

Agenda

Trafford Locality Board Meeting

Date: Tuesday, 19 May 2026

Time: 1.00 pm

Venue: Meeting Room 12 and via MS Teams

| Item No. | Time | Duration | Subject | Paper/ Verbal | For Approval/ Discussion/ Information | By Whom |
|----------|------|----------|--|---------------|---------------------------------------|---------|
| 1a | 1.00 | 1.05 | Apologies for Absence | | Info | Chair |
| 1b | | | Declarations of Interest | | Info | Chair |
| 1c | | | Minutes of the Meeting Held on April 2026 | | Approval | Chair |
| 1d | | | Action Log & Matters Arising | 1 - 2 | Discuss | Chair |
| 1e | | | Forward Plan | 3 - 4 | Info | Chair |
| 2 | 1.05 | 5 mins | Public Questions | 5 - 6 | Discuss | Chair |
| 3 | 1.10 | 10 mins | Reform Update | | Info | COD |
| 4 | 1.20 | 10 mins | Trafford Locality Scorecard – May 2026 | 7 - 24 | Discuss/Info | TM |
| 5 | 1.30 | 10 mins | WorkWell Programme Update | 25 - 42 | Discuss/Info | NDF |
| 6 | 1.40 | 15 mins | Healthwatch End of Year Performance and Impact Report 2025-26 | 43 - 68 | Discuss/Info | HF |
| 7 | 1.55 | 15 mins | Trafford Community Collective Impact Review | 69 - 88 | Discuss/Info | BA |

| | | | | | | |
|--------------------|------|---------|--|----------|--------------|--------|
| 8 | | | Primary Care Highlight Report | 89 - 90 | Info | COD |
| Part 2: s75 | | | | | | |
| 9 | 2.10 | 15 mins | 2026/27 Better Care Fund Programme: Planning Submission | 91 - 112 | Discuss/Info | COD/MK |
| 10 | | | Any Other Urgent Business | | | |

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 |
| 191 | 17/03/26 | Earcare | Detailed options paper to be brought to TLB incorporating TLB feedback. | | AC | 16/06/26 | In Progress |
| 192 | 28/04/26 | Reforms | Trafford staffing structure to be shared with TLB when available. | | COD | 21/07/26 | In Progress |
| 193 | 29/04/26 | Governance Review | Governance progress report to be considered in May | This report has been deferred as updates are yet to be received from GM. | PD/TM | 16/06/25 | In Progress |
| 194 | 30/04/26 | SEND Reform | KS to circulate updated presentation. | | KS | 21/05/26 | In Progress |
| 195 | 01/05/26 | Healthwatch - Public feedback | DB to get tram announcement changed to notify users it was the stop nearest the hospital. | | DB | 21/05/26 | In Progress |
| 196 | 02/05/26 | Healthwatch - Smoking | DB to provide contact details to Healthwatch to access lung data. | | DB | 21/05/26 | Completed |
| 197 | 03/05/26 | Healthwatch - Cancer | All to update BA with any projects they were aware of that support people living with cancer. | | All | 21/05/26 | Completed |
| 198 | 04/05/26 | Healthwatch - oral care | AL to discuss oral health survey with PD and JM to possibly tailor to support their work. | | All | 21/05/26 | Completed |

In Progress
Overdue
Completed

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| Date & Time of Meeting | 16 June 1pm | 21 July 1pm | 18 Aug 1pm | 15 Sept 1pm |
|--------------------------------------|---|---|---|---|
| Deadline for papers | 09-Jun | 14-Jul | 11-Aug | 08-Sep |
| Part 1 – GM ICB Committee (Trafford) | | | | |
| | Locality Update and Governance | Locality Update and Governance | Locality Update and Governance | Locality Update and Governance |
| | Reform Update | Reform Update | Reform Update | Reform Update |
| | Task and Finish Group | Task and Finish Group | Task and Finish Group | Task and Finish Group |
| | | TCAPs Governance | | |
| | Finance, Performance and Sustainability | Finance, Performance and Sustainability | Finance, Performance and Sustainability | Finance, Performance and Sustainability |
| | Finance Report | Finance Report | Finance Report | Finance Report |
| | | Locality Scorecard | | Locality Scorecard |
| | | | | |
| | Risk | Risk | Risk | Risk |
| | Risk Review | | | Risk Review |
| | | | | |
| | Quality | Quality | Quality | Quality |
| | | | | |
| | Primary Care | Primary Care | Primary Care | Primary Care |
| | | Primary Care Highlight | | Primary Care Highlight |
| | | | | |
| | Childrens | Childrens | Childrens | Childrens |
| | Childrens Update | | Childrens Update | |
| | ND Pathway | | | |
| | | | | |
| | TCAPS | TCAPS | TCAPS | TCAPS |
| | | TCAPs Highlight Report | | TCAPs Highlight Report |
| | | | | |
| | Trafford Provider Collaborative | Trafford Provider Collaborative | Trafford Provider Collaborative | Trafford Provider Collaborative |
| | Earcare | | | |
| | Changing Futures | | | |
| | Trafford Workforce Group | Trafford Workforce Group | Trafford Workforce Group | Trafford Workforce Group |
| | | | | |
| | Trafford Participation Group | Trafford Participation Group | Trafford Participation Group | Trafford Participation Group |
| | | | | |
| | Partner Update | Partner Update | Partner Update | Partner Update |
| | Healthwatch Performance Report | | Healthwatch Performance Report | |
| | | | | |
| | | | | |
| Part 2 – Section 75 Committee | | | | |
| | BCF Q4 End of Year Report | BCF Submission | | |
| | | s75 quarterley update | | |
| | | s75 yearly review 25-26 | | |
| Part 3 | | | | |

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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 | | 19 th May 2026 | | |
| Report Title | | Trafford Locality Scorecard – May 2026 | | |
| Report Author & Job Title | | Phil Jefferson, NHS GM Intelligence Analyst (Trafford) | | |
| Organisation Exec Lead | | Thomas Maloney Programme Director Health and Care, NHS GM (Trafford) / Trafford Council | | |
| OUTCOME REQUIRED | Approval | Assurance X | Discussion X | Information X |
| EXECUTIVE SUMMARY | | | | |
| <p>The purpose of this paper is to present the current version of the Trafford Locality Scorecard and provide an update on progress. To help identify priority areas, a set of focus metrics have been identified for discussion at Locality Board and, where available, narrative from Service Leads is included.</p> <p>To note there are no wholesale changes from the previous months report and work highlighted in the previous report has been retained in this month’s report to highlight the continued relevance of work being carried out by partners.</p> <p>The Trafford Locality Scorecard was originally produced to align with Trafford’s 7 Delivery Ambitions for 25/26. It includes metrics covering both NHS and Local Authority priority work areas. It is in addition to the existing GMICB Scorecards and dashboards available from the GM Intelligence Hub.</p> <p>Moving forward as the new operating model mobilises and new governance arrangements unfold and mature we will assess current products and ensure any future products align with our agreed strategic priorities captured within our draft Neighbourhood Plan and final submission due in September 2026.</p> | | | | |
| RECOMMENDATIONS | | | | |
| <p>The Board is asked to:</p> <p>a) Note the progress update related to the Trafford Locality Scorecard (May 2026) and accompanying narrative.</p> | | | | |
| CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board | | | | |
| Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i> | | There is a general risk that if we don’t mobilise adequate performance arrangements in the locality, we will be unable to have the correct levels of assurance specifically at our Locality Board of the localities delegated responsibilities. | | |
| Financial implications and comment/approval | | Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) / Trafford Council | | |



| | |
|---|---|
| <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i> | Comment / Approval: Finance can be linked directly and indirectly to performance and therefore its imperative finance and performance together inform our efforts on sustainability in its broadest sense. |
| Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i> | <p>Date of TCAPS / Clinical Lead comment: 11-Nov-25</p> <p>Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM (Trafford) / Trafford Council</p> <p>Comment: There are various targets relating to clinical and practitioner practice and therefore not understanding our performance in these areas poses a risk. It is important the correct forums are engaged in managing performance in relation to appropriate health and care services.</p> |
| What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i> | Without robust performance arrangements we will be unable to understand if we are tackling inequalities successfully. There are clear and obvious links with the work of the HWBB and Trafford Fairer Health For All Partnership to strengthen work in this area. |
| 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> | Impact on our carbon footprint is monitored through different governance but it is important we understand our performance in relation to appropriate services and schemes through our locality performance arrangements in health and care. |
| Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i> | Contained within the paper |
| Enabler implications | Legal implications: N/A |
| | Workforce implications: N/A |
| | Digital implications: N/A |
| | Estates implications: N/A |
| Sub-Board Sign-Off / Comments | This paper has been shared with partners ahead of the Locality Board via the Neighbourhood Impact and |



| | |
|---|---|
| (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group) | Evaluation Group 14/05/26) due to the standing down of the Finance, Performance & Sustainability meeting. |
| Organisation Exec Lead Sign off | Thomas Maloney, Programme Director Health and Care, Trafford Council & NHS GM (Trafford) |

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Trafford Locality Monthly Locality Scorecard Update May 2026



Locality Scorecard



Greater Manchester
Integrated Care

| Priority | Code | Metric | Latest | Nat/Loc | Target | Aim | Prev | Curr | Perf | TA | GM | Focus |
|-------------------------------------|----------|---|----------|---------|--------|--------|-------|-------|------|----|----|-------|
| CYP & Maternity | CYP001 | First EHC Plans issued | Apr-2026 | Loc | 60.0% | Higher | 69.4% | 75.0% | ↑ | G | | N |
| | CYP003 | Family Help Assessments completed | Apr-2026 | Loc | 60.0% | Higher | 65.9% | 68.6% | ↑ | G | | N |
| | CYP004 | Age 0-5 hospital dental extractions due to tooth decay - 12M Rate per 100,000 | TBC | | | | | | | | | N |
| Prev. & Protection | PP001 | Proportion of physically active adults | Mar-2024 | Nat | 67.6% | Higher | 68.3% | 65.7% | ↓ | R | 3 | N |
| | PP002 | National Screening Programme - Bowel Age 50-59 (Every 30 months, being phased in) | Mar-2026 | Nat | 70.0% | Higher | 47.8% | 48.6% | ↑ | R | 4 | N |
| | PP003 | National Screening Programme - Bowel Age 60-74 (Every 30 months) | Mar-2026 | Nat | 70.0% | Higher | 78.5% | 78.5% | ↓ | G | 2 | N |
| | PP004 | National Screening Programme - Breast Age 50-70) Every 36 months) | Mar-2026 | Nat | 70.0% | Higher | 74.6% | 74.8% | ↑ | G | 3 | N |
| | PP005 | National Screening Programme - Cervical - Standard Age 25-49 (Every 42 months) | Mar-2026 | Nat | 80.0% | Higher | 73.8% | 73.9% | ↑ | R | 2 | Y |
| | PP006 | National Screening Programme - Cervical - Extended Age 50-64 (Every 66 months) | Mar-2026 | Nat | 80.0% | Higher | 79.1% | 79.3% | ↑ | R | 2 | N |
| | PP007 | Childhood Immunisations Age 2 MMR First Dose | Apr-2026 | Nat | 95.0% | Higher | 91.8% | 91.6% | ↓ | R | 3 | N |
| | PP008 | Childhood Immunisations Age 5 MMR Second Dose | Apr-2026 | Nat | 95.0% | Higher | 92.9% | 92.8% | ↓ | R | 4 | N |
| | PP009 | NHS Health Checks Age 40-74 (Received a health check in last 5 years) | Apr-2026 | Loc | 36.0% | Higher | 51.6% | 52.5% | ↑ | G | 5 | N |
| Community Care | ASCOF_2A | % New care users who received short-term support (did not need follow-up support) | Mar-2026 | Loc | 60.0% | Higher | 58.4% | 58.7% | ↑ | R | | N |
| | ASCOF_2C | Rate of permanent admissions to residential and nursing placements (65+) | Mar-2026 | Loc | 484.0 | Lower | 442.2 | 484.5 | ↓ | R | | N |
| | ASCOF_3D | % People using social care in receipt of direct payments | Mar-2026 | Loc | 61.0% | Higher | 18.8% | 18.9% | ↑ | R | | N |
| Mental Health | MH001 | MH Inappropriate OAPS (Bed Days) | Feb-2026 | Nat | 0 | Lower | 185 | 75 | ↑ | R | 5 | Y |
| | MH002 | MH Patients No Criteria to Reside | Apr-2026 | Nat | 0 | Lower | 4 | 6 | ↓ | R | 4 | Y |
| | MH003 | MH Long Length of Stay (% with LOS 60+ Days) | Feb-2026 | Nat | 0.0% | Lower | 44.4% | 36.4% | ↑ | R | 7 | Y |
| | MH004 | Dementia Diagnosis Rate | Mar-2026 | Nat | 66.7% | Higher | 70.3% | 70.7% | ↑ | G | 10 | N |
| Planned Care & Long Term Conditions | LTC001 | % of patients with >=20% 10-year CVD risk score treated with statins | Dec-2025 | Nat | 60.0% | Higher | 67.1% | 67.4% | ↑ | G | 5 | N |
| | LTC002 | % of diabetic patients received all 8 diabetes care processes | Mar-2025 | Nat | 100.0% | Higher | 43.5% | 58.8% | ↑ | R | | N |
| | LTC003 | CKD QOF Registers (Currently Annual Only) | Mar-2025 | Loc | 4.41% | Higher | 5.05% | 5.39% | ↑ | G | | N |
| Primary Care | PC001 | GP appointments - percentage of regular appointments within 14 days | Mar-2026 | Loc | 81.6% | Higher | 85.2% | 83.7% | ↓ | G | 3 | N |
| | PC002 | SITREP GP Pulse Check (% Green – Quiet or BAU) (TBC Data may be restricted) | TBC | | | | | | | | | |
| | PC003 | Antimicrobial resistance (% broad-spectrum antibiotic prescribing) | Jun-2025 | Nat | 10.0% | Lower | 8.5% | 8.6% | ↓ | G | 9 | N |
| | PC004 | GP Quality Schemes (% Above Upper Threshold 50%) | TBC | | | | | | | | | |
| Urgent Care | UC001 | A&E 4-hour Performance | Apr-2026 | Nat | 78.0% | Higher | 76.2% | 75.2% | ↓ | R | 3 | Y |
| | UC002 | A&E Attendance Rate per 1,000 | Apr-2026 | Loc | 38.7 | Lower | 40.1 | 37.5 | ↑ | G | 1 | N |
| | UC004 | 2 Hour Urgent Community Response (First Care Contacts) | Mar-2026 | Nat | 70.0% | Higher | 97.7% | 96.7% | ↓ | G | 2 | N |
| | UC006 | Hospital admissions for alcohol-specific conditions (12M Rate per 100,000) | TBC | | | | | | | | | N |
| | UC005 | % of patients discharged home with support | TBC | | | | | | | | | |

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

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Achieving or Above Target Metrics

