

Agenda

Tameside Strategic Partnership Committee

Date: Wednesday 22nd July 2026

Time: 11-12:30pm

Venue: Committee Room 1, Level 2, Tameside One

Item No.	Time	Subject	Paper/ Verbal	For Approval/ Discussion/ Assurance/ Information	By Whom
1.	11 am	Welcome, Introductions and Apologies	Verbal	Information	Chair
2.		Declarations of Interest	Verbal	Information	Chair
Items for Approval / Information / Discussion					
3.	11:05am (5 mins)	Minutes of Committee June 2026 Paper – Approval Chair	Paper	Information / Discussion	Marion Colohan
4.	11:10am (5 mins)	Place Report	Paper	Information / Discussion	Marion Colohan
5.	11:15am (20 mins)	NHS GM ICB Strategic Objectives Deliverables and Board Assurance Framework	Paper	Discussion	Jo Street
6.	11:35am (20 mins)	Tameside Place Team (ICB) Delivery Plan 2026/27	Paper	Approval	Vic Leonard/ Chris Martin
7.	11:55am (15 mins)	Cancer Programme Update Forward Plan	Paper	Information /Discussion	Dan Clark
8.	12:10pm (15 mins)	Place Health and Care Partnership (PHCP) Framework Interim Feedback	Verbal	Information	Marion Colohan/All
Any other Business and Administration					
9.	12:25pm (5 mins)	Any other business – <i>To be notified to the Chair in advance of the meeting</i>	Verbal	To receive	Chair
10.		Date and time of next meeting: Wednesday 26 th August 2026 11-12:30pm Committee Room 1, Level 2, Tameside One	Verbal	To note	Chair

Minutes

Tameside Strategic Partnership Board – Part B and Development Session

Date: 24th June 2026

Time: 11:00

Venue: In Person – Committee Room 1, Level 2, Tameside One, Ashton-U-Lyne

Present
Councillor Eleanor Wills – Leader of Tameside Council and Chair Councillor Teresa Smith – Lead Member for Children and Families Councillor Mike Smith – Lead Member for Population Health and Wellbeing Claire Williams – Executive Support Team – Minute Taker Emma Alexander -Chief Executive, Tameside Council Dr Ali Syed Asad-Associate Medical Director / Clinical Director representative Director of Strategy and Partnerships, Tameside NHS Foundation Trust Joe Kelly – Strategic Director of Adult Social Care and Health Michelle Walsh – Associate Director of Nursing and Quality, Tameside Locality Karen James – Chief Executive, Tameside Hospital and Stockport NHS Foundation Trust Zoe Evans – Strategic Director of Finance James Mallion- Director of Public Health Dr Simon Sandhu – Chief Medical Officer, Pennine Care NHS Foundation Trust Jane Venables- Place, Transformation Manager, Neighbourhoods and Partnership teams Councillor Leanne Feeley (Executive Member for Lifelong Learning and Culture) Anna Hynes Action Together Tameside Director Chris Martin- Senior Program Manager, Neighbourhood Health and Care for the NHS in Tameside. Councillor Jackie Lane Executive Member for Adult Social Care and Inclusivity Marion Colohan – Deputy Place Based Lead - Tameside
Apologies

Item No.	Topic	Action
1.	Welcome, Introductions and Apologies The Chair welcomed attendees and noted the presence of several new members around the table. A brief round of introductions was undertaken.	
2.	Declarations of Interest No declarations of interest were made.	
3.	Place Report - Presented by Marion Colohan The Committee received the Place Report and noted that the report had been brought primarily for information. MC highlighted several key issues requiring member awareness. NHS Reform and Workforce Position An update was provided on the ongoing NHS Greater Manchester reform programme and associated workforce transition arrangements. Members were advised that: 91% of staff affected by the ICB restructuring process had now been confirmed in substantive positions through mechanisms including: - Voluntary redundancy, - Slotting-in processes, - Ring-fenced interviews. - Remaining interviews were taking place during the current and following week. With regard to Tameside Place Team staffing: - The approved structure consists of 18 posts. - Seven colleagues had been successfully slotted into substantive roles. - Two further appointments had been made through expressions of interest. - Consequently, from 1 July 2026 the team would increase to nine staff members against an establishment of eighteen. Recruitment was currently underway for three senior roles. MC explained that Tameside had been disproportionately affected by vacancy controls and voluntary redundancy programmes compared with	 Conversation & Timescales.pdf  1. DRAFT_150626_PHCF

	other localities. This was largely attributable to workforce demographics rather than issues relating to retention or morale. Whilst staffing pressures had begun to ease, the Committee noted that significant risks remained, particularly around senior leadership capacity. The Chair sought clarification regarding anticipated timelines for full establishment. MC advised that: • Further appointments may arise through ongoing ring-fenced processes. • Advertisement of remaining posts is currently constrained by ICB approval processes. • Any remaining vacancies would require progression through a "business critical" recruitment approval route. The Chief Executive emphasised that Tameside had actively escalated concerns within the ICB and that the locality was currently ahead of many others in progressing recruitment. She also stressed that workforce losses reflected the age profile of staff and the attractiveness of voluntary redundancy packages rather than dissatisfaction within the team. Neighbourhood Leadership Group MC reported positively on the development of the Neighbourhood Leadership Group. Key points included: • Monthly meetings continue to be well attended. • Partnership engagement has strengthened considerably. • Work on integrated neighbourhood teams continues to progress. • Future progress reports will be presented to the Committee. SEND Improvement Journey Members were informed that: • The Tameside reform plan submission had now been signed off by all partners. • The submission would proceed to Strategic Partnership Board. • Positive feedback had been received from inspectors regarding: - o partnership working, - o system collaboration, - o progress made across the locality.	
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	Future Employment Model Members noted information regarding discussions taking place across Greater Manchester regarding future employment arrangements for ICB staff. It was emphasised that: • No formal proposals had been agreed. • No active discussions were currently taking place locally with partner organisations. • This issue should be considered separately from today's discussions regarding Place Partnership arrangements. Discussion The Chair raised concerns regarding: • workforce stability, • senior leadership vacancies, • impacts on programme delivery, • Place Fund risks and resource visibility. It was agreed that future reports would provide additional detail on Place Fund arrangements, governance and resource allocation. Resolution The Place Report was noted.	
4.	Place Partnership Framework & Support MC delivered a detailed presentation regarding the Greater Manchester Place Partnership Framework and associated documentation. The Committee was advised that the purpose of the session was not to seek approval but to: • formally receive the documentation, • support understanding across partner organisations, • facilitate future discussions within organisational governance arrangements, • gather feedback before final sign-off later in the year. Background The framework represents Greater Manchester's response to:	

- NHS reform,
- the revised ICB operating model,
- increased emphasis on place-based working.

The approach aims to preserve the established strengths of Greater Manchester's integration programme while strengthening neighbourhood delivery and local accountability.

Members were reminded that development sessions held earlier in the year had informed the documentation.

Overview of Documentation Suite

Five key documents make up the framework:

1. Partnership Agreement

The overarching document.

This sets out:

- shared principles,
- behaviours,
- culture,
- partner commitments,
- expectations of collaboration.

Members noted that the agreement:

- is a Memorandum of Understanding;
- does not establish a new legal body;
- does not alter statutory responsibilities.

2. Outcomes Framework

The framework establishes:

- shared measures of success;
- accountability for population outcomes;
- a smaller and more focused range of indicators.

Priority areas include:

- healthy life expectancy;
- prevention;
- neighbourhood care;
- staff wellbeing;
- inequalities reduction;
- integration.

MC emphasised that this represented a significant cultural shift away from

	organisational performance targets towards collective responsibility for outcomes. 3. Place Fund The Place Fund has been designed to: • provide transparency of resources; • support whole-system decision making; • facilitate prevention and neighbourhood investment. Key points: • Initially centred on the Better Care Fund. • Intended to expand over time. • 2026/27 proposed as a shadow year. • Budgets largely remain centrally held during the first year. Longer-term ambitions include: • greater resource alignment; • risk and gain sharing; • investment shifts towards prevention and community provision. 4. Place Team Framework This document describes: • shared multidisciplinary capacity, • capabilities required at Place, • operational arrangements. • The Place Team is not proposed as a new organisation but rather a collaborative mechanism drawing expertise from all partners. 5. Governance Framework Members were advised this was the least-developed document and would require further refinement. The framework seeks to clarify: • accountability arrangements, • delegation mechanisms, • hosting arrangements, • decision-making responsibilities. Future developments in NHS governance and employment arrangements are likely to influence this document significantly. Consultation Timetable MC outlined the proposed timetable:	
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	July – August 2026 • Partner engagement period. • Internal organisation discussions. • Collection of feedback. September – October 2026 • Review and refinement process. Autumn 2026 • Formal sign-off by all partners. • Agreement submitted to NHS Greater Manchester. Discussion Place Fund and Resource Allocation The Chair expressed concern regarding practical implementation and accountability arrangements. Questions focused on: • how decisions would be made; • how financial risks would be identified; • how assurance would be provided. MC acknowledged that implementation arrangements remain under development. Members were advised that the shadow year is specifically intended to test these arrangements before formal delegation. Data and Outcomes JM raised the need for: • meaningful local intelligence, • neighbourhood-level reporting, • practical performance information rather than high-level indicator reporting. Discussion highlighted the importance of being able to analyse outcomes by: • neighbourhood, • population group, • service pathway.	
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	Strategic Commissioning Members explored the evolving relationship between Place and NHS Greater Manchester. Concerns were raised regarding: • decision-making timescales, • commissioning responsiveness, • local influence over GM-wide commissioned services. There was agreement that substantive work remains necessary to fully define these relationships. Cultural Change Several members highlighted that successful implementation would require significant cultural change across all organisations. Discussion focused on: • partnership behaviours; • shared accountability; • managing organisational pressures; • maintaining service stability while transforming delivery models. Risk of Destabilisation Members acknowledged that transformation must not inadvertently destabilise existing services. It was agreed that resource shifts must be carefully managed to ensure continuity of care. Primary Care Involvement Questions were raised about engagement with primary care, particularly: • consistency of governance; • accountability arrangements; • ensuring meaningful involvement of practices and community pharmacy. MC agreed that primary care engagement would require additional focus moving forward. Resolution The Committee noted the documentation and provided comments to inform the consultation process.	
6.	Tameside Neighbourhood Health Plan, Presented by James Mallion Members received the final draft Tameside Neighbourhood Health Plan.	

