> <li>• 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.</li> <li>• Noted the continuation of the increased financial control framework including local recovery plans.</li> </ul>	
10	<p><b>TRAFFORD ADULT COMMUNITY NURSING BUSINESS CASE OVERVIEW</b></p> <p>Trafford Community Nursing has previously been raised as an area of 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. 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 was shared with Trafford Locality Board. TLB recognised community nursing services across England were under</p>	



	<p>significant pressure due to rising demand, increasing complexity and workforce shortages. Trafford's adult community nursing services were a cornerstone of local care, supporting more than 247,000 residents and demand had grown significantly since the district nursing specification was last reviewed in 2016.</p> <p>PD presented the Trafford Adult Community Nursing Business Case overview to the Board which covered:</p> <ul style="list-style-type: none"> <li>• Introduction/background;</li> <li>• Case for change;</li> <li>• Proposed option; and</li> <li>• Recommendations and key milestones.</li> </ul> <p>PD highlighted that each district nurse within Trafford was currently seeing 16 patients per day compared to the eight suggested nationally. PD recognised the stress and pressure this put on the district nursing team with high sickness absence rate reflecting the intensity of the workload and creating an unsafe position. PD noted the rise in demand in Trafford and noted Trafford sat in the lower quartile for community nursing investment. The presentation detailed the proposed options including option one expansion of the existing model or option two a comprehensive redesign and targeted investment and asked TLB to provide feedback on the proposals. It was noted option two would address bladder and bowel service and specialist palliative care service issues aswell.</p> <p>TLB were asked to consider and provide feedback on the options.</p> <p>GJ noted his support and highlighted would need to await outcome of the report being considered in other governance.</p> <p>HF noted her full support for improvements to District Nursing service and highlighted TLB had been attempting to raise issue for months. JW recognised problems with the bowel service and diabetic nursing and suggested if redesign was approved would be a good opportunity to integrate into neighbourhood teams.</p> <p>JS recognised the high workload of current district nurses and supported the work and focus on improving the area. HG agreed and noted the inequality with palliative care and diabetes support. TR noted the redesign option was well received.</p> <p>RESOLVED: TLB noted the update and offered feedback as above.</p>	
11	<p><b>FAIRER TRAFFORD UPDATE</b></p> <p>HG advised the Fairer Trafford programme addressed health inequalities in Trafford, where life expectancy varied by up to 7.5 years between wards. Phase 1 focused on three priority cohorts: Unpaid</p>	

	<p>Carers, Adults with Learning Disabilities (LD), and Individuals with Serious Mental Illness (SMI). Recommendations had been developed through engagement and co-production and were progressing through governance for implementation. Key actions included improving health checks, screening, data sharing, and health literacy, alongside embedding Fairer Trafford principles across services. HG noted a new Clinical Specialist – Health Inequalities role would strengthen leadership in primary care. Future priorities would include ethnically diverse communities, care-experienced people, deprived communities, the Gypsy, Roma Traveller community, and the Deaf community.</p> <p>HG provided a presentation which covered:</p> <ul style="list-style-type: none"> <li>• What are health inequalities;</li> <li>• What drives health inequalities;</li> <li>• Fairer trafford principles;</li> <li>• Embedding fairer trafford principles;</li> <li>• Fairer trafford recommendations; and</li> <li>• Future priority cohorts and</li> <li>• Asks of the Board.</li> </ul> <p>The Board was asked to note progress, support embedding principles, and endorse next steps.</p> <p>TR gave thanks for the update and noted his support for the priority cohorts. TM concurred and noted there was work on-going on a small scale around economic inactivity in the deaf community so could provide link to officers within the deaf partnership.</p> <p>BA noted she had recently met with a Traveller who had highlighted the different cultural needs within their community and suggested trust needed to be built. JS agreed and noted had discussed at HWBB racism faced by Gypsy, Roma and Traveller communities was unacceptable.</p> <p>DB suggested reflecting on potential underlying causes and what was driving them to support work. TM advised he was in receipt of the draft version of the new neighbourhood pack which included learning from Stockport and Rochdale NNHIP. TM noted would be interesting to use this data with information currently held by providers and public health to give better understanding so support could be better targeted.</p> <p>RESOLVED: The Trafford Locality Board:</p> <ul style="list-style-type: none"> <li>• noted the progress made to date;</li> <li>• supported the embedding of Fairer Trafford principles across all locality programmes; and</li> <li>• endorsed the proposed next steps, including representation by key</li> </ul>	ACTION
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	organisations at the partnership and development of a refreshed workplan.	
<b>12</b>	<b>ANY OTHER URGENT BUSINESS</b>  GJ took the opportunity to note that he would be leaving the organisation at the end of March. TR gave thanks for GJ leadership and support.	

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# Trafford Locality Board - Action Log 25/26

Action No.	Date of Meeting	Agenda Item Ref.	Action	Update	Lead	Target Date	Status
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	17/03/26	In Progress
176	16/12/25	Early diagnosis cancer strategy	AH to bring an update on MFT capacity to support early diagnosis cancer strategy.		AH	17/03/26	In Progress
177	20/01/26	Neighbourhood Plan	TM to bring Neighbourhood plan to Feb TLB for approval, produce an executive summary and engage with directors to work through the delivery of next years plan.	Item to be considered at Feb meeting and TM to provide update.	TM	17/02/26	Completed
178	20/01/26	Interim Impact Report: Trafford Delivery Plan	TM to update the slides and circulate a revised version.	PD circulated updated agenda.	TM	17/02/26	Completed
179	20/01/26	Locality Scorecard	PD to schedule locality scorecard on a bi-monthly basis.		PD	17/02/26	Completed
180	20/01/26	Healthwatch Work Plan	Members to contact HF with any suggestions for the Healthwatch 26/27 plan.		All	17/03/26	In Progress
181	20/01/26	Fairer Trafford	TM to provide link to officers in deaf partnership to support fairer trafford work.		TM	17/02/26	Completed

In Progress  
Overdue  
Completed

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

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### Update: NHS Greater Manchester Organisational Change

NHS England and the Department of Health and Social Care are driving long-term reform to deliver the ambitions of the 10 Year Health Plan. The focus is on three strategic shifts:

- Treatment to prevention: keeping people well, not just treating illness
- Hospital to community: moving care closer to home through joined-up services
- Analogue to digital: using technology and data to make healthcare smarter and faster

NHS England published the [Model ICB Blueprint](#) in May, setting out Integrated Care Board's (ICBs) core purpose and functions. Not all changes will happen immediately, with some responsibilities moving to providers or national teams over time.

### What this means for NHS GM

The reforms give NHS GM an opportunity to strengthen how we deliver the 10 Year Health Plan as a strategic commissioner working in partnership across the system. Our renewed focus will be:

- **Thinking ahead:** ensuring the right health and care services are in place for our population now and in the future
- **Supporting Place-based delivery:** enabling local teams and partners to lead delivery where it makes most sense for communities
- **Working alongside partners:** collaborating across GM to improve outcomes and experience for citizens

Over the summer, colleagues from across our GM system helped shape our new operating model and, during October/November, further views were invited, with the operating model due to be implemented from 01 April 2026. We received extensive and thoughtful feedback from staff, partners and wider stakeholders, all of which is summarised in the report [available on our website](#). Thank you to everyone who contributed.

Our finalised Operating Model sets out how NHS GM works – from teams, systems and processes – and how we'll work with our partners.

### What this means for our workforce

As part of the national reforms, all ICBs must reduce running costs to £19 per head. For NHS GM, this requires a £42 million (39%) reduction, achievable only through organisational structural redesign and workforce reductions

NHS GM issued a Section 188 Notice on 19 November 2025, beginning a formal 45-day minimum consultation. As part of this ongoing collective consultation, we have shared proposed future structures and our finalised operating model with our workforce. We are using the national voluntary redundancy scheme as a first step to mitigate against potential compulsory redundancies.

We know these changes will affect our people personally and professionally, and we deeply appreciate the uncertainty and concern they may bring.

## Our 'People First' approach

We remain committed to a 'people first' approach, supporting colleagues in making choices that work best for them while ensuring the organisation can meet its statutory responsibilities. This means:

- **For those who wish to leave:** we are supporting voluntary exits through the Voluntary Redundancy (VR) scheme wherever feasible within the parameters of the organisational change programme
- **For those who want to stay:** we are working hard to retain and redeploy colleagues wherever we can, implementing the new operating model and structural changes in a fair and transparent way
- **For those seeking alternative employment:** we are providing ongoing support through the Transition Hub and will host another careers fair on 27 March 2026

## Next steps

As we move through this period of change, there will be a short interim phase where some colleagues have left through voluntary redundancy, but new teams and structures are not yet fully in place. We know this can create understandable pressure and uncertainty for teams who are keeping services running while also navigating change.

We are currently mapping any gaps this may create across our work programmes. Where we identify gaps that may impact partners or service delivery, we will proactively inform you and provide clear advice on alternative contacts or routes for support. Our aim is to minimise disruption, maintain continuity wherever possible, and recognise the strain that temporary gaps can place on both our teams and the colleagues who work closely with us.

We will continue to keep you updated as the programme progresses and thank you for your ongoing support, patience and partnership during this period of transition.

<b>Name of Committee / Board</b>		<b>Trafford Locality Board</b>		
<b>Date of Meeting</b>		<b>20<sup>th</sup> January 25</b>		
<b>Report Title</b>		<b>Draft Trafford Neighbourhood Plan 26/27</b>		
<b>Report Author &amp; Job Title</b>		<b>Thomas Maloney (Programme Director Health and Care) &amp; Jennifer Clarke (Programme Manager Health &amp; Care)</b>		
<b>Organisation Exec Lead</b>		<b>Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)</b>		
<b>OUTCOME REQUIRED</b>	<b>Approval X</b>	Assurance	<b>Discussion X</b>	Information
<b>EXECUTIVE SUMMARY</b>				
<p>This report contains Trafford's Draft Neighbourhood Plan submission. The full submission document has been circulated, and a set of summary slides will be presented on the day.</p> <p>The draft NHS Planning Guidance for 2026/27 introduced a new national requirement for Neighbourhood Plans, reflecting priorities in the NHS 10-Year Plan. In Greater Manchester (GM) localities already have Locality Plans and Delivery Plans, so all Neighbourhood Plans developed in localities have been integrated into these existing plans and structures to maintain coherence.</p> <p>Trafford's Neighbourhood Plan responds to the NHS 10 Year Plan and incorporates our Live Well approach, covering health, public services, and community support, guided by Live Well Hallmarks.</p> <p>This draft plan responds to a centrally commissioned GM template and is sectioned into the five areas below, covering current elements of our neighbourhood model and proposes the priorities and areas of congruence for our plan in 26/27:</p> <ul style="list-style-type: none"> <li>• Locality Neighbourhood Structure</li> <li>• Neighbourhood Governance</li> <li>• Neighbourhood Operating Model</li> <li>• Local Delivery Priorities 2026/27</li> <li>• Local Delivery of GM Commissioning Priorities 2026/27</li> </ul> <p>Following submission of our draft plan a further review of priorities will be undertaken to further refine and quantify deliverables, creating credible plans behind each of the stated priorities. We will work with partners in established forums to complete this work.</p> <p>Subject to any amendments by the Board the plan will be submitted to NHS GM (17<sup>th</sup> February 26). NHS GM have committed to collating learning from the 10 Locality Neighbourhood Plans and sharing via the established GM Coordination Group which we will filter through various Trafford forums.</p> <p>It is anticipated there will be a final submission following publication of the NHS Neighbourhood Health Planning Guidance (April 26) and that this will need to be approved by the Locality Board and Health and Wellbeing Board at appropriate meetings (TBC).</p>				
<b>RECOMMENDATIONS</b>				
<p>The Board are asked to:</p> <ol style="list-style-type: none"> <li>1. Acknowledge the co-production, support and contributions from all partners in developing the draft Trafford Neighbourhood Plan.</li> </ol>				

2. Approve the draft Neighbourhood Plan, subject to amendments, and submit to NHS GM (17th February 26).
3. Continue to develop draft content and respond collaboratively to NHS Planning Guidance, once issued, ahead of resubmission of our final plan in approximately May 26.

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

<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	Risk arrangements are contained within the Neighbourhood Plan and have been developed with colleagues responsible for risk management. Risk management at project, programme, service level is retained within appropriate organisational governance.
<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	<p>Name/Designation: Julie Flanagan, Associate Director of Finance, NHS GM</p> <p>Comment / Approval: Financial arrangements and approaches on a neighbourhood level are contained within the Plan. Finance colleagues via FPS have been a key partner in the development of the draft plan. Each delivery priority identified will have its own respective resource implications considered.</p>
<b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i>	<p>Date of TCAPS / Clinical Lead comment:</p> <p>Name/Designation: Manish Prasad, Associate Medical Director, NHS GM</p> <p>Comment: Clinical approaches and activity are contained within the Plan and clinical colleagues have been a key partner in the development of the approaches outlined. Further clinical and practitioner engagement will be required as we work towards final submission and in response to the establishment of place partnerships.</p>
<b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i>	Addressing inequalities is a key strategic priority in the Plan, reinforced by our Fairer Trafford approach to developing system priorities.
<b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
<b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	Local intelligence has fed into the development of the Plan, and the voice of our people will continue to shape and fuel continuous improvement efforts and shape our plans. The draft Trafford Participation Strategy will drive system efforts to embed meaningful participation in the

	design, planning and continuous improvement of services.
<b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	N/A
<b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i>	Performance arrangements are contained within the Neighbourhood Plan and have been developed with colleagues responsible for evaluation, data, insights and intelligence.
<b>Enabler implications</b>	<b>Legal implications:</b> N/A
	<b>Workforce implications:</b> Workforce arrangements are contained within the plan and have been developed with partners.
	<b>Digital implications:</b> Digital arrangements are contained within the Plan
	<b>Estates implications:</b> We will continue to use the established Strategic Estates Group (SEG) to develop our system approach to maximising the public estate to deliver our neighbourhood plan ambitions.
<b>Sub-Board Sign-Off / Comments</b> (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	<p>The Neighbourhood Plan has been written, developed and evolved with all partners across forums throughout its development, with all partners contributing directly to Plan content.</p> <ul style="list-style-type: none"> <li>• Trafford Provider Collaborative</li> <li>• NHS GM SLT</li> <li>• Finance, Performance and Sustainability Board</li> <li>• 26/27 Strategy and Planning Hub</li> <li>• Adult Social Care DMT</li> <li>• All Age Mental Health Group</li> <li>• Manchester &amp; Trafford Clinical and Practitioner Group</li> <li>• Fairer Trafford Partnership</li> <li>• Live Well Steering Group</li> <li>• GP Board</li> <li>• Trafford Clinical &amp; Practitioner Senate</li> <li>• Health &amp; Wellbeing Board</li> <li>• CYP Strategic Partnership (Start Well)</li> <li>• Trafford Council Corporate Leadership Team</li> <li>• Trafford Community Collective Network</li> </ul>

<b>Organisation Exec Lead Sign off</b>	Gareth James, Deputy Place Lead for Health and Care Integration, NHS GM (Trafford)
--------------------------------------------	---------------------------------------------------------------------------------------

# Trafford Neighbourhood Plan 26/27 - Draft

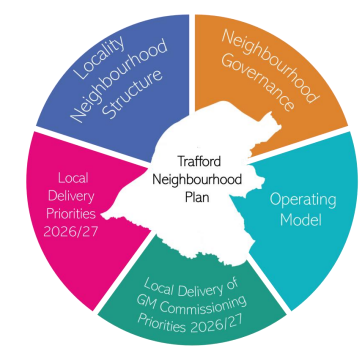
February 26

## Trafford

Integrated Care Partnership



Part of Greater Manchester  
Integrated Care Partnership





## Trafford Neighbourhood Plan: Introduction

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- The NHS Planning Guidance for 2026/27 introduces a new national requirement for Neighbourhood Health Plans, reflecting priorities in the NHS 10-Year Plan.
- In Greater Manchester (GM), a proposed framework has been developed. GM localities already have Locality Plans and Delivery Plans, so neighbourhood health plans will be integrated into these existing structures to maintain coherence.
- They will align with NHS GM priorities, GM's 2026/27 plans, and the Five-Year Strategic Commissioning Strategy, as well as GM Live Well.
- Trafford HWBB has a clear leadership role in developing, reviewing and endorsing our Neighbourhood Plan, which has been influenced by the Boards Joint Health and Wellbeing Strategy and priorities.
- Plans will adopt a full Live Well approach, covering health, public services, and community support, guided by Live Well Hallmarks.
- This draft plan responds to a centrally commissioned template which has involved all local partners in its creation. This plan covers current elements of our neighbourhood model and poses questions of stakeholders as to the priorities and areas of congruence for our plan in 26/27

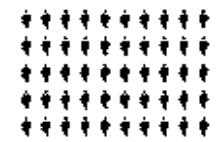




## Trafford Neighbourhood Plan: Trafford: a snapshot



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Trafford has a population of **237,480 people across 4 different neighbourhoods** as of the 2021 census, with 60,720 aged 0-19, 134,687 aged 20-64 and 42,073 aged 65 and over. Trafford has become more ethnically diverse since 2011, with residents from non-white ethnic groups now accounting for **1 in 5 of our population**.

Trafford is the least deprived authority in Greater Manchester, but **internal inequalities vary significantly within and across neighbourhoods**. For example, life expectancy in **Hale Barns** is roughly a **decade longer** (87.4 for females and 84.7 for males) than in **Partington** (78.3 for females and 74.3 for males).



age 25



Significant inequalities also exist within the wards that are **masked at neighbourhood levels** and can create a false picture of the population health needs. For example, South neighbourhood is the least deprived locality in Trafford but has pockets of deprivation with poor health outcomes can be masked when we look at South neighbourhood as a whole. These hidden inequalities highlight the importance of understanding and quantifying health needs and health inequalities at both the level of the city as a whole and, crucially, at the level of the neighbourhood and wards.



Trafford's **population is projected to increase steadily** in the 25 years between 2022 and 2047. Overall, between 2022 and 2047, Trafford's population is projected to increase by approximately 30,000 people, reaching a population of 265,032 people, which is a 12% increase. Our **fastest growing population is over 65's** (+14% between 2011-2021) and it's projected to grow by a further **25.7% by 2047**, but we've seen a 10% reduction in 0-4 year olds over the same time period.

## Trafford Neighbourhood Plan: Health in Trafford



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### Population: Older, less deprived, and comparatively healthier overall, but with large pockets of need

Trafford has an older-than-GM age profile and far fewer residents in the most deprived quintile. Despite this, the locality displays above-GM prevalence for many key long-term conditions including CVD, respiratory disease, kidney & liver disease, cancer, frailty, osteoporosis, and dementia.

### Condition Prevalence: A broad burden of LTCs across all ages, with distinct age-specific patterns

Across children, adults, and older adults, different LTCs dominate but show consistently above-GM levels.

- Children (0–17): Respiratory and neurological conditions are most common.
- Adults (18–64): Depression, CVD, respiratory conditions, and diabetes top the list.
- Older adults (65+): CVD, kidney & liver disease, frailty, respiratory conditions and depression are key.

Around 48,000 people have multiple LTCs—slightly below GM-wide levels.

