

# Agenda

## Trafford Locality Board Meeting

Date: Tuesday, 16 June 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	5 mins	Apologies for Absence		Info	Chair
1b			Declarations of Interest		Info	Chair
1c			Minutes of the Meeting Held on April 2026	Paper	Approval	Chair
1d			Action Log & Matters Arising	Paper	Discuss	Chair
1e			Forward Plan	Paper	Info	Chair
2	1.05	5 mins	<b>Public Questions</b>		Discuss	Chair
3	1.10	5 mins	<b>NHS Reform Update</b>		Info	COD
4	1.15	15 mins	<b>Live Well Neighbourhood Plan Progress Report</b>	Paper	Discuss/Info	TM
5	1.30	15 mins	<b>The Local Area SEND Reform Plan</b>	Paper	Approval	JM
6	1.45	15 mins	<b>TPCB Future Governance Arrangements</b>	Paper	Approval	PD/MK
7	2.00	5 mins	<b>NHS GM Trafford Finance report</b>	Paper	Info	TM

Part 2: S75						
8	2.05	20 mins	<b>BCF</b>	Paper	Discuss/Info	MK / AC
8a			<b>Q4 End of Year Report</b>			
8b			<b>BCF 25/26 Narrative Report</b>			
9			<b>Any Other Urgent Business</b>			

# Minutes

## Trafford Locality Board

Date: Tuesday, 19 May 2026

Time: 1.00 pm

Venue: Meeting Room 12 and via MS Teams

Present	Apologies
<p>Tom Ross (TR) Leader of Council and Co-Chair  Jane Wareing (JW) GP Board Representative and Co-Chair  Helen Gollins (HG) Director of Public Health, Trafford Council  Heather Fairfield (HF) Healthwatch Trafford  Elizabeth Calder (EC), Director of Strategy, GMMH  Sara Todd, Place Based Lead NHS GM Trafford &amp; Chief Executive of Trafford Council  Bernadette Ashcroft (BA), VCFSE Representative, Trafford Community Collective  Tom Rafferty, Acting Chief Strategy Officer, MFT  Lyndsey Quirk, Director of Social Work and Social Care, Trafford Council as sub for MK</p> <p>In attendance:  Adam Hebden (AH) Director of Strategy, MFT  Thomas Maloney (TM) Programme Director Health and Care, NHS GM Trafford and Trafford Council  Patricia Davies (PD) LCO Chief Executive  Cllr Jane Slater (JS) Trafford Councillor</p>	<p>Charlotte Bailey (CB) Chief People Officer NHS GM  Darren Banks (DB) Group Director of Strategy, MFT  Maggie Kufeldt (MK) Corporate Director of Adults &amp; Wellbeing, Trafford Council  Manish Prasad (MP) Associate Medical Director, NHS GM Trafford</p>

<p>Nina Des Forges (NDF), Project Manager,          Trafford Council for item 10          Pippa Dewhirst, Governance Team          Leader, NHS GM</p>	
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Item No.	Topic	Action
1	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were received Darren Banks, Manish Prasad, Charlotte Bailey and Maggie Kufeldt.</p>	
2	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest.</p>	
3	<p><b>MINUTES OF THE MEETING HELD ON THE 28TH APRIL 2026</b></p> <p>RESOLVED: the minutes of the meeting held on the 28th April 2026 were approved as an accurate record.</p>	
4	<p><b>ACTION LOG &amp; MATTERS ARISING</b></p> <p>The action log was reviewed.</p> <p>TM advised with regards to action numbers 182 and 183 they both related to the draft neighbourhood plan and the actions to produce an easy to read version and supporting communications would be completed once the plan was submitted in September.</p> <p>COD took the opportunity to brief TLB on positive news that recurrent funding of £600k had been secured to address district nursing capacity issues and would enable the district nurse and palliative care services in Trafford to operate a seven day service. COD noted the actions from the ear care service paper were being considered and the additional investment sourced for the district nurse service had enabled additional time to reflect and complete a full EQI. PD advised recruitment had begun to support the district nurse and palliative care service and advised she would share the recruitment links.</p> <p>RESOLVED: the action log and matters arising were noted.</p>	ACTION
5	<p><b>FORWARD PLAN</b></p> <p>RESOLVED: the forward plan was noted.</p>	

6	<p><b>PUBLIC QUESTIONS</b></p> <p>There were no public questions received.</p>	
7	<p><b>REFORM UPDATE</b></p> <p>COD provided a brief verbal update noting that the expression of interest process was due to end and staff should start to receive confirmation if they have slotted into a role in the new staffing structure.</p> <p>RESOLVED: TLB noted the reform update.</p>	
8	<p><b>TRAFFORD LOCALITY SCORECARD – MAY 2026</b></p> <p>TM presented the locality scorecard highlighting that Trafford performance was above the expected level in eleven areas:</p> <ul style="list-style-type: none"> <li>• National screening programme – bowel age 60-74;</li> <li>• National screening programme breast age 50-70;</li> <li>• NHS Health Checks age 40-74;</li> <li>• % people using social care in receipt of direct payments;</li> <li>• Dementia diagnosis rate;</li> <li>• % of patients with &gt;+20% 10 year cardio vascular disease risk score treated with statins;</li> <li>• Chronic Kidney Disease Quality and outcomes framework Registers;</li> <li>• GP appointments – percentage of regular appointments within 14 days;</li> <li>• Antimicrobial resistance (% broad spectrum antibiotic prescribing);</li> <li>• A&amp;E attendance rate per 1,000; and</li> <li>• 2 hour urgent community response.</li> </ul> <p>TM noted this had been consistent for a number of months and was included in the report to highlight the continued relevance of work being carried out by partners. TM advised that as part of the new operating model there was an outcomes framework being developed as part of the place partnership agreement and as new governance arrangements evolve it may be that we need to reassess if we continue to use the locality scorecard format. TM noted any future products would align with our agreed strategic priorities captured within our draft neighbourhood plan which was due to be submitted in September 2026.</p> <p>RESOLVED: TLB noted the progress related to the Trafford Locality Scorecard and accompanying narrative.</p>	
10	<p><b>WORKWELL PROGRAMME UPDATE</b></p> <p>WorkWell was an early-intervention work and health assessment</p>	

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 delivered support via drop-in or appointment at Trafford's community hubs. The offer was open to Trafford residents facing health-related barriers to employment. Key workers linked into borough wide and neighbourhood-based health and employment support services via existing networks in Trafford. NDF joined the meeting to provide a summary of the report which covered:

- National context;
- Trafford work well phase1 delivery model;
- Key achievements;
- Finances;
- Service user feedback;
- Lessons learned; and
- Workwell 2026/27 model.

NDF confirmed the change to reporting arrangements with regional commissioning responsibilities transferring to GMCA and reporting therefore shifting from TLB to Trafford Council Corporate leadership team.

TR thanked NDF for the update and noted the case study included was helpful and he would welcome any further updates. JS agreed the evidence of impact was impressive and would like to see future updates.

HG suggested it would sit within live well which would report into to Health and Wellbeing Board. TM agreed to take an action to discuss with HG how to integrate into live well.

ACTION

JM noted there was some areas of childrens reform such as best start in life plan that needs further consideration as to how could best be integrated and presented in a coherent way.

TLB noted the recommendations.

RESOLVED: Trafford Locality Board noted:

- The Impact and progress made during the WorkWell pilot phase (October 2024 – March 2026); and
- 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.

11	<p><b>HEALTHWATCH END OF YEAR PERFORMANCE AND IMPACT REPORT 2025-26</b></p> <p>Healthwatch provided a report that detailed the work they had completed in 2025-2026 and its impact. The report detailed Healthwatch key highlights as:</p> <ul style="list-style-type: none"> <li>• Pathways to CAHMs report utilised and featured in action plans across MFT, GMICB and GMMH;</li> <li>• Healthwatch evaluation of feel good Partington highlighted challenges and issues and how these could inform future learning;</li> <li>• Healthwatch work on GP choice project contributed to Healthwatch England report on the choice gap;</li> <li>• Changing futures evaluation supported the securing of additional funds;</li> <li>• Work with deaf residents facilitated MFT looking at how to develop bespoke training;</li> <li>• Healthwatch report on patient participation groups influenced trafford participation strategy and design of the enter and view programme;</li> <li>• Recommendations from Delamere enter and view visit implemented by the practice;</li> <li>• Trafford locality plan influenced by Healthwatch work with seldom heard residents in health and social care.</li> </ul> <p>TR gave thanks for the report noting the value that Healthwatch brings. HG concurred, noting the great work Healthwatch do to support the public health team with regards to engagement support particularly in Partington where over 600 responses were received from the survey Healthwatch led on their behalf. COD agreed Healthwatch support was invaluable as part of the urgent care review.</p> <p>TM noted Trafford Healthwatch colleagues were valued and their work helped to support strategic priorities and support the system to function better. Concern was noted with regards to the uncertain future of Healthwatch and Trafford colleagues endeavoured to support where possible to ensure the patient voice continued to be heard.</p> <p>RESOLVED: TLB noted the update.</p>	
12	<p><b>TRAFFORD COMMUNITY COLLECTIVE IMPACT REVIEW</b></p> <p>BA provided a summary of the activity of Trafford Community Collective (TCC) during 2025-2026. The main focus was 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 provided an update on the key areas of focus including Strategic representation, Leadership,</p>	

	<p>Capacity, Data and Research, Volunteering and Engagement. The presentation also updated on TCC aspirations and priorities for the coming year.</p> <p>TR noted his thanks for the hard work of TCC and the VCFSE sector. JS noted thanks for report and agreed would not be able to deliver without support from volunteers. EC and HG concurred giving thanks for TCC support. TM noted TCC had been fundamental in supporting changing futures programme and economic trail blazer work would not be successful without BA input. TM noted BA attended 19 boards and suggested a dispersed leadership model could be useful and BA and TM agreed to discuss offline.</p> <p>RESOLVED: TLB considered how the work of the Trafford Community Collective would contribute to system change and reform in Trafford.</p>	
13	<p><b>PRIMARY CARE HIGHLIGHT REPORT</b></p> <p>The primary care highlight report was provided for information.</p> <p>RESOLVED: TLB noted the primary care highlight report.</p>	
14	<p><b>2026/27 BETTER CARE FUND PROGRAMME: PLANNING SUBMISSION</b></p> <p>AC presented the paper to TLB. TLB were advised the Better Care Fund (BCF) sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. AC confirmed once the BCF 2026- 27 assurance return was approved, the 26/27 Section 75 Agreement was required to be in place no later than 30 September 2026. The report provided an overview of the national planning submission requirements for 2026/27. The submission consisted of two documents a completed narrative return and a completed numerical return which articulates compliance with national conditions, income and expenditure position and goals against the national metrics. These documents were provided as Appendix 1 and 2 to the paper. The 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 had been approved by the ICB Executive Team and all 10 localities BCF plans would be submitted to NHS England by the national deadline of 19th May. The full BCF return to NHS England was attached alongside the paper and AC provided a summary of key highlights.</p> <p>AC recognised this year was recognised as year of BCF reform and plans were required to align with relevant areas of neighbourhood health. Localities had been asked to undertake a pragmatic approach</p>	

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 would be no other changes to the current funding system.

AC advised as part of the alignment with the development of neighbourhood health services 2026-27 framework placed emphasis on intermediate care, including rehabilitation and reablement services. In Trafford, this had been a longstanding fundamental part of our BCF Programme and therefore did not mark a change. AC noted NHS England were clear that achieving value for money and improving overall productivity should be a collective endeavour and strong governance arrangements should be in place to support.

AC reported that NHS GM had undertaken some work to provide some consistency across the 10 localities BCF plans in preparation for the new operating models as BCF will be the core financial element of the place agreements. There were ten thematic areas recommended all of which are included in Trafford's 26/27 BCF programme plan.

AC provided an overview of three metrics contained in the BCF plan as per the report along with the proposal for target improvement and rationale. The metrics were:

1. Non elective admissions to hospital for people aged 65 and over per 100,000 population – proposed 1% improvement;
2. Average length of discharge delay for all acute adult patient – proposed 2% improvement; and
3. Long-term support needs of adults (65+) met by admission to residential and nursing homes, per 100,000 population' – proposed 17 new admissions a month.

ST queried where the oversight would be and TM indicated there had been discussions at Trafford Provider Collaborative Board about a new forum called the Joint Leadership Group where BCF could be managed and Manchester were taking a similar approach.

**RECOMMENDATION: TLB:**

1. Noted the content of 26/27 BCF Planning return which includes the expenditure and metric planning document and supporting narrative.
2. Noted 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.

15	<b>ANY OTHER URGENT BUSINESS</b>  There was no other business.	
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Trafford Locality Board - Action Log 26/27

Action No.	Date of Meeting	Agenda Item Ref.	Action	Update	Lead	Target Date	Status
182	2/17/2026	Draft Neighbourhood plan	TLB feedback to be incorporated into final submission in May including vision statement etc.	Submission not due until September.	TM	9/1/2026	In Progress
183	2/17/2026	Draft Neighbourhood plan	TM to produce easy to read version to support resident engagement.		TM	10/1/2026	In Progress
191	3/17/2026	Earcare	Detailed options paper to be brought to TLB incorporating TLB feedback.		AC	7/21/2026	In Progress
195	4/28/2026	Healthwatch - Public feedback	DB to get tram announcement changed to notify users it was the stop nearest the hospital.	DB to provide verbal update.	DB	5/21/2026	In Progress
196	4/28/2026	Healthwatch - Smoking	DB to provide contact details to Healthwatch to access lung data.		DB	5/21/2026	Completed
197	4/28/2026	Healthwatch - Cancer	All to update BA with any projects they were aware of that support people living with cancer.		All	5/21/2026	Completed
198	4/28/2026	Healthwatch - oral care	AL to discuss oral health survey with PD and JM to possibly tailor to support their work.		All	5/21/2026	Completed
199	5/19/2026	District Nursing	PD to share recruitment links		PD	6/16/2026	In Progress
200	5/19/2026	Workwell	TM to discuss how workwell would integrate into live well.	Action closed picked up as part of the live well infrastructure group and where applicable the steering group moving forward.	TM	6/16/2026	Completed

In Progress  
Overdue  
Completed

Date & Time of Meeting	21 July 1pm	18 Aug 1pm	15 Sept 1pm
Deadline for papers	14-Jul	11-Aug	8-Sep
Part 1 – GM ICB Committee (Trafford)			
	Locality Update and Governance	Locality Update and Governance	Locality Update and Governance
	NHS Reform Update	NHS Reform Update	NHS Reform Update
	Governance Task and Finish Group Clinical Governance	Governance Task and Finish Group	Governance Task and Finish Group
	Finance, Performance and Sustainability Finance Jigsaw Report	Finance, Performance and Sustainability Locality Scorecard	Finance, Performance and Sustainability Finance Jigsaw Report
	Risk	Risk Risk Register	Risk
	Quality	Quality	Quality
	Primary Care Primary Care Highlight Report	Primary Care	Primary Care Primary Care Highlight Report
	Childrens CYP Neuro Diversity Pathway	Childrens Childrens Update	Childrens
	TCAPS TCAPs Highlight Report	TCAPS	TCAPS TCAPs Highlight Report
	Trafford Provider Collaborative Integrated Neighbourhood Team Model	Trafford Provider Collaborative	Trafford Provider Collaborative
	Trafford Participation Group	Trafford Participation Group	Trafford Participation Group
	Partner Update Healthwatch Performance Report	Partner Update	Partner Update
Part 2 – Section 75 Committee		s75 quarterley update	

# 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](mailto: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](mailto:gmicb-tr.governance@nhs.net).



<b>Name of Committee / Board</b>		<b>Trafford Locality Board</b>		
<b>Date of Meeting</b>		<b>16 June 2026</b>		
<b>Report Title</b>		<b>Trafford Live Well Neighbourhood Update</b>		
<b>Report Author &amp; Job Title</b>		<b>Thomas Maloney, Programme Director Health and Care, Trafford Council &amp; NHS GM</b>		
<b>Organisation Exec Lead</b>		<b>Thomas Maloney, Programme Director Health and Care, Trafford Council &amp; NHS GM</b>		
<b>OUTCOME REQUIRED</b>	Approval	Assurance	Discussion x	Information x
<b>EXECUTIVE SUMMARY</b>				
<p>The NHS Planning Guidance for 2026/27 introduced a new national requirement for Neighbourhood Health Plans, reflecting priorities in the NHS 10-Year Plan.</p> <p>In Greater Manchester (GM), a proposed framework has been developed by NHS GM. GM localities already have Locality Plans and Delivery Plans, so neighbourhood health plans will be integrated into these existing structures to maintain coherence. Plans will adopt a full Live Well approach, covering health, public services, and community support, guided by Live Well Hallmarks.</p> <p>The first draft of the Trafford Live Well Neighbourhood Plan was agreed at the Trafford Locality Board and submitted to NHS GM on 17 February 2026.</p> <p>This report summarises the development of the Trafford Live Well Neighbourhood Plan so far, and updates the Board on activity and achievements since the submission of the first draft in February 2026.</p>				
<b>RECOMMENDATIONS</b>				
<p>The Board are asked to:</p> <ol style="list-style-type: none"> <li>1. Acknowledge the update, including the Neighbourhood Plan developments and achievements.</li> <li>2. Acknowledge and support the next steps</li> </ol>				
<b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b>				
<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		Risk arrangements are contained within the Neighbourhood Plan and have been developed with colleagues responsible for risk management. Risk management at project, programme, service level is retained within appropriate organisational governance.		
<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		Name/Designation:		
		Comment / Approval: Financial arrangements and approaches on a neighbourhood level are contained within the Neighbourhood Plan. Finance colleagues via FPS have been a key partner in the development of the draft		



	plan. Each delivery priority identified will have its own respective resource implications considered.
<b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i>	Date of Clinical Lead comment:
	Name/Designation:
	Comment: n/a – clinical colleagues are a key partner in the ongoing development and delivery of the Plan.
<b>What is the impact on inequalities? (Please provide a high-level description of any known impacts)</b>	Addressing inequalities is a key strategic priority in the Plan, reinforced by our Fairer Trafford approach to developing system priorities.
<b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
<b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	
<b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	Trafford's aim of carbon neutrality will be considered in the development of the model.
<b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i>	Measurement and outcome approach is contained within the Plan and is aligned with local and partner outcome measures and frameworks.
<b>Enabler implications</b>	<b>Legal implications:</b> Legal implications are considered as we develop the model and advice/guidance sought as appropriate.
	<b>Workforce implications:</b> Workforce implications are considered as we develop the model and advice/guidance sought as appropriate.
	<b>Digital implications:</b> Digital implications are considered as we develop the model and advice/guidance sought as appropriate.
	<b>Estates implications:</b> Estates implications are considered as we develop the model and advice/guidance sought as appropriate.
<b>Sub-Board Sign-Off / Comments</b> <i>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</i>	Trafford Provider Collaborative Board received a version of this report at the May meeting.



<b>Organisation Exec Lead Sign off</b>	<b>Thomas Maloney, Programme Director Health and Care, Trafford Council &amp; NHS GM</b>
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# Trafford Live Well Progress Report

Trafford Locality Board:

June 2026

**Trafford**

Integrated Care Partnership



**Part of** Greater Manchester  
Integrated Care Partnership





# Trafford Live Well Neighbourhood Plan Update: Background and Context



The NHS Planning Guidance for 2026/27 introduced a new national requirement for Neighbourhood Plans, reflecting priorities in the NHS 10-Year Plan. In Greater Manchester (GM) localities already have Locality Plans and Delivery Plans, so all Neighbourhood Plans developed in localities have been integrated into these existing plans and structures to maintain coherence.



Trafford's Neighbourhood Plan responds to the NHS 10 Year Plan and incorporates our Live Well approach, covering health, public services, and community support, guided by Live Well Hallmarks.



Following approval at the Trafford Locality Board, we submitted our draft Trafford Neighbourhood Plan on 17 February 2026.



This draft plan responds to a centrally commissioned GM template and is sectioned into the five areas below, covering current elements of our neighbourhood model and proposes the priorities for our Plan in 26/27:

- Locality Neighbourhood Structure
- Neighbourhood Governance
- Neighbourhood Operating Model
- Local Delivery Priorities 2026/27
- Local Delivery of GM Commissioning Priorities 2026/27



# Trafford Live Well Neighbourhood Plan Update: Responding to the Neighbourhood Health Framework



- The publication of the Framework on **17 March 2026** set out a number of requirements of localities, some building on existing aims and ambitions in the NHS 10 Year Plan, and some new and specific to the Framework.
- Following the publication of the Framework, we have undertaken a comprehensive analysis of the requirements placed on localities by the Framework and mapped out where we either **currently have in-place** or have **including this in our draft Plan for 2026/27**, and any **gaps**.
- Positively, there are no identified gaps between what the Framework suggests and what we have in operation or have planned. For 2026/27.
- Detail can be found on the following slides.

## Summary of the Neighbourhood Health Framework

**Purpose:** Neighbourhood Health aims to transform how health and care are delivered by organising services around people and local communities rather than institutions. It strengthens prevention, improves access integrates NHS and local authority services, and shifts care closer to home.

**Core Vision – Neighbourhood health places the person at the centre of care by:**

- Delivering joined up services for a defined local population
- Strengthening primary, community, social care, and VCFSE sector partnerships
- Left shift from hospitals to community setting
- Focusing on prevention, early intervention and proactive care management

### Delivery through Reform Agenda

<b>Improve Routine Care</b>	<b>Improve proactive care</b>	<b>Better alternatives to hospital care</b>
<b>GP access recovery</b> More diagnostics direct to primary care Reduce bureaucracy between primary & secondary care Expanded role for pharmacies	<b>INTs for:</b> frailty, end of life, LTCs, CYP, cancer <b>Community waits reduced to 18 weeks (80% by 2028-29)</b> More outpatient care delivered locally	<b>Expanded urgent community response</b> Growth of virtual wards <b>Enhanced IMC (step-up and step-down)</b> Pilots for neighbourhood mental health centres

**National Goals – by March 29 or before**

**Goal 1 – Improve outcomes**

- 10% reduction in admissions/bed days for frailty & end of life cohorts by 2029
- 10% improvement in outcomes for major LTCs
- 10% reduction in children’s acute OP appointments

**Goal 2 – Improve GP access**

- 90% of clinically urgent patients seen same day by March 2027

**Goal 3 – Improve Planned Care**

- 25% diversion rate via SPOAs by 2027
- 10% reduction in follow ups

**Goal 4 – Improve UEC**

- Reduced ED attendances and ambulance conveyances in priority cohorts
- Support 4hr standard (82% by 2027, 85% longer term)

**Goal 5 – Improve patient and staff satisfaction**

- 95% of people with complex needs to have a care plan by 2027
- New experience measures for neighbourhood teams

**Finance:**

ICBs expected to shift funding from acute to community settings. Changes expected to be locally driven, **not dependent on new national funding**

**Neighbourhood Health Centres (NHCs):**

250 centres by 2035 (120 by 2030)  
 Mixture of new builds and repurposed estates.  
 Bring together GP, community care, social care and VCFSE.

## Trafford Live Well Neighbourhood Plan Update: Responding to the Neighbourhood Health Framework – 2026/27 requirements

**Trafford**  
Integrated Care Partnership



### Neighbourhood Health Framework: Trafford Analysis

Requirement	Delivery due by	Trafford Position Statement			NHF Additional Information
		Currently in place	Included in 26/27 Plans	A Gap	
<b>Stage 1: Immediate changes in the 2026-2027 financial year</b>					
Agree an initial plan to reduce non-elective admissions and bed days by increasing the capacity of urgent, rehabilitation and reablement services at neighbourhood level, based on patient risk register analysis	March 2027				<p>The Medium Term Planning Framework asks ICBs to prioritise the fundamentals at pace and to work with their local partners to make the changes required to deliver neighbourhood health.</p> <p>ICBs will need to ensure the NHS delivers the minimum basic requirements in 2026 to 2027, as well as laying the groundwork for more fundamental reform. As part of this, ICBs and HWBs should start developing and embedding new ways of working with local government and wider partners in 2026 to 2027 to start jointly developing their approach to neighbourhood services in their area</p> <p><b>Regional teams will work with ICBs on progress against the essential actions. ICBs are requested to ensure these are completed as soon as possible</b></p>
Agree a plan for tackling unwarranted variation and improving access to general practice, ensuring core hours requirements as defined in the national GMS contract are met, including the newly introduced urgent access requirements	March 2027				
Agree neighbourhood footprints around natural communities for the future development of INTs	March 2027				
Agree plans to establish INTs focused on high priority cohorts, including how devolving care budgets could work in their area	March 2027				
Start to plan for a new neighbourhood approach for elective pathways with detail on how they can contribute to meeting the RTT standard and how they would use a devolved commissioning budget for outpatients for their population	March 2027				
Confirm plans to meet 18-week community waits and eliminate 52-week waits.	March 2027				
Confirm how ICBs and local authorities intend to use pooled funding under the Better Care Fund (BCF) in line with BCF guidance (noting that any funding decisions must also be consistent with the national conditions for the fund, including the required increases in ICBs' minimum contributions to adult social care over the next 3 years)	March 2027				
Continue to improve the primary and secondary care interface in line with the red tape challenge	March 2027				
Confirm organisational ownership of planned deliverables	March 2027				
Confirm plans for having the appropriate data-sharing arrangements in place to do robust patient identification and evaluation	March 2027				

# Trafford Live Well Neighbourhood Plan Update: Responding to the Neighbourhood Health Framework – longer term reform 2027-29



Neighbourhood Health Framework: Trafford Analysis					
Requirement	Delivery due by	Trafford Position Statement			NHF Additional Information
		Currently in place	Included in 26/27 Plans	A Gap	
<b>Stage 2: Longer term reform (April 2027 to March 2029)</b>					
Provide a broad overview of how the national NHS objectives will begin to be delivered through the 3 reform agendas outlined above	March 2029				<p><b>For implementation from at least the 2027 to 2028 financial years</b>, ICBs should work with HWBs and their partners to develop a locally owned neighbourhood health plan.</p> <p>Once agreed with partners, the plan will need to include the requirements to the left.</p> <p>Once this is agreed, <b>the ICB will incorporate this locally owned plan into their refreshed 5-year strategic commissioning plan</b>, in line with the strategic commissioning framework, which will be the formal NHS commissioning strategy for neighbourhood health. Systems are expected to go beyond the measures outlined in this framework (for example to develop the role of neighbourhood health in prevention) if they choose to do so.</p>
Set out how neighbourhood health will support wider local goals to improve health outcomes and reduce health inequalities, and deliver on any locally agreed wider public service reform agendas	March 2029				
Set out how local objectives are informed by the JSNA, and any other assessments by ICBs or local authorities, as deemed necessary by them and the HWB	March 2029				
Confirm final geographies that partners will then work within	March 2029				
Confirm which organisations are responsible for different elements of delivery	March 2029				
Confirm the arrangements that will be in place to deliver this, including governance and operational partnership arrangements	March 2029				
Confirm how any other relevant initiatives align with the strategy (In Trafford this includes such as Best Start Family Hubs, employment support, housing, culture)	March 2029				





## Trafford Live Well Neighbourhood Plan Update: Review of Plan Priorities cont.

The review is almost complete with a small number of priorities still to be reviewed. There are also emergent 'Left Shift' priorities that may be built into our plan. The exercise is due to complete by the end of June with a final set of Neighbourhood Plan priorities presented at the June TPCB.

The below highlights the current priorities identified as being Transformational or Brilliant Everyday Services and Offers that require Place Partnership to deliver and so remain in the Neighbourhood Plan:

### Transformational Priorities

Poverty Strategy implementation including new food partnership and Best Start in Life commitments

Developing and strengthening a public mental health approach across the lifecourse; including VCSFE network and small grants for community organisations

Develop joined up systems to sustainably obtain, manage and share data and intelligence to address the health needs of our population and monitor impact

Delivery of Care Closer to Home & effective Community Based Urgent and Emergency Care (UEC)

Delivery of Hospital at Home in Trafford

Delivery of Live Well Phase 1 & 2

Intermediate Care Transformation

Community Mental Health Transformation

Develop and implement the Trafford Live Well Integrated Neighbourhood Teams Model

Transforming community mental health services - modernising community mental health services for adults (aged 18+) and older adults with severe mental illness and complex needs ( e.g. psychosis, bipolar disorder, eating disorders, severe depression, trauma) , taking into account the particular needs of our local areas.

### Brilliant Everyday Services and Offers

Deliver Fairer Trafford recommendations for priority cohorts

Developing and strengthening VCSFE Mental Health Collaborative

Review parent-infant mental health offers

Commission new CYP community mental health offer

Address capacity within Palliative Care

Address capacity within District Nursing

Address capacity within Occupational Therapy

Development and integration of our Live Well Minimum Offers across the Live Well Centres and Spaces

## Trafford Live Well Neighbourhood Plan Update: Key Achievements

**Trafford**  
Integrated Care Partnership



### Trafford Live Well Implementation

Development of the Trafford Live Well vision across the life-course and the development of Live Well Offers, including the soft launch of Live Well in Sale across Sale West Community Centre and Coppice Library and Wellbeing Centre.

### Development of the Trafford Integrated Neighbourhood Teams (INT) Model

Development of the INT Model, including proposed vision, deliverables and structure of Neighbourhood Health and Care MDTs and Neighbourhood Leadership Teams. Additional investment from Better Care Fund and opportunities for General Practice participation identified and developed with colleagues.

### Community Nursing investment

NHS GM confirmed an additional funding of £600k to address gaps in Trafford's community nursing capacity. This includes additional capacity in District Nursing, Bladder and Bowel Nursing and additional capacity in treatment rooms and diabetes nursing.

Recruitment to additional posts is underway, as is the work to recover and transform services. The consultation regarding the disestablishment of Clinical Prioritisation is being finalised, which will see the alignment of staff within each District Nursing Team and is in line with MFT's commitment to redesign district nursing as part of this investment agreement.

An additional 12-month fixed term post has also been recruited to support Bladder and Bowel backlog recovery ahead of remodelling, with routine work transferring to District Nursing.

### Specialist Palliative Care

This funding builds on to the additional 277k provided recurrently as part of 24/25 BCF plans, which was agreed in response to significant demand vs capacity and unacceptable waits to for this service. This investment enabled formalised palliative care consultant support to the community service and increased capacity in other areas of the SPCT MDT. This investment has seen significant improvements in performance and enabled the introduction of a neighbourhood model of working to improve the way specialist palliative care is delivered across the locality. However, still limited to 5- day service, with no face to face provision at weekends or bank holidays.

The 26/27 BCF agreed investment will enable the specialist palliative care nursing to extend to 7 -day service to enable joint working with other agencies such as urgent community response (crisis) and NWS to more residents at home and reducing avoidable admissions. This will see an increase in 1x WTE SPC Senior Nurse, 1x WTE SPC Nursing and 1x WTE Health Care Assistant. This will be delivered through a joint hub across Trafford and South Manchester to support resilience and cost-effectiveness.

Detailed action plans are being developed by TLCO.

### Publication of the Trafford Participation Strategy 2026-28

The codesigned strategy was approved and published in April 2026, containing a Framework containing a series of fundamental 'building blocks'— for us to deliver against our ambition of systematic participation in health and social care

### Adults Support and Prevention Hub

The Adult Support and Prevention Hub (formerly Adult Social Care Front Door) has undergone significant change and transformation. As the first point of contact for Trafford residents, the team delivers a whole-system, preventative approach that integrates social work practice, occupational therapy, and strong partnership working.

The Hub offers flexible access routes, including an online portal, telephone, email, and face-to-face contact, ensuring timely and inclusive access to preventative services that support improved outcomes for residents.

The team has achieved key milestones, including improved service stability, timely and person-centred access to aids and Telecare, admission avoidance, increased access to social and community opportunities, and the commissioning of short-term interventions to promote independence and delay longer-term care needs.

## Trafford Live Well Neighbourhood Plan Update: **Next Steps**



- Trafford representation in a dedicated **GM System Leadership Group** session engaging system partners on how we deliver the national standards for neighbourhood health while strengthening this through Greater Manchester's wider Live Well approach.
- The submission of final Neighbourhood Plans to NHS GM is due by **September 2026**.
- Ahead of then we are working to update all sections of the plan with lead officers from all stakeholders/partners - capturing key achievements throughout the final period of engagement.

