

Trafford Locality Plan 2025–28

Our Plan for Health and Social Care
Sustainability and Reform

Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership



Population People Place Partnerships



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Foreword

1. Foreword

- 1.1.** As the chairs of the Trafford Health and Wellbeing Board and Trafford Locality Board, we are pleased to introduce the Trafford Locality Plan 2025-28.
- 1.2.** Building on the progress and commitments made in our previous Locality Plan and Health and Wellbeing Strategy, we are updating and combining these two strategic documents into one guiding strategy for health and care. Our plan describes how we will work together as a whole system to create resilient communities, support our most vulnerable people, and enable healthy and independent lives for everyone.
- 1.3.** Our Locality Plan provides a timely opportunity to drive forward system change and prioritise the most pressing issues that we face across health and care following statutory changes to health and care arrangements, a change in central government, national reviews and the changing needs of our population. The Locality Plan sets out a credible roadmap for improvement that has been influenced through extensive feedback from our stakeholders, partners and the public.
- 1.4.** Encouragingly, we have heard consistent, strong support to improve and enhance aspects of the health and care system and our ways of working that we are already firmly committed to delivering. This includes enhancing our approach to prevention and proactive care, greater emphasis on improving mental health and tackling health inequalities, better use of resources, utilisation of data and implementing technological solutions.
- 1.5.** This resonates clearly with the findings of the recent independent investigation of the NHS in England (Darzi) report outlining a concerted shift towards prevention and community based, integrated health and care services. The NHS nationally stands on the cusp of change, with its new 10-year plan and our Locality Plan is the strategic framework to deliver against this ambition.
- 1.6.** We also know our health is directly impacted directly by education, quality housing, healthy environments, good work and income, and positive relationships. Running through this plan you will see the unwavering commitment to work with our wider partners to positively address these building blocks of health. We will continue to tackle some of main drivers of poor health and health inequalities in Trafford by addressing tobacco use, physical inactivity, alcohol use, poor mental health and wellbeing, and being an unhealthy weight.

- 1.7. Our plan contains a series of 'cooperative commitments' that have been elevated from existing strategy and plans, or co-designed by stakeholders and people to help deliver practical change for our residents and communities.
- 1.8. This is our 3-year plan, but we acknowledge addressing the challenges we have across finance, performance and quality and population health requires a much longer-term system approach. This will only be realised if we continue to encourage an open and transparent dialogue with the public to enhance our intelligence and use these insights to strengthen our approach to planning and development of services.
- 1.9. Working together we will achieve our aspirations for stronger communities, healthy and independent lives for everyone, and better lives for our most vulnerable.



Cllr Tom Ross
 Leader of the Council
 Trafford Locality Board Co-Chair



Dr Jane Wareing
 Trafford Locality Board Co-Chair



Cllr Jane Slater
 Executive Member for Healthy and Independent Lives
 Trafford Health and Wellbeing Board Chair