### Urgent and Emergency Care Activity: High volumes with strong links to long-term conditions

Trafford recorded 88,442 A&E attendances and 23,142 emergency admissions in the last year. A significant proportion of these involved people with LTCs, especially CVD (33% of A&E; 42% of admissions)

### Inequalities in Activity: Deprivation and ethnicity strongly shape service use

For almost every LTC, those living in the most deprived areas have the highest A&E attendance and emergency admission rates. Ethnicity-related inequalities also appear:

Black/Black British patients with dementia, frailty, ME, respiratory disease, pleural effusion, respiratory conditions and rheumatoid arthritis have notably higher A&E and admission rates.

### High-Use Patients: A small group drives disproportionate activity, especially for certain LTCs

A small proportion of residents generate a large share of activity:

1,832 people had 5+ A&E attendances (3% of attendees generating 12,947 attendances). 578 people had 5+ emergency admissions (4% of admitted patients generating 3,867 admissions).

Repeat users cluster around conditions such as genetic abnormalities, learning disability, epilepsy, pleural effusion and for dementia.

### Conditions of Concern: Five priority LTCs consistently driving need across prevalence, activity, and inequality

The analysis highlights five conditions of concern:

CVD – High prevalence across all ages; biggest driver of acute demand; admissions rising.

Respiratory Conditions – High prevalence; strong deprivation gradient; major contributor to acute use.

Kidney & Liver Disease – Elevated prevalence; high activity; ethnic inequalities evident.

Cancer – Higher-than-GM prevalence; growing activity trends aligned with ageing profile.

Depression – Highly prevalent in deprived areas; top condition associated with A&E and 0-day stays.

# Trafford Neighbourhood Plan: Trafford Neighbourhoods



## Trafford Integrated Care Partnership

### North



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- Resident population of **58,977** (mid-2022 estimate)
- Young in structure with **1 in 5** (20.7%) aged 0 to 15 years
- Highly diverse - over **40%** belong to Asian, Black, Mixed or other ethnic groups (compared to 22.3% for Trafford) (2021 Census)
- Just **under half** (48.7%) rate their health as very good, lower than Trafford (53.1%) (2021 Census)
- 17.2%** had a disability or long-term health problem that limited their day-to-day activities (Trafford=16.0%) (2021 Census)
- 2** small areas rank in the 10% most deprived in England (1 in Old Trafford and 1 in Stretford East) (2025 Index of Multiple Deprivation)
- Male life expectancy in Old Trafford, Stretford East and Gorse Hill, and Female life expectancy in Old Trafford area is **significantly lower** than the England average ([Local Health](#); based on 2019-2023 data for MSOAs)

### West



- Resident population of **43,791** (mid-2022 estimate)
- 1 in 5** (19.5%) aged 0 to 15 years and **1 in 5** (20.0%) aged 65+
- Lower proportion (**8.5%**) belong to Asian, Black, Mixed or other ethnic groups (compared to 22.3% for Trafford) (2021 Census)
- Just **under half** (49.1%) rate their health as very good, lower than Trafford (53.1%) (2021 Census)
- 19.4%** had a disability or long-term health problem that limited their day-to-day activities (Trafford=16.0%) (2021 Census)
- 2** small areas in the Partington area rank in the 10% most deprived in England (2025 Index of Multiple Deprivation)
- Male life expectancy in Partington is **significantly lower** than the England average – 74.3 years compared to 79.1 years for England. Female life expectancy in Partington is also **significantly lower** than England – 78.4 years compared to 83 years for England (Local Health; based on 2019-2023 data for MSOAs)

### Central



- Resident population of **54,313** (mid-2022 estimate)
- Similar age structure to Trafford as a whole: **21.5%** aged 0 to 15 years and **18.3%** aged 65+
- 17.1%** belong to Asian, Black, Mixed or other ethnic groups (compared to 22.3% for Trafford) (2021 Census)
- Over **half** (53.8%) rate their health as very good, similar to Trafford (53.1%) (2021 Census)
- 15.6%** had a disability or long-term health problem limiting their day-to-day activities (Trafford=16.0%) (2021 Census)
- 2** small areas in Broadheath & Firsway area rank in the 10% most deprived in England (2025 Index of Multiple Deprivation)
- Life expectancy in Central is **generally similar to or better** than the England average. However, Male life expectancy in Broadheath & Firsway area is **significantly lower** than the England average. (Local Health; based on 2019-2023 data for MSOAs)

### South



- Resident population of **79,570** (mid-2022 estimate)
- 21.4%** aged 0 to 15 years and **19.2%** aged 65+
- 1 in 5** (20.3%) belong to Asian, Black, Mixed or other ethnic groups (compared to 22.3% for Trafford) (2021 Census)
- A **higher proportion** (57.4%) rate their health as very good, compared to Trafford (53.1%) (2021 Census)
- 13.5%** had a disability or long-term health problem limiting their day-to-day activities (Trafford=16.0%) (2021 Census)
- Many areas of South rank in the least deprived 10% in England, with **no** small area ranked in the most deprived (2025 Index of Multiple Deprivation)
- Life expectancy in South is **generally better** than the England average. (Local Health; based on 2019-2023 data for MSOAs)



## Trafford Neighbourhood Plan: Strategic Context

Over the last 6 years the **Trafford Locality Plan, Health and Wellbeing Strategy, Greater Manchester ICP Strategy, Greater Manchester Strategy** and more recently the **NHS 10 Year Plan** have strategically steered the development of our Neighbourhood Model in Trafford.

Neighbourhood working in Greater Manchester is based on a different relationship between public services and residents. It is the establishment of **multi-agency teams working on geographical footprints** of 30-50k population where front-line public service staff know each other, can work collaboratively, and can understand the strengths and assets of residents.

We are creating models of **integrated and person-centred services** with a focus on the delivery of joined up multi-agency working addressing segmented cohorts of the population to reduce, delay, or eliminate risk of escalated harm, poor outcomes, and unnecessary use of costly, reactive public service spend.

The 10 Year Health Plan for England seizes the opportunities provided by new technologies, medicines, and innovations to deliver better care for all patients – wherever they live and whatever they earn – and better value for taxpayers by making 3 big shifts to how the NHS works: **from hospital to community, from analogue to digital, and from sickness to prevention**

For the first time, the NHS requires each place to develop **Neighbourhood Health Plans**. The strengthened role of Place Partnerships in Greater Manchester gives us the opportunity to accelerate the implementation of neighbourhood working and strengthen our existing services, offers and ways of working.



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## Trafford Neighbourhood Plan: Feedback from our residents, stakeholders and partners



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We have continuously engaged with our residents and stakeholders throughout the evolution of our Neighbourhood Model regarding our approach to working in neighbourhoods, understanding the strengths and limitation of our current approach, whilst also searching for innovation and energy to take our Neighbourhood Model to its next phase of development – this is what we heard:

### Strengths

- Networking and collaboration is high, enthusiastic and embedded in our culture
- Effective organisational leadership and commitment to neighbourhood working
- Efficient sharing of resources and data plus the leveraging of external funding opportunities from within GM and national (Lottery)
- A vibrant VCFSE sector and support from the Trafford Community Collective
- Great infrastructure with our Community Hubs and other VCSFE partners

### Development

- Improve the communication of our work, promote success and inform people of 'offers'
- We need to measure our impact better and more consistently, short and long term
- Share information with each other more effectively for joined up working
- Get security of investment and resourcing, especially staffing resources
- Develop materials to support each other - toolkits, directories, training, etc
- Neighbourhood working to be the 'default' as opposed to the exception
- A commitment to this way of working, an agreed vision supported by all partners
- Long term funding solutions embedded in commissioning intentions (Council and NHS)
- Integrated support for residents across services/offers - across the life course and end-to-end pathway
- Full participation in our approach from all partners, including businesses, education and others not yet engaged





# Building Fairer, Healthier Neighbourhoods

# Trafford Neighbourhood Plan: Prevention Demonstrator



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## Strategic Overview – Prevention Demonstrator in Greater Manchester:



### Why

**Prevention is a strategic imperative across HM Government** and one of three strategic shifts in NHS 10-year plan, with potential to drive economic growth and savings to NHS and local authority budgets

**We an opportunity to systematise prevention** – place-based delivery, connected to novel data insights to improve targeting and early intervention models means we can develop more reliable prevention models. Connecting that to the ability to move funds and resources around the system can help us scale prevention and move beyond small scale pilots



### What

Our Prevention Demonstrator will provide **a holistic single view of the GM resident** to join up the **timely delivery of prevention services**, that can serve as **a platform to evaluate new prevention concepts**, with the ambition to deliver a **£6.4Bn uplift in regional GVA & £2.4Bn fiscal cost savings**, cumulatively over a 5-year period

Our demonstrator will be **designed to scale**, and we will develop playbooks and delivery tools to **support national adoption**



### How

We propose **4 mechanism to deliver** our prevention demonstrator:

- **LiveWell** as a scalable delivery mechanism for prevention interventions
- **Real-time prevention data sharing** model to guide decision making
- **Flexible funding model** to unlock the economic and fiscal benefits of prevention & secure sustainable shifts to prevention
- **Joint Evaluation Framework agreed with UKG** to capture attribution and replication of successful approaches

GM will be a **national partner for prevention** to develop the end-to-end design and evaluation model and establish a joint unit with Treasury, DfE, MHCLG, DHSC, and DWP to coordinate the delivery.



## Trafford Neighbourhood Plan: Prevention Strategy and Framework



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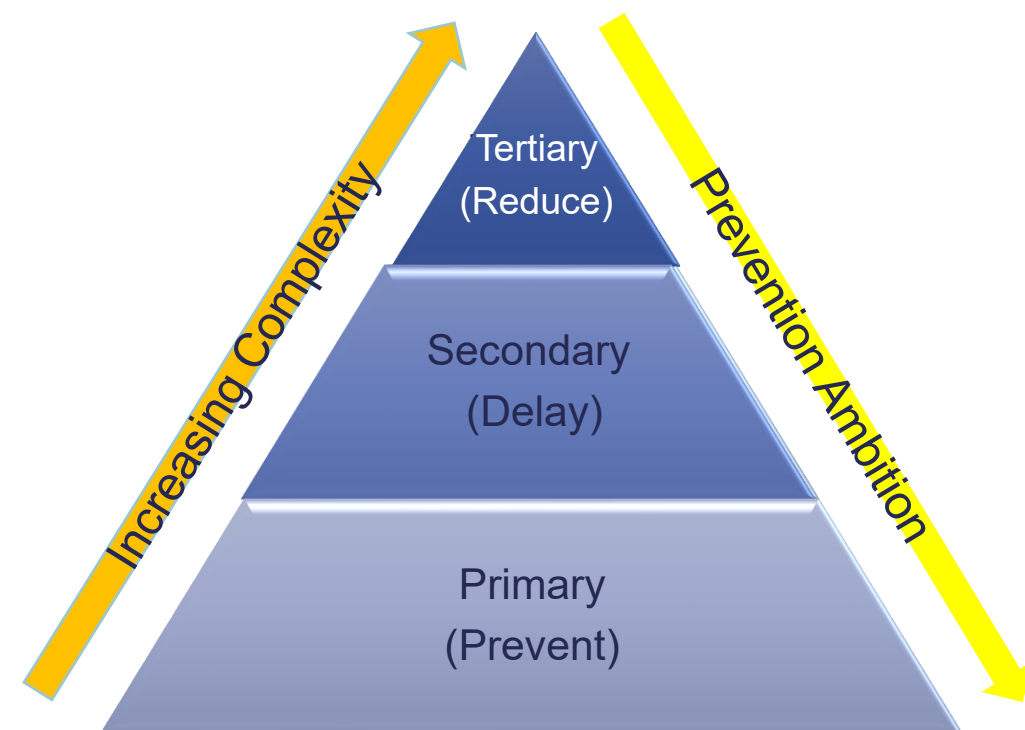
### Why Prevention Matters

- Demand is rising as our population ages, increasing pressure on health and care services.
- Prevention offers strong value — up to £5 saved for every £1 invested, and far more cost-effective than reactive care.
- Early action helps people stay independent for longer and reduces avoidable crisis demand.

Prevention is a whole-system opportunity, reducing inequalities and supporting the GM Live Well ambition.

### Our Response - Prevention Strategy & Framework

- Shared goals across organisations, aligned to resident needs and system priorities.
- Unified approach to how we describe and deliver prevention.
- System-wide oversight to coordinate activity, maximise investment and measure impact.
- Identify gaps & opportunities to target duplication, unmet need and innovation.
- Strengthen enablers - workforce, triage, digital tools and community assets - to embed prevention in everyday practice.





## Trafford Neighbourhood Plan: Reducing inequalities: Fairer Trafford



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We will operate our collective business through an inequalities lens, helping to positively address unfair and avoidable differences in health across different population groups and our communities.

## Fairer Trafford

### Our approach to reducing inequalities within and between neighbourhoods



Our Neighbourhood Action Plans are informed by business intelligence to support targeted approaches to tackling inequalities.

### Fairer Trafford Priority Cohorts:

- Adults with Serious Mental Illness (SMI)
- Adults with a Learning Disability (LD)
- Unpaid Carers

### Recommendations developed across key themes:

- Registration/recording
- Health checks/Health Improvement support
- Screening & Vaccination uptake
- Transfer of information between services
- Health literacy

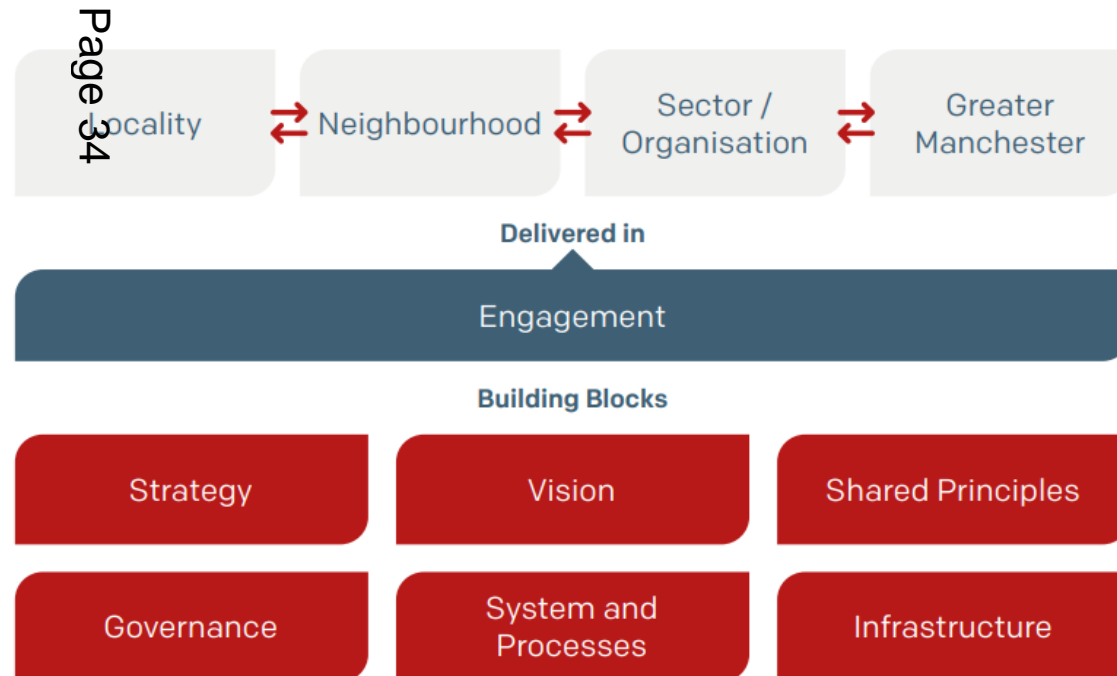
## Trafford Neighbourhood Plan: Community and Resident Participation: Approach to enabling community led health creation



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### Trafford Participation Strategy & Framework

In the Trafford Locality Plan we committed to communicate, engage, co-design, coproduce and consult (appropriately) with our partner organisations, communities and people. To help strengthen this approach we have developed our 'Participation Framework' – collaboratively produced by the Trafford Participation Group. This strategy includes a practical framework that describes the 'building blocks' required to enable meaningful participation.



### Participation in Action

Communities and those with lived experience are directly involved in **Trafford Live Well** development and are key members of our Live Well Operational Groups for Sale and Partington. Meeting within their own communities, each group brings together residents, community members with lived experience expertise **and stakeholders to co-produce their local Live Well offer**. Together, they will shape how the minimum live well offer takes form in their area, including:

- The approach to their **Live Well Centre**
- Developing funding priorities for **VCFSE participatory budgeting grants**
- Deepening **engagement with residents**

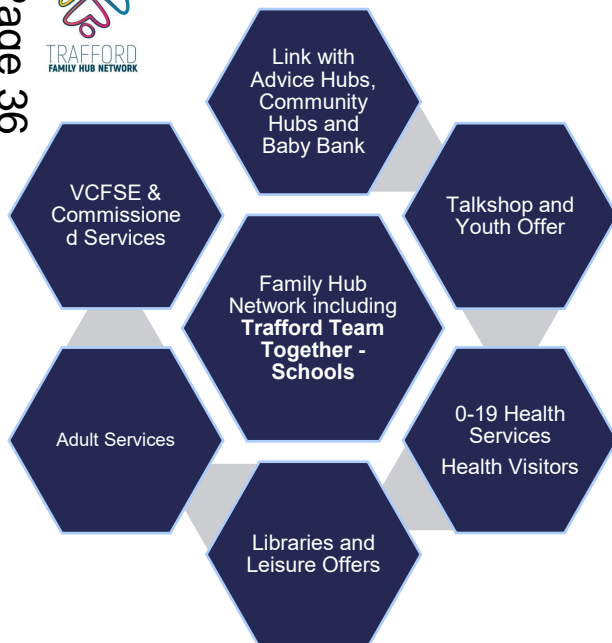


# Locality Neighbourhood Structure

## Trafford Neighbourhood Plan: Neighbourhood Geographies

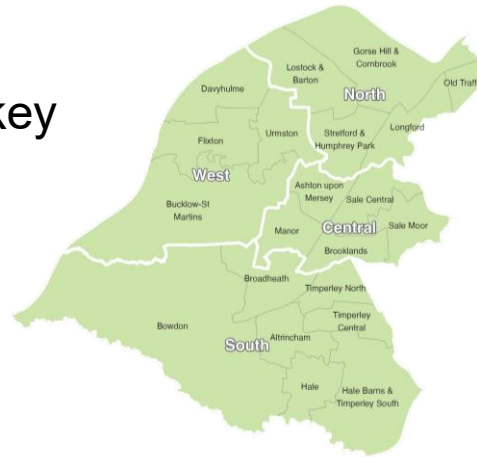
Ensuring our communities and neighbourhoods thrive is critical to our vision for Trafford and is a key priority as a system. **Trafford is split into four neighbourhoods**

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Trafford Moving has **6 Community Based Physical Activity Communities & Plans**

In each neighborhood there is a **Best Start Family Hub Network**



Trafford has **5 Primary Care Networks** (PCN's) – 2 PCN's cover the South Neighbourhood and with our **single Local Care Organisation** we operate on a coterminous footprint

Established during Covid-19 in March 2020, **Trafford also has 6 Community Hubs;**



# Trafford Neighbourhood Plan: Neighbourhood Geographies



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Our neighbourhood infrastructure and services operate across their respective geographies, working coterminously with one another for the benefit of Trafford residents

## Trafford's 4 Neighbourhoods, with a further split into wards;

- **North** (Old Trafford, Longford, Stretford and Humphrey Park, Lostock and Barton, Gorse Hill and Cornbrook)
- **West** (Davyhulme, Flixton, Urmston, Bucklow St Martins)
- **Central** (Ashton upon Mersey, Sale Central. Sale Moor, Brooklands, Manor)
- **South** (Bowdon, Broadheath, Timperley North, Timperley Central, Hale Barns and Timperley South, Hale, Altrincham)

## Live Well Ecosystems and 6 Community Hubs

Altrincham - The Hub Community Hub  
Old Trafford - St John's Centre Community Hub  
Partington - Hope Centre Community Hub  
Sale - Our Sale West Community Hub  
Stretford - Stretford Public Hall Community Hub  
Urmston - Age UK Urmston Community Hub

## Trafford Moving 6 Community Based Physical Activity Communities

Community Based Physical Activity Plans will address inequality in inactivity levels across the borough. Communities focused on are;  
Partington, Old Trafford. Sale West. Broomwood, Sale Moor, Stretford & Gorse Hill

## Trafford's 4 Family Hub Networks (developing):

**North:** North Family Hub, Link with One Stop Shop and Old Trafford Community Hub  
**South:** Broomwood School, Link with Altrincham Hub,  
**West:** Hideaway, Toy House , West Family Hub (Partington),  
**Central:** Sale West Community Hub and link to Sale Moor Community Partnership and Waterside  
**Baby Bank:** Linked to all neighbourhoods  
**YP Offer:** Trafford Youth Service lead for each area and Youth Network

## Trafford's 5 Primary Care Networks

Trafford also has 5 Primary Care Networks (PCN's) – 2 PCN's cover the South Neighbourhood - and so we operate on a coterminous footprint – each PCN is supported by 1 or 2 PCN Clinical Directors.