	Purpose The plan responds to the national Neighbourhood Health Framework and supports delivery of: • prevention, • integration, • community-based models of care, • neighbourhood health outcomes. JM emphasised that the strategy builds upon: • the Health and Wellbeing Strategy; • the Locality Plan; • Live Well developments; • broader borough priorities. Integrated Neighbourhood Teams Significant progress has been made in developing Integrated Neighbourhood Teams. The Neighbourhood Leadership Group has undertaken extensive engagement work with partner organisations and operational teams. Work is now moving towards implementation, with neighbourhood teams expected to begin operational development during Autumn 2026. Discussion Wider Determinants of Health The Chair stressed the need for residents to better understand the wider determinants of health including: • employment; • good housing; • education; • financial stability. Members considered how wider public engagement could support a broader understanding of health and wellbeing. Live Well Live Well was recognised as a key mechanism for delivering: • preventative support; • community resilience; • integrated neighbourhood responses. Discussion centred on ensuring support is available when residents need it, including evenings and weekends.	
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	Public and Community Voice Members stressed the importance of: • community co-production; • lived experience engagement; • building upon existing community strengths. Primary Care Access It was highlighted that extended primary care access was already delivering benefits, particularly for: • working residents; • neurodivergent individuals; • people experiencing anxiety. Resolution The Tameside Neighbourhood Health Plan and Action Plan were approved.	
7.	Beyond Core Contracts, Presented by Chris Martin. The Committee considered proposals relating to Beyond Core General Practice Contracts. Overview Historically, localities commissioned a range of enhanced primary care services individually. Greater Manchester has now moved towards a largely standardised commissioning approach. The proposal focused on delivery of: • population health management; • neighbourhood programmes. Recommendation Instead of individual practices holding allocations separately, it was proposed that funding be managed at Primary Care Network (PCN) level. Benefits identified included: • greater economies of scale; • improved neighbourhood planning; • more effective coordination. Stakeholder Engagement	

	Practice engagement had shown: • 90% support for the proposal. • Three practices preferred a practice-level approach. • One practice had not responded. MC praised the commitment demonstrated by Tameside general practice leaders and highlighted that few places across Greater Manchester had secured this level of support. Resolution The Committee approved the proposed PCN-level approach.	
8.	Contract Status Report, Presented by Jane Venables The Committee received an update on contracts approaching expiry. Key points included: • Several VCSE contracts were included within the report. • Work is underway to inform future commissioning intentions. • Opportunities for co-commissioning between NHS and Local Authority services are being explored. Members highlighted: • the importance of early planning; • maintaining provider stability; • protecting valuable VCSE services. An update was provided regarding the Top Mind contract, which had recently received approval to continue until March 2028. Resolution The report was noted.	
9.	ICB Finance Model & Tameside Performance Report. Due to time constraints, both reports were taken as read. Members were invited to submit any specific questions directly to officers. Marion advised that future reporting arrangements may evolve to align with the emerging Place Outcomes Framework. Resolution Reports noted.	
10	Any Other Business No additional business was raised	

11	Approval of Development Session Minutes The Committee considered the notes from Development Sessions held in February and March 2026. MC reported that the outputs from those sessions had directly informed Greater Manchester place partnership development work. Resolution The Development Session minutes were approved.	
12	Date of Next Meeting 22 July 2026	

TAMESIDE STRATEGIC PARTNERSHIP COMMITTEE (TSPC)

Meeting Date	JULY 2026	Public	X	Confidential		Agenda item
Title of Report	Place Report					
Lead Director / Executive Member / Clinical Lead	Marion Colohan, Place Partnership Director - Tameside					
Author	Marion Colohan, Deputy Place Based Lead for Tameside					
Outcome Required (please indicate)	Approval 	Assurance 	Discussion 	Information 		
Approval Only: Please indicate whether this is required from the pooled budget (s75) budget or non-pooled budget	Pooled budget 	Non-Pooled Budget 				
1 Purpose						
This paper contains summaries of local and national policies, strategies, and relevant news to ensure that the Board remains up to date on the latest developments relevant to the Tameside system.						
2 Tameside Update						
Closing Gaps in Children's Community Palliative Care Children, young people and families in Greater Manchester are set to benefit from a new service which delivers high quality holistic palliative and end of life care.						

The programme will see care strengthened and enhanced across all 10 localities, delivering coordinated care and reaching into communities where there is the highest need.

This will give everyone access to the same standard of care, counselling and bereavement support, allowing children to be cared for at home, as well as able to die at home, if that is their wish.

The new model, which the Greater Manchester and Eastern Cheshire Strategic Clinical Networks' (SCNs) palliative and end of life care team played a role in establishing, is run by charity Kentown Support and was launched at an event in Manchester last month.

[Find out more in the latest newsletter from the SCNs.](#)

Tameside Neurodiversity Hub

The Hub launched on 1st April 2026 and evaluation for the first three months is strong.

Whether a child or young person is displaying behaviours indicative of neurodiversity, on the pathway to diagnosis or diagnosed Navigators provide information and advice, through signposting, workshops and coffee mornings. Support can be accessed via the phone, email or social media.

- Website
- Padlet
- Workshops
- Information and Advice
- Signposting
- Drop-in Sessions in community venues across Tameside
- Text and Chat service coming soon
- Training for Professionals e.g. teachers, healthcare professionals – Train the Trainer model
- *Neuro-profiling tool*

33 events held in Q1 comprising drop-in sessions, bespoke workshops and attendance at existing events

150 families supported on a one-off basis, between April – June 2026.

August 2026 Call us: 0161 3031639 Mon-Fri 9-5pm

W/C 27th July Weds 29/07 - Drop In 9:30-11:30am West Family Hub, Droylsden, M43 7BA

W/C 3rd August Mon 03/08 - Sleep Workshop 5:30-7pm ONLINE Tues 04/08 - Understanding Neurodiversity Workshop 10:00am-11:30am ONLINE

W/C 10th August Mon 10/08 - Family Drop In 12-4pm North Family Hub, Ashton, OL7 0LL

W/C 17th August Mon 17/08 - Executive Functioning Workshop 10-11:30am Healthy Hyde, SK14 2QT Tues 20/08 - Family Drop In 12-4pm Aqua Nurture, SK14 5BS

W/C 24th August Mon 24/08 - Late Night Calls Open until 8pm! Tues 25/08 - Drop In 12:30-2:30pm East Family Hub, Stalybridge, SK15 1EA

Family Drop In Event
Tameside Neurodiversity Hub
An opportunity for parents and carers to talk to our neurodiversity support staff as well as some fun activities for children and young people to enjoy!

10th August 2026 12-4pm
North Family Hub
Trafalgar Square, Ashton-under-Lyne OL7 0LL

20th August 2026 12-4pm
Aqua Nurture
Knott Ln, Gee Cross, Hyde SK14 5BS

SEND Youth group
for young people aged 11-16
Join us for a 2 hour session in Hyde where young people can play games, make friends and learn independence skills!

Every Thursday 5-7 pm
@ Aqua Nurture, Knott Ln, Gee Cross, Hyde SK14 5BS

For more info on the group, eligibility or to register, contact: gm.services@barnardos.org.uk

Triage and Assessment of CAMHS Waiting List

Non-recurrent funding to review all CYP on existing waiting lists and prioritise those most in need and/or those who have been on the waiting list for a significant period of time (especially if at a key transition stage).

Process for Triage and Assessment for new referrals

- A consistent, **person centered** and fair process to assessing individual need across GM
- CYP who are **most in need** are supported quickly and appropriately to minimise potential risk and harm
- **Not all CYP will meet the criteria** for an NHS assessment, but everyone will receive a personalised offer of support through our new needs-led services.

A multi-agency approach to understanding and deciding the right type and level of support based on an individual's need.