### **Key areas of focus:**

- Finalisation of Live Well Neighbourhood Plan Delivery Priorities
    - **Trafford Live Well Implementation Plan 26/27**, including; Integrated Neighbourhood Teams Model Implementation and Live Well Eco-System roll-out and integration of the minimum offers
    - **Brilliant Everyday Services & Offers / Transformational Priorities**
  - Structured programme of activity to understand '**Impact and Evaluation**' of our Live Well Neighbourhood Plan, linked to GM Prevention Demonstrator and GM Live Well – enhancing our strategic partnership with Applied Research Collaborative Greater Manchester (GM ARC)
-



<b>Name of Committee / Board</b>		Trafford Locality Board		
<b>Date of Meeting</b>		16 <sup>th</sup> June		
<b>Report Title</b>		The Local Area SEND Reform Plan		
<b>Report Author &amp; Job Title</b>		Karen Samples: Director of Education (Trafford Council)		
<b>Organisation Exec Lead</b>		Jill McGregor, Corporate Director of Children's Services		
<b>OUTCOME REQUIRED</b> <i>(please highlight)</i>	Approval X	Assurance	Discussion	Information
<b>EXECUTIVE SUMMARY</b>				
<p>The Board is asked to consider the:</p> <ul style="list-style-type: none"> <li>• SEND reform plan;</li> <li>• SEND reform plan data template;</li> <li>• Maturity matrix; and</li> <li>• Trafford SEND dashboard.</li> </ul> <p>The suite of documents will form the proposed submission to the DFE which is due on the 19th June 2026.</p> <p>The documents have been coproduced across the partnership with input from a wide cross section of people both internal and external. They have been submitted to DFE advisers and we have acted on that very positive feedback to further strengthen the case for Trafford and how we will implement the changes to improve outcomes for our children and young people.</p> <p>The Strategic SEND Partnership Board which also includes representatives from schools and the Parent Carer Forum as well as health and council employees endorsed these papers and the submission on the 11<sup>th</sup> June 2026.</p> <p>The SEND Reform Plan requires a number of signatories on the front page as this is very much a partnership approach. The papers will also go to ICB leaders for sign off which is being coordinated through GM colleagues.</p>				
<b>RECOMMENDATIONS</b>				
<p>The Board is asked to review the SEND documents attached and approve their submission to DFE ahead of the 19<sup>th</sup> June 2026 deadline.</p>				
<b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b>				
<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	<p>There is a general risk that if we don't establish shared responsibility, engagement and input from across the SEND Partnership, the reform plan will not be signed-off, delaying our ability to implement whole system SEND reform. This will also carry significant financial and reputational risk.</p>			



<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation Mat Tanner, Finance Manager Children and Schools (Trafford Council)
	Comment / Approval <i>(Delete appropriately)</i> : Award of High Needs Stability Grant circa £29m is dependent on approval of the SEND Reform Plan by DfE which requires whole system shared responsibility.
<b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i>	Date of TCAPS / Clinical Lead comment (Delete appropriately):
	Name/Designation: (If appropriate)
	Comment:
<b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i>	N/A
<b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	N/A
<b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	Engagement with both parents/carers, young people and schools will be taking place over the coming weeks.
<b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	
<b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i>	Contained within the paper
<b>Enabler implications</b>	<b>Legal implications: N/A</b>
	<b>Workforce implications: N/A</b>
	<b>Digital implications: N/A</b>
	<b>Estates implications: N/A</b>



<b>Sub-Board Sign-Off / Comments</b> (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	Considered at SEND Partnership Board on 11 <sup>th</sup> June 2026
<b>Organisation Exec Lead Sign off</b>	Jill McGregor, Corporate Director of Children's Services

## Annex A: Local SEND Reform Plan

Name of Local Authority: Trafford Council

Name of Integrated Care Board: Greater Manchester ICB

Local SEND Reform Plan SRO: Jill McGregor

### Signatories

Role	Name	Signature	Email contact	Date
Director of Children Services	Jill McGregor			
LA CEO	Sara Todd			
CEO of the ICB	Cathy Elliot			
ICB Place Director				
LA 151 Officer	Graeme Bentley			



## Executive Summary

Trafford's Local SEND Reform Plan sets out our vision for transformation over the next 3 years, with a priority to create a sustainable SEND system which delivers early identification, intervention and mainstream inclusion through an iterative approach, so that all children and young people can thrive and achieve their potential in local provision. Our plan is built around our **existing SEND Ambitions Plan, local inclusion service infrastructure and strong partnerships** with schools and settings and aligns with the Children's Wellbeing and Schools Act. It will also work in synergy with other reforms such as Families First Partnership Programme and Best Start in Life

The **four building blocks** provide the foundations for delivery including:

1. Strengthening inclusion across education settings
2. Access to specialist support and local placements
3. System leadership, local partnership collaboration and co-production
4. Encouraging inclusive culture and behaviours

Central to this work is **the development of the Experts at Hand model** which has been co-created from across the partnership to work in a place-based way across consortia of schools and settings. Delivery will be supported through a dedicated Project Manager and SEND Navigator to ensure access is clearly understood, fair and equitable. A dedicated **Experts at Hand steering group** has already been established and this will continue to meet to ensure a smooth mobilisation of resource and maintain pace and traction.

As Trafford already benefits from a **strong SEND infrastructure** through a number of services, inclusive of Educational Psychologists, Local Area SENCOs and SEND Advisory Consultants, we are in a good position to bring additionality to our offer to ensure our schools and settings are well supported. In addition, our previous development of the **Local Inclusion Support Offer through the Change Partnership Programme**, has enabled us to pilot alternative ways of working, which we will refine accordingly.

Our **key metrics** for monitoring success will fall under four key areas aligned to the four delivery building blocks:

1. Inclusion
2. Early Intervention and placement
3. Engagement, participation and collaboration
4. Trust, confidence and lived experience

Monitoring of our key metrics will continue to take place through our **SEND dashboard as well as our feedback loops** capturing the lived experience of all partners. The **Senior Responsible Officer** will be integral to ensuring rigorous governance is in place ensuring models of working and outcomes provide **financial sustainability and value for money** Trafford welcomes this opportunity to drive forward reforms and develop strong inclusive practice across the borough.

## Section 1 – Vision and Goals

Our vision is “**to have excellent provision that meets the needs of children/young people with SEND and their families in their local communities**” and places co-production and working with families, through integrated service delivery, at the heart of what we seek to achieve and our commitment to ensure children and families are receiving the right help, at the right time and in the right way. **This vision is centred around ensuring all of our children thrive and achieve their potential within an inclusive and sustainable system.**

Trafford’s Strategic SEND Ambitions Plan reflects the reform principles and sets out our strategic intent to improve outcomes for our children and families. These include:

### **Our voices shape our future**

- ★ We will make sure there are opportunities for children and families to engage in ongoing reflective dialogue and provide feedback to influence decision-making and shape services.

### **Ensuring our children have the best start in life**

- ★ We will ensure our Best Start in Life offer meets the needs of families with children with SEND
- ★ We will ensure that Inclusive Provision is embedded across all settings
- ★ We will continue to embed an integrated approach

### **Our young people thrive and reach their potential**

- ★ We will ensure that all young people feel that they “belong” in their settings
- ★ We will maintain strong outcomes for all C/YP with SEND across all milestones of their educational journey and transition well, equipped with skills for employment and for life.

The strategic goals set out a move from participation and consultation towards demonstrable influence and co-design embedding our vision for the voice of children and young people to shape service delivery. In 3 years’ time we want to see an increased level of parent/carer satisfaction through lived experience and use a “you said, we did” overview alongside parent and CYP surveys to capture that success over time.

Through this work it is our intention to provide a system that supports an increase in the proportion of pupils with an EHCP in mainstream to increase in line with North West regional neighbours (above national) including for those at SEN support. Equally we want to see a reduction in absence for SEND pupils down to 2% below national and 1.5% below national for pupils with an EHCP with exclusion rates halving. More children with places in and

accessing mainstream settings, reducing special school and INMSS cost and a sustainable system that represents value for money alongside better outcomes for children and young people is at the core of our ambitions.

From greater inclusion, early intervention and increased attendance and standards we want to achieve a GLD up 5%. KS2 pupils achieving expected standards in reading, writing and maths with EHCPs will improve to 18% and SEN support to 46% respectively. We also want to see KS4 A8 average scores with an EHCP 25 and at SEN support 49.5.

Our model will be focused around our **Experts at Hand (EAH) offer; this will enable multi-disciplinary teams** to work in and through schools/settings and clusters, to **offer the right support at the right time, and build skills, knowledge and expertise** across the early years, schools and post 16 sectors. More children can be supported effectively without the need for escalation to specialist services, helping to reduce pressure on the system over time. Alongside stronger partnerships between education, health and families, this shift towards early intervention and inclusive practice will improve outcomes for children and young people while supporting a more sustainable, integrated SEND system.

## Section 2 – Strategy

**Strengthening inclusion across education settings**– organising places and provision to meet as many needs as possible, as close to home as possible, with all settings and providers moving towards a shared understanding and consistent practices around inclusion.

**System leadership, local partnership collaboration and co-production** – putting in place the enabling conditions across a local area that ensures planning and provision reflects the local area & is joined up, including strategic co-production with parent carers and children and young people.

**Access to specialist support and local placements** – improving collaboration between settings and deploying expertise from a range of specialist and expert sources, to support schools and settings to meet the needs of children and young people earlier and locally.

**Encouraging inclusive culture & behaviours** – using funding and shared accountability towards a system that works for children and families while achieving value for money.

Local blueprint for the next 3 years	Where we are	Where we will be in the next 3 years
<b>Building blocks</b>  <b>Strengthening inclusion across education settings</b> <ul style="list-style-type: none"> <li>Locality-based EAH offer providing advice, support and</li> </ul>	<b>System Leadership, local partnerships collaboration and co-production</b> As a Local Area, Trafford has benefited from strong system wide support including political and corporate support within the Local Authority which has strengthened governance and oversight	<b>System Leadership, local partnerships collaboration and co-production</b>  <b>Partnership Working and Governance</b> Our strategic objective will be to create shared ownership, influence and

<p>training for all settings</p> <ul style="list-style-type: none"> <li>Inclusion bases established throughout the sector supported by practice standards to deliver equity and consistency</li> </ul> <p><b>Access to specialist support and local placements</b></p> <ul style="list-style-type: none"> <li>Embedding the APST to further refine and improve the 3-tier model of support</li> <li>Clearly defined delivery model of support built on the 3-tier model of universal, targeted and specialist support</li> </ul> <p><b>System leadership, local partnership collaboration and co-production</b></p> <ul style="list-style-type: none"> <li>Strengthened co-production to ensure demonstrable influence and design</li> <li>Robust data systems which inform commissioning and planning and strengthen accountability</li> </ul> <p><b>Encouraging inclusive culture and behaviours</b></p> <ul style="list-style-type: none"> <li>Effective intelligence-led workforce development offer with targeted support through outreach specialists</li> <li>Development of SEND Profiles to enable robust quality assurance</li> </ul> <p><b>Enablers</b></p> <p><b>Capital</b></p> <ul style="list-style-type: none"> <li>Inclusion base and specialist place rollout</li> </ul> <p><b>Workforce Development</b></p> <ul style="list-style-type: none"> <li>Continuation of needs-led workforce development programme</li> <li>Experts At Hand locality-based delivery model</li> <li>Alternative Provision Specialist Taskforce</li> <li>Outreach support</li> </ul> <p><b>Data/digital systems</b></p> <ul style="list-style-type: none"> <li>Single SEND dashboard including both quantitative and qualitative measures based on lived-experience feedback loops</li> <li>School/setting inclusion profiles</li> <li>Place planning and sufficiency modelling to inform commissioning intentions</li> <li>Regular data reporting into Assurance Board and SEND Strategic boards</li> <li>Risk register</li> </ul>	<p>from across the partnership. <b>Our SEND Strategic Partnership Board</b> is well attended and has good representation across the entire system and the <b>SEND Steering Group</b> acts as the vehicle for operational delivery.</p> <p>The <b>Chief Executive and Lead Member Assurance meeting</b> ensures political and senior officer line of sight to SEND and meets quarterly. The Leader of the Council also attends this meeting ensuring that scrutiny sits at the highest level.</p> <p><b>Headteacher representation at Board</b> level ensures that it is well placed strategically to maintain a focus on ambitious outcomes and achievement with the foundations to strengthen shared accountability.</p> <p>Whilst we have a <b>Designated Social Care Officer</b> to provide connectivity, support and challenge, we have been hindered by the <b>absence of a Dedicated Clinical Officer</b> for a while which represent a relative weakness in the system at this point in time. This has at times frustrated the oversight of the health system in SEND.</p> <p><b>Our SEND Ambitions Plan</b> has been strengthened significantly and provides clarity and a whole system approach to turning our strategy into actions and our approach to the SEND reforms will be embedded within them.</p> <p>Trafford is committed to working in partnership with families using the principles and behaviours set out in our “Co-production Guide”. <b>Trafford Parent Forum as our Strategic Partner</b>, has been engaged in the development of our governance and Ambitions Plan. Most recently, this has been hampered as they have been transitioning into new arrangements with new representatives in place; however, we have continued to engage families in our work, particularly in the development of our plans and we have used multiple forums, including webinars, using our Family Hubs and through support from Greater Manchester PCF, to ensure they are sighted on our strategic work and provide opportunities for parent voice to be shared. This will be an ongoing area of development with our new PCF colleagues.</p> <p>Our <b>Children and Young People’s Steering Group</b> is developing and will drive forward our engagement with C/YP to ensure their voices shape our planning too. Surveys have been shared and workshops held with our secondary aged pupils, to ensure their views, particularly around inclusion and belonging, will feed into our planning.</p> <p><b>Strengthening inclusion across education settings Collaboration and relationships with all providers across the age ranges are strong;</b> there is representation from Headteachers and SENCos at both strategic and operational levels which facilitates both support and challenge. This includes both maintained and academies settings.</p>	<p>accountability across the SEND Partnership.</p> <p>The Strategic SEND &amp; AP Board will continue to report into the Locality Board, which has system-wide representation including the Chief Exec as Place-Based Lead, and a strong health focus, enabling robust connectivity across the SEND system.</p> <p>We will increase SEND visibility across wider systems and strengthen health engagement. We will ensure impact evaluation drives continuous improvement through a clear shared outcomes framework built on transparency, lived experience reflecting impact and delivery progress.</p> <p><b>Co-production with Parents/Carers and CYP</b></p> <p>We will move from participation and consultation towards demonstrable influence and co-design. This will include broadening parental engagement and thereby strengthening parent/carer forum influence, as well as embedding our vision for the voice of children and young people to shape service delivery. These are key to improving trust and confidence.</p> <p><b>Strengthening inclusion across education settings</b></p> <p>Our SEND system <b>will demonstrate a significant shift to inclusive mainstream provision and early prevention.</b></p> <p>We will have a predictive, intelligence-led approach to commissioning and sufficiency planning through a <b>single SEND dashboard</b>. This will enable us to align data directly to commissioning and sufficiency planning as well as improve our forecasting accuracy.</p> <p>We will <b>build on the success of the Change Partnership Programme to develop our Experts at Hand offer</b> to continue to strengthen inclusive mainstream practice and reduce the reliance on specialist escalation. We will <b>scale successful interventions and redesign ineffective activity</b>. Schools and settings will be co-design partners within SEND Reform delivery using training, quality assurance and peer support as enablers to improve practice.</p> <p>We will build on the existing strong internal infrastructure of SEND advice, support and training and move to a “<b>locality consortium of schools</b>” model thereby <b>improving access to specialists through shared efficiencies which align with our locality ways of working.</b></p>
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As a **selective borough**, there is an inevitable inequitable distribution of pupils with SEND across the secondary sector and post 16 provision, but we have remained steadfast in our focus on inclusion, with many aspects of quality assurance and training taking place across all types of provision.

As a result, SEND has been a standing item at all meetings raising the profile of inclusion at the highest level with an aim ensure maximum engagement and shared responsibility.

**Early identification of SEND is strong in Trafford** as we know getting it right in the early years can have a long term, positive impact on children's outcomes. We focus on ensuring that the early years' workforce have the skills, experience and knowledge to best support young as well as work effectively with families through a range of support provided by Health Visitors, Trafford Early Development Service (TEDS) and the Early Years SEND Advisory team. We also commission through Early Years DSG money a Speech and Language Therapist (SALT) and Educational Psychologist (EP) linked to best start offer plus an EP offering workforce development and overseeing system projects. **Our Early Years Graduated Approach compliments the co-designed and launched Ordinarily Available Inclusive Provision** tool supported by a robust workforce development offer.

**Performance for children and young people with SEND is also strong** in Trafford as evidenced in the educational outcomes at all milestones including attendance and exclusion rates. This is due in part to the strong workforce development offer already in place developed by our internal teams. A robust specialist health services provision includes children's community nursing team including special school and learning disability nursing, speech and language therapy, occupational therapy and physiotherapy.

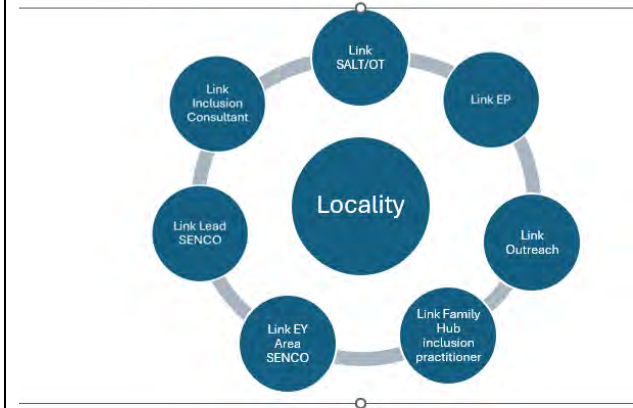
#### **Access to specialist support and local placements**

**The Local Authority SEND Inclusion Services** are made up of Educational Psychology Service (EPS), SEN Advisory Service (SENAS), Sensory Impairment Support Service (TSISS) and our Education of Vulnerable Children's Service.

**Our SEND advisory service** is a strength and provides direct and targeted advice and support to settings and schools so that they can deliver appropriate support to our children and young people related to Autism and Social Communication, Physical and Medical Needs, Specific Learning Difficulties and Quality and Inclusion.

Most schools in Trafford have a named Educational Psychologist (EP). **The EP Service offers regular support to all schools** to help them to identify and support children with SEND. The service provides bespoke training to schools based on their needs and requirements.

In response to the increased demands around Social and



There will be **4 locality-based school and settings consortia** who will be provided with timely **access to the multi-disciplinary teams** through an access system in which the multi-disciplinary teams will be visible within school at agreed times. The teams will work in collaboration with schools to understand and assess ongoing needs to enable the identification of suitable training and support to be delivered. The Early Years EAH offer will be an enhanced offer of the current professionals available to settings but working in an aligned locality consortia model. Support and training will be provided at whole setting-level as well as targeted cohort support and the model will be jointly commissioned and owned by the LA and ICB.

A **generic workforce offer** will continue to be available to support the universal offer of ordinarily available inclusive provision with a **continued roll out of Mental Health Support Teams** throughout our schools.

The **Alternative Provision Specialist Taskforce** will be embedded across the borough, providing **holistic early support and intervention** for those at risk of suspensions and permanent exclusions as well as providing whole school training, to ensure **all young people feel that they belong**.

Our **Educational Psychology service** will have an embedded model of pre-statutory as well as statutory support, providing training and advice to both young people and parents/carers. They will provide settings with strategies for implementation as well as solution-focused ways of working, reacting and responding to need as required.

The **Balanced System** will be embedded as part of the EAH offer delivering its core principles of prevention and early intervention to

Emotional Mental Health needs, **the EPS offer is inclusive of evidenced-based programmes to schools to build capacity and a whole school approach to emotional health and wellbeing.** The team also operates an inclusion model of service delivery, which means for each child they are involved with, they are working with school to co-produce outcomes and packages of support with parents, pupils, and staff.

In addition, our **Virtual School in partnership with Chester University have rolled out our “Belong” project** across a third of our schools and colleges to complement our inclusive vision for Trafford. This leads to a post-graduate qualification in Attachment and Trauma Awareness, aimed at increasing attainment, attendance and wellbeing of staff and our most vulnerable pupils, through relational inclusive practice.

Through our involvement in **The Balanced System delivery of support for Speech, Language and Communication Needs** we will improve speech, language and communication outcomes for children and young people (CYP) by shifting from a refer-asses-treat model to prevention, early intervention and whole-system capacity-building.

Through our involvement in the **Change Partnership Programme**, we established our Local Inclusion Support Offer based around the **3 key areas of pressure** driving up requests for EHC Plans:

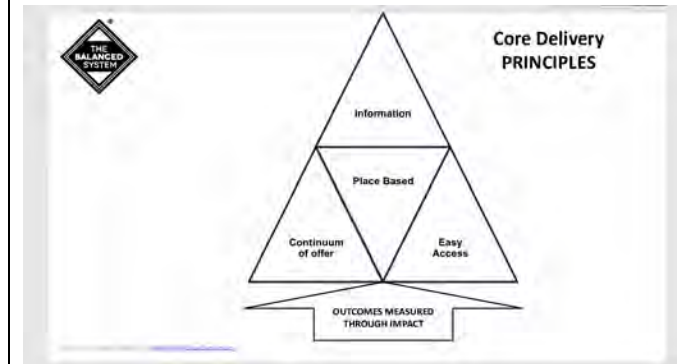
- ✓ Speech, Language and Communication in the Early Years
- ✓ Transition from primary to secondary
- ✓ Social, Emotional and Mental Health

This has enabled us to work with schools and settings to devise an offer of support from additional providers including Wellcomm and Can Do, Speech and Language Therapists, Clinical Psychologists and the **Alternative Provision Specialist Taskforce.**

Whilst it is still early, we are already seeing this targeted approach impacting on attendance, suspension and exclusion data for vulnerable pupils.

Trafford has an **embedded model of Small Specialist Classes and Resourced Provisions within mainstream settings**; these are LA commissioned places supported by a range of specialist services. Most recently we have piloted special school outreach to these settings to provide reviews, training and clinics. This provides an effective delivery model to build on as we roll out Inclusion Bases across the local area.

improve access to timely, high quality SLC support for CYP.



Investment will see **the implementation of inclusion bases** throughout the education estate, including funding for improved adaptations to the environment, thereby enabling CYP to attend a school in their community which best meets their needs. This will enhance the offer of specialist provision already in place in the borough and will benefit from outreach support from the specialist sector.

We will also continue to focus on improving **Preparation for Adulthood** through earlier intervention, prioritised mental health support and strengthened employment and independence pathways.

**Delivery** will be supported by building on our current successful infrastructure of inclusion services but strengthened through robust performance monitoring and a strengthened co-production model.

#### **Financial Sustainability and Resource Management**


Finally, we will ensure SEND reform, inclusion and sufficiency planning is aligned to long-term DSG recovery through a strengthened link between spend and impact.

Success measures	<i>Baseline</i>	<i>Target Metrics</i>
<ul style="list-style-type: none"> <li>• <b>-Inclusion metrics</b> – Attendance and suspension/permanent exclusion rates for all groups across all milestones / Attainment outcomes across all milestones / NEET and EET rates</li> <li>• <b>Early intervention and Placement metrics</b> % of EHCP/SEN pupils across the range of settings, Health metrics – waiting times across all sectors ,reach of training/workforce development, EAH impact, EY offer measures, EYSP data for outcomes for SEND <b>Trust confidence and lived experience</b>-complaints / parent/carer satisfaction through Lived-Experience Panels/ Voice of the Young person surveys / “You said, we did” overview, mediation and tribunal rates, 20-week timeliness / no to assess and no to issue rates / cease rates, <b>parental feedback on accessibility of early education entitlement.</b></li> <li>• <b>Engagement, participation and collaboration</b> - Voice of the Young person surveys, family feedback on ability to access quality SEND advice, attendance data including EHE,</li> </ul>	<p>Please see the attached data dashboard</p>	<p>The target KPIs are presented in the dashboard.</p>

### The local area partnership’s strategy for delivering on the above

SEND and Inclusion remain a strategic priority across the sector and reflects our ambition of inclusion and belonging. This is important in our selective context. Collaboration and co-production from across the Local Area has remained central to informing our planning and delivery models, including parents, schools and young people. Robust governance arrangements have ensured that engagement from across the system has been strengthened; moving forward, we will work to shift governance from monitoring to driving the delivery of the plan and ensure decisions are fully co-produced and system owned.

Early identification and intervention in the Early Years is a strength, and we will continue to build on the success of the Local Inclusion Speech and Language Support Offer and establish Best Start Family Hub Inclusion Practitioners in all our 4 hubs. They will provide triaging support as well as providing support for parents to embed strategies in the home and setting.



The multi-disciplinary approach to the Experts at Hand model will be key in delivering effective inclusion mainstream practice. It will build on our well-established centrally commissioned SEND and Inclusion offer, to strengthen the implementation of the Ordinarily Available Inclusive Provision toolkit with locality-based early intervention and implementation support. All schools will have access to this offer through our SEND Front Door, to ensure appropriate targeted support is provided.

The roll out of Inclusion Bases will be supported through outreach support from the Specialist sector as well as the SEND Advisory Service and Lead SENCOs will work across the education sector and with families and young people, to develop practice standards to ensure consistency of offer.

As reflected in our maturity matrix we are committed to our long-term which outcomes are:

- Children and young people with SEND lead successful, independent lives
- Children and young people feel they belong, are heard, and understood
- Families trust the system, have clarity, and feel confident in support pathways
- Trafford has a sustainable, inclusive system with strong outcomes for all

Through the matrix and this plan we set out what is required to be in place to implement and deliver our vision.

Our system infrastructure requires a co-produced SEND Reform Plan and Experts at Hand (EAH) model which with system monitoring through a SEND Performance Dashboard for system-wide accountability as well as Inclusion Profiles for all schools to identify best practice and target support. We will publish a Sufficiency Strategy aligned to need and have clear, accessible pathways of support for families.

In terms of service delivery, we will require locality-based multi-disciplinary teams in place and embedded place-based support services for early intervention and system wide training and support. Increased specialist places (SEMH, post-16, inclusion bases) and strengthened internal AP and specialist provision.

Our workforce and culture will require ongoing sector engagement to sustain inclusive culture and a workforce development offer through LISO and EAH model. In order to ensure school leaders continue to buy into the inclusive culture and behaviours, stronger mainstream and AP collaboration will be necessary.

Throughout the 3 years, strategic governance will focus on ensuring sustainability so that the most effective practice is embedded into normal ways of working and we have a self-improving system.

## What is the local area partnership roadmap for the next 3 years?

Local roadmap for the next 3 years	2026/27 <b>THE FOUNDATIONS / INTENT</b>	2027/28 <b>IMPLEMENTATION AND EMBEDDING</b>	2028/29 <b>SUSTAINABILITY</b>
<p><b>Enablers</b></p> <p><b>Capital</b> Progress feasibility studies and capital projects to support the roll out of inclusion bases and committed specialist expansion.</p> <p><b>Workforce</b> Deliver the programme of recruitment and deployment of existing services to support the EAH model.</p> <p><b>Data</b> Establish the SEND dashboard to include the metrics required to measure the impact of the EAH offer.</p>	<p><b>Strengthening Inclusion across education settings</b></p> <p>Establish the borough-wide Experts at Hand model with defined access route and triaging process.</p> <ul style="list-style-type: none"> <li>▪ Establish governance arrangements to provide support, oversight and scrutiny, in conjunction with a refreshed SEND dashboard and JSNA.</li> <li>▪ Define the consortia of schools based on the current locality clusters.</li> <li>▪ Agree and mobilise the EAH offer through a series of recruitment planning, workforce deployment and reorganisation of existing services.</li> <li>▪ Set up the SEND Navigator within the dedicated SEND Family Hub, co-located in a navigation team.</li> <li>▪ Refine the Alternative Provision Taskforce to strengthen outreach, providing outreach for those at risk of Emotionally Based School Non-Attendance and exclusion.</li> <li>▪ Implement a whole-scale workforce development programme to support the roll-out of the Ordinarily Available Inclusion Provision toolkit.</li> </ul>	<p><b>Strengthening Inclusion across education settings</b></p> <p>Refine and embed the EAH model to meet demand in the system</p> <ul style="list-style-type: none"> <li>▪ Ensure consistency of offer and access is available to all</li> <li>▪ Focus on whole scale workforce development to achieve economies of scale</li> <li>▪ Refine the workforce delivery plan to meet need and demand.</li> <li>▪ Provide targeted programme of support to settings identified through the Inclusion Profiles. Align this with the National Inclusion Standards.</li> </ul> <p><b>Access to specialist support and local placements</b></p> <ul style="list-style-type: none"> <li>▪ Roll out additional inclusion bases as per the sufficiency strategy</li> <li>▪ Embed the practice standards to improve consistency</li> <li>▪ Review and refine the APST with an improved outreach offer at Tier 1 to demonstrate impact of preventative support.</li> </ul>	<p><b>Strengthening Inclusion across education settings</b></p> <p>Deliver a fully embedded EAH model as a sustainable part of the SEND system across the borough</p> <ul style="list-style-type: none"> <li>▪ Workforce planning reflects needs of the system and demand.</li> <li>▪ Commissioning is informed by EAH and is an established framework of support.</li> <li>▪ The SEND dashboard reflects improving standards for young people with SEND with children thriving in high quality mainstream settings.</li> </ul> <p><b>Access to specialist support and local placements</b></p> <p>The SEND Sufficiency Strategy is embedded and reflects a balance of both specialist and inclusive provision to provide the optimum capacity to meet the needs within the system.</p> <ul style="list-style-type: none"> <li>▪ Estate mapping shows optimisation of space to meet local demand</li> <li>▪ Practice standards are embedded as ways of working</li> <li>▪ Impact on transport reflects growth in pupils attending more local provision</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Further roll out of funded PINS and Belong Programmes across the primary and secondary sector, focusing on areas of need</li> <li>▪ Re-design the Assistive Technology Lending Library, with recruitment of AT Champions</li> <li>▪ Ensure all settings and schools have access to the EAH offer.</li> </ul> <p><b>Access to specialist support and local placements</b></p> <p>The EAH will be the vehicle for settings and schools to access a locality-based multi-disciplinary specialist support with a navigation function providing signposting and advice to parents/carers and partners.</p> <ul style="list-style-type: none"> <li>▪ Establish a SEND Sufficiency Strategy based on the needs identified in the JSNA and demand in the system.</li> <li>▪ Create a plan for the roll-out of Inclusion Bases in conjunction with schools, with targeted funding and timescales.</li> <li>▪ Implement the committed specialist bases in defined schools.</li> <li>▪ Establish practice standards to ensure consistency of delivery across all schools.</li> </ul> <p><b>System leadership, local partnership collaboration and co-production</b></p> <ul style="list-style-type: none"> <li>▪ Revisit governance arrangements to strengthen the oversight of the implementation of the SEND reforms, including the positioning of the SRO and establishment of a risk management system</li> <li>▪ Strengthen co-production with the newly formed Trafford Parent/Carer Forum to improve communication and engagement and move to influence and change</li> <li>▪ Embed the expectations of the reforms within the SEND Ambitions Plan</li> <li>▪ Introduce termly Lived Experience Advisory Panels to enable a “You said.... we did” approach. This will be led by our PCF in conjunction with SEND commissioners.</li> </ul>	<p><b>System leadership, local partnership collaboration and co-production</b></p> <ul style="list-style-type: none"> <li>▪ Embed co-production and feedback loops and evidence impact of LEAPS and influence on commissioning</li> <li>▪ Continue to improve and strengthen Early Years and Education engagement to support greater consistency of practice and experience across the borough</li> <li>▪ Strengthen health engagement in joint planning and delivery using our dedicated health SEND ambition to provide clear oversight of progress, ensuring that performance is monitored through key indicators while also enabling health providers to contribute across wider SEND ambitions on the delivery to support continued alignment with local area reform implementation.</li> </ul> <p><b>Encouraging inclusive culture and behaviours</b></p> <ul style="list-style-type: none"> <li>▪ Utilise Inclusion Profiles to target support and challenge and identify where peer to peer support would be helpful</li> <li>▪ Embed Learning Circles to support opportunities for greater practice sharing</li> </ul>	<p><b>System leadership, local partnership collaboration and co-production</b></p> <p>SEND governance and strategic oversight reflects strong grip and shared accountability across the partnership.</p> <ul style="list-style-type: none"> <li>▪ Co-production is embedded and reflects growth in stakeholder confidence</li> <li>▪ The voice of young people is influencing decision-making</li> <li>▪ Rates of complaints show a decrease</li> <li>▪ Full engagement of health in joint planning and delivery reaching success measures including health providers contributing to those across the wider system.</li> </ul> <p><b>Encouraging inclusive culture and behaviours</b></p> <p>Relational inclusive practice is an embedded way of working across settings and schools.</p> <ul style="list-style-type: none"> <li>▪ Inclusion profiles reflect strong outcomes and improved consistency of practice</li> <li>▪ Workforce development maintains a focus on whole settings early identification and support</li> <li>▪</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ Clear reporting lines established into the High Needs Sub-Group and Funding Forum to ensure impact of reforms on spend is monitored.</li> <li>▪ Build upon the engagement and co-production work that is well established across the local area, with strong collaboration between children’s health providers and wider SEND partnership structures. Health representation is embedded within key forums, including the SEND Steering Group, SEND and AP Partnership Board, and Locality Board, supporting shared ownership of priorities and joint delivery of improvements.</li> </ul> <p><b>Encouraging inclusive culture and behaviours</b></p> <p>The roll out of the Ordinarily Available Inclusive Mainstream Practice toolkits provides the foundations to embedding inclusive behaviours, alongside the continuing implementation of our Belong Programme across schools, with its focus on relational inclusive culture.</p> <ul style="list-style-type: none"> <li>▪ Strengthen understanding of “ordinarily available” provision through audits and the establishment of Inclusion Profiles</li> <li>▪ Develop a programme of Learning Circles to provide peer to peer support and the sharing of good practice</li> <li>▪ Establish a model of “SENCo supervision” using clinical psychologists</li> </ul>		
<p><b>Success measures</b></p> <p><i>Drawing on metrics from the accompanying data template</i>  <i>E.g.</i>  <i>Improve attendance of pupils in all maintained schools (mainstream and special) with SEN</i>  <i>Reduce spend on ISS places</i></p>	<p><b>Inclusion and Belonging</b></p> <ul style="list-style-type: none"> <li>▪ <b>All schools and settings have access</b> to the EAH through the locality-based consortium model</li> <li>▪ Numbers of schools and settings accessing training increases</li> <li>▪ The OAIP toolkit is rolled out across the borough supporting schools and settings to meet needs at a universal and targeted level</li> </ul>	<p><b>Inclusion and Belonging</b></p> <ul style="list-style-type: none"> <li>▪ Performance indicators across all measures reflect continued improved trends <b>(LI)</b></li> <li>▪ Data reflects a growth in children having needs met at a universal and targeted level</li> <li>▪ Inclusion profiles demonstrate equity of SEND provision across the borough</li> </ul>	<p><b>Inclusion and Belonging</b></p> <ul style="list-style-type: none"> <li>▪ Ordinarily Available Inclusive Provision is an embedded approach across all school and settings</li> <li>▪ Sustained strong outcomes across all education performance indicators including rates of EET<b>(LI)</b></li> </ul>