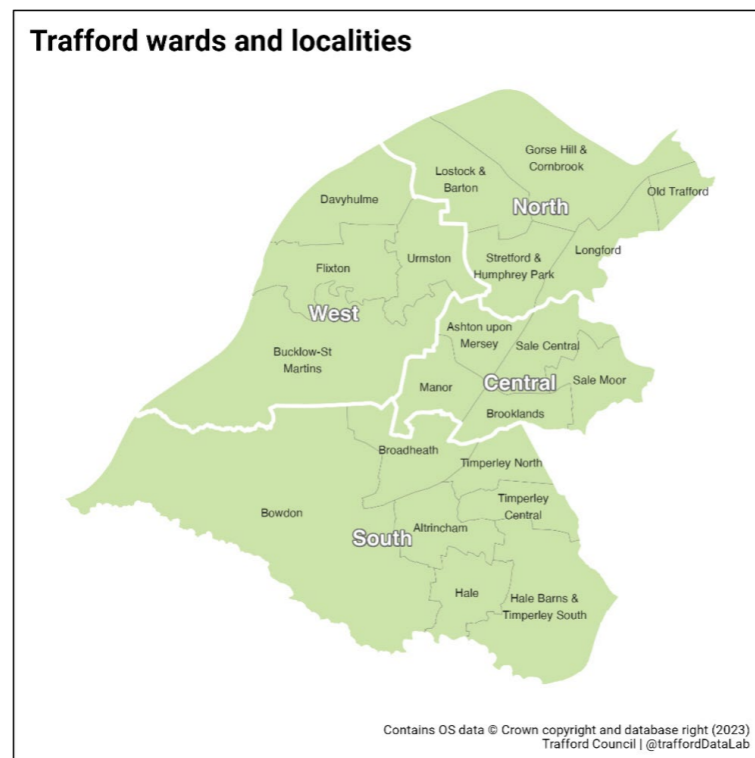


Executive Summary

2. Executive Summary




2.1. Introduction

- 2.1.1.** The borough of Trafford has long been a place to live and age well. Steeped in history, it's also a national and international hub for culture and leisure. Our diverse population of more than 235,000 people guide us as we develop and deliver health and social care services that our residents deserve.
- 2.1.2.** Trafford Integrated Care Partnership planning is built around our towns – Altrincham, Stretford, Urmston, Partington, and Sale – and neighbourhoods, and by working with other localities in the Greater Manchester Integrated Care Partnership. We'll achieve our aims by bringing together partners and colleagues to design and deliver on our ambitions for better lives for our most vulnerable people; better wellbeing for our population; and better connections across our communities.
- 2.1.3.** The Locality Plan is a strategic document that describes the link between our understanding of needs and opportunities in health and wellbeing, and our coordinated response to them.
- 2.1.4.** There is a requirement on all GM localities to produce and publish such a plan, complementing other relevant plans within the locality and at Greater Manchester level.



2.2. Our Aspirations & Cooperative Commitments

- 2.2.1.** Our Locality Plan sets out the aspirations and commitments from across our health and care system, and how we will work together to improve the health of Trafford people
- 2.2.2.** We previously established a set of 'aspirations' that detailed our collective level of ambition: Better lives for our most vulnerable people; better wellbeing for our population; and better connections across our communities. The foundations of these aspirations remain a cornerstone of what we want to achieve with our Locality Plan. Stakeholders, partners and people have fed back some small but significant amendments to ensure our aspirations are reflective of our shared endeavours. We want our residents to live in good health, remaining independent in their own homes wherever this is possible.

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

- 2.2.3.** These are underpinned by a series of practical 'cooperative commitments' that partners will work together on, each of which has either been elevated from an existing strategy or plan, or co-designed by stakeholders and people. These commitments are practical by nature and will drive forward the work of Trafford Integrated Care Partnership over the coming years.