Health Innovation Manchester Blog

BLOG: Commissioning a fairer asthma pathway for children: a conversation with Philippa Robinson

Redesigning services to improve outcomes for children with asthma requires strong system leadership, clear data and close collaboration with frontline teams. Through the Innovation for Health Inequalities Programme (InHIP), partners in Tameside have taken a system-wide approach to tackling variation, reducing inequalities and improving care for children and young people with asthma. In this Q&A, Philippa Robinson, Commissioner at **NHS Greater Manchester** Greater Manchester Integrated Care Board Tameside, shares why childhood asthma became a priority, how data has shaped commissioning decisions, and what other systems can learn from Tameside's approach.

Read the blog here: <https://lnkd.in/etrhgaaV>

3 NHS GM ICB Update

Pennine Care NHS rated 'Good' by CQC

Pennine Care NHS Foundation Trust has been rated good by the Care Quality Commission (CQC), recognising improvements in leadership and culture across the organisation.

The rating follows an inspection in February 2026, with inspectors highlighting a strong and compassionate leadership team, a clear strategic direction, and a culture focused on learning, improvement and collaboration. Feedback from people who use services was largely positive, with 88% rating their care as good or very good. People described feeling supported, understood and reassured, and highlighted the compassion, dignity and respect shown by staff. Care was often described as personalised and responsive to individual needs.

The report also recognises the Trust's strong partnerships across Greater Manchester and its focus on listening to patients, carers and colleagues, with lived experience helping to shape services and drive improvement.

Read the full story [here](#).

MenB vaccine offer to thousands of young people

Thousands of young people will receive protection against MenB vaccination through a one-off programme launching ahead of the 2026 academic year.

Eligibility includes: those born between the 1 September 2007 and the 31 August 2008 [\[K01\]](#) [\[BB2\]](#) students turning 25 after 31 December 2026 entering higher or further education for the first time, international students under 25 starting university. The programme starts later this month with the first dose offered from mid-July and the second offered in August. A new [Q&A blog](#) and eligibility asset are available, with a full communications toolkit to follow before England's booking system opens on Monday 13 July.

Find out more [here](#).

4 Recommendation

The Board is asked to note the report and agree the recommendation outlined in the report.

Strategic Objectives, Deliverables & BAF

Background: The Golden Thread

Theoretical Background: The "Golden Thread" of Strategy (linked to BAF Risk Management)

From Strategy to Delivery the "Golden Thread", Ensuring Strategy Drives Everything We Do

- A strategic objective is a foundational, high-level statement that outlines what an organisation must achieve to fulfil its core purpose
- It is not a standalone goal, it is the critical bridge between organisational purpose and delivery.
- It is governed by the "Golden Thread" concept' which establishes a visible, unbroken link running top-to-bottom through an organisation:

The Golden Thread

- **Vision & Mission** → Defines our long-term purpose and ambition
- ↓
- **Strategic Objectives** → The core pillars that focus organisational effort
- ↓
- **Strategic Risks** → Key uncertainties that could disrupt delivery or break the Golden Thread
- ↓
- **Board Assurance** → Evidence that risks are being successfully managed/controlled and strategy is on track

Why It Matters

- It creates a **clear, visible line of sight** from strategy to execution
- It prevents **strategic drift and misalignment**
- It ensures **every action contributes to organisational priorities**

The Link to the Board Assurance Framework (BAF)

Turning Strategy into Assurance and Protecting Delivery of Strategy

- **The BAF** acts as the primary tool that connects strategic objectives to risk and internal controls i.e. the organisation's primary mechanism for linking strategy to risk and assurance.
- **The Top-Down Relationship:** A BAF cannot be developed without clear strategic objectives. It is explicitly designed to track the principal / strategic risks that threaten the delivery of those specific objectives.
 - **Built from Strategic Objectives (Top-Down)** → The BAF tracks risks that threaten delivery of strategy, not operational noise
- The BAF is not an operational risk register. While a corporate risk register tracks bottom-up operational vulnerabilities, the BAF tracks top-down strategic impact.
 - **Not an Operational Risk Register** → Focuses on strategic impact, not day-to-day issues
- **The Assurance Function:** For every strategic objective, the BAF identifies the controls in place to protect it. It tracks the internal and external assurances giving the Board confidence that the strategy is succeeding.
 - **Drives Assurance to the Board** → Identifies:
 - Key controls in place
 - Gaps in risk management
 - Sources of internal and external assurance



Full sequence slide (1 of 2)

Stage	Timing	Key Activity	Output	Ownership	Dependencies / Notes
1. Strategic Objectives Finalisation	24 June (Chief Officers)	Finalise and sign off proposals on organisational Strategic Objectives	Draft Strategic Objectives	Chief Officers	This is the critical enabler – unlocks BAF and Workplans
2. COs Personal Objectives	Post 24 June → by close of Appraisal Window	COs personal objectives can now be aligned to the above	COs personal objectives via appraisals	Chief Officers	Dependent on Stage 1 being complete
3. BAF Risk Identification	1 July (Chief Officers)	Agree principal BAF risks aligned to strategic objectives and assign leads	List of proposed BAF risks with lead Chief Officers	Chief Officers	Dependent on Stage 1 being complete
4. Integration & Alignment	8 July (NEDs & Execs)	Present Strategic Objectives + BAF alignment	Consolidated narrative linking objectives to risks	Exec Team / Governance	Prepares for Board submission
5. Board Position (Initial)	15 July (Board)	Present Strategic Objectives and high-level BAF structure	Agreed direction of travel (not fully populated BAF)	Board	Full detail not expected at this stage

Full sequence slide (2 of 2)

Stage	Timing	Key Activity	Output	Ownership	Dependencies / Notes
6. Workplan Development	Post-24 June → July	Translate strategic objectives and Year 1 Deliverables into committee workplans	Draft committee workplans aligned to objectives and Year 1 Deliverables	Chief Officers + Lead Officers + Committee Chairs	Triggered by Stage 1 sign-off
7. Workplan Finalisation (Committees)	Late July / Early August (Committees)	Finalise and submit committee workplans	Approved workplans for each committee	Committees	Must reflect Strategic Objectives and emerging BAF risks
8. BAF Development (Detailed)	July–August	Populate BAF risks (controls, actions, assurances)	Fully developed draft BAF	Chief Officers / Risk Leads	Work undertaken by risk owners following July agreement
9. Committee Assurance Cycle	August (Committees)	Review BAF risks through committees	Scrutinised and refined BAF risks	Committees / NEDs	Provides assurance and ownership routes
10. Final BAF Approval	September Board	Present fully populated BAF for approval	Formal BAF signed off	Board	End-point of roadmap

Strategy-to-delivery and assurance flow

A single line of sight from strategic context through to 2026/27 deliverables, with assurance focused on achievement.



Organisational 5 Year Strategic Objectives

1. Preventative and Proactive Care in Neighbourhoods

Strategic Commissioning Priority	5 Year Strategic Objective:	2026/27 Deliverables
	By 2031, every neighbourhood in Greater Manchester will have a fully integrated, prevention-led model of care that helps people stay well, access timely support close to home, and experience joined-up services built around local communities and shared partner accountability.	
Preventative and Proactive Care in Neighbourhoods	- Integrated Neighbourhood Teams for Health and Care will be an integral part of a fully developed Live Well model across all public services that are joined-up, local and built around everyday life. - People will get the support they need, in their neighbourhood, at the right time without having to navigate complex systems or repeat their story. Services will work with people and communities, recognising strengths, lived experience and local leadership. - Health and Care professionals will work as part of integrated teams supporting people in neighbourhoods providing preventative, proactive care – with specialist input provided at the right time. - Robust partnership/contractual arrangements established setting out responsibilities of all partners as part of Neighbourhood Health – using new national contracts (SNP, MNP, IHO) or bespoke GM arrangements.	- Complete programme of engagement on Neighbourhood Health - Strategic Commissioning Framework for Neighbourhood Health Agreed - Finalise Place Partnership Agreements, Outcomes and Fund - Finalise Neighbourhood Plans for each Locality 2026/27 Live Well Implementation 2026/27 Primary Care Blueprint Delivery - Fully established and resourced Community Services Transformation Programme - Learning and scaling from NNHP sites and Prevention Demonstrator sites
Measured Through: Place Partnership Outcomes, Live Well Metrics; Neighbourhood Health Metrics Contributing to: Strategic Commissioning Plan Outcomes		

2. Targeted Action on Population Health and Inequalities

Strategic Commissioning Priority	5 Year Strategic Objective:	2026/27 Deliverables
	By 2031, Greater Manchester will be a national leader in reducing health inequalities and improving healthy life expectancy through targeted action on the drivers of poor population health.	
Targeted Action on Population Health and Inequalities	- Closing of the Healthy Life Expectancy Gap in GM as per Strategic Commissioning Plan Outcomes - Significant progress against core indicators for CYP – including on school readiness, obesity, waiting times and dental - Population health improvement on three main themes: - Creating good health by acting on the wider, social and commercial determinants of health - Preventing non-communicable diseases through comprehensive action on the key modifiable / behavioural risk factors - Preventing communicable diseases through the design and delivery of evidence-based interventions	- Delivery of GM Public Health Network Business Plan and establishment of new model for PH Network - Delivery of Mental Health and Well Being Strategy priorities - Y1 delivery of Clinical Strategy - CYP: SEND reform, Early Help & Family Hubs alignment - Cancer Delivery Plan - Anti-racism embedded in commissioning cycle
Measured Through: Place Partnership Outcomes, Population Health Outcomes, NHS Medium Term Planning Metrics; NHS Operational Standards Contributing to: Strategic Commissioning Plan Outcomes		

