

Agenda

Trafford Locality Board Meeting

Date: Tuesday 29th September 2026

Time: 9.30am

Venue: Meeting Room 12 and via MS Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1a	9.30	5 mins	Apologies for Absence		Info	Chair
1b			Declarations of Interest		Info	Chair
1c			Minutes of the Meeting Held on 23 rd July 2026	Paper	Approval	Chair
1d			Action Log & Matters Arising	Paper	Discuss	Chair
1e			Forward Plan		Info	Chair
2	9:35	5 mins	Public Questions		Discuss	Chair
3	9.40	10 mins	Trafford Council CQC Local Authority Assessment	Verbal	Discuss/Info	CW
4	9.50	10 mins	Trafford OFSTED Inspection of Local Authority Children's Services	Verbal	Discuss/Info	ST
5	10.00	10 mins	NHS Reform Update - Place Partnership Document Suite Feedback Outcomes Report	Paper	Discuss/Info	COD/TM
6	10:10	15 mins	Trafford Annual Impact	Paper	Discuss/Info	TM

			Report			
7	10:25	15 mins	Trafford Neighbourhood Plan	Paper	Discuss/Info	TM
8	10:40	10 mins	HWBB/TLB Symposium	Paper	Discuss	HG/TM
Part 2: s75						
9	10:50	10 mins	Removal of Cheshire and Wirral Partnership (CWP) budget from Section 75 Agreement	Paper	Discuss/Info	COD
10.			Any Other Urgent Business			

Minutes

Trafford Locality Board

Date: Thursday, 23 July 2026

Time: 9.00 am

Venue: Meeting Room 12 and via MS Teams

Present	Apologies
Tom Ross (TR) Leader of Council and Co-Chair Sara Todd, Place Based Lead NHS GM Trafford & Chief Executive of Trafford Council Cllr George Devlin (GD) Trafford Councillor Helen Gollins (HG) Director of Public Health, Trafford Council Heather Fairfield (HF) Healthwatch Trafford Bernadette Ashcroft (BA), VCFSE Representative, Trafford Community Collective Darren Banks (DB) Group Director of Strategy, MFT Louise Grant (LG) GP Representative Maggie Kufeldt (MK) Corporate Director of Adults & Wellbeing, Trafford Council Manish Prasad (MP) Associate Medical Director, NHS GM Trafford In attendance: Thomas Maloney (TM) Programme Director Health and Care, NHS GM Trafford and Trafford Council Pippa Dewhirst, Governance Team Leader, NHS GM Claudia Cohen, Public Health, Trafford Council for item 9	Charlotte Bailey, Chief People Officer NHS GM Tom Rafferty, Acting Chief Strategy Officer, MFT Jane Wareing, GP Board Patricia Davies, LCO Chief Executive Jane Slater, Councillor, Trafford Council Jill McGregor, Trafford Council Elizabeth Calder, Director of Strategy, GMMH Adam Hebden, Director of Strategy, MFT

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Item No.	Topic	Action
1	APOLOGIES FOR ABSENCE Apologies for absence were received from Jane Wareing, Tom Rafferty, Charlotte Bailey, and Patricia Davies. Elizabeth Calder, Jane Slater and Jill McGregor.	
2	DECLARATIONS OF INTEREST There were no declarations of interest.	
3	MINUTES OF THE MEETING HELD ON THE 16TH JUNE 2026 RESOLVED: the minutes of the meeting held on the 16 th June 2026 were approved as an accurate record.	
4	ACTION LOG & MATTERS ARISING The action log was reviewed and it was noted all actions were either complete or not yet due. COD was congratulated on her promotion to interim place partnership director. COD gave an update on the UEC Capacity fund as matters arising, COD confirmed a positive outcome for Trafford who secured the second highest investment in Greater Manchester due to measurable impact Trafford were able to demonstrate with its schemes. COD advised the paper shared gave details of the schemes funded. RESOLVED: the action log and matters arising were noted.	
5	FORWARD PLAN RESOLVED: the forward plan was noted.	
6	PUBLIC QUESTIONS There were no public questions received.	
7	REFORM UPDATE	
7a	Place Health and Care Partnership Documents The Place Health and Care documents were provided for	

	consideration, the documents had previously been considered by Trafford Locality Board in private and had been reviewed by the Senior Leadership Team and at the Governance Task and Finish Group. The central GM team had provided a portal to submit formal feedback and a formal response would be collated by TM on behalf of Trafford Locality Board ahead of the 21st August deadline. TM advised individual responses were also encouraged. TM advised that he had kept a log of the feedback provided when the documents had been considered in local governance and this was another opportunity for TLB to provide any further input. TM indicated he would share a draft of the feedback to TLB members giving them two weeks to provide any further input. TM advised it was anticipated that final versions of the suite of documents would be considered at the NHS Executive meeting in September with final versions then being shared with localities. TM highlighted that partners had previously suggested the outcomes framework needed updating with strengthening of some terminology such as shared accountability as whilst it had been changed there was still ambiguity. TM noted further work was needed on place teams and place governance and in particular how residents and lived experience was included. DB acknowledged that the documents had been considered at the Governance Task and Finish Group and that TM summary covered the pertinent points. DB noted clarity was needed on expected ways of working and relationships with place teams and the ICB and it was important for Members to take the opportunity to highlight any concerns through feedback. RESOLVED: TLB agreed to provide any further feedback to TM to collate into Trafford response to place health and social care documents.	ACTION
7b	Place mobilisation update and next steps on Place workforce employment arrangements formal letter COD advised the letter to Colin Scales confirming Trafford's preferred direction of travel would be for the place team to transfer to the employment of Manchester University NHS Foundation Trust aligned to the Local Care Organisation, supporting the wider Place Health and Care Partnership was provided. The letter also confirmed there remained organisational willingness in principle from MFT to act as the receiving employer on behalf of the partnership pending due diligence and further information requested. The letter was provided for information. COD advised a response had not yet been received but would be considered and outputs brought	

	back to TLB, COD indicated initial timeline was for transfer to happen by December but a formal consultation would need to take place. RESOLVED: TLB noted the letter.	
8	TPCB REPORT - INTEGRATED NEIGHBOURHOOD TEAM MODEL MK introduced the item and invited TM to present the paper on progress with the Trafford Integrated Neighbourhood Team Model, covering both the Health and Care MDTs and the Neighbourhood Leadership Teams. MK noted that substantial work has taken place to design the place-based offer, including development of four neighbourhood models and a blueprint describing how teams and services would work together. MK advised original draft was signed off in February and a refined version would be completed in September, with further discussion taking place at JLG. TM explained that the Neighbourhood Leadership Team model provides strategic leadership within neighbourhoods and would hold teams accountable for delivering neighbourhood action plans. TM confirmed that the model had been co-produced through multiple workshops and that implementation would be phased. TM advised although a core membership had been identified, neighbourhoods would be able to tailor their membership to reflect local needs. TM confirmed administrative capacity and project support were being finalised, and an OD offer would support neighbourhood development. GD enquired about membership of JLG and whether a role profile exists for core membership. TM advised membership of JLG remained similar to that of its successor Trafford Provider Collaborative Board although there was an ambition to expand it to wider primary care colleagues. TM agreed to draft a role profile. HF asked how lived experience would be incorporated, and TM confirmed that resident intelligence would be brought into discussions through colleagues such as BA and VCFSE partners, with the exact approach shaped locally. ST emphasised the importance of a feedback loop between MDTs and leadership teams, and TM agreed this would be built into the model. TM advised that soft launch meetings could begin within six weeks and confirmed that police and housing colleagues would be encouraged to participate. HG asked how effectiveness would be measured, and TM confirmed that metrics would be developed at both individual and neighbourhood levels. TM then outlined the MDT model, explaining that learning from the central neighbourhood pilot and national frameworks had informed the design. The MDTs would include care navigation, administration, social work, occupational therapy, GP input, physiotherapy, specialist nursing and mental health practitioners, with membership varying slightly by neighbourhood. TM noted that the model aligned with existing MDTs	ACTION ACTION

	across Trafford and addressed gaps. Referrals would be triaged to ensure appropriate support, including onward referral to existing MDTs such as the Housing MDT. TM advised next steps were to consider employment and funding for care navigation with a paper being taken through local governance to confirm. TM indicated administrative support also needed to be agreed to ensure neighbourhood leadership teams operated effectively. LG queried the timeline for the work and TM suggested a soft launch in 6 weeks. HG asked how impact would be measured, and TM confirmed that individual-level outcomes and neighbourhood-level metrics would be tracked. MP and DB stressed the importance of demonstrating population-level impact, including reductions in ED admissions. DB advised that a national bid for proactive case-finding has been submitted. ST emphasised the need to avoid duplication across neighbourhood initiatives and highlighted capacity challenges. TM confirmed that work was underway on data-sharing arrangements, drawing on learning from Oldham and Manchester. COD noted that improved data flows would provide insight into gaps in community services. BA highlighted that £400k has been distributed to 30 VCFSE organisations to support left-shift activity, which would prevent some residents reaching MDTs . The Board welcomed the progress made and recognised the importance of continued co-production, clarity of purpose and robust measurement of impact. The integrated neighbourhood model was acknowledged as a significant development in Trafford's approach to population health and community-based care. RESOLVED: TLB: • Noted the proposed Trafford Health & Care MDT and Neighbourhood Leadership Team models; and • Supported continued engagement with partner organisations to confirm workforce capacity and resource contributions via senior organisational decision making forums.	
9	PUBLIC HEALTH	
9a	Annual Report HG confirmed as Director of Public Health they had a duty to write an annual report about the health of their population and it was the local authority's duty to publish it, in order to inform the public and decision makers about key health issues that require attention. This year, the focus was on older adults, looking at how the Trafford population could	

	be supported to thrive in later life. The book Joyspan, written by a leading doctor of older adults, was utilised to structure the report. “Joyspan” referred to the time spent experiencing joy and fulfilment in life, and could be achieved through four concepts: Grow, Connect, Adapt, Give. For each concept the: evidence was reviewed for its effectiveness in helping people age well; identified what was already in place in Trafford to help achieve it; and considered what could be done to improve residents’ ability to enact the concept. “Guest Editors”, four older adults from different areas and backgrounds from across the borough were also utilised to support the report. They were given the body of the report and asked to provide their personal reflections, in order to get the residents’ perspectives of thriving in later life. HG presented the Public Health Annual Report and confirmed that the recommendations were as set out in the report. HG explained that the report focused on Trafford’s ageing population and encouraged a shift towards thinking positively about ageing rather than framing it negatively. Helen described the “joy span” concept and highlighted the guest editor contributions, noting that isolation had a significant impact on mental health and life expectancy. HG shared the story of Sheila, an older resident who feels isolated due to hearing and sight loss, and emphasised the importance of ensuring that those most affected by isolation were actively included. HG outlined demographic insights showing that Trafford has areas where one in four residents were aged over 65, and that around 30 percent of older adults lived in deprivation. HG noted that many older people were asset-rich but cash-poor, which could make ageing more challenging without adequate support. HG noted an infographic in the report which mapped key outcomes and inequalities. CC explained that each contributor examined evidence on ageing well, what Trafford currently offered, and where gaps existed. CC highlighted that many older adults did not meet physical activity guidelines and that uptake was particularly low among men in less affluent areas. CC summarised the recommendations, including building on learning from the active travel audit and piloting a signposting service to help older residents stay connected. HG noted that many of the recommendations related closely to the role of the VCFSE sector, and emphasised that the report was not only about living longer but about enjoying later life and supporting residents to do so despite growing barriers. DB queried how we ensure the recommendations of the report were implemented. HG advised this would be developed as part of the next steps and as we develop services considering how it meets the needs of all of the population. HG advised recommendations would be developed as the report was taken through governance.	
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	MK agreed that the recommendations of the report were all impactful and suggested direction should be to empower older people and consider how we best engage to create this energy. GD suggested recommendations should be a chance for organisations to consider how they could implement. HG advised there was an age well partnership where this would be considered. BA suggested ageing should be encouraged to be thought about positively and as part of the live well work how residents can live well for longer. HF praised the report suggesting that to engage older people and tackle loneliness a variety of activities and events should be offered. HF queried how the report would be shared. CC confirmed that the report would be published online along with a shorter version. CC advised that around 200 copies would be printed and distributed around the borough and would contain a guide to available activities. The Board thanked HG and CC for an excellent report. RESOLVED: TLB supported the recommendations contained within the public health annual report.	
9b	Update to Operational Local Health Economy Outbreak Plan The Operational Local Health Economy Outbreak Plan set out the roles, responsibilities and operational arrangements for partner organisations responding to an infectious disease outbreak in Trafford. Its purpose was to ensure a coordinated, timely and effective multi-agency response. It was intended to act as a companion to the GM Multi-agency Outbreak Plan. HG advised the Plan had recently undergone a comprehensive review and update, undertaken jointly by Public Health and Emergency Planning colleagues. The review process was supported through the Health Protection Board, with all members provided with the opportunity to review the document and propose amendments. HG reported key updates to the Plan included: • Updated organisational contact details and escalation routes. • Revised treatment pathways, reflecting the commissioning of Mastercall Healthcare to provide services for Trafford residents exposed to communicable infectious diseases. This includes timely access to treatment, prophylactic therapies, vaccinations, clinical support and antiviral medications where required. • Clarification of funding arrangements and responsibilities during outbreak responses. • Inclusion of a new section on Person-Centred Approaches to Outbreak Response, strengthening consideration of individual needs and reducing barriers to accessing support and treatment. The revised Plan provided greater clarity on operational processes and	

	partner responsibilities, ensuring Trafford remained well prepared to respond effectively to infectious disease outbreaks. LG queried with regards to prophylactic treatment if there was a threshold before practices could defer to Mastercall. HG advised if there were two or more patients they could defer to Mastercall but it was at the discretion of the practice. RESOLVED: TLB: 1. Reviewed and acknowledged the updated Outbreak Plan. 2. Supported progression of the Outbreak Plan to the Health and Wellbeing Board for final approval. 3. Supported sharing of the Outbreak Plan with Greater Manchester.	
10	HEALTHWATCH PERFORMANCE REPORT HF presented the paper which detailed Healthwatch performance from April to June 2026. HF highlighted the excellent uptake from patients at Boundary Medical Practice following Healthwatch's enter and view visit with over 1700 responses being received. HF noted that the majority of the feedback was positive and confirmed following the Delamere enter and view visit the practice had enacted some of the recommendations. HF confirmed that the ageing well for over 50's report was due to be published and would be presented to TLB soon and provided insight into issues faced by older people which connected with the public health report considered earlier on the agenda. HF advised that a Healthwatch 100 survey was being prepared on phlebotomy and would be compared to a previous survey completed in 2018 to see if the change from walk in to pre-booking for phlebotomy services had been positively received by Trafford residents. TM took the opportunity to give thanks for Healthwatch's contribution and suggested Healthwatch's intel could be further utilised to inform planning and agreed to have a discussion offline to confirm how this could be progressed. RESOLVED: TLB noted the update.	ACTION
11	ANY OTHER URGENT BUSINESS There was no other business.	

Trafford Locality Board - Action Log 26/27

Action No.	Date of Meeting	Agenda Item Ref.	Action	Update	Lead	Target Date	Status
183	17/02/2026	Draft Neighbourhood plan	TM to produce easy to read version to support resident engagement.		TM	01/10/2026	In Progress
191	17/03/2026	Earcare	Detailed options paper to be brought to TLB incorporating TLB feedback.	Verbal update to be provided at the meeting.	AC	18/08/2026	In Progress
204	23/07/2026	Place Partnership Documents	TM to submit formal feedback to place partnership suite of documents.	TM submitted feedback and the place feedback presentation is on the September agenda.	TM	29/09/2026	Completed
205	23/07/2026	Neighbourhood Leadership Team Model	TM to bring back the final version of the neighbourhood plan in September.	The neighbourhood plan is on the September agenda..	TM	29/09/2026	Completed
206	23/07/2026	Neighbourhood Leadership Team Model	TM to draft role profile for JLG membership.		TM	15/10/2026	In Progress
207	23/07/2026	Healthwatch	TM to have offline conversation with Healthwatch colleagues and others about how healthwatch data could be better used to inform planning.	TM is progressing conversation around data intelligence repository as part of live well neighbourhood plan.	TM	15/10/2026	In Progress

In
Progress
Overdue
Completed

Date & Time of Meeting	20th October	17th November	15th December
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 Review	
		Place Partnership Documentation	
	Finance, Performance and Sustainability	Finance, Performance and Sustainability	Finance, Performance and Sustainability
	Finance Jigsaw Report		Locality Scorecard
	Locality Scorecard		
	Risk	Risk	Risk
		Risk Register	
	Quality	Quality	Quality
	Locality Scorecard		Locality Scorecard
	Primary Care	Primary Care	Primary Care
	Childrens	Childrens	Childrens
			Childrens Improvement
	TCAPS	TCAPS	TCAPS
	TCAPs Highlight Report	TCAPs Highlight Report	TCAPs Highlight Report
	JLG	JLG	JLG
	Neighbourhood Data Packs	TLB/HWBB Session planning	TLB/HWBB feedback
		IMC Transformation	Integrated Neighbourhood Team
	Partner Update	Partner Update	Partner Update
	Healthwatch Performance Report		Healthwatch Performance Report
Part 2 – Section 75 Committee			
	s75 Deed of Variation		

Public Question Time – Trafford Locality Board

This item is time limited to 5 minutes.

Public Questions

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

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

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

Name:

Contact Details:

Question:

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

Place Partnership Document Suite

Feedback Outcomes Report

Introduction and purpose

How the engagement process has shaped the Place Partnership Document Suite

Background to the engagement

During June, July and August 2026, NHS Greater Manchester invited Place Partnerships, local authorities, NHS providers, primary care, the VCFSE sector, professional groups and wider partners to review and comment on the draft Place Partnership Document Suite. The engagement was intended to test whether the proposed arrangements were clear, workable and sufficiently representative of how partners need to work together at Place.

How feedback has been considered

Feedback was received through formal written responses, partnership and professional forums, meetings and direct correspondence. All feedback was brought together in one place, reviewed thematically and considered alongside the developing legal, financial, workforce, governance and mobilisation arrangements.

Purpose of this report

This report provides an account of the main themes raised and the action NHS Greater Manchester will take in response. It is a thematic “we heard, we will do” report rather than a line-by-line reply. Detailed responses to individual matters will continue through the relevant documents, workstreams and direct engagement routes.

Engagement at a glance

Feedback received and collated up to 25 August 2026

280

feedback points received

26

formal submissions / source documents

24

organisations, Places or teams represented. Several responses were provided by joint provider services behalf of their wider partnerships / collaborations.

How to read these figures

- Many submissions represented the collective views of boards, partnerships, professional groups or wider teams; the number of individuals involved is therefore greater than the number of submissions shown.
- Some submissions covered several issues in detail. Each distinct feedback point was recorded so that the full range of comments could be considered.
- The figures describe the feedback included in this completed analysis as at 25 August 2026.

What we heard overall

The feedback was detailed, constructive and focused strongly on how the arrangements will work in practice

Clarity and accountability

Stakeholders wanted unambiguous delegations, decision rights and lines of accountability between NHS GM, Place Partnerships and sovereign organisations. They also asked for practical arrangements for escalation, dispute resolution and the protection of statutory responsibilities.

Resources and safeguards

There was a strong call for transparency about Place funding, financial decision-making and accountability for risk. Respondents wanted safeguards against unfunded workload or unilateral risk transfer, and confidence that hosts will act on behalf of the partnership.

Meaningful partnership

Partners wanted meaningful influence rather than simply attendance at meetings. Feedback emphasised appropriate roles for local authorities, providers, general practice and primary care, VCFSE partners, residents and carers, mental health, children's services and wider public services.

Practical delivery

Stakeholders asked how the framework will operate in practice: the capacity available to Place, access to enabling functions, workforce and hosting arrangements, realistic sequencing, service continuity and a clear route from agreed principles to implementation.

How feedback is being handled

A structured review process will turn each feedback point into a clear outcome and action

1. Collate and understand

Each contribution is logged and reviewed so that the issue, its context, the organisations raising it and any related or repeated feedback are understood.



2. Allocate to expertise

Each feedback point is assigned to the relevant subject matter expert team—for example governance, finance, legal, workforce, assurance, outcomes or mobilisation.