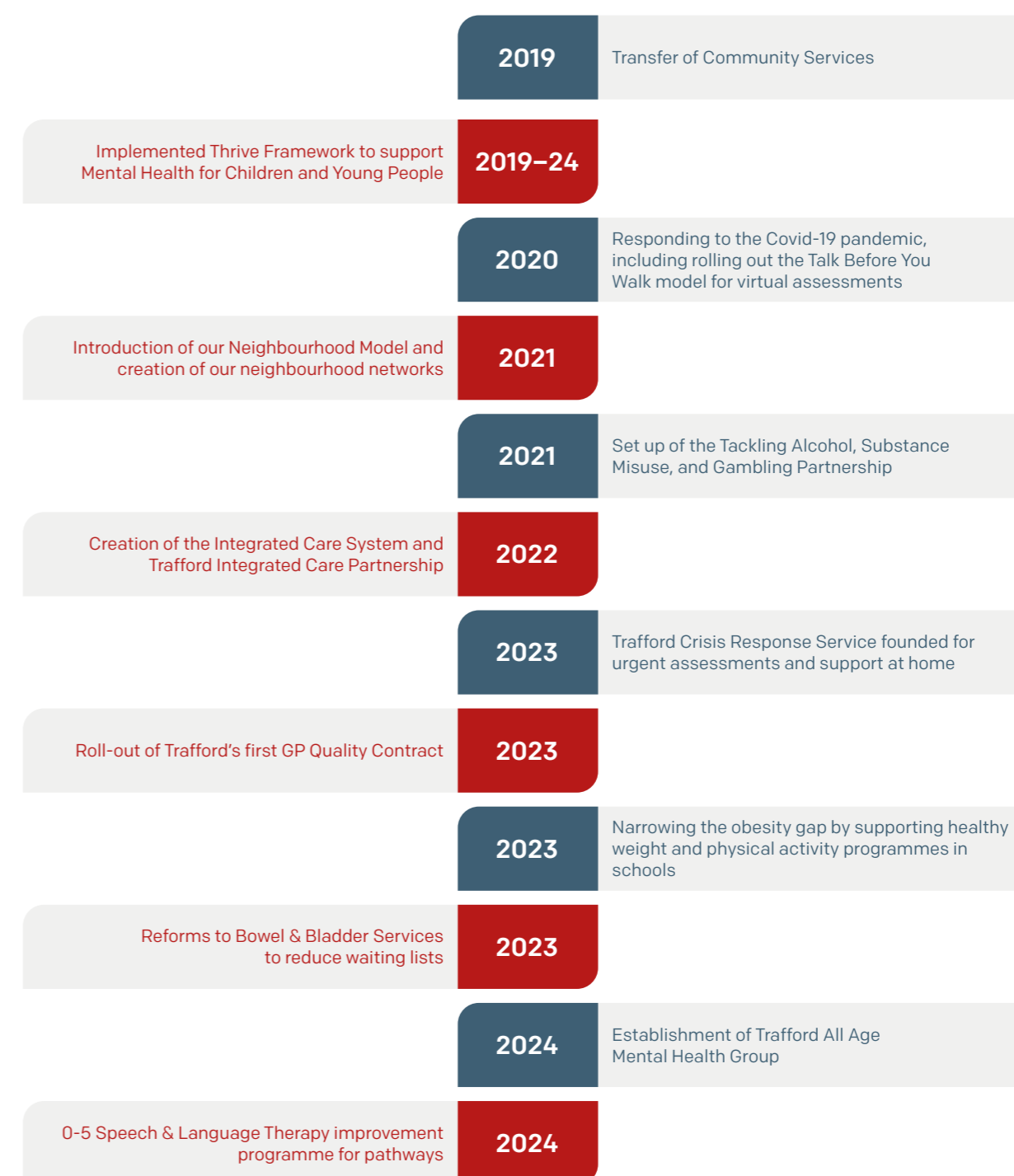
2.2.4. Trafford Locality Plan Cooperative Commitments