3. System Transformation

Strategic Commissioning Priority	5 Year Strategic Objective: By 2031, Greater Manchester will have transformed its health and care system so services are more preventive, collaborative and digitally enabled, shifting care closer to home while improving outcomes and reducing pressure on acute services.	2026/27 Deliverables
System Transformation	- Our initiatives across prevention, neighbourhoods, Live Well, population health and primary care will deliver health improvement across the population and reduce pressure on acute services – supporting a reshaping of care models in GM - Much greater, and more formalised, collaboration between providers - New models of commissioning and contracting established that incentivise prevention, accountability for whole pathways and provider partnership - Greater accessibility to diagnostics through place and neighbourhood - Transformation of care models through digital	- Demand Management Delivery - Establish New Care Models Programme - Continued UEC and Elective Improvement - Refreshed Digital Strategy - Major Trauma - Refresh System Diagnostics Programme - New Contracting Models
Measured Through: Place Partnership Outcomes, NHS Medium Term Planning Metrics; NHS Operational Standards Contributing to: Strategic Commissioning Plan Outcomes		

4. Statutory Duties

Strategic Commissioning Priority	5 Year Strategic Objective: By 2031, NHS Greater Manchester will consistently meet its statutory responsibilities as an Integrated Care Board through robust governance, clear accountability, strong quality and safety oversight, resilient emergency preparedness, effective cyber and information governance, and transparent assurance that supports safe, lawful and high-quality services for the population of Greater Manchester.	2026/27 Deliverables
Statutory Responsibilities	- The ICB will have mature governance, risk management and assurance arrangements that support effective decision-making, public accountability and compliance with statutory duties. - Quality, safety, safeguarding, patient experience and clinical effectiveness will be systematically monitored, escalated and improved across commissioned services. - Emergency Preparedness, Resilience and Response arrangements will be embedded and tested with partners to maintain system resilience and business continuity. - Cyber security, information governance, data protection and digital resilience will be strengthened to protect services, information assets and public confidence. - The ICB will demonstrate lawful, transparent and proportionate stewardship of public resources, including commissioning, procurement, finance and statutory reporting responsibilities.	- Annual review of governance, scheme of delegation, committee effectiveness and statutory compliance arrangements. - Delivery of quality, safety, safeguarding and patient experience assurance programmes, including clear escalation and improvement routes. - EPRR core standards self-assessment, exercises, business continuity testing and agreed improvement plan delivery. - Cyber security and information governance improvement plan, including DSPT compliance, incident response and Board-level assurance. - Strengthened statutory reporting, audit, risk and assurance processes aligned to the Board Assurance Framework.

Measured Through: Board Assurance Framework; Annual Governance Statement; EPRR Core Standards; Data Security and Protection Toolkit; quality, safety and safeguarding assurance reports; internal and external audit reports; statutory returns and compliance reporting.
Contributing to: Statutory duties of the ICB; Strategic Commissioning Plan Outcomes; NHS Oversight Framework; public accountability and system resilience.

Tameside Locality Delivery Plan 2026/27 DRAFT v1

Tameside Locality Delivery Plan 2026/27: Strategic Summary

Our ambition for Tameside is to create a sustainable health and care system that delivers high-quality services within available resources while supporting the priorities of Greater Manchester and the Tameside Place Outcome Framework.

Context

Tameside continues to experience disproportionately high demand across urgent care, primary care, mental health, children's services and social care, coupled with significant health inequalities and increasing complexity of need.

Strategic Aim

To deliver a sustainable, financially balanced health and care system that improves outcomes, reduces inequalities and shifts care closer to home through integrated neighbourhood working

Expected Outcomes

- Improved healthy life expectancy and reduced inequalities.
- More care delivered in neighbourhoods and community settings.
- Improved access and patient experience.
- Reduced pressure on hospitals and urgent care services.
- Better use of finite public resources

Tameside Locality Delivery Plan 2026/27: High Level Priorities

1. Proactive and Preventative Care in Neighbourhoods

- Focus on integrated Neighbourhood Teams as the principal model for coordinated care delivery.
- Strengthen primary care access, prevention and proactive long-term condition management.
- Develop population health management and targeted case-finding approaches.
- Expand digital and remote monitoring solutions to support care closer to home.
- Work with VCSE, housing and community partners to deliver the Live Well approach.
- Maintain focus on children and young people through integrated neighbourhood arrangements.

3. System Transformation and Effective Use of Resources

- Reduce demand on urgent and emergency care through community alternatives
- Expand Hospital at Home, Virtual Wards and Intermediate Care services.
- Improve patient flow, discharge pathways and reablement.
- Support elective recovery through advice and guidance, referral management and pathway redesign.
- Improve integration between primary, community, social care and mental health services.
- Strengthen partnership working with the VCSE sector to support prevention and self-management.

2. Targeted Action on Population Health and Inequalities

- Health inequalities through targeted prevention and early intervention.
- Improve mental health support across all age groups through neighbourhood-based services.
- Improve outcomes for children and young people, including SEND and neurodevelopmental pathways.
- Increase cancer screening, early diagnosis and uptake of prevention programmes
- Improve outcomes for people living with respiratory disease, cardiovascular disease and diabetes.
- Strengthen maternity, family and palliative care support
- Improving Outcomes and Reducing Inequalities

4. Statutory Duties and Effective Use of Resources

- Ensure delivery of statutory responsibilities and regulatory requirements.
- Strengthen governance, assurance and system oversight.
- Review high-cost care placements and complex packages of care.
- Improve value for money and financial sustainability.
- Align investment decisions to population need and Place Outcome Framework priorities.

Tameside – 1. Proactive and Preventative Care In Neighbourhoods

Category	Intention	Impact	Resource
Primary Care (National Intentions)	• Improve access to primary care, including reducing unwarranted variation in access. Ensure 90% of clinically urgent patients are seen on the same day. We will consult with the profession on this new ambition and approach. • Maintain the additional 700,000 urgent dental appointments per year • Support primary care participation at the heart of integrated neighbourhoods	Early identification and intervention for people at risk or with a confirm diagnosis of CVD, diabetes or COPD. Ensure people with a learning disability are provided with a high-quality health check at least annually	Investment Required
Primary Care (Locality)	• Strengthen primary care as the cornerstone of neighbourhood-based prevention and population health management. • Improve access, consistency and quality of primary care services across Tameside. • Deliver proactive management of long-term conditions to improve outcomes and reduce inequalities. • Increase uptake of preventative interventions, including vaccinations and learning disability health checks. • Support implementation of GM primary care transformation priorities and local commissioning objectives. • Develop innovative models of care that improve patient access and reduce demand on urgent and emergency services.	Increase uptake of immunisations & vaccinations for children (0 -5) Delivery of the GM BeCCoR priorities for 2026 / 27 building on progress from 2025 / 26 Ensure children and young people living with asthma, epilepsy or diabetes have access to high quality care. Reduce health, social and economic inequalities through collaboration with people and communities Reduce demand on UTC activity and increase links between Digital Health and primary care services Support early identification and proactive management of our population	Potential financial implications Potential time and cost implications due to clinical review time required

Tameside – 1. Proactive and Preventative Care In Neighbourhoods

Category	Intention	Impact	Resource
Integrated neighbourhood Teams / Population Health Management	- Embed a system-wide approach to prevention, health literacy and early intervention. - Strengthen neighbourhood-based population health management and proactive care for long-term conditions. - Use data, risk stratification and case finding to identify risk earlier and improve outcomes. - Shift resources towards prevention and community-based support. - Maximise the impact of population health programmes and NHS Health Checks. - Align commissioning with the Live Well agenda to improve outcomes, reduce inequalities and support care closer to home.	- Financial savings - Pathway improvements and efficiencies - Improvements in health outcomes - Deflections in activity to primary care - Deflections in activity to community services - Deflections in activity to Secondary Care - Patient Satisfaction improvement - System and patient shift away from silo clinical/ disease pathways and towards a holistic pathway addressing lifestyle and underlying barriers to health	- Investment required - Clinical Input from Primary Care - Clinical Input from Community services - Clinical Input from Secondary Care
Children & Young People Integrated Neighbourhood Teams	- Work with system partners to deliver an integrated, population health management approach for children and young people, aligning Family Hubs, Families First Partnership, Integrated Neighbourhood Teams and wider children's services. - Strengthen early intervention, prevention and coordinated care models to improve outcomes for all children and young people, with a particular focus on vulnerable children, children with additional needs and Children in Care. - Improve partnership working across health, local authority, education, community and voluntary sector services to ensure children and families receive timely, joined-up support. - Embed neighbourhood-based approaches that address health inequalities, support family resilience and promote the best possible start in life.	- Improved access to coordinated, family-centred care and support. - Earlier identification of need and intervention for vulnerable children and families. - Better outcomes for Children in Care and other high-priority cohorts. - Reduced fragmentation across services and a more seamless family experience. - Improved health, wellbeing and developmental outcomes for children and young people. - Reduced inequalities through targeted neighbourhood-based support. Increased opportunities for children and families to receive support closer to home.	No funding required at Place Partnership