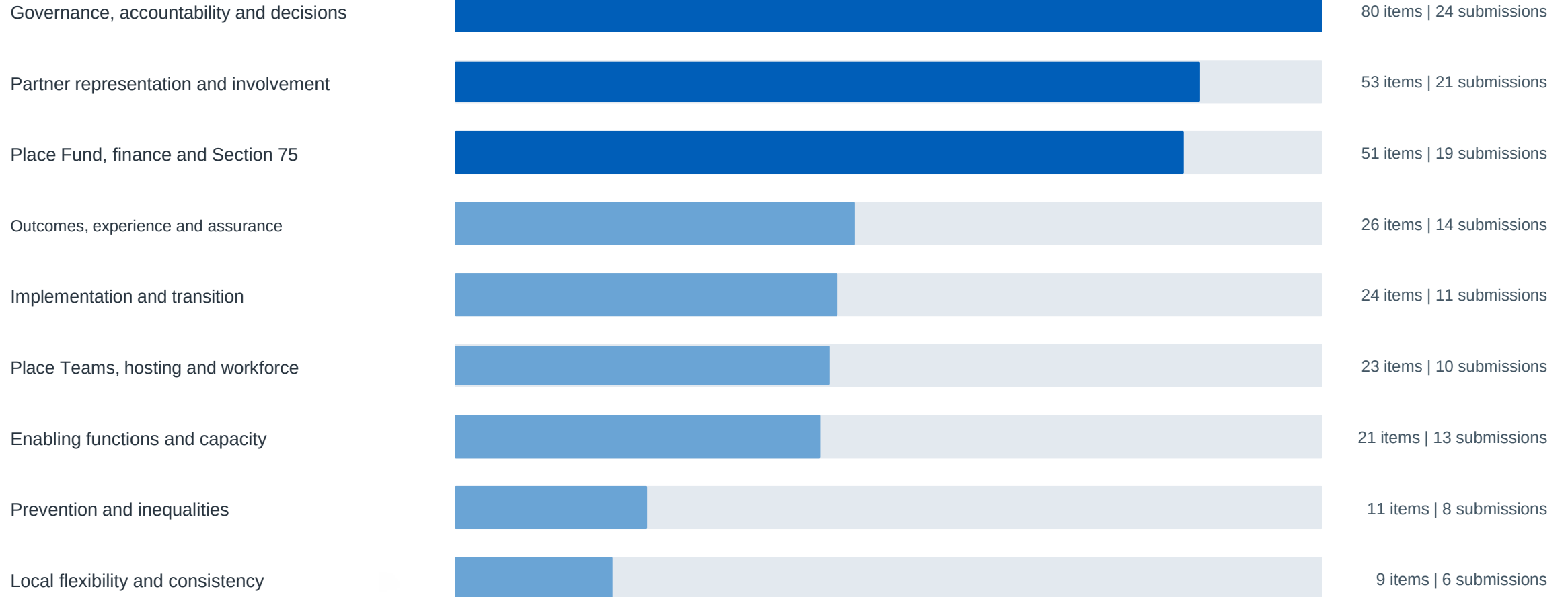


3. Assess and determine

The expert team considers the evidence, dependencies, statutory requirements and practical implications, then recommends the most appropriate response and action route.

Key themes and prevalence

Primary thematic analysis of all 254 feedback points received up to 25 August 2026



Method note: each distinct feedback point has been assigned one primary report theme. Some points relate to more than one theme, so the figures are intended to show the relative scale and breadth of feedback rather than create mutually exclusive categories.

1. Governance, accountability and decision-making

Most frequently raised: 80 items across 24 submissions

What we heard

Stakeholders asked for clearer delegations between NHS GM and Place, stronger mutual and collective accountability, defined reserved matters, decision rights, statutory interfaces, and practical escalation and dispute routes. Feedback also stressed that partnership governance must not override the statutory, contractual or regulatory responsibilities of constituent organisations, and that reporting and meeting arrangements should be proportionate.

Our response

We agree that the framework needs to be clearer about who decides what, how Place and NHS GM hold each other to account, and how partnership decisions connect with the statutory responsibilities of each organisation.

What we will do

- Seek to strengthen the Partnership Agreement and governance schedules.
- Further clarify delegations, reserved matters and decision routes.
- Enhance clarity around links with Health and Wellbeing Boards and sovereign governance.
- Consider and refine proportionate escalation and dispute arrangements.
- Review opportunities to reduce avoidable duplication in governance and reporting.

2. Place Fund, financial governance and Section 75

Frequently raised: 51 items across 19 submissions

What we heard

Feedback sought greater clarity on the scope and operation of the Place Fund, financial decision rights, risk and gain sharing, overspends, audit trails, funding transparency and the mechanism for shifting resources towards prevention and neighbourhood care. Local authorities, providers and primary care representatives also asked for protection from unilateral or retrospective risk transfer, clear transition arrangements and proper financial impact assessment before changes are implemented.

Our response

The strategic intent is to support collective stewardship of resources on behalf of Place Partnerships. Detailed financial and legal safeguards cannot be resolved through the Partnership Agreement alone and must be developed with finance, legal and local authority partners.

What we will do

- Reflect relevant feedback, where appropriate, in the Section 75 and funding schedules.
- Further develop risk, gain-share, overspend and dispute principles.
- Enhance visibility of Place-level resources and decision-making arrangements.
- Consider relevant financial impacts as part of the ongoing development of the arrangements.
- Seek to ensure appropriate safeguards against unilateral or retrospective risk transfer as detailed arrangements are finalised.

3. Local flexibility within a consistent GM framework

Targeted but consistent: 9 items across 6 submissions

What we heard

Stakeholders supported common expectations but asked for explicit subsidiarity, space for local innovation, recognition of different levels of maturity and clearer arrangements for organisations working across more than one Place. Respondents wanted the final framework to distinguish clearly between non-negotiable GM-wide requirements and the areas where local partnerships can build on established strengths and delivery models.

Our response

The emerging approach is a small set of consistent GM-wide requirements alongside local discretion over structures and delivery. The final documents need to be more explicit about what is mandatory, what is adaptable and how cross-boundary arrangements will work.

What we will do

- Further define core standards and areas of permitted variation.
- Reinforce the principle of subsidiarity throughout the framework.
- Promote consistent use of “Best for Place, Best for GM”.
- Explore proportionate arrangements for multi-Place providers and pathways.
- Tailor implementation support, where appropriate, to reflect local readiness.

4. Partner representation and meaningful involvement

Most frequently raised: 53 items across 21 submissions

What we heard

Feedback asked for clearer, meaningful and proportionate involvement for local authorities, elected members, primary care and LMCs, providers, mental health, NWAS, VCFSE partners, residents, children's services, police, housing and wider public services. Contributors emphasised that representation should bring genuine influence over priorities, resources and delivery, while recognising that multi-Place organisations may need coordinated rather than duplicated involvement.

Our response

We agree that broad partnership is essential, but representation must be purposeful and workable. Some organisations operate across several Places and should not be expected to replicate routine capacity in every structure.

What we will do

- Further clarify core, advisory and co-opted membership routes.
- Strengthen opportunities for resident, carer and VCFSE influence.
- Further clarify primary care and general practice representation.
- Develop proportionate approaches for multi-Place organisations.
- Undertake targeted engagement where the required role is not yet settled.

5. Place Teams, hosting and workforce transition

Frequently raised: 23 items across 10 submissions

What we heard

Stakeholders requested greater clarity on the scope, accountability, funding and capacity of Place Teams; host responsibilities; employment and TUPE implications; liabilities; reporting lines; and access to accommodation, IT and corporate services. They also sought assurance on funding sustainability, organisational due diligence, partner-contributed capacity and the protection of staff terms, service priorities and continuity during transfer and mobilisation.

Our response

Hosting should support teams working on behalf of the Place Partnership and should not give the host greater partnership decision rights. Workforce transfer must follow due diligence, formal consultation and alignment with the wider Place framework.

What we will do

- Progress the development of the Transfer and Hosting Agreements and service specification.
- Further clarify host responsibilities, liabilities and review arrangements.
- Refine the proposed Place Team scope, accountability and funding arrangements.
- Continue workforce, finance and operational due diligence activity.
- Seek to sequence transfer and mobilisation arrangements in a way that supports staff and service continuity.

6. Outcomes, experience and assurance

Common cross-cutting theme: 26 items across 14 submissions

What we heard

Feedback asked for fewer and more meaningful measures, broader outcomes beyond NHS activity, stronger mental health and children's outcomes, resident and carer experience, neighbourhood-level insight, balancing measures and streamlined reporting. Respondents wanted outcomes to reflect wellbeing, independence, community resilience and wider determinants, with data capable of being understood by neighbourhood, population group and pathway.

Our response

We agree that success must be judged by outcomes and experience, not activity alone. The framework should support whole-system accountability while recognising where Places do not directly control every lever.

What we will do

- Refine and further develop the outcomes framework.
- Strengthen the focus on prevention, inequalities, mental health and children's outcomes.
- Increase the prominence of resident, patient and carer experience within the framework.
- Enhance neighbourhood and population-group analysis where appropriate.
- Seek to align assurance and reporting with existing mechanisms and minimise unnecessary duplication.

7. Prevention, health inequalities and wider determinants

Raised across 8 submissions: 11 items

What we heard

Stakeholders asked for stronger alignment with Live Well, a clearer commitment to prevention and health inequalities, needs-based allocation and recognition of housing, employment, skills, community resilience, transport and other wider determinants. They also wanted the framework to show how partnership working and resource decisions will support a genuine shift towards early intervention, neighbourhood delivery and fairer outcomes.

Our response

These priorities are central to the purpose of Place Partnerships. The framework should make the ambition more explicit while being honest that sustainable resource shifts require aligned commissioning, financial and delivery plans.

What we will do

- Strengthen the emphasis on prevention, equity and wider determinants throughout the suite.
- Further align outcomes and decision principles with Live Well.
- Better reflect the contribution of communities and the VCFSE sector.
- Continue to develop practical approaches to supporting upstream investment through the funding work.

8. Enabling functions, capacity and infrastructure

Raised across 13 submissions: 21 items

What we heard

Places asked for confidence that they will have sufficient capacity and access to data, intelligence, digital, finance, estates, clinical leadership, safeguarding, SEND, medicines and programme support. Feedback highlighted the need for shared data infrastructure, neighbourhood intelligence, clear service interfaces and access to specialist expertise without creating ten separate or duplicative support models.

Our response

A Place Partnership cannot be accountable for delivery without access to the expertise and infrastructure required. The answer will not always be a dedicated team in every Place; support may need to operate through Place, footprint and GM-wide arrangements.

What we will do

- Further define the enabling support offer and service interfaces.
- Continue to progress mobilisation workstreams for Finance, Digital and IT, Estates, Place and People Services.
- Further clarify clinical and professional leadership arrangements.
- Seek to align data arrangements with existing GM collaborations where appropriate.
- Assess capacity requirements and seek to avoid creating unfunded expectations on partners.

9. Implementation, transition and continuous improvement

Raised across 11 submissions: 24 items

What we heard

Feedback called for more practical implementation detail, realistic sequencing, protection of service stability, complete schedules before sign-off, ongoing cultural development, shared learning and clearer terminology. Contributors asked for readiness and dependencies to be addressed openly, for changes to be supported by appropriate assurance, and for implementation to avoid destabilising services, staff or established partnership relationships.

Our response

The document suite is a foundation for mobilisation, not the end of development. Implementation should be phased, supported and reviewed, with transparent communication about what is final and what will continue to evolve.

What we will do

- Complete the required schedules and Terms of Reference as part of the formal assurance and sign-off process.
- Further standardise terminology and provide clear definitions where needed.
- Develop evaluation, learning and improvement arrangements to support implementation and ongoing refinement.
- Continue engagement and provide updates

How the document suite and programme will change

Feedback will be routed to the part of the programme best placed to act on it

Partnership Agreement and governance schedules



Purpose, membership, delegations, accountability, decision-making and statutory interfaces.

Section 75 and funding schedules



Place Fund scope, financial governance, risk, transparency, safeguards and transition.

Place Team, Transfer and Hosting Agreements



Team scope, host role, employment, liabilities, accountability and support services.

Outcomes and assurance framework



Focused outcomes, experience, inequalities, evidence, reporting and recovery.

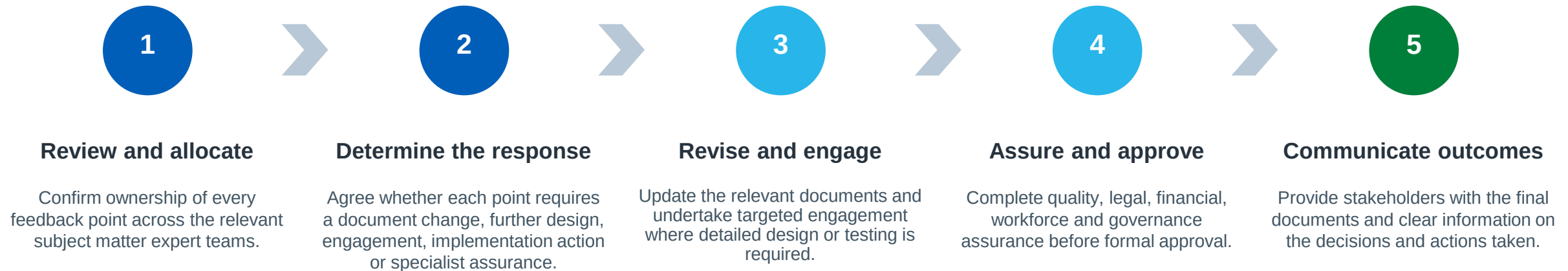
EHIA and implementation materials



Equity, accessibility, mobilisation, capacity, service continuity, learning and review.

Next steps

A clear route from completed feedback analysis to document revision, assurance and communication



Accountability for delivery

Actions will be assigned to named programme or subject matter leads and tracked through the Place Partnership mobilisation governance arrangements, including completion of document amendments, assurance activity and further engagement.

Our commitment

We have heard the feedback and will use it to strengthen the Place Partnership arrangements.

We will revise the document suite, develop the financial and legal arrangements, undertake further targeted engagement where needed and strengthen mobilisation planning before final approval and implementation.

Thank you to everyone who contributed their time, expertise and constructive challenge. Your feedback has provided important insight and will help us develop arrangements that are clearer, more robust and better able to support effective partnership working across Greater Manchester.

Name of Committee / Board	Trafford Locality Board
Date of Meeting	29 September 2026
Report Title	Trafford Locality Board Impact Report 2026-2026
Report Author & Job Title	Thomas Maloney (Programme Director Health and Care) & Jennifer Clarke (Programme Manager Health & Care)
Organisation Exec Lead	Thomas Maloney (Programme Director Health and Care)

OUTCOME REQUIRED	Approval X	Assurance	Discussion X	Information
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EXECUTIVE SUMMARY

This report is an impact report assessing progress against the previously agreed 2025/26 Trafford Delivery Plan priorities, and progress on delivery of the Trafford Co-operative Commitments 2025-28 detailed in the 2025-28 Trafford Locality Plan.

The report contains;

A focused look at both improvement and declines from 2024/25 to 2025/26 in Locality Scorecard metrics

A summary in the form of a 'temperature check' on the Delivery Plan priorities

A mapping exercise of Delivery Plan Priorities against our agreed Transformational priorities and Brilliant Everyday Services and Offers (26/27) as set out in our Neighbourhood Plan 26/27

A detailed overview of each Delivery Plan priority area with an in-year position statement and RAG status for each programme of work, alongside. This can be found in a separate Appendix attached.

A deep-dive into performance and metrics for each priority area

A summary of achievements and progress made against Trafford's Locality Plan Co-operative Commitments

A summary of Health and Wellbeing Board Annual Report content, previously published via Trafford's Health and Wellbeing Board (July 2026)

Reflections and Next Steps

The Health and Care PMO has worked with lead officers across the partnership to provide position statements on each of the priority programmes of work, accounting for progress up to March 2026. The report summarises progress visually using a simple criteria.

Excellent progress has been made across the board with many priority programmes of work achieved and completed in year. Alongside this, a large percentage of the priorities and commitments will continue into the 2026/27 financial year and beyond, particularly some of our identified transformational priorities which will span multiple financial years.

RECOMMENDATIONS

The Board are asked to:

1. Note the positive progress made in the delivery of the 2025/26 priorities and 25/28 Co-operative Commitments
2. Provide feedback regarding achievements, priorities and/or future priorities
3. Acknowledge and support the next steps.

CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board	
Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	Each priority contained in the delivery plan will have its own governance and therefore risk will be captured appropriately. Where risks influence other deliverables, this should be picked up in system groups and escalated as per the agreed risk arrangements reporting into the Locality Board.
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation: N/A
	Comment / Approval: N/A Each individual priority/commissioning intention will require to consider any financial implications.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>	Date of TCAPS / Clinical Lead comment: N/A
	Name/Designation: N/A
	Comment: N/A Clinical activity is contained within the Report.
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	Successful delivery of our agreed Delivery Plan and Co-operative Commitments will ensure our vision is achieved: We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	Not required.
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	Local intelligence has fed into the development of the Plan and the voice of our people will continue to shape and fuel continuous improvement efforts and shape our plans.
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	Each priority / commissioning intention will be taking into account its impact on Trafford's Carbon Footprint and in the annual impact report we will aim to quantify this impact, where appropriate and feasible.
Links to Measurement / Outcomes	Measurement and outcomes are contained within this report and link to the Locality Board Scorecard.

(Please detail if this is included within the report)	
Enabler implications	Legal implications: Each individual priority/commissioning intention will require to consider any legal implications.
	Workforce implications: Each individual priority/commissioning intention will require to consider any workforce implications.
	Digital implications: Each individual priority/commissioning intention will require to consider any digital implications.
	Estates implications: Each individual priority/commissioning intention will require to consider any estates implications.
Sub-Board Sign-Off / Comments (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	The Trafford Locality Board Impact Report 2026-2026 has been developed directly with lead officers and has gone through the following sub-sign offs; • Joint Leadership Group • NHS GM SLT
Organisation Exec Lead Sign off	Thomas Maloney (Programme Director Health and Care)

Draft Trafford Locality Board: Annual Impact Report 2025/26

August 2026

Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership



Trafford Locality Board Annual Impact Report: Background and Context



The **Trafford Locality Plan 2025–28** sets out the **Trafford Co-operative Commitments** for 2025–28, including the commitment to publish an **Annual Impact Report**.

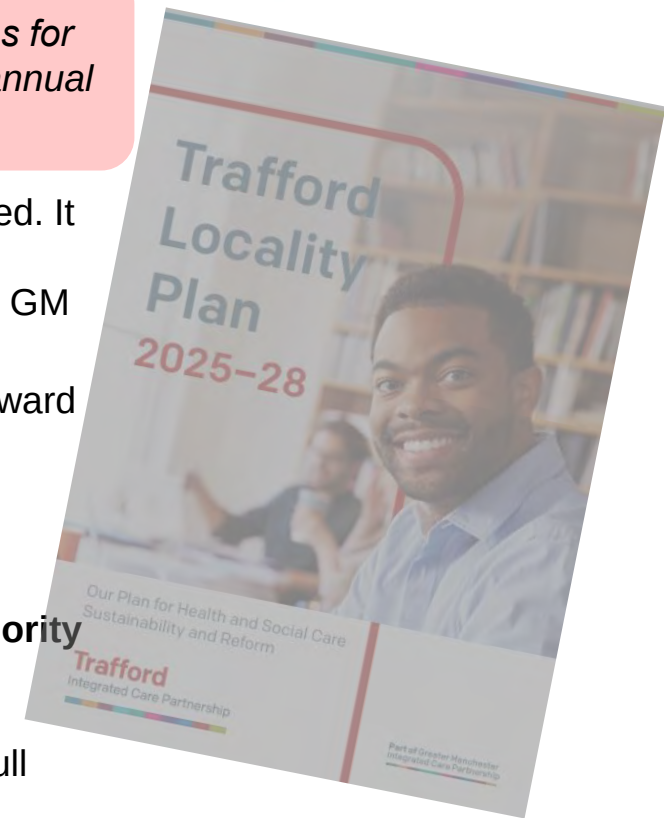
“We will produce an annual ‘Impact Report’ which will detail our collective key achievements and areas for improvement, that we will use to influence future plans and priorities, in addition to servicing statutory annual reporting requirements

In order to bring together impact reporting, the **Trafford Sustainability & Delivery Plan 25/26** was created. It includes;

- The outputs from locality commissioning intentions processes (which are then consolidated to a GM level)
- A set of **local priorities** – drawing on existing locality plans, the GM ICP Strategy and Joint Forward Plan, the Prevention Framework and other GM plans
- A **small number of priorities** that all 10 localities agree to focus on in year.

The plan was co-created with all partners via the Finance, Performance and Sustainability Group and the Strategy and Planning Group and has **111 agreed delivery priorities** within, themed into **7 Strategic Priority** areas.

An interim impact report was shared with the Board in November 2025, with a commitment to sharing a full annual impact report by the end of Q1 2026/27.