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

| Priority | Code | Metric | Latest | Nat/Loc | Target | Aim | Prev | Curr | Perf | TA | GM | Focus |
|--------------------|----------|---|----------|---------|--------|--------|-------|-------|------|----|----|-------|
| Prev. & Protection | PP003 | National Screening Programme - Bowel Age 60-74 (Every 30 months) | Mar-2026 | Nat | 70.0% | Higher | 78.5% | 78.5% | ↓ | G | 2 | N |
| Prev. & Protection | PP004 | National Screening Programme - Breast Age 50-70) Every 36 months) | Mar-2026 | Nat | 70.0% | Higher | 74.6% | 74.8% | ↑ | G | 3 | N |
| Prev. & Protection | PP009 | NHS Health Checks Age 40-74 (Received a health check in last 5 years) | Apr-2026 | Loc | 36.0% | Higher | 51.6% | 52.5% | ↑ | G | 5 | N |
| Community Care | ASCOF_3D | % People using social care in receipt of direct payments | Mar-2026 | Loc | 0.6 | Higher | 0.2 | 0.2 | ↑ | G | | N |
| Mental Health | MH004 | Dementia Diagnosis Rate | Mar-2026 | Nat | 66.7% | Higher | 70.3% | 70.7% | ↑ | G | 10 | N |
| Planned Care & LTC | LTC001 | % of patients with >=20% 10-year CVD risk score treated with statins | Dec-2025 | Nat | 60.0% | Higher | 67.1% | 67.4% | ↑ | G | 5 | N |
| Planned Care & LTC | LTC003 | CKD QOF Registers (Currently Annual Only) | Mar-2025 | Loc | 4.41% | Higher | 5.05% | 5.39% | ↑ | G | | N |
| Primary Care | PC001 | GP appointments - percentage of regular appointments within 14 days | Mar-2026 | Loc | 81.6% | Higher | 85.2% | 83.7% | ↓ | G | 3 | N |
| Primary Care | PC003 | Antimicrobial resistance (% broad-spectrum antibiotic prescribing) | Jun-2025 | Nat | 10.0% | Lower | 8.5% | 8.6% | ↓ | G | 9 | N |
| Urgent Care | UC002 | A&E Attendance Rate per 1,000 | Apr-2026 | Loc | 38.7 | Lower | 40.1 | 37.5 | ↑ | G | 1 | N |
| Urgent Care | UC004 | 2 Hour Urgent Community Response (First Care Contacts) | Mar-2026 | Nat | 70.0 | Higher | 1.0 | 1.0 | ↓ | G | 2 | N |

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

Refreshed: 11 May 2026

Broad-Spectrum Antibiotic Prescribing continues to reduce
 Dementia Diagnosis Rate moved above target for the first time in February 2025 and continues to increase.
 Bowel and Breast Screening Programmes above target and amongst highest coverage rates in GM

Focus Metrics and Narrative

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

| Priority | Code | Metric | Latest | Nat/Loc | Target | Aim | Prev | Curr | Perf | TA | GM | Focus |
|--------------------|-------|--|----------|---------|--------|--------|-------|-------|------|----|----|-------|
| Prev. & Protection | PP005 | National Screening Programme - Cervical - Standard Age 25-49 (Every 42 months) | Mar-2026 | Nat | 80.0% | Higher | 73.8% | 73.9% | ↑ | R | 2 | Y |
| Mental Health | MH001 | MH Inappropriate OAPS (Bed Days) | Feb-2026 | Nat | 0 | Lower | 185 | 75 | ↑ | R | 5 | Y |
| Mental Health | MH002 | MH Patients No Criteria to Reside | Apr-2026 | Nat | 0 | Lower | 4 | 6 | ↓ | R | 4 | Y |
| Mental Health | MH003 | MH Long Length of Stay (% with LOS 60+ Days) | Feb-2026 | Nat | 0.0% | Lower | 44.4% | 36.4% | ↑ | R | 7 | Y |
| Urgent Care | UC001 | A&E 4-hour Performance | Apr-2026 | Nat | 78.0% | Higher | 76.2% | 75.2% | ↓ | R | 3 | Y |

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

Refreshed: 11 May 2026

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

Priority – Prevention & Protection

National Screening Programme - Cervical - Standard (Age 25-49) (Every 42 months)

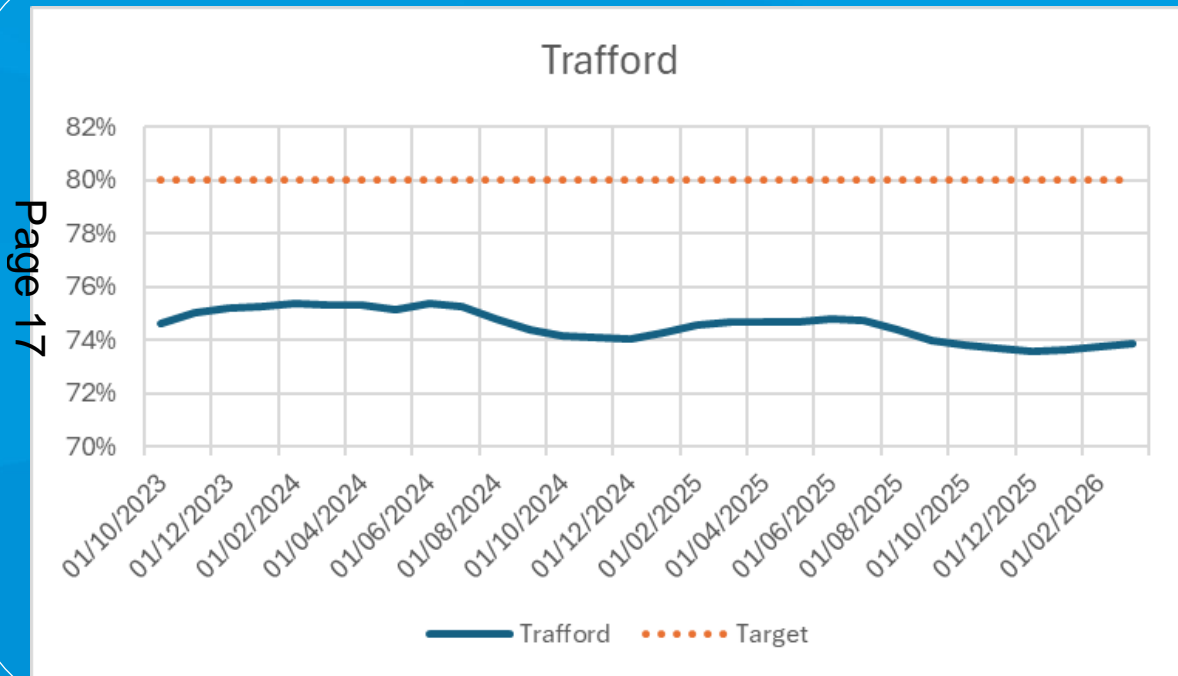


Greater Manchester
Integrated Care

Focus Rationale

In March 2026 coverage showed a small increase to 73.9% but has decreased to 74.7% over the same period in the previous year, and is below the target of 80%. The actual numbers behind the latest coverage are 27,798 women screened out of an eligible population of 37,629. To achieve the 80% target would have required an additional 2,305 screenings.

Trafford



- Slight increase in the most recent data, but still shows a decrease from 74.7% in June 2025 to 73.9% in March 2026
- Trafford's statistical neighbour in GM is Stockport Locality whose latest coverage is 76.9%
- Neighbourhood data is shown on the next slide



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

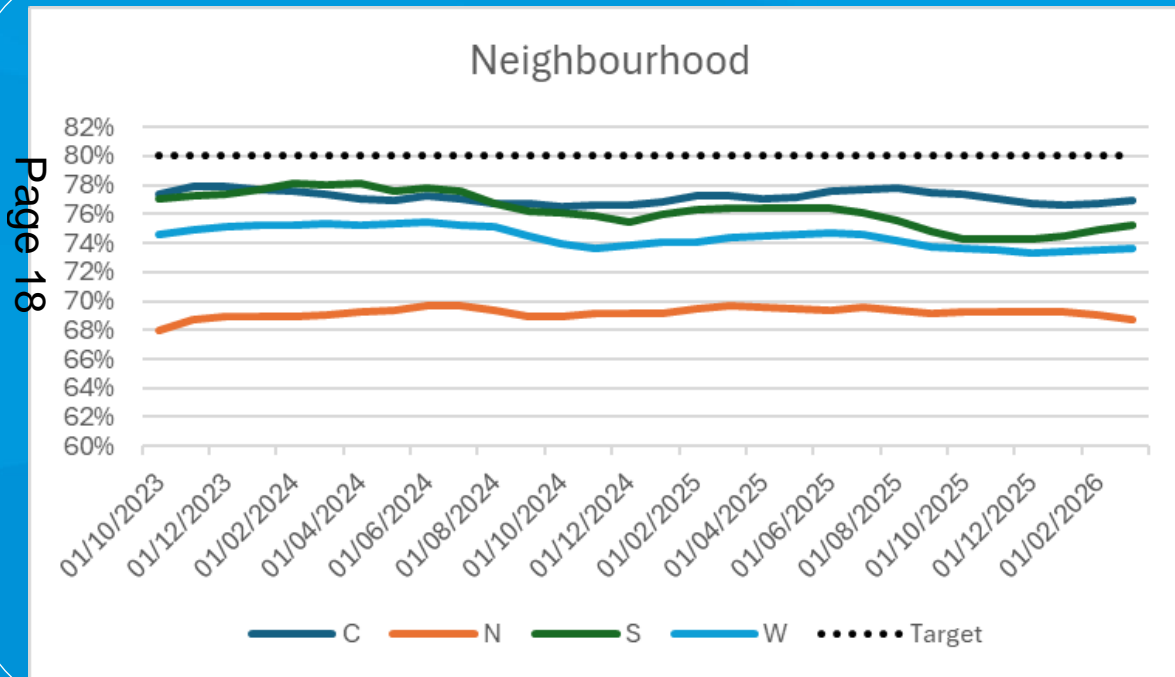


Greater Manchester
Integrated Care

Focus Rationale

In March 2026 coverage showed a small increase to 73.9% but has decreased to 74.7% over the same period in the previous year, and is below the target of 80%. The actual numbers behind the latest coverage are 27,798 women screened out of an eligible population of 37,629. To achieve the 80% target would have required an additional 2,305 screenings.

Neighbourhood



- Decrease in coverage in North neighbourhood from January 2026 onwards.
- Trafford's statistical neighbour in GM is Stockport Locality whose latest coverage is 76.9%
- Additional narrative provided by Public Health colleagues is included on the next page.



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

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

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



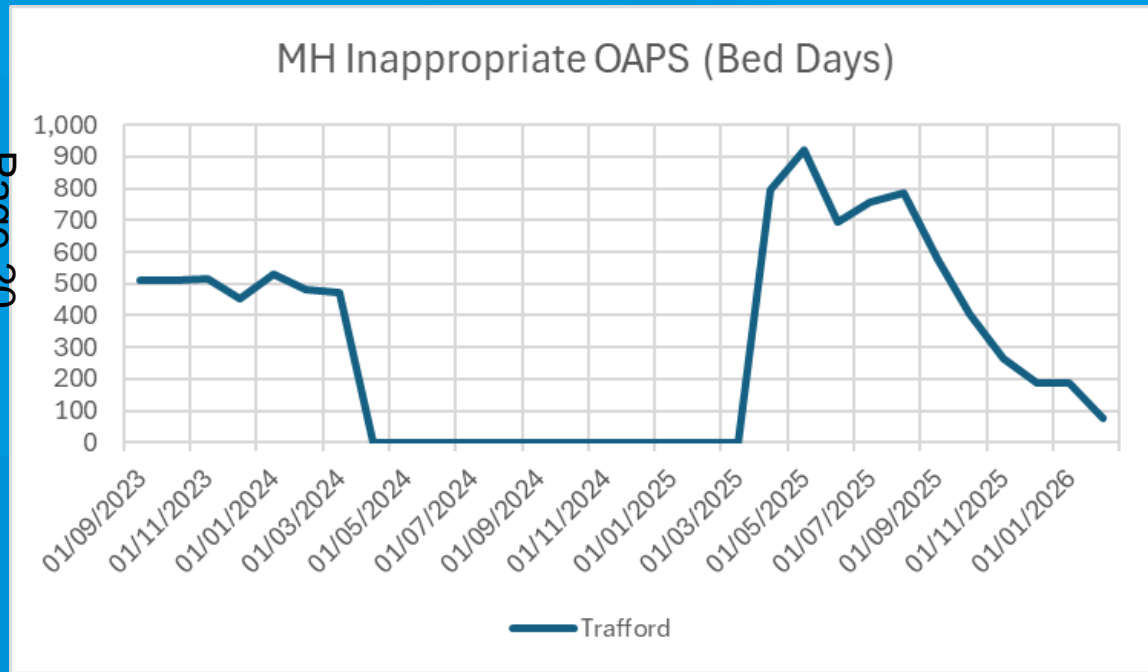
Priority - Mental Health

MH Inappropriate Out of Area Placements (Bed Days)

Focus Rationale

In August 2022, the number of bed days related to OAPS was zero. From this point the number increased to a peak of 920 (May 2025). Between May 2025 and February 2026 the number decreased from 920 to 75 (A decrease of 92%). To achieve 0 OAPs would require a decrease of 75 bed days.

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

CRFD Locality 2025-26 Targets

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

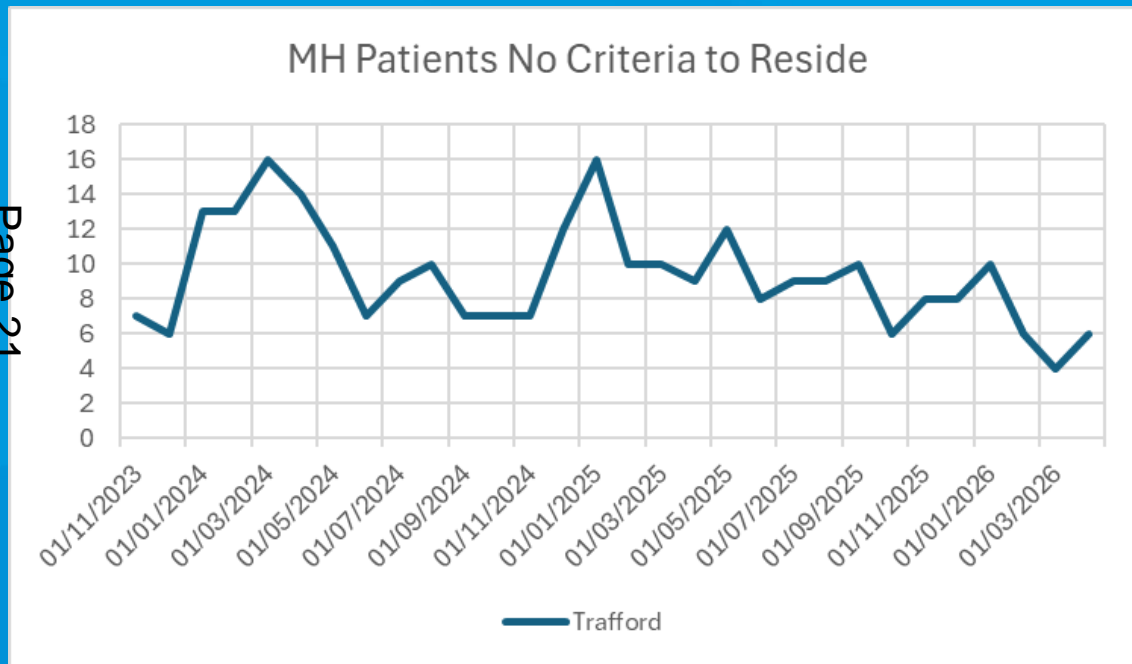


Priority - Mental Health MH Patients No Criteria to Reside

Focus Rationale

In January 2025 the number of patients was at its highest (16). This number has decreased to 6 in April 2026
To achieve 0 patients with NCTR would require a decrease of 6 patients

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CRFD Locality 2025-26 Targets (continued)