Tameside – 1. Proactive and Preventative Care In Neighbourhoods

Category	Intention	Impact	Resource
Community Commissioning Intentions: Digital Technologies in LTC Management	- Expand the use of digital technologies and remote monitoring to support proactive management of long-term conditions, frailty and falls, enabling more care to be delivered safely at home. - Integrate remote monitoring within community, intermediate care and neighbourhood pathways to support early intervention, prevent deterioration and facilitate timely discharge from hospital. - Strengthen collaboration between health and social care partners to develop a coordinated, system-wide approach to digital care and remote monitoring. - Use digital innovation to improve self-management, patient activation and health literacy, empowering residents to take a greater role in managing their health and wellbeing. Align digital care models with locality priorities for prevention, population health management and neighbourhood-based care.	- More residents supported to manage their health and wellbeing at home. - Earlier identification of deterioration and timely intervention. - Reduced hospital admissions, length of stay and avoidable readmissions. - Improved utilisation of Virtual Wards and community-based alternatives to hospital care. - Increased independence and confidence through enhanced self-management and digital support. - Improved outcomes for people living with long-term conditions, frailty and falls risk. - Better coordination of care across primary, community, secondary care and social care services. - Improved patient experience through more personalised and responsive care.	- Investment in digital technologies and remote monitoring infrastructure - Clinical leadership and workforce support across primary, community and secondary care. - Integrated delivery across health and social care partners. - Ongoing evaluation to demonstrate impact, quality and value for money.
Maternity:	- Deliver the Greater Manchester Maternity Specification locally, ensuring continued implementation of evidence-based maternity improvement programmes, including the Maternal Care Bundle and Saving Babies' Lives initiatives. - Strengthen integrated maternity, mental health and early years support through partnership working with Public Health and Best Start for Life programmes. - Improve outcomes for mothers, babies and families through a focus on safety, prevention, personalised care and reducing inequalities. - Embed specialist support, including perinatal mental health and infant feeding services, to promote the best possible start in life.	- Improved maternity safety, quality and patient experience. - Better outcomes for mothers, babies and families. Increased access to perinatal mental health support. Improved infant feeding outcomes and early childhood development. - Reduced inequalities in maternity and early years services. - More personalised, coordinated care throughout pregnancy, birth and the postnatal period.	No funding required at Place Partnership

Tameside – 2. Targeted Action on Population Health and Inequalities

Category	Intention	Impact	Resource
Adults Mental Health	Older People's Mental Health - Sustain and strengthen community-based mental health and wellbeing support for older people, with a focus on reducing social isolation, improving resilience and promoting independence. - Review and redesign the Older People's Mental Health pathway to ensure services are integrated, sustainable and aligned to population need. - Explore opportunities for joint commissioning and service integration with Local Authority partners to provide a more coordinated and efficient offer for older residents. - Promote prevention and early intervention approaches that support people to remain well and connected within their communities. - Tameside Place Partnership will continue to support the Safe Tameside service	- Improved mental health and wellbeing for older people. - Reduced social isolation and increased community connectedness. - Greater independence and confidence in managing health and wellbeing. - Improved access to coordinated support through a joined-up health and care pathway. - Better outcomes for older residents through earlier intervention and community-based support. - Reduced demand for crisis, acute and specialist services through preventative approaches.	£117,070 (2025/2026) Plus Inflation for 2026/27) £457,747 Per Annum (Plus Inflation for 2026/27) £457,747 Per Annum (Plus Inflation for 2026/27) £342,587 per annum
	Rehabilitation Services - Continue to work in partnership with Tameside Metropolitan Borough Council to deliver integrated rehabilitation, recovery and supported accommodation pathways for people with complex mental health needs. - Sustain and develop step-down accommodation to support timely discharge from hospital and reduce barriers to independent living for people who are unable to return home or who have no fixed abode. - Invest in appropriate supported housing and licensed tenancy models for individuals with complex mental health needs, including those with co-occurring substance misuse and social care needs. - Strengthen recovery-focused pathways that promote independence, improve patient flow and support successful reintegration into the community. - Reduce delayed discharges and improve outcomes through coordinated health, housing, social care and VCSFE provision.	- Improved access to safe, stable accommodation following discharge from hospital. - Increased independence and recovery for people with complex mental health needs. - Reduced delayed discharges and improved patient flow through inpatient services. - Better outcomes for individuals with co-occurring mental health, housing and substance misuse needs. - Reduced risk of homelessness, crisis presentations and hospital readmissions. - More coordinated, person-centred support that enables individuals to live successfully within their communities.	£749,413 recurrent for two years from 2025/26 With £169,892 contribution from TMBC
	Co-occurring conditions Implement a coordinated, multi-agency approach to co-occurring conditions, ensuring residents with complex needs and multiple disadvantage receive integrated, person-centred care that improves outcomes and reduces fragmentation across services.	- Improved access to joined-up, person-centred care. - Reduced repetition and fragmentation across services. - Better outcomes for residents experiencing multiple disadvantage. - Earlier intervention and improved recovery outcomes. - Reduced crisis presentations and avoidable hospital admissions. - Increased independence, stability and wellbeing.	

Tameside – 2. Targeted Action on Population Health and Inequalities

Category	Intention	Impact	Resource
CYP Mental Health	Emotional Wellbeing and Prevention - Continue to invest in community-based emotional wellbeing services that promote resilience, physical activity and positive mental health outcomes for children and young people. - Review the future role of school-based mental health and wellbeing programmes in line with the expansion of the Mental Health Support Team (MHST) offer.	- Improved emotional wellbeing, resilience and mental health outcomes for children and young people. - Earlier access to support within community and school settings. - Reduced escalation to crisis presentations, emergency care attendances and hospital admissions. - Improved ability for children and young people to manage their mental health and wellbeing. - Better integration of mental health support across health, education and community services. - Improved outcomes in school attendance, participation and social wellbeing	- Emotional Wellbeing and Prevention Active Body, Active Mind: £57,400 plus inflation - Crisis Prevention and Community Support - CYP Crisis Support Service: £80,234 (1 WTE Practitioner) £153 K (to Nov 2026) - PIMH £54,995 pa plus inflationary uplifts to 31st March 2028 - DADS Matter £10,126 pa plus inflationary uplifts to 31st March 2028
	Crisis Prevention and Community Support - Sustain community-based crisis prevention and early intervention services for children and young people experiencing emotional distress or mental health challenges. - Strengthen stepped-care approaches that provide timely support and reduce escalation to crisis, urgent care and specialist services.		
	System Integration - Align community mental health support with broader neighbourhood, education and health pathways to provide coordinated, accessible and person-centred care. - Work with GM and system partners to ensure services remain responsive to need and support wider CYP Mental Health transformation priorities. - Align commissioning arrangements to improve integration, reduce duplication and maximise outcomes for children, parents and families.		
	Perinatal and Infant Mental Health - Continue investment in evidence-based perinatal and infant mental health services, ensuring families receive timely support during the earliest stages of a child's development. Support for Fathers and Families - Sustain targeted support for fathers and families experiencing mental health challenges, promoting family resilience, positive parenting and improved emotional wellbeing.		

Tameside – 2. Targeted Action on Population Health and Inequalities

Category	Intention	Impact	Resource
Babies and Young People	Palliative and End of Life Care – Francis House Hospice: - Continue investment in specialist children's palliative and end of life care services, strengthening integrated pathways across hospice, community and acute providers. - Develop coordinated out-of-hours support and Hospice at Home models to improve access, continuity and family experience. - Work with GM and local partners to embed the Kentown support model and ensure seamless care for children and young people with life-limiting conditions and their families.	- Improved access to timely, high-quality physical health services for children and young people. - More coordinated and family-centred care, delivered closer to home where appropriate. - Reduced avoidable hospital admissions and improved management of long-term conditions such as asthma. - Improved access to specialist palliative and end of life care and support. - Better outcomes through early intervention and preventative approaches. - Reduced inequalities in access to healthcare services. - Improved patient and family experience across care pathways. - Greater consistency, integration and quality across CYP physical health services.	- Palliative and End of Life Care Francis House Hospice: £15,429 per annum plus inflationary uplift - Kentown Support: GM commissioned service with no direct Place contribution - Asthma Management No direct Place contribution - Best Start for Life No direct Place contribution - Transport for Sick Children £10,012 grant funding requested to March 2027 - Phlebotomy Services GM commissioned with locality contribution TBC
	Transport for Sick Children: - Continue to support transport provision that improves access to healthcare appointments for children and young people facing barriers to attendance. - Reduce inequalities in access to healthcare for vulnerable and disadvantaged families.		
	Phlebotomy Services: - Review and strengthen children's phlebotomy pathways to improve access, reduce waiting times and ensure care is delivered in the most appropriate setting. - Improve service coordination and patient experience across community and acute pathways.		
	Asthma Management - Improve asthma outcomes through earlier identification, evidence-based management and enhanced support within primary care and school settings. - Implement the recommendations from the Little Lungs programme and align delivery with GM respiratory priorities, Core20PLUS and the Asthma Bundle of Care. - Use population health management approaches to reduce variation and prevent avoidable admissions.		
	Best Start for Life - Work with GM and system partners to ensure Parent and Perinatal Infant Mental Health pathways meet local need, demonstrate outcomes and maximise opportunities through Best Start for Life investment. - Strengthen collaborative commissioning arrangements to support prevention, early intervention and family wellbeing.		