	Delivery Aim	Summary Scope of Delivery		Key Governance Forums
Children, Young People, and Maternity 	To support children and parents to encourage and promote good mental and physical health in children. To support those with special needs and disabilities.	- Enhance Smoking & Healthy Weight offer - Implement school nursing health offer - Supporting social care sufficiency - Integrated approach to early years	- Autism & ADHD pathways & offers - Review CYP community health - Violence reduction programmes - Speech & Language reform	Trafford Provider Collaborative Board Best Beginnings Board SEND Board Trafford Family Help Board Children's Commissioning
Prevention & Protection 	To improve our offer of services aimed at protecting residents from harm to their health	- Drug & alcohol prevention & treatment - Domestic Abuse services recommissioned - Increased take up of immunisations & MMR - Supporting active travel	- Supervised toothbrushing scheme - Reduce smoking prevalence - Enhance sexual health services - Nutrition & hydration resources for older people	Health & Wellbeing Board Tobacco Alliance Health Protection Board Domestic Abuse Partnership Board Age Well Partnership Board
Community Care 	To ensure people have access to good quality care in the community all at stages of life	- Transform our community mental health offer - Review of our Discharge to Assess model - Memory-Loss Advisory Service recommissioned - Delivery of All-Age Community Service Review	- Improve aging well services across home care, hospice at home, falls prevention - Remodel reablement services - New SPOA for community services	Trafford Provider Collaborative Board Falls Steering Group Community Services Review
Mental Health 	To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people	- Roll out of Living Well service - Reduce use of out of area placements - Reduce length of acute inpatient stays - Develop a single point of access	- Support programme for isolation, relationships, suicide prevention - Reduce Tier 4 admissions for children - Review children's mental health Thrive offer	Health & Wellbeing Board Trafford Provider Collaborative Board All Age Mental Health Group
Planned Care & Long-Term Conditions 	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention	- Leisure schemes to increase activity - MSK community triage and assessment - LTC pathway redesign with prevention focus - Increase uptake of health checks, screening	- Improve early detection of cancer and survival rates - Targeted lung health checks across practices - Improved prevention & management of LTCs	Fairer Health for Trafford Partnership Health Checks Steering Group Health Protection Board Primary Care Commissioning Committee Trafford Moving
Primary Care 	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner	- Recovery of access to primary care - Social prescribing review - Focus on CVD and diabetes - Develop new spirometry service	- Winter capacity increase - Implementation of Pharmacy First - Improving the primary/secondary interface - Establishing women's health hubs	Trafford Provider Collaborative Board Primary Care Commissioning Committee Trafford GP Board Social Prescribing Steering Group
Urgent Care 	To enable people to receive the right care, in the right place, swiftly.	- Enact Urgent Care Review recommendations - Deliver UEC Recovery Plan priorities - Support the new Trafford Crisis Response - Implement a High Intensity User model	- Right Care, Right Person for mental health - Access to 111 for mental health users - Admission avoidance programmes - Review, recommission out of hours contracts	Trafford Provider Collaborative Board Urgent Care Board All Age Mental Health Group Trafford GP Board
Enablers 	Creating the conditions for effective change	- New governance for autism, carers and learning disabilities - SEND commissioning strategy	- Joint Strategic Needs Assessment - Trafford Workforce Delivery Plan - Development of the Women's Health Strategy	Autism Board Carers Board JSNA Steering Group

Health and Wellbeing Board: Our Responsibilities and Priorities



JSNA

Better Care Fund

Child Death
Overview Panel

Health
Protection

Trafford's
Womens' Voices

Fairer Trafford

Prevention
Framework

Live Well

Autism
Partnership

Learning
Disability
Partnership

Carers
Partnership



To support our residents
to be a healthy weight



To reduce the impact of
poor mental health



To reduce the number
of people who smoke or
use tobacco



To reduce physical
inactivity



To reduce harms from
alcohol

Annual Impact Report 2025-26

Methodology

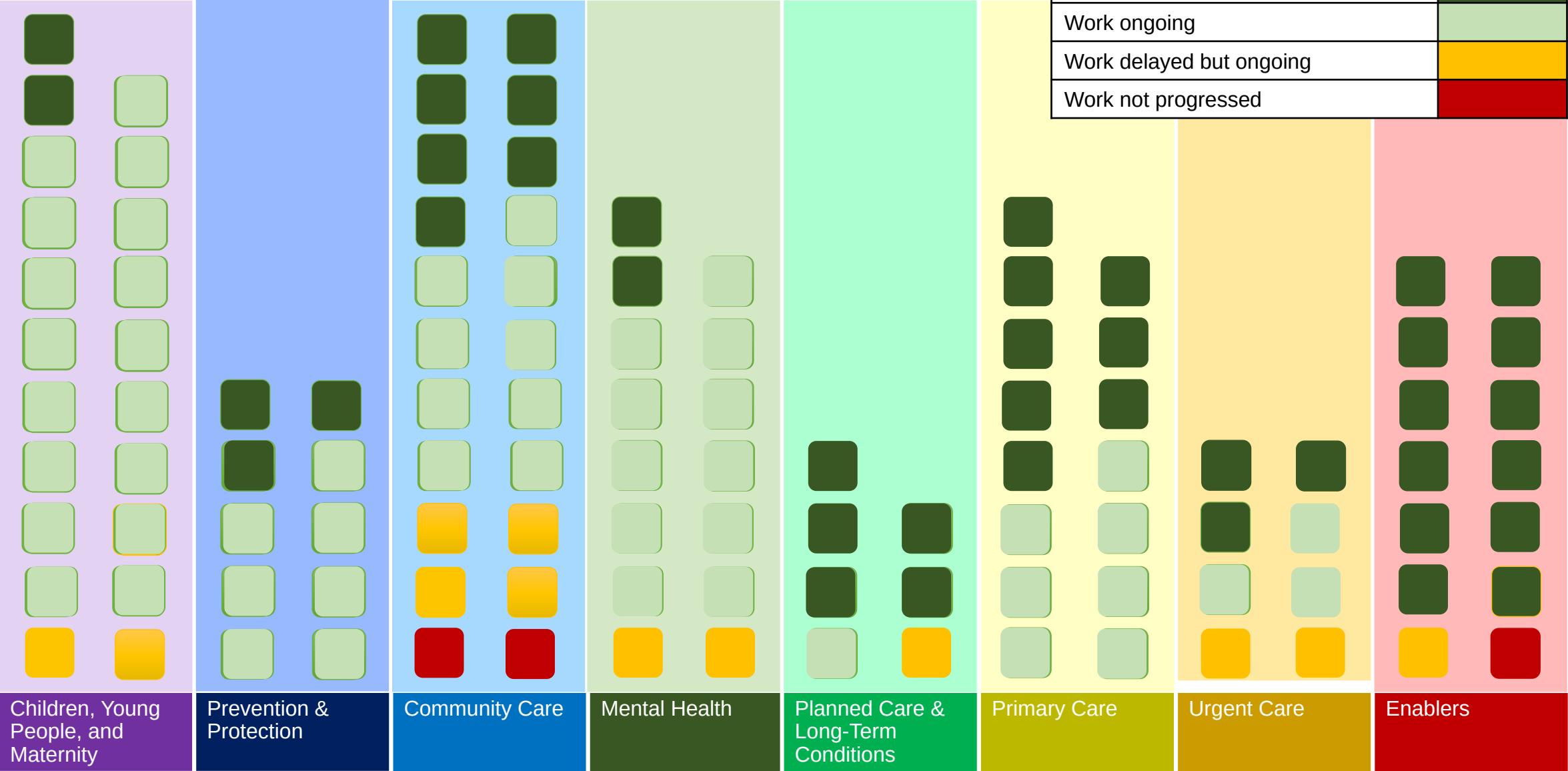


- We conducted an **interim impact report** on the 111 intentions and priorities in the Plan in **November 2025** and presented this to the Board.
- We have **repeated this exercise for the annual report** and engaged lead officers to provide an update on the delivery priorities as of June 2026.
- In order to update the Board on progress across the 111 priorities we have again implemented a simple RAG rating so at a glance we can see where progress is being made in line with our ambitions and strategic priorities.
- Each lead officer has been engaged to provide an update on their respective delivery priorities.
- Lead officers have given rationale where work is delayed or not progressed

Progress	Key
Completed	
Work ongoing	
Work delayed but ongoing	
Work not progressed	

Trafford Locality Board Annual Impact Report:
Dashboard of the Trafford Delivery Priorities 2025/26

Progress	RAG
Completed	
Work ongoing	
Work delayed but ongoing	
Work not progressed	



On track, delayed and priorities not progressed



35 priorities are now complete and marked in dark **Green**.



The majority of the remaining priorities are on track, with **59** marked as **Green**



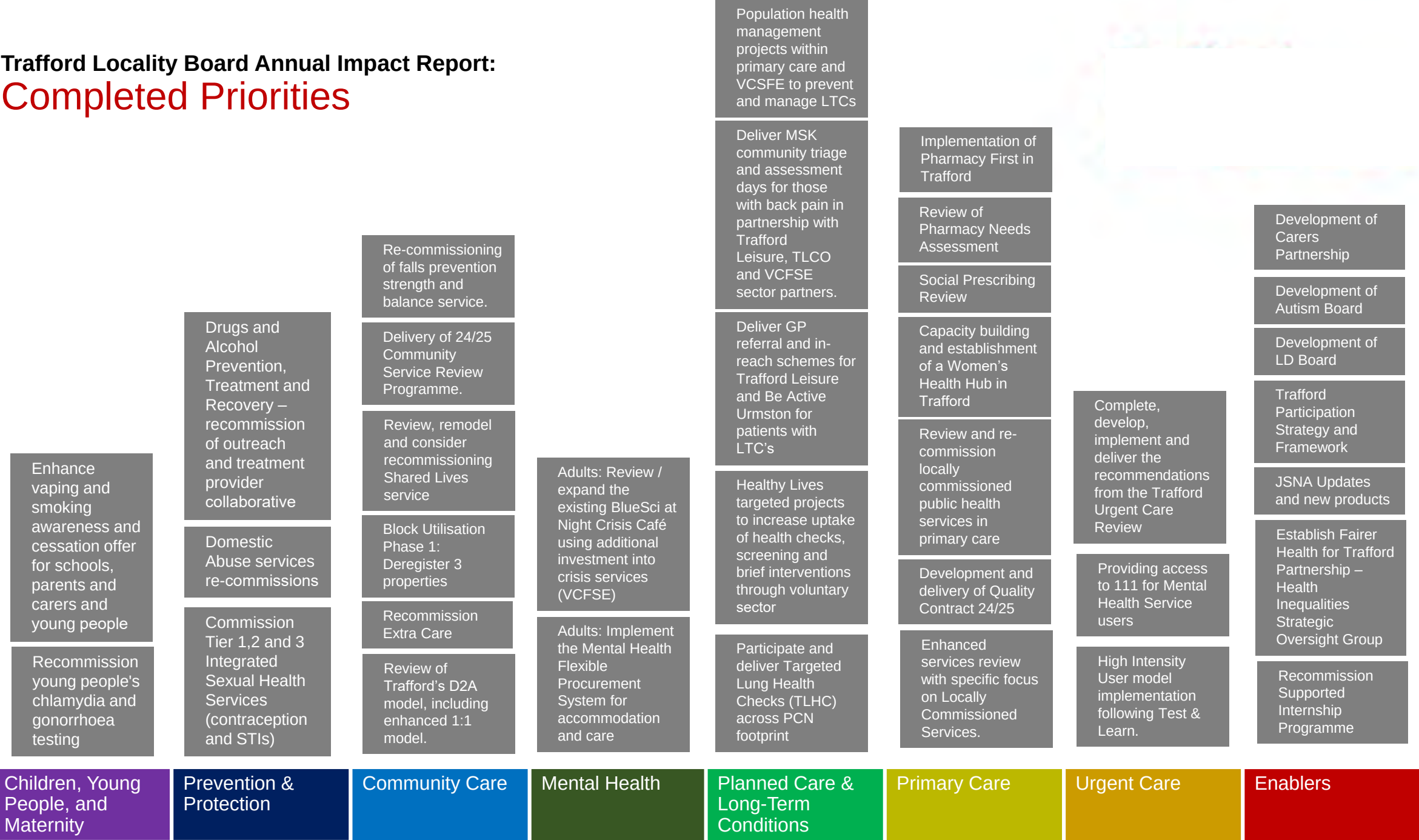
There are several delivery priorities extending into 2026/27, some as part of original plans, others due to not completing them in the original anticipated timeframe – **13** of these are marked as **Amber**



3 Priorities are marked as **Red**, with work not progressed as planned within the 2025/6 and contingency or mitigation plans in place detailed on each line.

Trafford Locality Board Annual Impact Report:

Completed Priorities



Transformational Priorities and Brilliant Everyday Services and Offers

Following the submission of our draft Neighbourhood Plan in Feb 2026, the Locality Board ask to **review the 76 priorities** in the draft plan to form a more manageable set of delivery priorities that truly need Place Partnership support to deliver has been actioned.

Sitting down directly with partners and leads from Trafford Council - Public Health Adult Social Care, Children and Young People, Live Well, NHS GM, MFT, Primary Care, VCFSE and GMMH, we have completed a **line-by-line review of each priority** to identify which require **collaboration at a Place partnership** level to deliver

Those that remain in the Plan are categorised as either:

One of 8 Transformational Priorities

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

One of 24 Brilliant Everyday Services and Offers

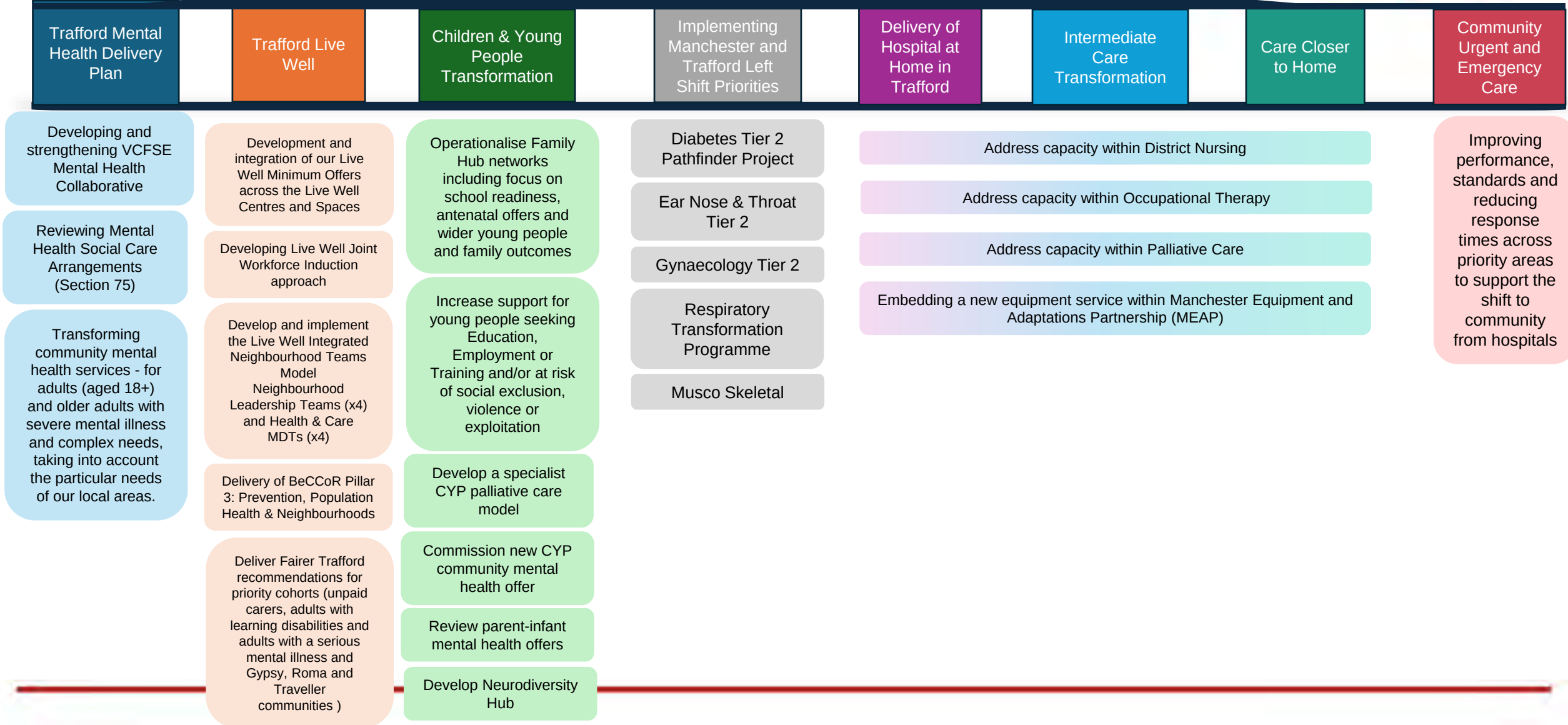
Which are the foundational components of an effective system that enables people to live well. These are the shared priorities that improve how our current system works. They make services better for people now, but they mostly build on what already exists.



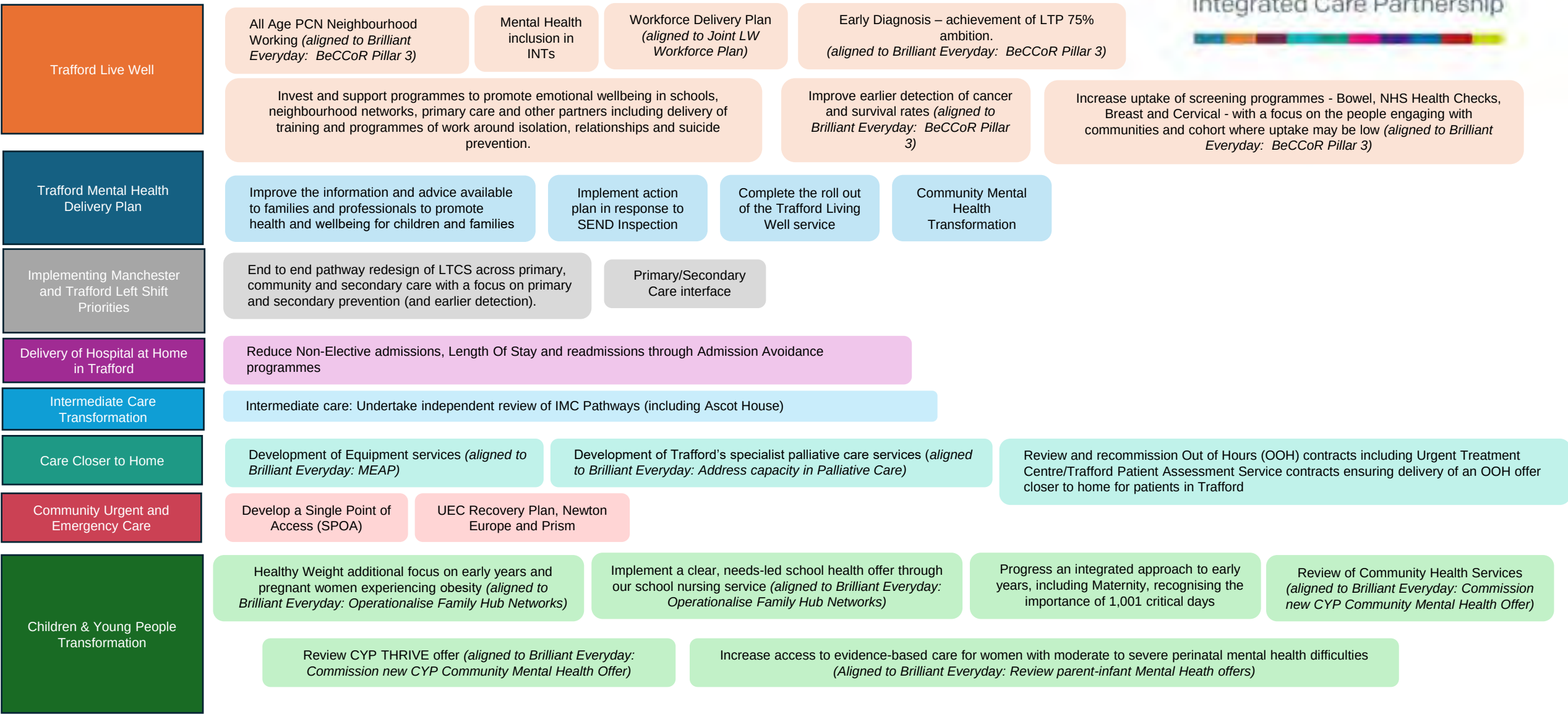
The priorities within this Annual Impact Report have been mapped against the Transformational Priorities and Brilliant Everyday Services and Offers, with those not aligned categorised as BAU areas that are held and/or reported elsewhere.