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

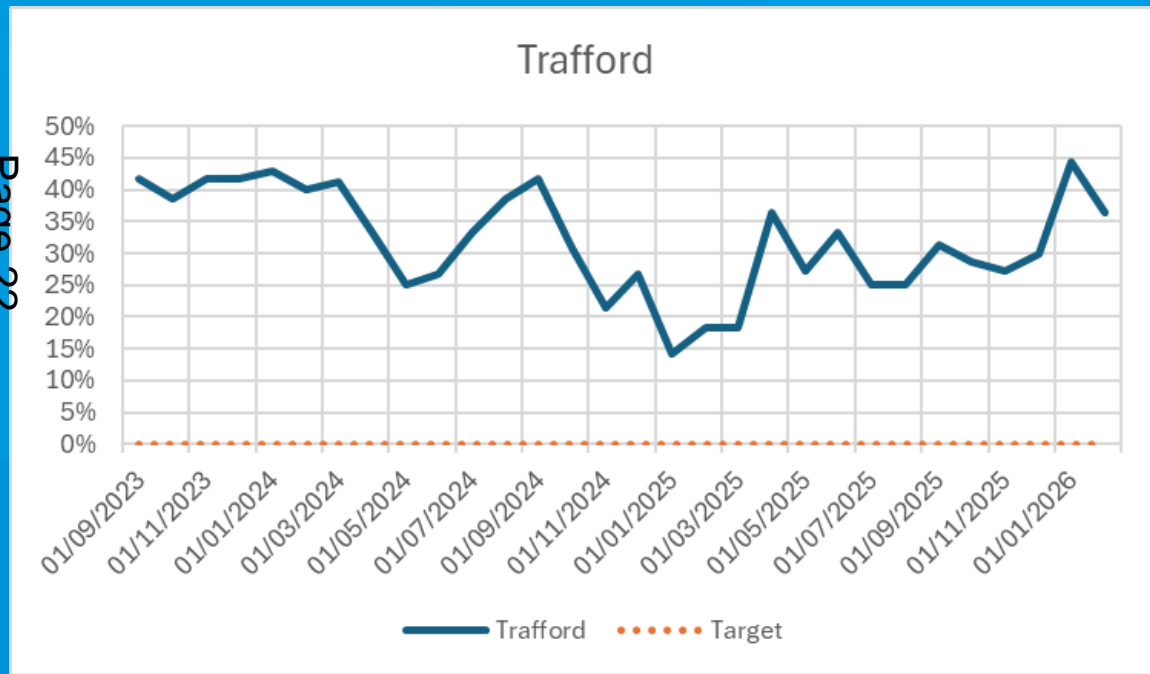


Priority - Mental Health MH Long Length of Stay (% with LOS 60+ Days)

Focus Rationale

In September 2024, the percentage of LLOS over 60 days was 41%. This has decreased to 36.4% in February 2026. The actual numbers behind the latest rate are 25 (LLOS 60+ days) out of a total of 70 LLoS. To achieve 0 patients with LLOS 60 days would require a decrease of 25 patients.

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Overall progress

- The number of bed days lost to CRFD reduced to 25% in July and August 2025, but has been gradually trending upwards since then.



Narrative (Continued)

Overall progress

Other 3 have plans in place for discharge ASAP.

We hold weekly MADE meetings where all CRFD are discussed, and plans agreed.

Plans

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

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

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



Priority – Urgent Care A&E 4-hour Performance

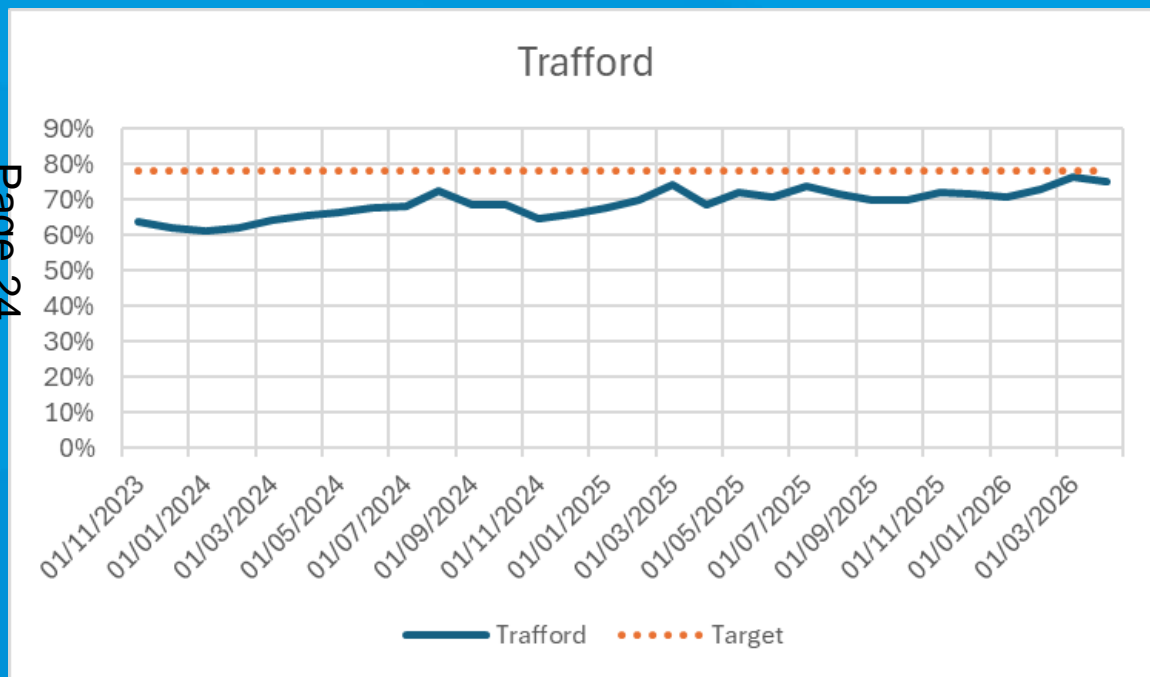


Greater Manchester
Integrated Care

Focus Rationale

In January 2026, the 4-Hour performance rate was 70.8%. This improved to 75.2% in April 2026. The actual numbers behind the latest rate are 5,731 patients seen within 4 hours out of a total of 7,617 attendances. To achieve the target of 78% would require an additional 211 patients to be seen within 4 hours (based on April figures)

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

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

(Narrative is continued on following slides)



Narrative (Continued)

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

Narrative (Continued)

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

| | | | | |
|---|----------|--|------------|-------------------------|
| Name of Committee / Board | | Trafford Locality Board | | |
| Date of Meeting | | 19 May 2026 | | |
| Report Title | | WorkWell Programme Update | | |
| Report Author & Job Title | | Nina Des Forges, Transformation Project Manager | | |
| Organisation Exec Lead | | Thomas Maloney, Programme Director Health and Care (Trafford Council) | | |
| OUTCOME REQUIRED | Approval | Assurance | Discussion | Information X |
| EXECUTIVE SUMMARY | | | | |
| <ul style="list-style-type: none"> • WorkWell is an early-intervention work and health assessment service, with low-intensity holistic support for health-related barriers to employment and a single, joined-up view and gateway into the services that are available locally to tackle people’s specific needs. • WorkWell Key Workers deliver support via drop-in or appointment at Trafford’s community hubs. This offer is open to Trafford residents facing health-related barriers to employment. Key workers link into borough-wide and neighbourhood-based health and employment support services via existing networks in Trafford. | | | | |
| RECOMMENDATIONS | | | | |
| <p>The Board are asked to note:</p> <ol style="list-style-type: none"> 1. Impact and progress made during the WorkWell pilot phase (October 2024 – March 2026) 2. Change in reporting arrangements: WorkWell will no longer report into Trafford Locality Board, with reporting shifting to Trafford Council Corporate Leadership Team from April 2026. Regional commissioning responsibilities are transferred from NHS GM to GMCA. | | | | |
| CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board | | | | |
| Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i> | | N/A | | |
| Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i> | | Name/Designation: Thomas Maloney, Programme Director Health and Care, Trafford Council / NHS GM Trafford | | |
| | | N/A | | |
| | | Date of TCAPS / Clinical Lead comment: N/A | | |



| | |
|--|---|
| Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i> | Name/Designation: N/A |
| | Comment: N/A |
| What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i> | <p>This programme directly addresses known inequalities, specifically those who are at risk of unemployment due to MSK and/or Mental Health needs; those employed who risk falling out of employment with health needs who are on an elective or community waiting list; those who are recently unemployed where poor health was a contributing factor.</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> | 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> | <p>Trafford's WorkWell programme is specifically designed to utilise existing connections with local communities through Trafford's VCFSE community hubs. WorkWell will build on the engagement and local insight of the community hubs.</p> |
| Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i> | N/A |
| Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i> | <p>The programme comes with a series of KPIs and outcomes built into the programme architecture and governance. These focus on people staying in or returning to good employment.</p> |
| 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> | N/A |
| Organisation Exec Lead Sign off | <p>Thomas Maloney, Programme Director Health and Care (Trafford Council)</p> |

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Trafford WorkWell 2025/26 Summary Report

Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership



National Context

Trafford WorkWell Phase 1 Delivery Model

Key Achievements

Finances

Service User Feedback

Lessons Learned

WorkWell 2026/27

Trafford Locality Board Note



**Department
for Work &
Pensions**

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Purpose

Extract from WorkWell Ministerial Foreword (2024): Being in work raises living standards and pulls people out of poverty, and a prolonged absence from work can lead to a deterioration in health and wellbeing, both due to financial strains and the absence of positive psychological and social support. It goes beyond the individual as well; good work is an important driver of health and wealth for families and communities, benefitting wider society through increased productivity, and laying the groundwork for levelling up local communities.

Definition

WorkWell is an early-intervention work and health assessment service, with low-intensity holistic support for health-related barriers to employment. The programme is focused on early identification, triage, action planning, signposting, and light touch support.

Timescale

NHS GM is one of 15 national WorkWell Partnership sites delivering this DWP-funded programme. Phase 1 has run nationally from October 2024 to March 2026, with formal confirmation of an extension to March 2027 and informal indications of further extension to March 2029.



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Trafford's WorkWell model was co-designed and delivered by the borough's **six community hubs**. This neighbourhood-based approach was adopted to ensure Trafford residents could access support on their doorstep at a local, **trusted community location**.



Four key workers are operating across the six hubs, supporting Trafford residents to start or stay in work through light touch action planning and signposting to relevant support. The service is **available in-person at the hubs, online, or via phone**.



Key workers are line managed by their respective community hub leads. The Hideaway Partington initially acted as delivery lead for the programme. Since their closure, **Trafford Council has taken on this role, with responsibility for data management, strategic alignment, key worker performance, and comms**.



Alongside the community hub model is an **acute pathway being delivered by the Growth Company from Trafford General Hospital** (service designed by Manchester City Council and MFT). This pathway initially targeted MSK patients but has since been expanded to target other acute service users.



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WorkWell Key Workers, from left to right

- Kirsty – Sale
- Leanne – Partington (no longer in post since closure of The Hideaway)
- Lucy – Altrincham
- Emma – Stretford & Old Trafford
- Neelam – Urmston & Partington

224

Trafford residents supported between January 2025 and March 2026



Strong team of skilled and passionate Key Workers embedded in neighbourhood working, commended by service users and partners



Key workers now have regular drop-in sessions at local Job Centres on a rota basis, generating engagement and referrals from JCP



Strong partner relationships built with Growth Company, Talking Therapies, social prescribers, and Focused Care Practitioner



Uptick in referrals and sign ups in final quarter of 2025/26



Altrincham Case Study - Supporting a Young Adult into Employment & Education

Client Overview:

- Referred via Community Link Worker
- Young client with Autism & ADHD
- Required structured, confidence-building support

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Intervention & Support Provided by Key Worker Lucy:

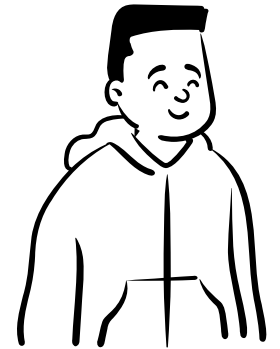
- CV and cover letter development
- Job search and application support
- Interview preparation 1:1 tailored guidance and encouragement
- Introduced KFC Hatch Programme (4-week paid placement + interview opportunity)
- Arranged a warm referral to KFC Hatch programme provider
- Supported client through onboarding
- Continued mentoring throughout placement

Outcomes:

- Successfully completed 4-week paid work placement
- Gained:
 - Practical work experience
 - Interview exposure
 - Increased confidence
- Demonstrated improved motivation and engagement
- Supported application to Cabin Crew Course – Manchester College
- Taking steps toward long-term career pathway

Service user feedback:

“I am very satisfied with Work Well particularly with the support for the KFC placement and the college application. The service has given me direction, ambition and inspiration for the future”





Client Overview:

- Self-referred after seeing WorkWell poster
- Former Bar Manager (7+ years experience)
- Experienced serious physical assault resulting in brain injury. Six-week coma and long-term impact: epilepsy, cognitive challenges, poor mental health

Intervention & Support Provided by Key Worker Lucy:

- 1:1 holistic assessment of strengths and goals
- Identified strengths in communication and working with people
- Identified strong interest in community and mental health work
- Shifted focus to peer support roles. Targeted opportunities in:
- Developed tailored supporting statement highlighting lived experience and transferable skills
- Application and interview preparation

Outcomes:

- Secured interview with Manchester Mind
- Successfully offered a role
- Transitioned into a new career pathway in peer support work
- Gained renewed confidence and purpose
- Positive shift in mental wellbeing and outlook
- Career aligned with personal values and lived experience

Long term update

- Settled into new role successfully
- Reports high job satisfaction
- Strong sense of achievement
- Expressed appreciation for support in enabling career change



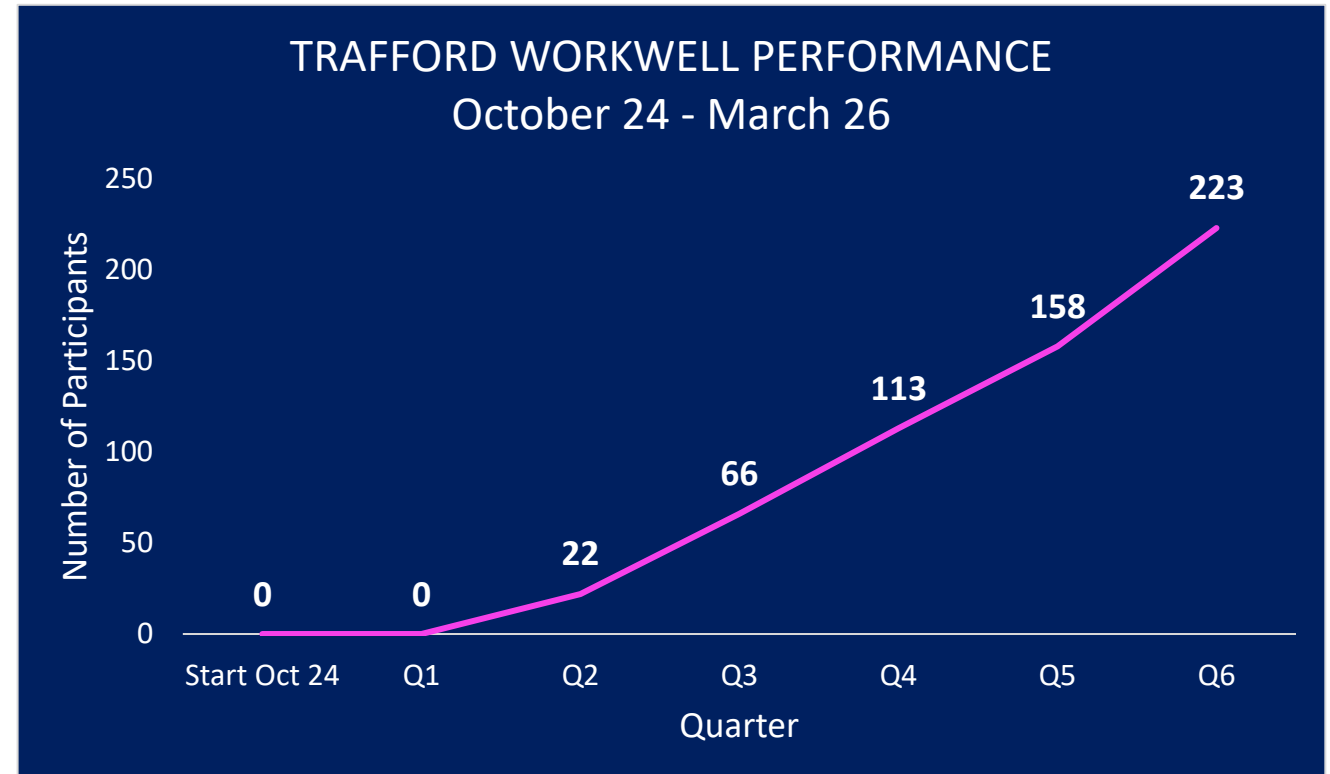


- Trafford faced delays to starting the programme due to capacity issues in NHS contracting and local recruitment delays for some community hubs. This impacted participation rates for the borough.