<p>Increase # children and young people supported by Education Psychologists/SALT/OT in maintained provision          Improve overall effectiveness of provision          NEET data</p> <p>Leading indicators (LI)</p>	<ul style="list-style-type: none"> <li>▪ Achievement for SEND pupils at all milestones remain in line and above national comparative data</li> <li>▪ Attendance rates for pupils with SEND continue to improve across all milestones including both <b>persistent and severe attendance (LI)</b></li> <li>▪ Rates of <b>suspensions and permanent exclusions</b> for SEND pupils decrease, particularly in the <b>secondary sector (LI)</b></li> <li>▪ Improved rates of SEND young people who are in <b>Education, Employment and Training (LI)</b></li> </ul> <p><b>Access to specialist support and local placements</b></p> <ul style="list-style-type: none"> <li>▪ Schools and settings accessing specialist support increases</li> <li>▪ Rates of <b>requests for assessments and EHC</b> plans show signs of stabilising and remain below comparative data <b>(LI)</b></li> <li>▪ The rate of growth for <b>requests for EOTAS</b> shows signs of stabilising <b>(LI)</b></li> <li>▪ <b>Inclusion bases are operational</b> in line with delivery plan</li> <li>▪ More young people are in post 16 provision and accessing education and training</li> </ul> <p><b>System leadership, local partnership collaboration and co-production</b></p> <ul style="list-style-type: none"> <li>▪ <b>Feedback loops</b> reflect early indications of reported confidence in the navigation offer</li> <li>▪ <b>LEAPs are operational</b> and evidence of system change</li> <li>▪ Improved grip and <b>shared accountability</b> through <b>shared ownership of dashboard</b> including the High Needs Budget.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rates of attendance and exclusions show a favourable improvement and above national and statistical comparative data. <b>(LI)</b></li> <li>▪ NEET rates for young people with SEND are reducing with more young people accessing education, employment and training</li> </ul> <p><b>Access to specialist support and local placements</b></p> <ul style="list-style-type: none"> <li>▪ Data reflects an increase in the number of young people with SEND accessing education in mainstream provision or the local specialist sector. <b>(LI)</b></li> <li>▪ There is a decline in the numbers of young people accessing out-of-borough provision including Independent and Non-Maintained Special Schools <b>(LI)</b></li> <li>▪ There is timely access to EAH including the Alternative Provision Specialist Taskforce</li> <li>▪ Ongoing reduction in the rates of EHCP requests and EOTAS requests. <b>(LI)</b></li> </ul> <p><b>System leadership, local partnership collaboration and co-production</b></p> <ul style="list-style-type: none"> <li>▪ Continued parental confidence reported through engagement processes and partner reports</li> <li>▪ Strengthened sufficiency planning which connects need, provision and funding.</li> <li>▪ Robust financial monitoring reports begin to reflect value for money.</li> </ul>	<p><b>Access to specialist support and local placements</b></p> <ul style="list-style-type: none"> <li>▪ The sufficiency strategy is embedded and is meeting forecast data with more young people accessing local provision</li> <li>▪ Access to specialist advice and support is embedded within typical ways of working</li> <li>▪ Transport budgets reflect a stabilised position with less pupils accessing out-of-borough provision</li> </ul> <p><b>System leadership, local partnership collaboration and co-production</b></p> <ul style="list-style-type: none"> <li>▪ Reduced complaints and tribunal appeals reflect greater confidence in the system</li> <li>▪ Parental and young people voice is embedded in ways of working</li> <li>▪ The SEND partnership can demonstrate effective value for money as reflected in reduced escalation expenditure</li> </ul>
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The SEND Data Dashboard is accessible here:



SEND%20data%20overview.xlsx

### What will the local area partnership deliver in the first year?

2026-27 Local delivery plan		Q2		Q3		Q4	
<b>Workstream outline – mapped to building block</b>  <b>Outcome</b> - what you want to achieve with this workstream  <b>Success measures</b> – how you measure progress drawing on metrics from the accompanying data template	<b>Responsible lead per workstream</b> – accountable for the delivery of the workstream and the identified outcome.	<b>Milestones per workstream</b> What key milestones will enable you achieve your targeted trajectory	<b>Target trajectory per workstream</b> Where do you expect your data to be?	<b>Milestones per workstream</b> What key milestones will enable you achieve your targeted trajectory	<b>Target trajectory per workstream</b> Where do you expect your data to be?	<b>Milestones per workstream</b> What key milestones will enable you achieve your targeted trajectory	<b>Target trajectory per workstream</b> Where do you expect your data to be?
<p><b>Building block – Strengthening Inclusion across settings</b></p> <p><b>Workstream 1: Establish the borough-wide Experts at Hand model with defined access route</b></p> <p><b>Outcome</b> A multi-disciplinary Experts at Hand model is mobilised across each locality/consortium of schools with a clearly defined access route as defined in Section 2 of the plan. This will include the recruitment of:</p> <ul style="list-style-type: none"> <li>• Additional Educational Psychologists</li> <li>• 4 Speech and Language Therapists</li> <li>• 2 Occupational Therapists</li> </ul>	<p>Head of SEND &amp; Inclusion</p> <p>Children’s Community Services Lead AHP</p> <p>(Sponsor: Associate Director of Nursing and Quality)</p>	<p>Initial EAH support agreements constructed with defined clusters of schools.</p> <p>Recruitment of posts achieved to build in the EAH model.</p> <p>Programme of OAIP roll-out confirmed with implementation plan.</p>		<p>Assistive Technology Lending Library in operation.</p> <p>EAH commence their work within schools.</p> <p>Feedback loop through cluster reflections and surveys.</p>		<p>End of year evaluation report based on feedback loops.</p> <p>Consider refine/redesign needed.</p>	

<ul style="list-style-type: none"> <li>4 Lead Sencos (seconded from schools)</li> </ul> <p>The remainder of the team will involve the deployment of existing teams to operate in a locality-based model.</p> <p><b>Success measures</b></p> <ul style="list-style-type: none"> <li>Full roll out of the Ordinarily Available Inclusive Practice toolkit across all schools and post 16 settings</li> <li>Over 50% of schools and settings receive access to targeted and whole school support through the EAH</li> <li>Increased use of assistive technology is across the school sector</li> <li>School feedback loops evidence confidence in EAH model</li> <li>The SEND dashboard reflects improved educational outcomes for young people with SEND</li> </ul>							
<p><b>Building block- Access to specialist support and local placements</b></p> <p><b>Workstream 2- Roll out of Inclusion and Specialist Bases</b></p> <p><b>Outcome</b> The SEND JSNA is updated to reflect need and demand to support effective commissioning.</p> <p>The refreshed SEND Sufficiency Strategy reflects the programme plan for the roll out of:</p> <ul style="list-style-type: none"> <li>Committed plans for specialist places across the primary, secondary and specialist sector</li> </ul>	<p>Head of SEND &amp; Inclusion</p> <p>Head of Education Places, Access and Vulnerable Children</p> <p><i>(Sponsor: Director Education, Inclusion and Early Support)</i></p>	<p>SEND JSNA refreshed.</p> <p>Committed work on specialist bases commenced.</p> <p>First round of funding available for secondary schools to access to establish inclusion bases.</p>		<p>Ongoing capital works for inclusion bases/specialist bases.</p> <p>Practice standards to start being developed.</p>		<p>Practice standards for bases co-produced and finalised.</p>	

<ul style="list-style-type: none"> <li>▪ Allocation of funding to all secondary schools to invest in inclusion bases and deliver environmental adaptations</li> <li>▪ Wave 1 of additional primary inclusion bases</li> </ul> <p><b>Success Measures</b></p> <ul style="list-style-type: none"> <li>▪ Funding allocations received by all secondary schools for full implementation of inclusion bases</li> <li>▪ Agreed practice standards developed to support consistent practice</li> <li>▪ Expressions of interest received by primary schools for adaptation funding</li> </ul>							
<p><b>Building block - System leadership, local partnership collaboration and co-production</b></p> <p><b>Workstream 3: Our Voices Shape Our Future (Co-production and Engagement)</b></p> <p><b>Outcome</b></p> <ul style="list-style-type: none"> <li>▪ A programme of co-production and engagement events is established for parent/carers and young people</li> <li>▪ Lived Experience Advisory Panels are re-established with termly thematic focus groups</li> <li>▪ The SEND Navigator is implemented, working alongside Family Hub and ND Navigators.</li> <li>▪ Feedback loops are built into strategic board meetings to enable partner voices to be heard.</li> </ul>	<p>SEND Participation and Engagement Officer</p> <p>Trafford Parent/Carer Forum</p> <p><i>(Sponsor: TBC)</i></p>	<p>“SEND Plan Launch” event planned and delivered.</p> <p>Lived-Experience Advisory Panels established and first meeting held.</p> <p>SEND navigator in post and embedded in the Family Hub.</p>		<p>Feedback loops established within the Strategic Board.</p>		<p>Evaluation report and year 2 planning</p>	

<p><b>Success Measures</b></p> <ul style="list-style-type: none"> <li>▪ SEND Navigation function is active</li> <li>▪ Parent/carer and young people survey reflect positive steps</li> <li>▪ A reduction in complaints and numbers of mediations</li> <li>▪</li> </ul>							
<p><b>Building block- Encouraging inclusive culture and behaviours</b></p> <p><b>Workstream 4: Inclusion and Belonging</b></p> <p><b>Outcome</b> There is greater consistency in practice across all schools and settings with the Ordinarily Inclusive Mainstream Practice toolkit integrated into daily practice.</p> <p>The implementation of Inclusion Profiles provides a robust oversight of inclusion indicators for each setting to enable targeted support where appropriate.</p> <p><b>Success Measures</b></p> <ul style="list-style-type: none"> <li>▪ The SEND dashboard reflects ongoing improvement in inclusion indicators – eg. Attendance, suspensions, exclusions</li> <li>▪ All schools are implementing the strategies within the OAIP to support high quality teaching and learning</li> <li>▪ Targeted interventions are improving outcomes for pupils with SEND</li> </ul>	<p>SEN Advisory Service (SENAS) Manager</p> <p>Virtual School Headteacher</p> <p>Early Years Consultant</p> <p><i>(Sponsor: Director of Education, Inclusion and Early Support)</i></p>	<p>A single SEND dashboard is agreed.</p> <p>Lead SENCOs are deployed to support the implementation of the OAIP toolkit</p>		<p>The SEND dashboard is complete with regular reporting into SEND Board.</p> <p>Planning for the Inclusion Portfolios commences.</p>		<p>Inclusion Profiles completed and used to target year 2 support and workforce development.</p> <p>Evaluation report of OAIP toolkit finalised to support year 2</p>	

<ul style="list-style-type: none"> <li>▪ The number of young people accessing alternative provision or EOTAS begins to reduce</li> </ul>				
<p><b>Projected Investment Spend per quarter</b></p> <ul style="list-style-type: none"> <li>▪ Experts at Hand (EAH)</li> <li>▪ Alternative Provision Specialist Taskforce</li> <li>▪ Workforce development programmes- PINS/ Belong</li> <li>▪ Transformation roles (Project Support / Data Analyst / SEND Navigator / SEND Commissioner / Participation and Engagement Officer)</li> </ul> <p><b>Total Spend</b></p>	<ul style="list-style-type: none"> <li>• £239k</li> <li>• £329k</li> <li>• £131k</li> <li>• £148K</li> </ul> <p>Total: £847k</p>	<ul style="list-style-type: none"> <li>• £220k</li> <li>• -</li> <li>• £180k</li> <li>• £140k</li> </ul> <p>Total: £540k</p>	<ul style="list-style-type: none"> <li>• £372k</li> <li>• -</li> <li>• £117k</li> <li>• £109k</li> </ul> <p>Total: £598k</p>	

## How will the local area partnership deliver the first-year plan?

The delivery of the programme of reforms will be achieved through **key workstreams**, aligned to the building blocks and **woven into our SEND Ambitions Plan**. This will be supported through the **recruitment of project support, a data analyst and SEND commissioner**. The **SEND Steering Group will act as the delivery board**, focusing on establishing and mobilising key teams and overseeing the implementation and roll-out with regular **reporting to the SEND Strategic Partnership Board and Assurance Groups**. The Transformation Funding allocation will be used to provide additional infrastructure to support the implementation of the Reform Plan.

There will be **named programme leads** for the workstreams from across early years, education, health and social care, utilising our existing Inclusion services.

Regular data reporting and feedback loops will be built into the programme, including the development of **Lived Experience Advisory Panels**, to enable ongoing feedback from parents/carers, young people and partners. The SENCO forums will provide a vehicle for ongoing reflective audits, and a programme of themed learning circles will support the sharing of good practice. The newly appointed Data Analyst will provide the **tracking function** against the KPIs identified in the plans.



## Investment will be directed at:

- Experts at Hand organisation and implementation
- A strengthened whole-scale workforce development aligned to the Ordinarily Available Inclusive Provision Toolkit
- Programme management, performance reporting and tracking of impact
- Capital investment in the roll out of Inclusion Bases

## Other funding **Local Authorities**.

### Block Transfers

Trafford is **not** proposing to make a block transfer following a decision from Funding Forum. This was due to increased concerns from school leaders around school budgets and the ongoing reductions in staffing they are having to make to support budgetary constraints.

### Capital

Whilst Trafford's educational landscape is complex due to its selective context, our **Sufficiency Strategy reflects our commitment to ensuring that every child and young person with SEND can access the right support in their local community**. It will maximise mainstream inclusion in line with the reforms and address the current shortfall of secondary specialist places in-borough to be used where required due to complexity of need, meaning children with the most complex needs can attend a local school.

The capital strategy is a central component of our sufficiency strategy, aligning capital investment with:

- increasing mainstream inclusion
- reducing reliance on high-cost independent placements
- improving outcomes for children and young people

- 
- supporting long-term financial sustainability

We are adopting an “**inclusion-first**” hierarchy, whereby:


1. Existing mainstream capacity is adapted and enhanced
2. Inclusion bases are developed at scale (support and specialist)
3. Specialist school provision is only expanded where necessary for pupils with the most complex needs

Strong governance arrangements, including the **School Places Steering Group and Strategic Place-Shaping Board**, ensure that all capital decisions are aligned to this strategy and subject to robust challenge and oversight.

Across all sectors, an element of our sufficiency strategy is to enhance and develop existing offers and identify and utilise available space, in partnership with schools and Multi-Academy Trusts. We have already established strong engagement with school leaders across all sectors, consulting them consistently over time to assess the needs across our 4 localities to inform future planning and activity. 15 of the 19 secondary schools in Trafford are academies; trusts will co-design inclusion base models and lead delivery of capital projects which will adapt and develop existing spaces in these schools.

Over time, Trafford's High Needs Capital Programme has focused on addressing the lack of specialist base capacity in the primary mainstream sector; **we have achieved an additional 176 places over the last few years**. In addition, the primary mainstream sector has already developed **71 support base places** which presents a positive foundation to build on. Alongside this programme of work, we have been **committed to investing in our local specialist** sector. This has contributed to a reduction in out-of-area placements at primary phase, providing a strong evidence base for scaling this approach into secondary provision. We currently have 3 secondary special schools in-borough, catering for SEMH, MLD, ASC and PMLD and this local specialist provision is operating above capacity across all designations. Too many secondary age children and young people are placed in costly independent settings, often outside the borough, because there is **insufficient specialist local provision for secondary age children**.

We have seen a 15.5% growth in pupils attending Independent and Non-Maintained Special School places over the last 2 years, with 166 CYP currently placed in INMSS high-cost settings. Our sufficiency strategy includes creation of specialist base places in secondary schools, and



additional places in secondary special schools in-borough. **Placement in specialist provision is limited to cohorts where needs cannot be safely or effectively met within mainstream environments, including pupils with PMLD, complex SEMH and high-risk cohorts.** Investment in specialist provision is necessary and will significantly reduce the requirement for INMSS placements. On average, the cost of an INMSS placement is almost 5 times the cost of a special school placement in-borough, with an average saving of £46k per pupil where in borough special schools are used.

These pressures will inform our strategic planning over the next 3 years.

### **Year 1 (2026-7)**


#### **Inclusion base model**

We propose to establish **a support base capital grant** initially for **secondary mainstream** schools to enhance and adapt the physical environments of existing support bases in place. For any schools without a support base, the grant will enable schools to set up an environment suitable for the needs of their learners. **We aim to achieve support bases in all 19 secondary schools.** If this is not achieved, the contingency would be to create slightly larger bases in some of our schools, which meet evidenced needs. There will then follow a **primary school allocation, ensuring equity across the system.**

We will **support schools to provide classrooms that are structured, predictable, and designed using evidence-based principles to reduce sensory overload, with clear zones that support learning, independence, and regulation.** This will go hand in hand with the **development of core delivery principles** to ensure consistency of quality and delivery across the borough. Aligned to this is the further roll-out of **assistive technology** through the continuation of our loan library to improve the accessibility of the curriculum for all learners.

### **Years 2 & 3 (2027-2029)**

While we have maximised opportunities to meet need within mainstream settings, there remains a **clearly evidenced cohort of pupils whose needs are too complex to be met through inclusion bases alone.** To address the shortfall in **secondary specialist places to meet these,** we intend to **create 74 places in specialist base places and a further 95 places in specialist school places.** Capital works are already underway through a scheme being led by The Dean Trust to create 25 additional specialist base places at Broadoak School. There is a high level of confidence that the first cohort will start in 2027. Investing in support and specialist bases will provide the support needed to address the main



primary areas of need across our schools. This would also enable a more aligned, inclusive pathway from our primary bases into secondary, thereby protecting space in the specialist sector for our most complex young people. Further schemes will be driven through an EOI process for specialist bases alongside targeted conversations with schools with planned expansion or new builds to identify a first phase of the capital investment across the estate. Followed by a more targeted process to ensure equitability of offer across the borough that meets the needs of communities, all in collaboration with our school colleagues.

A business plan has been developed by Sovereign Trust to support moving their sixth form provision to a satellite location to create an additional 55 secondary phase specialist places at Manor Academy. Trafford is working in partnership with the trust to identify a suitable satellite site.

### **Value for Money**

This capital strategy is expected to deliver:

- **Significant increase in mainstream inclusion capacity**, reducing reliance on specialist provision over time
- **Reduction in high-cost independent placements**, particularly at secondary phase
- Improved **continuity of provision from primary to secondary**, reducing transition risk
- Better outcomes for children and young people through local, stable placements

Investment is designed to deliver **long-term cost avoidance**, by:

- reducing INMSS placement costs
- minimising transport expenditure
- improving system efficiency

Our capital strategy represents a comprehensive and ambitious programme of system transformation ensuring capital investment not only addresses sufficiency pressures but is actively driving the transition to a more inclusive, sustainable, and high quality SEND system.

## 1. System partner and stakeholder engagement, and co-production.

### Strategic Governance

Trafford's **Strategic SEND and AP Board** hold the remit for system leadership, oversight, and delivery of our strategic SEND improvement plan, including the implementation of our SEND reform plan. It has **senior, whole system membership** from across education, health, and care, including representation from the Lead Member, parents/carers, and commissioners, and is chaired by the Director of Children's Services. This board will oversee the transition process, including changes in roles and responsibilities arising from the Schools White Paper, and support shared responsibility and accountability whilst remaining solution-focused to address any challenges along the way.

Trafford has a **dedicated Ambition workstream** within its SEND strategic improvement plan (**Our voices shape our future**), linked to co-production and engagement which will provide the vehicle for the ongoing co-production with the wider partnership. Our existing multi-agency **Participation and Engagement Group** will be strengthened, to ensure that engagement is a continuous system-wide process, which reflects shared ownership and accountability. This group will provide a critical role in ensuring co-production is embedded throughout our roll-out of the Reform Plan and information is available in a timely manner.

### Engagement

Trafford already has a range of meetings with partners across the system, which provides the opportunity for regular engagement and feedback loops. These include:

#### Early Years and Education/FE

- Headteacher Conferences and Headteacher Cluster Groups (half-termly meetings)
- SENCO forums (termly meetings)
- Early Years Leads

We will continue to engage our system partners through these forums, ensuring we are focused on sharing ongoing messaging as well as capturing reflective responses.

In addition, our planned **Learning Circles**, will bring practitioners together on a regular basis to network, share experiences and most importantly provide peer to peer support in developing strong inclusive practice.



## **Parent/Carers**

Our newly formed Trafford Parent/Carer forum, whilst going through a series of changes of late, have established positive relationships with the Local Area and supported webinars as well as drop-ins at our Family Hubs. We will work with the steering group, to implement a programme of engagement activities as well as step up our **Lived Experience Advisory Panels (LEAPs)**, which provide a vehicle for families to feedback on the reforms through their own personal experiences.

Trafford's Strategic Partnership Board is attended by a range of partners from across the SEND system who report regularly into each meeting; this will provide a regular feedback loop to inform ongoing monitoring and planning as well as ensuring lived experience is embedded within strategic governance and decision-making.

## **Young People**

Trafford has a dedicated SEND Participation and Engagement Officer, who has established a programme of meaningful engagement opportunities with our children and young people. Reach has strengthened over time through establishing forums, workshops, and using surveys and this will provide a strong vehicle for ensuring our young people play an active role throughout the roll-out of our reform plan.

## **Embedded Co-Production**

Co-production is embedded throughout our SEND Ambitions, with regular reports to the Strategic SEND Partnership Board, requiring evidence of engagement with young people and families. This will assist in strengthening the accountability of the whole partnership.

We will continue to strengthen engagement and co-production with health teams through representation on key decision-making boards and steering groups. This provides a strong foundation for shared planning, collaborative problem solving, and aligned delivery across the local area. In particular, ongoing partnership with Speech and Language Therapy and Occupational Therapy services will support the development of inclusive approaches that build on established learning and promote effective support at whole-school and whole-class level.

## **SEND Conference (Autumn term 2026)**

To support the delivery of our reform plan, we will host a conference, bringing all parts of the system together to focus on priorities for the year ahead. This will enable us to hold the reforms at the centre of all our work, celebrate our achievements and co-produce the actions for the coming year.



## Risks and Mitigations

What are the key risks that could affect the successful implementation of your Local SEND Reform Plan, and what mitigation strategies are in place to manage these risks? Please include a maximum of 5 risks with impact and likelihood RAG for each risk. See Annex C for suggested risk matrix.

Risk	Impact	Likelihood	RAG	Mitigation	Residual RAG
Managing the volume of multiple reforms may present workforce challenges and competing priorities, in a small local authority.	High	Medium	Amber	Prioritisation will be key, and ensuring activity is aligned where possible, to avoid duplication. Clear escalation routes will be in place through the SEND & AP Strategic Board as well as the Locality Board.	Amber
Therapy workforce constraints preventing the recruitment of key personnel.	High	Medium	Amber	Trafford's EP service has a successful succession plan in place and is already sourcing trainee EPs through the University of Manchester as well as recruiting Assistant EPs. Prioritisation for business-case approval will be enabled to support a speedy recruitment process across both LA and Health.	Amber
Data sharing to support the implementation of a robust SEND dashboard	Medium	Medium	Amber	A data-sharing agreement will be implemented with health. A dedicated data analyst will be recruited to work across the system to develop the dashboard. Governance arrangements, including the Chief Exec/Lead Member Assurance meetings alongside the SEND Board will support monitoring and risk management.	Amber/Green
Capital funding allocation and delivery on capital projects	Medium	Medium	Amber	A programme of capital works will be provided to manage delivery in a phased and manageable way. The appointment of a SEND Commissioner will support the sufficiency planning. Governance will be provided through the Place-Shaping Board where risks can be	Amber/Green


				escalated.	
Parental confidence and engagement, in light of the PCF still transitioning through to their new arrangements.	Medium	Medium	Amber	The refreshed Participation and Engagement Group will provide the vehicle to ensure parents and SENDIASS are directly involved in the co-production and implementation of our reform plan. The Local Offer steering group will also provide support in the communication of activity to families via our website. The LEAP panels will strengthen the feedback loop, including a “you said... we did” approach. PCF reports regularly into the SEND Steering Group and SEND Board to enable escalation if necessary.	Amber
Rising demand associated with ADHD and autism creating bottlenecks across access, triage, assessment and early support, increasing the risk of escalation into higher EHCP demand, poor attendance, exclusion and reliance on specialist provision.	High	Medium	Amber	The reform programme will hold a commitment to strengthen timely, joined-up support for neurodivergent children and young people across education, health and family help pathways, making the most of the opportunities through the National NHS, GM NHS (ICB) neurodevelopment (ND) care and treatment reforms e.g., needs led offer; system triage Health, Education and Early Help and prioritisation of the most vulnerable	Amber

## Dependencies

There are a number of national and local reforms that are progressing alongside the delivery of the Local SEND Reform Plan as detailed below. These will be managed through partnership governance and oversight from the Strategic SEND and AP Partnership Board.

### NHS reforms and Integrated Care Board (ICB) arrangements

NHS Greater Manchester’s new operating model is designed to strengthen system leadership, improve consistency, and support effective escalation across localities. Central to the model is a defined workforce commitment, including a Designated Clinical Officer (DCO) aligned to each locality, providing visible clinical leadership, continuity, and a clear interface between local systems and the Greater Manchester level. This role supports



local SEND partnership arrangements by enabling timely advice, assurance, and coordinated problem-solving. Alongside this, the established GM SEND Board provides a formal mechanism for escalation, oversight, and shared learning, ensuring that issues requiring system-wide resolution can be progressed effectively while maintaining strong two-way communication and flow of information between local partnerships and the GM system. NHS GM is also committed to utilising the central operating model to strengthen commissioning arrangements, enabling more consistent, equitable, and outcome focused commissioning, improved oversight and assurance, and clearer alignment between local priorities and GM-wide strategic intent.

### **Local Authority Finance and Transformational Change**

As part of Trafford Council's ongoing work to address significant ongoing financial challenges, we have worked with the Government to seek options to address the structural financial challenges that Trafford Council faces.

We are now in the fourth year of our Finance & Transformational Change Programme, and the Council has a proven track record of translating change into improved outcomes for residents, while reshaping how we work to deliver them. We have moved from ambition to delivery: achieving savings and enabling us to go further and faster in building a more sustainable, modern operating model.

With the re-establishment of our Transformation Board, the creation of new sub-boards, which supports the comprehensive programme structured around four priority areas -Children's Services, Adults' Services, Temporary Accommodation, and the Corporate Front Door & Digital - we are well positioned to deliver whole-system change, aligning governance, practice and pathways across the organisation and our partners to shift demand upstream and improve outcomes. SEND reform activity will also be incorporated into financial planning, ensuring decision-making is transparent and delivers best value.

### **Families First Reforms**

The Families First reforms and the SEND improvement plan represent a major shift in system ways of working. Both initiatives aim to provide earlier, more joined-up support so families and children get the help they need, thereby preventing escalation of need. In Trafford, this will be met by aligning our Family Help pathways with our Experts at Hand offer with oversight provided by our Designated Social Care Officer. Our vision in Trafford is one of a Children's Single Service to strengthen the shared responsibility for all our children and young people. The development of our Family Hubs and the role of multi-disciplinary teams provide the optimum conditions for ensuring a joined-up education, health and social care approach and a more cohesive experience for our families.

### **Best Start in Life and Family Hubs**

Our Best Start in Life Strategy is key to ensuring early identification and support for our very youngest children and their families. Whilst identification of need in Trafford is already strong, the development of our Family Hubs is enabling us to deliver advice and support in local communities through the co-location of services. Our dedicated SEND Ambition, "We will have the best start in life", outlines the connectivity between the reforms, with our Best Beginnings Board providing the governance for the delivery of the plans.



## Curriculum and Assessment Review

The Curriculum and Assessment Review recognise the widening gap in relation to educational attainment with many young people with SEND making less progress than their peers. The selective context of Trafford exemplifies this even more. However, we will continue to ensure that mainstream inclusive practice is at the core of our school improvement activity and workforce development programmes, through the establishment of our Inclusion Profiles and implementation of the Ordinarily Available Inclusive Provision toolkit.

## Section 3 – Monitoring and Evaluation

### How will the local area partnership know delivery is on track?

#### Data and systems

We aim to move to developing a more robust tracking data-model which will provide a predictive, intelligence-led approach to commissioning and planning. This will in part, be enabled through the **appointment of a dedicated SEND Commissioner. Our SEND JSNA will be updated** as a matter of priority and will include AP, EOTAS and secondary demand trends. This will then be **aligned directly to commissioning and sufficiency** planning and support the development of a **refreshed Outcomes Framework**.

Trafford has a **SEND dashboard** managed by our performance team, which is shared at the Strategic SEND Board and informs our success measures for the Strategic SEND Ambitions Plan; this includes data which covers a range of indicators from across education, health and social care, including:

- Attainment outcomes for each milestone
- Attendance data across a range of cohorts
- Inclusion data including suspensions and exclusions

- 
- NEET/EET performance

Our **SEND Assurance meetings** also provide additional scrutiny to outcomes. In addition, **monthly performance reports** are used to map demand and impact, primarily linked to the EHC statutory processes. This includes:

- Demand coming into the system as requests
- The level of EHC plans at locality level as well as age-groups
- Mediation and tribunal data

However, we will continue to improve this infrastructure through the development of our **Power BI dashboard** to reflect trends, usage, outcomes, and pressure metrics enabling more live data to be available.

The strategic goals set out a move from participation and consultation towards demonstrable influence and co-design embedding our vision for the voice of children and young people to shape service delivery. In 3 years', time we want to see an increased level of parent/carer satisfaction through lived experience and use a "you said we did" overview alongside parent and CYP surveys to capture that success over time.

Through this work it is our intention to provide a system that supports an increase in the proportion of pupils with an EHCP in mainstream will increase to 6.20% and 14.40% for those at SEN support. Equally we want to see a reduction in absence for SEND pupils down to 7.90% and 11% for pupils with an EHCP with exclusion rates down to 0.30% and 0.13%. More children with places in and accessing mainstream settings reducing special school an INMSS cost and a sustainable system that represents value for money.

From greater inclusion, early intervention and increased attendance and standards we want to achieve a GLD UP TO 5%. KS2 pupils achieving expected standards in reading writing and maths with EHCP's at will improve to 18% and SEN support to 46%, respectively. We also want to see KS4 A8 average scores with and EHCP 25 and at SEN support 49.5.

More children can be supported effectively without the need for escalation to specialist services, helping to reduce pressure on the system over time. Alongside stronger partnerships between education, health and families, this shift towards early intervention and inclusive practice will improve outcomes for children and young people while supporting a more sustainable, integrated SEND system.

### **Quality Assurance**

Our SENAS team will also develop **Inclusion Profiles** across all schools and settings to monitor inclusion consistency across the borough and provide targeted support where necessary; this will enable us to monitor the impact of the EAH offer and inform future workforce development needs. We will also co-design with our education partners, parent/carers and young people, practice standards for inclusion bases. This will be delivered by our **SEND advisory consultants alongside Lead SENCOS**.