Strategy	We will understand the interdependencies of our key strategies and plans and work efficiently through our established governance to monitor progress.
	We will influence GM strategy by contributing local data and intelligence and play an active role in shaping the GM Integrated Care Partnership Strategy and the Joint Forward Plan.
	Where required we will have placed based representation of GM strategies that accounts for our population's needs.
Engagement, Co-design and Co-production	We will continue our collective journey towards meaningful participation through effective communications, codesign, and co-production, guided by our agreed Participation Framework.
	We will support the codesign of the Trafford Partnership Borough Plan ensuring health and care contributes to the prosperity of our locality, and that the Borough plan enables the conditions for thriving, healthy communities.
Prevention / Sustainability / finance	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.
	We will revisit and revise the Trafford Prevention Strategy to align with the new Locality Plan.
	We will work together transparently to understand our organisational challenges and use our combined resources to improve outcomes for our residents and help create a sustainable health and care system.
Health Inequalities	We will retain an unwavering commitment to reduce Trafford's health inequalities through the delivery of high quality and safe services at the right time and in the right place, recognising the unique characteristics of our locality, our neighbourhoods and our communities.
Delivery and Transformation	Commit to open and transparent partnership working in relation to service redesign and transformation to ensure there are no or limited detrimental effects to the system, partner organisations and people.
	We will work collaboratively to develop a system owned delivery plan each year, reflective of our Locality Plan aspirations and guiding GM strategy and national guidance.
	We will commit to delivering the three strategic priorities of the Trafford Workforce Delivery Plan
	We will work with children and young people to interpret the Greater Manchester Joint Forward Delivery Plan for Children & Young People, and agree priorities for Trafford to give every child and young person the best start in life.
Enablers	Trafford partners and stakeholders will play an active role in refreshing the Trafford Social Value Charter Pledge and commit to working towards the seven principles.
	We will capitalise on the existing learning arising from recent UKSPF-funded grants programmes and community-led initiatives in neighbourhood plans, to grow our collective understanding and to develop Trafford's creative health offer.
Governance	We will periodically review our governance arrangements to ensure robustness of our approach and processes.
Outcomes / Performance	We will develop a Trafford Locality Outcomes Framework that enables our system to have sight of our key performance metrics and drive forward our collective efforts for improving the health of Trafford residents.
	We will have an equal and unwavering commitment to focusing on our in-year performance challenges and our long-term commitment to improved population health.
	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.

2.3. Our Journey

2.3.1. The current plan was written in 2019 and refreshed in 2021 at the height of the Covid-19 global pandemic. We are now presenting a new plan, looking forward to 2028, to build on our strengths and address the new challenges and opportunities of the coming years.

2.3.2. Since 2019 there have been a number of significant achievements enabled by effective partnership working. Further information on these are available in the appendix.



2.4. Our Rationale

2.4.1. Our aspiration is to develop a new Locality Plan and create one plan for health and care for Trafford by integrating the aims and aspirations of the current health and wellbeing strategy. We are driven by statutory changes to health and care arrangements, a change in central government, national reviews, the changing needs of our population, and advancements in technology leading to an ever-evolving evidence base for 'what works'.

2.5. Our Approach to Working Together

2.5.1. Trafford has an established commitment to working with professionals and the public in an open and transparent way to help design, develop and deliver health and care services.

2.5.2. To help strengthen this approach we have developed our 'Participation Framework' – collaboratively produced by the Trafford Participation Group.

2.6. Our Region

2.6.1. Trafford, as one of the ten boroughs of Greater Manchester, contributes to and is influenced by regional bodies. The local authorities have pooled resources into a Greater Manchester Combined Authority (GMCA), with a GM Mayor, that provides regional political direction and regional strategic planning over a number of areas including some of the key determinants of health. With the transition of Clinical Commissioning Groups into Integrated Care Partnerships, Trafford became part of NHS GM ICP, which provides strategic and operational direction for healthcare across the Greater Manchester region.

2.7. Our Challenges

2.7.1. It is clear the challenges we face as a health and social care system, and as a society. The Locality Plan represents our strategy to combat the challenges of today and to futureproof our system to weather the challenges of tomorrow. The key challenges facing us include:

- People are living longer, but also spending more years in poor health
- Living with long term health conditions - like high blood pressure, diabetes and mental illness – which can affect quality of life and puts more pressure on NHS services
- Rising demand across the board such as on mental health services
- With more people needing services than ever before, people are waiting longer for diagnosis and treatment

2.7.2. A notable pressure across Greater Manchester and Trafford is the need to achieve financial sustainability. This challenge is seen across health and social care and our public and VCFSE partners. Trafford's delivery of this will be driven by the Finance, Performance, and Sustainability Group. It is important we recognise the level of financial challenge we will need to address together to bring our system finance into balance and make our system sustainable.