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The programme saw a strong uptick in participation in January 2026, following changes that saw the Delivery Lead function brought in-house to Trafford Council.

- The acute service delivered by the Growth Company from Trafford General Hospital far exceeded its participation target of 60 participants, supporting 91 people in 2025/26.



WorkWell

Finances



- 60% of the total WorkWell budget was ‘core’ funding allocated regardless of performance, the remaining 40% of funding was allocated based on the number of participants supported by the programme.
- Trafford received a total of **£346,529.92** for phase 1 of WorkWell (October 2024 to March 2026).

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100% of funding was allocated to Trafford’s VCFSE providers

| Quarter | No. of Participants | Money Received from DWP (£) | Money Allocated to Community Hubs (£) |
|--------------|---------------------|-----------------------------|---------------------------------------|
| 2024/25 Q3 | 0 | 31,104.00 | 57,962.71 |
| 2024/25 Q4 | 22 | 63,598.41 | 57,962.71 |
| 2025/26 Q1 | 44 | 69,259.40 | 57,962.71 |
| 2025/26 Q2 | 47 | 48,918.85 | 57,962.71 |
| 2025/26 Q3 | 45 | 87,472.92 | 57,962.71 |
| 2025/26 Q4 | 65 | 45,985.10 | 56,516.13 |
| Total | 223 | 346,338.68 | 346,338.68 |



“**My experience with the service has been life changing** as I am now on a treatment of medication that has seriously improved my mental state enabling me to start engaging in recovery, study and therapeutic services.”

“Emma at Stretford was great at encouraging and getting me to engage. **I respected her a lot for her approach even when I was struggling and doubting my own ability.**”

“Lucy was incredibly helpful. **She did a lot of research between sessions to identify useful resources and was always empathetic and non-judgemental.** I find interactions with new people challenging but felt comfortable engaging and discussing my circumstances. I was sceptical at the outset but found the sessions useful and would recommend the programme to others.”

“**WorkWell gave me confidence and advice on how to get through the difficult times I was enduring.** A listening ear and friendly face really helped me in my situation and I couldn't be more thankful.”



VCFSE Commissioning & Governance

Lesson

Trafford's vibrant VCFSE sector contains organisations varying in size, specialism, and maturity. Truly embedding Live Well thinking by transferring funding and decision making to this sector must be supported by rigorous governance, monitoring, and evaluation.

Recommendation

- Commitment from commissioners to assess current due diligence and governance arrangements prior to grant award.
- Provide appropriate advice, guidance and support to VCFSE providers (e.g. around performance management and staff recruitment/management). Support to be derived from Local Authority Local Infrastructure Organisation contract and the work progressing around business development and sustainability.

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VCFSE Delivery & Council Oversight

Lesson

Trafford's WorkWell model originally included a delivery lead role held in the VCFSE sector by The Hideaway Partington. Stakeholders including Council Inclusive Economy & Communities colleagues and community hub leads feedback that this model has led to a disconnect between delivery and strategic oversight. Council delivery oversight is required to enable better alignment between employment support programmes, stronger links between different staff teams, and better data management.

Recommendation

- Bring delivery lead responsibilities back 'in-house' to Trafford Council to facilitate improved oversight and management (complete, phase 2 delivery lead role will sit within Council Inclusive Economies & Communities team).



Comms,
Engagement &
Alignment

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Lesson

WorkWell is heavily reliant upon referrals from partner agencies. Partners feedback that the employment support landscape is complex, with various time-limited programmes. There are several live employment support programmes delivering similar work, for example, the Individual Placement and Support in Primary Care (IPSPC) has a similar offer to WorkWell. Programme definitions and pathways must be more clearly defined.

Recommendation

- Continue the work started by Trafford Council's Inclusive Economy & Communities team to streamline employment support, through thorough process mapping of services and joint comms to partners.
- Amend comms to promote WorkWell as the 'single front door' to health-related employment support in Trafford. This is included in plans for 2026/27 delivery.

Primary Care
Engagement

Lesson

Primary care colleagues feedback that the employment support landscape is very complex. GPs report not having enough time to complete referral forms that are not fully embedded in their systems.

Recommendation

- Revisit early conversations around embedding WorkWell referral forms into primary care systems to enable auto-population of patient information fields, saving time for GPs.

WorkWell

WorkWell 2026/27 Model

Trafford

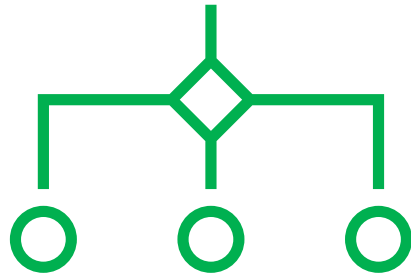
Integrated Care Partnership



Inclusive Economy & Communities Team

Single Grant Agreement

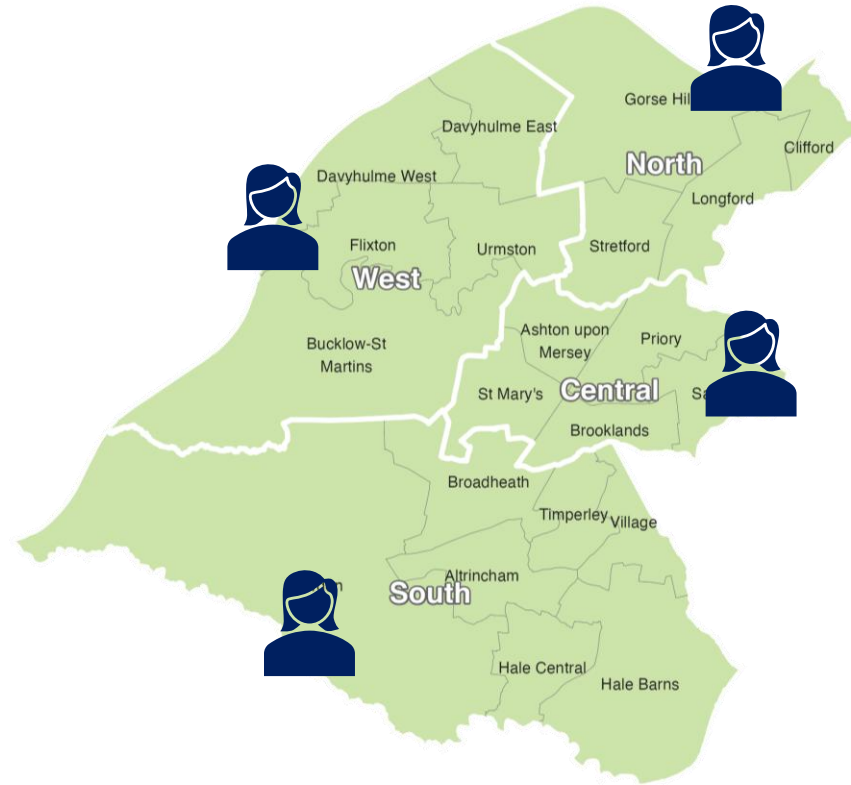
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Economic Inactivity Trailblazer

WorkWell

NEET Programme (Reconnect)



£50K p.a.

£100K p.a.



Trafford General Hospital

Overall Project and Programme Management responsibility moves to Inclusive Economy & Communities Team in Trafford Council

Delivery team comprised of four key workers, aligning to Trafford neighbourhoods. Key workers will continue to be line managed by their respective hub leads.

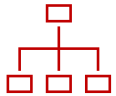
Increase contribution to successful MFT acute model, from £50K pa to £100K pa.



The pilot phase of WorkWell has provided valuable learning and opportunities for programme refinement. The following changes have therefore been made to improve delivery and service user experience:



Trafford's delivery team will include four Key Workers (one WorkWell Key Worker per Trafford neighbourhood), allowing for improved alignment to local neighbourhood health and Live Well offers.



Trafford's WorkWell service will be programme managed internally by the Council's Inclusive Economy & Communities Team, allowing for closer performance management and improved alignment to wider employment support offers. **WorkWell will no longer report into Trafford Locality Board, with reporting shifting to Trafford Council Corporate Leadership Team from April 2026. Regional commissioning responsibilities are transferred from NHS GM to GMCA.**



The successful acute offer being delivered from Trafford General Hospital will receive an increased contribution of £100K p.a., which is double the 2025/26 allocation.



Trafford Locality Board are asked to note the following:

- Impact and progress made during the WorkWell pilot phase (October 2024 – March 2026)
- Change in reporting arrangements: WorkWell will no longer report into Trafford Locality Board, with reporting shifting to Trafford Council Corporate Leadership Team from April 2026. Regional commissioning responsibilities are transferred from NHS GM to GMCA.



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| | | | | |
|---|----------|--|------------|--------------------|
| Name of Committee / Board | | Trafford Locality Board | | |
| Date of Meeting | | 19th May 2026 | | |
| Report Title | | End of Year Performance and Impact Report 2025-2026 | | |
| Report Author & Job Title | | Mara Moon, Communications & Information 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 April 2025 to March 2026. This includes research, engagement activities, local concerns, and strategic updates.</p> | | | | |
| RECOMMENDATIONS | | | | |
| <p>1. 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 | | |



| | |
|--|---------------------------------------|
| <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> | |

End of Year Performance and Impact Report

April 2025 – March 2026

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ACRONYM GUIDE

Below we have listed some commonly used acronyms in this document and their meanings:

- AI - Artificial Intelligence
- AIS - Accessible Information Standard
- BME - Black and Minority Ethnic
- CAMHS - Children and Adolescent Mental Health Services
- CQC - Care Quality Commission
- CYP - Children and Young People
- DHSC - Department of Health and Social Care
- E&V - Enter and View
- ESOL - English for Speaker of Other Languages
- GM - Greater Manchester
- GMICB - Greater Manchester Integrated Care Board
- GMMH - Greater Manchester Mental Health
- GP - General Practitioner
- HW100 - Healthwatch 100
- HWE - Healthwatch England
- HWinGM - Healthwatch in Greater Manchester
- HWT - Healthwatch Trafford
- ICB - Integrated Care Board
- ICP - Integrated Care Partnership
- ICS - Integrated Care System TICS is Trafford Integrated Care System
- LA - Local Authority
- LGBTIQ - Lesbian, Gay, Bisexual, Transgender, Intersex, and Queer
- MFT - Manchester University NHS Foundation Trust
- NHS - National Health Service
- NHSE - NHS England
- OFSTED - Office for Standards in Education
- PCN - Primary Care Network
- PPG - Patient Participation Group
- SEND - Special Educational Needs and Disability
- TMBC - Trafford Metropolitan Borough Council

OUR YEAR IN REVIEW

From our Chair

2025/26 heralded significant change for Healthwatch. The DASH report recommended dissolution of Healthwatch England and the 153 local Healthwatch. We were heartened by the amount of support that we received from the Mayor of Greater Manchester and the Integrated Care Partnership, so much so, that we are now embarked upon a consultation exercise to explore models to continue to provide an independent patient and public voice both across Greater Manchester and in Trafford. We are working to the five principles agreed by the ICP. We were also supported nationally by the publication of the King's Fund report. They advocated that any future model should ensure independence, the ability to gather rich insight (including from seldom-heard groups) and a structure that enables both local and national influence.

We largely delivered on our work plan and continued to generate income to supplement our Local Authority grant. As often happens, we have had to be flexible due to changes in local or government policy and competing demands. Our volunteers and staff continued to be our mainstay in what has been a difficult and uncertain year. Our sympathies have been extended throughout the year to those involved in NHS reforms.

We have continued to strengthen links with Public Health following on from our joint working on vaping and Live Well, and with the Community Collective in undertaking an evaluation of the Changing Futures pilot.

One of our major projects was the GM-wide review of CAMHS. Throughout the year the Healthwatch central team has recorded the progress on achieving our report's recommendations from MFT, Pennine Care and GMMH. These year-long progress reports have been welcomed as too often competing priorities take precedence which divert attention but whilst there is still some way to go, there is a marked improvement in performance and quality of these services.

Towards the end of the year, we undertook an enter and view of the Delamere GP practice. This provided a good insight into issues that are important to the public. We were delighted when the practice confirmed that they had instituted our recommendations. This is a programme that we will continue into 2026/7 as we believe that our reports will improve public confidence in our excellent GP practices.

We are looking forward to 2026/7 with renewed optimism and a full and varied work plan.



Heather Fairfield
Chair

2025-26 highlights

| | | |
|-----------|---|--|
| <p>Q1</p> | <p>In addition to being presented at the Children’s Commissioning Board, our Pathways to CAMHS report received responses and featured in action plans across MFT, GMICB and GMMH. The recommendations were also considered by NHS GM when reviewing changes to ADHD and autism assessment pathways.</p>  | <p>Evaluation of Feel Good Partington & Healthier, Happier Me: Our report found improved tailored outcomes, increased access to services and Improved experiences for individuals. We also highlighted the challenges and issues and how these could inform future learning and implementation.</p> |
| <p>Q2</p> | <p>Our work on the GP Choice project contributed to Healthwatch England’s report on the ‘Choice Gap’ and the recommendations made. Alongside National Voices and NHSE officials, HWE were then formally consulted by the DHSC on the new GP contract. The written submission to the DHSC drew on the GP Choice Gap report and recommendations.</p> | <p>Evaluation undertaken on the Changing Futures Project led to interviews being conducted with Key and Family Workers to capture their insight into project delivery; this enabled us to analyse and highlight the key challenges and successes of the project. This formed part of the evidence used to secure additional funding beyond the pilot phase.</p>  |
| <p>Q3</p> | <p>We presented the findings of our listening event with Deaf residents to the Fairer Trafford Partnership. This facilitated key staff from MFT looking at how develop bespoke training with partner agencies and incorporate training on Deaf issues into AIS training.</p>  | <p>Our report on Patient Participation Groups (PPGs) was published and presented at Trafford Locality Board and Trafford Participation Group. This fed into Trafford Participation Strategy and influenced our re-design of the Enter & View programme. This work was undertaken with support from a student intern from Manchester University.</p> |
| <p>Q4</p> | <p>Recommendations from our E&V visit to Delamere Medical Centre were actioned by the Practice, including the launch of their PPG. Other actions were implemented in the reception environment and communication, waiting area layout, patient calling system, information and communication materials, patient information resources.</p> | <p>The finalised version of the Trafford Locality Plan 25/28 was reviewed and formally supported at the Trafford Health and Wellbeing Board in January 2026. This included and was influenced by our work on the needs and experiences of seldom heard residents in health and social care.</p>  |

From the Trafford Community – Your Voice Heard

We receive contacts and comments from patients and the public (often relatives of patients) throughout the year. In many instances, these are comments about people’s experiences of accessing health and social care; these are summarised in our quarterly Performance Reports, which are submitted to Trafford Locality Board and help to inform the senior representatives of services about some of the issues their patients and service users face. We expect to see certain themes and trends recurring throughout the year, as we know that common issues such as GP waiting times remain an issue for many. We also feed back any positive comments from the public, which we feel is important for staff and providers to hear.