Trafford Locality Board Annual Impact Report:

Transformational Priorities and Brilliant Everyday Services and Offers



Trafford
Integrated Care Partnership



BAU Priorities

The remaining priorities not included in our Transformation and Brilliant Everyday Services and Offers have been categorised as BAU. These areas of work remain important and essential, but are held , progressed and reported either within services or within other governance forums.

Children, Young People & Maternity

- Improve sufficiency in the residential market Development and full implementation of the GM neurodevelopmental pathways programme for Autism and ADHD
- Implement integrated support offer targeting vulnerable cohorts including a pre and post diagnostic offer & waiting well support
- Implement findings from GM Balanced System (Speech and Language)
- Recommission Short Breaks Offer
- Commission Youth Voice offer including SEND Youth Voice
- Implement Partnerships for Inclusion of Neurodiversity in Primary Schools Continue to implement future waves of Autism in Schools offer
- Understanding and responding to the specific health needs of cared-for/care-experienced children and other vulnerable cohorts
- Review of Children's Sufficiency Statement
- Violence reduction programmes

Community Care

- Develop and implement bespoke quality assurance tool for Trafford social care provision _
- Implement an FPS for Care Homes
- Decommission unoccupied properties and replace with new models of accommodation _
- Review and Deep Dive of Working Age Adult provisions
- Retender advocacy services
- Dementia Advisors: recommission Memory Loss Advisory Service _
- Roll out Oliver McGowan training
- Review and implement PIPOT approach
- Develop detailed needs assessment of people with learning disabilities and autism to inform an accommodation approach

Prevention and Protection

- Reduce the number of smokers in Trafford with a particular focus on groups with higher rates
- Public Health work to increase take up of LARC and STI testing and prevention
- Nutrition & hydration programme for older people
- Health Protection and Infection Control programme
- Increase MMR uptake across Trafford population
- Active Travel Activation Fund programmes
- Oral Health supervised toothbrushing scheme
- Drugs and Alcohol Prevention, Treatment and Recovery programme

Long Term Conditions

- No BAU priorities

Primary Care

- Development and implementation of a Spirometry service Trafford-wide
- Evidence-based Winter Capacity schemes
- Continued recovery of Access to Primary Care
- Delivery of Primary Care Blueprint

Urgent Care

- Preparation for Right Care Right Person for Mental Health Service users
- Develop and improve processes and pathways connected to Trafford Crisis Response and D2A Pathway 1 services

Enablers

- Workforce development, including international recruitment
- Development and delivery of the Women's Strategy

Trafford Locality Board Annual Performance Update 2025/26

Health and Wellbeing Board Annual Impact Report: How are we doing?

Overarching indicators	Period	Trafford value	England value	Previous period
Healthy life expectancy at birth (males) - years	2022-24	63.8	60.9	63.9
Healthy life expectancy at birth (females) - years	2022-24	65.2	61.3	65.0
Infant mortality - rate per 1,000 live births	2022-24	4.0	4.2	4.0
Child mortality (1-17 years) - DSR	2022-24	6.3	11.6	8.4
Reducing physical inactivity				
Physically inactive adults - %	2024/25	17.5	21.8	23.6
Physically active children & young people - %	2024/25	46.5	49.1	49.9
Reducing the impact of poor mental health				
Suicide rate - DSR per 100,000 population	2022-24	8.8	10.9	10.2
Excess <75 mortality in adults with severe mental illness - excess risk %	2021-23	417.1	383.7	444.3
Hospital admissions due to self-harm (10-24 yr olds) - DSR	2023/24	206.2	266.6	296.6
Looked after children with emotional wellbeing a cause for concern - %	2024/25	25.0	42	24.0
Reducing the number of people who smoke or use tobacco				
Smoking prevalence in adults - %	2022-24	7.9	10.9	8.8
Smoking prevalence in adults in routine & manual occupations - %	2022-24	14.6	19.2	20.0
Reducing harm from alcohol				
Alcohol related mortality - DSR	2024	33.6	38.9	37.0
Admission episodes for alcohol related conditions (narrow) - DSR	2023/24	365	504	354
Admission episodes for alcohol specific conditions (under 18 years) – crude rate per 100,000	2021/22-23/24	12.0	22.6	18.7
Increasing the number of people who are a healthy weight				
Reception prevalence of healthy weight - %	2024/25	80.3	75.4	80.2
Year 6 prevalence of healthy weight - %	2024/25	67.3	62.2	66.3
Adults overweight or obese - %	2024/25	63.2	64.6	62.4

Key	
Statistically significantly better than England	
Not significantly different from England	
Statistically significantly worse than England	

DSR: Directly age standardised rate per 100,000 population

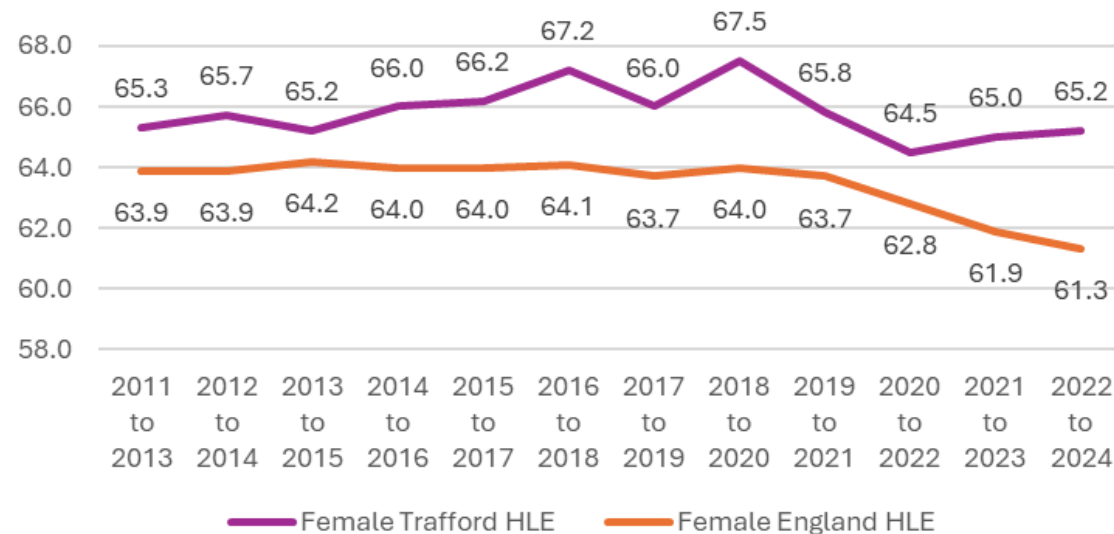
Source: OHID Fingertips Public Health Profiles (<https://fingertips.phe.org.uk/profiles>), Updated June 2026

Trafford Healthy Life Expectancy

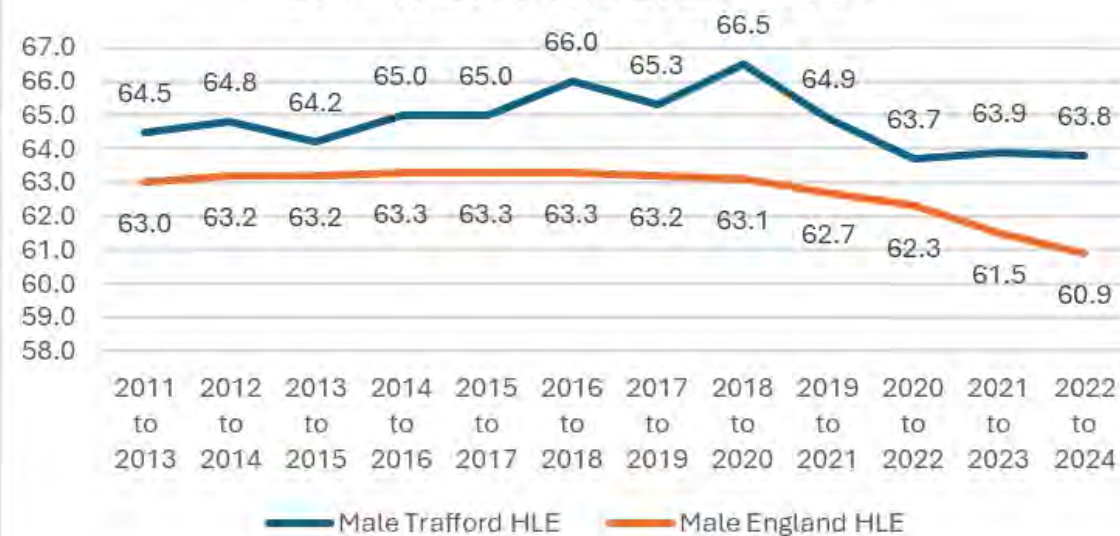
- The gap in HLE in the UK between the most deprived and least deprived areas nationally is the **largest it has been in males and joint largest in females since records began**
- There is around a **17-year gap in HLE** between small areas within Trafford, correlating with deprivation

Area	Male HLE	Female HLE	Index of Multiple Deprivation Score (1 is most deprived, 10 is leas deprived)
Old Trafford	56.8	57.5	2
Hale	74.2	74.8	10

Female HLE in Trafford and England between 2011 to 2013 and 2022 to 2024



Male HLE in Trafford and England between 2011 to 2013 and 2022 to 2024



Locality Scorecard

2025/26 year end position compared to 2024/25

Priority	Code	Metric	Nat/ Loc	Target	Aim	24/ 25	25/ 26	Perf
CYP & Maternity	CYP001	First EHC Plans issued	Loc	60.0%	Higher	22.6%	58.8%	↑
	CYP003	Family Help Assessments completed	Loc	60.0%	Higher	75.0%	57.1%	↓
Prev. & Protection	PP001	Proportion of physically active adults	Nat	67.6%	Higher	68.3%	65.7%	↓
	PP002	National Screening Programme - Bowel Age 50-59 (Every 30 months, being phased in)	Nat	70.0%	Higher	34.6%	50.6%	↑
	PP003	National Screening Programme - Bowel Age 60-74 (Every 30 months)	Nat	70.0%	Higher	77.6%	78.7%	↑
	PP004	National Screening Programme - Breast Age 50-70) Every 36 months)	Nat	70.0%	Higher	69.7%	74.4%	↑
	PP005	National Screening Programme - Cervical - Standard Age 25-49 (Every 42 months)	Nat	80.0%	Higher	74.6%	73.5%	↓
	PP006	National Screening Programme - Cervical - Extended Age 50-64 (Every 66 months)	Nat	80.0%	Higher	78.3%	78.9%	↑
	PP007	Childhood Immunisations Age 2 MMR First Dose	Nat	95.0%	Higher	91.5%	91.3%	↓
	PP008	Childhood Immunisations Age 5 MMR Second Dose	Nat	95.0%	Higher	93.8%	92.8%	↓
	PP009	NHS Health Checks Age 40-74 (Received a health check in last 5 years)	Loc	36.0%	Higher	42.6%	53.2%	↑
Community Care	ASCOF_2A	% New care users who received short-term support (did not need follow-up support)	Loc	60.0%	Higher	60.5%	60.3%	↓
	ASCOF_2C	Rate of permanent admissions to residential and nursing placements (65+)	Loc	484.0	Lower	479.8	341.1	↑
	ASCOF_3D	% People using social care in receipt of direct payments	Loc	61.0%	Higher	19.6%	18.6%	↓
Mental Health	MH001	MH Inappropriate OAPS (Bed Days)	Nat	0	Lower	470	135	↑
	MH002	MH Patients No Criteria to Reside	Nat	0	Lower	10	6	↑
	MH003	MH Long Length of Stay (% with LOS 60+ Days)	Nat	0.0%	Lower	18.2%	41.7%	↓
	MH004	Dementia Diagnosis Rate	Nat	66.7%	Higher	66.7%	70.7%	↑
Planned Care & Long Term Conditions	LTC001	% of patients with >=20% 10-year CVD risk score treated with statins	Nat	60.0%	Higher	67.2%	67.4%	↑
	LTC002	% of diabetic patients received all 8 diabetes care processes	Nat	100.0%	Higher	43.5%	58.8%	↑
	LTC003	CKD QOF Registers (Currently Annual Only)	Loc	4.41%	Higher	5.05%	5.39%	↑
Primary Care	PC001	GP appointments - percentage of regular appointments within 14 days	Loc	81.6%	Higher	84.7%	82.4%	↓
	PC003	Antimicrobial resistance (% broad-spectrum antibiotic prescribing)	Nat	10.0%	Lower	8.5%	8.6%	↓
Urgent Care	UC001	A&E 4-hour Performance	Nat	78.0%	Higher	74.0%	69.7%	↓
	UC002	A&E Attendance Rate per 1,000	Loc	38.7	Lower	38.7	30.3	↑
	UC004	2 Hour Urgent Community Response (First Care Contacts)	Nat	70.0%	Higher	100.0%	97.8%	↓

Nat/ Loc = National or Local Target | Aim = Activity direction for better performance | 24/ 25 = Position at end of previous year | 25/ 26 = Position at end of most recent year | Perf = Performance direction

Locality Scorecard

2025/26 year end position compared to 2024/25

The Trafford Locality Scorecard aligns with Trafford's 7 Delivery Ambitions with metrics covering both NHS and Local Authority priority work areas. It is in addition to the existing GMICB Scorecards and dashboards available from the GM Intelligence Hub

The Locality Scorecard is brought to the Locality Board on a bi-monthly basis and includes:

- Focus metrics included – 'Red' metrics below target or declining performance
- Positive metrics included – 'Green' metrics meeting or above target
- Trafford's ranking within the ten GM Localities included, where available

Locality Scorecard: 2024/25 to 2025/26



The number of first EHC plans issued has risen from 22.5% in 2024/25 to **28.8%** by the end of 2025/26

Bowel screening has improved from 34.6% to **50.6%**

NHS Health Checks completed improved from 42.6% to **53.2%**

Percentage of diabetic patients receiving all 8 care processes has risen from 43.5% to **58.8%**



The number of Family Help Assessments completed was 75% at the end of 24/25 and has reduced to **58.8%**.

The percentage of mental health patients with length of stay of 60+ days was 18.2% in 24/25 and increased to **41.7%** at the end of 25/26.

A&E 4 hour performance dropped from 74% at the end of 24/25 to **69.7%** at the end of 25/26. Note that by July 2026 this had recovered and now stands at **74.6%**.

Children, Young People, and Maternity



Priority	Code	Metric	Nat/ Loc	Target	Aim	24/ 25	25/ 26	Perf
CYP & Maternity	CYP001	First EHC Plans issued	Loc	60.0%	Higher	22.6%	58.8%	↑
	CYP003	Family Help Assessments completed	Loc	60.0%	Higher	75.0%	57.1%	↓

Nat/ Loc = National or Local Target | Aim = Activity direction for better performance | 24/ 25 = Position at end of previous year | 25/ 26 = Position at end of most recent year | Perf = Performance direction

- First EHC plans issued has improved and is now very close to target
- Family help assessments completed has reduced and is now slightly below target

Prevention & Protection



Priority	Code	Metric	Nat/ Loc	Target	Aim	24/ 25	25/ 26	Perf
Prev. & Protection	PP001	Proportion of physically active adults	Nat	67.6%	Higher	68.3%	65.7%	↓
	PP002	National Screening Programme - Bowel Age 50-59 (Every 30 months, being phased in)	Nat	70.0%	Higher	34.6%	50.6%	↑
	PP003	National Screening Programme - Bowel Age 60-74 (Every 30 months)	Nat	70.0%	Higher	77.6%	78.7%	↑
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	PP007	Childhood Immunisations Age 2 MMR First Dose	Nat	95.0%	Higher	91.5%	91.3%	↓
	PP008	Childhood Immunisations Age 5 MMR Second Dose	Nat	95.0%	Higher	93.8%	92.8%	↓
	PP009	NHS Health Checks Age 40-74 (Received a health check in last 5 years)	Loc	36.0%	Higher	42.6%	53.2%	↑

Nat/ Loc = National or Local Target | Aim = Activity direction for better performance | 24/ 25 = Position at end of previous year | 25/ 26 = Position at end of most recent year | Perf = Performance direction

- Proportion of physically active adults has decreased (note that this metric lags by over a year)
- Bowel Screening metrics have all shown improvement, and are all above target
- Cervical screening has improved for over 50s, but reduced for 25-49 year olds
- Childhood immunisations have reduced slightly
- Health check rates have significantly improved

Community Care



Priority	Code	Metric	Nat/ Loc	Target	Aim	24/ 25	25/ 26	Perf
Community Care	ASCOF_2A	% New care users who received short-term support (did not need follow-up support)	Loc	60.0%	Higher	60.5%	60.3%	↓
	ASCOF_2C	Rate of permanent admissions to residential and nursing placements (65+)	Loc	484.0	Lower	479.8	341.1	↑
	ASCOF_3D	% People using social care in receipt of direct payments	Loc	61.0%	Higher	19.6%	18.6%	↓

Nat/ Loc = National or Local Target | Aim = Activity direction for better performance | 24/ 25 = Position at end of previous year | 25/ 26 = Position at end of most recent year | Perf = Performance direction

- New users receiving short term support has reduced slightly but remains above target
- Permanent admissions to residential & nursing placements has improved and is below target
- % of people using social care in receipt of direct payments has reduced

Mental Health



Priority	Code	Metric	Nat/ Loc	Target	Aim	24/ 25	25/ 26	Perf
Mental Health	MH001	MH Inappropriate OAPS (Bed Days)	Nat	0	Lower	470	135	↑
	MH002	MH Patients No Criteria to Reside	Nat	0	Lower	10	6	↑
	MH003	MH Long Length of Stay (% with LOS60+ Days)	Nat	0.0%	Lower	18.2%	41.7%	↓
	MH004	Dementia Diagnosis Rate	Nat	66.7%	Higher	66.7%	70.7%	↑

Nat/ Loc = National or Local Target | Aim = Activity direction for better performance | 24/ 25 = Position at end of previous year | 25/ 26 = Position at end of most recent year | Perf = Performance direction

- Inappropriate OAPs and patients with no criteria to reside have both improved.
 - These metrics were linked to a Trafford locality performance improvement plan focused on patients clinically ready for discharge
- The proportion of patients with long lengths of stay has increased.
 - To achieve 0 patients with 60 day LOS would require a decrease of 25 patients at the end of 25/26
- The dementia diagnosis rate has improved.

Planned Care & Long-Term Conditions



Priority	Code	Metric	Nat/ Loc	Target	Aim	24/25	25/26	Perf
Planned Care & Long Term Conditions	LTC001	% of patients with $\geq 20\%$ 10-year CVD risk score treated with statins	Nat	60.0%	Higher	67.2%	67.4%	↑
	LTC002	% of diabetic patients received all 8 diabetes care processes	Nat	100.0%	Higher	43.5%	58.8%	↑
	LTC003	CKD QOF Registers (Currently Annual Only)	Loc	4.41%	Higher	5.05%	5.39%	↑

Nat/ Loc = National or Local Target | Aim = Activity direction for better performance | 24/25 = Position at end of previous year | 25/26 = Position at end of most recent year | Perf = Performance direction

- Percentage of CVD risk patients treated with statins has improved slightly and remains above target
- Percentage of patients receiving all 8 diabetes care processes has improved significantly
- CKD QOF register percentage has improved and remains above target

Primary Care



Priority	Code	Metric	Nat/ Loc	Target	Aim	24/ 25	25/ 26	Perf
Primary Care	PC001	GP appointments - percentage of regular appointments within 14 days	Loc	81.6%	Higher	84.7%	82.4%	↓
	PC003	Antimicrobial resistance (%broad-spectrum antibiotic prescribing)	Nat	10.0%	Lower	8.5%	8.6%	↓

Nat/ Loc = National or Local Target | Aim = Activity direction for better performance | 24/ 25 = Position at end of previous year | 25/ 26 = Position at end of most recent year | Perf = Performance direction

- Percentage of GP appointments within 14 days has reduced, but remains above target
- Percentage of broad spectrum antibiotics prescribed has increased slightly, but remains below target

Urgent Care



Priority	Code	Metric	Nat/ Loc	Target	Aim	24/ 25	25/ 26	Perf
Urgent Care	UC001	A&E 4-hour Performance	Nat	78.0%	Higher	74.0%	69.7%	↓
	UC002	A&E Attendance Rate per 1,000	Loc	38.7	Lower	38.7	30.3	↑
	UC004	2 Hour Urgent Community Response (First Care Contacts)	Nat	70.0%	Higher	100.0%	97.8%	↓

Nat/ Loc = National or Local Target | Aim = Activity direction for better performance | 24/ 25 = Position at end of previous year | 25/ 26 = Position at end of most recent year | Perf = Performance direction

- A&E 4 hour performance has reduced, but remains one of the best in GM
- A&E attendance rate has reduced and is below target
- 2 hour UCR has reduced slightly, but remains very good, and well above target.

