

Agenda

Trafford Locality Board Meeting

Date: Tuesday, 28 April 2026

Time: 2.00 pm

Venue: Meeting Room 12 and via MS Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1	2.00	5 mins	Apologies for Absence		Info	Chair
2			Declarations of Interest		Info	Chair
3			Minutes of the Meeting Held on the 17th March 2026	1 - 12	Approval	Chair
4			Action Log & Matters Arising	13 - 14	Discuss/Info	Chair
5			Forward Plan	15 - 16	Info	Chair
6	2.05	5 mins	Public Questions	17 - 18	Discuss	Chair
7	2.10	10 mins	Reform Update		Discuss/Info	COD
8	2.20	10 mins	Governance Task and Finish Group Update	19 - 24	Discuss/Info	MK
9	2.30	20 mins	The Local Area SEND Reform Plan	25 - 50	Discuss/Info	JM/KS
10	2.50	20 mins	Healthwatch			
10a			Healthwatch Performance Report Q4	51 - 62	Discuss/Info	HF

10b			Healthwatch Work Plan 26/27	63 - 70	Discuss/Info	HF
11	3.10	15 mins	Trafford Community Collective Impact Review	71 - 90	Discuss/Info	BA
12			NHS GM Trafford Finance report	91 - 102	Info	Chair
13	3.25	5 mins	Any Other Urgent Business			Chair

Minutes

Trafford Locality Board

Date: Tuesday, 17 March 2026

Time: 1.00 pm

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

Present	Apologies
<p>Jane Wareing (JW) GP Board Representative and Co-Chair Helen Gollins (HG) Director of Public Health, Trafford Council Maggie Kufeldt (MK) Corporate Director of Adults & Wellbeing, Trafford Council Gareth James (GJ) Deputy Place Lead for Health & Care Integration, NHS Greater Manchester Integrated Care - Trafford Heather Fairfield (HF) Healthwatch Trafford Darren Banks (DB) Group Director of Strategy, MFT Tom Ross (TR) Leader of Council and Co-Chair (in the Chair) Elizabeth Calder (EC), Director of Strategy, GMMH Charlotte Bailey (CB) Chief People Officer NHS GM Natalie Haslam (NH), Trafford Community Collective, VCFSE Representative</p> <p>In attendance: Louise Grant (LG) Clinical Lead, North PCN Emily Paine (EP) Public Health Team, Trafford Council Adam Hebden (AH) Director of Strategy, MFT Patricia Davies (PD) LCO Chief Executive</p>	<p>Sara Todd, Place Based Lead NHS GM Trafford & Chief Executive of Trafford Council Bernadette Ashcroft (BA), VCFSE Representative, Trafford Community Collective Zahid Ahmed (ZA) GP Board Representative</p>

Cllr Jane Slater (JS) Trafford Councillor
 Cllr Karina Carter (KC) Trafford Councillor
 Manish Prasad (MP) Associate Medical
 Director. NHS GM Trafford,
 Thomas Maloney (TM) Programme
 Director Health and Care, NHS GM
 Trafford and Trafford Council
 Julie Flanagan, Associate Director of
 Finance, NHS GM Trafford
 Pippa Dewhirst, Governance Team
 Leader, NHS GM
 Nick Foster, Member of the Public

Item No.	Topic	Action
1a	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Sara Todd and Bernadette Ashcroft and Tom Rafferty. Natalie Haslam attended on behalf of Bernadette Ashcroft. Adam Hebden attended on behalf of Tom Rafferty.</p>	
1b	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>	
1c	<p>MINUTES OF THE MEETING HELD ON THE 17TH FEBRUARY 2026</p> <p>RESOLVED: the minutes of the meeting held on the 17th February 2026 were approved as an accurate record.</p>	
1d	<p>ACTION LOG & MATTERS ARISING</p> <p>GJ gave an update on action number 185. GJ confirmed that the budget would now sit with Katherine Sheerin the ... and had met with KS to discuss and the action could be closed.</p> <p>DB joined the meeting at this point.</p> <p>TM gave an update on action number 182 noting Trafford Live well principles had been discussed and supported in principal at the HWBB and would be discussed at the next steering group</p> <p>TM gave an update on action number 176 advising the action could be closed as was a system action and the GM cancer alliance had planned for referral and diagnosis to reach 75% target. TM noted the modelling was being incorporated into NHS GM annual planning and letter to Trust CEOs expected this month.</p>	

	RESOLVED: the action log was reviewed and updated.	
2	<p>FORWARD PLAN</p> <p>The Chair noted the forward plan was for three months due to the on-going governance review. TM suggested the ND Update on Forward Plan was moved to May as Draft business case due by the end of April for the diagnostic pathway element of the ND model.</p> <p>RESOLVED: the forward plan was noted for information.</p>	ACTION
3	<p>PUBLIC QUESTIONS</p> <p>There were no public questions received.</p>	
4	<p>NHS REFORMS</p> <p>GJ gave a verbal NHS reform update noting that the consultation with staff had now ended and final staffing structures had been shared with colleagues on the 11th March. GJ advised feedback received from Trafford colleagues suggested that the structure was low in administrative support and GJ noted similar responses had been received across GM and it was recognised as an area to monitor. GJ confirmed that another GM wide theme was that the structures had too many senior posts. GJ advised Trafford only had a few senior posts and that once all the delivery posts were recruited to the structure would function well. GJ advised that the filling of post panel for Trafford was due to be held on the 18th March and he hoped to get as many staff slotted into roles as possible. GJ notified the Board following that there would be an expression of interest process during April and staff were asked to continue in their roles until the work had been finalised.</p> <p>RESOLVED: the NHS reform update was noted.</p>	
5	<p>NHS GM TRAFFORD FINANCE REPORT</p> <p>TLB were presented with the the financial position for the ICS overall and the locality delegated budgets by NHS GM for January 2026. As at Month 10 the total ICS year to date deficit was £75.7m, a £24.8m adverse variance against the plan, a deterioration of £14.8m from the previous month. The Locality position was overspent £2.37m YTD with a forecast outturn of £2.4m overspent. The deterioration in the YTD reflected the volatility in the activity and expenditure within packages of care however this was not expected to materially impact the forecast position which remained broadly in line with the previous month overall. Actions being taken to address the forecast variance for individual packages of care were underway however this did not deliver a breakeven position. The locality YTD CIP position was ahead of plan</p>	

by £322k and was forecast to deliver the target of £2.92m. An increased financial control framework remained in place with the system required to demonstrate and provide assurance there was a credible plan to deliver the forecast to secure the remainder of the deficit support funding.

GJ advised that as we move into the new operating model the budget would not be delegated in the same way and a different report would be prepared. GJ gave thanks to JF for the clear reports that had been provided to the Board and TR concurred.

RESOLVED: The Locality Board:

- Noted the Month 10 year to date reported financial position for GM ICS of £75.7m deficit, against a planned deficit of £50.9m, resulting in a variance against plan of a £24.8m deficit.
- Noted the breakeven forecast outturn position in line with NHSE reporting requirements.
- Noted a Locality YTD variance of £2.37m overspend for commissioned services and a forecast variance of £2.4m.
- Noted the workstreams in place targeting the cost pressure and the increased grip and control measures for the locality.
- Noted the delivery of ICS CIP as at Month 10 of £500.8m against a plan of £496.6m, an overachievement of £4.1m
- Noted the locality CIP delivery of £2.61m against a plan of £2.29m an overachievement of £322k and forecast to achieve full delivery.
- Noted the risk of the Q4 deficit support funding being clawed back if the system does not deliver the forecast position.
- Noted the continuation of the increased financial control framework including local recovery plans.

6	<p>TRAFFORD LOCALITY SCORECARD - MARCH 2026</p> <p>The purpose of the paper was to present the current version of the Trafford Locality Scorecard and provide an update on progress. TM confirmed the focus of this months scorecard was to highlight our areas of positive performance and allow reflection from the Board on those areas where the locality had made significant improvements over recent years including:</p> <ul style="list-style-type: none"> • national screening programme – bowel age 50-59;
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	<ul style="list-style-type: none"> • national screening programme – bowel age 60-74; • NHS health checks age 40-74; • Dementia diagnosis rate; and • Antimicrobial resistance. <p>TM gave thanks to all partners as the improvement would not have been possible without collaborative working. TM advised that new neighbourhood data packs had been received from the central team that held significant intelligence that needed to be disseminated throughout the system as they should be utilised to inform priorities. TM would ensure once the more detailed versions of the packs (Available for Trafford's 4 distinct neighbourhoods) were received they were shared with the Board and in partnership forums.</p> <p>JS noted that whilst bowel screening for those aged 50-59 had improved it was still below target and queried if there was any focused work that could be done. JW suggested that the screening had not yet been rolled out to everyone as it was being done in stages and as long as instances were improving that was good as had not been asked as of yet.</p> <p>RESOLVED: TLB noted the update related to the Trafford Locality Scorecard (March 2026) and accompanying narrative.</p>	ACTION
7	<p>RISK REGISTER</p> <p>TLB were provided with an overview of the strategic risks for the 2025/26 Trafford Locality Board Strategic Risk Register and were provided with assurance that risks were effectively identified, monitored and managed. There were currently 10 strategic risks on the Locality Board register, seven of the risks were rated extreme (red), two rated high (orange) and one rated moderate risk (yellow). Since the risks were last presented to the Locality Board in October 2025, one new risk had been added (SR18) and one of the risks (SR08) had been closed. The other risk scores remained the same and were detailed in Appendix one of the report. TM provided overview of the risks as per the report highlighting SR18 the new risk that had been added due to the proposed reduction in clinical leadership. GJ confirmed this was a known risk across GM and whilst had been noted at a GM level Trafford felt important to register on the risk register. MP highlighted there was clinical leads across the system and work would need to be completed to ensure there was a space for all clinical leads to come together and collaborate. DB agreed and suggested Manchester and Trafford CPAG could be utilised.</p> <p>PD joined the meeting at this point.</p> <p>TM confirmed SR08 had been closed and was in relation to the neighbourhood programme which had reached its target score.</p>	

	<p>RESOLVED: Trafford Locality Board:</p> <p>1. noted the content of this report and supporting appendix for assurance purposes; and</p> <p>2. reviewed the strategic risk position and confirm that the current level of risk, risk scores, controls, gaps in control and action plans are acceptable and in line with risk treatment plans.</p>	
8	<p>GOVERNANCE REVIEW</p> <p>TLB were provided with an overview of the proposed Governance Review, its remit and details of the Task and Finish Group that had been enacted to support the process. TM confirmed the governance review had been initiated in light of the on-going NHS reforms to support the new operating model and enable effective delivery of priorities. TM confirmed that Trafford had already begun to change their local governance listening to feedback from stakeholders and as per guidance from the central team. Consequently, both Trafford Primary Care Commissioning Committee and the Locality Quality Group had been temporarily stood down. TM confirmed that any future changes would be discussed at the Governance Task and Finish Group (T&F) and the Board.</p> <p>TM confirmed the T&F group had been held on the 10th March to consider the draft place partnership agreement and a high level summary was included within the paper with GJ already mobilising actions to escalate queries to GM. TM provided further detail about the local governance review noting meetings would be scheduled with partners to discuss what future governance arrangements could look like and a further update would be brought back to the April and/or May TLB. TM agreed to circulate the actions from the recent T&F to TLB.</p> <p>DB noted the potential feedback gap from GM to locality with the deputy place based lead leaving. It was noted feedback would be given to Jonathan Kerry who was leading the work who had committed to logging feedback and CB would be able to provide ICB updates.</p> <p>JM queried if there were any risks or issues with some locality governance being stood down. TM advised highlight reports were still being drafted and other governance was being utilised but would check and confirm if there were any gaps that required addressing.</p> <p>AH noted the T&F group was helpful and noted the place partnership agreement contained a responsibility matrix in the schedule which once populated will describe the role of place and partnership and would be very useful to aid understanding. GJ agreed and noted a draft version had been considered at the extended leadership team meeting he had recently attended and once shared would be considered at the T&F.</p>	<p>ACTION</p> <p>ACTION</p> <p>ACTION</p>