Often our role is to signpost those who contact us in order to try and ensure that they are talking to the right person or provider who can assist with their issue. Other times, our role is more involved, particularly where a patient seems to have fallen through the gaps in the system and reached an impasse, not knowing where to turn next. We cannot provide advocacy services, but where necessary and appropriate, we will contact relevant organisations to try and help resolve an issue.

The below narrative gives just a few examples of some of the issues, themes and trends that we have heard about from Trafford residents over the course of the year:

- Dentistry: We continued to hear from people who were struggling with dental care, including over 50 who had been deregistered from a local practice without notice.
- Maternity and infant feeding: We had mixed feedback around maternity care and infant feeding, with some people praising the ease with which they accessed services, including the clear signposting by hospital staff, and others reporting missed conditions, and a lack of care and consideration for pre-existing issues, eroding trust between patients and practitioners.
- Hospitals: While we heard a great deal of positive feedback around hospital care, we also heard from people who were concerned about discharge with no care plan, parking issues, and a feeling that they were not listened to by staff across clinical and administrative departments.
- Waiting times: Several people reported waiting for months for appointments or clinic letters, during which time their conditions did not improve or worsened. Waiting times also remain a concern for people looking at access CAMHS, and we heard from one parent whose own mental health had been affected while waiting for support.
- Joined-up care: Many residents’ experiences were affected by a need for better joined-up care, with lack of continuity or communication between services central to the issue.
- Communication: A recurring issue across services seemed to be a difficulty getting in touch with providers via email or telephone, even to book appointments or gain access to support. When people were able to speak to services, they reported problems with staff behaviour and not being listened to, in one case leading to a hospitalisation.

Listening to Your Experiences

Often, the work we do can take time before any impact is seen. Below are details around some of the previous reports we have done that have seen impact in this financial year:

Pathways to CAMHS

In addition to presenting the report at the Children's Commissioning Board, it was also presented at the Thrive in Trafford meeting and the All Age Mental Health Board. This provided us with an opportunity to influence decisions, in relation to our recommendations. We also received provider responses from GMICB, GMMH, MFT and the findings of the report were considered as part of the work on ADHD and Autism assessment pathways in GM.

Deaf Partnership Listening Event Report

Our initial engagement with Trafford Deaf Partnership in 2024-5 created important opportunities to listen directly to deaf residents about the barriers they experience when accessing health and social care services. Residents shared experiences around communication difficulties, accessibility challenges, and the impact these barriers can have on confidence and independence when accessing support.

The feedback gathered from these discussions was developed into a summary paper and shared with Trafford Council, Greater Manchester Integrated Care Board teams, and presented at the Fairer Trafford Partnership. This facilitated key staff from MFT looking at developing bespoke training with partner agencies and how to incorporate training on Deaf issues into AIS training. This work helped increase awareness of the experiences of deaf residents within strategic discussions and strengthened recognition of the importance of accessible and inclusive communication within services.

Importantly, the work also helped create opportunities for Trafford Deaf Partnership representatives to contribute directly to future partnership discussions, ensuring lived experience remained central to conversations about equality and service improvement.

2025-2026 IN NUMBERS

| Engagement | |
|--|--------|
| People reached via engagement activities | |
| <i>Via surveys</i> | 2878 |
| <i>Via leaflets at engagement sessions</i> | 604 |
| <i>Events attended</i> | 10 |
| Communications channels | |
| Enquiries | |
| Via telephone and email enquiries | 38 |
| Mailing list | |
| Subscribers | 197 |
| Instagram | |
| Followers | 971 |
| Views | 2000 |
| Facebook | |
| Followers | 369 |
| Views | 105.3K |
| Research | |
| Reports produced | 5 |
| Surveys conducted | 15* |

* 15 individual surveys as part of 5 projects and 2 Enter and View visits

ACTIVITIES

Research

The research we have done this year has been influenced by our contact with local people as well as key stakeholders such as NHS Greater Manchester (Trafford), Trafford Council, Manchester NHS Foundation Trust, Greater Manchester Mental Health NHS Trust and the VCFSE Sector. We have worked closely with Public Health, particularly around Live Well and Oral Health in Under 5s.

This year, we conducted five projects which gathered the voices of the Trafford Community on a range of topics:

Palliative Care

<https://www.healthwatchtrafford.co.uk/report/2026-03-27/read-our-palliative-care-report>

For this project, we explored the views of both patients and carers on palliative care in Trafford. Palliative care plays a vital role in supporting people living with life-limiting illness and those important to them. In Trafford, services are delivered across a range of NHS, community, hospice and voluntary sector providers within the wider Greater Manchester health and care system.

Healthwatch Trafford undertook this project as part of its statutory role to represent the views of people using health and social care services, and to influence service improvement. The project seeks to understand the experiences of patients and carers accessing palliative care locally. While national policy sets out clear ambitions for coordinated, person-centred care, it is important to assess how these ambitions translate into practice within Trafford.

As a result of this project, we recommended:

- A named or single point of contact is introduced for patients receiving palliative care in Trafford, particularly those supported at home, to improve coordination and reduce duplication.
- Communication pathways between community nursing, primary care, hospices and care homes are reviewed to strengthen information sharing and reduce delays.
- A clear and accessible information pack is developed and provided early in the palliative care pathway, outlining available services, how to access support, out-of-hours contacts, and financial or practical assistance.
- Community and night-time palliative care provision is reviewed to ensure timely and equitable access across Trafford, including consideration of workforce capacity.

- Support for carers is strengthened through routine offers of emotional support, clearer information about respite options, and signposting to bereavement services.
- Earlier and more consistent Advance Care Planning conversations are encouraged to ensure patients' documented wishes are shared appropriately across services.

Parental Mental Health

<https://www.healthwatchtrafford.co.uk/report/2026-03-30/read-our-parental-mental-health-report>

In 2019, Healthwatch England explored experiences of mental health support during maternity care, highlighting issues including lack of awareness, inconsistent professional responses and barriers to accessing help. In 2022, Healthwatch Trafford conducted local engagement on parental mental health, identifying similar concerns around signposting, waiting times and understanding of available services.

This report revisits the issue in 2025-26 to understand whether parents' experiences in Trafford have changed, and how current services and pathways are being experienced in practice. Key findings are shown below:

- 60% of respondents reported experiencing mental health difficulties around the birth of their child.
- Among those who experienced difficulties, the most commonly reported symptoms were low mood (72.7%) and anxiety (63.6%).
- 45.5% of those experiencing difficulties reported that their symptoms were ongoing at the time of completing the survey.
- 45% of respondents did not seek support.
- Of those who did access support, 75% reported that it took too long.
- No respondent reported receiving all the help they needed; all indicated that they had received only some of the support required.
- 54% of respondents either did not know or were unsure where they would go for support if needed.

Patient Participation Groups

<https://www.healthwatchtrafford.co.uk/report/2025-10-24/report-exploring-representation-and-effectiveness-traffords-patient-participation>

Representation in Patient Participation Groups (PPGs) is vital, as these groups act as a bridge between the community and GP practices. As such, ensuring a diversity of voices is heard and understood enables service planning which meets the needs of the local community.

Supported by Manchester University (Adella Tobing), this project investigated representation within PPGs in Trafford, focusing on whether members felt their groups accurately reflected the demographics of their patient populations.

Research was conducted across all 27 GP practices in Trafford, combining desk-based research with two targeted surveys – one for GP practice staff and one for patients. Initial desk research suggested that most practices had active PPGs. However, survey responses revealed that many members felt that their groups lacked diversity, with a largely homogenised membership of retired individuals. This was seen as limiting both representativeness and overall impact.

Changing Futures

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 – with attention to:

- partnership working
- coordination of support
- flexibility of services to meet the needs of individuals
- involvement of people with lived experience of multiple disadvantages
- taking a trauma-informed approach
- commitment to drive lasting system-change

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

Interviews were conducted with Key and Family Workers to capture their insight into project delivery; this enabled us to analyse and highlight the key challenges and successes of the project. This formed part of the evidence used to secure additional funding beyond the pilot phase.

Feel Good Partington & Healthier, Happier Me

This project is key part of the North Trafford Neighbour Plan, to bring early help to those people at risk of health challenges. We conducted an evaluation of two programmes aimed at tackling long-term health conditions.

Healthwatch Trafford was commissioned to conduct this evaluation of the Feel Better Partington (FBP) and Healthier and Happier Me (HHM) programmes. Both programmes were designed considering the health inequalities which affect specific social groups and took a community-based approach, aimed to support individuals to prevent and manage long-term health conditions. The unique nature of these programmes meant it was vital to capture both successes and challenges to take forward lessons learnt, into potential future schemes. We found that the community-based nature of these programmes helped to improve information and knowledge within communities. For instance, participants became more informed about achievable healthy lifestyle changes which are sensitive to their individual needs.

Organisations involved supported people by accessing services with them or guiding them to do so themselves. This increased access to services and was achieved through positive interactions whether that was through group activities or one-to-one support.

Experiences for participants have been improved due to the choices of activities offered which have been tailored to their needs and delivered locally in positive social environments.

Tailored health outcomes have also improved for participants, with various examples shared with us including an improvement in quality of life one person found from a replacement mattress, barriers broken down for individuals cautious of accessing mental health and wellbeing support, a reduction in medication for a diabetes patient and someone accessing GP services who hadn't done so for 20 years.

Staffing and Volunteers

Staffing

Healthwatch Trafford staff:

- **Chief Officer** – Full Time
- **Communications and Information Officer** – Part Time
- **Research and Projects Officer** – Part Time
- **Engagement and Volunteer Officer** – Full Time
- **Chair of Board of Directors** – Part Time
- **Healthwatch Trafford Volunteers** – 26 (aged between 17 and 79)



Engagement and Volunteer Impact 2025–2026

Engagement

Throughout the year, our engagement and volunteering work focused on ensuring that Trafford residents had meaningful opportunities to share their experiences of health and social care services and influence local decision-making. Through outreach activities, partnership working, Enter & View activity, surveys, community events, and volunteer-led engagement, we strengthened relationships with local communities while continuing to amplify the voices of residents whose experiences are often underrepresented.

Over the course of the year, we engaged with 1000 residents through community events, surveys, drop-ins, outreach sessions, stakeholder meetings, and Enter & View activity. More than 600 leaflets were distributed across Trafford to raise awareness of support services, ongoing projects, volunteering opportunities, and ways residents could share their experiences. Volunteers also contributed 190 hours of support across engagement activity, report reviews, outreach work, and community events.

Improving Patient Experience Through Enter & View

One of the most significant areas of work this year was the Enter & View visit to Delamere Medical Practice. Through conversations with patients during the visit and feedback collected through online surveys, we gathered more than 250 responses from patients, practitioners, and GP staff. This enabled us to build a detailed picture of patient experience within the practice and identify both strengths and areas for improvement.

The findings from the Enter & View process led to practical changes within the practice environment and patient engagement processes. Recommendations shared through the report encouraged improvements to communication with patients, including better visibility of information within the practice and updates to notice boards to ensure patients could access clearer and more relevant information about services and support available to them.

The process also strengthened the practice's focus on patient involvement and participation. As a result of the feedback gathered, there was renewed attention placed on developing a more active Patient Participation Group (PPG), helping create stronger opportunities for patients to contribute to discussions about how services are delivered and improved.

The impact of the work extended beyond the practice itself. The final report was shared with NHS Greater Manchester Integrated Care Board teams, Trafford's Health Scrutiny Committee, and the Care Quality Commission Inspector for Trafford. This ensured that patient experiences and recommendations informed wider conversations around quality improvement, patient engagement, and service delivery within primary care settings.

The success of the Enter & View work also strengthened relationships with NHS partners and created opportunities for further collaborative working with the Greater Manchester ICB around future Enter & View activity.

Reaching Residents Through Community Engagement

Throughout the year, we maintained a visible presence within Trafford communities by attending health and wellbeing events, open days, volunteer fairs, community celebrations, and outreach sessions. These activities created opportunities to speak directly with residents about their experiences while also increasing awareness of available support services and ongoing projects.

Our attendance at events such as the Counselling and Family Centre's 50th Anniversary, Altrincham Medical Centre Open Day, St John's Medical Centre Health and Wellbeing Event, and the Living Well With Dementia Open Day enabled us to engage with a wide range of residents, including older people, carers, people living with dementia, families, and local professionals.

These engagement opportunities allowed residents to raise concerns, ask questions, and share experiences relating to healthcare access, mental health support, patient experience, and community wellbeing. They also strengthened awareness of Healthwatch Trafford within the community and helped build trust with residents who may not otherwise engage with health and care services.

More than 600 leaflets were distributed throughout the year across community venues, health events, and outreach sessions. This helped improve awareness of local services, ongoing surveys, volunteering opportunities, and routes through which residents could have their voices heard.

Our presence at volunteer fairs and community events also strengthened relationships with local voluntary and community sector organizations, creating stronger partnerships and improving collaborative working across Trafford.

Supporting Underrepresented Communities

A key focus throughout the year was ensuring that communities facing barriers to accessing services had opportunities to share their experiences and influence conversations around equality and accessibility.

Attendance at neighbourhood network meetings also strengthened our understanding of wider inequalities affecting Trafford residents, particularly around lower vaccination, and cancer screening uptake among people with learning disabilities and ongoing inequalities relating to employment opportunities. These discussions helped inform future engagement

priorities and strengthened awareness of the challenges facing some of Trafford's most underserved communities.

Supporting Parents, Carers and Mental Wellbeing

Mental health and wellbeing remained an important focus throughout the year, particularly in relation to parents, carers, and community wellbeing.

Through attendance at parent and child play sessions held across Trafford libraries, we engaged directly with parents and families while promoting the Parental Mental Health Survey. These sessions created informal and accessible opportunities for parents to speak openly about their experiences, challenges, and support needs.

The engagement helped strengthen understanding of the pressures affecting parents and families while encouraging residents to contribute their experiences to ongoing work around mental health support and service improvement.

Our engagement with carers also continued through attendance at Carers Rights Day at Stretford Public Hall, where we listened to carers' experiences and connected with organizations supporting carers across Trafford. The event strengthened relationships with organizations including Beyond Empower, Scope, and Greater Manchester Mental Health services, helping improve awareness of available support pathways and strengthening collaborative working across the sector.

Partnership Working and System Influence

Throughout the year, partnership working remained central to our engagement approach. By attending neighbourhood network meetings, NHS engagement events, voluntary sector forums, and partnership activities, we continued to ensure that community voice was represented within wider health and care discussions across Trafford and Greater Manchester.