Co-operative Commitments

Locality Plan Co-operative Commitments – Progress and Achievements

Trafford Locality Outcomes Framework developed

Comprehensive governance review completed

Delivery of system owned delivery plan for 2025/26

Neighbourhood Plan priorities mapped against Trafford Prevention Strategy tiers

Collaborative Recruitment approach within our Integrated Neighbourhood Teams – Neighbourhood Leadership Teams (NLTs) and Health and Care Multidisciplinary Teams (MDTs)

2025/26 Annual Impact Report developed

Mental Health Delivery Plan published

System evaluation and integration of the Neighbourhood Health Framework published in Feb 2026



Workforce Delivery Plan: this has not progressed in 25/26 and the priority has been carried over into the 26/27 work plan with a pilot programme being mobilised January 2027 for roll out in 27/28 pending evaluation

Reflections and Next Steps

Reflections and Next Steps

- We will continue to embed and adapt to our new Place structure and governance and monitor the impact on delivery, including developing **new models of reporting** linked to the draft **Place Partnership Outcomes Framework**.
 - We will continue to work towards adopting a **Neighbourhood Scorecard**
 - Undertake an in-year governance review in light of the emergent Place Partnership Framework and its associated governance arrangements, due for publication in September 2026. As a Board we will **clarify our working relationship with the emergent Place Partnership Board** and the respective roles and responsibilities of both forums to ensure optimum governance arrangements and best outcomes for Trafford residents.
 - Engage with and **provide leadership to the JSNA**, ensuring that partners play an active role in the identification and development of an annual work plan.
 - Produce an **updated HWB Board Strategy for 2025-2029**, to reflect the developments in the specific priority areas.
-

Thank you to all
for contributions and support in
compiling this report

Name of Committee / Board		Trafford Locality Board		
Date of Meeting		29 September 2026		
Report Title		Trafford Live Well Neighbourhood Plan		
Report Author & Job Title		Thomas Maloney (Programme Director Health and Care) & Jennifer Clarke (Programme Manager Health & Care)		
Organisation Exec Lead		Thomas Maloney (Programme Director Health and Care)		
OUTCOME REQUIRED	Approval X	Assurance	Discussion X	Information
EXECUTIVE SUMMARY				
This report presents the final version of the Trafford Live Well Neighbourhood Plan for Locality Board approval, following on from the first draft of the Trafford Live Well Neighbourhood Plan that was agreed at the Trafford Locality Board and submitted to NHS GM on 17 February 2026. The final submission of this Plan is now due by 30 September 2026. A briefing session for Locality Board, Health and Wellbeing Board and Joint Leadership Group members was held on 23 September, as well as the offer of 121 briefing sessions and feedback via email for those unable to attend the two briefing session types offered. The full submission document has been circulated and a set of summary slides will be presented on the day setting out areas of development, addition and change from the draft version. The NHS Planning Guidance for 2026/27 introduced a new national requirement for Neighbourhood Health Plans, reflecting priorities in the NHS 10-Year Plan. In Greater Manchester (GM), a 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. This plan responds to a centrally commissioned GM template which has involved all local partners in its creation. This plan is sectioned into the five areas below and covers current elements of our neighbourhood model and proposes the priorities and areas of congruence for our plan in 26/27; • <i>Locality Neighbourhood Structure</i> • <i>Neighbourhood Governance</i> • <i>Neighbourhood Operating Model</i> • <i>Local Delivery Priorities 2026/27</i> • <i>Local Delivery of GM Commissioning Priorities 2026/27</i>				
RECOMMENDATIONS				
The Board are asked to: 1. Acknowledge the co-production, support and contributions from all partners in developing the final version of the Trafford Live Well Neighbourhood Plan. 2. Provide final comments and feedback on the submission for action before submitting to NHS GM by 30 September.				

3. Approve the draft, pending minor changes following the meeting, to be submitted to GM Wednesday 30 September.

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

Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	Risk 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.
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	Name/Designation: N/A
	Comment / Approval: N/A Financial arrangements and approaches on a neighbourhood level are contained within the Plan and Finance colleagues have been a key partner in the development of the Plan.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>	Date of TCAPS / Clinical Lead comment: N/A
	Name/Designation: N/A
	Comment: N/A Clinical approaches and activity is contained within the Plan and clinical colleagues have been a key partner in the development of the Plan.
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	Addressing inequalities is a key strategic priority in the Plan, reinforced by our Fairer Trafford approach to developing system priorities.
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	Not required.
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	Local intelligence has fed into the development of the Plan and the voice of our people will continue to shape and fuel continuous improvement efforts and shape our plans.
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that</i>	Trafford's aim of carbon neutrality will be considered in the development of the model.

<i>could be taken to reduce carbon within relevant plans)</i>	
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	Performance arrangements are contained within the Neighbourhood Plan and have been developed with colleagues responsible for impact and intelligence.
Enabler implications	Legal implications: N/A
	Workforce implications: Workforce arrangements are contained within the plan and have been developed with all partners.
	Digital implications: Digital arrangements are contained within the Plan and have been developed with colleagues in Digital.
	Estates implications: Our approach to Estates is contained within the Plan and is supported by all partners.
Sub-Board Sign-Off / Comments (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	The Trafford Live Well Neighbourhood Plan has been written, developed and evolved with all partners across forums throughout its development, with all partners contributing directly to Plan content. • Trafford Provider Collaborative • NHS GM SLT • 26/27 Strategy and Planning Hub • Adult Social Care DMT • All Age Mental Health Group • Manchester & Trafford Clinical and Practitioner Group • Fairer Trafford Partnership • Live Well Steering Group • GP Board • Trafford Clinical & Practitioner Senate • Health & Wellbeing Board • CYP Strategic Partnership (Start Well) • Trafford Council Corporate Leadership Team • Trafford Community Collective Network
Organisation Exec Lead Sign off	Thomas Maloney (Programme Director Health and Care)

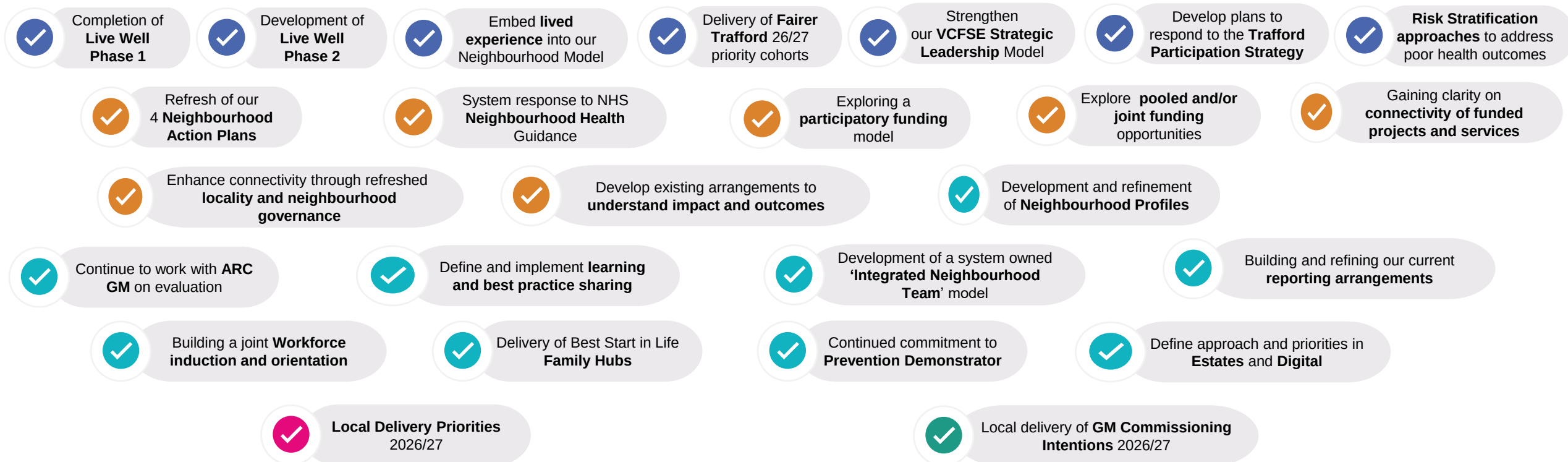
Trafford Live Well Neighbourhood Plan 26/27

September 2026

Trafford Live Well Neighbourhood Plan: Priorities: Executive Summary



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



Trafford Live Well Neighbourhood Plan: Introduction



- The NHS Planning Guidance for 2026/27 introduces a new national requirement for Neighbourhood Health Plans, reflecting priorities in the NHS 10-Year Plan.
- In Greater Manchester (GM), a proposed framework has been developed. GM localities already have Locality Plans and Delivery Plans, so neighbourhood health plans will be integrated into these existing structures to maintain coherence.
- They will align with NHS GM priorities, GM's 2026/27 plans, and the Five-Year Strategic Commissioning Strategy, as well as GM Live Well and GM Prevention Demonstrator work programme.
- Trafford HWBB has a clear leadership role in developing, reviewing and endorsing our Neighbourhood Plan, which has been influenced by the Boards Joint Health and Wellbeing Strategy and priorities.
- Plans will adopt a full Live Well approach, covering health, public services, and community support, guided by Live Well Hallmarks.
- This plan covers current and planned elements of our Live Well Neighbourhood Model – containing short term priorities (Brilliant Everyday Services and Offers) and long-term programmes of work (Transformational Priorities)



Trafford Live Well Neighbourhood Plan: Strategic Context

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

Trafford Live Well responds to a plethora of public service reform initiatives and will bring system shape to the number of reforms by providing capacity and system enablers that should wrap around the life-course – integrating approaches to ensure one system approach to ensure we are borough ready for the upcoming government white paper on rewiring the state. This will prioritise the further strengthening of Fairer Trafford & our Prevention Framework across the public service reform areas, and Live Well offers within this.

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

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

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

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



Trafford Live Well Neighbourhood Plan: Our Vision



Trafford Live Well

Live Well Trafford brings together local support, services, and community partners to help residents live healthier, happier lives — wherever they are, whatever their circumstances.

Vision

Everyone in Trafford should have the opportunity to live well — in good health, in connected communities, and with access to the right support at the right time.

Trafford Live Well Neighbourhood Plan: Trafford Live Well: The Strategy



Key to Trafford Live Well is...

Being rooted in community

Looking across the life-course

Building on our foundations

It will provide support across a number of key Live Well Offers:



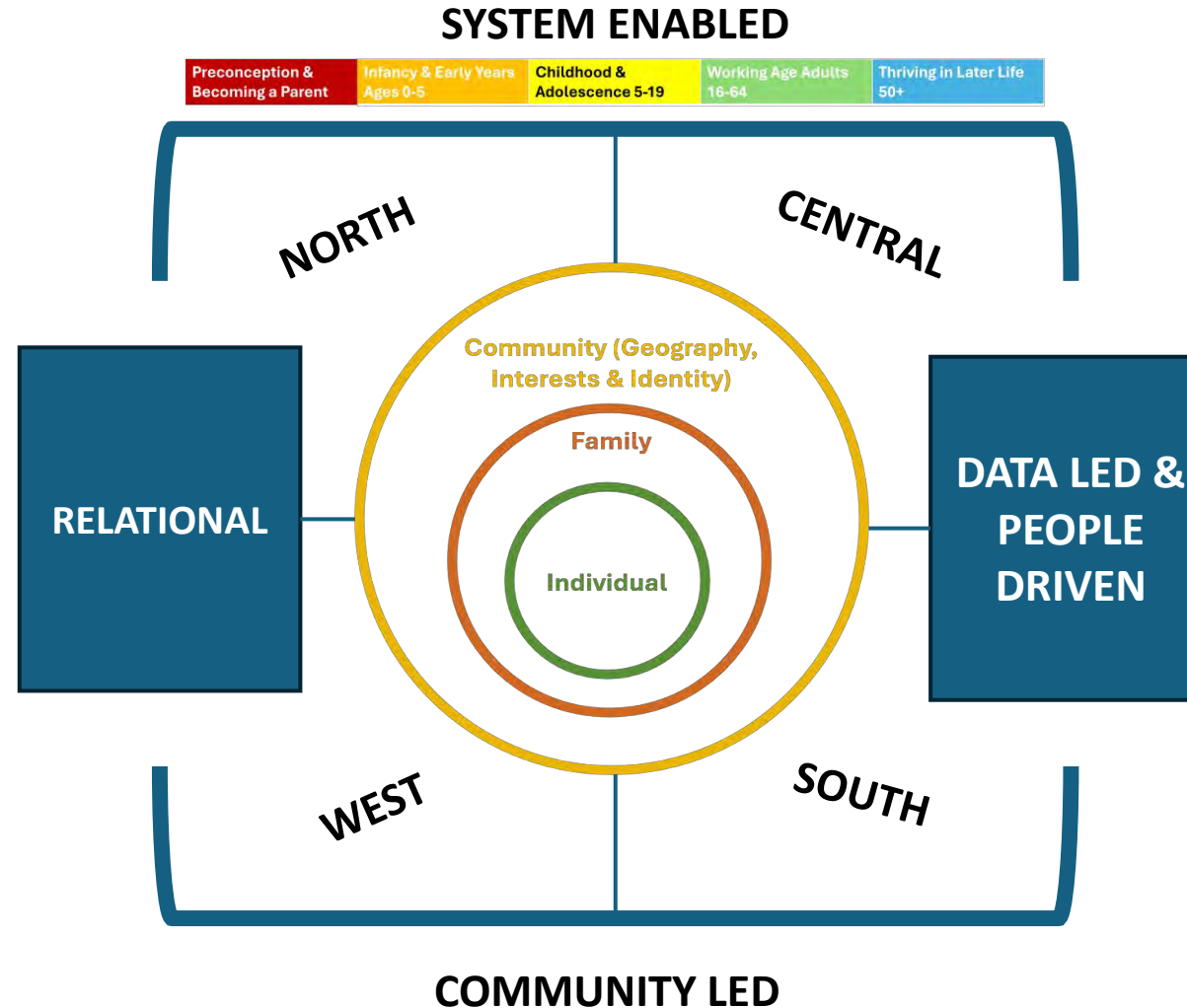
Trafford Live Well Neighbourhood Plan: Bringing the Live Well Strategy together



System Enabled function of Trafford Live Well will progress key elements that stretch across public service reform programmes across the life-course that allows a coordinated strategic approach – for example this includes:

- Workforce Development
- Data and Digital
- Communications and Branding
- Impact and Learning

This will build on best practice from existing programmes, such as Families First Relational Approach



Across our Neighbourhoods will be the bringing together of Trafford Live Well Neighbourhood Delivery – System Triaging and Referral across the life-course and reform programmes, Neighbourhood Teams, No Wrong Front Door etc, all whilst Live Well Offers are developed and integrated.

Community Led will lead the development of relational and collaboration on the ground to bring system enabled and neighbourhood delivery to life which builds on the asset to support individuals, families, and communities of that area through the ABCD approach.

Trafford Live Well Neighbourhood Plan:

National Neighbourhood Health Framework 26/27



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

Medium Term Planning Framework: From April 2026, ICBs and relevant NHS providers should:

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

Foundational Steps for Neighbourhood Health

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

We have worked with our partners to review these six areas and map our neighbourhood activity, services and initiatives against them, whilst also discussing enhancements to current arrangements.

Trafford Live Well Neighbourhood Plan: Immediate deliverables in the 2026/27 year



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

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

Agree neighbourhood footprints around natural communities for the future development of INTs

Agree plans to establish INTs focused on high-priority cohorts, including how devolving care budgets could work in their area

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

Confirm plans to meet 18-week community waits and eliminate 52-week waits.

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).

Continue to improve the primary and secondary care interface in line with the red tape challenge

Confirm organisational ownership of planned deliverables

Confirm plans for having the appropriate data-sharing arrangements in place to do robust patient identification and evaluation

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.

ICBs 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 HWBBs 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**

Regional teams will work with ICBs on progress against the essential actions. ICBs are requested to ensure these are completed as soon as possible



Trafford Live Well Neighbourhood Plan: Longer term reform (by March 2029)

Provide a broad overview of how the national NHS objectives will begin to be delivered through the 3 reform agendas

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

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

Confirm final geographies that partners will then work within

Confirm which organisations are responsible for different elements of delivery

Confirm the arrangements that will be in place to deliver this, including governance and operational partnership arrangements.

Confirm how any other relevant initiatives align with the strategy (In Trafford this includes such as Best Start Family Hubs, employment support, housing, culture and others TBC)



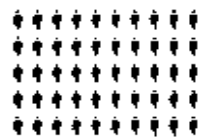
For implementation from at least the 2027 to 2028 financial years, ICBs should work with HWBBs and their partners **to develop a locally owned neighbourhood health plan.**

This Plan has been developed with partners in response and includes the required areas to the left.

Once this is agreed, the ICB will incorporate this locally owned plan into their refreshed 5-year strategic commissioning plan, 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.

Building Fairer, Healthier Neighbourhoods

Trafford Live Well Neighbourhood Plan: Trafford: A snapshot



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

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



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



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

Trafford Live Well Neighbourhood Plan: Trafford's Neighbourhood Profiles



North



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

West



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

Central



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

South



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

Trafford Live Well Neighbourhood Plan: Prevention Strategy and Framework

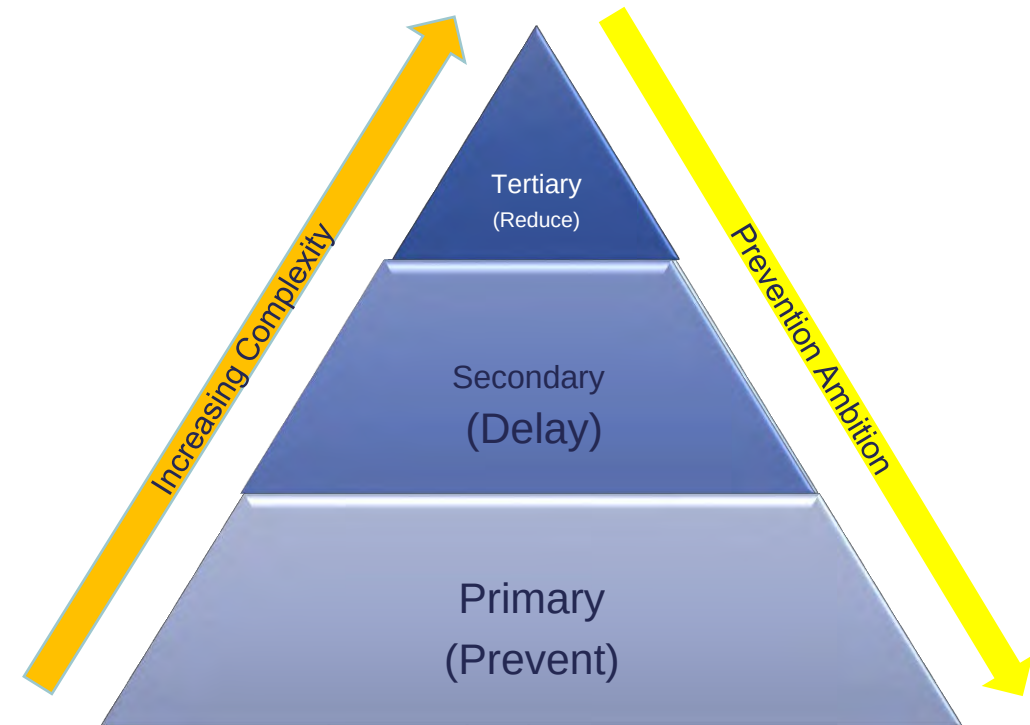


Why Prevention Matters

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

Our Response - Prevention Strategy & Framework

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



Trafford Live Well Neighbourhood Plan: Reducing Inequalities: Fairer Trafford



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

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

Fairer Trafford

Our approach to reducing inequalities within and between neighbourhoods



Fairer Trafford Priority Cohorts:

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

Recommendations developed across key themes:

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

Trafford Live Well Neighbourhood Plan:

Community and Resident Participation: Our approach to enabling community led health creation



Trafford Participation Strategy & Framework

In the **Trafford Locality Plan 25-28** we committed to communicate, engage, co-design, coproduce and consult with our partner organisations, and Trafford communities and residents. To help strengthen this approach we have developed our 'Participation Framework' – collaboratively produced by the Trafford Participation Group. This strategy includes a practical framework that describes the '**building blocks**' required to enable meaningful participation. Each stakeholder has committed to a **bi-annual self assessment** on progress made against the strategies aims and objectives – which will fuel the sharing of good practice and enhancement of existing practice across our organisations.