## Section 4 – Governance

### How will the local area partnership ensure delivery of plans remain on track?

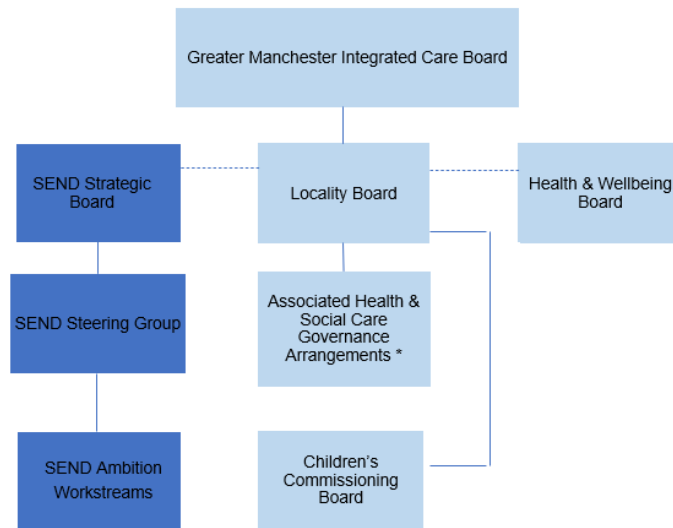
The Strategic SEND and AP Board will provide the strong governance structure, to maintain grip and oversight of delivery and impact across the partnership. The current SEND Ambitions Plan will be adapted to reflect the workstreams needed in the delivery of the plan, to prevent duplication and ensure shared accountability and ownership. The Senior Responsible Officer (SRO) will chair the SEND Steering Group, to provide the operational oversight and ensure there is pace and traction as required.

<b>Governance Mechanism</b>	<b>Purpose/ Responsibilities</b>	<b>Membership</b>	<b>Cadence</b>	<b>Decision Rights</b>	<b>Escalation Route</b>
<i>This may be a governance group, or an individual (e.g. SRO).</i>	<i>What is the function of this governance mechanism? What are they accountable for overseeing? What information is reported to this governance mechanism?</i>	<i>Who does this governance mechanism comprise of? [should include health and PCF representation] What stakeholders are represented at this governance mechanism? Please indicate who chairs this. (Include n/a if an individual).</i>	<i>How regularly does this governance mechanism meet?</i>	<i>What decisions can this governance mechanism make?</i>	<i>Where can this governance mechanism escalate issues or decision to?</i>

<p><b>Locality Board</b></p>	<p>The role of Board members is to collaborate and actively support the delivery of shared priorities within the Trafford Together Locality Plan and improve health, wellbeing, and care for the population of Trafford including tackling health inequalities across the borough.</p> <p>The purpose of the Board is to exercise those functions delegated to it by the Greater Manchester Integrated Care Board (ICB). The Board will formally report into GM ICB and the Health and Wellbeing Board.</p>	<p>The Trafford Locality Board (“the Board”) brings together a range of expertise from senior leaders for the NHS (primary, secondary, community and mental health), local authority and the VCFSE (Voluntary, Community, Faith &amp; Social Enterprise).</p> <p>There is a co-chairing arrangement in place including the Leader of the Council and the Chair of Trafford GP Board.</p>	<p>Monthly</p>	<p>The Board incorporates three elements/‘forums’ and thus carries out three distinct roles:</p> <ul style="list-style-type: none"> <li>• A consultative forum that all partners can use to inform their decision-making and ensure that decisions are aligned as far as possible across organisations.</li> <li>• A forum to carry out Greater Manchester ICB business/delegated functions from the ICB.</li> <li>• A forum through which relevant section 75 arrangements are managed</li> </ul>	<p>The Health &amp; Wellbeing Board</p>
<p><b>The Strategic SEND and AP Partnership Board</b></p>	<p>The SEND Partnership Board will provide strategic direction to the work of professionals, service providers and parents/carers associations in Trafford who are involved in SEND. In doing so the Board will ensure that:</p> <ul style="list-style-type: none"> <li>• Children and young people with SEND or attending Alternative Provision achieve good outcomes and are well prepared for adulthood and employment.</li> </ul>	<p>The Board is chaired by the Corporate Director of Children’s Services.</p> <p>Membership includes Senior Leads from across Education, Health and Social Care including the Deputy Place Lead for the ICB, the Assistant Director for Children’s Community Health Services and the Clinical Director for CAMHS.</p> <p>Headteachers from across the primary, secondary, special and</p>	<p>Quarterly</p>	<p>Decisions are made in accordance with the decision-making processes of the individual organisations represented on the Board.</p> <p>The Partnership Board holds the Steering Group to account for the delivery of the SEND priorities and informs the Trafford Locality Board of decisions required.</p>	<p>Trafford Locality Board</p>

	<ul style="list-style-type: none"> <li>Parents and carers experience a fair and accessible system across education, health, and care so that their children get the right support, in the right place and at the right time.</li> <li>Leaders ensure the high needs budget meets children/young people's needs and improves outcomes whilst maintaining a stable financial footing.</li> </ul> <p>The Board receives progress reports from operational workstreams, tasked with delivering the SEND Ambitions.</p>	AP sectors alongside Trafford Parent/Carers also attend.			
<b>Children &amp; Young People's Strategic Partnership Meeting</b>	CYPP is integrated into wider all age governance and provides a space for the relentless focus on children and families to support the aims of the Trafford Strategic Partnership and the Locality Board and Health and Wellbeing Board. This group will develop, embed, and review a Children's and Young People's Strategy for Trafford.	The Partnership is chaired by the Lead Member for Babies, Children and Young People. Membership includes a range of partners including from Manchester Foundation Trust, Trafford Local Care Organisation, the Voluntary Sector and Council officers.	Quarterly	The Partnership is responsible for the development of a high level annual workplan, based on children's elements of the Locality Board and Health and Wellbeing Board Plan and the Children's Strategy/ Plan and supported by the networks and partnerships around the CYPP. The Partnership will also co-ordinate and amplify the voice of young people.	The Health and Wellbeing Board and Locality Board.
<b>SEND Steering Group</b>	The SEND Steering Group is the delivery board for the Trafford	The Steering Group is Chaired by the Director of Education, Inclusion and Early Support.	Monthly	To oversee the delivery of the SEND Ambitions Plan. The Steering Group is responsible to and will ensure effective	The Strategic SEND & AP Partnership Board

	<p>Strategic SEND Partnership Board's Ambition Plan.</p> <p>It is established to bring together and align the workstreams, so they are working at the same pace to deliver the SEND Ambitions Plan.</p>	<p>Membership includes the Ambition Workstream Leads from across Education, Health and Social Care, SEND Commissioners, DSCO, SENDIASS and TPF representatives.</p>		<p>reporting to the Strategic SEND Partnership Board. It also ensures the work-streams are managed within the agreed action plans and monitored by appropriate metrics/measurable benefits and outcomes and provide relevant governance bodies assurance of progress being made.</p>	
<p><b>Schools Funding Forum</b></p>	<p>The Trafford Schools Forum is a statutory body established in accordance with the Schools Forum (England) Regulations 2012.</p> <p>Only Schools members and Early years PVI representatives may vote on funding formula issues. Votes on de-delegation decisions are limited to maintained schools' members.</p>	<p>The Trafford Schools Forum is made up of School members, Academy members, and non-school members, alongside Trafford LA officers. It is chaired by a Secondary Headteacher Representative.</p>	<p>Termly</p>	<p>The function of the Forum is to:</p> <ul style="list-style-type: none"> <li>• To agree local funding issues</li> <li>• Consider and represent all schools on changes to the school funding formula</li> <li>• Consultation on contracts</li> <li>• Consultation on financial issues</li> </ul> <p>The Local Authority will consult the Forum on matters concerning the allocation of the Dedicated Schools Grant.</p>	



## Section 5 – Central Government Support

### How can we help you?

- In year 1 and 2 we have set out to establish a wholesale workforce development offer, to support this we will require help to ensure all local and national offers are included and accessible.
- We will require support with recruitment in year 1 to ensure we can recruit the professionals required to implement our EAH offer as well as any supporting positions to enable transformation to take place in line with our plan.



- 
- In year 1 we would like further support and direction on the use of tools and templates to support data collection, reporting and evaluation so we are monitoring progress over the 3 years to a standard aligned with local and national expectations.
- It would be helpful to have a clear directive on the facilitation of peer learning or regional collaboration from year 1 for sharing best practice and to inform ongoing planning and development as we move toward implementation.

## Annex B - Supporting Documents

Document	Link
<b>The Schools White Paper</b>	<a href="#">Every Child Achieving and Thriving</a>
<b>SEND Consultation Document</b>	<a href="#">SEND reform: putting children and young people first.</a>
<b>LA and Schools Budget 2026-27</b>	<a href="#">Schools Operational Guide 2026-27</a>
<b>Local Partnership Maturity Assessment Guidance and Tool</b>	Included in commission pack
<b>Local SEND Reform Plan – Data template</b>	Included in commission pack
<b>Local SEND Reform Plan Quality Assessment Framework</b>	Included in commission pack
<b>Local Inclusion Partnership Grant 2026-27</b>	To be published Spring 2026
<b>Experts at Hand Guidance</b>	To be published Spring 2026
<b>High Needs Capital Allocations 2026-27</b>	To be published Spring 2026
<b>Guidance on Inclusion bases</b>	To be published Spring 2026

## Annex C – Risk Matrix

IMPACT DESCRIPTION	IMPACT LEVEL	PROBABILITY/LIKELIHOOD				
		< 10%	>10% - <30%	>30% - <60%	>60% - <90%	>90%
		Very Unlikely	Unlikely	Possible	Likely	Very Likely
Cannot deliver Reform Plan; Failure of mission critical activity.	<b>Crisis</b>					
Significant impact to objectives; Significant and sustained disruption to activity.	<b>Critical</b>					
Delivery targets are compromised; Project delay / budget overrun.	<b>Moderate</b>					
Limited impact on delivery targets; Deviations from project resource, timescale or targets.	<b>Marginal</b>					
Minimal impact on delivery targets; Minimal impacts to project / programme efficiency.	<b>Negligible</b>					



Department  
for Education

# The Local SEND Reform Plan

## Data Template

Select the local area partnership this plan relates to from the box below:

358 Trafford



Department  
for Education

# The Local SEND Reform Plan

## Data Template Guidance

### Tab guide

Initial Data Return	The template for initial data return alongside the Local SEND Reform Plan. Please use this tab to complete your initial data return and submit alongside the Local SEND Reform Plan.
Assumptions	The template for noting assumptions and data confidence. Please use this tab to set out any assumptions that underpin the submitted values, particularly for the forecast period.
Quarterly Returns	The template to be used for quarterly returns. Further details on the timing and mode of the first quarterly return will be communicated in due course.

### Cell colour guide

User input cells	Editable cells - please input the required data in these cells
Calculation cells	Un-editable cells - these are automatic calculation output cells - please do not edit the cells

### Data guide

#### 0 Terminology for all categories

NOTE: 'inclusion bases' is an umbrella term that can refer to both 'specialist bases' (where places are funded and commissioned by LAs) or 'support bases' (where places are funded and commissioned by settings/multi-agency). Specialist bases were referred to as 'SEN units and resourced provision (SU/RPs)'.

#### Children and young people (CYP):

Under 5 years of age	Under school age
Aged 5 to 10	Primary
Aged 11 to 15	Secondary
Aged 16 to 19	Further education (FE)
Aged 20 to 25	Further education (FE)
Speech and Language Therapists (SaLTs) and support workers	Includes qualified speech and language therapists and non-qualified assistants/workers that provide speech and language therapy support to children and young people.
Occupational Therapists (OTs) and support workers	Includes qualified occupational therapists and non-qualified assistants/workers that provide occupational therapy support to children and young people.
Educational Psychologists (EPs) and support workers	Includes qualified educational psychologists and non-qualified assistants/workers that provide educational psychology support to children and young people.

#### 1 Forecast expenditure for High Needs Block and against total DSG

Please input your High Needs Block financial data for both actual and forecast spend for specified categories. Please provide actual spend for 2024 to 2025 financial year through to 2025 to 2026 financial year and forecast spend for 2027 to 2028 financial year. We expect your actual spend to reconcile to your s251 outturn return data.

Other income should incorporate ICB and other contributions.

Block transfers should include previously agreed block transfers for financial years 2024 to 2025, 2025 to 2026 and 2026 to 2027, and proposed block transfers in financial year 2027 to 2028. Please note that we have no data for financial year 2026 to 2027.

All expenditure should be input as a positive number and all income should be input as a negative number. The adjacent table will be calculated automatically to represent the year on year % change.

In 1.1, please input your actual and forecast outturn DSG expenditure and any income. We expect your actual expenditure and income to reconcile to your s251 outturn return data. Expenditure should be input as a positive number and income as a negative number.

#### 2 Current and forecast unit cost of support for children and young people with SEN by setting type

Please provide actual and forecast average unit cost of support for children and young people with SEND for the specified settings. This includes children and young people with EHCPs, receiving individual top-ups or support. Please provide actual spend for 2024 to 2025 financial year through to 2025 to 2026 financial year and forecast spend for 2026 to 2027 financial year and 2027 to 2028 financial year.

#### 3 Forecast SEN transport expenditure

Please provide actual and forecast transport expenditure for both pre-16 and post-16 children and young people with SEND. Please provide actual expenditure for 2024 to 2025 financial year through to 2025 to 2026 financial year and forecast spend for 2027 to 2028 financial year.

#### 4 Current and projected number of all CYP in local area categorised by age

Please provide the actual and projected number of all children and young people in your local area by age. Please provide actual number for 2025 calendar year and the projected number for 2026 calendar year through to 2029 calendar year.

#### 5 Current and projected number of all CYP with EHC plans or receiving top ups by age

Please provide the actual and projected number of all children and young people in your local area with EHC plans (5.1), receiving individual top-ups (5.2), and supported through the high needs block without EHC plans (5.3). Please provide actual number for 2025 calendar year and the projected number for 2026 calendar year through to 2029 calendar year.

#### 6 Current and projected number of all CYP with EHC plans by provision

Please provide the actual and projected number of all children and young people with EHC plans in your local area by provision. Please provide actual number for 2025 calendar year and the projected number for 2026 calendar year through to 2029 calendar year.

#### 7 Current and projected number of all CYP with EHC plans by primary need

Please provide the actual and projected number of all children and young people with EHC plans in your local area by primary need. Please provide actual number for 2025 calendar year and the projected number for 2026 calendar year through to 2029 calendar year. In 7.1 to 7.7, please provide the actual and projected number of children with EHC plan in the relevant settings by primary need.

#### 8 Current and projected number of all CYP with SEN in local area not in education

Please provide the actual and projected number of all children and young people with SEN in your local area not in education by their age. Please provide actual number for 2025 calendar year and the projected number for 2029 calendar year.
<b>9 Current and projected number of all CYP with SEN in Elective Home Education (EHE)</b>
Please provide the actual and projected number of all children and young people with SEN in your local area in elective home education by their age. Please provide actual number for 2025 calendar year and the projected number for 2029 calendar year.
<b>10 Current and projected number of all EHCNA requests by CYP age</b>
Please provide the actual and projected number of all received requests for educational, health and care needs assessment for children and young people in your local area by age. Please provide actual number for 2025 calendar year through to 2029 calendar year.
<b>11 Current and projected number of all EHC Needs Assessments by CYP age</b>
Please provide the actual and projected number of all educational, health and care needs assessments completed for children and young people in your local area by age. Please provide actual number for 2025 calendar year through to 2029 calendar year.
<b>12 Current and projected number of all EHCNAs that result in an EHCP</b>
Please provide the actual and projected number of all educational, health and care needs assessments that resulted in an EHCP in your local area by the age of the relevant child or young person. Please provide actual number for 2025 calendar year through to 2029 calendar year.
<b>13 Current and projected number of available specialist places (capacity) per provision</b>
<p>Please set out the current and projected number of specialist places for each provision type in your area, based on the strategy set out in your plan. The projected number of places should reflect the number of places you are making use of high needs provision capital allocations and other capital sources (for example, delivery of special free schools, the alternative funding offer for special free schools where applicable, housing developer contributions, etc.) with little to no cost.</p> <p><b>What is a 'specialist place'?</b> A specialist place is defined as a placement for any pupil accessing provision from the Targeted, Targeted Plus, or Specialist layer of support. Specialist places are therefore for pupils who have a Specialist Provision Package - they may have been supported by an EHCP or SEN support in the previous system.</p> <p><b>How does this relate to SCAP?</b> For 'current capacity' you can use the figures submitted in SCAP where appropriate, however SCAP does not capture all provision types. Please do not use SCAP forecasts in this return but ensure that capacity will not be a barrier to making future placements. This return is looking for the capacity you predict you will have available.</p> <p><b>Should I include specialist capacity in mainstream?</b> Yes - please report on specialist capacity mainstream settings, but <u>only</u> where places have been created through specialist or support bases. We understand that there are places outside of bases, but we are <u>not</u> asking you to record those placements in this return.</p> <p><b>Where do I record places in sixth form colleges?</b> Places in sixth form colleges attached to secondary schools should be captured within 'schools', <u>not</u> 'post-16 provision'.</p> <p><b>Do I need to record data at a specific point in the year?</b> You can record data based on capacity at a snapshot in time, or an average over the academic or financial year. If you do choose to report at a snapshot, please report the number of places available each year of your returns.</p> <p><b>How do I record capacity in specialist and support bases when the number of places is variable?</b> Please reflect the maximum number of pupils who could access the base in a given day, including those with part-time access. For example: <i>access the base for the whole day, 2 pupils access the base in the morning, and 2 pupils access the base in the afternoon; total capacity = 10 pupils.</i></p>
<b>14 Current and forecast capital spend by specialist provision</b>
<p>Please set out the current and forecast capital spend by type of provision type in your area, over this period, based on the strategy set out in your plan. This should capture capital spend as it relates to place sufficiency and suitability, but is not limited to high needs provision capital allocations, rather it should capture all spend on specialist place sufficiency and suitability. It does not need to include funding for projects targeting condition of buildings or increasing mainstream provision, except where it may relate to improving the accessibility of places for pupils with SEND. Your data can draw on your high needs capital assurance return, but only needs to include spend from 2025 onwards. Please record the financial year you expect funding to be spent, rather than the year funding is allocated. Allocations for 2026-27 will be announced in the spring. Where possible, please include early plans for this funding in this table.</p>
<b>15 Current and planned workforce full time equivalent (FTE)</b>
Please provide the current and planned FTE of speech and language therapy, occupational therapy and educational psychology workforce for the local area. Please include planned workforce to be funded by the local authority, could include those employed by the local authority, employed by the ICB, or contracted agency workers. Please provide actual FTE for 2024 to 2025 financial year through to 2025 to 2026 financial year and forecast FTE for 2026 to 2027 financial year and 2028 to 2029 financial year.
<b>16 Total planned LA and ICB spend on professionals</b>
In <b>16.1</b> and <b>16.2</b> respectively, please provide actual and forecast LA and ICB expenditure on professionals by specialism. Please include planned spend from the local inclusion partnership grant (LIPG) and include spend on contracted agency workers. This should include total employee costs including national insurance contributions. Please provide actual expenditure for 2024 to 2025 financial year through to 2025 to 2026 financial year and 2027 financial year and 2028 to 2029 financial year.
<b>17 Number of CYP without EHCP or specialist placement supported by Speech &amp; Language Specialists and support workers</b>
Please provide the current and planned numbers of children and young people with SEND without EHC plans or specialist placement in the local area supported by speech and language therapy professionals. Please provide actual numbers for 2024 to 2025 financial year through to 2025 to 2026 financial year and forecast numbers for 2026 to 2027 financial year through to 2028 to 2029 financial year.
<b>18 Number of CYP without EHCP or specialist placement supported by Occupational Therapists and support workers</b>
Please provide the current and planned numbers of children and young people with SEND without EHC plans or specialist placement in the local area supported by occupational therapy professionals. Please provide actual numbers for 2024 to 2025 financial year through to 2025 to 2026 financial year and forecast numbers for 2026 to 2027 financial year through to 2028 to 2029 financial year.
<b>19 Number of CYP without EHCP or specialist placement supported by Educational Psychologists and support workers</b>
Please provide the current and planned numbers of children and young people with SEND without EHC plans or specialist placement in the local area supported by educational psychology professionals. Please provide actual numbers for 2024 to 2025 financial year through to 2025 to 2026 financial year and forecast numbers for 2026 to 2027 financial year through to 2028 to 2029 financial year.
<b>20 Proportion of appeals to tribunals</b>
Please provide the current and projected number of SEND appeals registered with the Tribunal against the local authority as a proportion of appealable decisions. Please provide actual rate for 2025 calendar year and the projected rate for 2029 calendar year.



Department  
for Education

# The Local SEND Reform Plan

## Operational and Outcome Data

Initial submission alongside a completed Local SEND Reform Plan in June 2026, establishing a base line, with quarterly updates where forecasts have changed.

### Financial summary

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

Financial Year	2024-25	2025-26	2026-27	2027-28
Mainstream school or academy placements	£12,411	£15,828	£16,206	£17,855
Support bases in mainstream settings	£0	£0	£0	£0
Specialist bases in mainstream settings	£967	£1,330	£1,624	£2,043
Maintained special school or special academy placements	£20,569	£20,408	£24,191	£25,514
NMSS or independent school placements	£9,198	£8,776	£9,503	£9,174
Alternative Provision placements	£2,769	£3,609	£3,527	£3,610
Hospital school placements	£0	£0	£0	£0
Mainstream Post 16 provision	£4,031	£5,250	£5,982	£6,375
Mainstream Post 16 specialist provision	£0	£0	£0	£0
Specialist Post-16 institutions	£2,164	£1,959	£2,184	£2,290
Elective Home Education (EHE)				
Other arrangements by LA (EOTAS)	£582	£1,048	£1,120	£1,142
Health, social care, therapy services and care provision	£230	£232	£253	£258
Other spend				
<b>Total</b>	<b>£52,921</b>	<b>£58,440</b>	<b>£64,590</b>	<b>£68,261</b>
Block transfers		£448		
Other income				
<b>Total net</b>	<b>£52,921</b>	<b>£57,992</b>	<b>£64,590</b>	<b>£68,261</b>

#### 1.1 Forecast expenditure against total DSG (£000)

Financial Year	2024-25	2025-26	2026-27	2027-28
Outturn DSG expenditure	£300,866	£333,648	£358,024	£367,566
<b>Total expenditure against DSG</b>	<b>£300,866</b>	<b>£333,648</b>	<b>£358,024</b>	<b>£367,566</b>
Total expected DSG income	£290,845	£321,490	£342,146	£348,989
Other income				
<b>Total in-year surplus (+) or deficit (-)</b>	<b>£10,021</b>	<b>£12,158</b>	<b>£15,878</b>	<b>£18,577</b>

#### 2. Current and forecast unit cost of support for children and young people with SEN by setting type (£000)

Financial Year	2024-25	2025-26	2026-27	2027-28
Mainstream school or academy placements	£7	£8	£8	£9
Support bases in mainstream settings	£0	£0	£0	£0
Specialist bases in mainstream settings	£4	£5	£5	£6
Maintained special school or special academy placements	£12	£12	£16	£16
NMSS or independent school placements	£52	£58	£59	£60
Alternative Provision placements	£10	£15	£15	£16
Hospital school placements	£0	£0	£0	£0
Mainstream Post 16 provision	£5	£5	£5	£5
Mainstream Post 16 specialist provision	£0	£0	£0	£0
Specialist Post-16 institutions	£36	£38	£38	£39
Elective Home Education (EHE)	£0	£0	£0	£0
Other arrangements by LA (EOTAS)	£19	£26	£26	£27
Health, social care, therapy services and care provision	£0	£0	£0	£0
Other spend	£0	£0	£0	£0
<b>Total</b>	<b>£145</b>	<b>£167</b>	<b>£172</b>	<b>£178</b>

#### 3. Forecast SEN transport expenditure (£000)

Financial Year	2024-25	2025-26	2026-27	2027-28
Pre-16 SEN expenditure	£6,126	£6,410	£3,963	£7,503
Post-16 SEN expenditure	£1,828	£1,912	£2,328	£2,509
<b>Total expenditure</b>	<b>£7,954</b>	<b>£8,322</b>	<b>£6,291</b>	<b>£10,012</b>

#### % change year on year for High Needs Block expenditure

	2025-26	2026-27	2027-28
Mainstream school or academy placements	28%	2%	10%
Support bases in mainstream settings			
Specialist bases in mainstream settings	38%	22%	26%
Maintained special school or special academy placements	-1%	19%	5%
NMSS or independent school placements	-5%	8%	-3%
Alternative Provision placements	30%	-2%	2%
Hospital school placements			
Mainstream Post 16 provision	30%	14%	7%
Mainstream Post 16 specialist provision			
Specialist Post-16 institutions	-9%	11%	5%
Elective Home Education (EHE)			
Other arrangements by LA (EOTAS)	80%	7%	2%
Health, social care, therapy services and care provision	1%	9%	2%
Other spend			
<b>Total</b>	<b>10%</b>	<b>11%</b>	<b>6%</b>
Block transfers		-100%	
Other income			
<b>Total net</b>	<b>10%</b>	<b>11%</b>	<b>6%</b>

#### % change year on year for total DSG expenditure

	2025-26	2026-27	2027-28
Outturn DSG expenditure	11%	7%	3%
<b>Total expenditure against DSG</b>	<b>11%</b>	<b>7%</b>	<b>3%</b>
Total expected DSG income	11%	6%	2%
Other income			
<b>Total in-year surplus (+) or deficit (-)</b>	<b>21%</b>	<b>31%</b>	<b>17%</b>

#### % change year on year for unit cost of support

	2025-26	2026-27	2027-28
Mainstream school or academy placements	14%	0%	13%
Support bases in mainstream settings			
Specialist bases in mainstream settings	25%	0%	20%
Maintained special school or special academy placements	0%	33%	0%
NMSS or independent school placements	12%	2%	2%
Alternative Provision placements	50%	0%	7%
Hospital school placements			
Mainstream Post 16 provision	-100%		0%
Mainstream Post 16 specialist provision			
Specialist Post-16 institutions	6%	0%	3%
Elective Home Education (EHE)			
Other arrangements by LA (EOTAS)	37%	0%	4%
Health, social care, therapy services and care provision	-9%	7%	-4%
Other spend			
<b>Total</b>	<b>15%</b>	<b>3%</b>	<b>3%</b>

#### % change year on year for SEN Transport expenditure

	2025-26	2026-27	2027-28
Pre-16 SEN expenditure	5%	-38%	89%
Post-16 SEN expenditure			
<b>Total expenditure</b>	<b>5%</b>	<b>-24%</b>	<b>59%</b>

### Children and young people (CYP) summary

#### 4. Current and projected number of all CYP in local area categorised by age

Calendar Year	2025	2026	2027	2028	2029
Under 5	12,151	12,004	11,932	11,966	12,031
Age 5 to 10	18,938	18,578	18,007	17,482	17,093
Age 11 to 15	17,669	17,650	17,439	17,216	17,015
Age 16 to 19	11,017	11,251	11,707	11,960	12,006
Age 20 to 25	13,672	13,671	13,779	13,805	13,897
<b>Total number</b>	<b>73,447</b>	<b>73,153</b>	<b>72,865</b>	<b>72,429</b>	<b>72,041</b>

#### % change year on year for total number of all CYP in local area by age

	2026	2027	2028	2029
Under 5	-1%	-1%	0%	1%
Age 5 to 10	-2%	-3%	-3%	-2%
Age 11 to 15	0%	-1%	-1%	-1%
Age 16 to 19	2%	4%	2%	0%
Age 20 to 25	0%	1%	0%	1%
<b>Total number</b>	<b>0%</b>	<b>0%</b>	<b>-1%</b>	<b>-1%</b>

#### 5. Current and projected number of all CYP with EHC plans or receiving top ups by age

5.1 Total number of EHC plans by age group (with estimated future projections)					
Calendar Year	2025	2026	2027	2028	2029
Under 5	114	123	131	138	142
Age 5 to 10	1,078	1,160	1,241	1,304	1,343
Age 11 to 15	1,252	1,348	1,442	1,514	1,559
Age 16 to 19	744	801	857	900	927
Age 20 to 25	217	234	250	262	270
<b>Total number</b>	<b>3,405</b>	<b>3,665</b>	<b>3,921</b>	<b>4,117</b>	<b>4,241</b>

#### % change year on year for CYP with EHC plans or receiving top ups by age

% change year on year for total number of EHC plans by age group				
	2026	2027	2028	2029
Under 5	8%	7%	5%	3%
Age 5 to 10	8%	7%	5%	3%
Age 11 to 15	8%	7%	5%	3%
Age 16 to 19	8%	7%	5%	3%
Age 20 to 25	8%	7%	5%	3%
<b>Total number</b>	<b>8%</b>	<b>7%</b>	<b>5%</b>	<b>3%</b>

5.2 Total number of CYP receiving individual top ups with no EHC plan by age group (with estimated future projections)					
Calendar Year	2025	2026	2027	2028	2029
Under 5	23	22	22	22	22
Age 5 to 10	2	2	2	2	2
Age 11 to 15	66	66	59	53	53
Age 16 to 19	1	1	1	1	1
Age 20 to 25	0	0	0	0	0
<b>Total number</b>	<b>92</b>	<b>91</b>	<b>84</b>	<b>78</b>	<b>78</b>

% change year on year for total number of CYP receiving individual top ups with no EHC plan by age group				
	2026	2027	2028	2029
Under 5	-4%	0%	0%	0%
Age 5 to 10	0%	0%	0%	0%
Age 11 to 15	0%	-11%	-10%	0%
Age 16 to 19	0%	0%	0%	0%
Age 20 to 25	-1%	-8%	-7%	0%

5.3 Total number of CYP supported by the high needs block with no EHC plan or individual top up (with estimated future projections)					
Calendar Year	2025	2026	2027	2028	2029
Under 5	12	12	12	12	12
Age 5 to 10	21	21	21	21	21
Age 11 to 15	67	80	88	88	88
Age 16 to 19	6	6	6	6	6
Age 20 to 25	0	0	0	0	0
<b>Total number</b>	<b>106</b>	<b>119</b>	<b>127</b>	<b>127</b>	<b>127</b>

% change year on year for total number of CYP supported by the high needs block with no EHC plan or individual top up				
	2026	2027	2028	2029
Under 5	0%	0%	0%	0%
Age 5 to 10	0%	0%	0%	0%
Age 11 to 15	19%	10%	0%	0%
Age 16 to 19	0%	0%	0%	0%
Age 20 to 25	12%	7%	0%	0%

#### 6. Current and projected number of all CYP with EHC plans by provision

Calendar Year	2025	2026	2027	2028	2029
Early Years settings including PVI's	4	4	5	5	5
Mainstream schools or academies	1,300	1,368	1,516	1,622	1,689
Support bases in mainstream settings					
Specialist bases in mainstream settings	176	236	248	297	308
Maintained special schools or special academies	876	933	968	1,007	1,044
NMSS or independent schools - LA funded placements	154	167	165	131	116
NMSS or independent schools - other suitable arrangements					
Alternative Provision	13	13	13	12	11
Mainstream Post 16 provision	518	573	625	669	697
Mainstream Post 16 specialist provision					
Specialist Post-16 institutions	53	57	62	66	69
Elective Home Education (EHE)	18	19	21	22	22
Other arrangements by LA (EOTAS)	92	93	97	88	84
Other (including hospital schools where applicable)	201	201	201	198	195
<b>Total number</b>	<b>3,405</b>	<b>3,665</b>	<b>3,921</b>	<b>4,117</b>	<b>4,241</b>

#### % change year on year for projected number of EHC plans by provision

	2026	2027	2028	2029
Early Years settings including PVI's	0%	25%	0%	0%
Mainstream schools or academies	5%	11%	7%	4%
Support bases in mainstream settings				
Specialist bases in mainstream settings	34%	5%	20%	4%
Maintained special schools or special academies	6%	4%	4%	4%
NMSS or independent schools - LA funded placements	8%	-1%	-21%	-12%
NMSS or independent schools - other suitable arrangements				
Alternative Provision	0%	0%	-8%	-8%
Mainstream Post 16 provision	11%	9%	7%	4%
Mainstream Post 16 specialist provision				
Specialist Post-16 institutions	8%	9%	6%	5%
Elective Home Education (EHE)	8%	7%	5%	3%
Other arrangements by LA (EOTAS)	1%	4%	-9%	-5%
Other (including hospital schools where applicable)	0%	0%	-1%	-2%
<b>Total number</b>	<b>8%</b>	<b>7%</b>	<b>5%</b>	<b>3%</b>

#### 7. Current and projected number of all CYP with EHC plans by primary need

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	714	770	816	850	873
Hearing Impairment	31	33	36	39	40
Moderate Learning Difficulty	305	327	353	373	386
Multi-Sensory Impairment	2	2	2	2	2
Physical Disability	111	119	129	137	142
Profound & Multiple Learning Difficulty	73	78	81	84	87
Social, Emotional and Mental Health	921	981	1,047	1,080	1,103
Speech, Language and Communications needs	928	1,012	1,088	1,165	1,207
Severe Learning Difficulty	118	127	133	139	144
Specific Learning Difficulty	175	187	203	215	222
Visual Impairment	20	21	23	25	26
Other Difficulty/Disability	7	7	8	9	9
SEN support but no specialist assessment of type of need	0	0	0	0	0
<b>Total number of EHC plans</b>	<b>3,405</b>	<b>3,665</b>	<b>3,921</b>	<b>4,117</b>	<b>4,241</b>