## Trafford's Local Care Organisation

Trafford wide community health (children an adults) and adult social care services working as one team with partners to support people at home and in the community. Delivery is based on the 4 Trafford neighbourhoods.



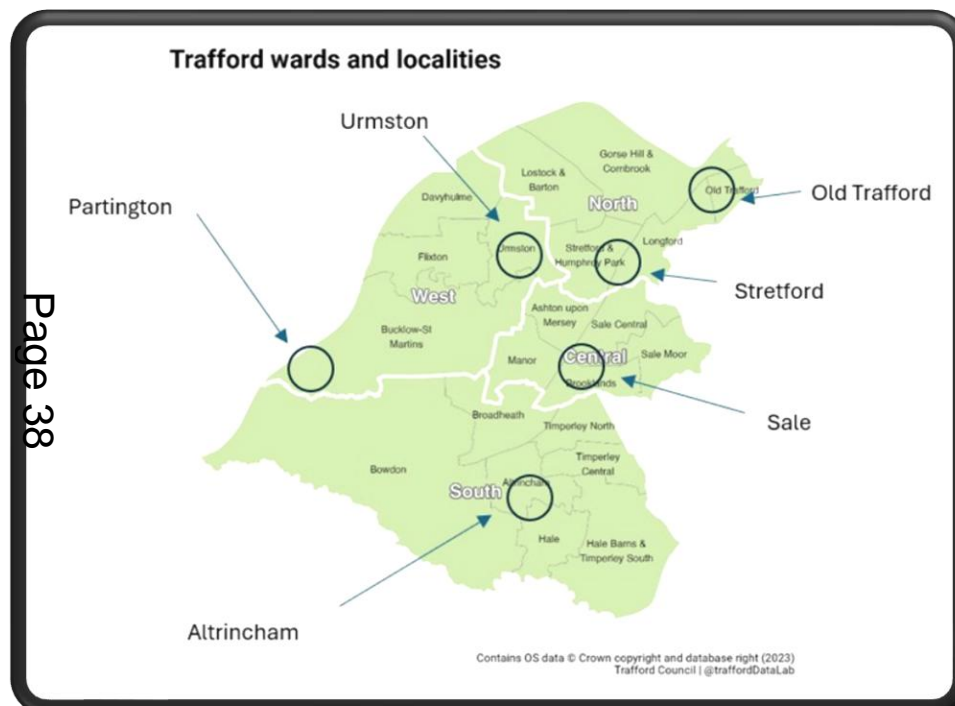
## Trafford Neighbourhood Plan: Location of Live Well Centres and Spaces



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- **Trafford is a place of places with vibrant town centres and communities** bringing our diverse population together, each with their own history, assets, and potential. This is highlighted through our current approach to neighbourhood working which recognises these assets, as well as our approach to the establishment and growth of our **Community Hubs**.
- Live Well will be built out from these areas, with **Live Well Eco-systems developed across six 'catchment' areas by 2030**.
- **Phase 1 will start in Partington and Sale.** Both areas will be co-developed to support the strategic development of Live Well – this will help Trafford create a minimum standard offer but meet the needs of our respective communities. The rollout will be supported with activity in every area to grow the foundations for Live Well working – allowing for Live Well to expand over time.
- To **support genuine co-development**, the specific approach and location of the Live Well Centre(s) will be established with the communities, organisations, and residents of those areas, building on their current assets. Learning will be shared across the areas to embed learning by doing and real time reflections.



**LIVE WELL**  
DOING THINGS DIFFERENTLY WITH  
GREATER MANCHESTER'S COMMUNITIES



# Neighbourhood Operating Model

## Trafford Neighbourhood Plan: Foundational Steps for Neighbourhood Health 26/27

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The **Neighbourhood Health Guidance** will outline six steps, enabling systems to deliver MTPF expectations; these will need to be linked to Increasing Capacity Framework (ICF) requirements at Health & Wellbeing Board level

### MTPF: From April 2026, ICBs and relevant NHS providers should:

- Identify GP practices where demand is above capacity and create a plan to help decompress or support to improve access and reduce unwarranted variation
- Ensure an understanding of current and projected total service utilisation and costs for high priority cohorts of those with moderate to severe frailty, living in care homes, housebound or at the end of life
- Create an overall plan to more effectively manage the needs of these high priority cohorts and significantly reduce avoidable unplanned admissions

### Foundational Steps for Neighbourhood Health

1. Agreeing Neighbourhood Footprints
2. Reducing Variation in GP Access
3. Improving the Primary - Secondary Interface
4. Implementing Integrated Neighbourhood Teams (INTs)
5. Implementing Non-Elective Plans Across Multiple Neighbourhoods
6. Implementing a Neighbourhood Outpatient Model of Care

We are currently working with colleagues to review these six areas and map our neighbourhood activity, services and initiatives against them, whilst also discussing enhancements to current arrangements



## Trafford Neighbourhood Plan: How staff are deployed to neighbourhoods



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- Trafford's neighbourhoods (North, Central, South, West) have dedicated **Strategic Neighbourhood Leads** (employed by Trafford Local Care Organisation (TLCO)). In addition, we have **VCFS Engagement Officers** assigned to and mirroring the footprint of the Strategic Neighbourhood Leads and a mature **Social Prescribing Link Worker** model in each neighbourhood.
- NHS GM-Trafford Locality, Trafford Adult Social Care, Children's Services and Public Health have nominated **management roles in each neighbourhood**. The Neighbourhood Model in Trafford is coordinated and administered by a jointly resourced Programme Management Office – with nuanced **neighbourhood based administrative capacity** in addition. Trafford also has six Community Hubs and dedicated **Community Hub Lead** roles across the neighbourhoods driving a delivery model which includes provision of health and care, tackling poverty, community cohesion enabled by co-location of multiple agencies.
- Our **5 Primary Care Networks (PCNs)** (comprised of 26 GP practices) **work collaboratively at a neighbourhood level** and are supplemented and supported by a wide range of **neighbourhood based integrated services and offers**. Wider primary care provision is part of a developing Integrated Neighbourhood Care System including, **Community Pharmacy, Optometry, Dentistry, and Primary Care urgent care providers**, including but not limited to GP out of hours, these all being key to the delivery of various initiatives supporting proactive intervention to patients with multiple long-term conditions and/or rising risk.
- Each of the 4 neighbourhood Family Hub networks has a **Trafford Families Lead** working closely with the **0-19 Service Lead (TLCO)** to direct local delivery. The Council's Trafford Families teams include **staff delivering evidence-based programmes** and 1:1 holistic support; **Family Help Navigators** delivering universal groups and supporting access to community support and activities; **Trafford Team Together Co-ordinator** supporting schools by bringing together partners for whole family support; **Neuro Diverse and Special Education Needs & Disability (SEND) Navigators** and now a dedicated **Youth Offer Lead** to bring together local provision for young people and their families and link to Live Well.
- TLCO** have an ambition for an integrated neighbourhood Health & Social Care model. Already deployed on a neighbourhood footprint are **Care Navigators, District Nurses, Health Visitors and School Nurses and Trafford Case Management practitioners**, in addition to pathways between neighbourhood provision and locality-wide provision for access to more specialist teams such as Targeted Early Development Support, Occupational Therapy / Physio, Mac or Learning Disability and/or Urgent and Emergency Care services.
- Achieve Drug and Alcohol Partnership** is led by GMMH with partners inc Big Life, Intuitive Thinking Skills and Great Places. The new model will include a **Big Life outreach worker** in each neighbourhood who can deliver training, engage and adapt support for underserved groups and improve pathways with partners. GMMH are also looking to increase community-based treatment.
- Each of the 4 neighbourhoods has a dedicated **Adult Social Care team which undertakes Care Act assessments**. Each team comprises a senior leader, a senior social work practitioner, social workers, social care assessors, and Community Link Officers (CLOs). The CLOs work with people in a preventive way and identify community solutions to support people to develop their independence.

## Trafford Neighbourhood Plan: Continuum of Need – Trafford Teams and Services

The **Continuum of Need** is a framework used across health and care to describe the range of needs a person may experience, from low-level universal needs to high-level specialist intervention. It helps clinicians, practitioners and professionals coordinate the right support at the right time and encourages early intervention before problems escalate.

As part of our work to develop our Neighbourhood Operating Model **we will self-assess our current neighbourhood-based teams and services** to understand our opportunities for 'left shift', to understand potential delivery and/or commissioning gaps and proactively address known challenges.

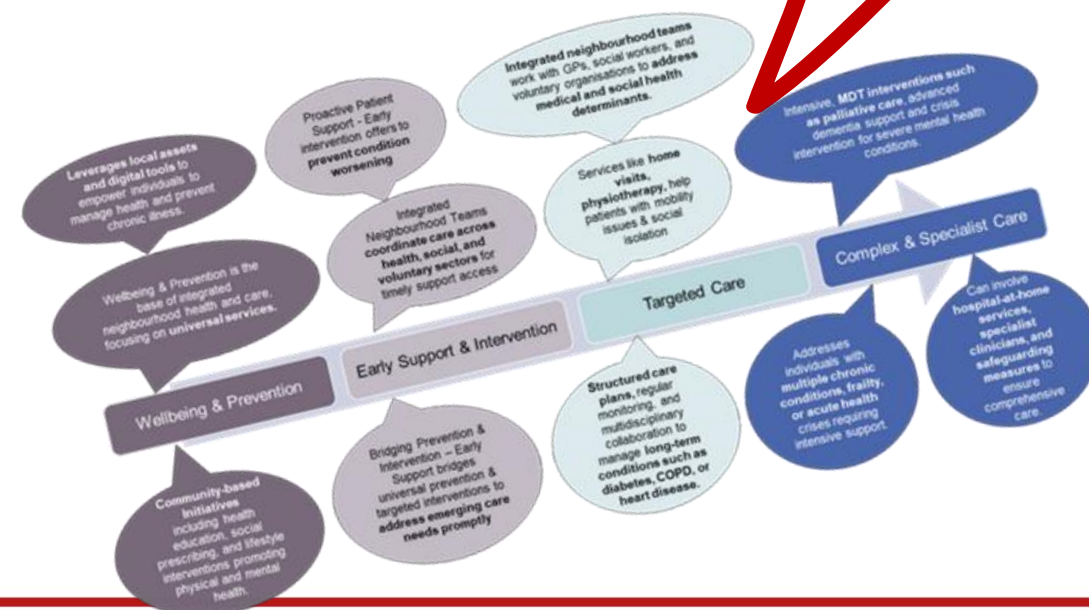
Having a fuller system wide understanding of the services, teams and offers that exist in our neighbourhoods will enable us to connect services, create awareness of roles and responsibilities, develop partnership working and strengthen relationships, coordinate pathways and processes so that Trafford residents receive the right support at the right time, **recognising that needs change over time**, and our support offer should adapt accordingly providing **joined-up care between agencies**—such as health, education, social care, and voluntary services.



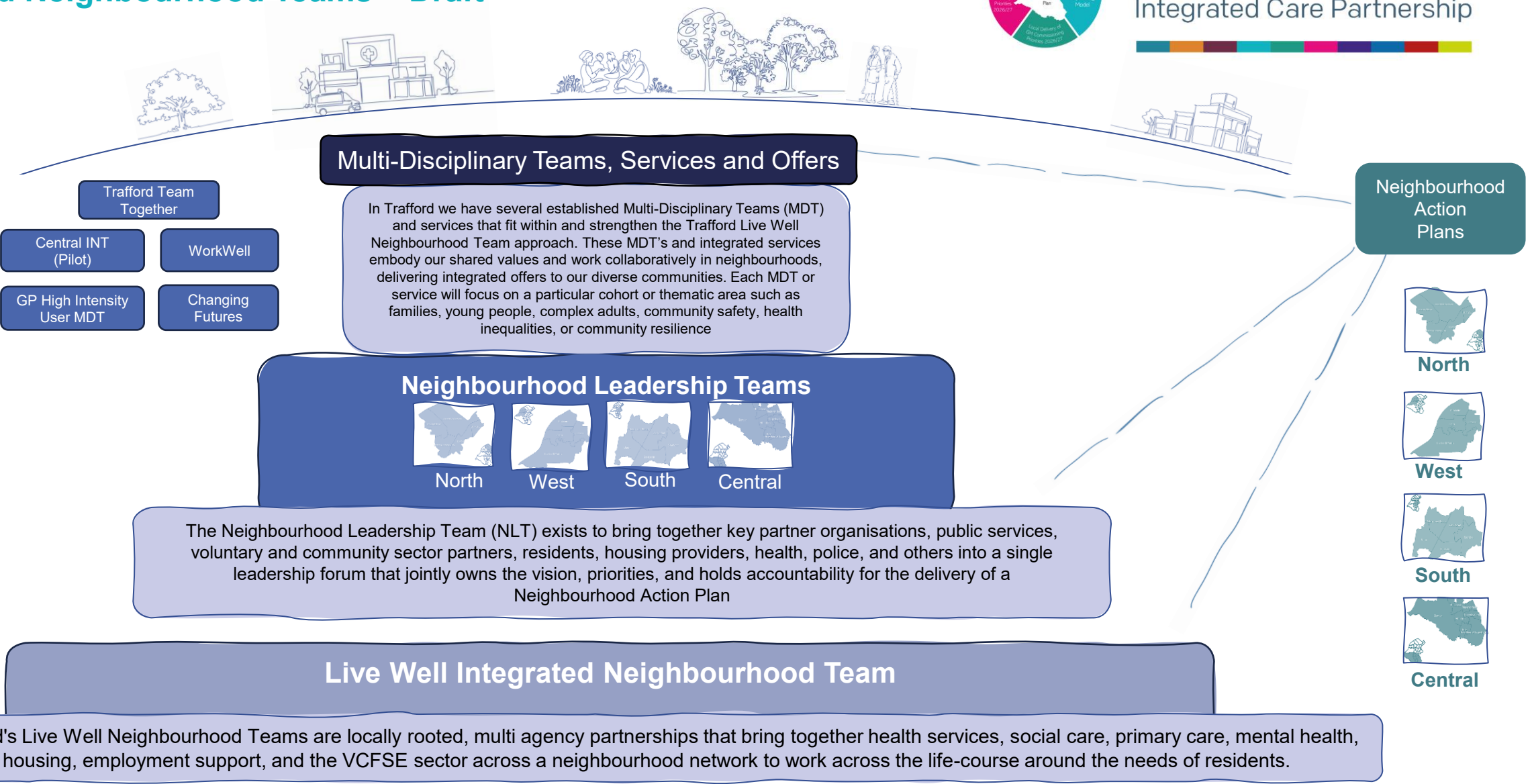
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### Locality Plan Cooperative Commitment

"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"



# Trafford Neighbourhood Plan: Integrated Neighbourhood Teams – Draft





## Trafford Neighbourhood Plan: Enhanced Live Well – Tackling Multiple Disadvantage



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- An **Enhanced Live Well** offer recognises that many people need additional, intensive support to live well and to thrive within a universal, community-led and cross-sector system of support. These are people who often face multiple, intersecting challenges and struggle to navigate support as it is currently organised. Many are known to different services but without one coordinated plan, and struggle to engage with systems not designed around their lives.
- Enhanced Live Well will build directly on the wider ambition of Live Well, Greater Manchester's commitment to ensuring great everyday support is available in every neighbourhood. This enhanced offer aims to ensure people experiencing multiple disadvantages receive joined up support on their doorstep, in trusted community settings.

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**Trafford Changing Futures** supports individuals and families who are experiencing a combination of issues at the same time – particularly **homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system**. In Trafford, Changing Futures has been embedded in **neighbourhood-based community settings**, aligning to Live Well approaches. Trafford's community hubs have been commissioned to provide this service, with a key worker based out of each hub delivering high intensity support for a small number of participants. The service has been operational since April 2025 and has seen excellent outcomes and feedback for service users and practitioners.



## Trafford Neighbourhood Plan: Neighbourhood Advice Hubs



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The Advice Hubs bring together a range of services on the same day each week, offering face to face information and advice to residents;

The Advice Hubs offer a drop-in service with residents able to receive information and advice from a range of services at the same time to address challenges they are experiencing.