	<p>RESOLVED: Trafford Locality Board:</p> <ul style="list-style-type: none"> • noted the content of this report; and • agreed to the process described in the report. 	
9	<p>COMMUNITY SERVICES REVIEW: DECOMMISSIONING OF COMMUNITY EAR CARE SERVICE AND REALIGNMENT OF INVESTMENT</p> <p>Trafford recognised that they had challenges with regards to the community nursing capacity and following discussions in December 2025 a number of outcomes were agreed including a joint review of Trafford’s community services by the LCO and NHS GM Locality Team to determine if any potential services that sit outside of core community provision could potentially be decommissioned and investment realigned to increase community nursing capacity.</p> <p>TLB were provided with this paper which was drafted in response to this commitment and the outcome of the joint review of current service provision. The process identified one service, Community Ear Care, which was not routinely commissioned across GM localities and systems across the country, and is classified as an enhanced service.</p> <p>The paper outlined a proposal to decommission Trafford’s Community Ear Service and included key considerations of the potential impact on Trafford people and the system; alongside the contribution the repurposing of the funding could have on community nursing capacity should this proposed be approved.</p> <p>AC joined the meeting to present the paper and provided a summary of the report for the benefit of the Board. AC noted the proposal to decommission the community ear service and highlighted that since 2020 ear care was considered an enhanced service and as such a significant number of areas no longer provide this service. AC confirmed GPs would still be able to refer patients to audiology services if there was hearing loss or specialist intervention was required. AC advised the Equality Quality Impact Assessment provided had been led and completed by the Local Care Organisation and that the proposal had been considered at the Trafford Provider Collaborative Board (February 26) and Health Scrutiny (February 26) and whilst supported in-principal there were some concerns over impact on residents and affordability.</p> <p>AC noted that this was not a cost improvement proposal but is focused on how to maximise limited investment in the most challenged of Trafford’s core provision. AC highlighted the benefit to community nursing that could be achieved if TLB supported the decommission as</p>	

funding could be redirected to clear the high number of district nursing deferred visits and address clinical risks associated with this and reduce the number of visits nurses completed per day, which is currently significantly over recommended number as outlined in national guidance.

Trafford Locality Board was asked to:

- Note the content of this report and the risks and opportunities in closing Trafford's Ear Care Service and realigning investment to increase District Nursing capacity.
- Approve the recommendation to close Trafford's Ear Care Service and realign investment to increase District Nursing capacity.
- To agree to the proposed next steps and advise of any additional actions required, not contained within this report.

TLB were given the opportunity to ask questions and provide feedback.

JS noted it was discussed at Health Scrutiny but felt the feedback was that it was not supported as it impacted vulnerable residents and was not aware when previously discussing the district nursing service that any changes would be required to decommission other services. JS did not support the proposal.

JW did not think decommissioning the service would be popular with patients and queried the construct of the available budget and if there had been any consideration to utilising an alternative provider to release savings that could be reinvested into District Nursing savings.

LG felt there would be an increase in primary care appointments as currently patients could be directed to the ear care service without seeing a GP. LG was also concerned about the impact on vulnerable patients and those who could not afford to purchase medicines to self-treat or pay privately to access treatment. LG queried if there could be efficiencies within service rather than full decommission.

HG suggested that further strengthening of the EQIA was needed, to consider which communities would be affected and a full options appraisal drafted with greater understanding of the risk of increased numbers to secondary care.

DB recognised the value of the service but suggested needed to make difficult decision as we were an outlier providing the ear care services and would reduce pressure in other areas which were currently extremely pressured.

HF noted concern that without the service patients may use dangerous methods circulating on social media which could then impact on secondary care. HF noted the need to increase the district nursing service but suggested that should be part of a bigger funding

conversation and would not support the proposal.

AH highlighted that TLB had recognised the district nursing service currently was on the strategic risk register with a high-risk score of 20 reflecting the potential risk to patients. AH suggested this was an opportunity to address that risk and if we did not support the proposal was not clear what else could be considered to support and resolve issues within the district nursing service.

PD gave thanks to AC for presenting the paper and suggested further clarity could be provided on some areas as highlighted by Board members. PD suggested focus should be on the ear wax service not being widely commissioned and not a prescription service. PD advised that there were still services for hearing related issues with patients seeing a qualified audiologist and the service being proposed was ear wax removal. PD noted the ear wax service had been removed in other areas as was deemed low clinical value and pharmacists could offer support. PD reiterated that whilst it was a difficult decision there were higher risk services that needed support and the removal of the service would present a lower risk.

MK recognised needed to support district nursing but sympathised with concerns raised about the decommissioning of the ear care service and suggested the paper was trying to cover two issues and the decommissioning of the ear care service should be considered in isolation with further detail including a more robust EQIA and consultation with the public if needed, and the district nursing considered separately. GJ suggested Trafford patients would suffer more if did not support the proposals but agreed a more detailed EQIA could support the final decision. JM concurred that difficult decisions should have a robust EQIA and full options appraisal.

DB accepted that whilst it was a difficult decision it was not a nationally mandated service and the decision may be taken by others as payment could be refused and compared to other difficult decisions that could have been suggested this was on lower end of scale due to low clinical risk.

CB noted support for self-care and recognised that it was an enhanced service and as it was not nationally supported. PD again raised that the risk score was 20 for district nursing and suggested patient harm could occur if did not mitigate the risk. JS repeated the removal of the ear care service would impact people and whilst it may be of lower clinical value it was important to those who accessed it and suggested a decision could not be made without further evidence and alternative options being explored.

The Chair confirmed that whilst TLB is positioned to make difficult decisions there was insufficient information provided to enable a decision to be taken today. The Chair suggested further detail was

ACTION

	<p>provided and the concerns raised considered with a further briefing paper being circulated to members ahead of the next Board meeting, followed by a full options paper being brought back to the Board at an appropriate time. The Chair requested the feedback provided by TLB be incorporated into the revised paper including consideration of other providers, a full options appraisal and a more detailed EQIA.</p> <p>RESOLVED: TLB considered the proposal and requested further detail be provided as suggested above.</p>	ACTION
10	<p>TRAFFORD PARTICIPATION STRATEGY 2026-2028</p> <p>TM noted in 2023 an ‘Trafford Integrated Care Partnership Engagement Paper’ was supported at Trafford Locality Board which set out a series of recommendations to develop a ‘strategy’ and practical toolkit to help Trafford stakeholders improve their individual and collective efforts in listening to the voice of our people and using this to help plan, design, deliver and improve health and care services. Shortly after in 2024 NHS GM produced its ‘People and Communities Participation Strategy’ and we committed in the refresh of our Locality Plan in early 2025 to develop our own local response to the GM Strategy and embedded this within a specific ‘Cooperative Commitment’. TM confirmed the Strategy and Framework provided helpful clarification on what we meant by participation, why it was so important and included practical applications of how this could work in practice. It highlighted the journey we had been on to develop the document, acknowledged some important developments which would help shape our actions moving forward and provided examples of how we are doing this already. TM advised a set of building blocks had been developed which needed to be in place to enable our organisations, departments, teams and people to deliver meaningful participation. The strategy and framework were therefore a ‘call to action’ to ensure we were individually and collectively doing our utmost to fulfil our cooperative commitment and provided some practical advice as to what processes, infrastructure, resourcing and policy needed to be in operation to do this. TM advised key changes from the draft version shared with the Board in December 2025 included a proof read and minor narrative changes to reflect partner feedback, stronger referencing to engagement work being delivered in Children and Young People services and inclusion of a case study and aligning the timeframe for the strategy to the lifespan of the Trafford Locality Plan (2028).</p> <p>TLB considered and supported the participation strategy.</p> <p>RESOLVED: TLB:</p> <ul style="list-style-type: none"> • approved the publication of the strategy. • Partners and where appropriate departments/divisions, agree to provide bi-annual updates on implementation of the strategy via 	

	Place Partnership governance arrangements (tbc).	
11	<p>PCCC HIGHLIGHT REPORT</p> <p>The PCCC highlight report was provided for information.</p> <p>RESOLVED: the PCCC highlight report was noted.</p>	
12	<p>ANY OTHER URGENT BUSINESS</p> <p>Deputy Place Based Lead leaving – The Chair advised it would be GJ last meeting as he was due to leave through the voluntary redundancy scheme. The Chair took the opportunity to give thanks to GJ for all his help and support.</p>	

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Trafford Locality Board - Action Log 26/27

Action No.	Date of Meeting	Agenda Item Ref.	Action	Update	Lead	Target Date	Status
182	17/02/26	Draft Neighbourhood plan	TLB feedback to be incorporated into final submission in May including vision statement etc.	Verbal update in matters arising (April 26) - new GM instructions for a final sign-off in September 26	TM	01/09/26	In Progress
183	17/02/26	Draft Neighbourhood plan	TM to produce easy to read version to support resident engagement.	Update 'target date' to October 26	TM	01/10/26	In Progress
186	17/03/26	Forward Plan	PD to move ND update to May.		PD	28/04/26	Completed
187	17/03/26	Participation Strategy	TM to share neighbourhood data packs.		TM	28/04/26	Completed
188	17/03/26	Governance Review	Gov Review update to be brought to May Board, PD to add to forward plan.		PD	19/05/26	Completed
189	17/03/26	Governance Review	PD to circulate the actions from recent Governance task and finish group.		PD	28/04/26	Completed
190	17/03/26	Earcare	Briefing paper / progress update on developments to be shared with TLB members		AC	28/04/26	Completed
191	17/03/26	Earcare	Detailed options paper to be brought to TLB incorporating TLB feedback.		AC	16/06/26	In Progress

In Progress
Overdue
Completed

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Agenda Item 5

Date & Time of Meeting	19 May 1pm	16 June 1pm	21 July 1pm	18 Aug 1pm	15 Sept 1pm
Agenda and Papers Sent out	12-May	09-Jun	14-Jul	11-Aug	08-Aug
Deadline for Papers	11-May	10-Jun	13-Jul	10-Aug	07-Aug
Chair					
Part 1 – GM ICB Committee (Trafford)					
	Locality Update and Governance	Locality Update and Governance	Locality Update and Governance	Locality Update and Governance	Locality Update and Governance
	Reform Update	Reform Update	Reform Update	Reform Update	Reform Update
	Task and Finish Group	Task and Finish Group	Task and Finish Group	Task and Finish Group	Task and Finish Group
	Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability
	Finance Report	Finance Report	Finance Report	Finance Report	Finance Report
	Locality Scorecard		Locality Scorecard		Locality Scorecard
	Risk	Risk	Risk	Risk	Risk
		Risk Review			Risk Review
	Quality	Quality	Quality	Quality	Quality
	Primary Care	Primary Care	Primary Care	Primary Care	Primary Care
	Primary Care Highlight		Primary Care Highlight		Primary Care Highlight
	Childrens	Childrens	Childrens	Childrens	Childrens
		Childrens Update		Childrens Update	
		ND Pathway			
	TCAPS	TCAPS	TCAPS	TCAPS	TCAPS
	TCAPS Highlight Report		TCAPS Highlight Report		TCAPS Highlight Report
	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative	Trafford Provider Collaborative
	Changing Futures	Earcare			
	Workwell				
	Trafford Workforce Group	Trafford Workforce Group	Trafford Workforce Group	Trafford Workforce Group	Trafford Workforce Group
	Trafford Participation Group	Trafford Participation Group	Trafford Participation Group	Trafford Participation Group	Trafford Participation Group
	Partner Update	Partner Update	Partner Update	Partner Update	Partner Update
	Healthwatch 25/26 Annual Review	Healthwatch Performance Report		Healthwatch Performance Report	
Part 2 – Section 75 Committee					
	s75 yearly review 25-26	bcf 25/26 Programme	BCF Submission		
	26/27 BCF Programme		s75 quarterley update		

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Public Question Time – Trafford Locality Board

This item is time limited to 5 minutes.