#### % change year on year for projected number of EHC plans by primary need

	2026	2027	2028	2029
Autistic Spectrum Disorder	8%	6%	4%	3%
Hearing Impairment	8%	9%	6%	4%
Moderate Learning Difficulty	7%	8%	6%	3%
Multi-Sensory Impairment	6%	7%	6%	4%
Physical Disability	7%	9%	6%	4%
Profound & Multiple Learning Difficulty	7%	4%	4%	3%
Social, Emotional and Mental Health	6%	7%	3%	2%
Speech, Language and Communications needs	9%	8%	7%	4%
Severe Learning Difficulty	8%	5%	4%	3%
Specific Learning Difficulty	7%	8%	6%	3%
Visual Impairment	7%	9%	7%	4%
Other Difficulty/Disability	6%	10%	7%	4%
SEN support but no specialist assessment of type of need				
<b>Total number</b>	<b>8%</b>	<b>7%</b>	<b>5%</b>	<b>3%</b>



Other Difficulty/Disability	0	0	0	0	0
SEN support but no specialist assessment of type of need	0	0	0	0	0
<b>Total number of EHC plans</b>	<b>154</b>	<b>167</b>	<b>165</b>	<b>131</b>	<b>116</b>

**7.6 Current and projected number of all CYP with EHC plans Alternative Provision or Hospital Schools by primary need**

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	23	23	24	22	21
Hearing Impairment	0	0	0	0	0
Moderate Learning Difficulty	6	6	6	6	5
Multi- Sensory Impairment	0	0	0	0	0
Physical Disability	2	2	2	2	2
Profound & Multiple Learning Difficulty	0	0	0	0	0
Social, Emotional and Mental Health	65	66	68	62	59
Speech, Language and Communications needs	6	6	6	6	5
Severe Learning Difficulty	0	0	0	0	0
Specific Learning Difficulty	3	3	3	3	3
Visual Impairment	0	0	0	0	0
Other Difficulty/Disability	0	0	0	0	0
SEN support but no specialist assessment of type of need	0	0	0	0	0
<b>Total number of EHC plans</b>	<b>105</b>	<b>106</b>	<b>110</b>	<b>100</b>	<b>95</b>

**7.7 Current and projected number of all CYP with EHC plans in Post-16 (Further Education or Specialist Further Education) Settings by primary need**

Calendar Year	2025	2026	2027	2028	2029
Autistic Spectrum Disorder	135	149	163	174	181
Hearing Impairment	14	15	17	18	19
Moderate Learning Difficulty	82	90	99	106	110
Multi- Sensory Impairment	0	0	0	0	0
Physical Disability	22	24	26	28	30
Profound & Multiple Learning Difficulty	10	11	12	13	13
Social, Emotional and Mental Health	164	181	197	211	220
Speech, Language and Communications needs	77	85	93	99	103
Severe Learning Difficulty	22	24	26	28	30
Specific Learning Difficulty	43	47	52	55	58
Visual Impairment	1	1	1	1	1
Other Difficulty/Disability	1	1	1	1	1
SEN support but no specialist assessment of type of need	0	0	0	0	0
<b>Total number of EHC plans</b>	<b>571</b>	<b>630</b>	<b>688</b>	<b>735</b>	<b>766</b>

**8. Current and projected number of all CYP with SEN in local area not in education**

Calendar Year	2025	2026	2027	2028	2029
Under 5	3	3	3	4	4
Age 5 to 10	3	3	3	4	4
Age 11 to 15	2	2	2	2	2
Age 16 to 19	134	144	154	162	167
Age 20 to 25	59	64	68	71	73
<b>Total number</b>	<b>201</b>	<b>216</b>	<b>231</b>	<b>243</b>	<b>250</b>

**9. Current and projected number of all CYP with SEN in Elective Home Education (EHE)**

Calendar Year	2025	2026	2027	2028	2029
Under 5	0	0	0	0	0
Age 5 to 10	6	6	7	7	7
Age 11 to 15	12	13	14	15	15
Age 16 to 19	0	0	0	0	0
Age 20 to 25	0	0	0	0	0
<b>Total number</b>	<b>18</b>	<b>19</b>	<b>21</b>	<b>22</b>	<b>22</b>

**10. Current and projected number of all EHCNA requests by CYP age**

Calendar Year	2025	2026	2027	2028	2029
Under 5	123	151	166	150	132
Age 5 to 10	235	289	318	286	252
Age 11 to 15	150	185	203	183	161
Age 16 to 19	31	38	42	38	33
Age 20 to 25	1	1	1	1	1
<b>Total number</b>	<b>540</b>	<b>664</b>	<b>731</b>	<b>658</b>	<b>579</b>

**11. Current and projected number of all EHC Needs Assessments by CYP age**

Calendar Year	2025	2026	2027	2028	2029
Under 5	98	127	136	120	105
Age 5 to 10	188	243	261	229	201
Age 11 to 15	120	155	166	146	129
Age 16 to 19	25	32	34	30	27
Age 20 to 25	1	1	1	1	1
<b>Total number</b>	<b>432</b>	<b>558</b>	<b>599</b>	<b>526</b>	<b>463</b>

**12. Current and projected number of all EHCNAs that result in an EHCP**

8%	-1%	-21%	-12%
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**% change year on year for projected number of CYP with EHC plans in Alternative Provision or Hospital Schools by primary need**

2026	2027	2028	2029
1%	4%	-9%	-5%
1%	4%	-9%	-5%
1%	4%	-9%	-5%
1%	4%	-9%	-5%
1%	4%	-9%	-5%
1%	4%	-9%	-5%
1%	4%	-9%	-5%
1%	4%	-9%	-5%

**% change year on year for projected number of CYP with EHC plans in Post-16 (Further Education or Specialist Further Education) Settings by primary need**

2026	2027	2028	2029
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%
10%	9%	7%	4%

**% change year on year for total number of CYP with SEN not in education by age**

2026	2027	2028	2029
8%	7%	5%	3%
8%	7%	5%	3%
8%	7%	5%	3%
8%	7%	5%	3%
8%	7%	5%	3%
8%	7%	5%	3%

**% change year on year for total number of all CYP with SEN in Elective Home Education (EHE)**

2026	2027	2028	2029
8%	7%	5%	3%
8%	7%	5%	3%
8%	7%	5%	3%

**% change year on year for total number of all EHCNA requests by CYP age**

2026	2027	2028	2029
23%	10%	-10%	-12%
23%	10%	-10%	-12%
23%	10%	-10%	-12%
23%	10%	-10%	-12%
23%	10%	-10%	-12%
23%	10%	-10%	-12%

**% change year on year for total number of all EHC Needs Assessments by CYP age**

2026	2027	2028	2029
29%	7%	-12%	-12%
29%	7%	-12%	-12%
29%	7%	-12%	-12%
29%	7%	-12%	-12%
29%	7%	-12%	-12%
29%	7%	-12%	-12%

**% change year on year for total number of all EHCNAs that result in an EHCP**

Calendar Year	2025	2026	2027	2028	2029
Under 5	82	112	120	103	89
Age 5 to 10	157	214	229	197	169
Age 11 to 15	100	136	146	126	108
Age 16 to 19	21	28	30	26	22
Age 20 to 25	1	1	1	1	1
<b>Total number</b>	<b>360</b>	<b>491</b>	<b>527</b>	<b>452</b>	<b>389</b>

	2026	2027	2028	2029
	36%	7%	-14%	-14%
	36%	7%	-14%	-14%
	36%	7%	-14%	-14%
	36%	7%	-14%	-14%
	36%	7%	-14%	-14%
	36%	7%	-14%	-14%

### Capital and sufficiency summary

Financial Year	2025	2026	2027	2028	2029
<b>Mainstream settings</b>					
Support Bases - Early Years	0	0	0	0	0
Support Bases - Schools (primary, secondary, 6th form)	0	78	166	228	302
Support Bases - Post-16	0	0	0	0	0
Specialist Bases - Early Years	0	0	0	0	0
Specialist Bases - Schools (primary, secondary, 6th form)	213	233	245	294	307
Specialist Bases - Post-16	0	0	0	0	0
<b>Specialist settings</b>					
Special Schools - Early Years	15	15	15	15	15
Special Schools - Primary, Secondary, 6th form	833	840	868	915	935
Specialist post-16 institutions (SPIs)	24	24	24	24	24
Independent special schools / NMSS - All phases	200	200	200	200	200
Alternative Provision - All phases	84	84	84	84	84
Other	0				
<b>Total number</b>	<b>1,369</b>	<b>1,474</b>	<b>1,602</b>	<b>1,760</b>	<b>1,867</b>

	2026	2027	2028	2029
		113%	37%	32%
	9%	5%	20%	4%
	0%	0%	0%	0%
	1%	3%	5%	2%
	0%	0%	0%	0%
	0%	0%	0%	0%
	0%	0%	0%	0%
	8%	9%	10%	6%

Academic Year	25-26	26-27	27-28	28-29	29-30
<b>Mainstream settings</b>					
Mainstream adaptations or improvements	£110				
Support Bases - Early Years	£0				
Support Bases - Schools (primary, secondary, 6th form)	£0	£600	£550	£200	£200
Support Bases - Post-16	£0				
Specialist Bases - Early Years	£0				
Specialist Bases - Schools (primary, secondary, 6th form)	£2,589	£448		£4,000	£2,800
Specialist Bases - Post-16	£0				
<b>Specialist settings</b>					
Special Schools - Early Years	£0				
Special Schools - Primary, Secondary, 6th form	£3,531		£3,000	£3,000	
Specialist post-16 institutions (SPIs)	£0				
Independent special schools / NMSS - All phases	£0				
Alternative Provision - All phases	£0				
Other	£0	£195			
<b>Total number</b>	<b>£6,230</b>	<b>£1,243</b>	<b>£3,550</b>	<b>£7,200</b>	<b>£3,000</b>

Not applicable

### Health, social care, therapy services and care summary

Financial Year	2025-26	2026-27	2027-28	2028-29
Speech and Language Therapists (SaLTs) and support workers	41.931	44.931	44.931	44.931
Occupational Therapists (OTs) and support workers	6.24	9.24	9.24	9.24
Educational Psychologists (EPs) and support workers	10.4	10.4	10.4	10.4
<b>Total number</b>	<b>59</b>	<b>65</b>	<b>65</b>	<b>65</b>

	2026-27	2027-28	2028-29
	7%	0%	0%
	48%	0%	0%
	0%	0%	0%

Financial Year	2025-26	2026-27	2027-28	2028-29
Speech and Language Therapists (SaLTs) and support workers	£1,482	£1,540	£1,569	£1,600
Occupational Therapists (OTs) and support workers	£315	£220	£224	£229
Educational Psychologists (EPs) and support workers	£760	£938	£957	£976
<b>Total number</b>	<b>£2,557</b>	<b>£2,698</b>	<b>£2,750</b>	<b>£2,805</b>
<b>16.1 Total planned LA spend on professionals (£000)</b>				
Financial Year	2025-26	2026-27	2027-28	2028-29
Speech and Language Therapists (SaLTs) and support workers	£277	£507	£520	£533
Occupational Therapists (OTs) and support workers	£39	£412	£420	£429
Educational Psychologists (EPs) and support workers				
<b>Total number</b>	<b>£316</b>	<b>£919</b>	<b>£940</b>	<b>£962</b>

	2026-27	2027-28	2028-29
	4%	2%	2%
	-30%	2%	2%
	23%	2%	2%
	956%	2%	2%
<b>% change year on year for total LA spend on professionals</b>			
	2026-27	2027-28	2028-29
	83%	3%	3%
	956%	2%	2%
	3%	3%	3%

16.2 Total planned ICB spend on professionals (£000)				
Financial Year	2025-26	2026-27	2027-28	2028-29
Speech and Language Therapists (SaLTs) and support workers	£572	£591	£608	£627
Occupational Therapists (OTs) and support workers	£276	£285	£294	£302
Educational Psychologists (EPs) and support workers				
<b>Total number</b>	<b>£848</b>	<b>£876</b>	<b>£902</b>	<b>£929</b>

% change year on year for total ICB spend on professionals		
2026-27	2027-28	2028-29
3%	3%	3%
3%	3%	3%

**17. Number of CYP without EHCP or specialist placement supported by Speech & Language Specialists and support workers**

Academic Year	2025-26	2026-27	2027-28	2028-29
Under 5	591			
Age 5 to 10	1,071			
Age 11 to 15	183			
Age 16 to 19	29			
Age 20 to 25	n/a			
<b>Total</b>	<b>1874</b>	<b>£0</b>	<b>0</b>	<b>0</b>

**% change year on year for CYP supported by SaLTs**

2026-27	2027-28	2028-29
-100%		
-100%		
-100%		
-100%		
-100%		

**18. Number of CYP without EHCP or specialist placement supported by Occupational Therapists and support workers**

Academic Year	2025-26	2026-27	2027-28	2028-29
Under 5	120			
Age 5 to 10	228			
Age 11 to 15	133			
Age 16 to 19	37			
Age 20 to 25	n/a			
<b>Total</b>	<b>518</b>	<b>0</b>	<b>0</b>	<b>0</b>

**% change year on year for CYP supported by OTs**

2026-27	2027-28	2028-29
-100%		
-100%		
-100%		
-100%		

**19. Number of CYP without EHCP or specialist placement supported by Educational Psychologists and support workers**

Academic Year	2025-26	2026-27	2027-28	2028-29
Under 5				
Age 5 to 10				
Age 11 to 15				
Age 16 to 19				
Age 20 to 25				
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**% change year on year for CYP supported by EPs**

2026-27	2027-28	2028-29

**Parental experience summary**

**20. Proportion of appeals to tribunals**

Calendar Year	2025	2026	2027	2028	2029
Tribunal appeal rate	2	2	2	2	2

**% change in tribunal appeal rate**

2026	2027	2028	2029
0%	0%	0%	0%

# The Local SEND Reform Plan

## Assumptions and data confidence

Green	Strong confidence in quality and accuracy of data
Amber Green	Reasonable confidence in quality and accuracy of data
Amber Red	Some confidence in quality and accuracy of data
Red	Minimal confidence in quality and accuracy of data

Assumptions	Data Confidence RAG	Comment
Please set out any assumptions that underpin your submitted values, particularly assumptions that underpin forecast values, in the relevant sections below; and indicate your level of confidence in the quality and accuracy of your data.		
Where some or minimal confidence in quality and accuracy of data is selected ( <b>Amber-Red</b> or <b>Red</b> ), please include details of specific data challenges in the comment column and include in your plan (Question 7) how your strategy to build capacity and capability in your data and analytics function will improve the quality and accuracy of your data.		
<b>1 Forecast expenditure for High Needs Block and against total DSG</b>	Amber Green	
The Council has a significant Dedicated Schools Grant deficit, with the projected cumulative deficit of £31.9m at 31 March 2026 exceeding the Council's forecast General and Earmarked Reserves; without the statutory override in place, this would place the Council in a position where its reserves would be insufficient to absorb the deficit, creating a material risk to its financial sustainability. A 2% pa increase has been assumed for the DSG income.		
<b>2 Current and forecast unit cost of support by setting type</b>	Amber Green	
27/28 5% increase in special school top ups - expected review. 2% other increases - a review of administrative processes has been carried out specifically in relation to fee uplift requests from providers. The review has led to a more robust decision making framework which has been communicated to providers.		
<b>3 Forecast SEN transport expenditure</b>	Amber Green	
Used same % increases as EHCPs		
<b>4 Current and projected number of all CYP in local area categorised by age</b>	Green	
Latest data available. Based on 2022 ONS Pupil projections for LAs by single year of age		
<b>5 Current and projected number of all CYP with EHC plans or receiving top ups by age</b>	Amber Green	
Trafford overall growth in EHCPs is 8% in 2025 (up from 7% in 2024 where national comparator was 12%). Assumed model where growth decelerates over plan period with 8% growth 2026, 7% 2027, 5% 2028 and 3% 2029. It is expected that EHCPs will start to actually decrease post 2029. Cohort progression model used to forecast future cohorts by age range.		
<b>6 Current and projected number of all CYP with EHC plans by provision</b>	Amber Green	
2025 actuals, 2026 part actual and part forecast based on current assessments with yes to assess and yes to issue rates applied and and previous cease proportions applied. 2027 and beyond project growth in % of Trafford EHCPs in mainstream and specialist bases linked to EAH roll out, corresponding decreases in INMSS, AP and NEET. Increases in secondary special school places linked to in-borough investment, noting overall decrease in % of EHCPs in special school.		
<b>7 Current and projected number of all CYP with EHC plans by primary need</b>	Amber Green	
2025 actuals. Assumed broadly same split by primary need in future cohorts in specific type of provision.		
<b>8 Current and projected number of all CYP with SEN in local area not in education</b>	Amber Green	
2025 actuals and 2026 part year actuals rolled forward. Includes pupils awaiting placement, transfers in that require new placement, and those not in education employment or training (NEET). Assumed % of Trafford EHCPs not in education will decrease over time linked to improved inclusive mainstream provision.		
<b>9 Current and projected number of all CYP with SEN in Elective Home Education (EHE)</b>	Amber Green	
2025 actuals and 2026 part year actuals rolled forward.		

<p><b>10 Current and projected number of all EHCNA requests by CYP age</b></p> <p>2025 actuals. 23% increase in 2026 to date compared to 2025 same period, rolled this forward for full 2026 year. Broad assumption that requests will continue to increase but at a decelerated rate in 2027 and then decrease for 2028 and 2029 as elements of reforms roll out, improved mainstream provision available. Lower confidence in data as forecasting future behaviours of external parties in a changing environment.</p>	Amber Red	
<p><b>11 Current and projected number of all EHC Needs Assessments by CYP age</b></p> <p>2025 actual yes to assess rate of 80% over the year. Up to 84% for first 4 months 2026 and assumed this will continue. Yes to assess rates projected to decrease from 2027 as impact of improved mainstream provision felt, back to current baseline.</p>	Amber Green	
<p><b>12 Current and projected number of all EHCNAs that result in an EHCP</b></p> <p>2025 actual yes to issue rate of 87% over the year. Up to 88% for first 4 months 2026 and assumed this will continue. Yes to assess rates projected to decrease from 2028 with aspiration of 84% by 2029.</p>	Amber Green	
<p><b>13 Current and projected number of available specialist places (capacity) per provision</b></p> <p>2025 actual places available plus places from planned projects. Assuming capital grant scheme made available to all secondary schools and some primary schools to create inclusion base. School survey undertaken to indicate interest. Two specialist base projects linked to current secondary school expansions, one underway, one at feasibility stage. Assumed two further projects. Includes investment in secondary specialist provision in borough which is sufficiency priority. 55 additional secondary places through moving current sixth form provision off site to satellite site (2027/28). New 40 place secondary special school to meet high functioning ASC/complex SEMH needs, achieved through re-purposing primary school site/s no longer required due to falling rolls (2028/29) with direct correlation to reducing INMSS placements.</p>	Amber Green	
<p><b>14 Current and forecast capital spend by specialist provision</b></p> <p>Used current HNCPA available balance, plus actual 2026/27 HNCPA of £4.4m, with £4m allocation forecast for future years 2027/8, 2028/29 and 2029/30. Assumed £50k grant for every secondary school to achieve inclusion base, smaller pot for primary school bids assuming many will have physical space due to falling rolls. Confidence in current project costs but assessed amber-red due to high level estimated costs for projects not yet at feasibility stage based on current available information. Costings will evolve as specific projects are agreed.</p>	Amber Red	
<p><b>15 Current and planned workforce FTE</b></p> <p>Assumed additional 3 SALT &amp; 3 OT funded from EAH grant. Assumed EAH grant will continue. Included teachers funded by DSG Sensory Impairment Service</p>	Amber Green	
<p><b>16 Total planned LA and ICB spend on professionals</b></p> <p>Assumed 2% increase PA. Included teachers funded by DSG Sensory Impairment Service</p>	Amber Green	
<p><b>17 Number of CYP without EHCP or specialist placement supported by Speech &amp; Language Specialists and support workers</b></p> <p>Caseload data is not currently captured in a way which splits out those with and without and EHCP. The numbers for 2025/26 are therefore the whole caseload, including those with EHCPs. Future reporting will be reviewed linked to the move to the new electronic patient record which will permit enhanced reporting. Confidence in the total caseload numbers provided is high but it is rated Amber Red as it is not the specific metric requested.</p>	Amber Red	
<p><b>18 Number of CYP without EHCP or specialist placement supported by Occupational Therapists and support workers</b></p> <p>Caseload data is not currently captured in a way which splits out those with and without and EHCP. The numbers for 2025/26 are therefore the whole caseload, including those with EHCPs. Future reporting will be reviewed linked to the move to the new electronic patient record which will permit enhanced reporting. Confidence in the total caseload numbers provided is high but it is rated Amber Red as it is not the specific metric requested.</p>	Amber Red	
<p><b>19 Number of CYP without EHCP or specialist placement supported by Educational Psychologists and support workers</b></p> <p>The EAH offer will be providing support at a systemic group and whole setting level (as per operational guidance) and therefore per pupil data will not be available for future years.</p>	No Input	
<p><b>20 Proportion of appeals to tribunals</b></p> <p>Appeal rate calculated as total appeals registered with the tribunal in the calendar year, expressed as a proportion of appealable decisions (which comprises number of no to asses, no to issue, no. annual reviews taken place and no. ceased plans due to ongoing educational or training needs being met without an EHC plan. 2.2% is 2025 appeal rate based on this methodology. No forecasting basis for future rates as linked to parental decision making and so assumed will remain the same. Under regular review.</p>	Amber Green	





Measure/Indicator	Source	Has SN/Enj	Frequency	Latest Data	-3	-2	-1	Latest	Spark	SN	NW	England	Target	Target	Target	
Inclusion & Belonging Measures													Year 1	Year 2	Year 3	
CONTEXTUAL MEASURE: Total % Pupils in Maintained/State funded Schools with (EHC) Plans Data Source: January School Census, R-Y14	DfE	Yes	Annual	May-25	4.6%	4.9%	5.3%	5.4%		5.4%	6.1%	5.3%	5.60%	5.80%	6.20%	
CONTEXTUAL MEASURE: Total % Pupils in Maintained/State funded with SEN Support. Source: January School Census, R-Y14	DfE	Yes	Annual	May-25	10.4%	11.2%	11.3%	12.0%		13.5%	14.4%	14.2%	13.00%	14.20%	14.40%	
Early Years Foundation Stage (EYFS): Percentage of Education Health Care Plans (EHCP) children achieving a good level of development.		Yes	Annual	Summer 2025	1.4%	2.7%	4.3%	2.5%		4.3%	2.5%	3.9%	4.00%	4.50%	5.00%	
EYFS: Percentage of Special Education Needs (SEN) Support children achieving a good level of development - 2020 & 2021 are not available (Covid)		Yes	Annual	Summer 2025	20.8%	25.0%	26.0%	25.7%		26.1%	24.4%	26.4%	26.50%	28%	30%	
Phonics: Percentage of pupils with an EHCP achieving WA threshold score		Yes	Annual	Summer 2025	15.3%	25.7%	18.5%	22.1%		24.7%	18.8%	19.9%	22.50%	25%	28%	
Phonics: Percentage of pupils with SEN Support achieving WA threshold score		Yes	Annual	Summer 2025	49.3%	54.4%	59.8%	54.7%		52.3%	50.4%	52.1%	55%	57%	60%	
KS2: Percentage of pupils with an EHCP achieving expected standard across Reading, Writing and Maths		Yes	Annual	Summer 2025	9.2%	7.0%	8.6%	14.5%		9.7%	9.9%	9.3%	14.50%	16%	18%	
KS2: Percentage of pupils with SEN Support achieving expected standard across Reading, Writing and Maths		Yes	Annual	Summer 2025	24.0%	36.2%	30.5%	42.7%		29.0%	28.2%	28.7%	42.70%	44%	46%	
KS4: Average A8 Score for pupils with an EHCP		Yes	Annual	Summer 2025	16.7	19.3	21.7	21.9		16.5	14.5	14.9	21.9	23	25	
KS4: Average A8 Score for pupils with SEN Support		Yes	Annual	Summer 2025	45.9	45.2	45.7	46.1		37.1	32.8	33.8	46.1	48	49.5	
Overall absence for pupils with EHCP - All Schools (% sessions) Data Source: DfE	DfE	Yes	Annual	2023/24	10.3%	10.5%	11.7%	11.7%		13.3%	12.5%	12.6%	11.40%	11.20%	11.00%	
Overall absence for pupils with EHCP - Year to date: Data Source: 'View my schools data'	DfE		Half Termly	Spring 26	12.2%	10.1%	10.6%	11.4%								
Overall absence for pupils with SEN Support - All Schools (% sessions) Data Source: DfE	DfE	Yes	Annual	2023/24	5.2%	8.6%	7.96%	8.10%		10.0%	10.1%	10.2%	8.10%	8.00%	7.90%	
Overall absence for pupils with SEN Support - Year to date: Data Source: 'View my schools data'	DfE		Half Termly	Spring 26	8.9%	6.9%	7.8%	8.1%								
Persistent absence for pupils with SEN Support - All Schools (% enrolments) Persistent absence means pupils missing 10% or more of their own possible school sessions. Data Source: DfE	DfE	Yes	Annual	2023/24	26.1%	22.3%	22.3%	22.3%		29.2%	30.0%	30.1%	21.90%	21.50%	21.10%	
Persistent absence for pupils with EHCP - All Schools (% enrolments) Persistent absence means pupils missing 10% or more of their own possible school sessions. Data Source: DfE	DfE	Yes	Annual	2023/24	29.5%	28.8%	28.8%	30.5%		36.1%	35.1%	35.5%	28.90%	28.70%	28.50%	
Permanent exclusions rate (% pupils) for pupils at SEN support (All Schools) Data Source: DfE	DfE	Yes	Annual	2023/24	0.36%	0.35%	0.35%	0.36%		0.34%	0.53%	0.41%	0.34%	0.32%	0.30%	
Permanent exclusions rate (% pupils) for pupils with EHC Plan (All Schools) Data Source: DfE	DfE	Yes	Annual	2023/24	0.11%	0.35%	0.35%	0.36%		0.26%	0.33%	0.26%	0.30%	0.25%	0.13%	
Rate of Suspensions (% pupils) for pupils at SEN support (All Schools) Data Source: DfE	DfE	Yes	Annual	2023/24	5.26%	4.63%	4.63%	5.05%		8.5%	8.6%	9.2%	5.05%	5.03%	5.00%	
Rate of Suspensions (% pupils) for pupils with EHC Plan (All Schools) Data Source: DfE	DfE	Yes	Annual	2023/24	6.72%	6.72%	6.72%	7.51%		10.7%	8.5%	9.1%	7.50%	7.30%	7.00%	
Number of young people with EHC Plan that are NEET Data Source: DfE and SEN2 internal reports	DfE	Yes	Annual	Jan-26	277	112	123	278		123	111	99.9	250	200	150	
Statutory Measures																
Tribunals: Appealable Rate			Annual	Jan-25	0.40%	0.6%	1.30%			4.11%	2.04%	3.20%	2.20%	2.20%	2.00%	
CONTEXTUAL MEASURE: SEND complaints, number in period		No	Quarterly	Q3 2025/26	19	15	9	23					20	18	15	

## HOW TO USE THIS TOOL

### Purpose of the tool

This tool is intended for use by local SEND & AP partnerships to identify their relative maturity in terms of co-partnership working, providing a shared understanding of opportunities to strengthen the culture and practice in their context. It has been co-developed with input from stakeholders and refined through testing as part of the SEND Partnership Programme. It is purely a developmental tool and to be most useful it is important to complete it as honestly as possible - the results are not used for accountability or oversight but may be used to inform support.

### How to complete it

Fill

The '**ASSESSMENT**' tab below contains summaries of the maturity descriptors for each dimension which can be selected via a drop-down. There is a fuller framework with more detailed descriptors available in the document 'Partnership Working Guidance' that accompanies this tool. Local areas can use this additional guidance where needed, for instance to inform an assessment in an area where partners cannot reach consensus, or to provide more input into plans for improvement. Where the rating, we encourage areas to summarise into this tab the identified issues/gaps that they want to address (where possible) the improvement activities that would help to get there.

Local partnerships can approach completing the tool in whatever way works best in their context. There are several ways that support the most effective use of the tool:

- 1) **Input from a wide range of partners**, ensuring that the overall assessment is an 'on balance' judgement reflecting the collective views of the partnership
- 2) **Maximise space for dialogue** about where the partnership is currently, as well as reflecting on how you would like to go next;
- 3) **Consider what you need to focus** on as a result of the assessment and what it would take to further mature your working and collaboration
- 4) **Encourage constructive challenge** between partners, ensuring there is a robust assessment of factors influencing behaviour, and leadership not just formal arrangements.

The '**NARRATIVE**' tab below provides a format for you to craft a local system story that summarises your development as a partnership into a high-level overview of how you got to this point and your vision and actions for strengthening how partners work together for children, young people and families. This can be useful for helping to summarise findings as well as offering a chance to acknowledge that building collaborative partnerships takes time.

### How to use the results

The partnership can use the tool's results to reflect, plan, act, and evolve collaboratively—ensuring that local provision is strategic and evidence-led, enabling wider changes to provision for SEND and AP.

In addition, by sharing your results with the Department for Education, including identified gaps/issues and recommended activities, also helps to build a national picture of the support required for local partnerships to be consistent and effective.

### Description of the ratings

The tool uses three main levels of maturity for the assessment of partnership arrangements - an overview of each of these levels is included below as a guide but local areas should consult the more comprehensive guidance for details.