Our involvement in the Manchester University NHS Foundation Trust food review and tasting process enabled patient and public perspectives to be represented within discussions around hospital meal provision and patient experience. This ensured that community voices contributed to conversations that directly affect patient wellbeing and quality of care within hospital settings.

The work of our Reader's Panel also played a key role throughout the year. Panel members reviewed Manchester Foundation Trust's proposed Visiting Policy and provided feedback before implementation. Their comments were shared directly with the Trust to help ensure patient perspectives were considered during the development process.

Through these partnerships and engagement activities, we strengthened relationships with healthcare providers, voluntary sector organizations, community groups, and local stakeholders while continuing to advocate for patient-centred approaches across Trafford's health and care system.

Volunteer Contribution and Development

We ended the year with 26 volunteers who contributed over 190hrs of volunteer time to our work.

Volunteers remained at the centre of our engagement work throughout the year and made a significant contribution to outreach activities, Enter & View work, community events, report reviews, and engagement sessions across Trafford.

Volunteers supported engagement at community events, promoted surveys, gathered feedback from residents, attended partnership meetings, and contributed to quality assurance processes through the Reader's Panel. Their involvement enabled us to increase our reach within communities and ensured that engagement activity remained community-led and informed by lived experience.

Between October and December alone, volunteers contributed more than 60 hours through engagement activity and Enter & View work, with additional volunteer time contributed throughout the rest of the year across outreach events and community engagement sessions.

Volunteer recruitment also stayed an important priority. Attendance at volunteer fairs in Urmston and North Trafford enabled us to engage with residents from a wide range of backgrounds and age groups, including young people seeking experience and skills development opportunities, as well as retired residents looking to give back to their communities

The Urmston Volunteer Fair generated 11 expressions of interest from prospective volunteers, helping strengthen future volunteer capacity and ensuring continued community involvement within our work.

The year also provided opportunities to celebrate and recognize volunteer contribution. Volunteers represented us during Volunteers' Week events alongside volunteers from other Trafford organizations, helping strengthen connections across the local voluntary sector while recognizing the important role volunteers play in supporting community wellbeing and engagement.

Where we were represented in 2025/26

A list of regular and strategic meetings we attend with health and social care providers and commissioners in Trafford and Greater Manchester. Please note that some of the listed meetings have since been stood down.

| Integrated Care System | Health And Wellbeing Groups | Mental Health & Learning Disability Groups |
|---|---|---|
| Trafford Locality Board | Health and Wellbeing Board | GMMH Liaison Group |
| Health and Social Care Steering Group | CYP Strategic Partnership Group | Moorside Liaison Group |
| Trafford Clinical and Practitioner Senate | Live Well Board | All-Age Mental Health Group |
| Trafford Provider Collaborative Board | Age Well Board | |
| Trafford Local Care Organisation One Stop Resource Centre Review Partnership Steering Group | Vaccination Programme Board | |
| Greater Manchester Integrated Care Partnership Board | Improving Lives Everyday Development Board | |
| Trafford Safeguarding Policy and Procedures Sub-Committee | Trafford Sexual Health Network | |
| Trafford ICP Strategy & Planning Huddle | Primary Care Commissioning Committee | |
| Trafford Participation Group | | |
| Public & Patient Groups | Other Standing Groups | Communication & Engagement Groups |
| Trafford Health Scrutiny Committee | Greater Manchester System Quality Group | Trafford ICS Communication & Engagement Working Group |
| Carers Partnership Board | Local Medical Committee Sub-Group | Trafford ICP Comms Huddle |
| | Quality, Finance, and Performance Group | |
| | Locality Sustainability Plan Development Group | |
| Children's Services | Neighbourhood Partnerships and Networking Groups | |
| Trafford Children's Commissioning Board | Trafford Neighbourhood Network Meetings- North, South, West, and Central. | |

WORK PLAN 2026-2027

We always maintain a degree of flexibility within our work plans; this gives the ability to respond to new and emerging trends throughout the year, allows us to take on externally contracted work and gives the ability to re-prioritise work where planned projects are stalled or unable to continue.

Whilst the breadth of work reported on this year illustrates that a full work programme was achieved, there were several planned projects that were not completed for a variety of reasons.

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:

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.

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

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.

HEALTH: Live Well – Researching access to activities to improve health and wellbeing

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.

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

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.

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).

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 | | 19 th May 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

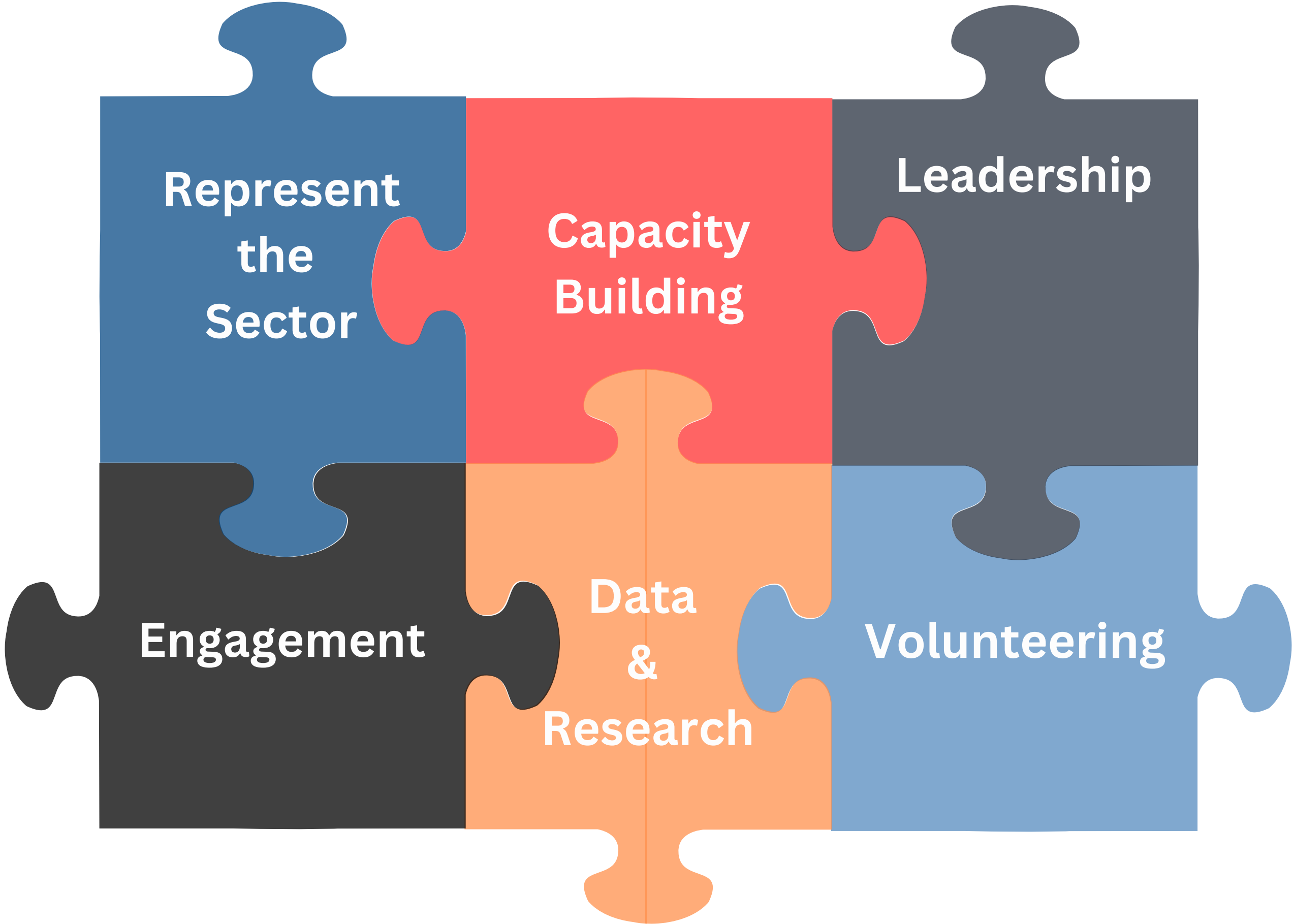
April 2026

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 77

**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

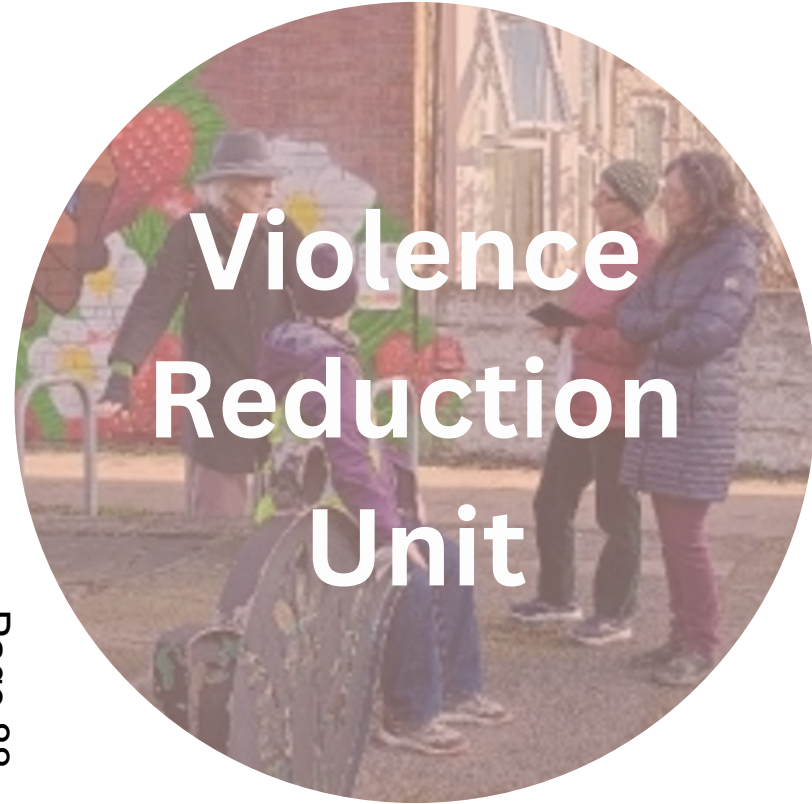
Total volunteer hours
worked

*“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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| Trafford Primary Care Commissioning Committee (PCCC) Highlight Report | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--------|-------|-----------------|--------------------|------------|--------|-------|--|---|---|---|----|---|---|---|---|---|--|--|---|---|---|
| <p>Chair: N/A Reporting period: May 2026 Attendance: Excellent / Acceptable / Unacceptable - Trafford PCCC cancelled, updates from Operational Group and SLT members.</p> | | <p>This report updates / informs the NHS Greater Manchester PCCC on the Trafford PCCC work to date. It also provides an opportunity to raise any issues and inform of any changes that may affect the progression of work.</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Key updates: General Practice Update</p> <ul style="list-style-type: none"> A Manchester GP practice continues to deliver primary medical services to residents of Trafford Waters, an area that falls within the wider Trafford boundary but outside existing practice boundaries. An Expression of Interest process to extend practice boundaries is planned for May which will cover the residential developments within the area. The Quality Contract for 2026/27 is being developed at GM. Trafford is in the process of confirming with GM that the 25-26 HIU and SMI Schemes are retained for this year, these were omitted from GM's final version sent to practices. Finance schedule which was sent to practices from GM included locality schemes. Practices reported issues with the High Risk Asthma review element of the 25-26 contract in which there were data discrepancies due to an error identified within the searches provided. New searches were rolled out but this meant that practices would receive lower payments than expected based on the new search criteria. SLT have agreed to pay practices according to whichever data set they have achieved highest on to mitigate any financial impact on practices and this has been communicated. Awaiting confirmation of contracting route for Spirometry and FeNO LCS's as this sits outside of BeCCor, this is currently with GM Contracts team. ICB VR process has resulted in 3 members of the Primary Care Team leaving the organisation (contracts, head of primary care and team admin support) – this continues to have a significant impact on the teams capacity and the morale of remaining staff. SMOC and TPAS agreed through STAR for 1 year. CAIP payments - Trafford West Primary Care Network has been identified as part of a random selection of 10 PCNs for the 2025/26 PPV audit. They were also randomly selected for the previous year. The GM Protected Learning Time (PLT) policy has now been approved at GM PCCC. A task and finish group will be established to develop supporting communications to enable practices to implement the policy. NHS GM will be responsible for approving any applications for PLT that take place during core hours. Locality arrangements remain in situ until this is complete. The 2025-26 eDEC return has identified several areas of non-compliance. These issues have been communicated to the relevant practices, with actions underway to address the gaps and ensure full contractual compliance. CQC meetings are held quarterly, and the programme to address aged inspection ratings is progressing. Several practices have outdated ratings, some dating back to 2016, and are likely to require inspection in the coming months. In addition, the national programme to inspect lower-risk practices is underway. Of the 26 practices, 24 are rated Good and 2 Outstanding. Quality risks are managed through the weekly Primary Care MDT, with discussions with CQC taking place as needed to review risks and understand potential next steps. | | <p>Priority actions in coming period:</p> <ul style="list-style-type: none"> Locality colleagues continue to work with GM primary care colleagues to clarify BeCCor asks for 26/27 including financial schedules Locality to progress the EOI process to cover the new developments within Trafford Waters site. To ensure all practices are contractually compliant following eDEC outcome Breakdown of performance for Quality Contract from 25/26 to be undertaken Winter Capacity funding reviews being undertaken by GM central teams | | | | | | | | | | | | | | | | | | | | | | |
| <p>Decisions made:</p> <p><u>None</u></p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Top 3 Risks:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Risk Identified</th> <th style="width: 35%;">Mitigating Actions</th> <th style="width: 10%;">Likelihood</th> <th style="width: 10%;">Impact</th> <th style="width: 10%;">Score</th> </tr> </thead> <tbody> <tr> <td>Trafford Waters development outside of practice boundary and lack of primary care provision.</td> <td>Engagements continues with Manchester Practice to ensure adequate GP cover. Ongoing discussions around future providers continue to progress. EOI process planned to widen GP borders which will eliminate any future risks in development areas within North and West of Trafford.</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">12</td> </tr> <tr> <td>3 senior positions within Trafford commissioning that have gaps within the Trafford PC ICB team. There continues to be workforce risks with a number of staff still not being assigned and going through the EOI process as part of reform.</td> <td>Reform process being undertaken anticipating process to be completed by the end of May 26 and more clarity to be provided around roles at this point.</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">9</td> </tr> <tr> <td>There are a number of issues/queries in relation to Primary Care estates/buildings being reviewed.</td> <td>Meetings with GM senior primary care colleagues to support with advice and guidance to resolve. Place based discussions with PC and providers around development opportunities and next steps.</td> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> <td style="text-align: center;">9</td> </tr> </tbody> </table> | | | | | Risk Identified | Mitigating Actions | Likelihood | Impact | Score | Trafford Waters development outside of practice boundary and lack of primary care provision. | Engagements continues with Manchester Practice to ensure adequate GP cover. Ongoing discussions around future providers continue to progress. EOI process planned to widen GP borders which will eliminate any future risks in development areas within North and West of Trafford. | 4 | 3 | 12 | 3 senior positions within Trafford commissioning that have gaps within the Trafford PC ICB team. There continues to be workforce risks with a number of staff still not being assigned and going through the EOI process as part of reform. | Reform process being undertaken anticipating process to be completed by the end of May 26 and more clarity to be provided around roles at this point. | 3 | 3 | 9 | There are a number of issues/queries in relation to Primary Care estates/buildings being reviewed. | Meetings with GM senior primary care colleagues to support with advice and guidance to resolve. Place based discussions with PC and providers around development opportunities and next steps. | 3 | 3 | 9 |
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| <p>Any other information:</p> | | <p>Key escalations for NHS Greater Manchester PCCC:</p> | | | | | | | | | | | | | | | | | | | | | | |