Participation in Action



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

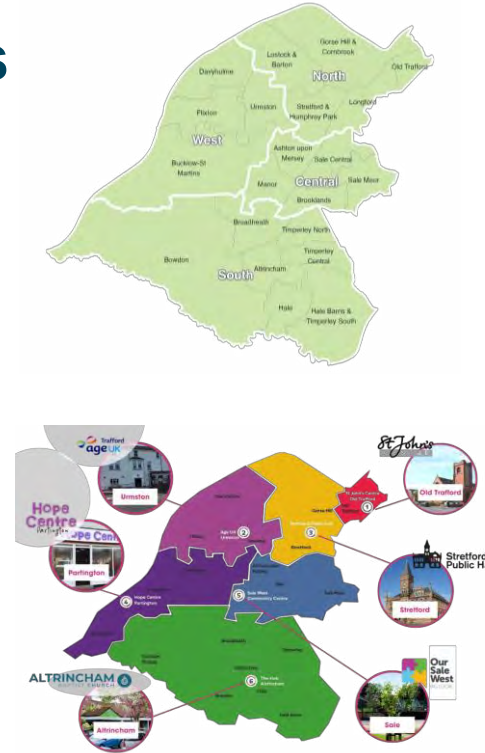
- The approach to their **Live Well Eco-System**
- Developing funding priorities for **VCFSE participatory budgeting grants**
- Deepening **engagement with residents**

Locality Neighbourhood Infrastructure

Trafford Live Well Neighbourhood Plan: Neighbourhood Geographies



Ensuring our communities and neighbourhoods thrive is critical to our vision for Trafford and is a key priority as a system. **Trafford is split into four neighbourhoods with six Live Well Neighbourhood Eco-systems...**



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

Established during Covid-19 in March 2020, **Trafford also has 6 Community Hubs aligned to our Live Well Eco-systems...**



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

In each neighbourhood there is a
Best Start Family Hub Network



Trafford Live Well Neighbourhood Plan: Neighbourhood Geographies



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

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

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

Live Well Ecosystems and 6 Community Hubs

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

Trafford Moving 6 Community Based Physical Activity Communities

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

Trafford's 4 Family Hub Networks (developing):

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

Trafford's 5 Primary Care Networks

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

Trafford's Local Care Organisation

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



Trafford Live Well Neighbourhood Plan: Live Well Eco-Systems: Community Led



- **Trafford is a place of places with vibrant town centres and communities** bringing our diverse population together, each with their own history, assets, and potential. This is highlighted through our current approach to neighbourhood working which recognises these assets, as well as our approach to the establishment and growth of our **Community Hubs**.
- **Our first eco-systems have been in Partington and Sale.** Both areas have been co-developed to support the strategic development of Live Well, resulting in a minimum standard offer that meets the needs of our respective communities.
- Now, we are taking an **asset-based community development approach** to ensure that we support the fact that Live Well is happening everywhere already

Learning from Sale and Partington to...

Place communities, relationships and local assets at the heart of system enabled transformation

Develop an asset-based step framework that support areas to become **Live Well Aware**, **Live Well Aligned**, **Live Well Ready**

Establish that Live Well Centres are the culmination, not the start of the journey

Utilise Implementation Plan Funding in 2026/2027 to support this journey

This will allow all areas of Trafford to be involved in Trafford Live Well by providing a strategic framework and acknowledging places are at different stages in their Live Well journey.

The approach builds on established practice and learning from national programmes, including the Local Trust's Big Local programme and GM Live Well and New Local's work on community power. These programmes demonstrate that **long-term investment in community capacity, resident leadership and local assets** can deliver sustainable neighbourhood change.



circles do not represent actual catchment areas or eco-system boundaries, they are for illustration purposes only

Trafford Live Well Neighbourhood Plan: Live Well Eco-systems: Community Led



Key to the approach will be enhancing the **capacity building elements** of the strategy to ensure that **VCFSE organisations** are supported to **maximise relationships**, lever in **additional funding** and to ensure they become more **sustainable**, as a place-based system.



To support this a **Stage-gated Live Well Investment Framework** will be developed linked to the 6 stages.

The approach would strengthen the relationship between our established Neighbourhood Model and Trafford Live Well:

Neighbourhood Leadership Teams and Neighbourhood Networks jointly identify priorities



Trafford Live Well ABCD mobilises residents, organisations and assets around those priorities



Neighbourhood Leadership Teams align support and services



Community Hubs and Advice Hubs provide practical access points and support



Live Well Ecosystems emerge as neighbourhood capacity grows

Integrated Neighbourhood Team Operating Model

Trafford Live Well Neighbourhood Plan:

How staff are deployed to neighbourhoods



- As part of our Integrated Neighbourhood Teams model we have established **Neighbourhood Leadership Teams** and **Neighbourhood Health and Care Multidisciplinary Teams**, where staff from Trafford partners are deployed and participate on a neighbourhood footprint.
- Trafford's neighbourhoods (North, Central, South, West) have dedicated **Strategic Neighbourhood Leads** (employed by Trafford Local Care Organisation (TLCO)). Our Neighbourhood Leadership Teams (NLTs) are led by these leads. In addition, we have **VCFSSE Engagement Officers** assigned to and mirroring the footprint of the Strategic Neighbourhood Leads and a mature **Social Prescribing Link Worker** model in each neighbourhood.
- NHS GM-Trafford Locality, Trafford Adult Social Care, Children's Services and Public Health have nominated **management roles in each neighbourhood**. The Neighbourhood Model in Trafford is coordinated and administered by a jointly resourced Programme Management Office – with nuanced **neighbourhood based administrative capacity** in addition. Trafford also has six Community Hubs and dedicated **Community Hub Lead** roles across the neighbourhoods driving a delivery model which includes provision of health and care, tackling poverty, community cohesion enabled by co-location of multiple agencies.
- Our **5 Primary Care Networks (PCNs)** (comprised of 26 GP practices) **work collaboratively at a neighbourhood level** and are supplemented and supported by a wide range of **neighbourhood based integrated services and offers** including urgent primary care and out of hours services. Each PCN has committed a portion of their Beyond Core Contract Reviews (BeCCoR) funding to place **general practice colleagues directly into our Integrated Neighbourhood Teams model** specifically in Neighbourhood Leadership Teams and Neighbourhood Health and Care MDTs. Wider primary care provision is part of a developing Integrated Neighbourhood Care System including, **Community Pharmacy, Optometry, Dentistry, and Primary Care urgent care providers**, including but not limited to GP out of hours, these all being key to the delivery of various initiatives supporting proactive intervention to patients with multiple long-term conditions and/or rising risk.

Trafford Live Well Neighbourhood Plan:

Continued: How staff are deployed to neighbourhoods



- Each of the 4 neighbourhood Family Hub networks has a **Trafford Families Lead** working closely with the **0-19 Service Lead (TLCO)** to direct local delivery. The Council's Trafford Families teams include **staff delivering evidence-based programmes** and 1:1 holistic support; **Family Help Navigators** delivering universal groups and supporting access to community support and activities; **Trafford Team Together Co-ordinator** supporting schools by bringing together partners for whole family support; **Neuro Diverse and Special Education Needs & Disability (SEND) Navigators** and now a dedicated **Youth Offer Lead** to bring together local provision for young people and their families and link to Live Well.
- TLCO** share Trafford's vision for integrated neighbourhood Health & Social Care model and already deploy on a neighbourhood footprint: **Care Navigators, District Nurses, Health Visitors and School Nurses and Trafford Case Management practitioners**, in addition to pathways between neighbourhood provision and locality-wide provision for access to more specialist teams such as Targeted Early Development Support, Occupational Therapy / Physio, Mac or Learning Disability and/or Urgent and Emergency Care services.
- Achieve Drug and Alcohol Partnership** is led by GMMH with partners inc Big Life, Intuitive Thinking Skills and Great Places. The new model will include a **Big Life outreach worker** in each neighbourhood who can deliver training, engage and adapt support for underserved groups and improve pathways with partners. GMMH are also looking to increase community-based treatment.
- Each of the 4 neighbourhoods has a dedicated **Adult Social Care (ASC) team** which undertakes Care Act assessments. Each team comprises a senior leader, a senior social work practitioner, social workers, social care assessors, and **ASC Community Link Officers** (CLOs). The CLOs work with people in a preventive way and identify community solutions to support people to develop their independence. We also have **Social Prescribing Link Officers** embedded in our PCNs and Voluntary Sector.

Trafford Live Well Neighbourhood Plan:

Integrated Neighbourhood Teams – Neighbourhood Leadership Teams (NLTs)



Deliverables

- A Bespoke Neighbourhood Action Plan, aligned with local BeCCoR Neighbourhood Action Plans
- Joint Performance Framework
- Coordinated Partnership Delivery Model
- Community Engagement and Co Production Plan
- Annual Neighbourhood Impact Assessment
- Resource Coordination and Optimisation
- Escalation and alignment with JLG, who provide a strategic role in overseeing and holding our NLTs to account

The Team

Whilst each neighbourhood has the same core vision and aims, the different cohorts and organisations within them mean that make-up of each NLT may differ in response.

For example, where there may be a strong homelessness presence from VCFSE organisations one neighbourhood, this organisation will be included in membership for that specific neighbourhoods but not all four.

This ensures NLTs can address Neighbourhood specific issues in a more holistic way. We have agreed a core and extended membership

Meeting Arrangements

- **Meeting Frequency:** Bi-Monthly, online initially, future meetings aim to be F2F (remaining flexible)
- **Administration:** Dedicated administration officer
- **Project Support and Coordination:** A partnership commitment. Named leads from ASC, NHS GM, Public Health with chairing responsibility from TLCO Neighbourhood Leads

The Team

- | | |
|--|------------------------------------|
| • Strategic Neighbourhood Lead (Chair) | • Children's Health Services Lead |
| • Lead Nurse | • Mental Health Lead |
| • Lead Matron | • PCN Manager or Clinical Director |
| • Community Rehab Lead | • Other Leads as appropriate |
| • Community Neuro Rehab Lead | • VCFSE Delivery Leads |
| • OTAT Lead | • Public Health Lead Officer |
| • Adult Social Care Neighbourhood Team Manager | • NHS GM Project Manager |
| • Children's Services Lead | |

Trafford Live Well Neighbourhood Plan:

INT – Neighbourhood Health and Care Multidisciplinary Teams (MDTs)



The Core Team

- Care Navigator
- Dedicated Administration Officer
- Social Worker
- Occupational Therapist
- General Practice (incl. Urgent Primary Care)
- Physiotherapist
- Social Prescriber / Link Worker
- Case Management Nurse (or equivalent)
- Mental Health Practitioner

- *Attendance and liaison where necessary from wider partners, will support more complex cases requiring cross agency involvement.*
- *The team will also be able to refer to specialist MDTs in the system where appropriate such as onward referral routes that are being curated as part of work under the stewardship of the Changing Futures Steering Group and a broader Making Every Adult Matter (MEAM) framework.*
- *Named representatives for each core role and key partner organisations will be identified within each neighbourhood to strengthen accountability and continuity.*
- *The core MDT membership should include representatives with sufficient seniority, authority and delegated decision-making responsibility to enable timely decisions, coordinated action and rapid resolution of barriers.*

Trafford Live Well Neighbourhood Plan:

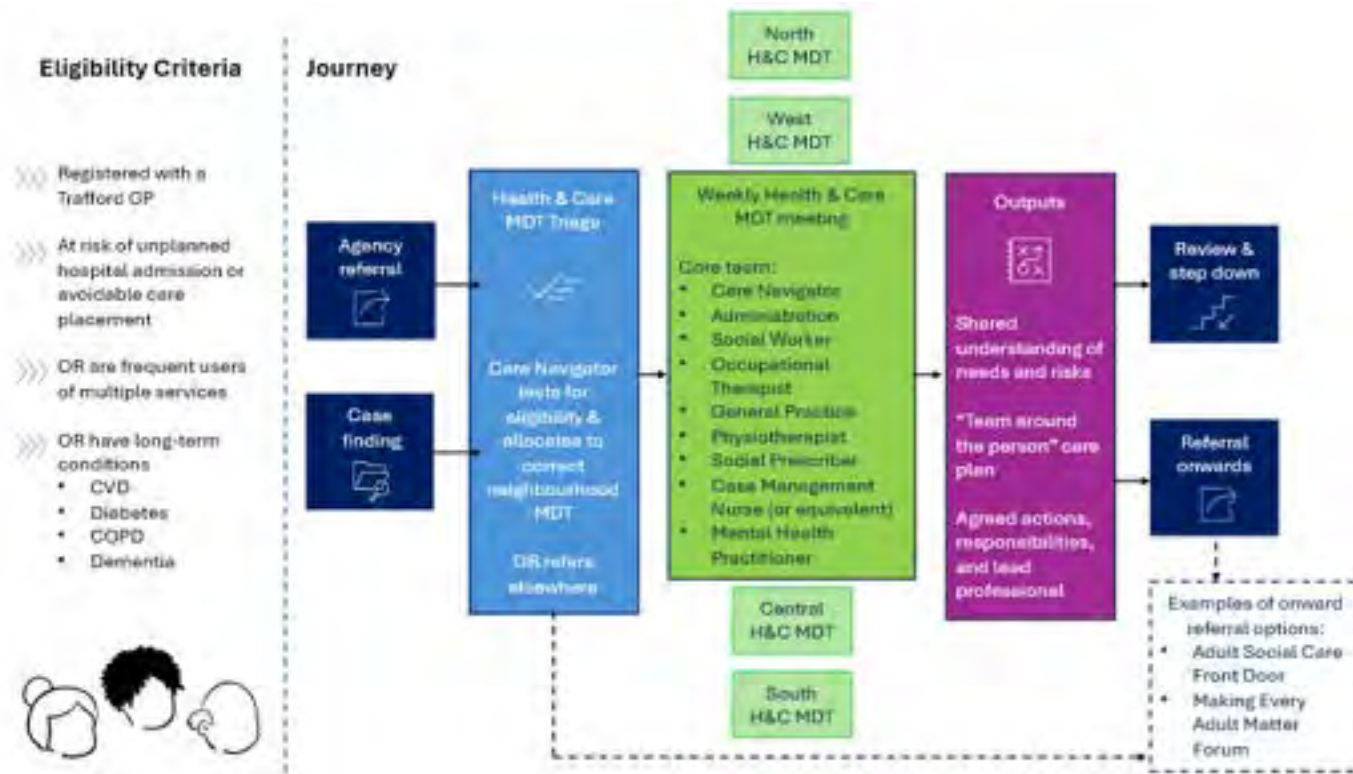
INT – Neighbourhood Health and Care Multidisciplinary Teams (MDTs)



Cases can be proactively identified internally by H&C MDT members from the constituent partners. People can, with their consent, be referred by a range of agencies

Meetings will be online based on feedback from partners and to ensure efficiency and effectiveness

Impact measurement in development



- Fundamentally there needs to be a clear requirement for an MDT approach to enable better outcomes for the resident.
- The H&C MDTs are not a team working on singular issues that can be resolved in one organisation, one department or by one clinician/practitioner, therefore careful consideration is required as to appropriate referrals.
- This must be supported by local triage arrangements to ensure flexibility and avoid unintended exclusion of residents with complex needs.

Trafford Live Well Neighbourhood Plan:

Enhanced Live Well – Tackling Multiple Disadvantage



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

Changing Futures Trafford supports individuals who are experiencing a combination of issues at the same time – particularly **homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system**. In Trafford, Changing Futures has been embedded in **neighbourhood-based community settings**, aligning to Live Well approaches. Trafford's community hubs and VCFSE partners have been commissioned to provide this service, with a team of keyworkers working together across Trafford to deliver high intensity support for a small number of participants. The programme has been operational since April 2025 and has seen excellent outcome and feedback from participants.

MEAM (Making Every Adult Matter) is a developing Trafford forum based within our Trafford Adult Support and Prevention Hub. Using Changing Futures funding, partners will work together to review and address complex, high-risk cases where existing services have struggled to provide effective support, supporting Trafford's Live Well ambitions around prevention, integration, neighbourhood-based care, and improving outcomes for vulnerable residents.

Our National Lottery funded **Elephants Trail** involves local residents who have had the hardest lives. It draws on their valuable expertise, developed through their lived experience. They aim to use this to create systemic impact to tackle inequality in Trafford. Through developing community power and community-led innovation, the Elephants Trail group aims to influence and change local places, local services and local decisions that affect the lives of Trafford residents.



Trafford Live Well Neighbourhood Plan: Clinical Place Leadership Arrangements



The Challenge:

- Clinical leadership capacity in Trafford and GM has reduced following NHS reforms.
- Reforms have introduced changes to Place ways of working
- Multiple providers and forums can create duplication, siloed working and fragmented pathways across the system
- We need a simpler route for clinical input into Live Well Neighbourhoods and strategy, design and decision making.
- Strong clinical leadership is essential to improve quality, safety, patient outcomes and population health

The Opportunity:

- Single place-based clinical leadership model that;
- Connects frontline expertise with system decision making
- Strengthens collaboration across providers
- Reduces duplication and meeting burden
- Ensures care redesign is clinically led and patient centred

Purpose

Establish a cross-provider clinical leadership framework that:

- Provides strategic parity between clinical and non-clinical leadership.
- Use data to improve population health and reduce inequalities.
- Supports patient safety and system risk management.
- Translates strategy into frontline delivery.
- Acts as the connective link between providers, neighbourhoods and system partners.

Out of Scope

- Operational management of Integrated neighbourhood teams
- Individual patient cases or issue resolution
- Not make independent financial or commissioning decisions

Key Functions

- Clinical advice and early system scrutiny.
- Pathway redesign and service development.
- Cross-provider collaboration and learning.
- Supporting Integrated Neighbourhood Teams (INTs).
- Converting frontline insight into system priorities.
- Work closely with commissioners to support with locality plan delivery



Trafford Live Well Neighbourhood Plan:

Clinical Place Leadership Team of Teams Approach



Neighbourhood Level

Integrated Neighbourhood Teams (INTs)

- Multi-disciplinary leadership closest to patients.
- Local problem solving and pathway improvement

Place Level

Trafford Clinical and Practitioner Senate (TCAPS)

- Trafford's clinical leadership hub.
- Brings together neighbourhood and provider leaders.
- Provides coordinated clinical input into place priorities.

GM and Cross-Locality Level

Manchester and Trafford Clinical and Practitioner Advisory Group (MTCPAG) and GM System Groups

- Alignment of Cross-locality and provider priorities.
- Strategic oversight and alignment with Greater Manchester priorities

Principle	← Governance →		Trafford Neighbourhood Application
Agile Teams	Integrated Neighbourhood Teams: Neighbourhood Health and Care MDTs	TCAPS	The day-to-day operation sits within Integrated Neighbourhood Teams, including Health and Care MDT membership (a multi-disciplinary team e.g GP, District Nurse, Social Worker, Mental Health Lead, Pharmacist). This is the operational "team" focused on a specific local population (e.g., Primary Care Network/Neighbourhood footprint) focused on certain cohorts as defined by the Neighbourhood Health Framework.
Team of Teams	TCAPS	JLG Place Partnership Board	A multi-professional forum bringing together the Clinical Leads/INT Leads from all Trafford Neighbourhoods, plus key professional leaders from Trafford Local Care Organisation (LCO) and other core providers. This is the "team of teams" meeting point.
Connectivity	M&TCPAG	TCAPS Place Partnership Board	Embed Consultants/Specialist Nurses to link Acute services (MFT) into specific NCHs, ensuring seamless pathways of care and peer-to-peer professional governance (e.g., a Consultant Geriatrician attached to a cluster of INTs).