#### ASSESSMENT

##### 1 – EMERGING

*If you are 'emerging' it is likely that only basic arrangements are in place and any plans to improve or extend are at an early stage or have not yet been fully formulated. There may be a range of positive relationships and working arrangements but these have not yet resulted in sustained collaboration and partnership working.*

##### 2 – DEVELOPING

*If you are 'developing', arrangements are established and being actively strengthened. Collaborative working is consistent across partners, with shared goals and clear responsibilities. There is growing evidence of joint initiatives and outcomes, as partnerships deepen and systems evolve. Continuous improvement is recognised and partners work together to progress and refine their approaches together.*

##### 3 – MATURING

*If you are 'maturing', collaborative arrangements are well-established and fully integrated into everyday practice. Partnership working is sustained, effective, and widely recognised for driving improved outcomes. Continuous feedback loops and making are routine, and a strong culture of trust and shared responsibility ensures that improvement is ongoing and responsive to changing needs.*

SEND & AP PARTNERSHIP SELF-ASSESSMENT					
1. Co-production with Parents/Carers and Children & Young People (CYP)					
1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	GAPS/ISSUES TO ADDRESS	IMPROVEMENT ACTIVITIES
Initial engagement with parents, carers and CYP is taking place, often through informal routes. There is growing awareness of co-production principles and some early efforts to capture feedback. Parents, carers and CYP are beginning to be involved in discussions about services.	Structured efforts are underway to involve parents, carers and CYP, with some established feedback mechanisms. Some aspects of service planning and review actively seek input, but participation is not yet universal or embedded. Stakeholders are beginning to see their views reflected in decisions.	Co-production is a core feature of planning, delivery and review. Parents, carers and CYP are equal partners, with clear and regular opportunities to influence strategic priorities, service design and quality assurance. There is strong evidence that their views shape services and outcomes.	2 – DEVELOPING	The breadth of parents/carers and representation from across the authority for service and policy development input has been hampered by issues within our Trafford Parent/Carer Forum as they have been transitioning through to new arrangements which are still ongoing. Therefore PCF engagement at a strategic decision making level whilst strong initially through representation at SEND Board and SEND Steering Group alongside individual workshops based on key priorities, has been inconsistent of late. Contact have been supporting the new Steering Group, but they are yet to receive their funding and have limited access to resources. Trafford parents can be vocal in their concerns and we have seen an increase in requests for EOTAS packages of support, particularly for young people in the secondary sector. There are also a number of additional changes in health offers, including the Balanced System and ND Pathway which have raised concerns. CYP voice is a specific area of improvement and part of our SEND Ambitions Plan and the recruitment of a SEND participation officer who is leading on C/YP voice in the LA has enabled greater pace and traction. This is providing strong foundations to progress this work further. The voice of partners is embedded within highlight reports for all SEND Ambitions to ensure co-production remains a golden thread throughout all of our work.	1. Regular meetings have taken place between the LA, Contact and the renewed steering group who will establish themselves as the PCF upon receipt of grant funding in April 26. 2. Attendance and engagement priorities have been shared and members of the PCF steering group have attended both the SEND Steering Group and the Strategic Board. Alternative strategies have been deployed to maximise parental participation using SENCOs and schools and this will continue as we develop the EAH offer and finalise our SEND Reform Plan. 3. The PCF steering group are holding drop-ins for families using our Family Hubs to support their desire to reach a wider network and a closed facebook group is in operation. The Local Area partnership will use these mechanisms to enable co-production of our SEND Reform Plan. 3. A review of the Local Offer is taking place to ensure there is easily accessible information on service offers and processes which will incorporate our SEND Reform Plan and EAH offer. 4. Our SEND Engagement Officer for C/YP is strong and a series of workstreams are underway which are really strengthening the voice of the young people. We will harness these relationships to also focus on the reforms through the eyes of C/YP.
2. Understanding and Evidencing the Needs of CYP with SEND and those who need AP					
1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
Data gathering methods are being established or updated and provide an initial understanding of needs and gaps. Planning is supported by available quantitative data, with opportunities to develop more comprehensive use of family and CYP perspectives.	Partners collaborate to gather both quantitative and qualitative evidence of needs. There is a growing sophistication in analysing current provision against future demand, and plans are underway to address identified weaknesses and gaps.	A robust and comprehensive evidence base underpins strategic planning. Rich quantitative and qualitative data is routinely collected, shared, and used to monitor trends and inform sufficiency planning. Commissioning is adaptive and focused on meeting identified needs in mainstream and specialist settings.	2 – DEVELOPING	Performance information is routinely scrutinised through Board and Assurance meetings and supports monthly performance clinics. The development of the LAIP has enabled strengthened oversight of need and capacity. This includes the use of the JSNA to provide an overview of need and supporting the forecasting and sufficiency planning for the future although this needs to be updated. Updating our JSNA will be a priority this year although our internal data is clear about needs and demand. The commissioning strategy for SEND requires ongoing monitoring to ensure it is up to date and reflective of need and the views of partners, and the Children's Commissioning Board provides a vehicle for scrutiny and decision-making. There is still more to do to strengthen this. More needs to be done to ensure the perspectives of families and C/YP are used to inform future planning.	1. The main needs of our C/YP with SEND are linked to SEMH, SLC and Autism and this has informed our commissioning intentions, training and support as well as placement activity. We know that needs increase in the secondary sector, and we are working hard to create additional capacity in the secondary sector to meet this demand, but the selective system makes this more challenging. 2. We continue to ensure we have a cohesive approach to monitoring the data with a focus on improving the use of Power BI. We need to prioritise resource in this area to help develop a comprehensive and cohesive SEND dashboard. 3. We have improved the oversight of all groups accessing AP in order to support future commissioning and sufficiency planning but this is resource intensive and requires additional investment to simplify this. There is a dedicated workstream looking at this within the existing resource and systems we have. 4. We are continuing to improve our sufficiency planning for specialist places based on need through our forecasting tools and modelling, building on the deficit management plan already in place.
3. Clear focus on supporting early identification, intervention and inclusion in mainstream settings					
1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
Commissioning is underway within each sector, with some early cross-agency conversations. Providers are engaged with current sufficiency, and there is scope for increasing dialogue and alignment to proactively meet future needs.	Partners are working together more actively, consulting providers and starting to coordinate commissioning processes. Efforts are made to co-produce solutions and align plans across agencies, with some shared ownership and responsibility.	Commissioning is strategic, collaborative and fully integrated. All relevant partners are engaged in co-designing and reviewing provision, with transparent plans for sufficiency that are regularly updated in response to changing needs. Effective shared accountability for outcomes is embedded.	2 – DEVELOPING	Sufficiency pressures remain in the local area although we remain committed to bring as responsive and flexible to changing needs across the authority; this can be seen especially with EBSNA/SEMH needs. There have been some changes in the commissioning team which are being worked through. We are also navigating changes resulting from the Balanced System and ND Pathway work. Schools and families will have the opportunity to understand the implications of these new approaches and pathways through workshops. However, our dedicated Childrens Commissioning Board which is well represented across the agencies, is the vehicle to drive this work forward. PFA planning is a priority; whilst systems across childrens and adults social care is managed well, we have more to do to strengthen health pathways, specifically mental health.	1. We have updated our SEND Ambition Plan to reflect the changing landscape of health and have a dedicated Ambition which is focusing on changes in pathways and offers. This is owned by commissioning and MFT. The absence of a DCO to support this work is frustrating and we need to do more to engage CAMHS. 2.
4. Collaborative relationships across education providers, health and social care services & local authority					
1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
<b>Education Providers:</b> All school types are involved in some way and contribute to the local offer, with engagement variable but developing across providers. Collaborative planning processes and networks are being strengthened, and schools are starting to partner with the LA on inclusion strategies.	<b>Education Providers:</b> All settings, including AP, post-16, and EY, are represented and most take part in partnership work, with regular consultation on inclusion. Joint processes for planning and provision are developing. Fair Access Protocols show improving outcomes and growing confidence. SENCO and leader networks are forming, and shared responsibility for inclusion is growing.	<b>Education Providers:</b> All providers are fully represented and actively engage in strategic planning, sharing updates with their settings. Evidence shows collaborative work improves planning, transitions, and inclusion. Fair Access Protocols are trusted and effective. Strong networks enable clusters of schools to commission, support, and respond to needs.	2 – DEVELOPING	Collaboration and relationships with providers are strong; there is representation from all elements of provision at many strategic levels and their voice impacts on service delivery. Headteachers sit on the Strategic SEND Board and SENCOs are embedded within many workstreams including our Learning and Improvement Group. Trafford benefits from close partnership working and there are embedded clusters and forums to support discussion and provide information and training. Inclusion remains a priority amongst the education sector and is a regular feature of Headteacher Conferences as well as SENCO forums; SENCOs have been actively championed to be a member of schools' SLT to raise the profile and importance of the role. The nature of the selective system in the secondary sector inevitably contributes to some inequalities in the numbers of C/YP with SEND across the borough and can also impact on the FAP process. We continue to strengthen our engagement with AP providers and have an established steering group, largely made up of schools, who are supporting the quality assurance work.	1. Development of Inclusion Profiles across the education sector to inform targeted training and support. 2. Establish an Experts at Hand Working Group which includes education leaders and SENCOs to co-produce the offer. 3. The AP steering group continues to focus on the quality assurance and implementation of the 3 tier model. There are a number of workstreams taking place as a result of this work, and we are getting traction on this area now although more needs to be done. A review of the piloted APST is taking place to inform further roll out for Sept 26. 4. Webinars and meetings are planned with School Leaders and SENCOs to discuss the reform plan and support the co-production of the EAH planning. 4. Whilst a number of schools do have a form of "inclusion base" in their setting, there is no consistency in the quality of provision. This needs to be a priority to inform support and training.

<p><b>Health Services:</b> Education providers are aware of relevant NHS services and how to signpost or refer to them, with at least limited contact between education and health partners. Understanding of ICB SEND roles is developing, setting the stage for stronger partnerships and health is seeking to understand more about needs from education.</p>	<p><b>Health Services:</b> Positive working relationships with NHS and hospital AP are developing, and strategic engagement is increasing. Providers are aware of designated ICB leads and the executive SEND lead, but board engagement is still limited. Inspections highlight need for further improvement.</p>	<p><b>Health Services:</b> Partnerships with health are strong and joint commissioning is routine, with clear feedback and resource sharing. Lines of communication with ICB and NHS are well-established. Inspection reports confirm effective collaboration.</p>	2 – DEVELOPING	<p>The ongoing absence of a DCO leaves the LA with a gap in the strategic engagement and shared ownership across the health space. This is also frustrating some of the changes in pathways which we are managing across the ND space. There is involvement and engagement from the ICB and LCO at a strategic level and health performance is monitored. Whilst some wait times are reasonably positive, there are ongoing pressures particularly in the TASC and TCAS pathways but padlets of support are available for families and partners. We have recently implemented the ND triaging panel as part of the implementation of the ND transformation Programme. We are continuing to ensure that parents and schools are aware of the relevant offers available.</p>	<ol style="list-style-type: none"> <li>1. Continue to escalate the issue surrounding a lack of DCO in Trafford.</li> <li>2. We are prioritising the update of the Local Offer in order to ensure partners can navigate the system easily.</li> <li>3. Action plans are in place to assist in managing the pressures around waiting times.</li> <li>4. There is a dedicated steering group overseeing the implementation of the Balanced System and the ND Transformation programme; these are priority pieces of work outlined in Ambition 6 of our Strategic SEND Plan.</li> </ol>
<p><b>Social Care / Local Authority:</b> Providers access the local care offer and engage with care teams for individual CYP needs. Strategic collaboration is starting, and the LA is initiating work on early intervention models, such as Families First reforms.</p>	<p><b>Social Care / Local Authority:</b> Positive working relationships with LA care teams and managers are emerging. Designated care officers help embed care priorities. The LA is embedding Family Help and child protection reforms, and strategic coordination is improving.</p>	<p><b>Social Care / Local Authority:</b> Strong, embedded relationships between education, health and care ensure joint planning and resource sharing. FFP and multi-agency reforms are routine. Children and families receive early support, and joint commissioning is mature.</p>	2 – DEVELOPING	<p>Trafford benefits from a strong DSCO who has helped provide outstanding oversight and connectivity across the SEND system. The Virtual School play an integral role in also being the bridge between education and social care and their offer for supporting the most vulnerable children with SEND is very strong. Early family support is developing well despite the lack of any funding to establish Family Hubs, and there is a hub in each locality which provides early support. Ongoing mapping takes place to ensure each area is able to meet need. Trafford Team Together provide a "team around the school" to enable early targeted support.</p>	<ol style="list-style-type: none"> <li>1. FF Reforms are being rolled out with oversight of the FF Strategic Board chaired by the DCS. We are at the start of this journey, but have good partnership engagement in the key workstreams.</li> <li>2. Family Hubs are in each of our 4 localities and we are focusing on developing the teams and offer to get equity across the borough. This is aligned to our Best Start in life Strategy.</li> <li>3. Through BSiL funding, we are proposing to place an Early Years Inclusion role in each of our Family Hubs to support the early identification and support for families, including a parenting mentoring offer.</li> </ol>

5. Outcomes-Based Accountability, Transparency, Communication and Trust					
1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
<p>Accountability is supported by existing processes and compliance measures. The partnership is focused on strengthening outcome measures and building shared understanding of system performance.</p>	<p>An outcomes-based approach is developing, with agreed shared outcomes and initial steps to use data for evaluation. Partners are starting to communicate openly about progress, and feedback is more routinely discussed.</p>	<p>Robust, transparent systems for measuring and reporting outcomes are fully embedded. Success is judged by impact on CYP and families, and services are continually improved in response to honest evaluations involving all partners. Decision-making is both aspirational and innovative.</p>	2 – DEVELOPING	<p>There are clear systems of reporting and monitoring outcomes for CYP. Assurance meetings and performance clinics are well embedded and reporting is made to Corporate Leads as well as at Member level. Partnership reports are shared at each SEND Board. Performance clinics routinely take place to monitor system performance. The dedicated Learning and Improvement Group has enabled honest reporting on outcomes and the lived experience of families, and reports from SENDIASS and our families are received. Learning from complaints and tribunals are also shared at the group to inform improvements needed in service delivery.</p>	<ol style="list-style-type: none"> <li>1. We are reviewing our KPIs against our inclusion/ambition outcomes to continue to improve our understanding of the impact and outcomes for CYP and families with SEND.</li> <li>2. We are also ensuring the voice of young people is fully embedded in our improvement activity.</li> <li>3. We will continue to strengthen the Learning and Improvement Group to ensure decisive steps are taken to improve the quality of performance.</li> <li>4. Additional resource is needed to establish a more comprehensive dashboard which includes a wider range of metrics including AP.</li> </ol>
6. Strategic Decision Making at the Right Level					
1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
<p>Partners are working with initial governance structures and developing clarity on where strategic decisions are made. Opportunities exist to further engage stakeholders in operational and strategic planning.</p>	<p>Structures and forums for decision-making are established and increasingly understood, with partners contributing meaningfully to discussions. Feedback pathways between operational and strategic levels are being implemented.</p>	<p>Well-defined and embedded governance ensures decisions are collectively made at appropriate levels. All partners have clarity on their roles and can easily influence both operational and strategic planning. Processes are continually reviewed for improvement.</p>	2 – DEVELOPING	<p>Clear governance structures are in place with multi-agency representation across all boards, both at a strategic and operational level. The SEND Steering Group provides the place to monitor the operational delivery of the SEND Ambitions Plan with overview reports and deep-dives provided to the SEND Board. Partnership reports from schools and parent/carers, assist in the assessment of impact and decision-making processes.</p>	<ol style="list-style-type: none"> <li>1. There is a need to strengthen the links in with the ICB and Health Senior Leadership Team to improve engagement and commitment, particularly during times of transition.</li> <li>2. More needs to be done to ensure SEND is well represented at the Locality Board and Health and Wellbeing Board.</li> <li>3. Membership of the Steering Group and Strategic Board includes representatives from the whole partnership; this needs to be maintained and sustained with whole sector channels of communication being strengthened.</li> <li>4. The voice of CYP now needs to reflect the planning associated within the Local Reform Plan, focusing on the mainstream support, to impact on strategic decision-making.</li> </ol>
7. Monitoring Effectiveness and Enabling Continuous Improvement, ensuring a targeted, judicious and sustainable use of resources					
1 - EMERGING	2 - DEVELOPING	3 - MATURING	ASSESSMENT	GAPS/ISSUES TO ADDRESS	PRIORITIES & SUPPORT NEEDS
<p>Review and evaluation processes are being used periodically, and stakeholder input informs some service adjustments. Processes for regular monitoring and service improvement are taking shape. DSG management planning is reporting a worsening picture with limited mitigating actions</p>	<p>Regular reviews are taking place, drawing on broader stakeholder input including schools, families, and young people. Performance is benchmarked against other areas and findings inform targeted improvement plans. <b>DSG management planning is forecasting an improving picture in the medium term, moving towards a balanced budget.</b></p>	<p>Comprehensive, ongoing monitoring using multiple sources of data and qualitative insights drives continuous improvement. Deep dives into specific issues lead to strategic changes, and effective benchmarking ensures consistent progress toward the best outcomes. <b>The LA is reporting a balanced budget in the following financial year</b></p>	2 – DEVELOPING	<p>Following the deficit reserve being brought forward at the beginning of the financial year of £19.740m, the year end position is expected to be £32.475m deficit. DSG management plans are in place which are monitored at a strategic level through the Finance and Transformational Change programme, SEND Board and the High Needs Sub-Group which reports to funding forum. The deficit management plan reflects the current and forecasted position and a mitigated and unmitigated position. A series of options underpin the mitigated position, designed to address the key pressures driving the overspend. However, despite managing to slow down the rates of EHCP growth and associated spend to levels below that of national, we are not forecasting an improving picture in the medium term, moving towards a balanced budget. A performance framework is being developed to review the impact of LISO and enhanced mainstream support across key identified areas.</p>	<ol style="list-style-type: none"> <li>1. Development of partnership agreed inclusive impact measures and outcomes is a priority. We know the main areas which are driving demand are around Speech, Language &amp; Communication, SEMH and ASD, but we also want to establish an approach which addresses universal, targeted and specialist training for families and young people and professionals across education, health and social care.</li> <li>2. Finance and Transformational Changes meetings, chaired by the DCS, reports against DSG spend and includes Home to School Transport oversight. This will continue with added oversight of the SEND Reform Plan.</li> <li>3. The SEND Sufficiency Strategy needs to be finalised to meet the demands coming through the system and enable the effective planning of inclusion bases.</li> </ol>

LOCAL SYSTEM					
LOCAL AREA	OUR CONTEXT	WHERE ARE WE NOW?	WHERE HAVE WE COME FROM?	WHERE DO WE WANT TO GO NEXT?	WHAT WILL IT TAKE TO GET THERE?
Which area are you completing this narrative for?	What are the most distinctive features of our local area that shape how we respond to the needs of children and young people? What unique challenges or opportunities do we have here that will affect our journey toward a more inclusive and sustainable education system?	What are the defining strengths and challenges of our current situation? In what ways are we inclusive? Where do we fall short? How do different stakeholders currently experience our system?	What big changes or events have shaped us? Have there been turning points, either positive or negative?	What would true inclusion and sustainability look like here? How will stakeholders know things are better?	What are our priority shifts/changes? What help do we need—local and national? What will success look like in 1 year, 3 years, 5 years?
Trafford	<p>Trafford is the 3rd lowest funded LA in the country and as such schools receive lower levels of funding in comparison to many local areas, which impacts on their staffing structures and capacity to meet need in mainstream provision.</p> <p>We have not received any additional funding through DBV or SV programmes or for establishing Family Hubs.</p> <p>Many primary schools are facing deficit budgets and reducing staffing accordingly; this naturally impacts on their capacity to delivering inclusive provision.</p> <p>The October school census (provisional data) shows the proportion of pupils with an EHCP unchanged at 5.4% of the population on roll. The same source shows that the proportion of pupils receiving SEN Support in schools has reduced slightly to 11.7% in Trafford schools. This reduction is due to the new academic year with the old Y11 being replaced by the new Reception year which at this point has relatively few pupils with SEN Support. <b>This being the case we expect that the proportion will rise by c0.5-1 percentage points over the academic year.</b></p> <p>As at the end of December 2025 there were 3404 EHCPs in place, up from 3358 in the last report and an increase of 8.2% from the end of December 2024. <b>The rate of increase through 2025 remained below that reported nationally at 10.8%. Most recent data states that at the end of March 2026, we have 3450 EHC plans.</b></p> <p>In terms of Primary Needs, the numbers of young people under most classifications are recorded as being little changed. The whole of the increase in numbers this year are with regard to increases in SEMH, up 12% and SLCN up 22%. Between them, these two categories account for 52% of all EHCPs: SEMH 26.3% SLCN 25.3% Whilst ASD remains the third highest proportion, at 22%. Whilst Trafford maintains its mantra of "We are both a selective authority and an inclusive authority", the context of our schools has</p>	<p>Changes that we have adopted to strengthen our system wide governance has improved the overall monitoring and scrutiny of performance across the system. <b>The Chief Executive and Lead Member Assurance meeting ensures political and senior officer line of sight to SEND and meets quarterly.</b> The Leader of the Council also attends this meeting ensuring that the political line of sight sits at the highest level.</p> <p><b>The Strategic SEND Board is chaired by the DCS and has membership from across the partnership.</b> Reports from both the Parent/Carer Forum and schools enable an improved feedback loop into the board to strengthen shared decision-making.</p> <p><b>Relationships across our early years settings and with our schools/colleges are strong and this supports our ambitious vision for the education of our children.</b> Children who attend both mainstream and special school provision have access to high quality education in Trafford and from the inspections that have taken place in the borough, reports reflect effective SEND provision in our schools.</p> <p><b>SEND and Inclusion remain a strategic priority across the sector and is discussed at all meetings both with Headteachers and Senecs;</b> we have held a number of conferences dedicated to inclusion over the last 12 months, focusing on our ambition that "Trafford is an inclusive authority" and "No-one is left behind". This has been important in our context.</p> <p>As a result, we are continuing to ensure we prioritise inclusion and raise the profile of effective SEND Support, particularly at school leadership level.</p> <p><b>This year, our QA visits to our schools which is carried out through the School Improvement Officers has focused on inclusion and this has provided valuable information around the strategies being used by the sector to meet the needs of young people.</b></p>	<p>The operational delivery of the SEND Ambitions Plan is represented by <b>workstream leads from across the system</b>, including parent/carers, commissioners and school representatives. We believe that this approach means we can connect our vision and aspiration with practice and making a difference to our children and young people.</p> <p><b>Our Children's Commissioning Board is closely aligned to our SEND activity</b> and the Strategic Board reports to the Locality Board; this means that our SEND work is a collective priority across the whole health and care system.</p> <p>Being part of the Change Partnership Programme afforded us the funded opportunities to test out a number of reform proposals which will support us as we move forward with our planning. During the second year of testing, our focus was principally on the strengthening of the inclusive mainstream provision, through a series of pilots. We will be evaluating the impact of these to support our planning. The following aspects will be of particular consideration:</p> <p><b>1. We have held numerous meetings with schools and families whilst reiterating the mantra of being an inclusive authority. We held a workshop with our school leaders early September to focus on the culture of inclusion as this is critical to improve practice and engagement. This brought the whole sector together to hear their voice and co-produce the LISO offer moving forwards. The LISO focused on 3 areas of increased need which is driving the increase in EHC Plans and/or EOTAS packages - SLC in the early years, Year 6-7 transition pathways and Mental Health.</b></p> <p><b>2. We have established an Alternative Provision Specialist Taskforce</b> as part of our delivery of the 3 tier model. This is a multi-</p>	<p>The premise of our work has focused on delivering the following outcomes:</p> <ul style="list-style-type: none"> <li>- Children and young people feel successful and are empowered to go onto leading independent lives</li> <li>- Children feeling like they belong and their voices are heard and understood</li> <li>- Families have clarity and are confident in the pathways of support available to them</li> </ul> <p>Currently, we are looking to develop our <b>Experts at Hand model focused on the 3 key areas defined in the LISO programme</b> alongside the continuation of whole system improvement across the education sector. <b>The impact of this should be seen in:</b></p> <ul style="list-style-type: none"> <li>- Increased parental trust and confidence in inclusive mainstream practice across the borough so that children's needs are met without the need for an EHCP and there is a reduction in complaints and tribunals.</li> <li>- Positive feedback from CYP which reflects they feel heard and belong.</li> <li>- Consistency in the quality of SEND practice across all schools with a strong universal workforce and support offer across all early years providers, schools and FE.</li> <li>- Alignment across all governmental and Ofsted policy- reforms need to be joined up and adequately funded and resourced (including that of health).</li> <li>- Reduction in the number of EHCPs and higher levels of SEN support whilst maintaining positive outcomes for all pupils.</li> <li>- Continued strong outcomes for all pupils in Trafford, with a reduction in Emotionally-Based School Non-Attendance, suspensions and exclusions. <b>There will be a reduction in the number of young people with SEND who are NEET.</b></li> <li>- A more equitable and consistent offer across Education, health and social care.</li> </ul>	<p>1. We will ensure the SEND Ambitions Plans reflects the reforms.</p> <p>2. We will co-produce the SEND Reform Plan and the EAH offer with all partners, including parent/carers and young people, building on the existing Local Inclusion Support Offer (funding dependent).</p> <p>3. We will establish a robust SEND Performance Dashboard to reflect performance across the whole SEND system to strengthen monitoring and shared accountability.</p> <p>4. We will continue to engage with the education sector to ensure school leaders continue to buy into the inclusive culture across the LA.</p> <p>5. We will establish locality-based multi-disciplinary teams to support the sector to meet the needs of cyp through high-quality inclusive mainstream practice.</p> <p>6. We will establish a system which is easy for parents and carers and young people to navigate so that they can get the right support at the right time.</p> <p>7. We will establish Inclusion Profiles for our schools to identify best practice and target support.</p> <p>8. We will develop a robust Sufficiency Strategy to support the monitoring and commissioning of placements. Through the HN Capital Funding, we will establish additional specialist places in-borough, with a specific focus on secondary SEMH needs and post-16 as well as create inclusion bases across the sector. This will build on the existing SSC/RP provision and development of internal AP and will be based on the sufficiency data.</p> <p>- Nationally, there is a need for the alignment between the DFE reforms and OFSTED on how inclusivity is judged and where educational attainment sits within that judgement and how this is perceived by families in an education/attainment driven culture in Trafford.</p> <p>- There continues to be a need for financial clarity around the DSG deficits and LA/school funding to support an inclusive system and</p>

## **ASSESSMENT**

0 – NOT RATED

1 – EMERGING

2 – DEVELOPING

3 – MATURING



<b>Name of Committee / Board</b>		Trafford Locality Board		
<b>Date of Meeting</b>		16 <sup>th</sup> June 2026		
<b>Report Title</b>		Trafford Provider Collaborative Board: Governance Update		
<b>Report Author &amp; Job Title</b>		Pippa Dewhirst, Governance Manager, NHS GM & Thomas Maloney, Programme Director Health and Care, Trafford Council / NHS GM (Trafford)		
<b>Organisation Exec Lead</b>		Maggie Kufeldt, Corporate Director Adults and Wellbeing, Trafford Council		
<b>OUTCOME REQUIRED</b> <i>(please highlight)</i>	<b>Approval</b> <b>X</b>	Assurance	<b>Discussion</b> <b>X</b>	<b>Information</b> <b>X</b>
<b>EXECUTIVE SUMMARY</b>				
<p>As part of the local governance review Trafford Provider Collaborative Board (TPCB) considered a proposal to stand down TPCB and replace with a Joint Leadership Group (JLG) bringing together partners to work collectively across NHS, Local Authority, VCFSE and Community partners. The purpose of the group would be to create a forum to provide place wide oversight of Trafford's Health and care brilliant everyday and transformation priorities, translate strategy into delivery and collectively agree resourcing to deliver agreed priorities. The change in governance arrangements supports the emergent place partnership governance and is a direct response to the expectations for each place to have a 'Delivery Board'.</p> <p>TPCB has supported the change in governance arrangements and is currently reviewing the draft terms of reference and membership to ensure it is comprehensive and suits the needs of the group. Trafford Locality Board are asked to review the proposal offer any feedback and support the first meeting of the group to be held in July 2026.</p>				
<b>RECOMMENDATION</b>				
<p>The Board are asked to:</p> <p>a) Support the JLG proposal, pending finalising the ToR <i>(Including feedback from partners on membership and alignment with the Place Health and Care Partnership documentation)</i>.</p>				
<b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b>				
<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		Effective governance arrangements will support future risk management – the JLG will consider its arrangements pertaining to risk management and include these in the final terms of reference.		
<b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		Name/Designation:		
		Comment: There are no financial implications for these governance changes		
		Date of TCAPS / Clinical Lead comment: N/A		



<p><b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i></p>	<p>Name/Designation: Thomas Maloney, Programme Director Health and Care, NHS GM / Trafford Council</p> <p>Comment: We are currently exploring clinical and practitioner governance within Trafford and Manchester and Trafford. Further work will be required to establish the necessary connections between JLG and Trafford clinical and practitioner governance (TBC).</p>
<p><b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i></p>	<p>JLG will focus its work on our agreed transformational priorities and brilliant everyday services, offers – reducing health inequalities is an innate element of its work plan.</p>
<p><b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i></p>	<p>N/A</p>
<p><b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i></p>	<p>N/A</p>
<p><b>Trafford’s Carbon Footprint</b> <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i></p>	<p>N/A</p>
<p><b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i></p>	<p>The Place Partnership Agreement contains a draft Outcomes Framework which the governance task and finish group will continue to help shape – this will directly impact how we measure impact in the agreed workplan of JLG.</p>
<p><b>Enabler implications</b></p>	<p><b>Legal implications:</b> N/A <b>Workforce implications:</b> N/A <b>Digital implications:</b> N/A <b>Estates implications:</b> N/A</p>
<p><b>Sub-Board Sign-Off / Comments</b> <i>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</i></p>	<p>The paper has been considered at the Trafford Provider Collaborative Board 7<sup>th</sup> May and 28<sup>th</sup> May.</p>
<p><b>Organisation Exec Lead Sign off</b></p>	<p>Thomas Maloney, Programme Director Health and Care, Trafford Council and NHS GM</p>

# Trafford Provider Collaborative Board: Future Governance Arrangements

Trafford Locality Board  
June 2026



## Trafford Governance Review 2026

We are undertaking a locality governance review to ensure our place partnership governance is fit for purpose, in line with the new operating model and responds appropriately to any centrally issued guidance from NHS GM.

We are now entering a phase of place partnership mobilisation as they evolve from theory and design into operational delivery and as such, place partners at Trafford Locality Board have been asked to consider key components of our new arrangements, including:



We have also been asked to consider the wider partnership governance arrangements that will enable the effective deployment of the new operating model. We have already started to make some adjustments to our governance arrangements responding to strained capacity, GM instruction, emergent need and feedback from stakeholders.

To support and structure this work and in pursuit of formalising new governance arrangements, Trafford Locality Board have initiated a Governance Task and Finish Group. Initially the group will focus on the place partnership agreement and locality grant. The remit of the group will then develop into considering the wider governance options to successfully enact the place partnership agreement.

This group has a pivotal role in exploring new arrangements between statutory partners and be an engine room for co-designing new arrangements that we feel will benefit the Trafford stakeholders, the system and ultimately our residents.

# Trafford Joint Leadership Group



Following the local governance review and discussions with key partners it has been proposed that the Trafford Provider Collaborative Board (TPCB) is replaced with a new Joint Leadership Group (JLG). The JLG will support collaborative working at place in an open and transparent forum, helping deliver transformational priorities and brilliant everyday services and offers



The wider local governance review will continue with changes being enacted as and when appropriate to support best delivery of Trafford priorities – connecting with JLG as appropriate.



The new JLG will focus on the delivery of the place plan and co-ordination of integrated delivery across providers. The proposal was considered and supported at the 7<sup>th</sup> May and 28<sup>th</sup> May TPCB meetings.

# Joint Leadership Group: Terms of Reference

- The draft Terms of Reference (ToR) were considered at TPCB, and members took an action to **provide feedback on the ToR** ahead of the next meeting on the 25<sup>th</sup> June where we aim to finalise the ToR.
- At the TPCB meeting on the 28<sup>th</sup> May members were given the opportunity to provide feedback on the **membership for their organisation** and an action was taken for colleagues to propose appropriate representation for their organisation.
- TPCB also acknowledged that the place health and care partnership documentation currently under review would be considered and inform the construct of our JLG appropriately.



# Trafford Joint Leadership Group Roles and Responsibilities: Overview of New Arrangements

For Trafford stakeholders to deliver its joint priorities moving forward we acknowledge there is an opportunity to learn from previous partnership arrangements and governance models to implement a more proportionate and efficient set of arrangements which enables the partnership to deliver against its principles and importantly respond to ambition in national strategy (Example, NHS 10 Year Plan) and our Locality Plan and Delivery Plan (TBC) – the below suggest roles and responsibilities which have been **endorsed by the Trafford Provider Collaborative Board** and will be incorporated into the ToR that is being developed.

## Trafford Joint Leadership Group

- Provide place wide oversight of Trafford's health and care brilliant everyday and transformation priorities
- Work collectively across NHS, Local Authority, VCFSE and community partners
- Translate National / Regional / ICB strategy into Trafford delivery
- Prioritise programmes based on outcomes, inequalities and feasibility
- Agree resourcing to deliver priorities and address barriers
- Make recommendations to the Place Partnership and Provider Partnership
- Operate as the integrating leadership forum for delivery of the Trafford Delivery Plan

## Membership

Trafford Council  
Adult Social Care  
Children & Young People  
Public Health  
NHS GM  
MFT Group  
TLCO  
GP Board  
Mastercall  
Pharmacy  
GMMH - Mental Health  
VCFSE

# Chairing of Joint Leadership Group

TPCB previously held a Co-Chair arrangement although since October 2025 Maggie Kufeldt, Corporate Director of Adults & Wellbeing, Trafford Council has covered the role. The Co-Chair arrangement reinforced the commitment for joint leadership and integrated working and the suggestion is to reinstate for JLG.

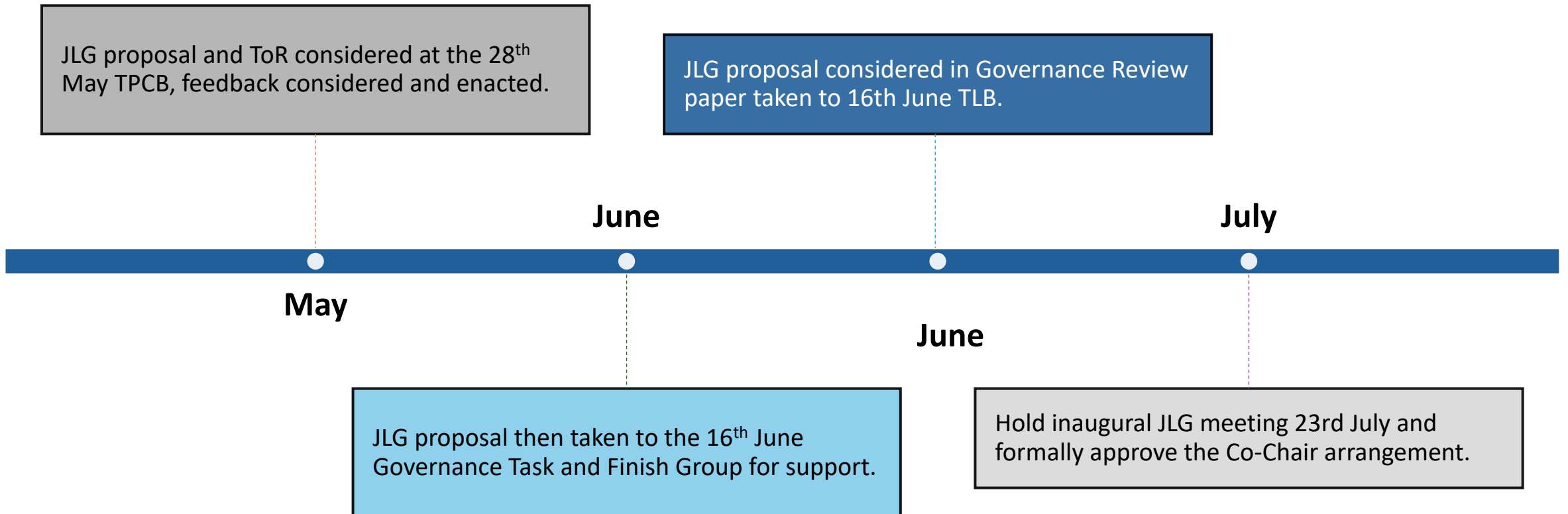


It was therefore proposed and supported at TPCB that a Co-Chair arrangement be implemented and both Maggie Kufeldt, Corporate Director of Adults & Wellbeing, Trafford Council and Patricia Davies, Chief Executive, LCO & UDHM have volunteered to cover the roles.