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|--|-----------------|--|-------------------|--------------------|
| Name of Committee / Board | | Trafford Locality Board | | |
| Date of Meeting | | 19th May 2026 | | |
| Report Title | | 2026/27 Better Care Fund Programme: Planning Submission | | |
| Report Author & Job Title | | Alex Cotton, Head of Transformation and Delivery | | |
| Organisation Exec Lead | | Cathy O'Driscoll, Associate Director of Delivery and Transformation and Maggie Kufeldt, Corporate Director Adults and Wellbeing, Trafford Council | | |
| OUTCOME REQUIRED | Approval | Assurance | Discussion | Information |
| | | X | | X |
| EXECUTIVE SUMMARY | | | | |
| <p>The Better Care Fund (BCF) sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. Once the BCF 2026- 27 assurance return is approved, the 26/27 Section 75 Agreement is required to be in place no later than 30 September 2026. This report provides an overview of the national planning submission requirements for 2026/27. This submission consists of two documents:</p> <ul style="list-style-type: none"> • A completed narrative return • A completed numerical return which articulates compliance with national conditions, income and expenditure position and goals against the national metrics <p>These documents are provided as Appendix 1 and 2 to this paper.</p> <p>This return was reviewed and approved by Trafford Locality Senior Leadership Team (SLT) and Trafford Council's Divisional Management Team (DMT) prior to its submission to NHS GM on the 5th May. This is currently being reviewed by the ICB Executive Team for approval, once this has been received all 10 localities BCF plans will be submitted to NHS England by the national deadline of 19th May.</p> <p>The full BCF return to NHS England is attached alongside this paper, but to support ease of reading, key areas have been summarised within this report.</p> | | | | |
| Recommendations | | | | |
| <p>The Board are asked to:</p> <ol style="list-style-type: none"> 1. Note the content of 26/27 BCF Planning return which includes the expenditure and metric planning document and supporting narrative. 2. Note that this submission will form the basis of each quarterly report to NHS England throughout 26/27, with additional assurance provided via Locality Performance reports. It is anticipated that the Q1 report will be required to be submitted in August 2026 however, the exact submission date has not yet been confirmed by NHSE. | | | | |
| 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 | | Risks are managed through existing locality governance arrangements with escalation through to | | |



| | |
|--|---|
| <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i> | various groups / boards including Trafford Locality Board, where applicable. |
| 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 (Trafford) The BCF Programme Budget is £41,116, 965 which includes £3,064,844 Disability Funding Grant |
| 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: N/A Name/Designation: N/A Comment: N/A |
| What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i> | Implementation of our BCF Plan will improving outcomes for all Trafford residents and help reduce health inequalities for residents of the locality |
| 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> | Implementation of the BCF Plan will improving outcomes for all Trafford residents and help support Trafford's contribution to GM's aspirational carbon reduction targets |
| Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i> | Trafford performance against key agreed milestone plans will be provided and reported on via quarterly submissions for the remainder of 26/27. |
| 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> | This return was reviewed and approved by Trafford Locality Senior Leadership Team (SLT) and Trafford Council's Divisional Management Team (DMT) prior to its submission to NHS GM on the 5th May. |

| | |
|--|---|
| Organisation Exec Lead Sign off | Cathy O'Driscoll, Associate Director of Delivery and Transformation and Maggie Kufeldt, Corporate Director Adults and Wellbeing, Trafford Council |
|--|---|

1.0 Introduction

1.1. The Better Care Fund (BCF) Planning requirements are set out in BCF Planning Requirements document for 2026/27, which supports the aims of the BCF Policy Framework and the BCF Programme.

1.2. The BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. This report provides an overview of the national planning submission requirements for 2026/27. This submission consists of two documents:

- A completed narrative return
- A completed numerical return which articulates: compliance with national conditions, income and expenditure position and goals against the national metrics

These documents are provided as Appendix 1 and 2 to this paper

1.3 This return was reviewed and approved by Trafford Locality SLT and Trafford Council's DMT prior to its submission to NHS GM 5th May. This is currently being reviewed by the ICB Executive Team for approval, once this has been received all 10 localities BCF plans will be submitted to NHS England by the national deadline of 19th May.

1.4 The full BCF return to NHS England is attached alongside this paper, but to support ease of reading, key areas have been summarised within this report

2.0 Better Care Fund Reform

2.1 This year is considered the initial year of BCF Reform, which requires localities to start to align their plans with development of relevant areas of neighbourhood health.

2.2 As this is the first step in this alignment, localities have been asked to undertake a pragmatic approach to any reprioritisation while delivering increased investment in adult social care, including meeting the 4.4% uplift in the NHS minimum contribution to adult social care. For 2026-27, there will be no other changes to the current funding system.

2.3 As part of the alignment with the development of neighbourhood health services 2026-27 framework places emphasis on intermediate care, including rehabilitation and reablement services. In Trafford, this has been a longstanding fundamental part of our BCF Programme and therefore does not mark a change, and the Transforming



Intermediate Care Programme led via the Improving Lives Every Day (ILED) Programme continues to be aligned to our BCF Plans.

- 2.4 Within the NHS England reform of the BCF, there is a plan to reduce bureaucracy and unnecessary administrative burdens on local authorities and ICBs and that a streamlining of reporting expectations for the BCF compared to previous years is expected, the form this will take is currently being finalised.
- 2.5 NHS England have made clear that within the BCF, achieving value for money and improving overall productivity should be a collective endeavour and that strong governance arrangements should be in place to monitor efficiency, effectiveness, resource allocation and improvement and reach collective agreement on how to address resource pressures and better outcomes in an area as part of commissioning and procurement.

3.0 NHS Greater Manchester: Development of localities plans within the context of change

- 3.1 As NHS GM is in its final stage of consultation, work has been undertaken to provide some consistency of BCF plans across all 10 localities in preparation for the new operating models, particularly in Place and in light that the BCF will be the core financial element of the Place Agreements.
- 3.2 The ICB categories follow the 10 thematic areas to support consistency of expenditure included in BCF by the ICB across 10 localities. The thematic areas are:
 - Community equipment
 - Intermediate Care
 - Reablement
 - Support for carers
 - Protect social care
 - Care coordination
 - Hospice
 - Community Nursing
 - Integrated neighbourhood teams
 - Discharge funded schemes not included in any of the other 9 categories

These are reflected in Trafford's 26/27 BCF Programme Plan.

4.0 Better Care Fund Metrics

- 4.1 The BCF plan includes the following 3 metrics. A 26/27 proposal for target improvement and the rationale for these has been included for each, below. Trafford will be required to report against this performance quarterly, as part of the national reporting submission requirements.
- 4.2 **Metric 1: Non elective admissions to hospital for people aged 65 and over per 100,000 population**
 - Proposed performance target: 1% improvement on 25/26 position



- Rationale: The Trafford system achieved significant improvements against this metric in years 2021-2025. Our monthly average rate of emergency admissions in 21/22 was 1,828 and by 24/25 it was down to 1,644. For the most recent 12 months of data (Jan-Dec 2025) there has been somewhat of plateau, increasing slightly to an average of 1,696.
- Further reductions in 26/27 require new approaches such the development of our neighbourhood INTs and the implementation of Health and Care MDTs who will support our residents with complex health and/or social needs, those at higher risk of admissions to hospital. Our transformational programmes in intermediate care, including reablement will also support an improvement against this metric but will require time to develop, embed and mature. This target is considered deliverable within the context of current system pressures.

4.3 Metric 2: Average length of discharge delay for all acute adult patients

- Proposed performance target: 2% improvement on 25/26 position
- Rationale: Both national and local data was considered when proposing the target against this metric, along with the recognition that speed alone does not necessarily represent quality- timely discharge with the right care for our residents is at the heart of this metric. A discharge is only successful once an individual is safely settled in their long-term destination. Ambitions therefore balance pace with safety, appropriateness and sustainability, particularly in the context of a challenges in the long-term care home market.
- Trafford's system has significant operational and assurance governance in place to ensure timely discharges from hospital. This includes but is not limited to:
 - Multi-professional attendance at Patient Transfer List (PTL) meetings – operational, action focussed meeting to ensure time discharge and to ensure system approach to complex discharges.
 - Daily community flow reporting detailing capacity across provision, supporting professional decision making.
 - Hospital discharges being facilitated on a Trusted Assessment basis from Integrated Discharge Teams to Trafford Control Room, which acts as a single point of contact for all discharge activity. Trafford utilise a GM support discharge format for hospital discharges to ensure individuals are discharged on the correct pathway. Our Urgent Care services support individuals through short term services in their own home.
 - Trafford is currently delivering a pilot regarding the return of Social Care to hospital sites to ensure better outcomes for our residents and appropriate use of resources.
 - NHS GM and GMADASS UEC Assurance Governance

Trafford's ILED Programme and the BCF plan will support an improvement against this metric and the achievement of 2% improvement target.



4.4 Metric 3: Long-term support needs of adults (65+) met by admission to residential and nursing homes, per 100,000 population'

- Proposed performance target: 17 new admissions a month
- Rationale: For admissions to long-term residential and nursing care (65+), recent data demonstrates sustained improvement followed by stabilisation. For 2026–27, partners have agreed an ambition of approximately 17 new admissions per month, representing modest but achievable progress while reflecting uncertainty within the care market and wider system pressures.
- Trafford remains steadfast in our commitment to Home First, with admissions to high quality long-term care only for those who require it. Our dedicated Rapid MDT support those discharged on bed-based pathways to ensure they return home in the first instance, or to their assessed onward destination, at the earliest, safest opportunity. This is further supported by our dedicated General Practice model to ensure timely clinical support, when required and avoid readmissions to hospital during this assessment period. When this model was first piloted the Rapid MDT methodology identified that our people were returning home sooner and between 10-20 days than would have typically been expected with Social Care only interventions.

5.0 26/27 Better Care Fund Programme

5.1 Trafford's full list of schemes, aligned to the new GM categories are full list of schemes are included in Appendix 1, with the vast majority in line with previous BCF submissions.

5.2 Please find a summary of schemes below are where new schemes have been agreed for 26/27:

- Short term assessment beds (D2A) beds and additional 1:1 support, where required.
- Support to Short term assessment beds; GP service and medicines optimisation support.
- Reablement
- Intermediate Care: bed based, Crisis and home-based IMC (UCR)
- Disabilities Facilities Grant Expenditure
- Equipment services
- Support for Carers including Trafford Carers Centre.
- Urgent Care Control Room.
- Palliative Care including Hospice care, Community Palliative Care services. This includes additional investment in specialist palliative care nursing to increase this to 7 days.
- Community Nursing
- Increase in Mental Health Crisis Beds



- INT Care Coordination: Two additional roles proposed for 26/27 to support the scaling of previous pilot activity in one neighbourhood to all 4 neighbourhoods.

6. Next Steps

- 6.1 This return was reviewed and approved by Trafford Locality SLT and Trafford Council's DMT prior to its submission to NHS GM 5th May. This is currently being reviewed by the ICB Executive Team for approval, once this has been received all 10 localities BCF plans will be submitted to NHS England by the national deadline of 19th May.
- 6.2 Following approval from NHS England, confirmation will be provided to system partners and work will be undertaken to progress in the key two areas of new investment – palliative care nursing and INT Care Coordination.
- 6.3 Focus will continue to be on providing assurance of each scheme's alignment to Trafford Locality Plan and strategic programmes, supporting delivery of our metrics and that each scheme represents ongoing value of investment. It is anticipated that NHS England outcome letters will be shared with ICB and LA's in July 26.
- 6.4 Trafford's Section 75 Group will develop and agree the 26/27 Section 75 agreement for the deadline of 30th September 2026, if not sooner.

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Better Care Fund 2026-27

Narrative return

[Introduction and guidance](#)

This return has been designed to enable ICBs and local authorities, working with Health and Wellbeing Boards (HWBs), to submit information which demonstrates how their plans for the Better Care Fund (BCF) meet the national conditions and planning requirements for 2026-27. Completing and submitting the BCF narrative return is a required part of the overall BCF submission process. Planning leads should ensure that all questions within this narrative return are fully addressed.

This year, the length of the narrative return has been reduced. This reflects feedback on the benefits of a more focused BCF assurance process. In completing the return, HWBs, ICBs and local authorities may wish to develop more detailed joint plans for BCF expenditure for their own use and/or draw on other joint plans.

Each question in the return has a suggested length of around a page (around 500 words) and we would generally expect the overall submission to be around 2500 words. These act as a guide to support a more focused assurance process rather than strict limits.

The narrative provided in this return should align with the expenditure plans and the ambitions for the national metrics set out in your BCF excel numerical return.

When completing the narrative return, please use the following documents for guidance and support, these can be found on the [BCF Exchange](#):

- **Planning Principles:** outlines what good practice looks like in relation to each narrative question and aligns with the relevant national conditions.
- **Metrics Handbook:** provides the formal technical specifications for the national metrics within the framework, including the rationale, methodology, required data inputs and worked examples.

Submission Requirements:

- Each HWB area must have its own BCF excel numerical return, but a single narrative BCF return covering multiple HWBs may be submitted where this reflects local integrated working arrangements.
- Each HWB area included in a combined narrative return should provide clarity and state any specific details relevant to the separate HWBs within the narrative questions (and more words may be required for this than a single HWB return). Local authorities, ICBs and HWBs for each area should formally sign off the shared narrative return and their individual numerical excel BCF return.

- The deadline for completing this narrative return is **19 May 2026**.
- Please submit this return to both: england.bettercarefundteam@nhs.net and your regional better care manager(s).

Submission details

Mandatory to complete, please do not submit a return without completing the details below:

| <i>Adapt as necessary</i> | HWB area 1 | HWB area 2 |
|----------------------------------|-------------------|-------------------|
| HWB | | |
| ICB | | |
| ICB | | |
| ICB | | |

1. Please provide a short statement setting out the rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below

Trafford BCF plan is a long-term plan which is developed and approved on an annual basis via Trafford's Health and Wellbeing Board. All the relevant partners to the BCF are core members of all our health and social care governance in Trafford and have therefore been fully engaged in the curation and sign off and the plan.

The activity within the BCF is a core component of the Trafford Locality Plan (2025-2028) which has been co-designed by system partners and formally adopted through Trafford's Health and Social Care System Governance architecture. The Locality Plan was refreshed in 2025 and contains Trafford's continued aspiration and commitment to building:

- Stronger communities
- Healthy and independent lives for everyone
- Better lives for our most vulnerable

Our 26/27 BCF plan is closely linked to the planning, design, delivery, and reporting arrangements that span Trafford Locality Board and the Health and Wellbeing Board ensuring a tight system grip on performance, enabling transparent system reporting on all related areas of the wider Section 75, BCF and wider aspirations of the Trafford Locality Plan.