Trafford is exploring the practicalities and feasibility of adopting a "Team of Teams" concept within its neighbourhood governance framework, building on a bottom-up approach to networked influence and shared accountability ensuring they are central to translating policy into tangible, patient-centred improvement

Working alongside commissioners this model gives local frontline clinical teams the autonomy to make quick, informed decisions for their patients while keeping one unified plan and maintaining strategic oversight. Driven by shared knowledge and trust, it ensures everyone understands the main goals so they can act independently and efficiently to improve health outcomes for each neighbourhood population

Trafford Live Well Neighbourhood Plan:

The role of Neighbourhoods in emergency planning and winter preparedness

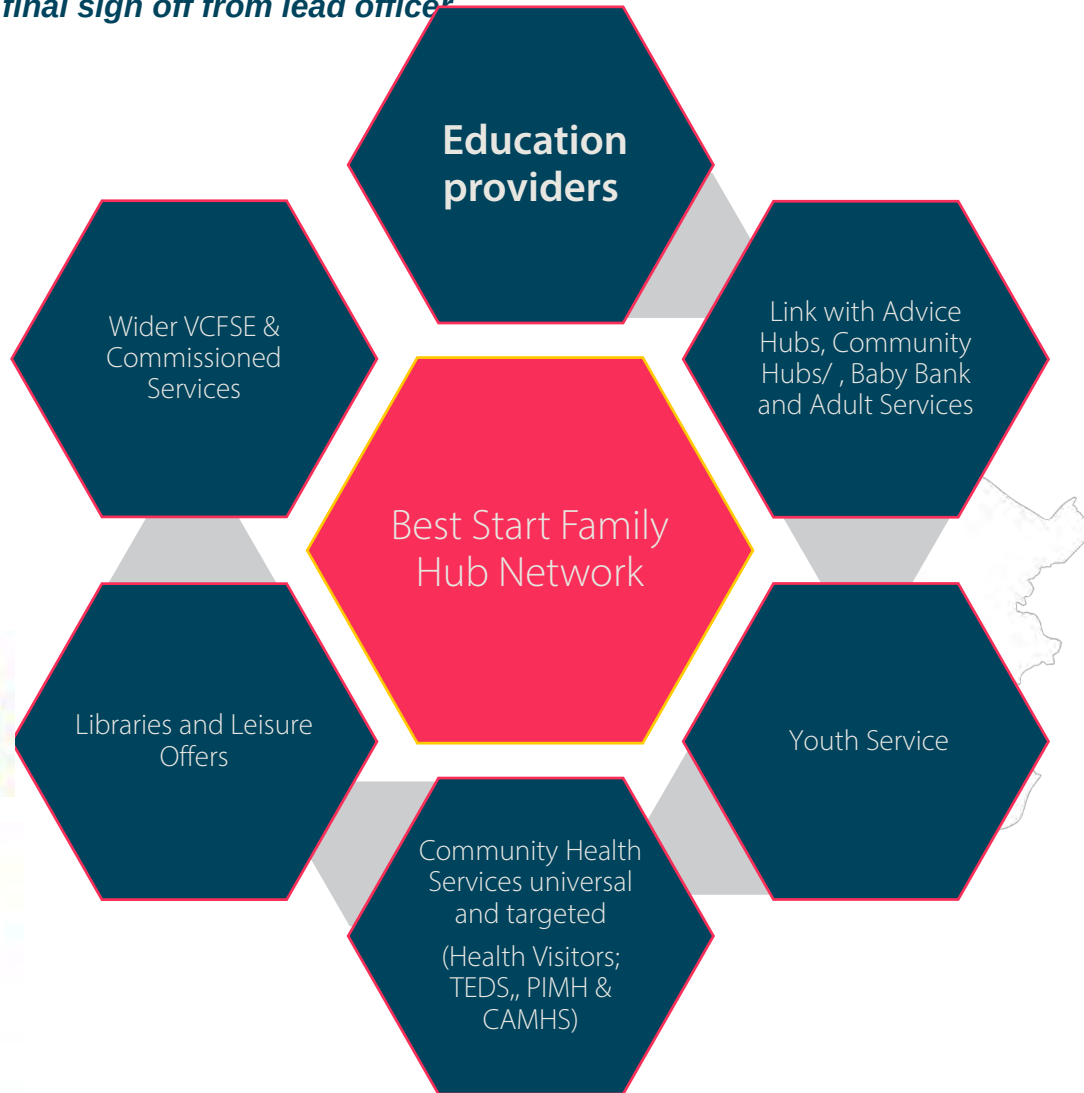


- Annually the ICB and system partners (NHS, local authorities and community partners) submit **Emergency Planning and Winter Preparedness Plans** with neighbourhoods taking a front-line role in preparing for and responding to winter challenges.
- Winter plans set out **preparation and response for increased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

Trafford Live Well Neighbourhood Plan:

Live Well: Best Start Family Hubs 0-19 (up to 25 SEND)

**awaiting final sign off from lead officer*



A Best Start Family Hub Network approach has been rolled out in Trafford and this will expand further to include wider partners delivery of services for the 0-5 age range.

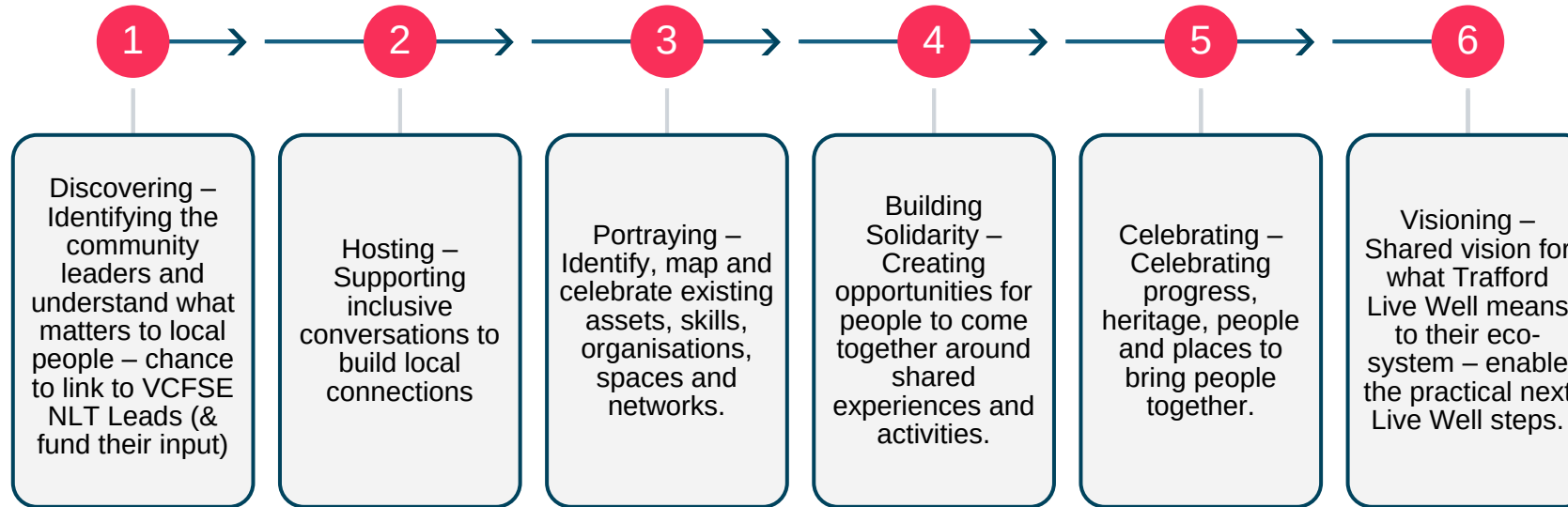
This will ensure there is an array of networked sites **in each neighbourhood** that together offer a range of services including parenting support, cost of living support, health checks, mental health & wellbeing support, SEND support, 'stay and play' and leisure activities for families from conception up to aged 19 or 25 for SEND.

These aim to bring services closer to families, provide information, advice and support along with a digital offer. There is a particular focus on the Best Start in Life, early intervention and supporting readiness for school. A range of digital and physical resources are also available to support families in all areas of family life and child development.

Trafford Live Well Neighbourhood Plan: Live Well Strategy: Community Led



Six-Stage Asset Based Community Development approach



Key to the approach is ensuring crisis support is ongoing through our Community Hubs and Advice Hub provision

Core Principles:

Collaboration not Competition
Connection before Crisis
Assets before Deficits
Community Engagement

Live Well Centre is the Culmination, not the start of the journey

The approach has the opportunity to strengthen the wider Trafford Live Well model with key opportunities such as: Regeneration & Cohesion, as well as being a forum to bring different spatial clusters together under a shared purpose (such as Trafford Moving Partnerships, or Creative Clusters).

Trafford Live Well Neighbourhood Plan: VCFSE and Public Services Alignment



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

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

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



Trafford Live Well Neighbourhood Plan: Neighbourhood Advice Hubs



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

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

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

We are expanding our Advice Hub offer across our neighbourhoods as part of our broader Live Well Implementation Plan.

Trafford Live Well Neighbourhood Plan:

Trafford Employment, Work & Skills

Helping people move towards, into and through good work

Our purpose
Better outcomes for people, stronger communities & fairer Trafford

Our approach
Person centred, inclusive, collaborative, data informed

Our promise
Wherever you are, we'll help you take your next step



How we work



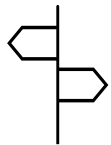
Start with people

Understand the whole person and their goals



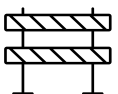
Build trusted relationships

Warm welcome, no wrong door and walk alongside



Navigate to what's right

Connect to the right support, opportunities & employers



Remove barriers

Tackle challenges together across services



Support Progression

Into good work and onto the next step



Value to Our Partners

Our shared story

A clear, consistent identity & narrative we can stand behind

Easier Navigation

Simpler for residents and partners to access the right support

Stronger together

Joined up working, fewer silos, more impact

Visible progression

Clearer pathways into, through and on to better work

Collective impact

Better outcomes for people, stronger communities and fairer Trafford

A whole system Trafford approach working with residents, employers, education & training providers, health, housing, adult services and VCFSE organisations

A Live Well Journey towards, into and through good work

Trafford Live Well Neighbourhood Plan: Culture and Heritage



Trafford's Cultural Strategy 2023-28

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

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

Strategic Aims – Leadership, Talent, Communities

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

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

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



Our Creative Lives Areas

Our Creative Lives

In each we are exploring:

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

Trafford Live Well Neighbourhood Plan:

Culture and Heritage **awaiting final sign off from lead officer*

Creative Health – Supporting People to Live Well

There is an increasing awareness that participation in creativity and culture contributes to longer, healthier, and happier lives – a connection often referred to as Creative Health

A Live Well Enabler

- Cultural engagement recognised as a determinant of health and as an enabler for GM residents to Live Well across all life stages
- Cultural assets and resources mobilised and equipped

We are developing an [Arts in Health Community of Practice \(CoP\)](#) for Trafford, bringing together creative organisations, artists, and health and social care professionals to grow the evidence, the practice, and the impact of arts and creativity on the health and wellbeing of local people.

Live Well Centres will be able to draw on the expertise of local cultural organisations to ensure that centres are welcoming, spaces for self expression, safety and connection. Live Well Spaces will be filled with creativity, with access to creative health activity including community-led cultural opportunities. Cultural venues will have a Live Well Offer that is responsive to the needs of local communities, including activity that is co-designed and co delivered with health and community partners



Trafford Is

In partnership with event organisers, activity leaders and creative partners, Trafford has launched **Trafford Is** - a brand-new website designed to showcase the best of Trafford's culture, leisure and community events.



Phase	When	Key Activity
Launch	Aug 2026	Arts in Health CoP introduced across Our Creative Lives clusters - conversations, mapping, and building interest across all neighbourhoods
Build and Develop	Oct 2026	Four neighbourhood Arts in Health sessions held - one per neighbourhood. Each session showcases existing work, connects creative and health organisations, and activates a 90 -Day Creative Sprint focused on mental health and emotional wellbeing
Learn and Share	Feb 2027	Creative Sprint projects complete. Learning captured. Shared resources developed: evaluation report, case studies, referral pathway guidance. Celebration and learning event in February 2027.
Grow	2027 onwards	Arts in Health CoP embedded within Our Creative Lives as an ongoing community of practice. Arts in health integrated into Trafford Live Well model, part of neighbourhood networks, social prescribing pathways and Live Well plans

Neighbourhood Governance and Connectivity

Trafford Live Well Neighbourhood Plan:

Governance & Connectivity: Place and Neighbourhoods



Our Neighbourhood Plan is being developed alongside the establishment of strengthened Place Health and Care Partnerships. The Partnership will bring together NHS organisations, local authorities, the voluntary sector and wider partners across Trafford to lead delivery of neighbourhood health and improve population outcomes.

Across GM, partners have worked collaboratively to develop the underpinning arrangements for this model, including a Partnership Agreement, Outcomes Framework, Place Fund and governance framework, creating stronger foundations for shared leadership, accountability and investment at Place level.

Locally we have embedded new processes and arrangements via a **Governance Task and Finish Group** to fuel continuous improvement approaches throughout the layers of our programme and reinforced our sub-board governance to allow proportionate levels of collective assurance for our work programmes.

Our newly established **Trafford Joint Leadership Group** (Formerly Provider Collaborative Board) has led on the development and delivery of services and projects within our Neighbourhood Model as well as providing strong challenge and support to the longer-term ambition.

It is important to note the pivotal role of our **Trafford Live Well** governance architecture and connection to the **Trafford Health and Wellbeing Board** – Live Well governance is current being reviewed following a stakeholder workshop in September 26.



Trafford Live Well Neighbourhood Plan:

Our Live Well Neighbourhood Action Plans: North, Central, West, South



Our Live Well Neighbourhood Action Plans

- Our Live Well Neighbourhood Action Plans were originally **developed by local stakeholders** across each of our 4 Neighbourhoods and are shaped by several strategic drivers from across the Health and Care system reflecting **integrated system priorities**.
- They are informed by **data and intelligence** and are shaped by our communities, VCFSE sector, Primary Care Networks, Population Health and other partners, via our Neighbourhood Networks.
- Each Neighbourhood has developed a **Live Well Neighbourhood Action Plan**, which is bespoke for each of Trafford's four neighbourhoods.
- Each plan has a number of activities, intentions and agreed measures of success.
- The plans will be reviewed and monitored by our **Neighbourhood Leadership Teams** and our **Neighbourhood Networks**.
- The priorities are kept under **constant review** for their applicability, co-ordinated by the Neighbourhood Leadership Team
- Each of those action plans summarises their **key ambitions** into a set of priorities, collectively agreed as **right for the neighbourhood**.



Looking forward: What's next for Live Well Neighbourhood Action Plans in 2026/27 and beyond.....

- We will add rigour to the delivery of our **Live Well Neighbourhood Action Plans** with the introduction of Neighbourhood Leadership Teams.
- We will align conversations and content from **Locality Neighbourhood Plans and BeCCoR Neighbourhood Action Plans**.
- We will **add value** around the refresh process of our Neighbourhood Action Plans.
- We will utilise;
 - **New Neighbourhood Data packs (Due Sept 26)**
 - **Client level Primary Care Data**
 - **Additionally, we will overlay the above with public health data and other appropriate data sources**
- We will also enhance our efforts around **co-production** and learn from the **Community Covenant** work being delivered in Stretford to provide a blueprint of how we refresh action plans for each of our neighbourhoods in 26/27 and beyond.

Trafford Live Well Neighbourhood Plan:

Arrangements for managing risks: Place & Neighbourhood



The Importance of Risk Management:

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

Current Model:

- Our current approach sees our locality team identifying and assessing risk and updating our Place Risk Register, this includes specific Neighbourhood Plan related risks.
- Neighbourhood risks are raised and considered at our Joint Leadership Group (JLG) and added to our Place Risk Register by nominated Place Partnership Team Officers who will maintain the risk, bringing it back through governance for consideration as needed.
- Place Partnership Senior Leadership Team regularly review the Place Risk Register, monitoring and mitigating risks as appropriate. This register is then fed into the JLG which provides system and partner input into the risk register. These risks are then considered at the Trafford Locality Board and escalated to NHS GM team if necessary.



Place Partnership: Evolution of our existing arrangements:

- The ambition is for shared risk management with partnership involvement, monitoring risk at neighbourhood and place level and managed through the JLG and the Place Partnership.
- We will cement clinical governance into locality and neighbourhood health & care group structures and governance and embed a more holistic and system led learning and quality improvement approach and incorporate risk management of our bespoke neighbourhood plans and their planned activity.
- We will strengthen reporting from our neighbourhoods to our JLG and seek joint ownership and oversight of a risk register via our new Neighbourhood Leadership Teams. Our Risk Management approach will remain flexible and consider planned place team hosting arrangements and final publication of the place partnership framework to ensure it continues to gives assurance, appropriate mitigation and best supports delivery of the neighbourhood plan.

Trafford Live Well Neighbourhood Plan: Place Fund



The **Better Care Fund** 2025–26 framework continues to mandate a core pooled budget between local authorities and the NHS focused on prevention, coordinated community support, and keeping people independent at home. We have utilised this to recruit and place colleagues into our Integrated Neighbourhood Teams Model in our NLTs and MDTs. Locally our BCF is contained within a broader **Section 75 agreement** that is in place between the Council and NHS GM to optimise care, flow and support residents to be in the right place.

The **Place Fund** exists within a wider context featuring the totality of investment in Place and Neighbourhood Health through contracts such as primary care, VCFSE, Foundation Trusts, etc. The system is committed to moving resources away from a predominantly acute, hospital-based focus towards out-of-hospital care with greater emphasis on community services, prevention and neighbourhood-based models of support, ensuring commissioning resource follows hospital-to-community activity shifts wherever possible.



Locality Plan Cooperative Commitment

“We will move to a model of care that supports people to maintain good health (reducing prevalence and proactive care) by making improvements that allow us to change how we allocate our financial resources”

Participatory Budget

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



Trafford Local Delivery Priorities 2026/27

Trafford Neighbourhood Plan:

Trafford Priorities 26/27



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



Sitting down directly with partners and leads from Trafford Council - Public Health Adult Social Care, Children and Young People, Live Well, NHS GM, MFT, Primary Care, VCFSE and GMMH, we have together identified a set of **8 Transformational Priorities** which require collaboration at a Place partnership level to deliver, alongside **24 Brilliant Everyday Services and Offers** that support and underpin these ambitions.



One of 8 Transformational Priorities

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

One of 24 Brilliant Everyday Services and Offers

Which are the **foundational components** of an effective system that enables people to live well. These are the shared priorities that improve how our current system works. They make services better for people now, but they mostly build on what already exists.

Trafford Live Well Neighbourhood Plan: Plan Achievements to date



Trafford Live Well Implementation: Life course offer developed and launch of Live Well in Sale across Sale West Community Centre and Coppice Library and Wellbeing Centre.



Community Nursing Investment: additional £600k investment to increase Trafford's community nursing capacity, including expanded District Nursing, Bladder and Bowel Nursing, treatment room services, and diabetes nursing.



Specialist Palliative Care: additional 2026/27 Better Care Fund (BCF) investment will extend specialist palliative care nursing to a 7-day service, increasing staffing capacity and supporting joint working with urgent community services and NWS to help more people remain at home and reduce avoidable hospital admissions. The service will be delivered through a joint Trafford and South Manchester hub to improve resilience and value for money.



Development of the Trafford Integrated Neighbourhood Teams (INT) Model

Vision, deliverables and structure of Neighbourhood Health and Care MDTs and Neighbourhood Leadership Teams. Additional investment from BCF and BeCCoR funded General Practice participation agreed.



Successful Transfer of Mental Health services into the Council from GMMH:

services have now been successfully transferred into Trafford Council from GMMH, ending the Section 75 arrangement that was previously in place.



Adult Support and Prevention Hub: transformed into a more integrated, preventative service, bringing together social work, occupational therapy and partnership working to provide effective support at the first point of contact for Trafford residents. The service has improved stability and access to aids, Telecare and community support, while helping to prevent hospital admissions and promoting independence through timely short-term interventions.



Publication of the Trafford Participation Strategy 2026-28

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



Trafford Is Launch: Trafford Council's new "what's on" and events website, designed to bring together cultural, sporting, leisure and community activities from across the borough in one place. Launched in Summer 2026



Trafford Live Well Neighbourhood Plan:

Trafford Strategic Priorities 26/27



8 Transformational Priorities

**Trafford
Mental
Health
Delivery
Plan**

**Trafford
Live
Well**

Children & Young People Transformation

- Implement Families First Reforms to children's social care system
- Implementing Every Child Achieving and Thriving SEND Reforms
- Delivering Best Start in Life commitments
- Review and develop CYP Autism and ADHD pathways

Manchester & Trafford Left Shift Priorities

- Diabetes Tier 2 Pathfinder Project
- Ear Nose & Throat
- Gynaecology
- Respiratory Transformation Programme Project
- Musco Skeletal

**Hospital at
Home in
Trafford**

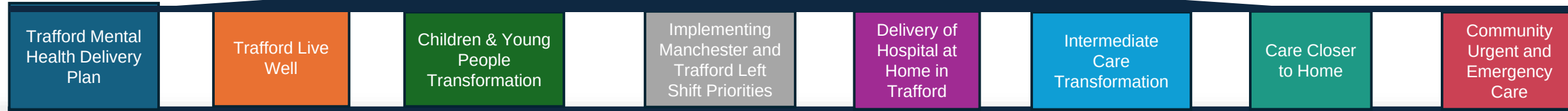
**Intermediate
Care
Transformation**

**Care
Closer
to
Home**

**Community
Urgent and
Emergency
Care**

Brilliant Everyday Services and Offers

Trafford Live Well Neighbourhood Plan: Trafford Strategic Priorities 26/27



Developing and strengthening VCFSE Mental Health Collaborative

Reviewing Mental Health Social Care Arrangements (Section 75)

Transforming community mental health services - for adults (aged 18+) and older adults with severe mental illness and complex needs, taking into account the particular needs of our local areas.