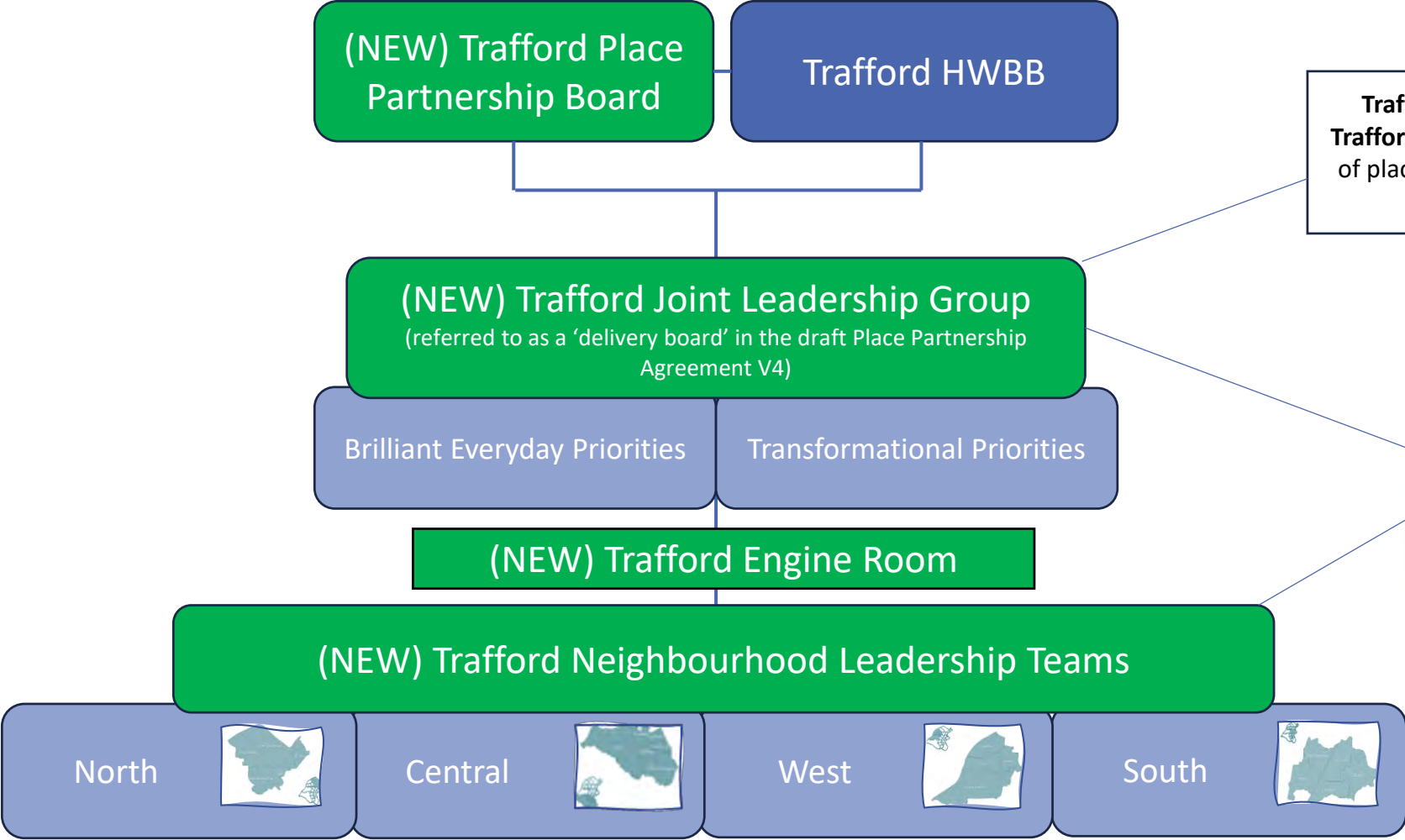


The Co-Chair arrangement will then be reviewed on an annual basis as per the Terms of Reference.

# Joint Leadership Group: Timeline of Implementation



# Diagram: Trafford Joint Leadership Group, Engine Room and Neighbourhood Leadership Teams



**Trafford Joint Leadership Group to replace current Trafford Provider Collaborative Board.** Focus on delivery of place plan, coordination of integrated delivery across providers.



# Key Questions and Recommendations

## Key Questions:

- Are colleagues supportive of the transition from the current TPCB to the suggested Joint Leadership Group arrangements?
- Are the roles and responsibilities describing a fair reflection of what we require the Joint Leadership Group to deliver?
- Are there any additional factors we need to consider?

## Recommendations:

TLB are asked to:

- Support the JLG proposal, pending finalising the ToR (*Including feedback from partners on membership and alignment with the Place Health and Care Partnership documentation*).



<b>Name of Committee / Board</b>		<b>Trafford Locality Board</b>			
<b>Date of Meeting</b>		<b>16<sup>th</sup> June 2026</b>			
<b>Report Title</b>		<b>NHS GM Trafford Finance report</b>			
<b>Report Author &amp; Job Title</b>		<b>Karen Clynes, NHS GM Trafford</b>			
<b>Organisation Exec Lead</b>					
<b>OUTCOME REQUIRED</b> <i>(please highlight)</i>	Approval	Assurance X	Discussion	Information X	
<b>EXECUTIVE SUMMARY</b>					
<p>The attached slide deck presents the financial position for the ICS overall and the locality delegated budgets by NHS GM for March 2026.</p> <p>As at Month 12 the ICS reported a surplus of £24.1m, an improvement of £ compared to M11. The main reason for the improved position was due to the majority of the GM NHS Providers meeting the eligibility criteria and therefore receiving additional Deficit Support Funding of £21.3m</p> <p>The localities final position for 2025/26 reports an overspend of £1.39m which is in line with expectations at M11. This improvement in the YTD position as a result of changes to the funding for 2 IMHAD packages, with the LA taking on funding of 50% of one case, and the second case being funded within a block payment. We have also audited the discharge fund and reallocated unutilised funds to offset overspends within CHC.</p> <p>The locality has delivered the full CIP target of £2.9m.</p> <p>An increased financial control framework remains in place with the system required to demonstrate and provide assurance there is a credible plan to deliver the forecast to secure the remainder of the deficit support funding.</p>					
<b>RECOMMENDATIONS</b>					
<p>The Locality Board is requested to:</p> <ul style="list-style-type: none"> <li>• Note the outturn position of a £24.1m surplus following the receipt of additional deficit support funding by GM NHS Providers of £21.3m.</li> <li>• Note that NHS GM delivered an outturn position of a deficit of £7.5m in line with plan, with GM Providers delivering a surplus of £24.1m</li> <li>• Note a locality year end variance of £1.39m overspend for commissioned services and a forecast variance of £1.39m.</li> <li>• Note the workstreams in place targeting the cost pressure and the increased grip and control measures for the locality</li> <li>• Note the delivery of CIP of £635.6m, a shortfall of £20.4m against the system target of £656.0m, with NHS GM delivering the CIP savings target of £175.0m in full.</li> <li>• Note the locality have delivered the CIP target of £2.9m in full.</li> <li>• Note the continuation of the increased financial control framework including local recovery plans.</li> </ul>					



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



<b>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</b>	
<b>Organisation Exec Lead Sign off</b>	

# Trafford Locality Finance Report

## Month 12 March 2026

**Trafford**

Integrated Care Partnership



**Part of** Greater Manchester  
Integrated Care Partnership



The final outturn position for the ICS for 2025/26 is a surplus of £24.1m (M11: £2.5m surplus), which is an improvement of £21.6m on the forecast outturn position reported at M1.

2025/26 ICS Surplus/(Deficit) £m	Annual Plan	Actual Outturn	Variance
GM NHS Providers	£7.5	£31.6	£24.1
NHS GM	-£7.5	-£7.5	£0.0
ICS Total	£0.0	£24.1	£24.1

Key points of note for Month 12 are:

This reported position is based on the draft submissions for NHS GM and the GM NHS Providers. Draft accounts are due for submission on 27th April 2026, which will be subject to external audit before the final accounts are submitted in June.

All GM NHS Providers have delivered their plan or better, and the main reason for the further improvement relates to the majority of the GM NHS Providers meeting the eligibility criteria and therefore receiving additional Deficit Support Funding of £21.3m.

In addition, The Christie, MFT and NCA have reported a further surplus above their plan, with other smaller surpluses reported by Bolton and Tameside.

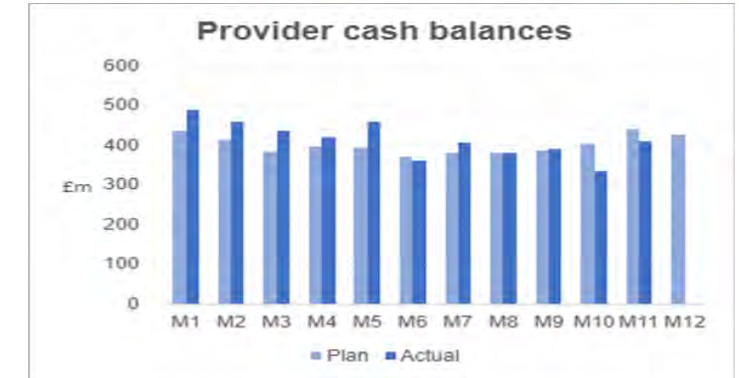
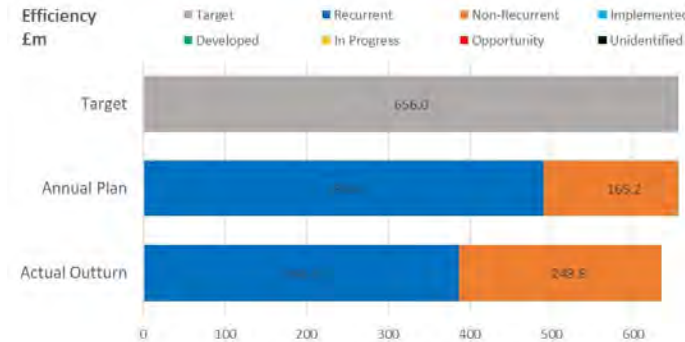
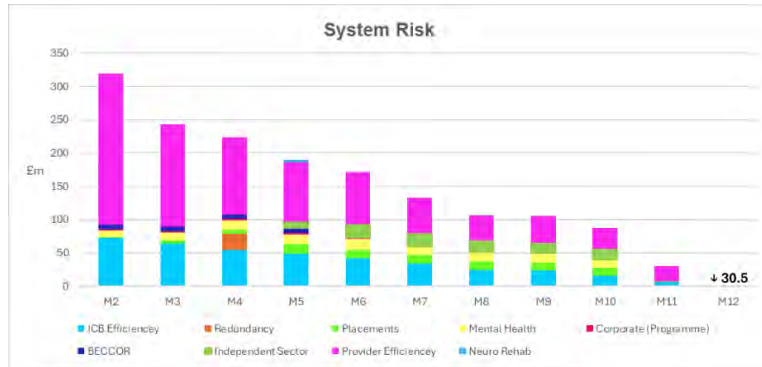
The final NHS GM position is a deficit of £7.5m which is in line with plan. Whilst the implementation of Finance Recovery Plans in the 4 key risk areas has resulted in reduced spend in comparison to the run rate earlier in the year, pressures relating to ADHD, Autism and 117 within Mental Health, All Age Continuing Care and the Independent Sector have not been fully mitigated. However, the CIP target of £175.0m has been delivered in full. The outturn position also reflects other areas of underspend including Prescribing, Primary Care, and Running Costs.

The closing cash balance for NHS GM was £36k, which was well within the allowable cash balance at the end of the financial year.

The GM system spend on operational capital was £201m, which was within the £201m operational capital envelope issued by NHS England.



The below table outlines key areas to note for Month 12:



### System Financial Position

- The Actual Outturn position for the GM NHS System is a £24.1m surplus against the breakeven plan, and improvement of £21.6m and is split as follows:
  - £0.0m NHS GM (Month 11: £0.0m)
  - £24.1m GM Providers (Month 11: -£27.4m)
- The main reason for the increased surplus relates to the receipt of additional DSF funding of £21.3m.

### System Efficiency

- The chart above details the savings delivered against an overall system savings target of £656.0m
- Total savings of £635.4m have been delivered against the target of £656.0m, of which 58.9% has been delivered recurrently.
- Overall, for the year delivery was £20.6m below plan, all relating to the GM Providers.

### Cash

- The M12 cash position for GM providers will not be available until 27<sup>th</sup> April when the draft accounts will be submitted.
- At M12 NHS GM has drawn down £9,497.1m, which was £58.6m higher than the M12 allocations (adjusted for deficit funding of £7.5m less the closing cash balance in 2024/25 of £1.1m).
- The allowable cash balance at the end of M12 equated to £9.3m, with an actual closing balance of £36k.

Summary Financial Position as at Month 12				M11	In Month
	Budget	Expenditure	Variance	Variance	Movement
	£'000	£'000	£'000	£'000	
<b>Commissioned Services</b>					
Mental Health Services	4,804	4,682	122	73	↑
Community Services	12,559	12,411	148	80	↑
Personalised Packages of Care	43,757	46,150	-2,393	-2,088	↓
Primary Care Locally delegated	7,260	7,187	73	19	↑
Estates void & subsidy	2,200	2,068	132	52	↑
Capacity & Discharge Fund	1,836	1,312	524	195	↑
<b>Total Commissioned Services</b>	<b>72,415</b>	<b>73,809</b>	<b>-1,394</b>	<b>-1,669</b>	↑

- The final reported position for 2025/26 was a deficit of £1.42m. This is an improvement of £0.67m on the M11 forecast position
- This improvement was the result of a reduction on IMHAD following changes to funding for two high cost packages, and the release of unutilised discharge funds which have helped to offset the overspends within CHC.
- CIP target of £2.92m was fully delivered in year



- Due to the reform and restructuring work underway in the ICB, the recovery plan actions remain as the previous month:
    - Joint review of LD packages of care with the LA – phase 2 delay to commencing this work due to staff changes and NHS reform organisational change.
    - End of life task and finish group – analysis of the activity and referral data nearing completion.
    - Market management CHC framework rate – in discussion with central GM colleagues with regards to the next steps on engaging with Trafford care homes.
    - CareCubed software package training and engagement with local providers complete.
    - BAU review of care plans on-going
  - Enhanced grip and control measures for the locality will be in place
    - Additional escalation local assurance meetings to be scheduled with a specific focus on financial performance
    - Individual package of care deep dives incorporating finance and quality to provide further assurance
    - Increased scrutiny of STAR requests
-



The Locality Board is requested to:

- Note the outturn position of a £24.1m surplus following the receipt of additional deficit support funding by GM NHS Providers of £21.3m.
  - Note that NHS GM delivered an outturn position of a deficit of £7.5m in line with plan, with GM Providers delivering a surplus of £24.1m
  - Note a locality year end variance of £1.39m overspend for commissioned services and a forecast variance of £1.39m.
  - Note the workstreams in place targeting the cost pressure and the increased grip and control measures for the locality
  - Note the delivery of CIP of £635.6m, a shortfall of £20.4m against the system target of £656.0m, with NHS GM delivering the CIP savings target of £175.0m in full.
  - Note the locality have delivered the CIP target of £2.9m in full.
  - Note the continuation of the increased financial control framework including local recovery plans.
-



<b>Name of Committee / Board</b>	<b>Trafford Locality Board</b>			
<b>Date of Meeting</b>	<b>16<sup>th</sup> June 2026</b>			
<b>Report Title</b>	<b>Trafford Section 75 Agreement: 25/26 End of Year Report</b>			
<b>Report Author &amp; Job Title</b>	<b>Alex Cotton, Head of Transformation and Delivery (Trafford Locality, ICB)</b> <b>Jo O'Donoghue, Head of Service- All Age Commissioning (Trafford Council)</b>			
<b>Organisation Exec Lead</b>	Cathy O'Driscoll, Associate Director of Delivery and Transformation, Trafford Locality (ICB)  Maggie Kudfelt, Corporate Director of Adults and Wellbeing (DASS), Trafford Council.			
<b>OUTCOME REQUIRED</b> <i>(please highlight)</i>	Approval	Assurance x	Discussion	Information
<b>EXECUTIVE SUMMARY</b>				
<p>The formal Section 75 Agreement between Trafford Council and NHS Greater Manchester (Trafford locality) contains the following:</p> <ul style="list-style-type: none"> <li>• Better Care Fund</li> <li>• Learning Disabilities Pool</li> </ul> <p>This is supported by Trafford Joint Section 75 Committee, which meet monthly to drive strategic direction, monitor delivery and address areas of escalation.</p> <p>The purpose of this report is to provide Trafford Locality Board with an overview of performance against these programmes in 2025/26, to highlight system successes and challenges and how the learning from this year have been built into 2026/27 strategic plans.</p>				
<b>RECOMMENDATIONS</b>				
<p>The Locality Board is asked to note 2025/26 performance of:</p> <ul style="list-style-type: none"> <li>• Better Care Fund National Metrics</li> <li>• Learning Disabilities Pooled Budget</li> </ul> <p>The Locality Board is asked to note the performance and progress of key schemes within the Better Care Fund Programme and note next steps in their development.</p>				
<b>CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board</b>				
<b>Risk implications</b> <i>(Please provide a high-level description of any risks relating to this paper,</i>	Risks associated with service delivery are managed through existing locality governance arrangements with escalation through to various groups / boards including Trafford locality Board, where applicable.			



<p><i>including reference to appropriate organisational risk register)</i></p>	
<p><b>Financial implications and comment/approval</b> <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i></p>	<p>Name/Designation: Name/Designation: <i>Julie Flanagan, Associate Director of Finance (Trafford) at the time of 25/26 Better Care Fund Programme setting and quarterly report.</i></p> <p>2026/27 Sara Naylor, Associate Director of Finance, NHS Greater Manchester Paul Davies, Strategic Finance Manager (Adults &amp; Wellbeing), Trafford Council.</p> <p>Please find end of year position within section 6 of the report.</p> <p>The total opening S75 Programme funding for 25/26 was £69.436m and the opening BCF Programme was £35.933m.</p> <p>Following the increase during the financial year to Disabled Facilities grant allocations the total S75 programme increased to £69.651m and the BCF programme to £36.148m.</p>
<p><b>Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead</b> <i>(If not required, please briefly detail why)</i></p>	<p>Date of TCAPS / Clinical Lead comment (Delete appropriately): N/A</p> <p>Name/Designation: (If appropriate)</p> <p>Not applicable for this report. However, services contained within this report, including areas of transformation are considered by TCAPs, in line with system governance.</p>
<p><b>What is the impact on inequalities?</b> <i>(Please provide a high-level description of any known impacts)</i></p>	<p>There is no specific impact on health inequalities as a result of this paper. The fundamental purpose of the Better Care Fund Programme is to support the integration of health and care to improve outcomes for all Trafford residents and help reduce health inequalities for residents of the locality.</p>
<p><b>Equality Impact Assessment / Quality Impact Assessment Outcome</b> <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i></p>	<p>Not applicable for this report</p>
<p><b>People and Communities: Communications &amp; Engagement</b> <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i></p>	<p>N/A for this report but patient and public engagement is sort within each of the schemes, when appropriate.</p>
<p><b>Trafford's Carbon Footprint</b> <i>(Please provide a high-level description of any known</i></p>	<p>Implementation of the Better Care Fund and S75 Programme Plan will improve outcomes for all Trafford residents and help support Trafford's contribution to GM's aspirational carbon reduction targets</p>



<p><i>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><b>Links to Measurement / Outcomes</b> <i>(Please detail if this is included within the report)</i></p>	<p>Trafford’s performance against the 3 BCF performance metrics is contained within the body of this report, alongside summary of performance against key schemes.</p>
<p><b>Enabler implications</b></p>	<p><b>Legal implications:</b> N/A  <b>Workforce implications:</b> N/A  <b>Digital implications:</b> N/A  <b>Estates implications:</b> N/A</p>
<p><b>Sub-Board Sign-Off / Comments</b> <i>(i.e. Trafford Provider Collaborative Board, H&amp;SC Delivery Steering Group)</i></p>	<p>Section 75 Group: 1<sup>st</sup> June 2026</p>
<p><b>Organisation Exec Lead Sign off</b></p>	<p>Maggie Kudfult, Corporate Director of Adults and Wellbeing (DASS), Trafford Council.  Cathy O’Driscoll, Associate Director of Delivery and Transformation, Trafford Locality, NHS Greater Manchester</p>

## 1. Introduction

This report provides an overview of Trafford's 2025/26 performance of Section 75 agreement, which includes:

- a) Better Care Fund (BCF) Programme
- b) Learning Disabilities Pooled Budget.

The report will provide an overview of Trafford's performance against 3 national BCF Metrics and progress updates of key schemes and services supported through this programme funding.

The report will identify areas of challenge and the highlight key strategic areas of focus for 26/27 which seeks to address them. These areas of focus are reflected within Trafford's 26/27 BCF plans and will be contained within in Trafford's new 26/27 Section 75 agreement which is required to be in place by 30<sup>th</sup> September 2026.

## 2. Better Care Fund National Metrics

### 2.1 BCF Metric 1: Avoidable admissions

*Definition: Emergency admissions to hospital for people aged 65+ per 100,000 population).*

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
25/26 Plan	1,634.7	1,634.7	1,634.7	1,634.7	1,634.7	1,634.7	1,634.7	1,634.7	1,634.7	1,634.7	1,634.7	1,634.7
2024/25	1,634.7	1,646.5	1,693.5	1,552.4	1,587.7	1,611.2	1,764.1	1,634.7	1,752.3	1,717.0	1,446.5	1,693.5
2025/26	1,717.0	1,822.9	1,599.4	1,775.8	1,670.0	1,658.2	1,811.1	1,658.2	1,787.6	1,832.3	1,601.8	1,733.5

*Note: Jan- March figures are from local data rather than national, which is not yet available*

- **End of Year Position:** Target not met. This target was only met in June 2025 and February 2026, with a higher number of admissions than planned across all other months. Main areas of increase from 24/25 for this group are admissions for digestive systems (+81), skin disorders (+ 55) and renal (+54) and mental health (+53).
- **Achievements:**
  - Trafford's Crisis Team within the Trafford Community Response Service supports residents to avoid being admitted to hospital and to remain in their own home, with referrals made to the service from across the system including the ambulance service, general practice, hospital sites and social care. This service receives an average of 149 referrals per month, predominately via General Practice. Additional clinical engagement with NWAS was undertaken in 25/26 to improve referrals rates.



- The number of available acute respiratory infection appointments were increased in the winter, via Winter Capacity Funding.
- Increased number of house visits provided by the Acute Visiting Service, provided by Mastercall.
- An additional 17,000 GP appointments between November and April, via the Winter Capacity Funding.
- Reintroduction of GM Falls Service during the winter period.
- Additional hospital avoidance services, to support an enhanced offer such as Trafford's Alternative to Transfer services, provided by Mastercall. In 25/26, the total number of Pathfinder ATT referrals was 6919.

- **Challenges**

- Partnership working continues across the market to ensure stability and mediation with suppliers of care to avoid unnecessary admission to hospital.
- Trafford Crisis Response experiences some delays in being able to transfer patients off their caseload. Delays are predominately equipment delays and onward referral to community therapy service. Patients requiring social care packages may also become delayed on the service (dependent on other services).
- 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.
- Further analysis of areas of increase in admissions is underway to establish mitigating actions which will be subsequently built into 26/27 plans.

## **2.2 BCF Metric 2: Delayed Discharges**

*Definition: Average length of discharge delay for all acute patients*

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
25/26 Plan	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01
2024/25	1.27	1.08	1.16	1.25	1.16	1.35	1.34	1.08	1.20	1.30	1.05	1.15
2025/26	1.01	1.28	1.03	1.28	0.99	0.88	1.09	0.87	1.07	0.97	1.10	1.04

- **End of Year Position:** Target not met. This target was met in April 2025 and exceeded in months August, September, November and January. While this target was not met in the remaining months, there was an improvement in June, October, December and March, when compared to the same period in 24/25.
- **Achievements**
  - The Discharge Pathway 1 Team within Trafford Community Response Service (LCO) supported residents to return home from hospital since it was implemented in August 2023, with an average of 160 referrals a month in 25/26.
  - Trafford's Urgent Care Control Room continue to support the management of hospital discharges including commissioning of reablement and short-term assessment beds for long term care. This has a crucial role in timely discharges from hospital and ensuring home first principles.
  - An interim new equipment offer has been re-tendered which is delivered by Manchester Council and has made significant progress in addressing delays in providing equipment that facilitates discharge from hospital to home. Partners continue this work and to design the long-term model including future demand and need to ensure home first approach.
  - ASK Sara Tech offer is now fully implemented to redirect early access, choice and control, prior to crisis intervention. Allowing early redirection into alternative pathways.
- **Challenges**
  - Whilst target has been not been achieved there is continuous learning to meet needs rather than wants, and further understand the market supply verses need, due to more complex patients are being discharged home. The future aspiration is that the focus turns towards strengthening our preventative offers and considering the future of tech and AI to support discharges home.
  - Additional analysis of areas of growth in admissions is underway to support action plan development in 26/27.



### 2.3 BCF Metric: Residential Admissions

*Definition: Rate of permanent admissions to residential care per 100,000 population (over 65).*

- **End of Year Position:** Target met (within acceptable tolerance)

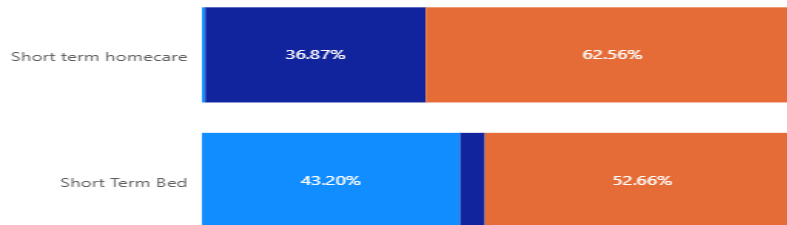
The national end of year figures are yet to be published, however local data indicate a very small increase in new admissions to residential and nursing for 65+. Available local data shows a total of 211 admissions (+3 on 24/25) which is 25/26 admission rate of 496.30.

- **Achievements**

- Figures provided by Client Level Data (a comprehensive dataset that provides insights into care and support provided by Local Authorities across England) demonstrates that Trafford benchmarks as having low admissions to long term care when compared other areas in the North West. Overall figures indicate that a higher proportion of people are now receiving care in their own home.
- Trafford Urgent Care Control Room (TCCR) continues to be the centre point for all referrals who require Health and Social Care in Discharges Pathway 1 (Home with Care) and Pathway 3 (Assessment of long-term care needs). The team has enabled greater flexibility across discharge pathways, with Home First embedded within their ethos. Staff within UCCR are undertaking early conversations with acute sites MDT to support and inform decision making in relation to the most appropriate discharge pathway. In 25/26, the UCCR supported 2536 referrals, of which the 2094 pathway 1 and 189 we pathway 3 (assessment beds).
- The Rapid MDT team provide a multi-disciplinary approach to the assessment of residents' long-term care needs. This team of social care professionals, nursing, CHC, Occupational Therapy and Physiotherapy assess residents while in a short-term assessment bed and have enabled more residents to be supported Home, preventing an avoidable admission to residential long-term care.
- The diversion from residential and nursing admissions over the last two years has led to an increase in proportion of people supported at home or in supported living, in 23/24 70% of care was delivered in the community, in 25/26 this had risen to 77%



\_Next\_Care (groups) ● Care Home ● Community care ● No further care



## • Challenges

- Our population of 65+ is increasing with a longer life expectancy within current P3 services, and it is anticipated that our over 90+ population will increase by c. 30%, so managing our local care home market and associated costs continues to challenge.
- Ensuring Trafford's offer of care to our residents is sustainable and equitable for the future is a fundamental aspect of Trafford's Locality Plan and key strategic programme within Trafford's Improving Lives Everyday Programme.

## 3. Better Care Fund Programme Schemes Update

The following provides a progress update against key Better Care Fund Programme schemes:

### 3.1 Disability Funding Grant (DFG)

3.1.1 The DFG is a capital grant to help meet the costs of adapting a property, supporting people to stay independent in their own homes. In addition to the mandatory DFG, local authorities can use powers under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 to provide discretionary assistance, where a published local policy is in place. This may include wider preventative interventions to support independent living, which can be delivered through discretionary DFG schemes or related services.

3.1.2 Trafford's Adaptations service completed 136 DFG cases at a total cost of £1,814,638.40. The average spends per case reduced from £20,469.61 in 24/25 to £13,342.92 in 25/26, a reduction of £7126.69, this was due to a reduced number of complex cases completed in 25/26. Of this number, 10 were above the 30K statutory DFG at an average cost of £52,112.96.



3.1.3 During this period, the Adaptation service also completed 67 Fast Track for the fitting of hoists, stairlifts and modular ramps at a cost of £350,366.52, average of £5229.35. During 25/26 the service attended 1309 properties to complete minor adaptations at a cost of £231,236.08.

### 3.2 Equipment Services

3.2.1 The provision of specialist minor equipment to support individuals with physical disabilities, long-term health conditions, or rehabilitation needs in the community is a critical component of the healthcare and social care systems within Trafford. A new provider has been in place since 1<sup>st</sup> April 2025, offering a revised core service across Manchester and Trafford, which has been extended until March 2027. Transition to the revised service continues to be worked through a multi-stakeholder working group to ensure barriers and challenges are addressed and managed to design the ong-term contract requirements moving forward which will have a clearer understanding on capacity and demand together with wider understanding on performance and spend.

3.2.2 Waits for Occupational Therapy were a significant challenge in 2024/25. Steps undertaken to address this and general access to equipment in 25/26 have resulted in a substantial reduction. On 31<sup>st</sup> March 2025, the total number of people waiting for an OT assessment was 550, with 267 waiting over 6 months. By 31<sup>st</sup> March 2026 the total waiting had reduced to 266, with only 76 waiting over 6 months.

### 3.3 Social Care Client Packages (Care Home placements)

3.3.1 Trafford's Better Care Funds (BCF) plan has delivered a move away from a reliance on bed-based care and support to enabling more residents to be supported at home, despite the increasing complexity of our ageing population. Trafford's Home First approach is at the heart of the plan. This includes:

- **Trafford Community Response Service** (Crisis Response and Pathway 1 Team) which both provide hospital avoidance support, and Home First discharges from hospital to intermediate care and onto the community if necessary.
- **Intermediate Care provision:** current provision provides a significantly high proportion of residents to return to their own home which will continue in 26/27, and the locality further explores opportunities to 'left shift' the demand and provide an enhanced home first offer.
- **Rapid MDT** in short term assessment beds; is a multi-professional approach and assessment for residents admitted to a short-term assessment bed, ensuring all avenues are explored to support residents' home prior to entering long term care.

### 3.4 Support for Carers



3.4.1 Trafford received funding to support the hospital discharge programme through the Accelerated Reform Fund. This builds on work that began in 2023 through the BCF and will support early identification of carers and tailored support to ensure carer resilience and involvement in planning the care for their loved ones. Within 25/26 BCF plan, Trafford also continued its commitment to Trafford unpaid carers through the continued commissioning of Trafford's Carers Centre.

3.4.2 BCF funding plays a critical role in supporting unpaid carers:

- **Shared Lives:** The service provides regular planned respite to families, including those supporting individuals through the Shared Lives scheme, helping to prevent carer fatigue and reduce the likelihood of carer breakdown. These outcomes align directly with Better Care Fund (BCF) national conditions around supporting carers and enabling people to remain in their own homes for longer. ARF monies have also been used for the Shared Lives provider (PossAbilities) to work with Trafford Carers Centre to recruit Shared Lives Carers to provide daytime support for individuals with dementia and thus provide respite for their carers.
- **Respite:** Sustaining access to planned respite provision through commissioned services like Away Day Care, based at Fairways in Urmston. This service delivers building-based short breaks in a regulated, five-bedded care home setting and is a key component of Trafford's carer support offer.

Access is governed through social work assessments, which allocate a defined respite night allowance per year based on assessed need. This ensures equitable, needs-led access to support. Although the service is not designed for emergency use, it is part of a broader carer support system, with separate emergency respite arrangements available where required.

By maintaining this planned respite capacity, the BCF funding:

- Reduces escalation into crisis and long-term care admissions.
- Sustains community-based care arrangements.
- Improves carer well-being and system resilience.

This preventative function is vital to the Trafford system's strategy of promoting early intervention and supporting informal care networks to delay or avoid statutory service involvement.

### 3.5 Stabilise and Make Safe Services (Reablement)

3.5.1 A review of current Trafford's current reablement offer was undertaken in 25/26 to strengthen the understanding of the impact of this service and to align the future redesign of reablement services with the work being undertaken with Peopletoo and the Intermediate Care (IMC) redesign.