Tameside – 2. Targeted Action on Population Health and Inequalities

Category	Intention	Impact	Resource
Children & Young People - SEND	Continence Work with partners to strengthen occupational therapy, continence and wider SEND pathways through integrated commissioning and neighbourhood delivery models	- Improved access to timely assessment, diagnosis and support. - Reduced waiting times across SEND and neurodevelopmental pathways. - Better coordinated, family-centred services. - Improved speech, language, communication and developmental outcomes. - Increased support available closer to home through neighbourhood and community-based models. - Improved experience for children, young people and families navigating SEND services. - Greater consistency, equity and quality across SEND pathways. - Improved educational, health and wellbeing outcomes for children and young people.	- Existing GM, Place and Local Authority investment. - Potential additional investment requirements to support service transformation and capacity growth. - Joint commissioning across health, education and local authority partners. - Workforce and clinical leadership to support delivery of redesigned pathways.
	Speech, Language and Communication Needs Continue implementation of the Balanced System approach, strengthening early intervention, integrated commissioning and neighbourhood-based delivery models to improve access to speech and language support.		
	Family Support and Participation Strengthen family support, participation and co-production to ensure children, young people and carers are actively involved in service design, delivery and evaluation.		
	Occupational Therapy and ISCAN Review and optimise therapy pathways to ensure services are aligned to need, reduce waiting times and deliver equitable access to high-quality support.		
	Neurodevelopmental Pathways Continue implementation of the Neurodevelopmental Hub and redesigned ADHD and Autism pathways to improve access to assessment, support and post-diagnostic provision.		

Tameside – 2. Targeted Action on Population Health and Inequalities

Category	Intention	Impact	Resource
Community Commissioning Intentions: Long Term Conditions	Cardiovascular Disease - Strengthen community-based cardiovascular care through pathway redesign, rehabilitation and proactive disease management. - Develop primary care-led models to improve earlier intervention, reduce unwarranted variation and avoid unnecessary referrals to secondary care.	- Improved health outcomes and quality of life for people living with long-term conditions. - Earlier diagnosis and proactive management of disease. - Increased access to community-based care and support closer to home. - Reduced health inequalities and unwarranted variation in outcomes. - Reduced demand on hospital and urgent care services - Improved patient experience through more coordinated and personalised care.	- Investment in community-based prevention, rehabilitation and long-term condition management programmes. - Development of primary care clinical leadership and specialist expertise. - Clinical input from primary care, community services and secondary care. - Support for digital tools, population health management and neighbourhood delivery models.
	Respiratory Disease - Improve prevention, diagnosis and management of respiratory conditions through enhanced access to community diagnostics, rehabilitation and targeted population health approaches. - Increase uptake of evidence-based interventions, including screening, smoking cessation and self-management support.		
	Diabetes - Enhance diabetes prevention, early identification and long-term condition management through integrated community services and structured education. - Improve delivery of evidence-based care processes and reduce variation in outcomes across the locality.		
	Cross-Cutting Priorities - Embed prevention, health improvement and lifestyle interventions across all long-term condition pathways. - Use population health management, risk stratification and neighbourhood delivery models to target support to those most at risk. - Strengthen integration between primary care, community services and secondary care. - Improve utilisation of GM care plans, digital tools and self-management support.		

Tameside – 2. Targeted Action on Population Health and Inequalities

Category	Intention	Impact	Resource
Cancer	- Increase early diagnosis of cancer through a coordinated approach to prevention, awareness, screening, case finding and timely access to diagnostic and treatment pathways. - Reduce cancer-related inequalities by targeting interventions, improving awareness and addressing barriers to timely presentation among underserved populations. - Strengthen the use of population health intelligence, data and risk stratification to identify variation, target resources and improve outcomes. - Improve compliance with referral pathways, screening programmes and national cancer standards through partnership working with primary care and wider system partners. - Expand access to specialist advice and guidance to support timely clinical decision-making and ensure patients are directed to the most appropriate pathway. - Support the adoption of innovation and evidence-based approaches that enhance cancer prevention, screening and earlier diagnosis. - Improve uptake of screening, vaccination and risk-reduction programmes to support cancer prevention and population health improvement. - Embed a whole-system approach to reducing modifiable cancer risk factors, including smoking, obesity and other lifestyle-related determinants of health.	- Earlier diagnosis of cancer, leading to improved survival and better long-term outcomes. - Increased uptake of cancer screening and preventative interventions. - Reduced inequalities in cancer diagnosis, treatment and outcomes. - Faster access to assessment, diagnostics and treatment. - Improved patient experience through more coordinated and streamlined pathways. - Increased opportunities for prevention and risk reduction through targeted public health interventions. - Greater awareness of cancer symptoms and improved confidence in accessing support and care. - Improved population health and wellbeing through reduced exposure to preventable cancer risk factors.	Cost Improvement
Dementia	- The Place Partnership will continue to support those affected by Dementia in line with the GMCA, 10 GM and GMICB priorities as part of the Live Well agenda. - The locality approved in October 2025, a three-year contract through STAR alongside four other localities (Bury, Stockport, Wigan and HMR) until the 31st of March 2028. - We will also work with partners across Tameside to explore options for the development of a Dementia Hub aligned to the GM Live Well ambitions for people affected by Dementia.	- Alignment to the GM Live Well partnership ambitions - Working together the Live Well programme is creating conditions for people to thrive, not just survive, removing barriers to opportunity and tackling health, social and economic inequalities in neighbourhoods. - Live Well ambitions for those affected by dementia will be realised.	3 WTE Dementia Advisors funded through the locality. £119,513 plus inflation per annum. The total contract value across all five localities under the new consolidated contract is £1,510,680 Resources to fund a dementia hub will be explored

Tameside – 3. System Transformation and Effective use of Resources

Category	Intention	Impact	Resource
Urgent and Emergency Care	- Transform urgent and emergency care through a digital-first, neighbourhood-based model that improves access, patient experience and outcomes whilst reducing avoidable demand. - Strengthen community-based urgent care through enhanced Hospital at Home, Urgent Community Response, Intermediate Care and Home First services, delivering more care closer to home. - Develop a Single Point of Access to provide coordinated system navigation, streamlined referrals and improved integration across health and care services. - Improve the use of shared care records, advance care planning and population intelligence to support proactive, informed decision-making. - Reduce avoidable conveyance and admissions through enhanced support to care homes, alternative pathways and expanded community-based interventions. - Implement a system-wide approach to the identification and management of high-intensity users, frailty and falls risk, improving outcomes for vulnerable populations. - Standardise multidisciplinary working across neighbourhoods to improve consistency, quality and effectiveness of care delivery. - Expand access to alternatives to emergency care, including direct primary care booking, Same Day Emergency Care, Virtual Wards and alternative-to-transfer pathways. - Strengthen discharge coordination, patient flow and reablement through improved information sharing, discharge planning and innovative transport solutions. - Improve public awareness and navigation of urgent care services through a "Right Care, Right Place, Right Time" approach. - Enhance mental health crisis response through integrated urgent care and neighbourhood-based support models	- Faster access to appropriate care and improved patient experience. - More residents receiving care safely at home or within their local community. - Reduced unnecessary attendances at Emergency Departments and Urgent Treatment Centres. - Improved management of frailty, falls and complex care needs. - Better coordination of care across health and social care providers. - Reduced hospital admissions, length of stay and avoidable readmissions - Improved access to urgent care services through clearer pathways and digital innovation. - Better outcomes for residents through proactive, integrated and neighbourhood-based care	- Potential savings in secondary care - Risk as improvement areas rely on commitment of shift of funding to community setting - Requirements invest to save methodology