Many of the residents attending the Advice Hubs on a regular basis experience one or more multiple disadvantages such as homelessness, substance misuse, mental health, experience in the justice system and domestic violence. The services work alongside each other to proactively signpost residents on the day to the support they need

**We are wanting to expand our Advice Hub offer across our neighbourhoods as part of our broader Live Well Implementation Plan.**

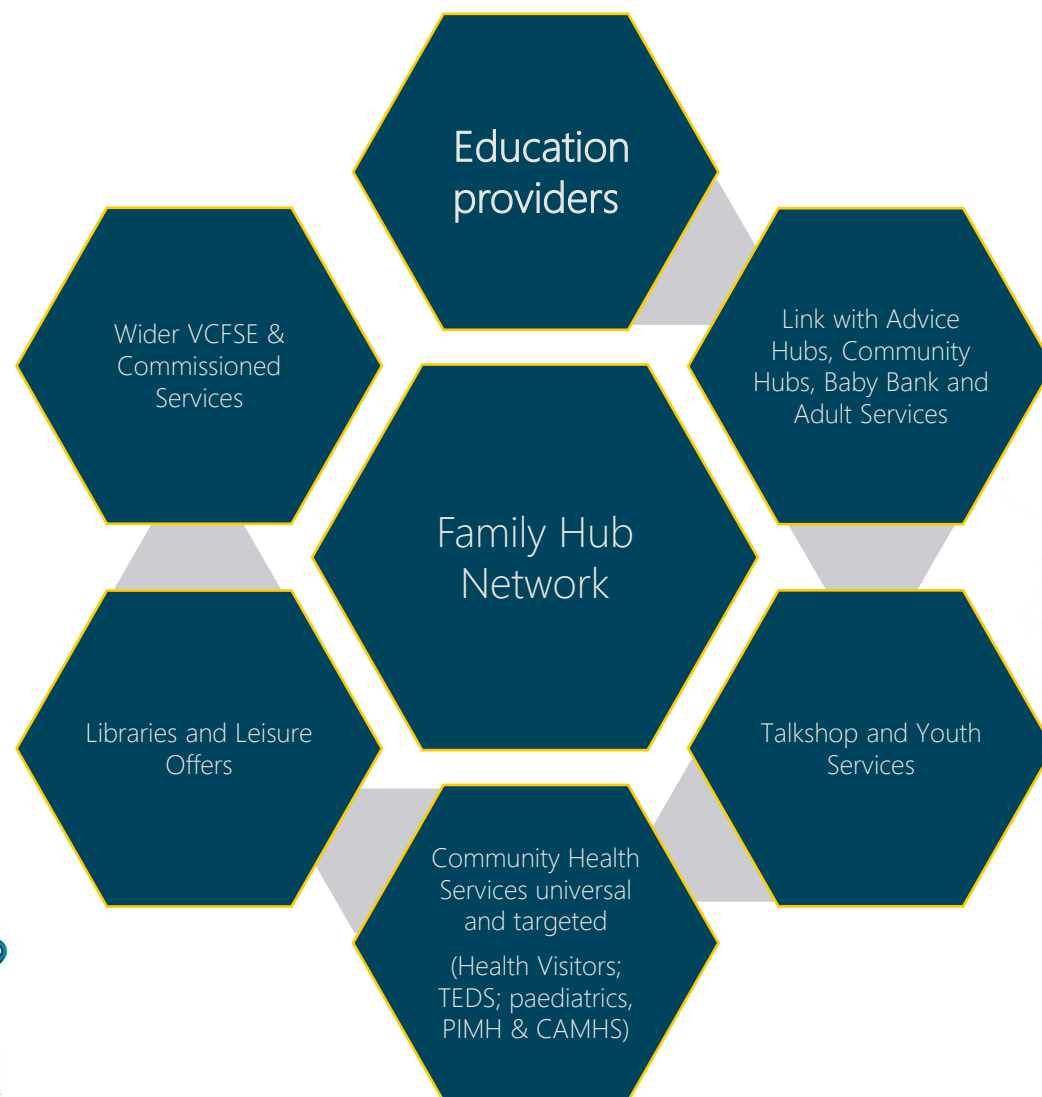
# Trafford Neighbourhood Plan: Alignment with Best Start Family Hubs



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A Best Start Family Hub approach has been rolled out in Trafford. This includes a network of **physical hubs in each neighbourhood** that together offer a range of services including parenting support, health checks, mental health & wellbeing, SEND support, ‘stay and play’ and leisure activities for families from conception up to aged 19 or 25 for SEND. These aim to bring services closer to families, provide information, advice and support along with a digital offer. There is a particular focus on the Best Start in Life, early intervention and supporting readiness for school. Additional capacity and resources are being introduced, including a Best Start in Life Booklet for all new parents and the GM Family Hub (Essential Parent) app.



## Trafford Neighbourhood Plan:

# The role of Neighbourhoods in emergency planning and winter preparedness



# Trafford

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- Annually the ICB and system partners (NHS, local authorities and community partners) submit **Emergency Planning and Winter Preparedness Plans** with neighbourhoods taking a front-line role in preparing for and responding to winter challenges.
- Winter plans set out **preparation and response for increased demand on health services during winter months**, embedding lessons from past winters and national urgent & emergency care priorities for that year.  
Local authorities and care providers are encouraged to maintain **strong business continuity plans**, especially for weather, energy, transport and staffing disruptions — all of which require neighbourhood-level cooperation.
- **Specific neighbourhood-aligned activities and plans** include details related to operational delivery, service availability and opening times as well as any emergency arrangements such as on-call with clear escalation protocols to prepare for peaks of pressure.
- Winter preparedness also outlines where Trafford may have established specific winter resilience services through Capacity Funding such as surge and **Acute Respiratory Infection Hubs** adding thousands of additional face to face appointments into the system.
- The overarching **system plans draw on the operational plans of system partners** such as primary care, secondary care, community services, Ambulance Service, Independent Sector and VCSFE.

## Trafford Neighbourhood Plan: VCFSE and Public Services Alignment



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Working in an **integrated way with our Voluntary, Community, Faith and Social Enterprise (VCFSE)** sector on a day-to-day basis is a key strength in Trafford. The VCFSE sector is formally represented in all levels of our partnership governance including decision making forums such as the Health and Wellbeing Board and Trafford Locality Board, ultimately helping drive the delivery of the **Trafford Locality Plan and Trafford's VCFSE Strategy**.

The sector is a core component and the fabric of our neighbourhood model in Trafford, designing and delivering essential services, programmes, projects and offers, here are just a few examples:

- **Trafford Public Health commissions across the VCFSE sector**, just one example is our Inequalities Grant recipients who deliver across our Fairer Health ambitions.
- **Trafford Community Collective (TCC) supports and connects the six Community Hubs**, which are recognised in the Locality Plan as key delivery partners for Live Well and integrated neighbourhood health and care.
- **DWP Economic Inactivity Trailblazer seeks** to expand our job club offer, enhance Social Prescribing and boosting capacity of our VCFSE organisations to support residents to stay in work, return to work or move towards employment
- **WorkWell**, delivered in neighbourhoods by VCFSE community hubs
- **Trafford Recovery Community led by TCC**, which supports recovery from addiction and substance misuse after treatment and recovery services and supports people who may not have been through structured treatment but are maintaining their recovery or abstinence outside of a treatment service
- **Live Well in Later Life led by VCSFE partner Age UK**, which works to improve the lives of older residents by providing tailored support and resources
- **Violence Reduction Alliance led by TCC**, which aims to address the underlying causes of violence, working together with communities to identify priorities, problem solve and direct investment and interventions accordingly to prevent violence.
- **Health through Art with TCC as a key partner**, which has awarded grant funding to 6 organisation across Trafford to support local activities which focus on arts, culture and heritage with the aim that the grants will help foster a sense of local pride and belonging, through investment in activities that reduce loneliness and social isolation, improve residents' health and wellbeing and build cultural and social ties and amenities.





# Trafford Neighbourhood Plan: Clinical and Professional Leadership arrangements



There has been an increasing adoption of a ‘teams of teams’ concept and our clinical and professional leadership in Trafford is exploring practicalities and feasibility of working in this way in Trafford's **system neighbourhood governance for Clinical and Professional Leadership arrangements** - building on the bottom-up approach to networked influence and shared accountability.

This approach gives local frontline clinical teams the autonomy to make **quick, informed decisions** for their patients while keeping one unified plan (strategic oversight) moving towards with shared knowledge and trust, ensuring everyone understands the main goals so they can act fast and independently.

Given Trafford context within the Greater Manchester Integrated Care System (GM ICS) and its focus on Integrated Neighbourhood Teams (INTs) a Team of Teams derived approach could be:

**This Team of Teams approach will transform clinical governance in Trafford into a dynamic, networked system of shared responsibility and rapid adaptation focused on improving health outcomes for each neighbourhood population**

Strengthening clinical leadership in neighbourhoods is a priority ambition for all partners. Examples of our ambition and commitment to this already present in the Trafford’s H&SC system include;

- Strong presence of GP leadership within the LCO underpinning the medical oversight from a community lens through the GP lead and care service clinical director roles
- PCN Clinical Director representation at the Trafford Provider Collaborative Board, in our Health and Care Group and within our Live Well governance

Principle	Governance	Trafford Neighbourhood Application
Agile Teams	Neighbourhood Clinical Hubs	The day-to-day governance sits with the Integrated Neighbourhood Team (INT) Clinical Leads/MDT Leads. This is the operational "team" focused on a specific local population (e.g., Primary Care Network/Neighbourhood footprint). They are multi-disciplinary team (e.g GP, District Nurse, Social Worker, Mental Health Lead, Pharmacist).
Team of Teams	TCAPS	A multi-professional forum bringing together the Clinical Leads/INT Leads from all Trafford Neighbourhoods, plus key professional leaders from Trafford Local Care Organisation (LCO) and other core providers. This is the "team of teams" meeting point.
Connectivity	Cross-Boundary Roles	Embed Consultants/Specialist Nurses to link Acute services (MFT) into specific NCHs, ensuring seamless pathways of care and peer-to-peer professional governance (e.g., a Consultant Geriatrician attached to a cluster of INTs).

## Trafford Neighbourhood Plan: Clinical and Professional Leadership arrangements cont.



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### Shared Information & Metrics

The goal is to ensure that all clinical leaders from the front line to the Place level are making decisions based on the same, high-quality, real-time information.

- Data and intelligence: Create a standing agenda item in TCAPS. This is not a formal decision-making space, but a collective forum for:
  - Data Sharing: Reviewing neighbourhood-level Population Health Management (PHM) data (e.g., avoidable A&E attendances, long-term conditions management, care home quality metrics).
  - Challenge Sharing: Each INT Lead briefly highlights patient safety or quality issues that they cannot solve locally.
  - Learning & Adaptation: Sharing successful clinical pathways or operational innovations from one neighbourhood with all others.

This can only work if there is a robust shared data dashboard for all Neighbourhood clinical hubs and TCAPS. The dashboard can demonstrate key performance and quality metrics, which helps all teams identify differences in care practices and provides a shared starting point for collaborative learning and improvement across neighbourhoods

### Empowered Delivery

- Funding: The Trafford locality board can delegate authority for clinical pathway redesign and resource deployment within the neighbourhood funding envelope to neighbourhoods.
- Clear Mandate for Innovation: Clinical leaders at the neighbourhood level empowered to innovate and act to meet their population's needs. Testing new approaches that solve local problems, providing assurance and outcomes to TCAPS
- Continuous Improvement: The Director of Nursing/Medical Director at the LCO/Place level will embed the philosophy of smart autonomy nurturing the right environment where structure, processes and culture empower the team to thrive on its own. This is enabled though providing training, mentorship, and professional standards.

### Professional and System Alignment

- Governance structures must maintain clear lines of accountability to the Place partnerships while maintaining professional accountability within the network.
- Peer Review Support and Challenge: TCAPS leverages the dashboard to facilitate peer-to-peer discussions, enabling a culture of collective accountability and collaboration towards achieving system-wide outcomes.
- Escalation Protocol: A fast-track governance route must be established for the NCHs to escalate major clinical risks or resource blockages that require immediate decision-making at the Trafford Locality Board or GM ICB level.

## Trafford Neighbourhood Plan:

# Mechanisms in place for sharing and integrating data across partners



# Trafford

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**Robust data-sharing agreements** are in place to enable **integrated working**.

Trafford is part of **Greater Manchester Care Record (GMCR)** – a city-region-wide shared electronic care record. Through this agreement, GP practices, MFT, GMMH, and Trafford Council shares appropriate patient information ensuring seamless care. GMCR roll out across community pharmacy is progressing highlighting the potential for further integration in primary care.

Data sharing agreements are also in place **within PCNs** to enable closer working.

Via NHS GM analytics and data science platform, Trafford has a **Section 251** which permits the use of linked de-identified patient data enabling analysts to combine primary, secondary, social care data to identify at-risk cohorts and inform service planning.

There are **Information Sharing Protocols for the LCO** that allow multi-disciplinary teams (MDT's) to discuss individual cases across organisations. These agreements cover the constituent statutory organisations working together and have been operational since the LCO formed, providing a **foundation of trust and legal clarity for sharing data to support neighbourhood health**.

### Section 251

- GP practices and community teams use the EMIS system and contribute data to a central PH Management platform.
- Condition-specific searches available for practices to use over the course of 2025/26 to identify people who may benefit from continuity of care – the first of which is Cardio-Vascular need.
- The Trafford recall system identifies patients with LTCs for recall based on clinical need and the QRISK3 tool is embedded within the system to aid targeted prevention and management of patients with cardiovascular risk.
- Identification Searches & Protocols: Practices receive targeted searches to identify patients relevant to contract requirements, supported by protocols that enable opportunistic reviews during consultations.
- QRISK3 Tool: Embedded within the clinical system to calculate individual patients' cardiovascular risk, aiding in targeted prevention and management.
- OneTemplate: A clinical template that displays only information relevant to the patient's needs, facilitating enhanced and focused reviews with clinicians.

## Trafford Neighbourhood Plan: Culture and Heritage



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### Trafford's Cultural Strategy 2023-28

*"We will make Trafford a place powered by cultural and creative expression that comes from everyone, and which will enrich lives and life chances"*

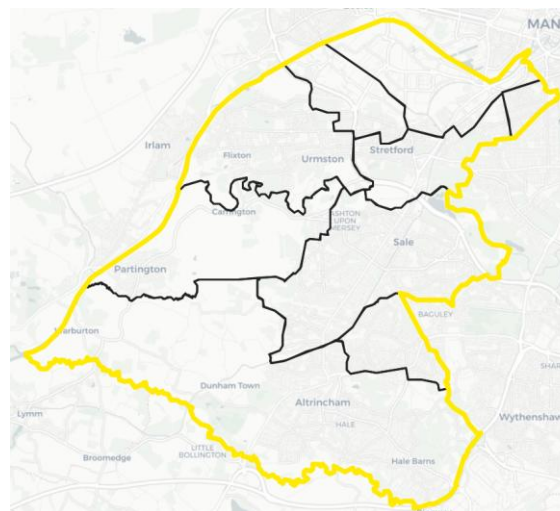
"As a polycentric place (with more than one important 'centre') Trafford has great cultural richness and diversity. Our cultural strategy can help celebrate this, creating a greater sense of identity and local pride in each neighbourhood"

### Strategic Aims – Leadership, Talent, Communities

1. Trafford will develop a distinctive and inclusive approach to cultural **leadership**, based on a shared set of priorities with key partners.
2. Trafford will become a creative factory – GM's '**talent belt**' – driving opportunities for embryonic, emerging and established cultural talent, with clear pathways for skills, talent and career development.
3. Trafford will champion and nurture connected cultural **communities** from the grassroots up, by supporting more hyperlocal and community-led activity.

One of the Strategy's Strategic Aims is that Trafford will champion, and nurture connected cultural communities from the grassroots up, by supporting more **hyperlocal and community-led activity**.

Aligning **neighbourhood cultural hubs**, known as '**Our Creative Lives**', with the existing Trafford community hubs – geographically, but also exploring communications, spaces and other shared resources and networks is a key objective; with an initial piece of work underway to understand and build **local clusters** in a hub & spoke model.



Our Creative Lives Areas

### Our Creative Lives

In each we are exploring:

- What is currently happening? Who is not participating? How could we reach them? What are the stories of this place that we would like to celebrate?
- What could enable more people living here to experience creative and cultural activity in their daily lives? How could we work together to enable this?
- If we held a Year of Culture, how would you imagine us celebrating in this area together?



# Neighbourhood Governance and Connectivity



## Trafford Neighbourhood Plan: Locality Governance and connectivity with Neighbourhoods



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### Locality Place Level Governance

Trafford has **effective and mature partnership governance at Place level to steer neighbourhood health implementation** – the Trafford Locality Board (Co-chaired by the Council Leader & a PCN Clinical Director representative) and Health and Wellbeing Board (Chaired by Executive Member for Healthy & Independent Lives). Membership of both includes leaders of all key statutory organisations and partners: Council (Appointed as ICB Place lead / statutory officer), GPs, MFT – TLCO, NHS GM, GMMH and VCFSE .

These Boards are accountable for the implementation of our Locality Plan, setting annual priorities, and tracking delivery against mutually agreed outcomes, targets, and financial metrics. The TLB and HWBB are supported by sub-governance including Provider Collaborative Board, Primary Care Commissioning Committee, GP Board, Clinical and Professional Advisory Group and Local Quality Group within a clearly defined operating model.

**With the emergent 'Place Partnership' arrangements taking shape, a comprehensive governance review will be undertaken to ensure suitability and efficiency of any changes to current arrangements.**

### Live Well Governance

**Live Well governance** has been enhanced to ensure co-development with our communities whilst creating the space for systems change towards public service reform. **A multi sector Steering Group**, chaired by the Deputy Chief Executive at Trafford Council as the Live Well SRO, brings together public and VCFSE sector to set the strategic direction of travel. This reports into Trafford's Health and Wellbeing Board.

To support the key developments for integration, a **Live Well Infrastructure Group**, chaired by the Director of Public Health has been established. This also links into Fairer Trafford and embeds our prevention framework.

Within Sale and Partington, **Operational Groups**, chaired by the respective TLCO Neighbourhood Team and Community Hub, bring together local VCFSE, on the ground public sector staff, and residents to shape Live Well.

## Trafford Neighbourhood Plan:

# Governance within each neighbourhood and how this connects to Locality/Place Partnership

To date, we have established and operated effective and robust Neighbourhood model governance arrangements. We have embedded new processes to fuel continuous improvement approaches throughout the layers of our programme and reinforced our governance to allow proportionate levels of collective assurance for our work programmes.

Our established Neighbourhood Programme Steering Group has led on the development and delivery of services and projects within the Neighbourhood Model as well as providing strong challenge and support. Enabling services have reported directly into the group including focus on performance metrics which are being driven by our established Neighbourhood Impact and Evaluation Group and our Comms & Engagement Task and Finish Group.

The Neighbourhood Programme Steering Group has reported directly to the Trafford Provider Collaborative Board, and upwards to the Trafford Locality and Health & Wellbeing Boards.

**As Trafford implements a new Operating Model because of nationally mandated NHS Reforms, the emergence of Place Partnerships, and as we respond to key strategies such the publication of NHS planning guidance and emergence of Live Well infrastructure, we plan to revisit our arrangements, focusing on the key areas in the diagram to the right.**



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## Trafford Neighbourhood Plan: Neighbourhood Action Plans



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### Our Neighbourhood Action Plans 2025/26

- Our current neighbourhood plans were **developed by local stakeholders** across each of our 4 Neighbourhoods.
- **Four separate workshops were held in 2022/23** and facilitated by the West Community Collective Hub.
- Workshops were attended by staff from **local services, volunteers and residents** who talked about their own experiences.
- **Local data** from Neighbourhood profiles helped people to consider priorities.
- Each Neighbourhood has developed an **action plan**, with a number of activities and intentions, developed using a **population health management methodology** and informed by community insight and intelligence
- The priorities are kept under **constant review** for their applicability, co-ordinated by the leadership groups of the networks
- Each of those action plans summarises their **key ambitions** into a set of priorities, collectively agreed as **right for the neighbourhood**.