Public Questions

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

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

Please complete the form below and return it to gmicb-tr.governance@nhs.net

Name:

Contact Details:

Question:

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

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Name of Committee / Board		Trafford Locality Board		
Date of Meeting		28 th April 2026		
Report Title		Governance Task and Finish Group Update		
Report Author & Job Title		Pippa Dewhirst, Governance Manager, NHS GM		
Organisation Exec Lead		Thomas Maloney, Programme Director Health and Care, Trafford Council / NHS GM (Trafford)		
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance X	Discussion X	Information X
EXECUTIVE SUMMARY				
<p>TLB are provided with a brief paper detailing the the findings of the recent Governance Task and Finish Group held on Tuesday 21 April. The group were primarily tasked with reviewing v3 of the place partnership agreement in order to provide feedback to NHS GM. The group also started to consider locality governance with a mapping exercise shared with initial thoughts on place governance and if it was likely to be retained, amended or stood down.</p>				
RECOMMENDATION				
<p>The Locality Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the progress of the Governance Task & Finish Group. 2. Endorse the proposed actions and feedback to GM. 3. Support the continued development of a streamlined Trafford governance architecture. 4. Note the commitment to engage in GM governance working groups to develop place governance architecture 5. Agree to receive proress report in May including any change proposals to existing arrangements. 				
CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board				
Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		Effective governance arrangements will support future risk management.		
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		Name/Designation: Julie Flanagan, Associate Director of Finance		
		Comment : We need to allow time for GM Governance and the operating model to be implemented to design and implement governance in relation to finance.		
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or		Date of TCAPS / Clinical Lead comment: N/A		
		Name/Designation: Manish Prasad, Associate Medical Director		



Clinical Lead <i>(If not required, please briefly detail why)</i>	Comment: MP exploring practitioner governance within Trafford and will collaborate in the governance review bringing any updates to the Task and Finish Group.
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	N/A
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	Task and Finish Group will incorporate lived experience in governance review.
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	N/A
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	Place partnership agreement contains draft outcomes framework which the task and finish group will continue to help shape.
Enabler implications	Legal implications: N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A
Sub-Board Sign-Off / Comments <i>(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)</i>	Outputs based on feedback from Governance Task and finish group. Governance review spreadsheet shared with strategy and planning group for comment.
Organisation Exec Lead Sign off	Thomas Maloney, Programme Director Health and Care

1.0 Purpose of the Meeting

- 1.1 The Governance Task & Finish Group is overseeing the refresh and modernisation of Trafford's locality and system governance in light of the emerging Greater Manchester (GM) operating model. The group is also coordinating Trafford's response to the Place Partnership Agreement (PPA) Version 3, ensuring local feedback is fed into GM processes.

2.0 Summary of Key Discussion Areas

2.1 GM Operating Model & Implications for Place

- GM is progressing work to clarify roles, responsibilities, and architecture for place based working.
- Trafford representatives are contributing through DPL led workstreams.

2.2 Place Partnership Agreement (PPA) – Version 3 Review

The group reviewed the newly issued Version 3 PPA and identified several areas requiring further clarification or amendment.

2.21 Definitions & Glossary

- New definitions (accountability, responsibility, stewardship) have been added.
- Members felt the glossary does not yet resolve ambiguity, particularly around:
 - What “shared accountability” means in practice.
 - How shared accountability interacts with statutory accountability.

Best for Place vs Best for GM

- Persistent tension between local and GM priorities.
- The glossary does not address this.
- Suggestion that Trafford may need a local interpretation or addendum if GM wording remains insufficient

2.22 Governance & Legal Status

- The PPA is not legally binding, but Version 3 introduces the phrase “binding expression of shared intent”.
- Members found this confusing and potentially misleading.
- Risk identified that partners may assume obligations that do not legally exist.
- Length of the agreement and notice period to be clarified.

2.23 Decision Making & Dispute Resolution

- Expanded dispute resolution process welcomed.
- Need to ensure alignment with Trafford Locality Board's existing Terms of Reference.
- Commissioning level dispute processes require further clarity.
- Offer of support from MFT to attend GM meetings to provide a provider input from a partner who spans multiple locations
- Terms of reference in schedule not specific if one member per organisation

2.24 Outcomes Framework

- More detail now included (metrics, baselines, targets).
- Still unclear how this aligns with Trafford's existing performance and neighbourhood plan arrangements.

2.25 Responsibilities Matrix

- Still in development at GM level.
- Trafford needs to review the draft urgently once available.
- Important for defining shared capability, analytical functions, and transformation capacity.

2.26 Primary Care Representation

- Current PPA wording lists "primary care in place" as a partner.
- Group agreed this does not reflect the reality of representation across GP, dental, pharmacy, and optometry.

3.0 Trafford Governance Review

3.1 TM presented the draft mapping of Trafford's partnership forums.

Key points:

- Aim is to streamline governance, reduce duplication, and ensure proportionality.
- Some groups will be retained, others amended, and some stood down.



- Finance & Performance/Sustainability Group already paused pending GM clarity.
- Missing groups to be added (e.g., Mental Health, UEC Board, ILED).
- Health & Wellbeing Board requires review due to its increasing strategic role.

The group emphasised the need for a governance model that is practical, efficient, and aligned with GM, while retaining local nuance.

4.0 Agreed Actions

4.1 Actions to be fed back to NHS GM:

- Request clearer definitions of accountability, responsibility, stewardship.
- Clarify tensions between “best for place” and “best for GM”.
- Clarify legal status of the PPA and reconsider the phrase “binding expression of shared intent”.
- Resolve partner list issues, particularly primary care representation.
- Clarify oversight arrangements, including the “quarterly oversight and outcomes meeting”.
- Clarify duration and notice periods for the PPA.
- Seek clarity on commissioning level dispute resolution processes.

4.2 Trafford specific actions

- Prepare a one page summary for the Locality Board
- Invite Jonathan Kerry to a future meeting to ensure GM fully understands Trafford’s concerns.
- Review the responsibilities matrix once GM issues the updated version.
- Update the Trafford governance mapping spreadsheet, adding missing groups and categorising each forum (retain/amend/stand down).
- Review the Health & Wellbeing Board’s role and consider joint sessions with the Place Partnership.
- Continue one to one partner discussions to refine the future governance model.
- Bring revised proposals back to the group ahead of the May Locality Board, if timelines allow.

5.0 Recommendations

5.1 The Locality Board is asked to:

- a) Note the progress of the Governance Task & Finish Group.
- b) Endorse the proposed actions and feedback to GM.
- c) Support the continued development of a streamlined Trafford governance architecture.
- d) Note the commitment to engage in GM governance working groups to develop



- place governance architecture
- e) Agree to receive progress report in May including any change proposals to existing arrangements.

Name of Committee / Board		Trafford Locality Board		
Date of Meeting		28 th April 2026		
Report Title		The Local Area SEND Reform Plan		
Report Author & Job Title		Karen Samples: Director of Education (Trafford Council)		
Organisation Exec Lead		Jill McGregor, Corporate Director of Children's Services		
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance X	Discussion	Information X
EXECUTIVE SUMMARY				
<p>This report details the national SEND reform programme arising from the Schools White Paper, "Every Child Achieving and Thriving", and sets out the implications for Trafford Local Area.</p> <p>It explains the requirement for Trafford Council and the ICB to co-produce with the local SEND Partnership a Local Area SEND Reform Plan and submit to the Department for Education (DfE) by 19th June 2026.</p> <p>The SEND Reform Plan has a defined focus on inclusion in mainstream settings, early intervention and prevention and includes funding for:</p> <ul style="list-style-type: none"> • Additional high needs capital funding for students requiring Alternative Provision, (with a focus on mainstream school inclusion and accessibility), • Transformation funding via the Local Inclusion Partnership Grant • Funding for the new 'Experts at Hand Offer, allocation and guidance to follow in Spring 2026. <p>This will include increasing the availability of Educational Psychologists, Occupational Therapists and Speech and Language Therapists alongside other supporting roles.</p> <p>DfE has indicated that up to 90% of the Council's cumulative Dedicated Schools Grant deficit to 31st March 2026 will be eligible to be funded with a new High Needs Stability Grant (HNSG) pending the successful sign off of the Local SEND Reform Plan by the Secretary of State.</p> <p>DfE is requiring submission of the final agreed plan by 19th June, which will require both Council, SEND Partnership and ICB Sign-Off, which means the final draft must be ready prior to this date.</p>				
RECOMMENDATIONS				
<p>The Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the implications of the Schools White Paper and the requirement for the Trafford SEND Local Area partnership to co-produce and submit a Local Area SEND Reform Plan to the DfE by 19th June 2026. 2. Note that producing and delivering a high-quality plan and accessing the High Needs Stability Grant is critical both to the outcomes for EHCP recipients and the Council's financial sustainability. The plan is subject to regular review and submission of quarterly returns. 3. Note that the Reform Plan with an emphasis on inclusion in mainstream settings, early intervention and prevention will focus on three areas of service improvement and development which will attract new funding with conditions for spend. 				



4. Agree the consultation and co-production principles to inform SEND Reform planning and the shared governance and accountability that is required.

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

<p>Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i></p>	<p>There is a general risk that if we don't establish shared responsibility, engagement and input from across the SEND Partnership, the reform plan will not be signed-off, delaying our ability to implement whole system SEND reform. This will also carry both a financial as well as reputational risk.</p>
<p>Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i></p>	<p>Name/Designation</p>
	<p>Comment / Approval <i>(Delete appropriately)</i>:</p>
<p>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i></p>	<p>Date of TCAPS / Clinical Lead comment (Delete appropriately):</p>
	<p>Name/Designation: (If appropriate)</p>
	<p>Comment:</p>
<p>What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i></p>	
<p>Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i></p>	<p>NA</p>
<p>People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i></p>	<p>Engagement with both parents/carers, young people and schools will be taking place over the coming weeks.</p>
<p>Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i></p>	
<p>Links to Measurement / Outcomes</p>	<p>Contained within the paper</p>



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

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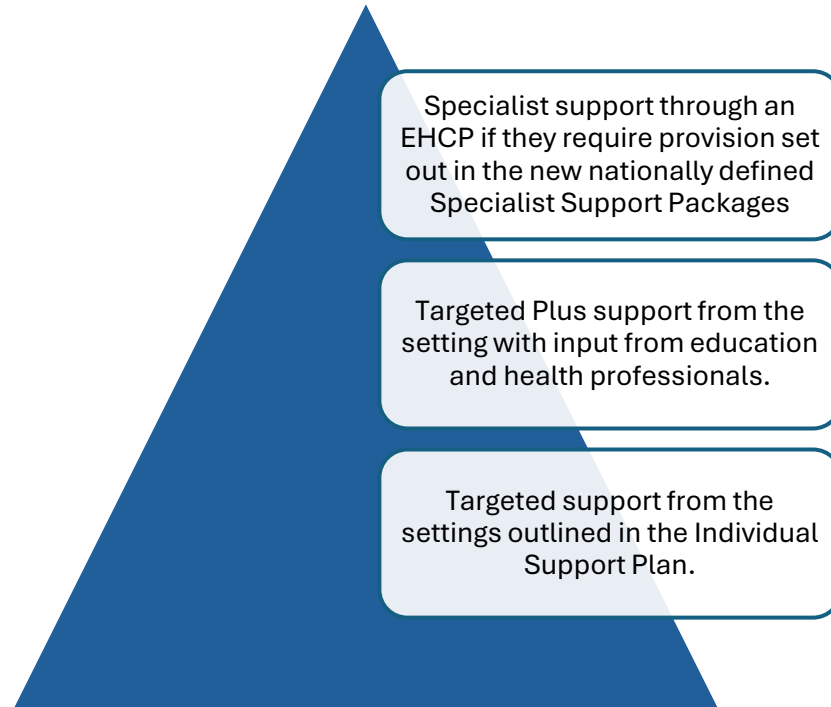


The Local Area SEND Reform Plan: April 2026

Karen Samples

Background: Every Child Achieving and Thriving: The White Paper Feb 2026

“One education system for all C/YP, including those with SEND”.