2.8. Our Mission to Strengthen the Building Blocks of Health

2.8.1. There remains an 11-year life expectancy difference between people living in the 10% most deprived and the 10% least deprived. Other inequalities exist in many of our health and social experiences and outcomes.

2.8.2. Most deaths, particularly those which contribute to the gap in life expectancy, are attributed to chronic conditions and most of these are preventable through well-understood and cost-effective measures. These conditions are driven by main 'behavioural' risk factors but these, in turn, are shaped largely by our experience of inclusive education, quality housing, healthy environments, good work and income, and positive relationships; these constitute the building blocks of health.

2.8.3. All parties in Trafford have a role to play to prevent and mitigate the effect of different circumstances experienced by different groups so that they do not lead to long term health inequalities. The Fairer Health for Trafford Partnership will drive our collaborative efforts to do this, focusing collective effort on certain key groups locally whilst championing and challenging inequalities throughout our strategic work.

2.8.4. We are also clear that the challenges facing the system currently are complex and significant. This plan and subsequent activity will be ambitious but realistic in this context and build on an honest relationship with the public and partners about what is achievable together.

2.9. Our Stakeholders and Partners

2.9.1. The Trafford Health & Social Care ecosystem is built up of a number of vital partners, including Trafford Council, a range of NHS bodies including Manchester Foundation Trust, Trafford GP Board, Greater Manchester Mental Health Foundation Trust and wider Primary Care services, including our 5 Primary Care Networks. Equally vital are our community partners such as the Trafford Community Collective, our Community Hubs, Healthwatch Trafford, Trafford Leisure and our social housing providers such as L&Q.



2.9.2. Trafford has a strong, committed and resourceful Voluntary, Community, Faith and Social Enterprise (VCFSE) sector built over many years. The sector connects communities, supports individuals and families, delivers services, and provides opportunities for volunteering, training and skills development. The VCFSE sector supports communities and helps them to thrive, often supporting the most vulnerable in our society.

2.9.3. Throughout the last 5 years we have strived to improve the connections and visibility of health and care strategy, policy and practice within a wider set of organisational and system governance. We acknowledge that to improve people’s health and wellbeing we need to work collaboratively outside of health and care to address the wider determinants of health.

2.10. Our Key Drivers for Change

2.10.1. There are a number of key drivers which will influence our collective efforts over the coming years. From national strategy, Greater Manchester policy, to the needs of our local population, these are some of those key drivers influencing our aspirations and commitments to improve people’s lives in Trafford.

2.10.2. National Drivers

2.10.3. The key drivers at the national level are central government and the national health bodies. Some of the notable areas where these influence Trafford include the new NHS Long Term Plan and the release of Lord Darzi’s report on the state of the NHS in England which promote a shift to prevention and a focus on primary care and community services.

2.10.4. Regional Drivers

2.10.5. The Greater Manchester Strategy, led by the GMCA, sets out a route, over the next decade, to deliver a city region that is a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.

2.10.6. There is an NHS GM ICP strategy and Joint Forward Plan, which at the regional level sets out how we will work together to improve the health of our city-region’s people through the Greater Manchester ICP.

2.10.7. Local Drivers

2.10.8. The Locality Plan is an opportunity to outline our local strategies and commit to the rationalisation and connection of existing commitments in the respective plans.

2.10.9. We produce a Joint Strategic Needs Assessment, which helps us understand the needs of our population and is essential to good strategic decision making and effective commissioning. There are a number of organisational strategies and improvement plans outlining short, medium, and long term priorities such as: Trafford Council’s Corporate Plan, Greater Manchester Mental Health’s Recovery Delivery Plan and Manchester Foundation Trust’s 2024–29 organisational strategy.