### Looking forward: What's next for Neighbourhood Action Plans in 2026/27?

- We will add **value and rigour** around the refresh process of our Neighbourhood Action Plans
- We will utilise;
  - **New neighbourhood data packs**
  - **Primary care data**
  - **Additionally, we will overlay the above with public health data and other appropriate data sources**
- We will also enhance our efforts around **coproduction** and learn from the **Community Covenant** work being delivered in Stretford to provide a blueprint of how we refresh action plans for each of our neighbourhoods in 26/27



## Trafford Neighbourhood Plan: Arrangements for managing risks at locality and neighbourhood level



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### The Importance of Risk Management:

- Risk is viewed as a vital source of intelligence to drive the strategic direction of a project, a programme or a partnership such as our Neighbourhood Plan.
- Risk management is the systematic approach to maximise the prospects of ongoing success by the identification, assessment and evaluation of risk and therefore remains a cornerstone of both our governance and continuous improvement arrangements.

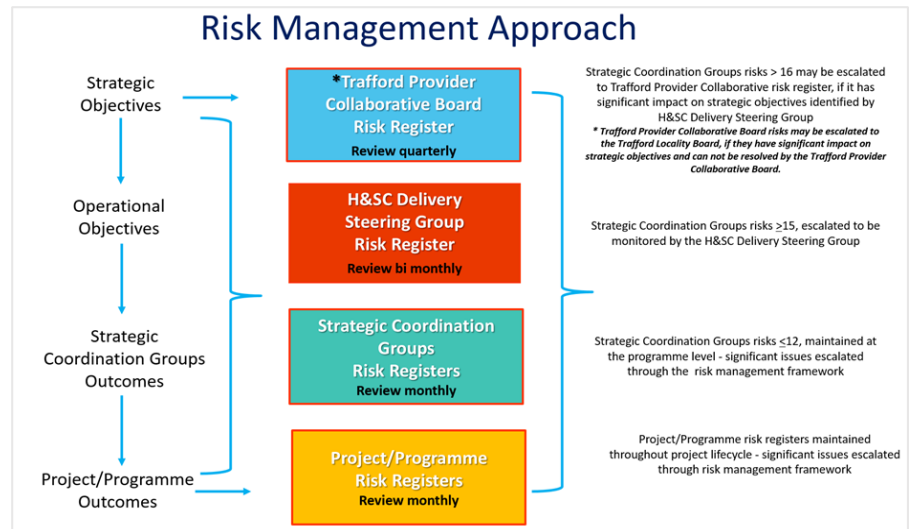
### Current Model:

- Our current approach sees operational teams identify and assess risks and maintain operational risk registers and adhere to incident reporting protocols
- Although slightly outdated our previous arrangements saw the escalation of risk through an agreed risk reporting structure (See diagram)
- NHS GM SLT regularly review operational risk registers and oversee strategic risk register monitoring and mitigating risks as appropriate – this is then fed into the Trafford Provider Collaborative Board (TPCB) which provides system and partner input into the strategic risk register. These risks may then be escalated to the Trafford Locality Board, if they have significant impact on the strategic priorities / objectives and cannot be resolved by the Trafford Provider Collaborative Board – this includes specific Neighbourhood Plan related risks.

### Evolution of our existing arrangements:

- With the development of our Integrated Neighbourhood Team model we need to agree how risks and issues are effectively escalated through organisational governance, neighbourhood governance and ultimately system governance – the key to success here will be transparency of risks and joint ownership where applicable, enabling stakeholders to proactively and efficiently address known risks and issues
- We need to better understand how clinical governance flows into locality and neighbourhood health & care group structures and governance
- There is an opportunity embed a more holistic and system led learning and quality improvement approach
- We will build on the success of our organisational and neighbourhood dashboards (ASC, Community Health, Mental Health, CYP, etc) and enhance these arrangements to enable better identification and management of risk

### Risk Management Approach



## Trafford Neighbourhood Plan:

### Arrangements in place for aligned/pooled budgets at locality & neighbourhood level



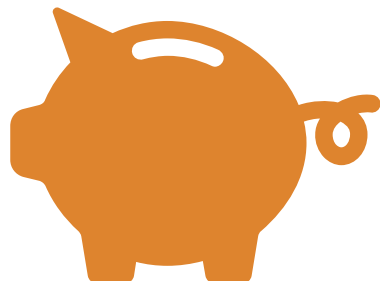
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The **Better Care Fund** 2025–26 framework continues to mandate a core pooled budget between local authorities and the NHS focused on prevention, coordinated community support, and keeping people independent at home.

Locally our BCF is contained within a broader **Section 75 agreement** that is in place between the Council and NHS GM to optimise care, flow and support residents to be in the right place.

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NHS England's Neighbourhood Health Guidelines (2025/26) state that integrated neighbourhood teams should work across NHS, LA and VCSE boundaries and that ICBs and councils are expected to support neighbourhoods with aligned financial planning, though the model remains permissive and flexible.

We will strengthen our **Participatory Budget** approaches via our Live Well Implementation Plan and continue to empower communities to make decisions and invest resources to address communities needs.



Our **Locality Plan Cooperative Commitment** states our level of ambition as we work towards new Place Partnership arrangements and enacting the new '**Place Grant Agreement**' to include BCF, Live Well and local VCFSE services.

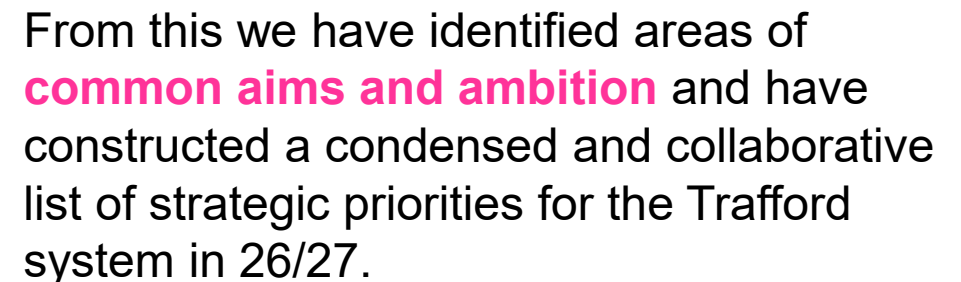
#### Locality Plan Cooperative Commitment

"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"



# Local Delivery Priorities 26/27

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# Trafford Neighbourhood Plan: Trafford Strategic Priorities 26/27



We have **reviewed the strategic organisational priorities** of our partners and extracted areas of common focus which helps articulate our system wide priorities for next year and drives the focus of our Neighbourhood Plan and its practical deliverables for 2026-27 and beyond.

	01	Delivering integrated support and care closer to people’s homes, shifting support from hospitals into neighbourhoods and reducing duplication for residents by creating a joined-up sustainable, community-focused model of care.
	02	Establishing robust approaches to collecting, sharing and using combined data and intelligence to ensure a cost-effective, needs-led, impactful system. Enhancing digital approaches to improve resident experience.
	03	Creating the conditions for healthy communities, shifting from treatment to prevention, and reducing inequalities, applying Trafford’s Prevention Framework to encourage ‘Left Shift’ and embedding Fairer Trafford principles. ‘Live Well’ will be a key enabler to this.

## Brilliant Everyday Priorities

In our delivery priorities there will be a mix of ‘**Brilliant Everyday Priorities**’ which are the foundational components of an effective system that enables people to live well. These are the shared priorities that improve how our current system works. They make services better for people now, but they mostly build on what already exists.

## Transformational Priorities

In parallel we will deliver agreed ‘**Transformational Priorities**’.

These priorities focus on changing the whole system, not just improving services. They aim to shift long-term outcomes, address inequalities, and reshape how support is delivered so more people stay well, independent, and connected.



## Trafford Neighbourhood Plan:

## Delivery Priorities 26/27 in our Prevention Framework

*\*several priorities naturally span more than one tier and have been placed in the most appropriate tier of the Framework.*

## PRIMARY (Prevent)

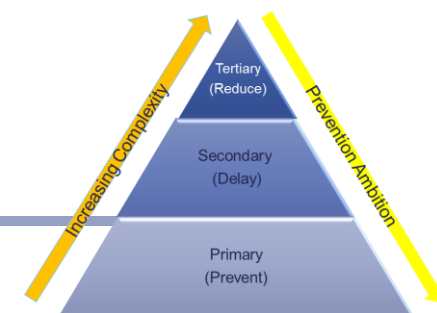
### All-Age or Adult-focused

- Neighbourhood Networks – relationship building and positive community events
- Rollout of Advice Hubs
- Economically Inactive Trailblazer (EIT)
- Live Well Phase 1 & 2
- Welfare benefits advice and guidance
- Housing quality and supply improvements
- Poverty Strategy implementation including new food partnership and Best Start in Life commitments
- Green space, safer streets, physical activity and leisure improvements
- Healthy weight compassionate approaches (though most current services are secondary prevention)
- Tobacco control measures
- Alcohol awareness, licencing and family support
- Implement new pathway with primary care for earlier support with alcohol
- Address gaps and pressures within services to prevent and support families affected by domestic abuse
- Developing and strengthening a public mental health approach across the lifecourse; including VCSFE network and small grants for community organisations
- Support staff and resident vaccination particularly seasonally
- Workforce Induction and Orientation
- Neighbourhood Leadership Teams
- Improving safeguarding practice and performance

- Embedding the voice of our people into forums with influence
- Embed Trafford Prevention Strategy and Framework
- Develop joined up systems to sustainably obtain, manage and share data and intelligence to address the health needs of our population and monitor impact
- Develop a Neighbourhood Approach to Digital
- Develop a Neighbourhood Approach to Estates

### Children and Families specific

- Development of Youth Services new neighbourhood model and engagement with young people
- Supervised toothbrushing and oral health advice in early years
- Developing a sustainable public health offer around schools and through family hubs.
- 0-19 Healthy Child Programme (HV and School Nursing) developments and capacity
- Sexual Health promotion and contraception
- BELONG programme, inclusion and attendance programmes with schools
- Increase CYP vaccination take-up and support national change of schedule
- Develop Family Hub networks including focus on school readiness, antenatal offers and wider young people and family outcomes
- Developing sustainable and joined up public health and family help offers around schools

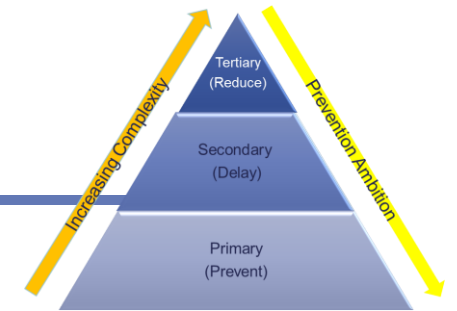


## Trafford Neighbourhood Plan:

## Delivery Priorities 26/27 in our Prevention Framework

*\*several priorities naturally span more than one tier and have been placed in the most appropriate tier of the Framework.*

## Secondary (Delay)



### All-Age or Adult-focused

- Increase uptake of health checks particularly in most at-risk
- Develop community-based sexual health provision and outreach
- Increase capacity for specialist and online services in sexual health and roll out new treatment models
- Deliver Fairer Trafford recommendations for priority cohorts
- Respiratory (Respiratory Transformation Programme pilot)
- Musco skeletal Health MSK (build on pilots for community assessment in Manchester)
- Intermediate Care Transformation
- Review Advice and Guidance provision
- Address capacity within District Nursing
- Community Mental Health Transformation
- Implement Trafford Mental Health Delivery Plan
- Reviewing Mental Health Social Care arrangements (S75)
- Developing and strengthening VCSFE Mental Health Collaborative
- Bowel and Bladder
- Occupational Therapy
- Implementing Adult Social Care Front Door
- Improving the quality of social work practice
- Individual Packages of Care: Standard Framework price setting, CareCubed, End of Life Review and Learning Disability Review
- Frailty pathways
- Diabetes Tier 2 pathfinder project

- Ophthalmology pathways, including implementation of Healthy Hyde model
- Review and embed GP Quality Scheme
- Medicines Optimisation incl Shared Care of Medicines
- Delivery of WorkWell to support residents back into employment or to maintain employment

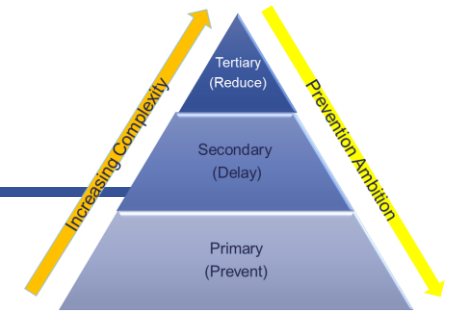
### Children and Families specific

- Review parent-infant mental health offers
- Commission new CYP community mental health offer
- Review and develop Autism and ADHD pathways
- Develop Neurodiversity Hub
- CYP priority services e.g. Ear, Nose and Throat
- Embed a babies, children and parent voice strategic VCSFE partner
- Deliver co-produced actions in the Children's Plan with Youth Cabinet
- Implement Families First Reforms to children's social care system, starting with test and learn approaches
- Increase support for young people Not in Education, Employment or Training (NEET) and/or at risk of social exclusion, violence or exploitation
- Review parent-infant mental health offers
- Commission new CYP community mental health offer

**Trafford Neighbourhood Plan:****Delivery Priorities 26/27 in our Prevention Framework**

*\*several priorities naturally span more than one tier and have been placed in the most appropriate tier of the Framework.*

## Tertiary (Reduce)

**All-Age or Adult-focused**

- Delivery of Care Closer to Home & effective Community Based Urgent and Emergency Care (UEC)
- Delivery of Hospital at Home in Trafford
- Deliver joined up approaches for people experiencing multiple disadvantage
- Care Closer to Home & Community Based Urgent and Emergency Care (UEC)
- Hospital at Home
- Deliver joined up approaches for people experiencing multiple disadvantage
- Address capacity within Palliative Care

**Children and Families specific**

- Develop a specialist CYP palliative care model





# How we understand impact

# Trafford Neighbourhood Plan: Implementation, monitoring and evaluation of the Neighbourhood Health Plan

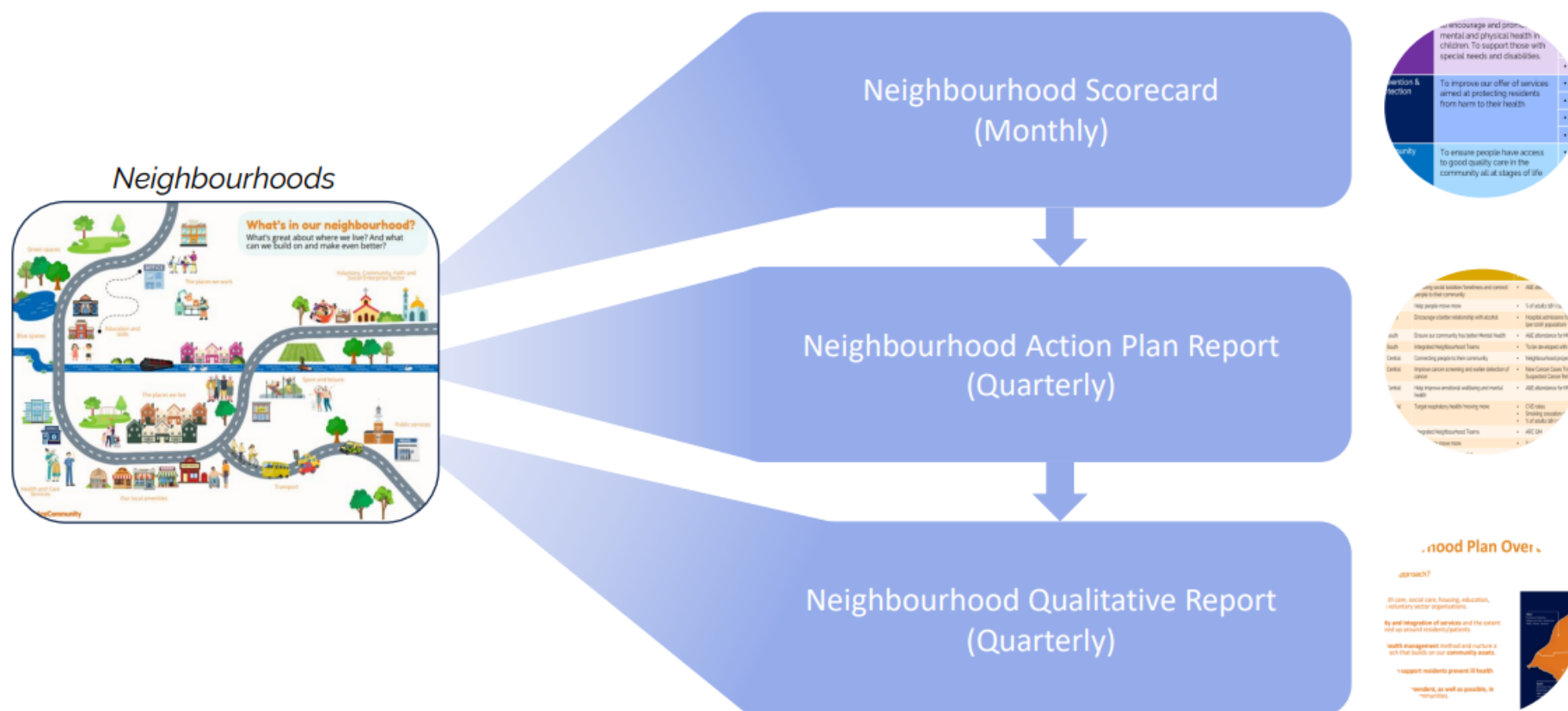


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## Understanding Impact

Our Neighbourhood Health Plan will be implemented, monitored and evaluated utilising **existing locality governance**. We will build from and refine our current arrangements which includes the production and usage of our **Annual Outcomes Scorecard, Locality Scorecard, Neighbourhood Scorecards** and the production of neighbourhood specific quarterly reports which analyses the impact of neighbourhood-based services, programmes and projects:

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## Trafford Neighbourhood Plan: Neighbourhood Evaluation: Applied Research Collaborative GM



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- The NIHR Applied Research Collaboration Greater Manchester (ARC-GM) is supporting applied health and care research that responds to, and meets, the needs of local populations and local health and care systems.
- The ARC team have been working with us to produce a set of evaluations on our Neighbourhood Model, which will continue into 2026/27 to further develop our model.

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### Completed

1. Rapid Evidence Synthesis: Integrated Neighbourhood Teams (INTs)
2. Community Hubs – Social Return on Investment (RoI) evaluation
3. INT Evaluation Phase 1



### In progress

4. INT Evaluation Phase 2



### Planned

5. Ripple Effect Mapping  
Health in Communities Evaluation

**NIHR** | Applied Research Collaboration  
Greater Manchester

## NIHR Applied Research Collaboration (ARC) Greater Manchester



- Our model and work with ARC GM also links to the confirmation of Greater Manchester as the first prevention demonstrator, connecting the discussions between GM and across government in relation to devolution and the integrated settlement; Live Well and neighbourhood working; innovation and growth; health and economic inactivity; the NHS GM Sustainability Plan; and the relationship between prevention and proactive care and improvements in NHS performance.

## Trafford Neighbourhood Plan: Stronger Communities: Estates Strategy



**Trafford**  
Integrated Care Partnership

### Estates Strategy and Plan - positively influencing integrated neighbourhood health and care

NHS GM have developed an **estates strategy to maximise the use of physical sites across the NHS and partner organisations** such as Local Authorities, to address key priorities, and to drive integration through co-location across multiple agencies in particular between health and social care

The key aims of the strategy are to place more emphasis on the use of sites rather than ownership, by collaborating with partners; to unlock efficiencies through maximising utilisation, embracing digital solutions; to support the net zero carbon agenda; and to explore innovative funding solutions

The key challenges the strategy highlights are the condition of the estate assets, the lack of capacity, the pressure from increasing population and housing, the ability and costs of net zero, and the funding pressures across the system.