Tameside – 3. System Transformation and Effective use of Resources

Category	Intention	Impact	Resource
Community Commissioning Intentions: Elective Care	- Support the delivery of the Greater Manchester Elective Recovery Programme through consistent implementation of system-wide referral, advice and guidance, and pathway management approaches. - Improve access to specialist advice and guidance, enabling more patients to receive appropriate care closer to home and reducing unnecessary referrals to secondary care. - Standardise referral management processes across primary and secondary care to improve equity, consistency and patient experience. - Strengthen adherence to evidence-based commissioning policies and clinical pathways to reduce unwarranted variation and optimise the use of resources. - Work collaboratively with Greater Manchester partners to deliver elective recovery priorities and improve system performance. - Use data, benchmarking and performance insight to identify variation, improve productivity and support delivery of elective recovery ambitions. - Reduce avoidable delays, cancellations and pathway inefficiencies to improve patient outcomes and maximise available capacity.	- Improved and more equitable access to elective care services. - Reduced waiting times and delays for assessment and treatment. - Faster access to specialist advice and support. - Improved patient experience through streamlined referral and treatment pathways. - More care delivered in the most appropriate setting, closer to home where possible. - Reduced unwarranted variation in access, quality and outcomes. - Improved delivery of elective recovery targets and better use of NHS resources.	Cost Improvement
Community Commissioning Intentions: Hospital at Home / Intermediate Tier	- Strengthen community-based pathways for children and young people, including enhanced respiratory and asthma support, to reduce avoidable hospital admissions and improve care closer to home. - Develop an integrated falls prevention approach by aligning community, voluntary sector and digital health services to support independence and reduce escalation of care needs. - Enhance access to specialist palliative and end of life care through a coordinated 24/7 clinical advice and support offer. - Develop a sustainable Hospice at Home model in partnership with local providers, enabling more people to receive high-quality care in their preferred place of care. - Implement a single, system-wide approach to personalised care planning and advance care planning, ensuring care preferences are recognised and accessible across settings. - Explore the implementation of the RESPECT framework to support consistent, person-centred decision-making and improve care coordination across health and care services.	- Supports deflection from ED and increases opportunities for care at home - Increases system wide information sharing and supports clinical decision making - Support individualised care discussions - Increases opportunities for our population to not have to sharing previously shared information with numerous parts of our health and care system	- Potential financial implications - Possible clinical governance implications

Tameside – 3. System Transformation and Effective use of Resources

Category	Intention	Impact	Resource
VCFSF Neighbourhoods	- Develop a coordinated and sustainable approach to strengthening the VCFSF sector, ensuring communities are supported by resilient organisations that contribute to improved health and wellbeing outcomes. - Embed collaborative commissioning approaches that strengthen partnerships with the VCFSF sector and enable services to be designed around community need, neighbourhood priorities and population health outcomes. - Strengthen engagement and communication with VCFSF partners to support delivery of targeted prevention, health improvement and wellbeing initiatives across Tameside. - Maximise the contribution of community assets, lived experience and local organisations to support the delivery of neighbourhood-based care and the Live Well agenda. - Align future commissioning and investment decisions with prevention, reducing inequalities and supporting residents to remain independent and well within their communities. - Establish robust outcomes, monitoring and evaluation frameworks to demonstrate the impact of VCFSF services on population health and NHS priorities.	- Shift system focus from treatment to prevention - Reduce demand on primary care, - Reduce demand for local authority and adult social care services - Reduce activity into secondary care - Improve patient outcomes - Delivery of care away from silo clinical pathways towards holistic care addressing underlying determinants of health	- Investment in VCFSF with commissioning partners to maximise outcomes - Clinical Input from Primary Care - Clinical Input from Community services

Tameside – 4. Statutory Duties and Effective use of Resources

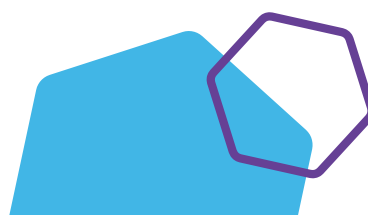
Category	Intention	Impact	Resource
High-cost placements	Review of the most expensive placements – CHC, LD, mental health, complex dementia, one to ones	Better use of finite resources	Reduce current costs to increase resources available to improve the quality of care and deliver outcomes that better meet needs
Governance and Assurance	To put in place a robust and safe governance, assurance and improvement framework for Tameside Place	Better use of finite resources to achieve safe outcomes	Reduce current costs to increase resources available to improve the quality and safety of care and deliver outcomes that better meet needs
Resource Stewardship	To put in place a robust and safe governance, assurance and improvement framework for Tameside Place achieving improvements in the Place Outcome Framework metrics that underpin the delivery work of all places within Greater Manchester	Better use of finite resources to achieve safe outcomes	Reduce current costs to increase resources available to improve the quality and safety of care and deliver outcomes that better meet needs

Cancer and Place Tameside Strategic Partnership Committee

Dan Clark
Programme Manager for Neighborhoods and Inequalities
22nd July 2026



gmcancer.org.uk



Cancer & Place

Summary of slide content and discussion:

- Responsibility matrix
- Alignment with / contribution to GM ICB Strategic Commissioning Plan and Operating Model
- National planning guidance for cancer and neighbourhoods / place
- Proposed approach to neighbourhoods and cancer in GM
- Future ways of working and connection between Cancer Alliance and Place





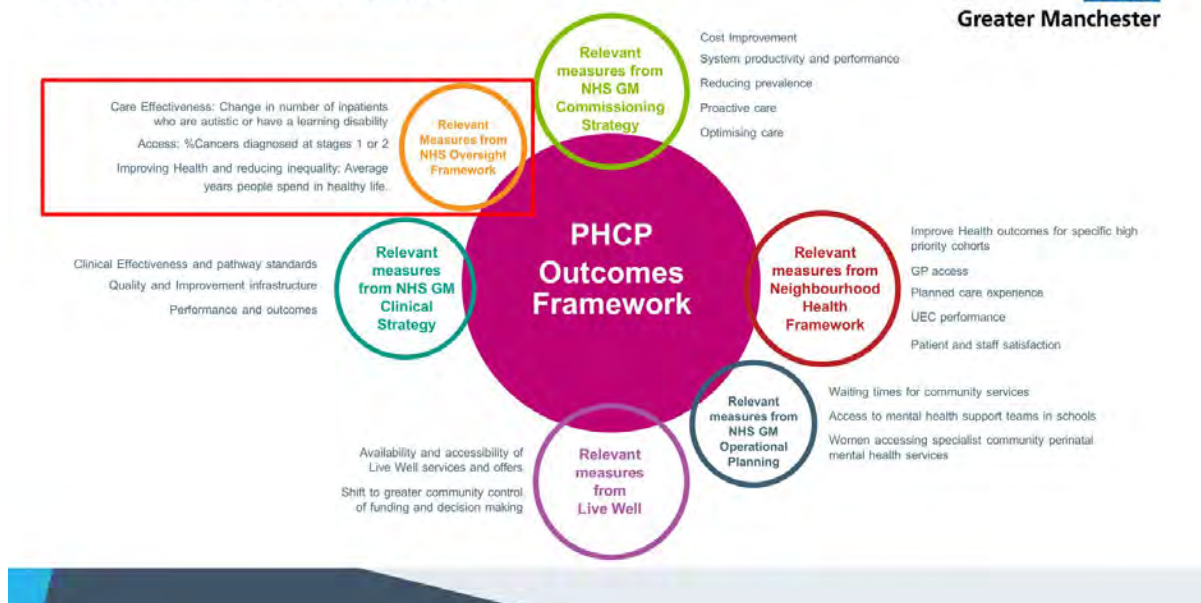
Cancer & Diagnostics: System wide ownership and delivery, specific to organisation and role

Programme/Initiative	Locality Teams	Primary Care: Operational	Primary Care: Commissioning	Primary Care: Providers	Secondary Care Providers	Joint with Elective GM programme
Neighbourhood Early Cancer Diagnosis	Neighbourhood Early Cancer Diagnosis Plans	Named strategic lead as Cancer Alliance contact	Active contribution to neighbourhood plan	Commissioner perspective on priorities and delivery	Engage in neighbourhood ED plan design and delivery	Joint work between Cancer Alliance, Diagnostics Network and Elective Programme on demand management initiatives (e.g. Advice & Guidance, Single Point of Access, Straight to test, patient-initiated referral) and pathway improvement initiatives
	Symptom Recognition / Timely Presentation	Public, VCFSE and community engagement activities. Inform & promote GM assets.	Share and promote symptomatic presentation and screening uptake messages	Primary Care Access. Co-develop model & pathways with secondary care providers	Work to local model of referral pathways, including SPOA and A&G	
	Primary Care collaboration	Ensure engagement of primary care in early diagnosis design and delivery	Support PCN engagement and delivery of PCN DES. Ensure use of correct pathways	PCN DES monitoring and oversight. Input into service specifications.	Use of agreed clinical pathways. Delivery of PCN DES.	
	Variation and Local Innovation	Inform GM and local design to address local need. Identify opportunities for innovation.	Identify inequalities in local population. Identify opportunities for innovation.	Contribution to priority setting and primary care data analysis	Contribute to priority setting. Identify opportunities for innovation.	
	Screening & Prevention	Plan for increase in screening uptake	Locality data and GM assets to improve screening uptake	Commission PCN DES – screening uptake	Delivery of PCN DES – screening uptake	
	Bowel Cancer Programme	Ensure inclusion in locality neighbourhood delivery plans	Adhere to FIT guidance for symptomatic pathways	Commission for adherence to national guidance	Adhere to FIT guidance for symptomatic pathways	
Operational Performance Improvement	GM wide process & operational performance improvement	Ensure Place Based Partnership involvement in performance improvement plans	Provide locality primary care perspective on pathway improvement opportunities and identify locality priorities	Commissioning of sufficient primary care capacity and access to support cancer referral pathways	Use specialist advice as first option where appropriate. Support patients to use SIT and SQD pathways	Input into service specifications. Undertake analysis on cancer, diagnostics and elective data. Joint approach to GRIFT and national audit / treatment variation.
	Provider performance improvement	Provide locality perspective on pathway improvement and identify locality priorities	PCN DES oversight	Quality Assurance of primary care referral practice	Use agreed clinical referral pathways	
	Pathway performance improvement	Identify treatment variation from locality intelligence				
	Treatment Variation					
Neighbourhood Cancer Care: Lung With & Beyond Cancer	Personalised Stratified Follow Up (PSFU)	Delivery and expansion of PSFU will sit in NHS Trusts within Place Based Partnerships	Support and enable the use of PSFU in primary care	Support and enable use of PSFU in primary care models	Support patients to utilise PSFU pathways	Align PSFU and PIFU. Align approach to post referral Advice & Guidance. Combined approach to HWS for patients on cancer / elective pathways – during and post treatment
	Personalised Care	Place Based Partnership approach to delivery of personalised care interventions	Oversee primary care contribution to personalised care interventions	Commission primary care contribution to personalised care interventions	Use End of Treatment Summaries and HNA/PCSP. Access HWS	
	Experience of care	Maintain community and public engagement, ensuring that the diverse voices of local communities are heard and integrated into all work programmes. Use, and encourage Trusts/System partners to use, insight and feedback to understand how people are experiencing cancer services and drive/deliver improvements to services.				
Early Diagnosis: On led	Lung cancer screening programme	Strategic support to GM roll out of LCS	Strategic PC support to LCS roll out	Commissioner support for primary care role in LCS	Enable patient invitations to LCS as per GM roll out	n/a
	Targeted funding projects: Liver Surveillance; Pancreatic Case Finding; New national EOJ projects	Awareness of projects active in the locality and provide locality perspective/context	Pancreatic case finding in specific PCNs only	-	Pancreatic case finding in specific PCNs only	-