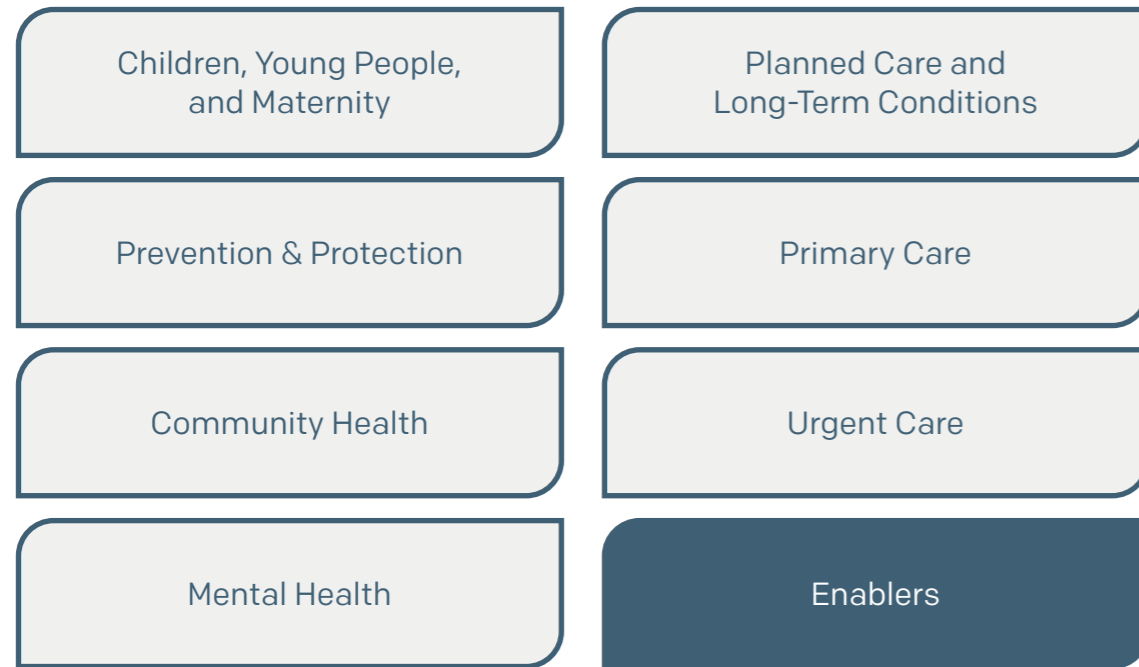
2.11. Our System Connectivity and Governance

2.11.1. Trafford has committed to working with all our partners to provide effective system governance that operates with honesty and transparency and fosters good working relationships enabling key decisions to be made collaboratively and with the best interests of Trafford residents.

2.11.2. There is an interconnected web of governance made up of different steering groups and boards across our health & care system, and our partners. The boards and groups all have a core purpose and ultimately ensure that all areas of responsibility delegated to constituent organisations can be successfully delivered. Our governance also enables Trafford to make effective decisions around those things formally delegated to the locality from NHS GM.

2.12. Our Priority Areas

2.12.1. Our Locality Plan describes the priority areas of our work over the following years. There are 7 of these, plus our key enablers that cut across all or multiple priorities. The areas are:



2.13. Our Annual Delivery Plan

2.13.1. Sitting alongside the Locality Plan will be a Delivery Plan, produced annually, that sets out our local commissioning intentions and delivery priorities for the year. For 2024/25 a large number were identified, reflecting the significant amount of work and change taking place across the borough. These were categorised into our 7 Priority Areas and Enablers and will form the basis of future annual Delivery Plans:

2.14. Our Engagement

2.14.1. This plan is a collaborative document, co-produced with our staff, patient and community groups and our partners in the health and care system. It is a testament to our collective vision to improve the health and quality of life for the people of Trafford over the next three years and beyond.

2.14.2. Public engagement was undertaken to provide an opportunity for residents to discuss health and care challenges, plans and ideas. We commissioned Healthwatch to conduct additional engagement with seldom heard groups, such as unpaid carers and those with learning disabilities and autism, for their views.