We are further embedding this cooperative approach through development of the **Trafford Strategic Estates Group**, bringing together Trafford locality partners to ensure that services are planned for the needs of current and future residents. We ensure that health and social care is part of the development strategy for new residential schemes with developer contributions secured where appropriate.

### Locality Plan Cooperative Commitment

"We will continue to capitalise on co-location opportunities across multiple agencies and will support health and social care strategy by providing future development pipeline and supporting the Strategic Estates Group"

## Trafford Neighbourhood Plan: Embracing Technology and Digital Approaches



**Trafford**  
Integrated Care Partnership



### Level of Digital Maturity and Integration

The digital teams in Trafford's health and care organisations are supporting the locality plan priorities through their individual digital strategies, and by working together on shared initiatives. Digital is a key enabler for service transformation, increasing efficiency, and improving access to support and advice. More will be done to support the health and care workforce by improving the IT experience when working across different Trafford organisations, and when working at a partner building – in neighbourhoods.

Trafford are aligned with the priorities described in the GM Health and Care Digital Transformation Strategy 2023-27 and the GM Primary Care Blueprint. Key initiatives that will be progressed in Trafford include:

- **Workforce Digital Skills** – developing digital skills and confidence is critical to transforming patient care and staff experiences.
- **GM Shared Care Record** – realising the potential of the GM Care Record is key for providing integrated care.
- **Digital Front Door and Navigation** – manage increased demand and service provision through consistent and easy-to-navigate online access for patients.
- **Digital Innovation** – transform service delivery and processes through artificial intelligence and digital automation.
- **IT Infrastructure** – enable reliable connectivity and access to technology and tools for teams working in partner buildings.



# Areas of Opportunity, Growth and looking ahead to 2026/27

Trafford Neighbourhood Plan:

Priorities for 26/27: Executive Summary



Below is an executive summary of our collective priorities for 2026/27. This is a collation of priorities drawn from the entirety of the Neighbourhood Plan. Each priority will have its own detailed plan, assigned leadership and resource arrangements quantified. Some priorities listed below are the continuation of existing work, new priorities aimed to be delivered in 26/27, whilst acknowledging some priorities maybe multi-year priorities and span the duration of our Locality Plan.

Page 71

✓

Completion of **Live Well Phase 1**

✓

Development of **Live Well Phase 2**

✓

Embed **lived experience** into our Neighbourhood Model

✓

Delivery of **Fairer Trafford** 26/27 priority cohorts

✓

Strengthen our **VCFSE Strategic Leadership Model**

✓

Develop plans to respond to the **Trafford Participation Strategy**

✓

**Risk Stratification approaches** to address poor health outcomes

✓

Refresh of our 4 **Neighbourhood Action Plans**

✓

Agree a collective vision for our **Neighbourhood Plan**

✓

System response to NHS **Neighbourhood Health Guidance**

✓

Exploring a **participatory funding** model

✓

Explore **pooled and/or joint funding** opportunities

✓

Gaining clarity on **connectivity of funded projects and services**

✓

Enhance connectivity through refreshed **locality and neighbourhood governance**

✓

Develop existing arrangements to **understand impact and outcomes**

✓

Continue to work with **ARC GM** on evaluation

✓

Define and implement **learning and best practice sharing**

✓

Development of a system owned **'Integrated Neighbourhood Team'** model

✓

Building and refining our current **reporting arrangements**

✓

Building a joint **Workforce induction and orientation**

✓

Delivery of Best Start in Life **Family Hubs**

✓

Continued commitment to **Prevention Demonstrator**

✓

Define approach and priorities in **Estates and Digital**

✓

**Local Delivery Priorities 2026/27**

✓

Local delivery of **GM Commissioning Intentions 2026/27**



Trafford Neighbourhood Plan:  
Developed by...



A big thank you to all the partners who have contributed to Trafford's draft Neighbourhood Plan so far





<b>Name of Committee / Board</b>		<b>Trafford Locality System Board</b>		
<b>Date of Meeting</b>		<b>17 February 2026</b>		
<b>Report Title</b>		<b>NHS GM Trafford Finance report</b>		
<b>Report Author &amp; Job Title</b>		<b>Julie Flanagan NHS GM Trafford</b>		
<b>Organisation Exec Lead</b>		<b>Gareth James</b>		
<b>OUTCOME REQUIRED</b> <i>(please highlight)</i>	Approval	Assurance X	Discussion	Information X
<b>EXECUTIVE SUMMARY</b>				
<p>The attached slide deck presents the financial position for the ICS overall and the locality delegated budgets by NHS GM for December 2025.</p> <p>As at Month 9 the total ICS year to date deficit is £76m, a £10m adverse variance against the plan, an improvement of £2.8m from the previous month.</p> <p>The Locality position is overspent £1.9m YTD with a forecast outturn of £2.39m overspent. The improvement in the YTD reflects amendments resulting from the transition to the new ledger as indicated in the M8 report. The forecast position shows a slight improvement on the previous month. Actions being taken to address the forecast variance for individual packages of care are underway however this does not deliver a breakeven position</p> <p>The locality YTD CIP position is ahead of plan by £482k and is forecast to deliver the target of £2.92m.</p> <p>Due to the transition to a new finance ledger in October the analysis of expenditure across all sectors is excluded again from this report.</p> <p>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.</p>				
<b>RECOMMENDATIONS</b>				
<p>The Locality Board is requested to:</p> <ul style="list-style-type: none"> <li>• Note the Month 9 year to date reported financial position for GM ICS of £76m deficit, against a planned deficit of £66m, resulting in a variance against plan of a £10m deficit.</li> <li>• Note the breakeven forecast outturn position in line with NHSE reporting requirements.</li> <li>• Note a Locality YTD variance of £1.9m overspend for commissioned services and a forecast variance of £2.4m.</li> <li>• Note the workstreams in place targeting the cost pressure and the increased grip and control measures for the locality</li> <li>• Note the delivery of ICS CIP as at Month 9 of £445.8m against a plan of £422.1m, an overachievement of £23.8m</li> <li>• Note the locality CIP delivery of £2.45m against a plan of £1.97m an overachievement of £482k and forecast to achieve full delivery.</li> </ul>				

<ul style="list-style-type: none"> <li>Note the risk of the Q4 deficit support funding being clawed back if the system does not deliver the forecast position.</li> <li>Note the continuation of the increased financial control framework including local recovery plans.</li> </ul>	
<b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b>	
<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	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.
<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation:
	Actions to address the in year cost pressures within individual packages of care in the second half of the year are crucial to stabilising the expenditure and provide an improved foundation for 26/7.
<b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i>	N/A
	Name/Designation: (If appropriate)
	Comment:
<b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i>	N/A
<b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
<b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	N/A
<b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	N/A
<b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i>	

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

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# Trafford Locality Finance Report

## Month 9 December 2025

**Trafford**

Integrated Care Partnership



At Month 9 the total ICS year to date deficit is £76.0m, a £10.0m variance behind plan (Month 8: variance of £12.8m), which is an improvement of £2.8m compared to last month.

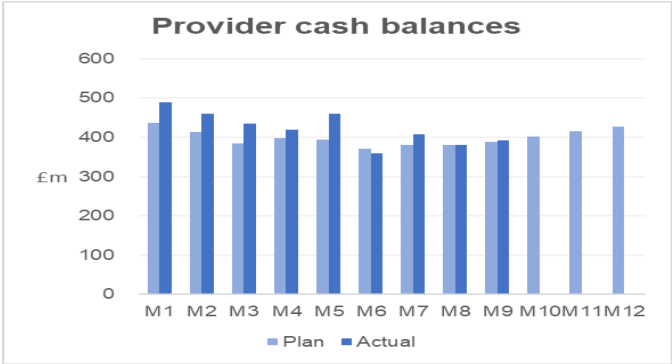
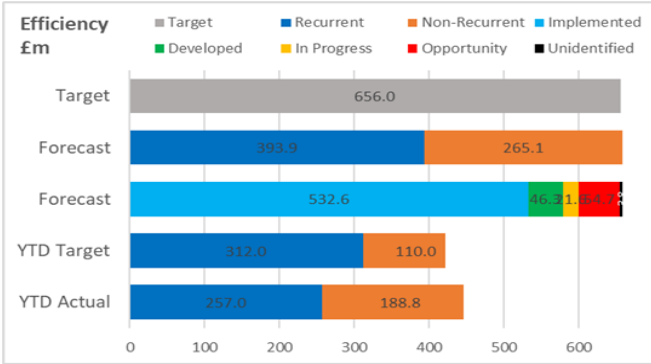
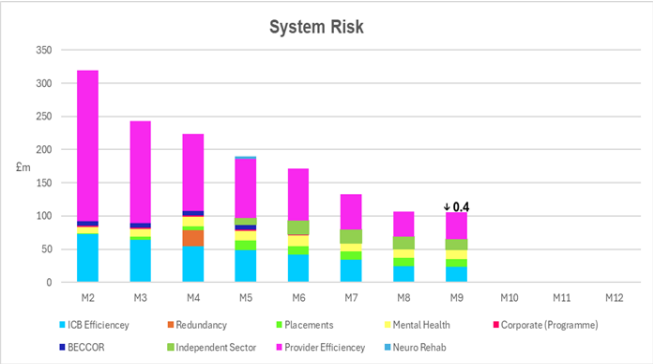
M9 2025/26 ICS Surplus/(Deficit) £m	In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Full Year Forecast	Full Year Variance
GM NHS Providers	£4.9	£7.7	£2.8	£60.4	£70.4	£10.0	£7.5	£7.5	£0.0
NHS GM	£0.6	£0.6	£0.0	£5.6	£5.6	£0.0	£7.5	£7.5	£0.0
ICS Total	£4.2	£7.0	£2.8	£66.0	£76.0	£10.0	£0.0	£0.0	£0.0

Key points of note for Month 9 are:

- Whilst an overall deficit continues to be reported, there has been a reduction in the extrapolated run rate for the GM providers of £18.6m (excluding IA costs), a reduction in system reported gross risk of £0.4m, and a further reduction in net risk as a result of the on-going delivery of recovery plans, £6.6m improvement against their trajectory for providers and £4.2m for NHS GM.
- The YTD provider position is now £10.0m behind plan, an improvement of £2.8m in month, with the remaining reported pressures mainly relating to the delay in CIP delivery.
- NHS GM is reporting a £5.6m 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, mainly due to a backlog of invoices being submitted by new providers entering the market as a result of Right to Choose. All Age Continuing Care run rate has improved slightly as in-month spend is slightly lower than M8 and as a result of non-recurrent spend earlier in the year having a lessening impact. Pressures associated with Independent Sector elective activity and delays in delivery of savings also continue to be reported. Finance Recovery Plans continue to be monitored, and updates indicate that IS activity has reduced slightly, and CIP delivery has improved again.
- On a YTD basis, CIP delivery is £23.8m ahead of target as a system (£0.6m behind plan by NHS GM, offset by a favourable provider variance of £24.4m). 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 been received up to and including Q4, but there remains a risk that this is subject to clawback if a balanced position for the system is not delivered.
- 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 9:



System Risk

- The total gross risk has been estimated at £106.0m at M9. This is a further decrease of £0.4m from M8. Of the total:
  - £41.0m relates to providers.
  - £65.0m relates to NHS GM.
- The majority of this relates to risk associated with the delivery of efficiency targets.
- The GM system is currently reporting that all risk will be fully mitigated, resulting in zero net risk.

System Efficiency

- The chart above details the savings delivered against an overall system savings target of £656.0m
- YTD savings of £445.8m have been delivered against a target of £422.1m, of which 58.0% has been delivered recurrently. Delivery is currently £23.8m ahead of plan YTD.
- Full year target of £656.0m is forecast to be exceeded, albeit with risks still being reported.

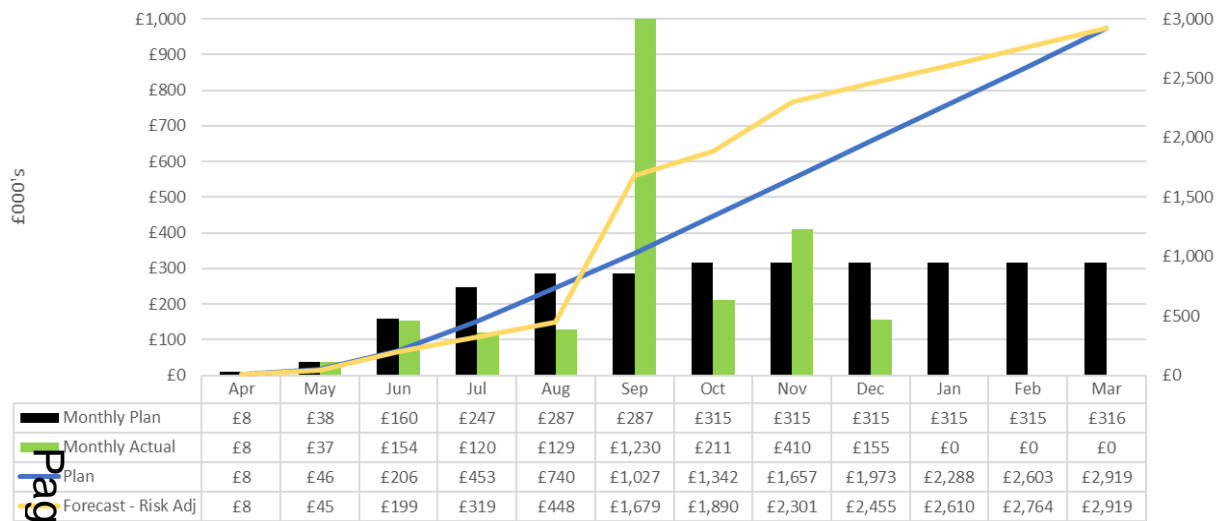
Cash

- GM providers (as shown in the chart above) are £3.3m above the planned cash balance (plan: £388.8m, actual: £392.0m).
- At M9 NHS GM had drawn down 75.8% of its annual cash allocation compared to straight line of 75.0%. This is due to settlement of 2024/25 liabilities and the profiling of the DSF transacted to providers. The allowable cash balance at the end of M9 equated to £8.8m, with an actual closing balance of £1.0m.
- The cash position remains challenging for the rest of the year, and NHS GM will continue to actively manage the system working capital position, promoting prompt invoicing and collection of debtors, and utilisation of payment terms with creditors.

Summary Financial Position as at Month 9				M8	In Month	Forecast			In Month
	Budget	Expenditure	Variance	Variance	Movement	Budget	Expenditure	Variance	Movement
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	
<b>Commissioned Services</b>									
Mental Health Services	3,565	3,555	10	7	↑	4,804	4,790	13	↑
Community Services	8,952	8,916	36	19	↑	11,937	11,876	61	↑
Personalised Packages of Care	32,869	34,949	-2,080	-2,609	↑	43,757	46,435	-2,678	↓
Primary Care Locally delegated	5,246	5,285	-39	-14	↓	7,260	7,259	1	↑
Estates void & subsidy	1,651	1,643	8	4	↑	2,200	2,200	-0	→
Capacity & Discharge Fund	1,382	1,226	156	67	↑	1,843	1,628	215	↑
<b>Total Commissioned Services</b>	<b>53,667</b>	<b>55,575</b>	<b>-1,908</b>	<b>-2,526</b>	↑	<b>71,800</b>	<b>74,188</b>	<b>-2,389</b>	↑

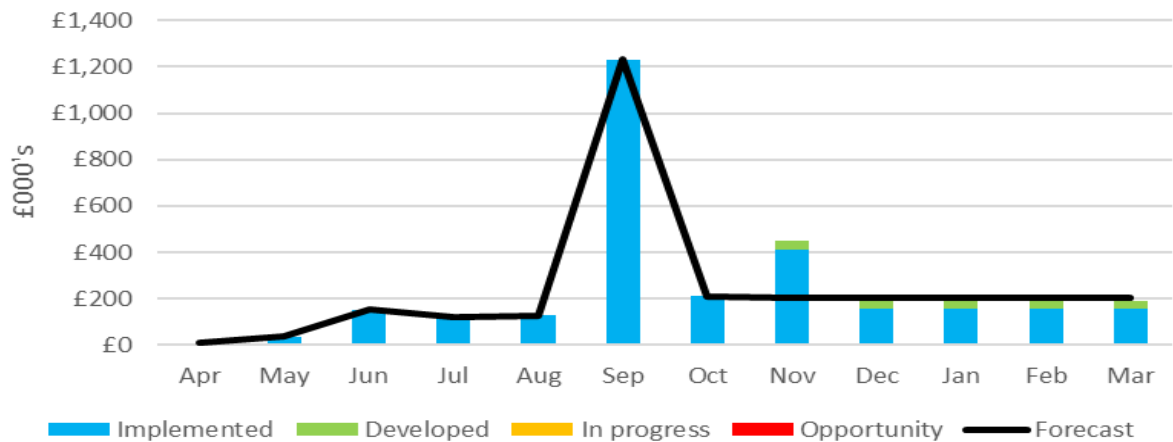
- YTD position has improved from M8 in respect of individual packages of care, following corrections linked to the transition to the new ledger.
- The forecast is a deficit of £2.39m a slight improvement on the previous month.
- The forecast assumes full delivery of CIP, performance year to date is £2.45m 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.
- YTD performance is £482k ahead of plan.
- 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.

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 9 year to date reported financial position for GM ICS of £76m deficit, against a planned deficit of £66m, resulting in a variance against plan of a £10m deficit.
- Note the breakeven forecast outturn position in line with NHSE reporting requirements.
- Note a Locality YTD variance of £1.9m overspend for commissioned services and a forecast variance of £2.4m.
- 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 9 of £445.8m against a plan of £422.1m, an overachievement of £23.8m
  - Note the locality CIP delivery of £2.45m against a plan of £1.97m an overachievement of £482k and forecast to achieve full delivery.
  - Note the risk of the Q4 deficit support funding being clawed back if the system does not deliver the forecast position.
  - Note the continuation of the increased financial control framework including local recovery plans.

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<b>Name of Committee / Board</b>	<b>Trafford Locality Board</b>			
<b>Date of Meeting</b>	<b>17<sup>th</sup> February 2026</b>			
<b>Report Title</b>	<b>Trafford Locality Quality Report Q3</b>			
<b>Report Author &amp; Job Title</b>	<b>Sarah Owen Associate Director of Nursing &amp; Quality, Julie Woolf, Quality Lead</b>			
<b>Organisation Exec Lead</b>	<b>Gareth James, Deputy Place Based Lead</b>			
<b>OUTCOME REQUIRED</b> <i>(please highlight)</i>	Approval	Assurance	Discussion	Information

#### EXECUTIVE SUMMARY

This report aims to provide the Trafford Locality Board with a summary of the work undertaken to improve the Quality of patient care and experience that has taken place since the last update provided to Trafford Locality Board.

The report includes :-

- LQG Escalations
- MFT
- TLCO
- GMMH
- Primary Care – GP's
- Adult Social Care
- CHC
- Safeguarding Team update

Some elements of the report are taken from updates that have been tabled at various committees in the locality and with providers, including, Locality Quality Group (LQG) and Provider Quality and Safety Assurance Meetings.