- 3.5.2 Trafford's reablement 26/27 offer will be implemented and monitored closely during the upcoming year to ensure the appropriateness of services being provided and the ability to measure the impact the services have had in terms of reablement for residents. Data will be collected from providers at the start and end of the reablement package.
- 3.5.3 Trafford commissioned 775 SAMS packages for 639 Trafford residents in 25/26.

### 3.6 Advocacy

- 3.6.1 The contract for statutory advocacy was re-tendered and awarded to the incumbent provider, Advocacy Focus, from 1 March 2025 for a period of 5 years following a successful bid submission from them. This has successfully continued through 25/26 with regular contract monitoring in place.
- 3.6.2 During the previous contract term, an arrangement was made to temporarily increase the provider's staffing by 1.5 FTE to work through a backlog of Relevant Person's Representative (RPR) referrals and prepare for the upcoming implementation of the Liberty Protection Safeguards (LPS). Commissioners were approached by the provider to request that this be reinstated as the waiting list had grown considerably and all staff were at full capacity. Agreement has been reached to give a further 1.0 FTE staffing on a permanent basis and the additional 0.5 FTE staffing on a temporary basis for 12 months, to be reviewed regularly. This has begun to contribute to a reduction in the waiting list for allocation of an Advocate, particularly for those requiring a paid Relevant Person's Representative (RPR).

### 3.7 Support at Home (Homecare and domiciliary support)

- 3.7.1 As of the reporting period, the Trafford system has commissioned £4.38m worth of home care support, equating to 193,122 hours of provision. This investment reflects the continued commitment to enabling people to remain in their own homes safely and independently wherever possible. It is important to note that the £4.38m only represents a proportion of the total expenditure on homecare, the total spend on homecare in 25/26 for Older People was £10.33m.
- 3.7.2 A key contributor to this success is the Trafford Control Room Rapid Multi-Disciplinary Team, which is now fully embedded across the system. The Rapid MDT supports service users post discharge from hospital and prevents readmissions. This approach is actively supporting more individuals to either avoid prolonged hospital stays or return home following admission.
- 3.7.3 Encouragingly, seeing a reduction in P3 referrals indicates as a direct result of the effectiveness of the MDT model, supporting our broader strategic objective to reduce reliance on bed-based care and optimise independence-focused outcomes.

### 3.8 Community Nursing



- 3.8.1 In 25/26, demand for District Nursing continued to exceed capacity. Caseloads were 3 times the national average, with each nurse seeing 16 patients a day (vs. 12 in Manchester) and spending 38% less time per patient.
- 3.8.2 This led to more than 200 deferred visits every week, despite robust triage, with lower-priority interventions, routinely rescheduled, creating persistent risks to patient safety, outcomes and experience.
- 3.8.3 Rising patient acuity limits the delivery of core functions, like palliative care and bladder and bowel assessments, forcing specialist teams to absorb non-specialist tasks and reducing their capacity for complex cases.
- 3.8.4 Treatment Room clinics offer a cost-effective alternative to home visits for ambulant patients needing DN services. However, referrals have risen by 21% since 2022/23, with demand surging further (up to 35%) after the Trafford Elective Surgical Hub follow-up clinic closed, redirecting wound care patients to TR. When capacity is exceeded, patients are now sent to Walk-In Centres.
- 3.8.5 The significant challenges in community nursing were raised through system governance throughout the year, with a three-pronged approach to addressing these agreed and progressed during 25/26:
- the LCO to embed an improved triage model releasing £315k in internal savings which can be realigned to increase Community Nursing capacity (completed).
  - A joint review of Trafford Community Services by the LCO and Locality Team to determine any potential services of lower clinical value which could potentially be decommissioned and investment realigned to increase Community Nursing capacity. It was identified that the only possible avenue was to decommission Trafford's Community Ear Care service and to realign investment, which was not supported by Trafford Locality Board.
  - Continued discussion with partners and NHS GM Executive team regarding the remaining funding gap in funding for core and speciality nursing provision.
- 3.8.6 Additional funding has been agreed by NHS Greater Manchester to address community nursing challenges and TLCO are now progressing with increasing capacity. The benefits of which will likely be seen 26/27 Q2 onwards, once recruitment and induction have been completed.

### 3.9. Trafford Urgent Community Response.

- 3.9.1 Trafford Community Response (TCR) provides assessment and short-term interventions including crisis intervention and supported hospital discharge with therapy / nursing input where required.

There are four main aims of TCR:

- Support people to remain at home
- Help people avoid going into hospital unnecessarily.



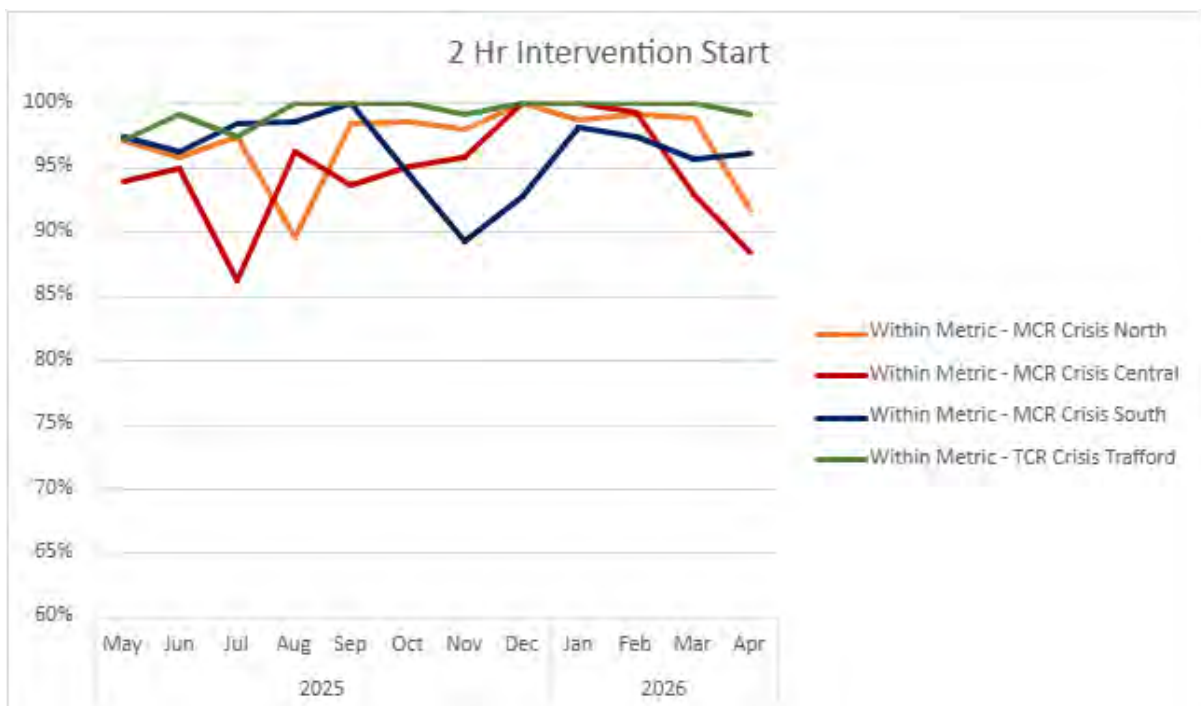
- Help people return home from hospital as soon as they are medically safe to do so
- Prevent people from having to move into a residential home until they really need to.

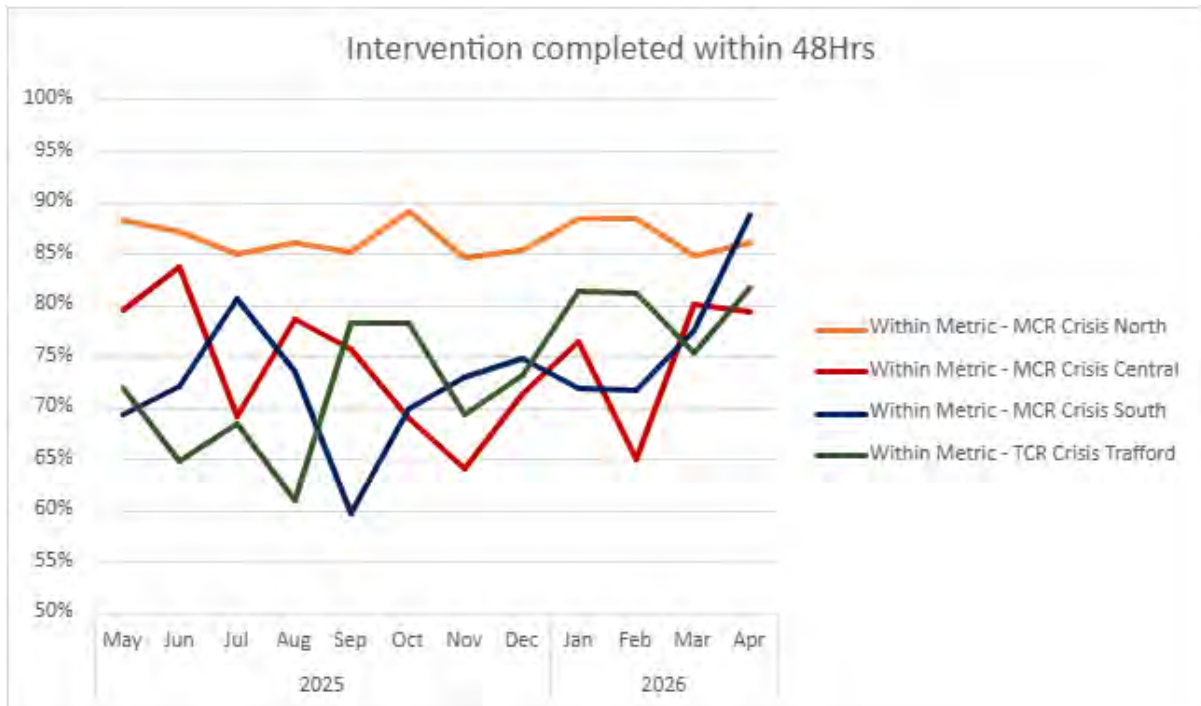
3.9.2 The service will support the needs of the following priority cohorts:

- Frail older adults in crisis
- Adults presenting with an acute health or social care need that requires urgent assessment / intervention.
- Persons with increased risk of hospital presentation and / or admission which could be managed in the community by specialist Crisis response team.

3.9.3. **Referrals:** In 2025/26, TCR received a total of 1619 referrals. The predominate number of referrals came from General Practice (611) followed by referrals from Northwest Ambulance Service (NWS) (377), Emergency Departments (307), Community Health Services (217), and Social Care (54). Clinical engagement with NWS has increased the number of referrals during 25/26. Trafford has lower rates of rejection than Manchester, further improved following data cleansing and work with NWS. Patients who do not meet criteria are rejected and signposted to other services.

3.9.4. **2-hour Intervention Start:** Across the LCO, Trafford has the highest number of 2-hour starts. The service experiences delays in transferring patients from their caseload due to challenges in equipment delays and to community therapy services. Patients requiring social care packages may also be delayed depending on what intervention or service they require.





### 3.10. Community IV Therapies

3.10.1 Trafford's Community IV Therapy Service is delivered by Trafford Local Care Organisation in partnership with Manchester Local Care Organisation and continues to support residents to receive IV Therapy at Home or in a community clinic, instead of them needing to stay in hospital or visit hospital for the treatment. The referrals to this service peaked during winter but demand remain within manageable levels.

### 3.11 Intermediate Care (IMC)

3.11.1 Following the independent review of Trafford's Intermediate Care pathway by Changeology in 2024/25, Transforming Intermediate Care Programme was introduced in 25/26, building on the recommendations of this review and driven through Trafford's Improving Lives Everyday Programme.

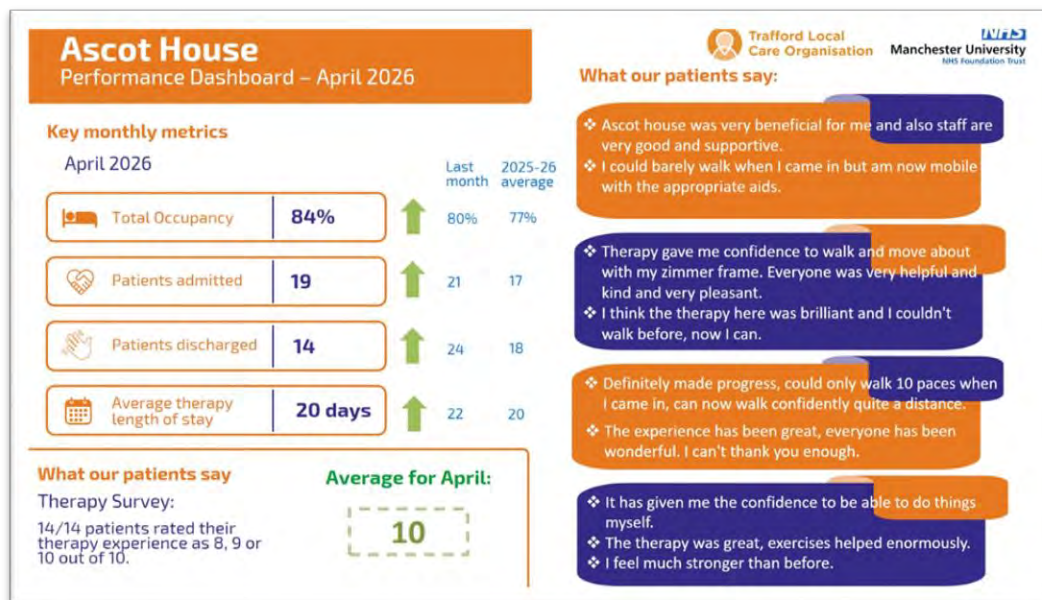
3.11.2 A significant progress has been made in 25/26, working with system partners to understand current provision against national guidance, identify opportunities and independencies with other strategic programmes and to design to model of future care. The scope of this work is across all 4 components of intermediate care: crisis, home-based IMC, bed-based IMC and reablement. Areas of focus for transformation are in bed-based care and reablement services, but it is imperative that capacity and demand within all services and the connectivity of the pathway is developed as part of this work. 26/27 will see the development of detailed models of care and associated business cases. These plans are embedded in our 26/27 BCF plans.

3.11.3 During 25/26 there have been developments within current service provision, including:



- Ascot House I (bed-based) IMC now has its own IMC dashboard (Newton Europe), which brings it line in with the Manchester units. The dashboard is discussed in the fortnightly MCR IMC Silver Cycle meeting with leads from across Urgent Care.
- The therapy team have initiated a test of change in relation to more focused screening times during the day. The screeners will try and screen referrals between 8-1, 12-1, 3-4 following feedback from hospital therapy leads. This aims to reduce the number of days between referral received and referral accepted/rejected. This will be running until the end of July 2026.
- Following a coroner statement, TLCO IMC Clinical lead has implemented an improvement programme in relation to falls, exercise programmes and cognition. As part of this, links are made with Falls Community of Practice to standardise falls documentation and processes across the IMC units. The service is also exploring developing a cognition pathway for the service, to standardise the way cognition is assessed, treated and reviewed.

### 3.11.4 Ascot House performance overview of Trafford bed- based Intermediate care is provided below:



### 3.12 Palliative Care and End of Life.

3.12.1 In 24/25, demands for Trafford's Specialist Palliative Care led to an increased and unacceptable waiting times. To address these challenges, an additional £277,000 within the BCF was aligned, recurrently, to increase the capacity of the team and secure Palliative Care Consultant support. These roles were recruited to in year with benefit realised in 25/26



3.12.2 The impact of this additional funding on waiting times is best demonstrated through a random sample selection taken from 10<sup>th</sup> June 2024- 15<sup>th</sup> June 2024 (prior to investment) compared to a random selection for the period 15<sup>th</sup> of September 2025- 19<sup>th</sup> of September 2025.

**2024/25**

Patient	Date of referral to service	Date triaged	Referral triage wait time (working days)	Date of initial assessment	Referral F2F wait time (working days)	Priority
1	30.07.2024	13.08.24	10	23.08.24	18	Amber
2	30.11.2023	04.12.23	2	22.01.24	36	Amber
3	23.04.2024	01.05.24	6	10.06.24	34	RED
4	07.05.2024	10.05.24	3	07.06.24	24	RED
5	28.05.2024	10.06.2024	9	11.06.2024	10	RED
6	20.03.2024	22.03.24	2	22.04.24	24	RED
7	19.04.2024	23.04.2024	2	20.05.2024	21	AMBER
8	20.05.24	28.05.2024	6	14.06.2024	19	RED
9	13.02.2024	14.02.2024	1	10.04.2024	42	AMBER
10	08.04.2024	12.04.2024	4	10.06.2024	45	RED

**2025/26**

Patient	Date of referral to service	Date triaged	Referral to triage wait time (working days)	Date of initial assessment	Referral to F2F wait time (working days)	Priority
11	14.01.2025	14.01.2025	0	31.01.2025	13	Amber
12	31.08.2025	01.09.2025	1	16.09.25	11	Amber
13	09.06.2025	10.06.24	1	11.06.24	2	RED
14	19.08.2025	19.08.2025	0	26.08.2025	5	AMBER
15	14.08.2025	14.08.2025	0	15.08.2025	1	RED
16	06.11.2024	07.11.2024	1	11.11.2024	3	RED
17	09.09.2025	10.09.2025	1	15.09.2025	4	Amber
18	12.05.2025	12.05.2025	0	15.05.2025	3	RED
19	20.08.2025	21.08.2025	1	04.09.2025	11	AMBER
20	23.06.2025	24.06.2025	1	26.06.2025	3	RED



3.12.3. In addition, the Trafford Specialist Palliative Care Team has introduced a neighbourhood model of working to improve the way specialist palliative care is delivered across the locality. Historically, patients and families often faced long waits and delays to be seen, which meant delays in accessing specialist support at a time when they needed it most. Caseloads were uneven across the team, and links with Primary Care Networks (PCNs) and District Nursing (DN) teams could feel fragmented. The additional BCF investment also enabled the reshaping of this service around neighbourhoods meaning that:

- Patients and families are seen in a timely manner,
- Caseload acuity is fairer and safer, supported by our acuity tool.
- Each neighbourhood has a clear and consistent CNS team, improving continuity. Local partners will know who their SPC team are, strengthening integration and joining up services.
- Providing a sustainable framework to meet the rising demand in the future

3.12.5. Further developments in for this service have been included within Trafford's 26/27 BCF Plans, with £168k agreed to expand the specialist nursing aspect of this service to expand to 7 days, providing vital support to patients over the weekend and reducing avoidable admissions to hospital.

### 3.13. Mental Health Crisis Beds

3.13.1. To support growing pressures on Mental Health beds, additional mental health crisis beds were commissioned through a £280k contribution via the 25/26 BCF Plan.

### 3.14. Short-term Assessment beds (D2A) and Clinical Support Model.

3.14.1. Over recent years the D2A beds have been used within Trafford to discharge people from hospital to community settings, such as their own home or a care home for ongoing assessment of their care needs. A main objective being to maximise peoples' capacity for independent living, increase the number of people able to remain living at home and reduce the number of people permanently admitted to long term care.

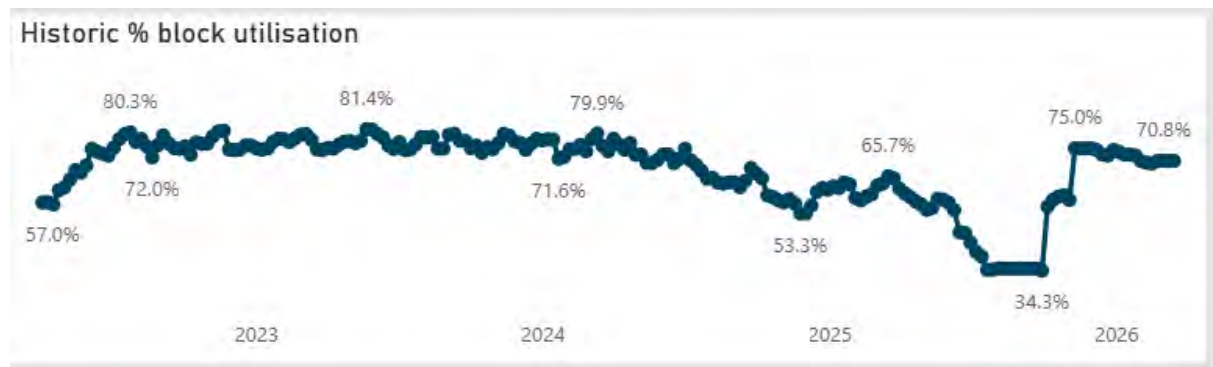
3.14.2. The 25/26 arrangements were a block arrangement of 18 independent care home beds; this reduced to 2 independent care home beds in November 2025, capacity for 5 spot purchased beds and 9 in-house residential beds at Ascot House remained unchanged.

3.14.3. D2A block beds in the independent offer have on occasions been unable to accept referrals due to the acuity of other service users already residing at the service, some already being in receipt of 1:1 support. In addition, bed availability has at times been impacted by outbreak –related restrictions, during which services were temporarily closed to new admissions.

3.14.4 The independent beds offer enables a flexible approach to ensure efficient use of the beds, for example, it provides the ability to flex the beds from general nursing to



Specialist Dementia nursing, where possible. This is dependent on the compatibility of individuals in receipt of support and weighing up the relative risk to the placement of a less mobile individual against that of a more mobile individual with distressed behaviour. These decisions are on a case-by-case basis. Please find block bed utilisation figures below.



**Block utilisation for long- and short-term care home beds: 01/04/2022 - 30/04/2026**

- 3.14.5 Joint commissioning models for Pathway 3 (P3) Assessment Beds are well established, encompassing the physical beds, a shared clinical model, and the Rapid MDT Team. This integrated approach ensures that all appropriate community-based options are explored before considering long-term residential care placements. There were 220 completed assessments by the end of 25/26, of which 41.9% stayed at home and 58.6% went onto long term care in a nursing or residential bed. This is very similar when considering those who were not know to ASC prior to the D2A bed, 44.2% of people went back home/ no care and 55.8% went on to bedded care.
- 3.14.6 Trafford Short-term assessment beds are supported by a Clinical Support model, including a dedicated GP and medicines optimisation support. As residents leave hospital to short-term assessment beds with greater complexities this support is required to ensure a person can be appropriately assessed for their long-term care needs and to avoid readmission to hospital. This service also extends to Trafford's Cognitive Behavioural Unit (CBU).
- 3.14.7. From April 2025 –22<sup>nd</sup> January 2026 (the most recent available data) the Clinical Model:
- Saw 65 new registrations to a D2A or CBU bed of which there have been 1 readmission to hospital within 28 days of moving into a D2A bed.
  - 66% of patients were seen within 3 days of admission to a bed, with all patients' notes reviewed and conversations held with nursing teams by the day after registration.
  - The average number of visits per patient is 5.86. This excludes any contact regarding results / emails and prescription queries or requests.
  - Patients requiring a visit are visited the same day with physical and virtual ward rounds completed three days per week. This includes two ward rounds per week for CBU, with additional rounds days often required due to the



complexity of patients. For D2A, this includes weekly wards rounds and adhoc visits where required, including with family.

- Cover is in place five days a week.
- Weekly ward round plus ad-hoc visits to see patients/meet family.

3.14.8 The number of short-term assessment beds commissioned from the independent sector is reviewed on an annual basis and amended accordingly, in line with demand. Whilst Trafford's capacity for short-term assessment beds has not changed significantly, the split between block purchased provision vs spot bed provision has shifted, following a review of block bed utilisation in 24/25. With a decrease in block bed provision and an increase in spot beds, the Trafford system will enable to respond more flexibly in term of need and in times of increased demand.

3.14.9 The clinical model supporting D2A and CBU model is held in high regard by system partners, however, as there has been a significant reduction in the number of beds commissioned since its introduction a further review of the specification and offer is required in 26/27 to ensure appropriate levels of investment.

#### **4.0 Key priorities for Better Fund Programme in 26/27**

4.1 Many of the key themes within the Better Care Fund Programme are aligned to Trafford Improving Lives Everyday Programme which will be engine room for transformation in 26/27. These include:

- Commissioning and Market Shaping: Independent sector and inhouse Council Provider Services.
- Transformation of Intermediate Care including bed-based care and community reablement.
- Continued development of Integrated Neighbourhood Teams
- Stabilisation of Community Nursing services and expansion of Specialist Palliative Care nursing to 7 days.
- Review of Clinical model to support community beds
- Focus on prevention
- Voice of our people
- Maximising potential of digital.

#### **5.0 Learning Disability Pooled Budget**

##### **5.1 LDP Metric 1: Health checks**

*Definition:* The Learning Disabilities Health Check Scheme encourages practices to identify all patients aged 14 and over with learning disabilities, to maintain a dedicated 'health check' register, and offer these patients an annual health check and produce health action plan.

##### 5.1.2. Performance

- The target is for 75% of all patients on the QOF register in the Northwest to complete an annual LD Health Check. Performance is evaluated against this 75% target at Regional, ICB (Integrated Care Board), and Sub-ICB levels, with additional performance data provided for individual GP practices.
- This indicator is cumulative as health checks are carried out over the year. Trafford is consistently a high performer with over 80% year on year rates
- The rate achieved for 2024/25 was 83.93%
- Trafford are one of the best first performers in the borough.

## 6.0 25/26 Section 75: End of Year Financial Position

Budget Service Name	Host Partner	ICB £000's	LA £000's	Closing 2025/26 Budget £000's	25/26 Expenditure £000's	Variance £000's
Disabled Facilities Grant	Trafford LA		3,280	3,280	3,280	0
Assistive technologies and equipment	Trafford LA	786		786	536	250
Discharge support and equipment	Trafford LA	2,365		2,365	2,295	70
Social Care Client Packages – care homes	Trafford LA	3,799	3,195	6,993	6,993	0
Supporting Health and Wellbeing of Carers	Trafford LA	315		315	280	35
Respite to Carers	Trafford LA	562		562	466	96
Stabilise and Make Safe	Trafford LA	374		374	244	130
Better Care at Home - reablement	Trafford LA		771	771	719	52
Temporary Homecare Packages (SAMS)	Trafford LA		480	480	266	214
Additional 1:1 Support	Trafford LA		150	150	512	-362
Social Care Client Packages - domiciliary	Trafford LA		4,258	4,258	4,378	-120
Community Nursing	ICB	2,607		2,607	2,699	-92
Ageing Well	ICB	1,249		1,249	1,249	0
Community IV Therapies	ICB	255		255	255	0
Intermediate Care	ICB	3,687	867	4,554	4,554	0
Palliative Care / End of Life	ICB	2,495		2,495	2,358	137
Assistive technologies and equipment	ICB	1,081		1,081	1,141	-60
Alternative to Treat (ATT)	ICB	489		489	483	6
Trafford Patient Assessment Service (TPAS)	ICB	803		803	803	0



Carers Centre service	ICB	181		181	174	7
Age UK Passion for life and dementia	ICB	180		180	181	-1
Stroke Association dysphasia support	ICB	90		90	88	2
Health D2A Assessments	ICB	679		679	679	0
GP Cover for D2A beds	ICB	216		216	216	0
Pharmacy cover for residents in D2A beds	ICB	115		115	115	0
Mental Health Crisis Beds	ICB	292		292	292	0
Health Recovery Beds	ICB	102		102	102	0
Temporary Beds to expedite discharge	ICB / LA	0	425	425	790	-365
<b>BCF Total</b>		<b>22,722</b>	<b>13,426</b>	<b>36,148</b>	<b>36,148</b>	<b>0</b>
Learning Disabilities	LA	1,047	37,281	38,556	37,453	1,103
Learning Disabilities - CWP	ICB	1,639		1,639	1,639	0
<b>LD Pool Total</b>		<b>2,686</b>	<b>37,281</b>	<b>40,195</b>	<b>39,092</b>	<b>1,103</b>
<b>S75 Grand Total</b>		<b>25,408</b>	<b>50,707</b>	<b>76,343</b>	<b>75,240</b>	<b>1,103</b>

## Better Care Fund 2025-26 EOY Reporting Template

### 1. Guidance

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements for 2025-26 (refer to link below), which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health and Social Care (DHSC), Ministry for Housing, Communities and Local Government (MHCLG), NHS England (NHSE).

<https://www.england.nhs.uk/long-read/better-care-fund-planning-requirements-2025-26/#introduction>

<https://www.gov.uk/government/publications/better-care-fund-policy-framework-2025-to-2026/better-care-fund-policy-framework-2025-to-2026>

As outlined within the planning requirements, quarterly BCF reporting will continue in 2025-26, with areas required to set out progress on delivering their plans by reviewing metrics performance against goals, spend to date as well as any significant changes to planned spend.

The primary purpose of BCF reporting is to ensure a clear and accurate account of continued compliance with the key requirements and conditions of the fund. The secondary purpose is to inform policy making, the national support offer and local practice sharing by providing a fuller insight from narrative feedback on local progress, challenges and highlights on the implementation of BCF plans and progress on wider integration.

BCF reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

In addition to reporting, BCMs and the wider BCF team will monitor continued compliance against the national conditions and metric ambitions through their wider interactions with local areas.

BCF reports submitted by local areas are required to be signed off HWB chairs ahead of submission. Aggregated data reporting information will be available on the DHSC BCF Metrics Dashboard and published on the NHS England website.

#### Note on entering information into this template

##### Please do not copy and paste into the template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells/Not required

#### Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut and paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy and paste', please use the 'Paste Special' operation and paste Values only.

The details of each sheet within the template are outlined below.

#### Checklist ( 2. Cover )

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.

2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.

4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submission.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric goals from your BCF plans for 2025-26 will pre-populate in the relevant worksheets.

2. HWB Chair sign off will be subject to your own governance arrangements which may include a delegated authority.

3. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:

england.bettercarefundteam@nhs.net

(please also copy in your respective Better Care Manager)



HM Government



Better Care Fund 2025-26 EOY Reporting Template

2. Cover

Version 1.0

Please Note:

The BCF quarterly reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

All information will be supplied to BCF partners to inform policy development.

This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Trafford
Completed by:	Alex Cotton, Head of Transformaion and Delivery, Trafford ICB; Jo O'Donoghue, Head
E-mail:	<a href="mailto:Alex.cotton@nhs.net">Alex.cotton@nhs.net</a> ; <a href="mailto:Jo.o'donoghue@trafford.gov.uk">Jo.o'donoghue@trafford.gov.uk</a>
Contact number:	NA
Has this report been signed off by (or on behalf of) the HWB Chair at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'.

**Complete**

	<b>Complete:</b>
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income & Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet](#)

[^^ Link back to top](#)

**Better Care Fund 2025-26 EOY Reporting Template**

**3. National Conditions**

Selected Health and Wellbeing Board:

Trafford

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:
1) Plans to be jointly agreed	Yes	
2) Implementing the objectives of the BCF	Yes	
3) Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC) and Section 75 in place	Yes	
4) Complying with oversight and support processes	Yes	

Checklist Complete:
Yes
Yes
Yes
Yes





**Better Care Fund 2025-26 EOY Reporting Template**

**5. Income & Expenditure**

Selected Health and Wellbeing Board:

Trafford

Source of Funding	2025-26		DFG EOY Actual Expenditure
	Planned Income	Updated Total Income for 25-26	
DFG (including top-up)	£3,280,374	£3,280,374	£3,280,374
Minimum NHS Contribution	£22,721,698	£22,721,698	
Local Authority Better Care Grant	£10,146,165	£10,146,165	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
<b>Total</b>	<b>£36,148,237</b>	<b>£36,148,237</b>	

End of Year Actual Expenditure		% of Planned Income
	£36,147,914	100%

<p>If expenditure by activity has changed since the original plan, please confirm that this has been agreed by local partners. If that change in activity expenditure is greater than 5% of total BCF expenditure, please use this box to provide a brief summary of the change.</p>	<p>Not applicable</p>
--	-----------------------

**Checklist**

Complete:

- Yes
- Yes
- Yes
- Yes

Yes

Yes

**Better Care Fund 2024-25 EOY Reporting Template**

**6. Year End Impact Summary**

Selected Health and Wellbeing Board:

Trafford

**Checklist**  
Complete:

Confirmation of Statements		
Question statements	Confirmation	If the answer is "No" please provide an explanation:
Overall delivery of BCF has improved joint working between health and social care	Yes	
Our BCF schemes were implemented as planned in 2025-26	Yes	
The delivery of our BCF plan 2025-26 has had a positive impact on the integration of health and social care in our locality.	Yes	

Yes
Yes
Yes

Highlight success and challenges within reference to the most relevant enablers from SCIE logic model:	
Logic model for integrated care - SCIE	
Success and Challenges	Narrative
2 key successes observed towards driving the enablers for integration	Of the SCIE models our strengths continue to be in: 1. MDT Approach 2. Joint assessment and care planning. <i>Trafford has MDT approaches firmly embedded in culture and ways of working. This includes Rapid</i>
2 key challenges observed towards driving the enablers for integration	Of the SCIE models our challenges are in: 1. Safely and timely transfer of care 2. Sustainable Care Market.

Yes
Yes