	Delivery Ambition	Public – What we Heard	Stakeholders – What we Heard
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.	<ul style="list-style-type: none"> More support for young people e.g., free meals, youth clubs. Better mental health services. Easier access to children's health services through schools, especially mental health. Improve patient/staff relationships. Improve efficiency of midwife appointments. 	<ul style="list-style-type: none"> Create closer connections between GM maternity services and our local offer Significant gaps in mental health assessments for children
Prevention & Protection	To improve our offer of services aimed at protecting residents from harm to their health.	<ul style="list-style-type: none"> Preventative health- tackling childhood obesity. More long-term prevention programmes. 	<ul style="list-style-type: none"> A shift to the left – prevention and proactive care Enhancement in universal services Agreed increase in prevention investment – aligned to the sustainability plan Risk Stratification – Using data to plan and support better care Strong Communities – empower residents and create conditions for self-care Work together to improve the ability of the VCFSE sector to demonstrate contribution to our agreed shared outcomes
Community Care	To ensure people have access to good quality care in the community all at stages of life.	<ul style="list-style-type: none"> Better community health services, more funds to community nursing and social care. Working with vulnerable people will help as care in community saves NHS money. "Healthy living" advice in the community is needed 	<ul style="list-style-type: none"> Protect current investment and enhance investment where viable in community health services Enhanced District Nursing capacity Neighbourhoods being our 'unit of delivery' Enhanced support for our Carers through more targeted interventions and diverse offers of support, recognising needs
Mental Health	To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people	<ul style="list-style-type: none"> More support for carers' mental health & wellbeing. Improve mental health awareness within the Roma and traveller community. Better mental health services. 	<ul style="list-style-type: none"> A wide and varied set of services that can effectively cater for our neurodiverse people/communities – particularly those with complex needs Enhancing talking therapies provision Full roll out of our Living Well Model Recognition of physical health issues of people experiencing mental health issues Transformation of our community mental health teams
Planned Care & Long-Term Conditions	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention	<ul style="list-style-type: none"> Treat the cause not the symptoms. More support for people with Learning Disabilities. Better pathways and understanding for people with Autism. Concern about the cap on care provision costs for elderly. Cancer treatment – more early intervention. 	<ul style="list-style-type: none"> More proactive use of data and intelligence to understand risk of frailty Enhanced diagnostic capacity at different spatial levels Work flexibly in multidisciplinary ways to support people and families experiencing multiple disadvantage Improve the connectedness of our social prescribing offer to people with LTC's
Primary Care	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner	<ul style="list-style-type: none"> GP appointments must be more flexible. More family orientated drop-in clinics. More face-to-face appointments. Improve availability/affordability of dental care. Better access to community dentistry service. 	<ul style="list-style-type: none"> Enhanced use of SMS messaging to communicate with the public Improve how we calculate the impact (£ & outcomes) of primary care services Enhance connections between primary care and VCFSE sector – learning from Health in Communities
Urgent Care	To enable people to receive the right care, in the right place, swiftly.	<ul style="list-style-type: none"> More responsive adult social services. Prioritise medical urgency over bureaucracy. 	<ul style="list-style-type: none"> Agree our long-term areas of reform, with clear organisational responsibilities throughout the pathway Enable and mobilise Hospital @ Home Amplification of Get To Know Where To Go' Completion of the Urgent Care Review recommendations Optimise the role of the VCFSE sector and Primary Care in tackling winter pressures
Enablers	Creating the conditions for effective change	<ul style="list-style-type: none"> Increase funding for social care assessments and reviews. Increase in staffing across all agencies and departments to help deliver efficient and valuable services. Increased funding for transport in social prescribing initiatives. 	<ul style="list-style-type: none"> Ensure different plans and strategies read across and align Commissioning intentions must be codesigned and system owned Prioritisation – linked to the pillars of the sustainability plan Effective public engagement strategies – managing the public's expectations Transparency of our collective decision making Ensure commissioning, service redesign and transformation positively addresses inequalities Utilise available artificial intelligence and be a locality that embraces digital solutions Utilising our physical assets to enable co-location and integrated ways of working

2.14.3. Professional stakeholder engagement took place with a wide variety of partners to gain as much specific feedback as possible, which has positively influenced the content of our plan and enabled tangible organisational and partnership actions.