Page 32

Universal offer:

- **Commonly occurring needs that every school should be familiar with which can be consistently met within mainstream education**
- **Adaptive teaching, calm environments and enrichment opportunities**

The Local Area SEND Reform Plan

- **Pertains to the Local Area Partnership as a whole – LA, ICB, Multi-Academy Trusts and schools**
- The LA is the system convener, bringing together all parts of the system to ensure partnership working and shared ownership
- Establishing an inclusive mainstream system where settings are equipped to create the right environments and multidisciplinary professional support services will be commissioned at a group level to address needs more efficiently
- Provide specialist support for those who need it
- Delivery of joined up, place-based provision
- **This plan is the key delivery and accountability vehicle which will be revised annually**

Period 10 High Needs Budget Monitoring position

- The High Needs Block (HNB) is forecast to overspend by £12.735m in 2025/26.
- The pressure on the HNB is primarily attributable to continuing increases in the numbers of pupils with EHCPs across mainstream schools, special schools, post-16 provisions and independent specialist provisions. Due to the significant rise in the number of children with EHCPs and increasing complexity of need, the use of Independent and Non-maintained Special Schools has increased, despite new places being created in year.
- **There was a deficit reserve brought forward at the beginning of the financial year of £19.740m, so the year end position is expected to be £32.475m deficit.**

An overview of the High Needs Budget

Financial summary

1. Forecast expenditure for High Needs Block (£000)

Financial Year	2024-25	2025-26	2026-27	2027-28
Mainstream school or academy placements	£12,410,509	£14,167,109	£15,297,901	£16,186,249
Support bases in mainstream settings	£0	£0	£0	£0
Specialist bases in mainstream settings	£966,668	£1,308,833	£1,669,666	£1,695,301
Maintained special school or special academy	£20,568,569	£21,021,007	£25,100,608	£25,536,613
NMSS or independent school placements	£9,198,485	£10,638,858	£11,582,466	£12,393,239
Alternative Provision placements	£2,769,148	£3,234,816	£3,629,792	£3,793,282
Hospital school placements	£0	£0	£0	£0
Mainstream Post 16 provision	£0	£0	£0	£0
Mainstream Post 16 specialist provision	£6,194,890	£7,192,747	£8,063,791	£8,455,675
Specialist Post-16 institutions				
Elective Home Education (EHE)				
Other arrangements by LA (EOTAS)	£581,688			
Health, social care, therapy services and care provision	£230,584	£248,125	£253,088	£258,149
Other spend				
Total	£52,920,541	£57,811,495	£65,597,312	£68,318,508
Block transfers				
Other income				
Total net	£52,920,541	£57,811,495	£65,597,312	£68,318,508

Page 35

1.1 Forecast expenditure against total DSG (£000)

Financial Year	2024-25	2025-26	2026-27	2027-28
Outturn DSG expenditure	£300,866,149	£333,643,056	£359,031,828	£367,621,715
Total expenditure against DSG	£300,866,149	£333,643,056	£359,031,828	£367,621,715
Total expected DSG income	-£290,845,238	-£321,698,601	-£342,075,828	-£348,917,345
Other income				
Total in-year surplus (+) or deficit (-)	£10,020,911	£11,944,455	£16,956,000	£18,704,370

High Needs Stability Grant

- The grant will only be paid once each LA has secured approval of their Local SEND Reform Plan which will need to be submitted by the 19th June. Payments will be made from Autumn 2026 for LAs whose local area plans are approved in the first round of assessment.
- It is important that we get our reform plan approved in the first round so that we prevent further costs to the council of servicing the deficit.
- For deficits that arise in 2026–27 and 2027–28, LAs can expect that there will be continued support, though it will not be unlimited. Future support will take into account LAs' successful delivery of their approved Local SEND reform plan.
- The projected in year HNB deficit in 2026-27 and 2027-28 is currently £17m and £19m.

Trafford will receive a High Needs Stability Grant worth c£30m only upon having our plan approved.

It is costing the council £0.5m to service the debt, monies which could have been used to support early intervention and preventative support for young people with SEND.

It is in everyone's interests to ensure our reform plan is embraced and supported by all across Education, Health and Social Care.

High Needs Stability Grant

Laying the foundation for reform: Introducing the Experts at Hand (EAH) Offer

- This is a priority for year 1 of our plan
- The Local Area should provide a defined route for mainstream settings to access specialist support from range of experts:
 - Educational Psychologists
 - Speech & Language Therapists
 - Occupational Therapists
 - Outreach from specialist settings
 - Trafford's SEND Advisory Service
- Increase group-based models and whole setting support and advice
- Establish the offer to ensure it becomes an ongoing and embedded element of the SEND system
- Enhance the role of the health professional in education
- Early years through to Further Education

The aims of the Reform Plan: Supporting a more effective SEND system overall

- Maintain access and referrals for C/YP who need specialist pathways
- Better joint working across ICBs, LA and local system partners
- More effective joint commissioning between LAs and ICBs, ensuring co-production with C/YP and families
- Strong universal offer and fluid layers of support which easily accessible
- Enabling settings to understand and meet the needs of C/YP
- Reviewing practice to ensure suitability of approach
- Improving the knowledge of when and how to draw on additional expertise when required


Developing our Experts at Hand Offer

- There is flexibility in how we commission the multi-disciplinary workforce. In Trafford we are considering:
 - Alternative Provision / Alternative Provision Specialist Taskforce which we are piloting
 - Neighbourhood health services
 - Best Start Family Hubs
 - Multi-disciplinary Family Help teams
 - Internal teams
 - Outreach services
- **Local systems are expected to build this offer using allocated investment funding as a core focus of their delivery in year 1**

Core minimum requirements for EAH Offer which should be presented in the plan

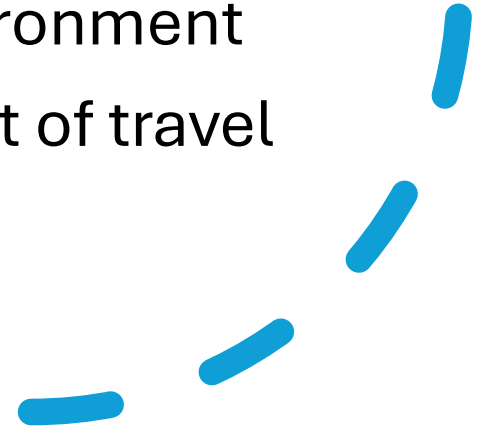
- Set out the delivery approach and rationale
- Summary of the partnership approach- engagement and informed by data
- How the funding will be allocated/used
- Proposals for commissioning outreach
- Proposal for timely access to health and education professionals
- 1 year implementation plan- recruitment plans/KPIs and high-level plan for 2-3 years
- Governance and accountability arrangement- include a single LA based Senior Responsible Officer (JMc)
- Proposed approach to ensure support is accessible to all and is fair and equitable

Strategic Approach to Place Planning and Capital Investment (circa £8m)

- Guidance around inclusion bases due to be published Spring as there is a drive to ensure they are available in all schools
 - Set out how High Needs Capital Funding will be used to invest in new places and create adaptations
 - Use capital to improve the inclusivity of provision in all settings
 - Review inclusion bases and create additional capacity across the education sector
 - Co-produce with families and schools/colleges
 - Include an assessment of transport impact
- 

Core minimum requirements for sufficiency and place planning to be reflected in the plan

- Summary of local area sufficiency pressures and how planned place growth will address demands
- How the increase in capacity will reduce reliance on special schools
- Collaboration to strengthen the planning and development of inclusion bases and how these reflect local need
- Increasing the capacity in mainstream settings – improvement of the physical environment
- Evidence of the impact assessment of travel arrangements



Strengthening effective partnerships and practice

- This requires a shared ownership of decision-making, design and delivery of the local offer and responsibility by **ALL** system partners
- MATs and schools have clear responsibilities in the development and active deployment of a strong universal offer of support
- In the long term, MATs and schools will pool some funding from their Inclusion Share to establish a more collaborative and efficient system- the LA needs to shape the formation of the groupings and have oversight

Universal Offer

- Co-develop a partnership-wide universal offer with all settings underpinned by needs-based data and signed off by LA, ICB, PCF and schools
- Evidence how early intervention services will be strengthened
- Focus on evidence-based approaches to supporting young people with SEND

Early Years


- Align with the Best Start in Life plan
- Carry out an assessment of sufficiency of childcare provision with focus on SEND places
- Role of Best Start Family Hubs (Inclusion practitioners in every hub)
- Proposal to strengthen transition at all milestones

Post 16


- Strengthened Preparing for Adulthood pathways to ensure access to Education, Employment and Training and Supported Internships

Core
minimum
requirements
for
partnerships
and practice
to be reflected
in the plan

Core minimum requirements for partnerships and practice

- Evidence of effective, shared leadership and governance across Education, Health and Social Care
 - Evidence of formal representation from schools and provisions on boards and links to school forums
 - Proposal to ensure we have a joint dashboard and use of the maturity matrix to assess our effectiveness
 - Maintain metrics for timeliness, resolution rates and systems to support monitoring and accountability
- 

Governance

- The LA has an oversight role over the process of preparing, submitting and delivering the plan with engagement from all
 - Agree a single Senior Responsible Officer (SRO) for the plan who is responsible for the overseeing SEND improvement and reform
 - Signed off at the relevant governance board – formally signed off by the CEx, ICB CEx, DCS, ICB NHS Place Director and CFO/S151 Officer
 - Aligned with other local strategic plans including the BSiL plan
- 

Funding pots (some still unknown)

- **Experts At Hand Offer Funding** for LA/ICB: Paid via the Local Inclusion Partnership Grant after June 26- **allocations published Spring**
- **Transformation Funding:** To support LAs to deliver the changes – expanding capacity and capability within the LA. Paid via the Local Inclusion Partnership Grant after June 26- **allocations published Spring**
- **Best Start Family Hubs Funding:** Development of services to support inclusion
- **High Needs Capital Funding:** Fund expansion of inclusion bases, adaptations and additional specialist places
- **Inclusive Early Years Fund:** Funding for providers to strengthen inclusive practice across settings
- **Inclusive Mainstream Fund for schools/P16:** Strengthen inclusive mainstream practice and develop more targeted evidence-based support offers

Structure of the plan

- Vision- aligned to the Schools White Paper
- Strategy – the how, theory of change roadmap for the next 3 years and delivery plan for year 1
- Monitoring and Evaluation – processes for tracking progress
- Governance – monitoring processes
- Central Govt Support – identify practical support from central govt to help deliver the plan

First draft of the plan needs to be shared with SEND and financial advisers mid-May

Final draft to DfE by 19th June 2026

Review

- Govt will use the Local SEND Reform Plan Quality Assessment Framework to assess the plan and facilitate access to the **High Needs Stability Grant**
- **SoS makes the final decision to approve or not which will be communicated in Sept**
- **Joint monitoring on a quarterly basis** will take place with DfE advisers to ensure funding is spent in line with reform priorities and provide assurance around impact of plans
- Quarterly returns are required to DfE

Next steps for Trafford

- Slide-deck being taken to all relevant strategic and leadership meetings (CLT, DMT, ICB SLT, SEND Steering Group) for sharing and reflections
- Slide-deck presented at the Locality Board
- Ensure all relevant colleagues required to sign off the plan are notified
- Progress a business case for Specialist SEND Commissioner and SEND C/YP Engagement Officer to provide additional capacity to support the implementation and monitoring of the plan.
- Meeting booked in with DFE advisers (20th April) to discuss the plan and how they can support.
- Webinar booked in with schools on 27th April to highlight reform plan and support co-production.
- Meeting with PCF to discuss co-production options with families after Easter holidays.