#### Please see below for Alert/Assure/Advise areas within the report

<b>Alert/Assure Advise</b>	<b>Areas of exception</b>
<b>Alert</b>	TLCO District Nurse Service continues to experience challenges with the need to defer patients based on clinical prioritisation. A business case has been presented to NHS GM to improve community nursing team challenges.
<b>Alert</b>	Since the last report, there have been a further two Never Events reports at MFT bringing the total to 10 since April 2025. Mitigation in place and none of the events related to Trafford patients.
<b>Alert</b>	Cera Care (Premier Care) suspension remains in place due to ongoing quality concerns. CQC inspection completed in November 2025, Inadequate outcome published January 2026, provider placed in special measures.
<b>Advise</b>	Trafford Locality Quality Group has been paused to allow for work to continue around implementing the new operating model and NHS reform changes. Provider Quality Assurance meetings remain in place.
<b>Advise</b>	Deepdene – Prema Court work continues to find alternative accommodation for the last 3 remaining residents.
<b>Assure</b>	MFT PSIRF Policy and Plan has been reviewed with a fresh set of patient safety priorities in place for 2026
<b>Assure</b>	MFT/NHSGM continue to work in collaboration to improve data in relation to Looked after Children.
<b>Assure</b>	TLCO 0-19 service quality update, Trafford performed well against the national health visiting standards.

<b>Assure</b>	GMMH – have reviewed the Safe Management of Controlled Drugs and training compliance remains high.	
<b>Assure</b>	Majority of GP practices in Trafford are now registered on the national Learning from Patient Safety Events system with some actively uploading incidents to aid learning.	
<b>Assure</b>	North Trafford Group Practice maintained their “Good” rating with CQC at their last full inspection conducted during Q2 2025-26	
<b>RECOMMENDATIONS</b>		
1. To note the content of the report.		
<b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b>		
<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	N/A	
<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation:	
	Comment / Approval <i>(Delete appropriately)</i> :	
<b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i>	Date of TCAPS / Clinical Lead comment (Delete appropriately):	
	Name/Designation: (If appropriate)	
	Comment:	
<b>What is the impact on inequalities? (Please provide a high-level description of any known impacts)</b>	This paper examines data in relation to a shared single view of quality which ensures high quality, personalised and equitable care is provided to all.	
<b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>		
<b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and</i>		

<i>if not required please briefly detail why)</i>	
<b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	N/A
<b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i>	
<b>Enabler implications</b>	<b>Legal implications:</b>
	<b>Workforce implications:</b>
	<b>Digital implications:</b>
	<b>Estates implications:</b>
<b>Sub-Board Sign-Off / Comments</b> <b>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</b>	Trafford Locality Quality Group
<b>Organisation Exec Lead Sign off</b>	Gareth James, Deputy Place Based Lead (Trafford)

## Trafford Locality Quality Report

### 1.0 Introduction and background

- 1.1 This report aims to provide the Trafford Locality Board with a summary of the work undertaken to improve the Quality of patient care and experience that has taken place during Quarter 3 of 25-26.
- 1.2 Trafford Locality Quality Group (LQG) meetings were held bi-monthly to align to the NHS GM System Quality Group (SQG). LQG has systematically brought together place-based partners from across health, social care and wider to share insight and intelligence into local quality matters, identify opportunities for improvement and to highlight any concerns/risks to the quality of health and care.

LQG meetings have taken place in October and December 2025, agenda items included:

- Cheshire and Wirral Partnership Quality update
  - ASC Market position highlight report September and November 2025
  - Safeguarding Health Collaborative updates
  - Primary Care (GP's) quality update
  - TLCO Quality Update
  - Healthwatch update
  - Trafford 0-19 Service – Quality update, service challenges and Improvements presented by Trafford Local Authority Public Health Consultant along with TLCO 0-19 Service, Lead Manager and Head of Service
  - Public Health update
- 1.3 NHS GM are currently undergoing significant changes in line with NHS Reform and working to a set list of priorities whilst the new operating model is implemented. This will include significant changes in staffing arrangements both at GM and in the localities.
- 1.4 With this in mind, SQG meetings have been paused as well as the Quality and Performance meetings within NHS GM, therefore we have made the decision that LQG meetings should also be paused for the time being. We want to offer assurance that this does not signal a reduction in our commitment to partnership working. We are keen to maintain strong relationships and ongoing dialogue, and we have encouraged partners to continue to share updates, intelligence and any emerging quality concerns where they feel these need to be known or addressed at a system level, so that we can continue to work collectively to safeguard and improve quality across Trafford.
- 1.5 While LQG meetings are paused, the importance of strong governance and assurance around the LQG forward plan priorities remains central to maintaining high quality care. We recognise and are assured that system partners have robust internal governance arrangements in place, and we want to provide reassurance that, during this time of transition, we will continue to stay connected to these processes at a locality level. This will help ensure ongoing visibility of key developments, shared understanding of risks and priorities, and continued collective oversight across the system.

## 2.0 Manchester NHS Foundation Trust (MFT)

### 2.1 Serious Incidents

There were no serious incident reported on STEIS in Q3 for MFT relating to Trafford patients.

### 2.2 Never events

Following on from the previous report in November 2025 where 8 Never Events were reported from April 2025 for MFT, there were a further two Never Events reported in Q3 25-26. The table below is a reminder of the themes and the includes the recently reported events.

Of the 10, none were attributed to Trafford residents.

Site	Type of Event
North Manchester General	Wrong implant/prosthesis
MRI	Retained foreign object
Wythenshawe	Wrong site surgery
MRI	Wrong site surgery
MRI	Wrong site surgery
Wythenshawe	Wrong implant/prosthesis
St Mary's	Retained foreign object
RMCH	Misplaced Naso/gastric tube
RMCH	Retained foreign object
MREH	Retained foreign object

There was no patient harm in any incident and patients and families were appropriately and compassionately engaged through provision of apologies, explanations and ongoing engagement in the development and conduct of investigations. At the same time, colleagues who are also impacted have been provided with support following the incidents.

In all cases, a full Patient Safety Incident Investigation (PSII) has been commissioned as there is the potential for significant learning. This is in line with the national criteria as Never Events are classified as a national priority. A full update on the Trust wide improvement actions was provided at the Quality and Safety Assurance Group held in November 2025. An example of the updates is described below:

- An August 2025 review of national and MFT trends from previous never events and near misses informed the trust wide improvement plan, highlighting compliance with the surgical safety checklist and overall safety culture as key priorities.
- The MFT Never Event Steering Group has led a communications campaign to promote a strong safety culture and everyone's role in maintaining it. This will be delivered from late October to January 25, the campaign is focusing on

understanding patient safety culture, raising awareness of PSIRF, reinforcing key safety processes especially for invasive procedures and encouraging engagement through shared good practice, stories, and development opportunities.

### 2.3 **MFT and NHS GM (Manchester and Trafford) Quality and Safety Assurance Group (QaSAM) meetings was held in November 2025**

Trafford Associate Director Nursing and Quality is in attendance and the meeting is held every 6 weeks. The GM ICB Deputy Chief Nursing Officer is the chair, and attendees include those from MFT GMICB and NHSE.

Topics at the meeting included:

- Individual Paediatric incident investigation report update
- Never Events Response Plan
- Patient Safety Incident Response Framework (PSIRF) Policy and Plan update
- Looked after Children Data Quality Improvement Plan implementation.
- Review of NOF 3 quality exit criteria
- Escalations to Provider Oversight Meetings
- Escalations to MFT Contract Review Meeting

Key areas of note from the meeting:

#### **PSIRF Policy and Plan update**

MFT Patient Safety Incident Response policy is being reviewed with a view to a refreshed plan being launched for implementation January 2026. A long list of refreshed patient safety priorities has been finalised which is a significant piece of work including review and triangulation of data from across the organisation this has included:

- Patient safety events themes and trends
- Legal and coronial data
- Mortality information including learning from deaths information.
- Patient experience feedback and learning
- Complaints and PALs data including thematic analysis of complaint.

#### **Looked after Children(LAC) Data Quality Improvement Plan (DQIP)**

This is a piece of system level work to improve LAC data collection which supports in the timely management of looked after children. MFT's DQIP trajectory ran from June to October 2025, with full submission of the NHS GM dataset achieved as planned. Manchester and Trafford will continue full submissions going forward. Current challenges to LAC data submission include reliance on multiple electronic systems requiring manual data coordination, reduced administration staffing affecting data quality and timeliness, and an incomplete data cleanse. Actions underway include recruitment to administration teams, development of digital solutions to reduce manual processes, and prioritisation of a full data cleanse once teams are fully staffed in Q4 2025/26.

MFT continue to work in collaboration with GM NHS LAC providers and ICB colleagues and



will continue to analyse dataset trends to inform local improvements, alongside further exploration of digital solutions to enhance LAC data collection by March 2026.

### **3.0 Trafford Local Care Organisation Update**

- 3.1 The Director of Nursing/AHPs and Professional Lead (MLCO/TLCO) is a member of the Trafford Locality Quality Group (LQG). TLCO Quality updates are provided on a quarterly basis as well as any “Deep Dives” when areas of improvement are identified.
- 3.2 An update on the Trafford 0-19 Service which is commissioned by Public Health and provided by TLCO (Health Visitors and School Health staff), was presented at LQG meeting on 1<sup>st</sup> December 2025 by Trafford Local Authority Public Health Manager, and Senior colleagues from the TLCO 0-19 Service. Key notes are highlighted below: -
- Trafford performed well against the national health visiting standards 24-25. In particular to the standards around Children receiving new birth visit. Significantly higher for 6-8 week and 9-12 months and by 12 months check targets.
  - Public health vaping sessions have been offered to all primary schools in Trafford (Year 6 pupils) by the School Nursing Service/Healthy Schools Team. 47 of the 60 Primary Schools accepted the offer and delivery sessions were completed by October 2025. Feedback has been positive.
  - Development plan in place for 25-26 which includes conducting school health needs assessments and developing a joint annual offer to meet the needs.
- 3.3 A TLCO Adults Quality Update was provided at the LQG meeting on 1<sup>st</sup> December 2025. Highlights included:
- From November 2024 – October 2025 overall incident reporting was stable and within control limits with no unwarranted variation.
  - Pressure ulcers remain the highest category of incidents and learning continues to be applied where there have been lapses in care. This remains the highest area of reporting and Dedicated Tissue Viability Nurse is in post supporting the District Nursing Teams.
  - The District Nurse service continues to be challenged and there are commissioning discussions in progress. It was noted that the service is experiencing high numbers of deferred visits. A business case has been developed (see below) and presented to GMICB. Deferred patients are rescheduled dependent on clinical need; this is overseen by the senior practitioners in the service to ensure that patient safety is maintained with appropriate clinical prioritisation. It was reported that there have been no incidents related to delays however it was noted that this does impact patient experience and staff wellbeing.
  - Safeguarding Adults level 2 & 3 training compliance levels at 99.1% and 90.1% respectively.
  - Complaint numbers had marginally increased with 14 complaints received June 2025 – October 2025 compared to 11 in June 2024 – October 2024.
  - PALS concerns have increased from 13 between June - October 2024 to 25 for the same period in 2025. Themes include communication, nursing care and treatment/procedure delay. Oversight is provided by the Heads of Nursing with clinical prioritisation processes in place and quality improvement programmes underway.
  - Work to reduce waiting times in some services continues this includes District

Nursing, OT Assessment Team, Podiatry and Bladder and Bowel Service. Oversight is provided through the LCO risk committee and operational meeting structures with appropriate escalation.

- 3.4 Trafford Quality Lead attends the bi-monthly LCO Quality and Safety Committee. The meeting is chaired by the Director of Nursing/AHPs and Professional Lead (MLCO/TLCO) and more frequent meetings allow for the regular updates on areas of quality such as:- LCO Patient Safety Profile, PSIRF Priorities, Patient Feedback and service level challenges (utilising the Alert/Assure/Advise reports). Alternate months focus on deep dives into some of the service challenges and quality improvement areas.

Key highlights from the Patient Safety profile presented at the meeting held on 17<sup>th</sup> December 2025

- There were 16 PUs (Cat 3 /4) presented during November, of which there were 0 cases where lapses in care were identified that did contribute, 6 where lapses in care did not contribute, and 10 deemed All Care Appropriate. There are of Swarm/Accountability panels undertaken for any cases where there were lapses in care. A deep dive was presented at the meeting in October which highlighted all actions being taken to improve pressure ulcer care.
- Reported levels for medicines incidents remained average in Quarters 1 and 2, with slightly increased reporting levels in October and November. A significant number of these relate to Discharge/ Transfer of Care meds incidents. There is ongoing workstream, overseen by the Medicines Management Group relating to those issues and updates to be presented at future meetings.
- There has been a decrease in FFT responses for November. QCR continues on an upward trajectory overall, Response numbers for WMTM have declined since Q2. Ratings within each of the patient experience measures have been maintained.
- The number of complaints where the LCO is lead remains similar to previous months. The number of complaints where LCO has been requested to input (but not identified as lead) remained stable over the previous two quarters. Top 3 complaint themes (previous 12-month period) were Treatment/Procedure, Communication, Access and Clinical Assessment. The number of complaints responded to within timeframe for the LCO was 100% in November.
- Some challenges (capacity and waiting times) were noted in specific services, Occupational Therapy, Bladder and Bowel and District Nursing all of which were mitigated against with robust actions in place including mutual aid from wider MFT teams. All issues are on the LCO risk register and monitored regularly through senior leadership teams and committees.

### 3.5 Community Nursing in Trafford - Business case for change

Community Nursing Services across England are under significant pressure due to rising demand, increasing complexity and workforce shortages. In Trafford, challenges within the District Nursing Team have been longstanding and widely reported across MFT and NHSGM. Increasing referrals and capacity constraints have made the current model unsustainable, resulting in deferred visits, long waits and increased clinical risk. This risk is recorded on the MFT risk register at level 16 (high).

In September 2025, the MFT Chief Executive wrote to GM ICB colleagues highlighting these risks and confirming the intention to develop a business case. Trafford ICB acknowledged the challenges and confirmed the need for in year funding to ensure services are safe.

The business case was presented to the Trafford Locality Board in January 2026, outlining a strategic response to address capacity gaps, align with national and regional priorities, and deliver safe, effective and equitable Community Nursing services in Trafford. This included District Nursing and Specialist Bladder and Bowel, Palliative Care and Diabetes Nursing services.

Two options were presented. Option 1 focused primarily on District Nursing and did not address wider community service pressures. The preferred Option 2 proposed a comprehensive redesign and targeted investment across adult core and specialist community services. This includes redesigning existing resources to optimise pathways and ICB investment to address residual capacity gaps, with the aim of improving outcomes, simplifying care and delivering value for money.

The benefits of Option 2 include removal of capacity related DN referral restrictions, achievement of national caseload standards, clearance of Bladder and Bowel backlogs, provision of a 7-day Specialist Palliative Care service, and alignment with national and local priorities, including the Trafford Locality Plan. Recommendations and key milestones were presented with an implementation timeline over the coming months. Members of the board offered full support of the business case.

#### **4.0 Greater Manchester Mental Health (GMMH) NHS Foundation Trust**

##### **4.1 GMMH Serious Incidents**

There were 4 serious incidents reported during Q3 25/26 for GMMH that related to Trafford patients.

Site	Type of incident
Community	Apparent/actual/suspected homicide meeting SI criteria
Inpatient	Slips/Trips/Falls
Community	Apparent/actual self-inflicted/self-harm incident
Community	Apparent/actual self-inflicted/self-harm incident

##### **4.2 GMMH and NHS GM Quality and Safety Assurance Group (QaSAM) Q3 meeting was held on 5<sup>th</sup> November 2025**

Trafford Associate Director Nursing and Quality is in attendance and the meeting is held every month. The GM ICB Deputy Chief Nursing Officer is the chair, and attendees include those from GMMH, GMICB and NHSE.

Topics at the meetings included:

- Q2 Thematic review of Incidents, Complaints, Inquests and PFD's
- Controlled Drug Accountable Office Annual Report 24/25

Any items that require escalation to the Provider Oversight Meetings or MFT Contract review meetings are also discussed at the meeting to allow for wider system oversight.

Key areas of note from the meetings:

#### 4.3 **Thematic Review of Incidents, Complaints, Inquests and PFD's Q2**

Presented by GMMH Head of Safety, the report provided assurance in relation to organisational patient safety learning and improvement activities. The information within the report is triangulated with sources of information such as patient safety incidents that have triggered an After Action Review (AAR), Rapid Review of Care (RRoC) Swarm huddles and Learning MDT's, High profile incidents, Patient Safety Investigations, Safeguarding enquiries and reviews and complaints and PALS cases.

Key areas noted from the report

- Reporting levels are at a steady upward trend with some notable increases in Q2.
- Executive briefings for high profile incidents are developed within 24 hours of the incident report.
- 36 incidents high profile incidents reported in Q2 which showed an increase in unexpected deaths and missing patients compared to the previous quarter.
- Incidents are reviewed at divisional level and decision taken about the most appropriate learning responses, informed by local context, nationally mandated responses and the Trust PSRIF Plan
- The timescale from an incident being reported to closure is 5 days. Incident performance metrics are now monitored and concerns escalated via monthly Quality and Safety Operational Oversight Group. To promote improved understanding of barriers, visibility and ultimately performance via the organisational reporting and accountability lines.
- No PFD's were received during Q2
- GMMH PSIRF plan has been audited during 2025 and an action plan is in place that includes recommendations for improvement which the Trust is working on.

#### 4.4 **Controlled Drug Accountable Officer Annual Report 24/25**

The purpose of the report was to ensure that "Safe Management of controlled drugs" is maintained as an organisational priority. To provide assurance on the systems and processes within GMMH that lead to the safe management of controlled drugs, and to update on any relevant incidents that have been reported regarding the use of controlled drugs during 24-25.

The report outlined how controlled drugs are managed and overseen within Greater Manchester Mental Health NHS Foundation Trust. It covers incident reporting, audit activity, governance arrangements and staff training.

During 2024/25, 650 controlled drug-related incidents were reported, the majority being low-level (levels 1–2). A significant incident involving the loss of 1,568 codeine tablets at Park House led to enhanced controls and the reclassification of codeine as a Schedule 2 controlled drug within the Trust.

Internal audits confirmed full compliance with statutory storage requirements, with identified non-compliance addressed through targeted training and local action plans. A re-audit by Mersey Internal Audit Agency in October 2024 provided moderate assurance, reflecting improvements in medicines management.

The Trust has assurance that appropriate controlled drug licences and CQC registration arrangements are in place, supported by a dedicated group to manage licence renewals. Training compliance remains strong, with 91% of inpatient staff completing mandatory controlled drug training by March 2025.

Overall, the report demonstrated the Trust's commitment to safe controlled drug management, continuous improvement and strong governance.

## **5.0 Primary Care (General Practice)**

### **5.1 Primary Care Quality Assurance and Improvement Framework – Review**

We were in the process of reviewing the Trafford Primary Care (GP) Quality Assurance and Improvement Framework, however, due to the work around NHS Reform, we have paused the review of the framework including the quality visit programme and await the new NHS GM Operating model and structures.