Strategic Commissioning Plan 2026-2031 – on a Page

Strategic Context	Greater Manchester Strategy 2025-2035	10 Year Health Plan (2025)	NHS Greater Manchester
Our Vision	A thriving city region where everyone can live a good life		
Our Priority System Outcomes	To improve Healthy Life Expectancy in GM so that it at least matches the NW of England by 2030	To close the gap in HLE between the most and least advantaged in GM in line with the 10-year ambition to at least halve that gap by 2035	Raise the healthiest generation of children and young people (10 Year Health Plan ambition) <i>Detailed Metric in Development</i>
Our Missions	Strengthen our communities Recover core NHS and care services Help people get into – and stay in – good work	Help people stay well and detect illness earlier Support our workforce and our carers Achieve financial sustainability	
Our Strategic Commissioning Priorities	Preventative and Proactive Care in Neighbourhoods - Live Well - The Neighbourhood Model - Primary Care Transformation (Delivering the Blueprint) - Community Services Transformation	Targeted Action on Population Health and Inequalities - Population Health Transformation Programmes - Improving Outcomes for Children and Young People - Mental Health and Learning Disability - Improving Cancer Outcomes	System Transformation - Secondary Care Transformation - Elective Care - Urgent and Emergency Care - Digital and Innovation - New Models of Commissioning and Provision
			Supporting Strategic Commissioning - Financial Sustainability - EPFR - Cyber Security - People and OD - Corporate and Information Governance - ICB Strategy - Partnerships (System and Place) - Patient Safety and Experience - IT and Digital - Data and Intelligence - Financial plan & CIPs

Outcomes Framework composition



Tameside - % Cancer diagnosed at stage 1 or 2



National Planning Guidance

Neighbourhood Early Diagnosis: Local Early Diagnosis Plans including Cancer-specific Prevention

	2027	2028 expected	2029 expected
Cancer Alliance (sub-objective)	- At least 10% of the population in the area to be screened for colorectal cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for breast cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for cervical cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for prostate cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for lung cancer by 2027, with a further 10% by 2028.		
Neighbourhood (sub-objective)	- At least 10% of the population in the area to be screened for colorectal cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for breast cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for cervical cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for prostate cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for lung cancer by 2027, with a further 10% by 2028.		
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Neighbourhood Cancer Care: Living With and Beyond Cancer

	2027	2028 expected	2029 expected
Cancer Alliance (sub-objective)	- At least 10% of the population in the area to be screened for colorectal cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for breast cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for cervical cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for prostate cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for lung cancer by 2027, with a further 10% by 2028.		
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Local Early Diagnosis Plans – priorities and examples

Approach to planning and monitoring progress
This guidance aims to support Cancer Alliances to develop a coordinated plan and quality return which allocates the different elements of a local early diagnosis strategy to be completed to address priority areas of need as identified in data-led analysis, with a focus on reducing inequalities related to inequalities and improving symptomatic diagnosis. Effective plans are likely to cover a combination of timely presentation, primary care screening, prevention and prevention.

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Cancer Alliance (sub-objective)	- At least 10% of the population in the area to be screened for colorectal cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for breast cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for cervical cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for prostate cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for lung cancer by 2027, with a further 10% by 2028.		
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Neighbourhood Cancer Care: Experience of Care and People & Community Engagement

	2027	2028 expected	2029 expected
Cancer Alliance (sub-objective)	- At least 10% of the population in the area to be screened for colorectal cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for breast cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for cervical cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for prostate cancer by 2027, with a further 10% by 2028. - At least 10% of the population in the area to be screened for lung cancer by 2027, with a further 10% by 2028.		
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Neighbourhood and Cancer Programme

1. Prevention and early diagnosis

- Neighbourhood working enables:
 - Community-led engagement
 - Trusted relationships
 - Targeted approaches for underserved groups

2. Prehabilitation and rehabilitation

- Neighbourhood teams well placed to:
 - Identify need early
 - Link people into non-clinical support
 - Work alongside specialist cancer services rather than duplicating them

3. Treatment closer to home (where appropriate)

- Not about moving everything into the community
- Reducing unnecessary hospital attendance
- Better coordination for people with complex needs
- Improving experience and continuity

4. Personalised care and support planning

- Cancer is a key driver of psychosocial and financial challenges
- Neighbourhood teams already hold many tools to address this:
 - Social prescribing
 - Care coordination
 - VCSE partnerships

5. Living with and beyond cancer / multiple LTCs

- Neighbourhood health offers a way to:
 - Support long-term recovery
 - Manage late effects
 - Integrate cancer into wider LTC and frailty work

Neighbourhood Get Cancer Clever Cancer Live Well Fund

The Neighbourhood Cancer Live Well Fund will support localities to deliver neighbourhood-based approaches to improving cancer outcomes, with a focus on early diagnosis, patients living with cancer and reducing health inequalities.

Asks of the fund:

1. Increase Awareness & Early Diagnosis
2. Improve Access, Knowledge & Confidence
3. Embed Cancer in Neighbourhood Working
4. Strengthen VCFSE & Community Engagement
5. Deliver Personalised Care in the Community
6. Support Targeted GM Initiatives



Neighbourhood Get Cancer Clever Cancer Live Well Fund – Tameside Approach

Funding - Tameside are to receive £40,500

Delivery plan - Tameside submitted a plan that focussed on a 2-phase delivery:

Phase 1 - Neighbourhood Engagement and Co-design

- Engage VCFSE organisations and neighbourhood partners to shape local priorities.
- Build local awareness and readiness to embed cancer within GM Live Well approaches.
- Co-design the neighbourhood funding approach for Phase 2 delivery.

Phase 2 - Community Delivery Grants

- Award grants of up to £5,000 to VCFSE organisations that embed cancer within GM Live Well principles and neighbourhood models



Cancer Alliance Support / Offer

Includes:

1. Strategic lead for cancer in GM – Place influence needed into this process
2. Cancer Alliance named contact for each of the 10 localities
3. Monthly Place Based Cancer Leads meetings
4. Funding to support cancer in neighbourhoods – Live Well, Early Diagnosis, Living With & Beyond Cancer plus hands on support to co-design projects and new assets
5. Public & patient facing assets to encourage screening uptake and symptomatic presentation - tailored to specific needs of Place
6. Primary care education and engagement through 'Primary Care Network Cancer Leads' and GM specific programme with Gateway C
7. Place based primary care education – tailored to Place priorities
8. Data at a locality, PCN and GP level to enable priority setting and planning
9. Pathway specific clinical expertise
10. 'Get Cancer Clever' programme – community outreach programme, expanding into workplace engagement 2026-7



Primary Care Network Engagement 26/27

Driving Early Detection Locally

- Identification of PCN Cancer Lead within each PCN – compact between PCNs and Cancer Alliance.
- Action plan template produced to reflect PCN early cancer diagnosis DES requirements.
- Facilitator programme in place to meet with PCNs to support completion and ongoing implementation of action plan.
- Monthly PCN call for PCN Cancer Leads to attend. Monthly PCN Early Diagnosis Bulletin to be distributed wider by PCN Cancer Leads.
- **Support fund reinstated in full for 26/27. £5000 per PCN split by:**
 - Naming a PCN Cancer Lead (£2,000)
 - Completion and implementation of action plan (£3,000)



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3. Monthly Place Based Cancer Leads meetings
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Questions?