Priority Year 1: Establishing the Experts At Hand Offer

Page 52

- Officers are working on transferring information from our Deficit Management Plan to support the forecasting and sufficiency planning needed for submission. Support will also be required from finance colleagues to provide costings.
- SEND JSNA needs to be updated to ensure we have clear understanding of need/what is being commissioned. In the meantime, information will be pulled from performance reports including SEN 2.
- Work with performance colleagues to ensure we have an agreed shared dashboard across EH&C and agree who will provide the support.
- Meet with relevant internal SEND services including MFT to support the mapping of current support offer and identify gaps based on need.
- Our Local Inclusion Support Offer is our starting point for the EAH offer – evaluation of offers will take place to assess what should continue through additional funding.
- Establish an extra-ordinary SEND Board ahead of initial and final submission of plan.



Name of Committee / Board		Trafford Locality Board		
Date of Meeting		28 th April 2026		
Report Title		Healthwatch Trafford Performance Report January – February – March 2026		
Report Author & Job Title		Andrew Latham, Chief Officer		
Organisation Exec Lead		Andrew Latham		
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance	Discussion	Information
EXECUTIVE SUMMARY				
<p>A summary of Healthwatch Trafford’s performance and impact during the period January 2026 to March 2026. This includes research, engagement activities, local concerns, and strategic updates.</p>				
RECOMMENDATIONS				
<p>TLB are asked to note the report.</p>				
CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board				
Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		None		
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		Name/Designation: N/A		
		Comment / Approval <i>(Delete appropriately)</i> N/A		
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>		Date of TCAPS / Clinical Lead comment (Delete appropriately): N/A		
		Name/Designation: (If appropriate) N/A		
		Comment: N/A		
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>		N/A, update only		



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

Performance Report

January – February – March 2026

Contents

Highlights during reporting period January – March '26.....	3
Research.....	3
Engagement & Volunteering.....	4
Communications.....	4
From the Trafford community.....	5
Issues Raised.....	5
Strategic updates.....	9

Highlights during reporting period January – March '26

Research

- **Changing Futures**

Our work on the Changing Futures project is almost complete; we are waiting for clarification from partners on some specific sections which may still be included.

- **Reports**

The Palliative Care Report was published at the end of March, as was our Parental Mental Health Report. We are currently working with partners to identify which forums and committees these reports will be presented to.

- **Live Well**

The Live Well project is currently underway; the survey is open and has gained over 500 responses so far, and we are in the process of organising focus groups to gain extra insight into what residents of Sale and Partington desire from the council's Live Well offering.

- **Under 5s oral health**

The Oral Health in Under 5s project has been planned with Public Health colleagues; a full project plan will be delivered shortly and the project (surveys, interviews with professionals, etc.) will begin in April.

- **Discharge to Assess**

We are currently conducting the lead in work with key stakeholders on the Discharge to Assess project, specifically on reablement services in Trafford. This will focus on the lived experience of people going through this service, either at home, Ascott House, or SAMS. This will begin in Q1 of 2026/27.

- **Age Well Over 50**

We have successfully applied to take on an Age Well Over 50s project, which will be delivered in Q1 of this year. This is funded by TMBC Trafford Council, who are seeking to commission a short-term project funded up to £2,500 for the aim of exploring views among adults aged 50+ years on barriers to accessing support and services.

Engagement & Volunteering

- **Enter & View**

A key achievement has been the successful delivery of a recent Enter & View visit to Boundary House, which included the design and delivery of an engagement survey that generated over 1,500 responses, alongside in-person feedback from more than 20 patients on the day. An accessibility audit of the site was also completed, with six representatives contributing observations from across the practice. The findings are being compiled by the Research and Reporting Officer, with the final report scheduled for publication in May. Planning for the next visit is already underway. We also published our report on Delamere Medical Centre in January.

- **LiveWell**

Engagement activity has also included promotion of the LiveWell survey at the GM Live Well creative event held at Stretford Public Hall, which was well attended by stakeholders from across Greater Manchester. Promotional materials were distributed to encourage participation, with further outreach supported through survey postcard that have been dropped off at Trafford Council. Additional engagement took place in Sale at the end of March, alongside distribution in Partington, with all feedback contributing to future reporting.

- **Expanding our network**

Progress has been made in strengthening the volunteer network and recruiting for new members. Work is also underway to review and reinvigorate the Youthwatch programme. This includes reaching out to existing members to confirm ongoing interest, with a view to either reactivating or formally closing the group depending on response.

- **Future plans**

An engagement plan for 2026-27 was drafted in this quarter; this focuses on targeted engagement for our planned projects, raising awareness of our role and strengthening engagement with underrepresented communities, an area identified as a priority. The plan also aligns activity with key projects, including oral health for under-fives, the LiveWell programme, and discharge to access, ensuring insight is embedded across delivery areas.

Communications

- **Information and signposting activities**

As well as our engagement work, we also continue to perform our information provision function through the production of leaflets, guides, 'How To' guides, our quarterly and annual performance reports and highlights bulletin. We also manage a public inbox and respond to requests for information and signposting, and through same collect feedback on local health and social care services. This work is ongoing throughout the year.

From the Trafford community

Issues Raised

Patients often contact us to report their experiences of accessing health and social care services. In addition, we gather similar experiences through our survey work. Where possible we exercise our statutory duty to signpost people to the service or individual that is best placed to deal with their enquiry or concern. The below comments and summary illustrate the issues that have been reported to us in the quarter:

GP Services

People reported issues with access, prescribing, and feeling not listened to, although we did hear of one positive experience with physiotherapy through a GP practice:

"I changed GP surgeries due to moving house and was shocked at the difference in treatment I received. My previous GP was excellent, I felt listened to and supported. My new surgery provided a long line of GP's who let me slip through the net, jeopardizing my mental health. ... Also, just a lack of care, understanding, support and risk management in relation to ensuring my medication was a good fit for me."

"If you need an on the day appointment you can try phoning at 8am but you end up in a big queue and probably no appointment. Turning up at reception at 8am is more successful but not everyone can do this. If you want a non-urgent appointment you must use 'ask my gp' and if you're lucky you will get an appointment 3 weeks into the future. There is nothing in between."

"Needed to see a GP with leg cramps pain etc ... Asked for an appointment on the ... online ... system. Just got a reply with an appointment [to see] a physio waited about 7 weeks."

"Physio based at our GP - excellent service. Booked in same day by my GP, with exercises given, x-rays booked and a follow up appt all done with 2 weeks."

"I had to drive my own diagnosis, why is no one following the NHS breathlessness roadmap."

A caller's child has had an eczema cream removed from their prescription and is receiving conflicting information from the pharmacy and the GP. They are struggling to understand why the decision has been made, and feel the practice are not listening when being asked by other professionals to reinstate the item.

Hospitals

We heard some positive feedback concerning Wythenshawe hospital. We also received some comments around difficulty parking on various hospital premises and feelings that staff were uncaring and the long-term impact this could have:

"Went in with chest pains. Got seen immediately no wait. Got ECG and bloods within minutes. Staff were super friendly and respectful. Doctor saw me and examined me without much wait. Gave me good clear discussion about results and management plan, write to my GP immediately."

"I am under a bowel screening program and I have had about 6/7 colonoscopies over approximately 15 years. The NHS have been brilliant really. The staff who have carried out the procedures each time have been excellent. Also the care you get just after the procedure in the recovery room is excellent."

"Usual four hour wait in A&E ... didn't get put onto a ward for 22 hours. ... My honest opinion is that most of the staff on the ward don't want to relate to patients in a caring nursing manner."

"Emergency nurse failed to send me to relevant department for surgery when the top of my finger was amputated via injury ... Instead I was sent home with a bandage stating "a lump of skin that will grow back " & " so minor there's no need to inform the GP".. it was the whole top of my finger!! I now have CRPS, osteoarthritis & PTSD , I can never trust any healthcare provider"

"Needed to go To Trafford General Urgent care centre Sunday evening. Parking is free for 3 hours. Whittington Hospital on Monday. £3 for parking but plenty of space"

"Always a nightmare finding a space to park and a pay machine at this hospital, makes it incredibly stressful for my 88yr old mother."

"If you're not in the car park before 9am it is impossible to park until early evening"

"Parking is shocking at Wythenshawe Hospital, Manchester. Almost impossible leading to missed/late appointments."

"Parking impossible. Drive straight from work and nearly missed my appointment as it took 20 mins for a parking space to open up."

Social care

We heard from people who needed care and were finding they could not access any, leaving them unable to care for themselves:

“Despite being housebound and bedridden 99% of the time, I get no support. I cannot un/dress myself most days. I [cannot] look after my own hygiene needs. I get one meal a day provided by housemate, which might mean a slice of toast, a sarnie or a bowl of soup in a 24-hour period. [Social worker] visited with G.P. in March, after waiting approx. three years to review my care needs.”

“[District nurse] didn’t visit my dying father much, he was on palliative care, very poor service. On one occasion I rang every day for 5 days asking for a visit ... nobody turned up. ... I ended up getting the crisis team involved - I had no choice really.”

One caller told us that their spouse had been asked to attend the hospital for their ongoing care, despite previous receiving visits from the community nursing team due to disability. The caller is unable to support their spouse due to their own health condition, leaving them to have to contact the ambulance service for transport in the short term. However, they have stated that is unsustainable, and the change has had a negative impact.

Mental Health Support

We heard from a parent who was suffering with their mental health after delays to their child’s care, and the issues with generalised rather than individualised care:

“No offer of support for my sons difficulties, 12 month wait for CAHMs assessment, ... acknowledged parents were overwhelmed by level of challenging behaviour/ aggressionno [service] offered. 2 years later, had ADHD diagnosis, had been waiting 2 years for autism assessment ... Impact of this was to almost destroy my mental health ... There is no early intervention for autism to prevent serious mental health [issues] developing. limited resources, criteria set at high threshold to reduce waiting lists ... people just get worse or a crisis before services involved.”

“Screening seemed to go well initially with Talking Trafford ... felt listened to around my mental health needs but was then allocated a practitioner who knew very little about ADHD and RSD. I cried every week because the practitioner compounded my issues. ... I was then accepted on a [DBT] group course with 11 others. ... One guy tried to open up about a personal issue he was experiencing but he couldn’t speak because the slides took precedence.”

Maternity care & Gynaecology

People reported a lack of care and consideration for pre-existing issues across both departments, eroding trust between patients and practitioners:

"When baby was in trouble and I was rushed into Theatre the team were highly competent and efficient. Everything before then was abysmal. Not believed by midwives ... left for hours and hours with no checks. Not offered pain relief."

"The level of support and care for me personally was awful. I am a kidney transplant patient who had a C section and could barely move. I have no help caring for my baby and the physical demands and pain that placed on me during my stat. They did not change dirty bedding or help me wash. The night shift diagnosed jaundice in my baby but did nothing to initiate treatment."