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

Developing Live Well Joint Workforce Induction approach

Develop and implement the Live Well Integrated Neighbourhood Teams Model
Neighbourhood Leadership Teams (x4) and Health & Care MDTs (x4)

Delivery of BeCCoR Pillar 3: Prevention, Population Health & Neighbourhoods

Deliver Fairer Trafford recommendations for priority cohorts (unpaid carers, adults with learning disabilities and adults with a serious mental illness and Gypsy, Roma and Traveller communities)

Operationalise Family Hub networks including focus on school readiness, antenatal offers and wider young people and family outcomes

Increase support for young people seeking Education, Employment or Training and/or at risk of social exclusion, violence or exploitation

Develop a specialist CYP palliative care model

Commission new CYP community mental health offer

Review parent-infant mental health offers

Develop Neurodiversity Hub

Diabetes Tier 2 Pathfinder Project

Ear Nose & Throat Tier 2

Gynaecology Tier 2

Respiratory Transformation Programme

Musco Skeletal

Address capacity within District Nursing

Address capacity within Occupational Therapy

Address capacity within Palliative Care

Embedding a new equipment service within Manchester Equipment and Adaptations Partnership (MEAP)

Improving performance, standards and reducing response times across priority areas to support the shift to community from hospitals

Our 8 Transformational Priorities...

...which align to and support the three NHS shifts: from **hospital to community**, analogue to **digital** and **sickness to prevention**...

...are underpinned and supported by our **24 Brilliant Everyday Services and Offers**

A key next step is to ensure each of these projects, programmes and services has a fully detailed plan with capacity assigned to achieve its goals.

How we understand impact

Trafford Live Well Neighbourhood Plan:

Implementation, monitoring and evaluation of the Neighbourhood Plan



Understanding Impact

Our Neighbourhood Health Plan will be implemented, monitored and evaluated utilising **existing locality governance**.

We will build from and refine our current arrangements which includes the production and usage of our **Annual Outcomes Scorecard and Impact Report, Locality Scorecard, Neighbourhood Scorecards** and the production of neighbourhood specific quarterly reports which analyses the impact of neighbourhood-based services, programmes and projects:



Trafford Live Well Neighbourhood Plan:

Implementation, monitoring and evaluation of the Neighbourhood Plan

The **Place Health and Care Outcomes Framework** defines what success looks like for the Place Health and Care Partnership, provides a shared basis for collective accountability for health, wellbeing and equity and focuses activity on impact rather than activity, with transparent tracking of progress.

Our Neighbourhood Plan will be implemented, monitored and evaluated utilising **existing locality governance**. We will build from and refine our current reporting arrangements which includes the production and usage of our **Annual Outcomes Scorecard and Impact Report, Locality Scorecard and Neighbourhood Scorecards**.

We will supplement this with the production of **neighbourhood specific reports** which analyses the impact of neighbourhood-based services, programmes and projects



Trafford Live Well Neighbourhood Plan:

Neighbourhood Evaluation: Applied Research Collaborative GM



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



Completed

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



In progress

4. INT Evaluation Phase 2



Planned

5. Ripple Effect Mapping
6. Health in Communities Evaluation

NIHR | Applied Research Collaboration
Greater Manchester

NIHR Applied Research Collaboration (ARC) Greater Manchester



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

Trafford Live Well Neighbourhood Plan: Stronger Communities: Estates Strategy



Strategic Estates: Positively influencing integrated neighbourhood health and care

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

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

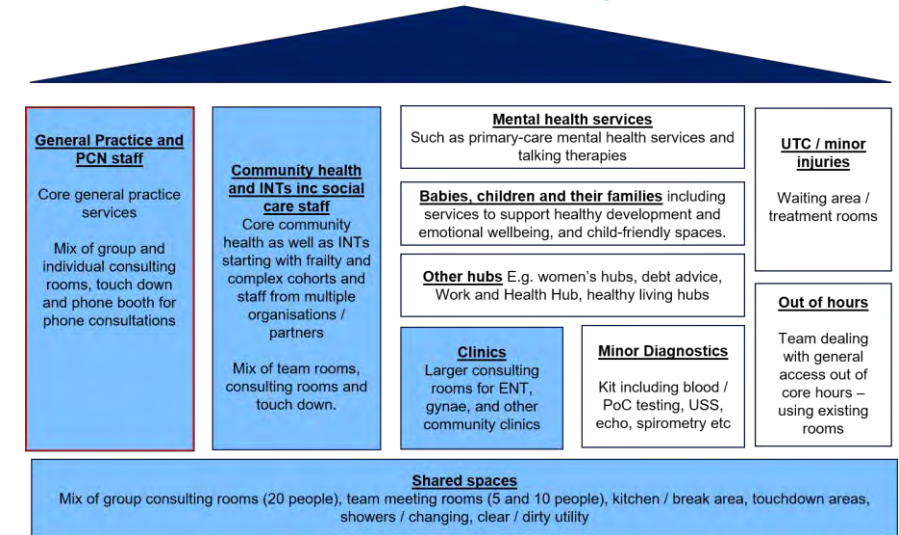
The key challenges the strategy highlights are the condition of the estate assets, the lack of capacity, the pressure from increasing population and housing, the ability and costs of net zero, and the funding pressures across the system.

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

The 10-Year Health Plan sets out that **Neighbourhood Health Centres (NHCs)** become the cornerstone of community-based healthcare, with centres established in every community and prioritised in areas with the lowest healthy life expectancy. NHCs are intended to operate as integrated, facilities, bringing together GP services with a mix of community, local authority and voluntary services, allowing staff to join up care which is better for patients. We are currently setting our ambition for NHCs in Trafford using our SEG to develop plans and secure resources

Locality Plan Cooperative Commitment

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



Trafford Live Well Neighbourhood Plan:

Embracing Technology and Digital Approaches



Level of Digital Maturity and Integration

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

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

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

Thank you

Trafford Live Well Neighbourhood Plan: Developed by...



A big thank you to all the partners who have contributed to the Trafford Live Well Neighbourhood Plan



Name of Committee / Board		Trafford Locality Board		
Date of Meeting		29 September 2026		
Report Title		TLB/Health and Wellbeing Board Symposium		
Report Author & Job Title		Thomas Maloney (Programme Director Health and Care)		
Organisation Exec Lead		Thomas Maloney (Programme Director Health and Care)		
OUTCOME REQUIRED	Approval X	Assurance	Discussion X	Information
EXECUTIVE SUMMARY				
This proposal sets out a programme of governance development workshops to clarify and strengthen the respective roles of the Trafford Health and Wellbeing Board and the future Trafford Place Partnership Board as Trafford adapts to the new NHS Greater Manchester operating model. Building on the success of the 2025 symposium, two partnership sessions are proposed for December 2026 and March 2027 to develop a shared understanding of board responsibilities, identify areas of distinct accountability and overlap, and establish effective mechanisms for joint leadership, coordination and decision-making. The intended outcome is a clear and agreed governance framework that reduces duplication, strengthens collaboration across NHS, local authority and VCFSE partners, and supports the mobilisation of new place-based arrangements from April 2027. This report was previously considered and supported at HWBB.				
RECOMMENDATIONS				
The Board are asked to: 1. Acknowledge the imminent change in place governance arrangements regarding the Place Partnership Framework 2. Support the proposed purpose and outcomes of the proposed workshops in December 26 and March 27				
CONSIDERATIONS – these must be completed before submission to the Board – Reports with incomplete coversheet information will not be accepted and shared with the board				
Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>		Risk 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.		
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>		Name/Designation: N/A Comment / Approval: N/A 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 until its cessation as part of the governance review. Each delivery priority identified will have its own respective resource implications considered.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>	Date of TCAPS / Clinical Lead comment: N/A
	Name/Designation: N/A
	Comment: N/A
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	Successful delivery of our agreed Delivery Plan and Co-operative Commitments will ensure our vision is achieved: We want Greater Manchester to be a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	Not required.
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that could be taken to reduce carbon within relevant plans)</i>	Trafford's aim of carbon neutrality will be considered in the development of the model.
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	
Enabler implications	Legal implications: Legal implications are considered as we develop the model and advice/guidance sought as appropriate.
	Workforce implications:
	Digital implications:
	Estates implications:
Sub-Board Sign-Off / Comments	The paper has been considered and supported at the Health and Wellbeing Board.



(i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	
Organisation Exec Lead Sign off	Thomas Maloney (Programme Director Health and Care)

Governance: Trafford Health & Wellbeing Board and Trafford Locality Board

September 2026

Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership



Trafford Health and Wellbeing Board & Trafford Locality Board



NHS GM Operating Model:
The new NHS GM structure became operational on 1st July 2026.

Finalising the Place Model: Further work with Place Partnerships, NHS providers and local authorities has considered how place-based delivery and integration can be maintained and strengthened within the new strategic commissioning model.

Place Partnership Framework:
Trafford has fed into the development of the Place Partnership Framework, submitting a formal response to the core components



Place Partnership Board:
Trafford is awaiting formal notification for the establishment of Place Partnership arrangements including the Place Partnership Board - anticipated Nov 26

Place Governance:
Working with the Place Partnership Directors (PPDs) each place is being asked to evaluate current place governance arrangements in anticipation of the new arrangements going live - anticipated January - March 2027



Governance Task and Finish Group:
We established a partnership group to shape and influence the new governance arrangements in place and are actively building a set of proposals for place arrangements.

Health and Wellbeing Boards: Recognise the pivotal role of HWBBs in supporting and enacting our Neighbourhood Plan alongside its many statutory duties which creates a helpful interface between the HWBB and Place Partnership Board. PPDs have in-principal supported a review to understand the interdependencies of the two Boards

HWBB and Trafford Locality Board Symposium Proposal: Purpose



- Building off the success of our Trafford HWBB and Trafford Locality Board Symposium in 2025 held at UA92, the outputs of which accelerated Trafford's Neighbourhood Model, we propose to schedule another two symposium sessions in December 2026 and March 2027 to respond to the call to formulate place governance arrangements - specifically the role of the HWBB and the future Trafford Place Partnership Board (Replacing the Locality Board)
- The purpose of the two sessions will be to:
 - To develop a shared understanding of the distinct and complementary roles of the Health and Wellbeing Board and the future Place Partnership Board in improving population health and wellbeing for Trafford residents.
 - To identify where the responsibilities of each board are clearly different and where there is a legitimate overlap in interests and objectives.
 - To explore how both boards contribute value across the health and care system and wider determinants of health.
 - To agree how the two boards can work together most effectively to provide strategic leadership, system coordination and collective accountability.
 - To identify opportunities to reduce duplication, improve alignment and strengthen partnership working across public sector, NHS and voluntary, community, faith and social enterprise (VCFSE) partners.
 - To define the "middle ground" where joint ownership, collaboration and mutual support between the boards is required to achieve better outcomes.



HWBB and Trafford Locality Board Symposium Proposal: Outcomes and Next Steps

By the end of the two workshops partners will have:

- A clear description of the purpose and value of each board
- Agreement on respective roles, responsibilities and accountabilities
- A shared understanding of areas of overlap and joint working
- Greater clarity on governance, reporting and decision-making routes
- A framework showing where each board leads, supports or jointly owns activity
- Agreed practical meeting arrangements to strengthen the effectiveness of both boards



Name of Committee / Board		Trafford Locality Board		
Date of Meeting		29/09/2026		
Report Title		Removal of Cheshire and Wirral Partnership (CWP) budget from Section 75 Agreement		
Report Author & Job Title		James Gray Assistant Director Delivery and Transformation		
Organisation Exec Lead		Cathy O'Driscoll, Associate Medical Director Delivery and Transformation		
OUTCOME REQUIRED <i>(please highlight)</i>	Approval	Assurance X	Discussion	Information X
EXECUTIVE SUMMARY				
This paper seeks approval to remove the Cheshire and Wirral Partnership (CWP) mental health provision budget from the Trafford Section 75 (S75) pooled budget arrangement between NHS Greater Manchester and Trafford Council. The inclusion of this budget within the pooled fund reflected historic commissioning and governance arrangements that pre-dated the establishment of NHS Greater Manchester and the introduction of revised financial and decision-making responsibilities. A review of the Trafford S75 Agreement has been undertaken following significant changes to governance arrangements across Greater Manchester. These changes include the removal of delegated NHS budget authority from locality-level structures, revised approval processes for Section 75 agreements, and the development of new Place Partnership governance arrangements. As part of this review, the S75 Steering Group has considered whether existing budget lines continue to meet the purpose and intent of a pooled budget arrangement. The review has identified that, whilst CWP Trafford learning disability services remain an important component of local provision and continue to contribute positively to outcomes for Trafford residents, the associated funding no longer requires a pooled budget mechanism to support commissioning or delivery. The services will continue to be commissioned through established NHS GM contractual arrangements with CWP (c£6m total contract value for all GM services, regular contract monitoring and contract review meetings) without reliance on S75 governance specifically for Trafford. No other locality within NHS GM has the CWP contracted service within the S75. The current value of the contract is £1,492,084, it is recognised that should any aspect of the service alter, in such a way that service delivery is altered, a joint review will take place between both parties to ensure that service delivery reflects the agreed Expected Annual Contract Value and be varied accordingly. Maintaining the CWP budget within the pooled fund creates unnecessary complexity in financial management, reporting and accountability. Removal of the service from the S75 will improve transparency of funding ownership, clarify decision-making responsibilities, simplify financial monitoring and annual agreement processes, and ensure that the pooled budget is focused on services that genuinely require joint commissioning and shared oversight between NHS Greater Manchester and Trafford Council. The proposed change does not affect the delivery of mental health services or the commitment of partners to work collaboratively in supporting Trafford residents. Rather, it represents a governance and financial management change designed to ensure that funding is managed through the most appropriate commissioning arrangements and remains aligned with current statutory responsibilities and organisational accountability frameworks.				

RECOMMENDATIONS

Trafford Locality Board is asked to:

1. Note the changes to NHS GM governance arrangements that have prompted a review of the Trafford Section 75 Agreement.
2. Note that funding for Cheshire and Wirral Partnership mental health services no longer requires inclusion within the pooled budget in order to support service delivery.
3. Agree in principle that the Cheshire and Wirral Partnership budget should be removed from the Trafford Section 75 pooled budget and as such part of the deed of variation for 2026/27.

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

Risk implications <i>(Please provide a high-level description of any risks relating to this paper, including reference to appropriate organisational risk register)</i>	
Financial implications and comment/approval <i>(Please detail which organisation(s) will be impacted, and if not required, please briefly detail why)</i>	.
Comment by Trafford Clinical and Practitioner Senate (TCAPS) and/or Clinical Lead <i>(If not required, please briefly detail why)</i>	
What is the impact on inequalities? <i>(Please provide a high-level description of any known impacts)</i>	
Equality Impact Assessment / Quality Impact Assessment Outcome <i>(If not appropriate at this stage please state if an EIA or QIA is necessary)</i>	
People and Communities: Communications & Engagement <i>(Please detail relevant patient/public engagement completed and/or planned, and if not required please briefly detail why)</i>	
Trafford's Carbon Footprint <i>(Please provide a high-level description of any known positive and/or negative impacts – consider the following topics: energy usage; staff or public transport; waste or materials used. Include steps that</i>	

<i>could be taken to reduce carbon within relevant plans)</i>	
Links to Measurement / Outcomes <i>(Please detail if this is included within the report)</i>	
Enabler implications	Legal implications:
	Workforce implications:
	Digital implications:
	Estates implications:
Sub-Board Sign-Off / Comments (i.e. Trafford Provider Collaborative Board, H&SC Delivery Steering Group)	
Organisation Exec Lead Sign off	.

1.0 Introduction

- 1.1 This paper seeks agreement to remove the Cheshire and Wirral Partnership (CWP) mental health provision budget from the Trafford Section 75 (S75) pooled budget arrangement. The inclusion of this funding within the S75 reflected historic commissioning arrangements and governance structures that operated at locality level prior to the establishment of NHS Greater Manchester. Since the creation of NHS Greater Manchester and the subsequent changes to delegated authority and financial governance arrangements, the strategic and financial context within which these services are commissioned has changed significantly.
- 1.2 Whilst the services provided by Cheshire and Wirral Partnership contribute to improved outcomes for Trafford residents, the funding is no longer intrinsically linked to the jointly commissioned health and social care functions that the S75 arrangement was originally established to support. Retaining the budget within the pooled fund creates unnecessary complexity in governance, financial management and accountability arrangements.
- 1.3 The proposed change will ensure that the S75 remains focused on services that require genuine pooled budget arrangements to support integrated commissioning and delivery between NHS Greater Manchester and Trafford Council, whilst enabling funding for Cheshire and Wirral Partnership mental health services to be managed through governance arrangements that better reflect current commissioning responsibilities and statutory accountabilities.

2.0 Update

- 2.1 The budget for Cheshire and Wirral Partnership (CWP) mental health services currently forms part of the Trafford S75 pooled budget. Since implementation of organisational changes across Greater Manchester and the transition to NHS Greater Manchester as the accountable statutory body, governance arrangements relating to pooled budgets have evolved considerably.
- 2.2 Recent discussions regarding S75 governance have identified that: Locality Boards no longer hold delegated authority for NHS budgets. S75 agreements now require approval through NHS Greater Manchester governance processes and Trafford Council governance arrangements. Historic governance structures and Terms of Reference require review to reflect the current operating model. Future Place Partnership arrangements are intended to establish revised governance arrangements for locality-based decision-making.
- 2.3 These changes necessitate a review of all budget lines included within the S75 to ensure that they remain appropriate, necessary and aligned with statutory requirements and current governance arrangements. Discussions through the S75 Steering Group have identified the Cheshire and Wirral Partnership budget line as an area requiring review to determine whether continued inclusion within the pooled budget remains justified.

3.0 Next Steps

- 3.1 The primary purpose of the S75 arrangement is to support integrated commissioning and delivery of jointly managed health and social care services. Whilst the mental health services delivered by Cheshire and Wirral Partnership remain an important component of local service provision, the funding associated with these services does not necessarily require a pooled budget arrangement to operate effectively. The services can continue to be commissioned and managed through established NHS commissioning mechanisms without reliance on S75 pooled budget governance.
- 3.2 Retaining the CWP budget within the S75 creates unnecessary complexity. Removal would:
- Improve transparency regarding budget ownership within GM.
 - Clarify accountability for decision-making
 - Reduce complexity during annual S75 negotiations.
 - Simplify reporting and financial monitoring arrangements.
 - Ensure the pooled budget reflects only those services requiring joint oversight and pooled commissioning arrangements.
- 3.3 The CWP funding will not sit within a Trafford locality budget following its removal from the Section 75 agreement. Instead, it will remain within the Greater Manchester Mental Health and Learning Disabilities commissioning budget. Financial management and accountability will continue through established NHS Greater Manchester governance arrangements, including the Scheme of Reservation and Delegation (SORD), contract management processes, and value-for-money oversight mechanisms.
- 3.4 Decisions regarding the use of the funding will be made by NHS Greater Manchester and the relevant commissioners as part of the wider CWP contract arrangements, with appropriate controls remaining in place. Governance responsibility will sit within the existing Greater Manchester Mental Health and Learning Disabilities commissioning structure.
- 3.5 The removal of the CWP funding from the Trafford Section 75 agreement will not diminish financial control or commissioning oversight. The funding will continue to be managed within established Greater Manchester commissioning arrangements, supported by clear executive accountability, formal governance processes, and robust contract management mechanisms.

4.0 Conclusion

- 4.1 Following the changes to NHS Greater Manchester governance arrangements and the removal of delegated budget authority from locality-level structures, a review of the current Section 75 Agreement has been undertaken to ensure that pooled budget arrangements remain aligned with statutory responsibilities, funding ownership and decision-making arrangements.
- 4.2 The Cheshire and Wirral Partnership (CWP) mental health provision element of the current pooled budget is proposed for removal from the Section 75 Agreement as it no longer aligns with the purpose and intent of the revised governance framework. The proposed removal reflects the need to ensure that funding is managed through the

most appropriate commissioning and governance routes and that accountability for financial decisions remains clear and consistent with current NHS Greater Manchester and Trafford Council arrangements.

- 4.3 The proposed change does not alter the commitment of partners to collaborate in the planning, commissioning and delivery of mental health services for Trafford residents. Rather, it seeks to ensure that resources are governed through the most appropriate mechanism whilst maintaining delivery of agreed service outcomes. Removal of the CWP budget from the pooled fund will provide greater clarity regarding funding responsibilities, strengthen financial accountability and support compliance with the revised operating model pending implementation of future Place Partnership arrangements.

5.0 Recommendations

Trafford Locality Board is asked to:

1. Note the changes to NHS GM governance arrangements that have prompted a review of the Trafford Section 75 Agreement.
2. Note that funding for Cheshire and Wirral Partnership mental health services no longer requires inclusion within the pooled budget in order to support service delivery.
3. Agree in principle that the Cheshire and Wirral Partnership budget should be removed from the Trafford Section 75 pooled budget and as such part of the deed of variation for 2026/27.