To ensure ongoing quality monitoring, we are able to reviews of the metrics within the NHSGM Primary Care Quality Dashboards to identify any outlying data should there be any issues with practices. Information in the dashboard can be triangulated with CQC intelligence, complaints, and safeguarding. We will then plan any actions that may be needed, such as engaging with practices whilst considering the capacity of the current team.

Locally we continue to have weekly MDT's to resolve any immediate quality issues as they arise. Recent issues have included minimising patient impact due to decommissioning of minor surgery local commissioned service, patient surgery cancellation complaint, patient registration complaint and issues in relation to late diagnostic reporting from MFT system.

### **5.2 Learning from Patient Safety Events (LFPSE)**

We have undertaken a mapping exercise to establish which practices are registered on the Learning from Patient Safety Events (LFPSE), following a reminder sent out to practices during Q2 25-26.

Practices were reminded that it is a requirement of the 25-26 contract to register on the LFPSE system and start uploading any relevant incidents where system learning could be identified. Further guidance was provided as well as links to the national and local support available.

The majority of our GP practices in Trafford have confirmed their registration on the LFPSE system and we know that at least one practice has uploaded an incident as part of their SEA process. We will continue to engage practices to ensure registration and offer support with any issues.

### 5.3 North Trafford Group Practice – CQC Inspection outcome

North Trafford Group Practice is made up of 2 GP practices (Chester Road and Seymour Grove) and provides services to 15,234 patients under a General Medical Services (GMS) contract.

On 2<sup>nd</sup> September to 15<sup>th</sup> September 2025 the CQC carried out an announced comprehensive inspection at North Trafford Group practice. The CQC report was published on 13<sup>th</sup> November 2025 and the practice rated was as “Good” overall. Which maintains their rating from their previous inspection in January 2017.

All domains were rated as “Good” and some key highlights from each domain included:

- **Safe:** The service had a good learning culture and people could raise concerns; managers investigated incidents thoroughly
- **Effective:** Staff worked with all agencies involved in peoples care for the best outcomes and smooth transitions when moving between services
- **Caring:** People were treated with kindness and compassion and staff protected their privacy and dignity.
- **Responsive:** People were involved in decisions about their care. The service worked to reduce health and care inequalities through training and feedback.
- **Well Led:** Leaders and staff had a shared vision and culture based on listening, learning and trust.

There are some areas that the practice is working to strengthen, such as training around Freedom to Speak up as well as continued working to improve uptake of childhood immunisations,

We were really pleased with the outcome of the inspection which only goes to show the dedication and commitment from the practice to improving quality and care for their patients. We contacted the practice to congratulate them on their success and thank them for all their hard work. The report has been published on the practice website for patients to view and is also available at [North Trafford Group Practice - Care Quality Commission](#)

### 5.4 Current GP Practice CQC Ratings

CQC Rating	Number of practices	GP%
Outstanding	2	8%
Good	24	92%
Total	26	100%



We have quarterly meetings with the GM Operational Manager for CQC and our new local CQC Inspector. At the most recent meeting we discussed the scheduling of their inspections across GM which is based on risk. For Trafford, we were assured that there are currently no significant risks that would expedite an inspection, but we are aware that a number of practices have aged ratings (going back as far as 2016) that would require inspections in the coming months. We have shared communications with our practices of the plan so they can prepare for their inspections.

## 5.5 CQC State of Care Report 24/25

On the 24<sup>th</sup> October 2024, The Care Quality Commission (CQC) published their State of Care 24/25 which is their annual assessment of Health and Social Care in England. In the report evidence has been used from inspections, and registration activity along with other information and personal experiences, including from people who use service, their families and carers to inform their view of the quality of care.

The report summary included the following key notes:

- The demand for services is growing. People cannot always access the care and treatment they need when they need it, and the system often fails to deliver effective, joined up care, resulting in long waits and unmet needs.
- There is unwarranted variation in people's experiences of service across the country and inequality is particularly affecting people in the most deprived areas.
- Demand for urgent and emergency care services remains high, but the way in which people are accessing this care is changing. While there was a drop in the volume of calls to NHS 111 in 24/25, calls to ambulance services have continued to increase, with the volume of "hear and treat" responses also rising. The number of attendances at all types of urgent and emergency care services has also risen, with the biggest increases at single service facilities for specific conditions and minor injury units.
- In 24/25, people were still waiting too long for mental health care and were unable to access the care they need when they needed it. Referrals have also increased by 15% on the previous year.
- There are significant challenges around funding and system working, as poor communication and collaboration between services, and problems with shared care protocols can have a negative impact on people's experience of care, the coordination of their care and transitions between care pathways.
- While there has been some improvement, people are still facing long waits for elective care and the length of time people must wait varies across the country.

In terms of General practice: some key notes include:-

- The demand for GP services is still growing, resulting in more pressure on services. Nationally over 700,000 more patients were registered with a GP, on average in 24/25 compared with the year before. Locally we saw an increase of 666 registered patients in 2024 which was lower than the 896 increase in 2023.
- An increase in the number of appointments recorded in GP systems also reflects this growing pressure with national figures for 24/25 up by 9.8% over 2 years. In Trafford we saw an increase in appointments recorded of 12.72% during 2024 which was an increase of 3.6% on 2023 (9.03% increase)

- In the 2025 GP Patient survey, 75% of respondents stated that their overall experience was “good” or “fairly good”. However, the survey also found that only half (53%) of people who had tried to contact their GP by phone said it was easy. For Trafford overall good experience was 80.6% and easy experience of contacting GP by phone was 62.8%.
- In 2025 more respondents of the GP Patient Survey had used online methods the last time they had contacted their GP practice, including the NHS App. 49% said that it was easy to contact their GP this way and in Trafford we were only just slightly higher at 50.8%.
- In terms of contacting the GP via the practice website, the national survey found that 51% found that it was easy and in Trafford our results were 55%. However, whilst we are higher than the national picture, these results mean that a significant amount of people in Trafford find it difficult to access their GP via the NHS App or GP website.

The CQC state that variations in patterns of access and demand reinforces the need for local systems to understand and engage with local communities to develop solutions that deliver more proactive and person-centered community-based care. This could help local systems ensure that people receive appropriate advice and support on where to go and how to navigate access to primary and secondary services. It could also reduce the risk that some people might simply stop trying to get the care they need which would therefore reduce health inequalities. We have several strategies within NHSGM and locally to improve access to health and care services and reduce health inequalities as a system. These include:

- NHSGM Improving Health and Care in Greater Manchester Strategy 2023-2028
- NHSGM Primary Care Blueprint 2023
- Trafford Locality plan 2025-2028.

For further information please see [The state of health care and adult social care in England 2024/25 - Care Quality Commission](#)

## 6.0 Adult Social Care Update

- 6.1 As part of the Trafford Joint Quality Assurance Framework, a Joint Quality Improvement Group took place on 28<sup>th</sup> November 2025. Attendees included Greater Manchester Integrated Care (ICS Trafford Locality) and Council officers to support the continuing improvement of the provision of care services in Trafford.

Provider concerns and themes are reported to JQI board as well as a Market Position Highlight report on current Quality position of (not limited to) the following commissioned services:

- Older Peoples Care Homes
- Older Peoples Homecare services
- LD/MH Residential Homes
- LD/MH Supported Living

The report also covers Infection control, market risks, positive outcomes such as improved CQC ratings, new arrivals to the market, suspensions, market capacity and provider concerns.

- 6.2 The Table below highlights the Adult Social Care commissioned providers who are currently rated “Inadequate” or “Requires Improvement” at their last CQC inspection and examples of the actions taken to gain assurance.

Inadequate	Requires Improvement	Actions to address
<ul style="list-style-type: none"> <li>GMMH</li> <li>Premier Care–Cera Care (Homecare)</li> <li>Premier Care (MH/LD)</li> </ul>	<ul style="list-style-type: none"> <li>Flixton Manor</li> <li>Haylands Care Home</li> <li>Absolute Care at Home (Homecare)</li> <li>Falcon (Homecare)</li> <li>Ornate Healthcare (Homecare)</li> <li>Beckdale House (MH/LD)</li> <li>CIC – Norwood Drive (MH/LD)</li> <li>IAS (MH/LD)</li> <li>Voyage Care (MH/LD)</li> <li>Prema Court (MH/LD)</li> </ul>	<ul style="list-style-type: none"> <li>Intensive support/ Regional level/SOF 4 arrangements/ regular meetings/ support with action plans/expert advice where required.</li> <li>Regular spot checks for assurance with providers</li> <li>Governance arrangements via JQI/LQG</li> <li>iTool in place for ASC/ICB, governance via JQI</li> </ul>

- 6.3 **Deepdene – Prema Court.** At the time of the meeting, three Trafford residents remained at the property. One had a confirmed alternative placement date during November, another had an identified placement and is in the process of viewing, and one move was subject to a Court of Protection process. Concerns were raised about the provider increasing fees without following due process. This was escalated to the legal team, who confirmed the increased fees would not be paid. The provider has since acknowledged this position and withdrawn the request.

There was strong multi-professional oversight to support residents during transitions. A joint quality assurance visits on 7th November 2025 identified concerns around levels of support and the lack of an outcomes-focused model, but no staffing shortages. The commissioning team was working closely with the provider to ensure individuals receive appropriate interim support.

- 6.4 **Cera Care (Premier Care)** There are ongoing concerns regarding the quality and safety of the service, including a lack of recovery and outcomes focused practice, poor management and reporting of incidents, medication issues, and slow progress against the Service Improvement Plan. Concerns have also been raised about the deputy manager’s performance and conduct. Senior leaders were briefed, and a Service Improvement Plan is in place with fortnightly meetings and regular monitoring. New placements are suspended until February 2026, and placing local authorities are working jointly to support improvement. All care coordinators are completing reviews.

The Registered Manager and Area Manager are on long-term absence, with interim management in place and the service now overseen by the Complex Care division. A CQC inspection was completed in early November, with an “Inadequate” outcome published on 20<sup>th</sup> January 2026. Due to ongoing risk, the Joint Incident Steering Group process has been initiated, with multi-agency meetings scheduled.

## **7.0 NHS Continuing Healthcare Trafford Team Update**

- 7.1 The locality has not achieved the required target of >80% for this Quarter. Only 78% of CHC referrals being completed within 28 days. This reduction in performance can be directly attributed to a delay in Social Work allocation. This issue was raised with Local Authority colleagues with positive performance outcomes in December noted.
- 7.2 There has also been a consistent achievement of above the KPI target of the ^85% target for PHB's during the period and performance is noted at 97.4%. The CHC team have achieved above 98% of Fast Track's approved in Quarter, the KPI is to achieve above 90%.

## **8.0 Trafford Safeguarding Team Update**

- 8.1 NHS GM completed a review of its statutory safeguarding functions across the organisation and localities in line with current legislation and the Intercollegiate document. This ensures that NHS GM continues to be compliant with its statutory duties. The NHS GM Designated Safeguarding Teams continue to undertake their statutory responsibilities within localities and Trafford currently holds 4 red ratings on the GM Matrix, all relating to team capacity and vacant posts. In addition, the locality risk register defines these risks and mitigations fully. This is completed and submitted on NHS futures Platform in line with GM governance and reviewed in locality and via the ADQ and GM safeguarding leadership.
- 8.2 The NHS GM Safeguarding Assurance Framework has been updated in for 2025/26 Contractual Standards for both Large FT providers and non-FT providers. Trafford Safeguarding Team will continue to work with other GM localities to monitor safeguarding assurance across the larger commissioned footprints such as MFT and GMMH alongside The Christie. All Quarterly meetings and submission dates have been scheduled for the FT Providers until 2027/28. Reporting will be submitted into the Provider Oversight Meetings for each FT by the provider assurance leads. Non-FT providers will be completing Assurance Quality and Safeguarding Self-Assessment (AQSSA) Tool once an aligned process is agreed with the contracts and quality teams.

## **9.0 Recommendations**

- 9.1 The Trafford Locality Board is asked to:
- Note the assurance mechanisms that are in place which monitor the quality, safety, and effectiveness of commissioned services.
  - Celebrate the good work that is being undertaken by partners to improve the quality of health and care provided to Trafford residents.

<b>Name of Committee / Board</b>		<b>Trafford Locality Board</b>		
<b>Date of Meeting</b>		<b>17<sup>th</sup> February 2026</b>		
<b>Report Title</b>		<b>Better Care Fund Programme Quarter 3 return</b>		
<b>Report Author &amp; Job Title</b>		<b>Alex Cotton, Head of Transformation and Delivery</b>		
<b>Organisation Exec Lead</b>		<b>Gareth James, Deputy Place Base Lead and Maggie Kufeldt, Corporate Director for Adults and Wellbeing (DASS)</b>		
<b>OUTCOME REQUIRED</b>	<b>Approval</b> <b>X</b>	<b>Assurance</b> <b>X</b>	Discussion	<b>Information</b> <b>X</b>
<b>EXECUTIVE SUMMARY</b>				
<p>The BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. This report provides the national return in Q3 which is required to be submitted by close of play on 30<sup>th</sup> January 2026</p> <p>This Quarter 3 submission focusing on:</p> <ul style="list-style-type: none"> <li>• This Q3 submission provides an update on the delivery against the BCF metrics for the period of 1<sup>st</sup> April -31<sup>st</sup> October 2025.</li> <li>• Confirmation of income and expenditure of the BCF 25/26 Programme and actual expenditure for Q3 25/26.</li> </ul> <p>The full BCF return to NHS England is attached alongside this paper, but to support ease of reading, please find key messages highlighted below:</p> <p><b>The Key metrics for 25/26 are:</b></p> <p><b>1. Emergency Admissions to Hospital for people 65+ per 100,000 of population.</b></p> <p><u>Q2 Performance:</u> Not on track to meet target</p> <ul style="list-style-type: none"> <li>• This is a new target for 25/26.</li> <li>• Trafford agreed a new target of 1651.9 emergency admissions per 100,000 of population per month and reported our progress against this in the plan in our Q2 submission in November 2025.</li> <li>• In our November submission we noted that Trafford exceeded its target in June 2025, with less emergency admissions to hospital with 1599.4 compared to 1651.9 in the plan.</li> <li>• NHS England has since updated Health and Wellbeing Boards population data which has changed our target from 1651.9 to 1634.7</li> <li>• Against the new target Trafford had more admissions to hospital than planned in Q1 and Q2, apart from June; April (1,705.3), May (1,822.9) and July (1,775.8), August (1,670.0) and September (1,646.5).</li> </ul>				

Mitigating actions include:

- Review of capacity and demand of Trafford's Urgent Community Response Service.
- Increasing the levels of Acute Respiratory Infection appointments through the winter capacity funding.
- Increasing visits to housebound patients over the winter period through our Acute Visiting Service.
- Increasing primary care capacity by 17,000 appointments between November and April which should help alleviate the levels of attendances and admissions to secondary care.
- Reintroduction of GM Falls Service for the Winter Period.

**2) Delayed Discharges:** Average length of delay for all adult acute patients (this calculates the % of patients discharged after their Discharge Ready Date multiplied by the average number of days).

Q2 Performance: On track to meet target

- New target for 25/26.
- 1.01-day delay target was met in April (1.01), August (0.99) and September (0.88) and only just missed in June (1.03) and October (1.09). All are an improvement on the same month in 24/25.
- The target was not met in May at 1.28 compared to 1.08 in 24/25 and July at 1.28 compared to 1.25.
- At this stage of reporting calendar, it is considered to still be on target as some variance is expected across the year.
- Work to improve timely discharges remains a system priority and underpinned by GM and Locality governance. Key strategic programmes include Improving Lives Everyday (ILED) Programme and Transforming Intermediate Care Programme which sits within ILED Programme. This programme is reviewing capacity and demand across all 4 pillars of IMC and to develop new models of care for community beds and reablement.

**3) Residential Admissions:** Long-term support needs of older people (65 years +) met by admission to residential and nursing homes per 100,000 of population

Q1 and 2 Performance: On track to meet target.

- The official Client Level Data (CLD) statistics are now using an updated population figure (now 42,515), so 'official' CLD figures are now showing a different rate shown in the table on the submission spread sheet.
- The 2024-25 full year CLD figure is now showing as 226 admissions (rate of 531.6)
- The 2023-24 full year CLD figure is now showing as 296 admissions (rate of 696.2)
- To date, using same CLD methodology, local data is showing:

Q1 (Apr 25- Jun 25) – 59 admissions

Q2 (Jul 25 – Sep 25) – 49 admissions



Q3 (Sept 25- Dec 25)- 50 admissions

- This figures may change as these are taken at a moment in time and care plans are submitted retrospectively.
- From November 2024/25, we saw a continued drop in new admissions, and until December 2025/26 that decreased rate continued through the year. But where we saw a drop last December, we have not seen the same drop this December, and so the year-to-date figures are now the same, with 156 YTD in December 2025 compared to 154 YTD in December 2024.

### Expenditure position

The actual expenditure position at the end of Q3 is £26,610,993 which is 74% of planned income.

### Programme Schemes:

During 25/26 this report will highlight any exceptions from plan. The two areas of note within this reporting period are Fast Track beds and Recovery beds, both of which are currently overspent. Work is currently underway to identify route causes of the increase in demand and mitigating actions, this includes:

- Pilot introduced block purchased Fastrack beds, led by Continuing Healthcare Team (ICB) by converting four of previous D2A block beds.
- Reduction in the number of D2A block beds enacted in November, with 2 block nursing beds and 5 spot purchase beds now available within the system.
- The demand for recovery beds being included as part of Transforming Intermediate Care redesign programme and development of new models of care.

### Recommendations

Trafford Locality Board are asked to:

1. Note the content of the final BCF return including mitigating actions where performances is challenges.
2. Support submission that was submitted to NHS England on 30<sup>th</sup> January 2026 and will be retrospectively approved by Health and Wellbeing Board on 13<sup>th</sup> March 2026.
3. Note that the date for the next submission has yet to be released. However, in line with previous submissions this is anticipated to be in April.

1.

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

**Risk implications**  
(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)

Risks are managed through existing locality governance arrangements with escalation through to various groups / boards including Trafford Locality Board, where applicable.

<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation: Julie Flanagan, Associate Director of Finance (Trafford) The BCF Programme Budget is £35, 932,707 which includes £3,066,844 Disability Funding Grant
<b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i>	Date of TCAPS / Clinical Lead comment: N/A Name/Designation: N/A Comment: N/A
<b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i>	Implementation of our BCF Plan will improving outcomes for all Trafford residents and help reduce health inequalities for residents of the locality
<b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
<b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	N/A
<b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive 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>	Implementation of the BCF Plan will improving outcomes for all Trafford residents and help support Trafford's contribution to GM's aspirational carbon reduction targets
<b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i>	Trafford performance against key agreed milestone plans will be provided and reported on via quarterly submissions for the remainder of 25/26.
<b>Enabler implications</b>	<b>Legal implications:</b> N/A
	<b>Workforce implications:</b> N/A
	<b>Digital implications:</b> N/A
	<b>Estates implications:</b> N/A
<b>Sub-Board Sign-Off / Comments</b> <i>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</i>	. This return will also be retrospectively approved by Health and Wellbeing Board on 13 <sup>th</sup> March 2026.
<b>Organisation Exec Lead Sign off</b>	Gareth James, Deputy Place Lead, NHS GM Trafford.