"I went to the gynaecologist appointment as I've been experiencing pain ... for almost 2 years now and have been to different appointments to resolve this. The gynaecologist ... used a speculum with no lubricant which was extremely painful and is still painful hours later. Really regret agreeing to an examination and will not be allowing any doctors to examine me in that way with a speculum henceforth."

The table below shows the remaining services selected and comments we heard:

Ambulance	"The 999 responder would not call an ambulance for my 5 year son who was having a seizure"
Waiting times for treatment	<p>"The staff are all great but you can't get to see them. ... It took 10 months from asking for a meds review to seeing a consultant. And it will be another 6-8 months before I can get the tests done to make the decision. In the mean time, I am ill every day."</p> <p>A caller told us that the waiting list for the specialist menopause clinic to which they had been referred was one year, leaving them without proper support in the interim. They felt that their concerns were not being address by GP practice staff, and were struggling to find a path forward.</p>

Strategic updates

The King's Fund report was published in March providing insight into Healthwatch activities. The most cherished principle was to maintain Healthwatch independence. In any future model this will be an important factor, particularly given that there will be no statutory powers in any potential local models. The King's Fund proposes distributing their report to all MPs and Peers as well as to commissioners and providers in England.

The second of our workshops developing the new GM Independent Patient and Public Voice Model took place in March outlining the consultation processes to deliver an engagement and consultation plan, with the final recommendations delivered following a final workshop in May. Local models will evolve from key principles and proposed activities going forward. In Trafford there will be wide consultation, including our partner and the public. In preparation for this we have looked at two different models - one in Wigan and Leigh and one in Tameside. We will be following this up with conversations with our Community Collective and other partners shortly.

The central HW team was disbanded at the end of March at the end of our 3-year memorandum of understanding with the ICB. In March we undertook an Enter and View of Boundary House Medical Centre. We received a warm welcome and the practice questionnaire elicited in excess of 1500 responses. The final report will be available following the local May elections. We have also had a good response to the Live Well work in Partington. The Sale questionnaire is still open and being actively followed up by Public Health.

Towards the end of March, we launched our parental mental health report. We compared this with our previous work in this area and overall, although there were still areas for improvement, the service appeared to be going in the right positive direction. There were 6 recommendations including a single point of contact, information sharing and strengthening of pathways. The Palliative Care report was also published. There were misunderstandings in relation to the terms palliative care and end of life care but overall it was positive that patients and their carers had undertaken advance planning (although a quarter surveyed had not necessarily shared this with nearest and dearest) and used power of attorney. There were positive examples of high-quality care being delivered in Trafford which was valued by those that received it. District Nurses were singled out for the level of care they provided. Moving forward, the government is about to publish a new Palliative Care and End of Life Care Modern Service Framework (MSF) for England to address inconsistencies in care and shift services from hospital to community settings, aligning with the NHS 10 year plan.

We attended Health Scrutiny where ear care services were discussed. This was followed by a Locality Board discussion where the decision was taken to retain this service at the present time. The NHS reforms have created a void in NHS governance meetings, pending a review of the architecture due to be held in April. However, the Health and Wellbeing Board had a packed

agenda, ILED has continued its monthly meetings and we have met as a group of Healthwatch with GMMH.



Heather Fairfield
Chair of Directors





Name of Committee / Board		Trafford Locality Board		
Date of Meeting		28 th April 2026		
Report Title		Healthwatch Trafford Draft Work Plan 2026-27		
Report Author & Job Title		Andrew Latham, Chief Officer		
Organisation Exec Lead		Andrew Latham		
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance	Discussion	Information
EXECUTIVE SUMMARY				
<p>A summary of Healthwatch Trafford's draft Work Plan 2026-27, outlining our agreed projects and ongoing work throughout they year.</p>				
RECOMMENDATIONS				
<p>TLB are asked to review the work plan and confirm their support for the suggested plan.</p>				
CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board				
Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		None		
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		Name/Designation: N/A		
		Comment / Approval <i>(Delete appropriately)</i> N/A		
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>		Date of TCAPS / Clinical Lead comment (Delete appropriately): N/A		
		Name/Designation: (If appropriate) N/A		
		Comment: N/A		
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>		N/A, update only		



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

DRAFT

Healthwatch Trafford

Work Plan Summary 2026-7

Background

This is a summary of the key workstreams within the 2026-27 Healthwatch Trafford (HWT) workplan.

Each workstream identified through the workplan has its own project planning template that underpins it; this is where individual tasks are identified, and more defined timelines established. This is also where the detail of each workstream is recorded and updated as we progress. As we progress with each workstream we will update this summary for the board to illustrate progress.

Governance

We have agreed a process for Healthwatch reports intelligence to be shared appropriately through Trafford governance. This includes the following steps:

HWT Quarterly reports tabled on the agenda at relevant Trafford meetings and forums, ideally culminating in presentation to Trafford Locality Board. This will ensure that key partners both receive intelligence gathered from public engagement activities and facilitates formal adoption of recommendations made within reports into ongoing action plans. This allows a more formal route for HWT to fulfil its role as a critical friend to Health and Social Care providers and commissioners. It also provides a reference and audit trail through which all parties can assess progress against actions.

We have also agreed processes for comment and response with NHSGM, particularly around Enter & View reports.

Workstreams

Projects:

1. SOCIAL CARE: Local Authority/TICS collaborative Project (1): Discharge To Assess – Reablement

*although D2A bridges both health and social care, the reablement element that we are focussing on falls more comfortably under social care.

Timescale:

- April - September

Focus of Work:

- *Full details yet to be clarified with senior leads at TMBC.
- Gather people's experience of the reablement pathway in Trafford.
- Greater understanding of the current reablement pathway in 2026.
- Speaking to members of the public about their experiences.
- Engagement with commissioners at the Local Authority regarding discharge to assess and reablement.
- Production of a report with recommendations.

2. HEALTH: Local Authority/TICS collaborative Project (2): Oral Care in U5s

Timescale:

- Lead in work began in 2025-26, main focus June – September

Focus of Work:

How families experience accessing NHS dentistry for young children; we do not know why families may struggle to access dental care or what practical barriers they face. The most useful insight for Public Health would be understanding:

- How easy/difficult it is to register an under-5 with an NHS dentist
- Whether parents can find practices accepting NHS child patients
- How long they wait for appointments
- Practical barriers e.g. transport, timing, affordability for adults, childcare etc.
- Misconceptions (e.g. "too young to register / no teeth yet")
- Awareness that children's dental care is free

3. HEALTH & SOCIAL CARE: HW100 survey in support of Trafford Poverty Strategy 2026-30:

Timescale:

- September – March

Focus of Work:

- A survey focussed on attitudes towards smoking in the North of the borough (where prevalence is highest) with the aim of influencing further work (along with partner organisations) on cessation.

4. HEALTH: Live Well – Researching access to activities to improve health and well being

Timescale:

- March 2026 – May 2026

Focus of Work:

To gather insight from residents of Sale and Partington about what they perceive to be the enablers and barriers to the 5 ways to mental wellbeing.

- Conduct a survey to gather insight from residents of Sale and Partington about what services/opportunities in their neighbourhoods are enablers for the 5 ways to mental wellbeing; what are the gaps; what factors act as barriers for engaging in 5 ways to wellbeing and what could help at a neighbourhood level in addressing these?
- Conduct follow up focus groups to do a deeper dive about the factors that impact on residents' capacity to "feel good and function well" and how a Live Well offer might practically help to build this capacity
- Use these insights to shape services that form part of the Live Well offers in Sale and Partington

5. HEALTH & SOCIAL CARE: Changing Futures Project

Timescale:

October 2025 – May 2026

Focus of Work:

Our project objective is to contribute to the evaluation of the Changing Futures project to inform how services in Trafford support individuals who experience multiple disadvantages. The expected outcomes are:

- Demonstrate the impact the project has had on individuals involved
- Identify unintended positive outcomes of the program which may not be measured through existing evaluation tools.

- Demonstrate any short-term impacts the project has had which has on how provision is delivered in Trafford.
- Make recommendations for how lessons learnt can inform future strategies for improving the lives of families and individuals who experience multiple disadvantages

6. Income Generation (to supplement LA Grant income)

Timescale:

- Ongoing throughout the year.

Contracted Work

- Identifying, applying for and delivering externally commissioned projects.
- This may include GMICB contracted work

Focus of Work:

- Raising the profile of HW Trafford.
- Development of contacts
- Create portfolio of work to illustrate available functions that can be commissioned.

Work already commissioned:

TMBC Funded project: Exploring views among adults aged 50+ years on barriers to accessing support and services. An 8 week project in April and May 2026.

7. HW100 Surveys

Timescale:

- Five conducted at bi-monthly intervals between May and January

Focus of Work:

Potential areas of work identified by partners (*possibly more to be added); to be defined and agreed through further discussion:

- **Health:** Uptake of health checks and subsequent referrals into health programmes amongst those with an SMI, Learning Disability and unpaid Carers. Currently very little data on these cohorts.
- **Social Care:** Transition from children to adult services for those with a disability; experience of individuals and family members.
- **Health:** Phlebotomy – a comparison of patient/public views against our previous report(s).

8. Enter and View

*Reintroduction of our E&V programme

Timescale:

Five E&V visits to be conducted throughout the year with a focus on GP surgeries/Health centres.

Focus of Work:

- Identify Primary Care facilities for an E&V visit, based on public feedback received and intelligence from partner organisations (Care Quality Commission and TMBC for example).
- Identify non-social care facilities; consider Moorside Unit and Memory Clinic (tie in with dementia focus).

Additional Work

Healthwatch in Greater Manchester (HWinGM):

- We continue to work with our colleagues across GM on topics of mutual interest.

Core Activities:

Information and Signposting

- Communications: Production of leaflets, 'How To' guides, Highlights Report, Performance Reports, Impact Report and Annual Report.

Engagement

- Engagement: An Engagement Strategy/Plan for 2026-27 is currently in production. We have a programme of engagement planned throughout the year including face to face engagement at public events plus targeted listening sessions and presentations at various community-based groups. As last year we will push for increased focus on seldom heard groups and individuals, in particular minority communities. The desired outcome is an increase in the level of contact and feedback received across the board but particularly with hard to hear individuals and groups.

Volunteering

- Volunteer Activities: Specific tasks as per the current year's Volunteer Strategy. Throughout the year: recruitment (advertising, interviews, references); DBS checks where appropriate; Inductions; training; supervision; get-togethers; bulletins; maintenance of documentation.