The behaviours and ways of working which we aspire to have embedded in all our partnerships forums is encapsulated in our Health and Wellbeing Board, Trafford Locality Board and Trafford Provider Collaborative Board Terms of Reference, all which have been recently updated and formally signed off by partners (Terms of Reference available on request). The Boards function based on the following operating principles:

- Collaborative working
- Embedding a population health management approach
- Value for money
- Promoting innovation, and encouraging new ideas from patients/service users, carers and the workforce
- Champion both locality and neighbourhood service coordination through our integrated neighbourhood model
- Seek to avoid and identify any conflicts of interest

Trafford has a long-standing commitment to integration across health and care. We have built our plan around our place and in Trafford this is our four neighbourhoods, our locality and working with other localities in Greater Manchester. We remain committed to ways of working that put into practice, our principles and the difference these make to the people we serve. Our 26/27 plan includes:

- Building on our current integrated ways of working within our neighbourhoods to further mobilise local delivering of the Neighbourhood Health Framework.

- Transformation of our Intermediate Care Services across Crisis, Bed based and rehabilitation and reablement at home services, underpinned by Home First ethos and system approach to capacity and demand requirements. This transformational programme was initiated in 25/26 and will develop new models of care in 26/27 for implementation in 27/28. This seeks to support more Trafford people to be supported at home, with bed-based rehabilitation, recovery and reablement focused on those with more complex needs.
- Development of the Community Equipment Services to further improve timely access.
- Ensuring our residents are provided every opportunity to remain independent in their own home, and that where a long-term residential or care placement is identified, a timely assessment is undertaken by multi-professional team.
- Strengthen our offer to those experiencing a mental health crisis.
- Strengthening our Palliative Care and End of Life offer to reduce avoidance admissions and to enable more people to die in their preferred place of death.

:

- 2. Please provide a brief explanation of the rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Please also set out how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.**

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

Metric 1: Non elective admissions to hospital for people aged 65 and over per 100,000 population options

The Trafford system achieved significant improvements against this metric in years 2021-2025. Our monthly average rate of emergency admissions in 21/22 was 1,828 and by 24/25 it was down to 1,644. For the most recent 12 months of data (Jan-Dec 2025) there has been somewhat of plateau, increasing slightly to an average of 1,696.

Further reductions in 26/27 require new approaches such the development of our neighbourhood INTs and the implementation of Health and Care MDTs who will support our residents with complex health and/or social needs, those at higher risk of admissions to hospital. Our transformational programmes in intermediate care, including reablement will also support an improvement against this metric but will require time to develop, embed and mature. On this basis, partners have selected an improvement trajectory of 1% for 26/27, which is considered deliverable within the context of current system pressures.

Please find an outline of the ambition and scale of transformation of reablement services below.

In 25/26, Trafford undertook a comprehensive review the effectiveness of its reablement offer, recognising its critical role in preventing avoidable hospital admissions and supporting system flow. This included Trafford's commissioned provision, in-house provision and the wider intermediate care offer. While existing provision was sufficient at a point in time, current and future needs have evolved in response to changing population demand, the development of wider locality offers, the implementation of Integrated Neighbourhoods, and ongoing financial constraints.

A key driver for this work has been the ambition to strengthen community-based alternatives to hospital admission. Effective reablement plays a vital role in stabilising individuals at home, promoting functional recovery, and preventing escalation of need that would otherwise result in non-elective admissions. Trafford recognises that inconsistency in reablement models, thresholds and capacity can unintentionally contribute to crisis-led pathways and unplanned hospital use. In parallel, Trafford is progressing further work to understand current and future capacity and demand within the reablement system.

Insights gathered over the past 18 months have enabled a sharper focus on service-wide offers and have highlighted areas requiring strengthening to better support admission avoidance.

The key focus in 26/27 for revising Trafford's commissioned reablement service, is establishing a bridging position that supports the wider system transformation agenda. This includes strengthening the

role of reablement in preventing admissions by ensuring timely access, improved consistency across providers, and clearer pathways aligned to Integrated Neighbourhood working.

Consideration will be given to the optimal balance between in-house and external provision, alongside improvements in the speed and quality of data collection to support early intervention, proactive risk management and service redesign. It will also seek to introduce outcome focused metrics to provide evidence the improved impact of reablement on residents, staff and the reduction in safeguarding concerns.

Our proposed trajectories for non-elective admissions (65+) and delayed discharges are aligned to historical trends, demographic growth, and the expected impact of UEC interventions

The metrics reflect where prevention and flow interventions are most likely to have measurable impact at scale for the older population, particularly around admission avoidance, timely discharge, and prevention of deconditioning.

Progress is monitored through:

- System UEC and Discharge oversight structures (e.g. UEC Board / Flow Group), with regular review of non-elective admissions, stranded patients, DTOCs and delayed discharges.
- Place-based performance review, enabling targeted action where admissions or delays are above expected levels.
- Provider (MFT) Oversight and Assurance meetings

Overall delivery relies on system-wide UEC transformation, community capacity, and integrated discharge.

Metric 2: Average length of discharge delay for all acute adult patients

Both national and local data was considered when setting our target against this metric, along with the recognition that speed alone does not necessarily represent quality- timely discharge with the right care for our residents is at the heart of this metric. A discharge is only successful once an individual is safely settled in their long-term destination. Ambitions therefore balance pace with safety, appropriateness and sustainability, particularly in the context of a challenges in the long-term care home market.

Trafford's system has significant operational and assurance governance in place to ensure timely discharges from hospital. This includes but is not limited to:

- Multi-professional attendance at Patient Transfer List (PTL) meetings – operational, action focussed meeting to ensure time discharge and to ensure system approach to complex discharges.
- Daily community flow reporting detailing capacity across provision, supporting professional decision making.
- Hospital discharges being facilitated on a Trusted Assessment basis from Integrated Discharge Teams to Trafford Control Room, which acts as a single point of contact for all discharge activity. Trafford utilise a GM support discharge format for hospital discharges to ensure individuals are discharged on the correct pathway. Our Urgent Care services support individuals through short term services in their own home.

- Trafford is currently delivering a pilot regarding the return of Social Care to hospital sites to ensure better outcomes for our residents and appropriate use of resources.
- NHS GM and GMADASS UEC Assurance Governance.

Trafford's Improving Lives Everyday Programme and the BCF plan which is described further in Q3 will support an improvement against this metric and the achievement of 2% improvement target.

Metric 3: Long-term support needs of adults (65+) met by admission to residential and nursing homes, per 100,000 population'

For admissions to long-term residential and nursing care (65+), recent data demonstrates sustained improvement followed by stabilisation. For 2026–27, partners have agreed an ambition of approximately 17 new admissions per month, representing modest but achievable progress while reflecting uncertainty within the care market and wider system pressures.

Trafford is steadfast in our commitment to Home First, with admissions to high quality long-term care only for those who require it. Our dedicated Rapid MDT support those discharged on bed-based pathways to ensure they return home in the first instance, or to their assessed onward destination, at the earliest, safest opportunity. This is further supported by our dedicated General Practice model to ensure timely clinical support, when required and avoid readmissions to hospital during this assessment period. When this model was first piloted the Rapid MDT methodology identified that our people were returning home sooner and between 10-20 days than would have typically been expected with Social Care only interventions.

3. Please provide a short explanation of the planned impact of BCF funding on achievement of goals.

Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:

Please find a summary of schemes below. A full list of schemes is provided in the supporting excel spreadsheet.

- **Alternative to Transfer and Crisis Services** – Urgent Community Response Service and Alternative Transfer Services provides community crisis services, supporting a reduction in an avoidable admission to hospital.
- **Urgent Care Control Room (UCCR) and Early Supported Hospital Discharge-Rapid MDT:** Discharges from hospitals to community are supported and reviewed by our UCCR to ensure the appropriateness of referrals for care. Prior to the introduction of the Rapid MDT and dedicated GP support, there was still an overprescription of care with a higher number of those entering our short-term assessment beds provision returning home. The success of both elements of the plan has supported the reduction in the number of beds required and a higher proportion of residents appropriately being admitted to long-term care.
- **Short-term assessment beds:** In Q3 25/26, Trafford moved away from the block-contracted D2A bed model. This was due to under-utilised and therefore not cost effective; moving to a spot-purchase model aligned spend more closely to demand and allowing flexibility while maintaining discharge performance.

- **Intermediate Care and reablement:** In 24/25, with the support of the Better Care Fund Programme and the LGA, Changeology undertook an independent review of our Intermediate Care System. In 25/26, we took the recommendations of this report and initiated our Transforming Intermediate Care Programme. This programme seeks to redesign our models of care in line with national guidance and ensuring sufficient capacity and demand across IMC services. This is complex piece of system transformation which continues in 26/27, with new models of care anticipated to be reflected in 27/28 planning. In 26/26, our BCF plans support this transformation while ensuring continuation of operational resilience and performance.
- **Equipment Services:** We continue to deliver improvements on timely access to equipment to ensure timely discharge from hospital and support prevention within our community. Further work is being introduced in 26/27, to align with our IMC Programme.
- **INT:** To ensure sustainability our strategic plan for developing our INT model our plan contains the full mobilisation of Health and Care MDTs supporting our residents with complex needs. There is a focus on strengthening existing ways of working, building on the foundations of existing integrated approaches. However, the BCF plan supports our ambition to scale previous pilot activity in one neighbourhood to all 4 neighbourhoods. The approach will focus on specific cohorts, using a proactive data led approach with adequate care coordination in each team, whilst allowing flexibility beyond professional remits to support the residents of Trafford to stay healthy and independent.
- **Palliative Care:** Improving access to palliative care is priority within our BCF plan. In addition to ensuring sufficient and timely access to Hospice Care, Fast Track beds and domiciliary packaged of care, additional support to our Community Palliative Care Service is included. We will increase specialist nursing capacity to enable crisis support over the weekend. Specialist palliative care nursing will work with other agencies such as urgent community response and NWS to prevent avoidable admissions.
- **Mental Health:** The investment to Greater Manchester Mental Health Foundation Trust is fundamental to supporting patient flow for Trafford patients and the continued use of this locality funding to support discharge pathways and bed capacity in 26/27 is essential to supporting discharge and patient flow.

The funding will continue to support:

- 18 step down provided by Compassionate Care (Dover and Derby wards),
- 8 beds at Iaspire for crisis and step down.
- Two PICU beds at Cygnet - reducing the need for out of area placements and enabling quicker discharge.
- The personalisation fund - which assists in deep cleans, essential repairs, food vouchers etc to enable discharge has been used by Trafford throughout the year.

4. Please outline how ICBs and local authorities have confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.

Please provide a concise statement of around one page (e.g. around 500 words) please provide your response below:

Trafford's Improving Lives Every Day (ILED) approach provides the strategic framework through which the Council, working jointly with the ICB, assures itself that Better Care Fund (BCF) funded services represent value for money and continue to improve productivity. ILED places a strong emphasis on prevention, independence and outcomes, ensuring that resources are used effectively to deliver meaningful impact for residents.

Value for money is assessed not solely through cashable savings, but through improved outcomes, reduced demand on high-cost services and improved system sustainability. Under ILED, Trafford has prioritised upstream investment in community based and preventative services, such as reablement and intermediate care, which support people to remain independent, avoid deterioration and reduce reliance on acute and long-term care. Joint performance monitoring with the ICB, supported by shared metrics and service reviews, provides confidence that BCF funded services are delivering intended outcomes.

ILED also supports productivity by promoting the right intervention at the right time and for the right duration. BCF funded services are increasingly outcome focused, time-limited and designed to avoid duplication and dependency. This approach improves throughput while ensuring services remain centred on recovery, independence and admission avoidance.

Workforce productivity and sustainability are recognised as key enablers of value. Through clearer service models, shared expectations and improved access to meaningful data, staff are supported to work more efficiently and confidently, reducing escalation, rework and variation in practice. In 2026–27, further improvements in data quality and capacity and demand insight will support ongoing service redesign and more effective deployment of resources.

Overall, Improving Lives Every Day provides a consistent system wide approach that enables Trafford and the ICB to assure themselves that BCF funding is being used effectively, supports continuous productivity improvement, and delivers better outcomes for residents while strengthening long-term system sustainability.

In addition, the BCF Programme reports to the Section 75 Committee which is:

“A forum through which relevant section 75 arrangements are managed (“Section 75 Committee”). Section 75 arrangements will be managed, and decisions will be taken in accordance with requisite delegated authority given to core members of the Section 75 Committee by their respective organisations. Trafford Locality Board partners who do not have delegated authority in respect of section 75 arrangements will be able to participate in discussions regarding the section 75 arrangements, subject to conflict-of-interest rules, but will not be able to take decisions in relation to section 75 arrangements.”

5. **Please outline your robust joint governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement. *Please provide a concise statement of around one page (e.g. around 500 words). Please provide your response below:***

The behaviours and ways of working which we aspire to have embedded in all our partnerships forums is encapsulated in our Health and Wellbeing Board (HWBB), Trafford Locality Board (TLB) and Trafford Provider Collaborative Board (TPCB) Terms of Reference (ToR), all of which undergo regular reviews. The Boards function based on the following operating principles:

- Collaborative working
- Embedding a population health management approach
- Value for money
- Promoting innovation, and encouraging new ideas from patients/service users, carers and the workforce
- Champion both locality and neighbourhood service coordination through our integrated neighbourhood model
- Seek to avoid and identify any conflicts of interest

TLB incorporates three 'elements/forums' and thus carries out three distinct roles:

1. Consultative forum
2. ICB Committee
3. Section 75 Committee

Of particular importance is the Section 75 Committee:

"A forum through which relevant section 75 arrangements are managed ("Section 75 Committee"). Section 75 arrangements will be managed, and decisions will be taken in accordance with requisite delegated authority given to core members of the Section 75 Committee by their respective organisations. Trafford Locality Board partners who do not have delegated authority in respect of section 75 arrangements will be able to participate in discussions regarding the section 75 arrangements, subject to conflict-of-interest rules, but will not be able to take decisions in relation to section 75 arrangements."

In addition, we have an established BCF Working Group which meets weekly responsible for operational issues, planning and monitoring and a monthly Section 75 Steering Group co-chaired by the Corporate Director of Adult Services, Trafford Council and Deputy Place Lead,

NHS GM, which sets strategy, assess impact and agrees BCF returns prior to submission via formal governance (TLB and HWBB).

The final sign-off of the BCF Plan is the responsibility of Trafford HWBB. It is also where assurance is sought that the BCF plan not only aligns to the wider aspirations of the Trafford Locality Plan but also contributes towards the Health and Wellbeing Strategy, specifically reducing health inequalities.

However, it is important to note TLB has commissioned a 'Governance Review' commencing March 2026 to assess current arrangements in light of the new NHS GM Operating Model and the construct of new locality teams following a formal restructure and creation of Place Partnerships under a new Place Partnership Agreement. The outputs of this review will inform future governance arrangements from approximately the middle of 2026/27. Our new partnership governance arrangements will remain the vehicles by which we will deliver against our system priorities, including the aims of the BCF.

Successor arrangements (TBC as part of the ongoing governance review) to TPCB will be a key forum whereby BCF is operationally overseen with formal escalation to both the HWBB and TLB where applicable. Until such new arrangements are in place TPCB will remain a pivotal partnership forum.

The current Trafford system governance demonstrates our commitment to an inclusive set of governance arrangements across the Trafford system with full partner engagement/membership which will transcend into the new arrangements. Below is a list of system partners who are active members of some/all of our locality governance arrangements:

- NHS Greater Manchester
- Trafford Council (Various Directorates)
- Manchester Foundation Trust (MFT)
- Trafford Local Care Organisation (Part of MFT)
- Greater Manchester Mental Health Foundation Trust
- Trafford General Practice Board
- Healthwatch Trafford
- Mastercall (Out of hours provider)
- Trafford Community Collective (VCFSE Representative)
- Trafford Leisure
- Greater Manchester Police
- Department for Work and Pensions

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