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Name of Committee / Board		Trafford Locality Board		
Date of Meeting		28 th April 2026		
Report Title		Trafford Community Collective Impact Review		
Report Author & Job Title		Bernadette Ashcroft CEO TCC		
Organisation Exec Lead				
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance	Discussion	Information
EXECUTIVE SUMMARY				
<p>This presentation provides a summary of the activity of Trafford Community Collective during 2025-2026. The main focus is on the achievements, development and aspirations for TCC and the wider VCFSE in Trafford since becoming the local infrastructure organisation for Trafford in October 2026. The presentation provides an update on the key areas of focus determined by the SLA with Trafford Council. This includes</p> <ul style="list-style-type: none"> Strategic representation Leadership Capacity Building Data and Research Volunteering Engagement <p>The presentation also includes aspirations and priorities for the coming year.</p>				
RECOMMENDATIONS				
<p>The Board is asked to consider how the work of the Trafford Community Collective will contribute to system change and reform in Trafford.</p>				
CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board				
Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		NA		
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		Name/Designation:		
		Comment / Approval <i>(Delete appropriately)</i> : NA		
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or		Date of TCAPS / Clinical Lead comment (Delete appropriately):NA		
		Name/Designation: (If appropriate)		



Clinical Lead <i>(If not required, please briefly detail why)</i>	Comment:NA
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	Trafford Community Collective has been a key partner in the development and delivery of the Fairer Trafford Strategy , the Family Help Board , Programme lead for Changing Futures and lead delivery partner to support refugees and Asylum Seekers in Trafford
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	NA
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	Planned public NHS engagement with a range of key communities Older adults Central and Eastern European (CEE) migrants, including the Roma community People living with life limiting illnesses LGBTQ+ Unpaid carers Racially marginalised communities
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	NA
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	
Enabler implications	Legal implications:
	Workforce implications:
	Digital implications:
	Estates implications:
Sub-Board Sign-Off / Comments <i>(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)</i>	
Organisation Exec Lead Sign off	

Trafford Community 
Collective

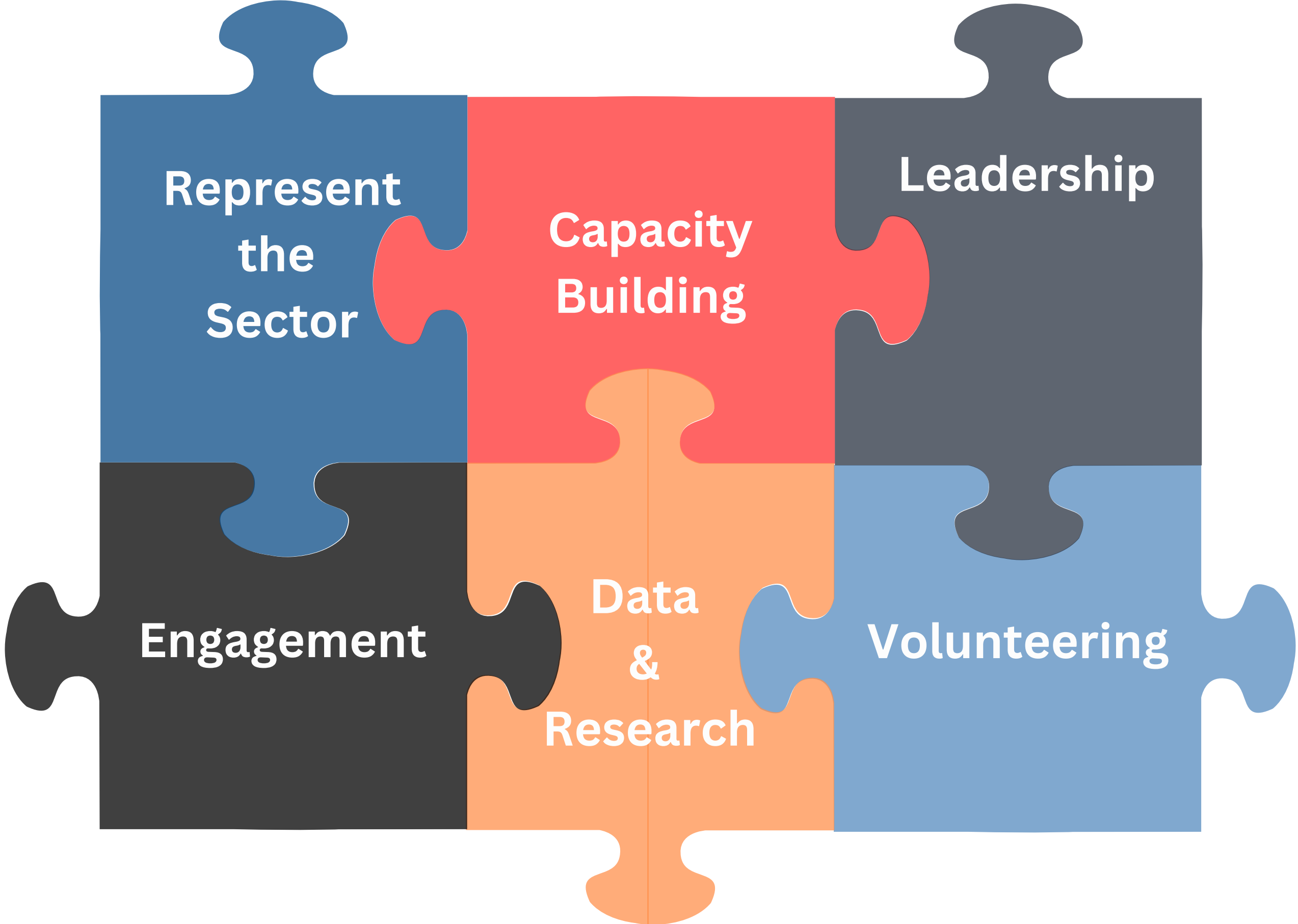
Impact Review
April 2026

Bernadette Ashcroft (CEO)

‘The Collective’ has been established since 2021 and has been the Local Infrastructure Organisation in Trafford since October 2025.

What have we done in that time?

Our Priorities



Represent the Sector



Represent the Sector

**Conduit for cross sector learning
and information exchange**

Page 79

**A voice for local people/communities
that influences public sector
transformation**

*“Relationships across the VCFSE sector have strengthened because of how TCC has organised itself, building trust and creating opportunities to be part of something bigger”
Christine, CEO St Johns Centre*

*“There are more and new opportunities to get involved in developing local strategies and plans and more inclusive funding opportunities”
Lindsey, CEO BlueSci*

Engagement



Engagement

161

Members

3

Member meetings hosted

301

Newsletter subscribers

20

Community visits

“The session when we first got the Live Well funding was very useful. There were several groups we weren’t aware of, so it was great to make the connections and to see possible areas of overlap.”
Jane, Autism Support, Cheshire & Wirral P/Ship Found. Trust CEO
Unlimited Potential

“Regular communications from TCC is consistently useful—especially the funding updates”
Sam, Respect for All

Capacity Building

**Additional
capacity
resourced to
Live Well**

**Attracting
additional
funding**

**Investment
in expert
support**

**Developing
VCFSE training
programme**

Capacity Building

£30k

Allocated for adhoc specialist support for 2026/27

“TCC has enabled us to support smaller local organisations with volunteer support”
Emma, CEO Age UK Salford & Trafford

??

Support requests fulfilled??

“TCC enabled recruitment of local people with lived experience of multiple disadvantage through relevant VCFSE organisations across the borough”
Chris, CEO Unlimited Potential

Data & Research



Data & Research

£240k

Facilitation of grant distribution

30

Organisations awarded grants

TCC has had a massive impact on establishing and managing the Changing Futures programme in Trafford. It has meant that the programme has been able to really quickly begin delivery and start influencing wider systems change in a way that other programmes have taken much longer to do. TCC has been a massive help in engaging in Greater Manchester MD spaces and helping us to develop a GM wide enhanced Live Well offer. In particular, TCC have been amazing at contributing to the data and learning element of the programme, which other localities have struggled with"

Phillipa, GMCA

Leadership



Leadership

“TCC has fostered stronger relationships with other VCSFE organisations which has meant more connectivity with other leadership organisations.”

Emma, CEO Age UK Salford & Trafford

“Together with Trafford Council, TCC helped to secure funding from the National Lottery Community Fund for our project.”

Chris, CEO Unlimited Potential

“TCC understands the intersection of the VCFSE sector and other statutory agencies and where the particular blocks and challenges are”

Charlotte, Talk to Sara

Volunteering

Led by
Stretford Public
Hall

Host volunteer
hub on TCC
website

Supported by
National
Lottery
Funding

Co-developing
Volunteering
Strategy

Volunteering

2,800

Registered volunteers in
Trafford

68,800

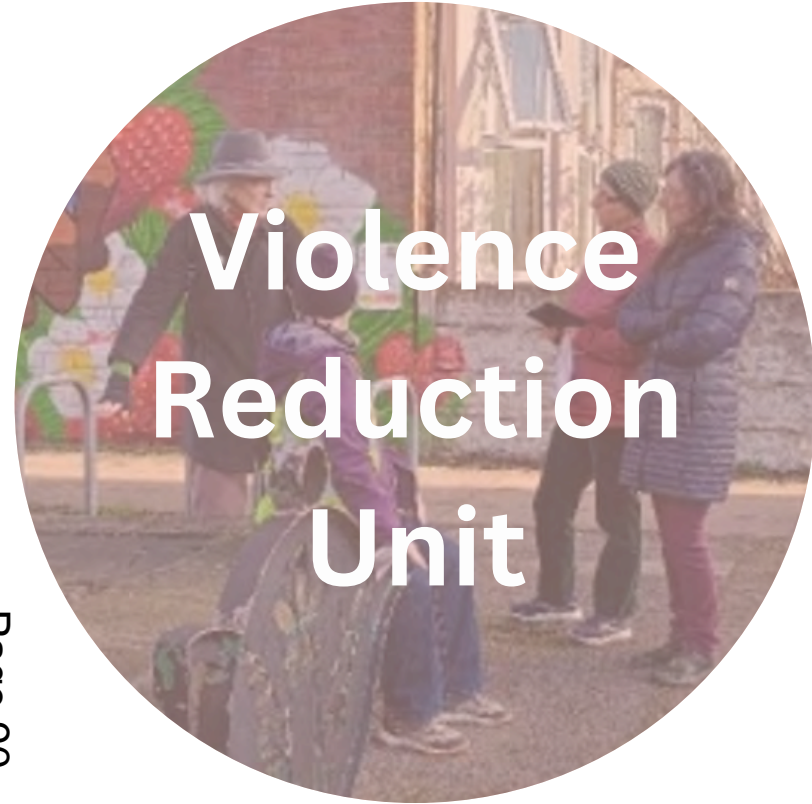
Total volunteer hours
worked

*“By far the best
volunteer fair I
have attended.”*
Fair attendee

*“It has really helped
my mental well-being
after a high loss in my
life. It has slowly given
me my confidence
back.”*

Local Volunteer

Projects



What next?

Strengthen
community
voices through
NHS Engagement
Programme

Ensure Trafford
VCFSE is firmly
connected with
strategic work at
GM level

Embed VCFSE in
public sector
transformation

Spaces and
Places of Hope
and Connection

Applying
observations and
learning from
communities to
inform strategic
approach and goals

Live Well &
Integrated
Neighbourhood
Team Work

Developing
volunteering
strategy for
Trafford

Working with
research partners
to better evidence
the impact of
VCFSE on people
and communities

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Name of Committee / Board		Trafford Locality System Board		
Date of Meeting		28 April 2026		
Report Title		NHS GM Trafford Finance report		
Report Author & Job Title		Julie Flanagan NHS GM Trafford		
Organisation Exec Lead				
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance X	Discussion	Information X
EXECUTIVE SUMMARY				
<p>The attached slide deck presents the financial position for the ICS overall and the locality delegated budgets by NHS GM for February 2026.</p> <p>As at Month 11 the total ICS year to date deficit is £63m, a £27.4m adverse variance against the plan, a deterioration of £2.6m from the previous month.</p> <p>The Locality position is overspent £1.67m YTD with a forecast outturn of £2.06m overspent. There has been an improvement in the YTD position across all sectors of commissioned services this month particularly in packages of care however a low level of volatility remains due to the changing nature of care plans. The forecast position has also improved. The draft financial position in March for the locality is £1.39m overspend pending audit.</p> <p>The locality YTD CIP position is ahead of plan by £161k and is forecast to deliver the target of £2.92m.</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>				
RECOMMENDATIONS				
<p>The Locality Board is requested to:</p> <ul style="list-style-type: none"> • Note the Month 11 year to date reported financial position for GM ICS of £63m deficit, against a planned deficit of £35.5m, resulting in a variance against plan of a £27.4m deficit. • Note the ICS forecast outturn position is £2.5m surplus. • Note a Locality YTD variance of £1.67m overspend for commissioned services and a forecast variance of £2.06m. • 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 11 of £556.7m against a plan of £573.7m, an under delivery of £17m • Note the locality CIP delivery of £2.76m against a plan of £2.6m an overachievement of £161k 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. 				



CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board	
Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	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.
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation: Actions to address the in year cost pressures within individual packages of care in the second half of the year are crucial to stabilising the expenditure and provide an improved foundation for 26/7.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>	N/A Name/Designation: (If appropriate) Comment:
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	N/A
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	N/A
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	N/A
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	
Enabler implications	Legal implications: N/A
	Workforce implications: N/A
	Digital implications: N/A
	Estates implications: N/A



Sub-Board Sign-Off / Comments (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	
Organisation Exec Lead Sign off	

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Trafford Locality Finance Report Month 11 February 2026

Trafford

Integrated Care Partnership



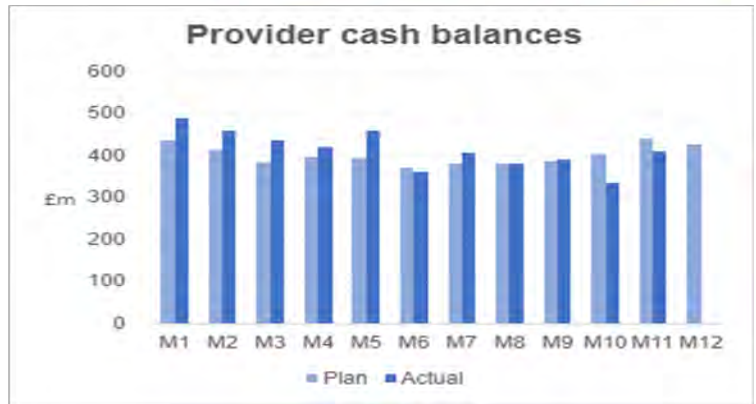
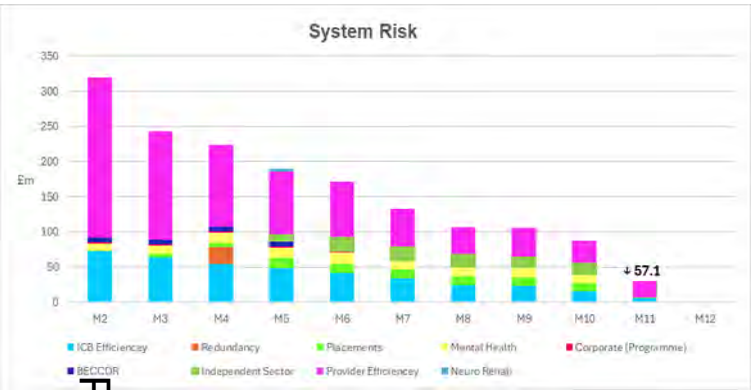
At Month 11 the total ICS year to date deficit is £63.0m, a £27.4m variance behind plan (Month 10: variance of £24.8m), which is a deterioration of £2.6m compared to last month.

M11 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	£16.0	£13.4	-£2.6	-£28.7	-£56.1	-£27.4	£7.5	£10.0	£2.5
NHS GM	-£0.6	-£0.6	£0.0	-£6.9	-£6.9	£0.0	-£7.5	-£7.5	£0.0
ICS Total	£15.4	£12.7	-£2.6	-£35.5	-£63.0	-£27.4	£0.0	£2.5	£2.5

Key points of note for Month 11 are:

- Whilst an overall deficit continues to be reported, there has been:
 - An improvement in the extrapolated run rate for the GM providers of £22.2m
 - a reduction in system reported gross risk of £57.1m
 - and a further reduction in net risk of £3.2m for NHS GM this month mainly as a result of the on-going delivery of recovery plans
- The YTD provider position is now £27.4m behind plan, a deterioration of £2.6m in month, with the remaining reported pressures still mainly relating to the delay in CIP delivery. There has been an in-month £2.5m favourable variance against the recovery plan trajectory (mainly NCA £3.6m favourable, offset by a £1m adverse MFT variance). All trusts have confirmed directly with NHSE they will deliver the plan and manage any remaining financial risk.
- NHS GM is reporting a £6.9m YTD deficit this month, which remains in line with the plan. Pressures continue relating to ADHD, Autism and s117 within Mental Health, due to the continuing issue of backdated invoices being submitted by new providers under Right to Choose. All Age Continuing Care has deteriorated this month, due to new backdated high-cost complex cases, and 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 whilst the recovery actions have reduced the level of spend compared to earlier in the year, they haven't delivered the original planned reductions.
- On a YTD basis, CIP delivery is £17.1m behind target as a system (£0.1m behind plan by NHS GM, £17.0m behind plan by GM Providers). Whilst it is forecast that there will be over-delivery against CIP targets, 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 11:



System Financial Position

- The M11 YTD position for the GM NHS System is a £27.4m deficit against plan and is split as follows:
 - £0.0m NHS GM (Month 10: £0.0m)
 - £27.4m GM Providers (Month 10: £24.8m)
- The GM system is now reporting a system surplus of £2.5m, although risks to delivery are noted.
- There continues to be an improvement in the extrapolated run rate compared to M10.

System Efficiency

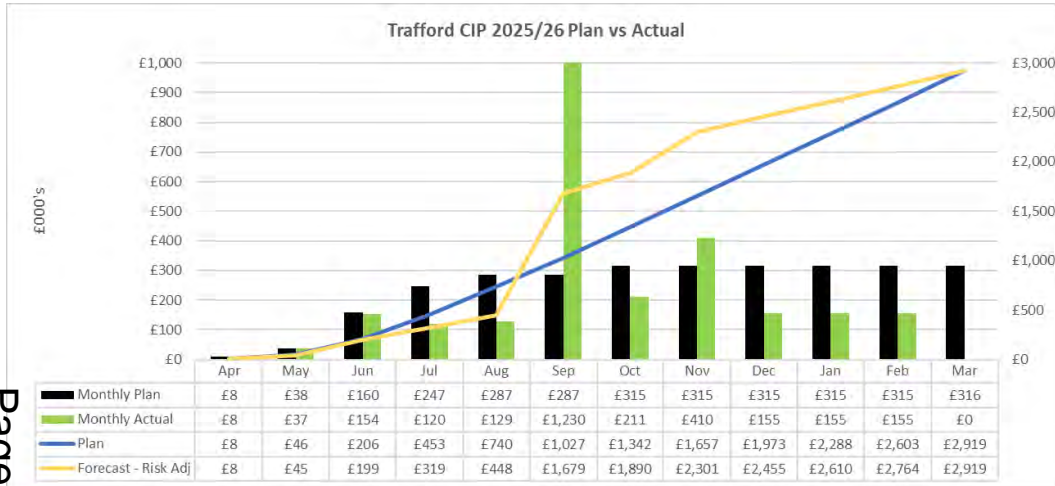
- The chart above details the savings delivered against an overall system savings target of £656.0m
- YTD savings of £556.7m have been delivered against a target of £573.7m, of which 59.0% has been delivered recurrently. Delivery is currently £17.1m behind plan YTD.
- The full year target of £656.0m is forecast to be exceeded by £2.6m, albeit with risks still being reported.

Cash

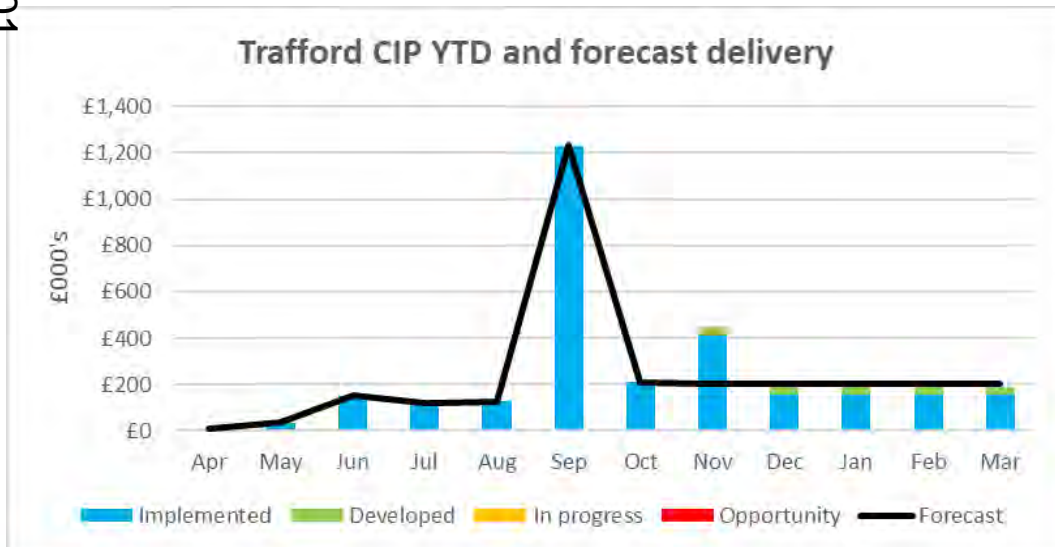
- GM providers (as shown in the chart above) are £27.6m below the planned cash balance (plan: £439.4m, actual: £411.9m).
- At M11 NHS GM had drawn down cash slightly below allowance (91.3%) compared to the expected straight-line profile (91.7%). The allowable cash balance at the end of M11 equated to £8.7m, with an actual closing balance of £3.5m.
- 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 11				M10	In Month	Forecast			In Month
	Budget	Expenditure	Variance	Variance	Movement	Budget	Expenditure	Variance	Movement
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	
Commissioned Services									
Mental Health Services	4,391	4,318	73	13	↑	4,804	4,719	84	↑
Community Services	11,506	11,426	80	44	↑	12,552	12,463	88	↑
Personalised Packages of Care	40,127	42,216	-2,088	-2,605	↑	43,757	46,206	-2,449	↑
Primary Care Locally delegated	6,661	6,642	19	-11	↑	7,260	7,260	0	↑
Estates void & subsidy	2,017	1,965	52	17	↑	2,200	2,200	0	→
Capacity & Discharge Fund	1,690	1,494	195	176	↑	1,843	1,628	215	→
Total Commissioned Services	66,392	68,061	-1,669	-2,366	↑	72,415	74,476	-2,061	↑

- An improved position across all commissioned service areas year to date of £697k particularly in packages of care however a low level of volatility remains due to the changing nature of care plans
- The forecast is a deficit of £2.06m an improvement of £372k 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.
- The draft financial position for the locality at month 12 is an overspend of £1.39m and is subject to audit.



- Forecast achievement of £2.919m is in line with the target.
- YTD performance is £161k 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.





- Due to the reform and restructuring work underway in the ICB, the recovery plan actions remain as the previous month:
 - Joint review of LD packages of care with the LA – phase 2 delay to commencing this work due to staff changes and NHS reform organisational change.
 - End of life task and finish group – analysis of the activity and referral data nearing completion.
 - Market management CHC framework rate – in discussion with central GM colleagues with regards to the next steps on engaging with Trafford care homes.
 - CareCubed software package training and engagement with local providers complete.
 - 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 11 year to date reported financial position for GM ICS of £63m deficit, against a planned deficit of £35.5m, resulting in a variance against plan of a £27.4m deficit.
- Note the ICS forecast outturn position is £2.5m surplus.
- Note a Locality YTD variance of £1.67m overspend for commissioned services and a forecast variance of £2.06m.
- 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 11 of £556.7m against a plan of £573.7m, an under delivery of £17m
 - Note the locality CIP delivery of £2.76m against a plan of £2.6m an overachievement of £161k 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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