2.14.4. The table below showcases the pertinent points of feedback we have received through our extensive engagement exercise and places them against our delivery priorities. By doing this it has enabled us to develop our cooperative commitments which have purposefully been designed to influence both our long-term aspirations but the practical deliverables of our annual delivery plan.

2.15. Our Measures of Success

2.15.1. We are committed to reporting on how successful we are in achieving the aspirations set out in our locality plan and have identified progress measures that align with our Delivery Areas, Outcome Statements and more practical Cooperative Commitments.

2.15.2. We will establish a set of measures aligned to our place-based representation of the GM Sustainability Plan on which we expect to see change in the longer term.

2.15.3. We have an example set of measures we will monitor through appropriate organisational and system governance. We will work together to establish the final set of measures used in the correct groups and boards to drive improvement.

2.15.4. We will utilise new and existing performance products to track and disseminate our progress against our measures. This will be refreshed with each new annual delivery plan.

2.15.5. Some of our key products include:

- Trafford Locality Scorecard
- Trafford Sustainability Scorecard
- Thematic Scorecards: Primary Care, Mental Health (CYP and Adults), Health Inequalities, Long Term Conditions etc
- Neighbourhood Scorecards

2.15.6. We will empower our partnerships and forums to capture the work they are responsible for and proactively use our existing governance infrastructure to play back key achievements and highlight areas for concern that may influence future strategy.

2.15.7. Some examples of the measures used for our delivery ambitions are as follows, the longer list can be found in the main report.

- **Children, Young People, and Maternity** – Reduction in referrals and re-referrals to specialist interventions, Obesity in 4-5 / 10–11-year-olds, School readiness
- **Prevention & Protection** – Healthy life expectancy, Preventable mortality rate, Cancers diagnosed at early-stage
- **Community Care** – 2-hour urgent community response contacts, Levels of community nursing, Reduced rate of permanent admissions to residential and nursing
- **Mental Health** – Age 14+ with completed LD health checks, Talking therapies access rate, Out of area MH placements
- **Planned Care & Long-Term Conditions** – NHS Health Checks, GP G&A referrals made, Dementia Diagnosis Rate (Aged 65+)
- **Primary Care** – Hypertension patients treated to target, CVD risk patients treated with statins, Regular GP appointments within 14 days
- **Urgent Care** – A&E 4-hour performance, A&E Attendances, Adult G&A bed occupancy



Introduction

3. Introduction

3.1. Our Aspirations and Cooperative Commitments

- 3.1.1.** Our Locality Plan sets out how we will work together to improve the health of Trafford people through the collective efforts of our Trafford Integrated Care Partnership (TICP). TICP is the name we use for all the key stakeholders who work together to improve outcomes for the people of Trafford and improve the quality of care.
- 3.1.2.** We previously established a set of 'aspirations' that detailed our collective level of ambition: Better lives for our most vulnerable people; better wellbeing for our population; and better connections across our communities. The foundations of these aspirations remain a cornerstone of what we want to achieve with our Locality Plan. Stakeholders, partners and people have fed back some small but significant amendments to ensure our aspirations are reflective of our shared endeavours. We want our residents to live in good health, remaining independent in their own homes wherever this is possible.



Stronger communities



Healthy and independent lives for everyone



Better lives for our most vulnerable

- 3.1.3.** Our aspirations are underpinned by a series of practical 'cooperative commitments'.
- 3.1.4.** Each commitment has been elevated from existing strategy and plans or co-designed by stakeholders and people. These commitments are practical by nature and will drive forward the work of Trafford Integrated Care Partnership over the coming years.



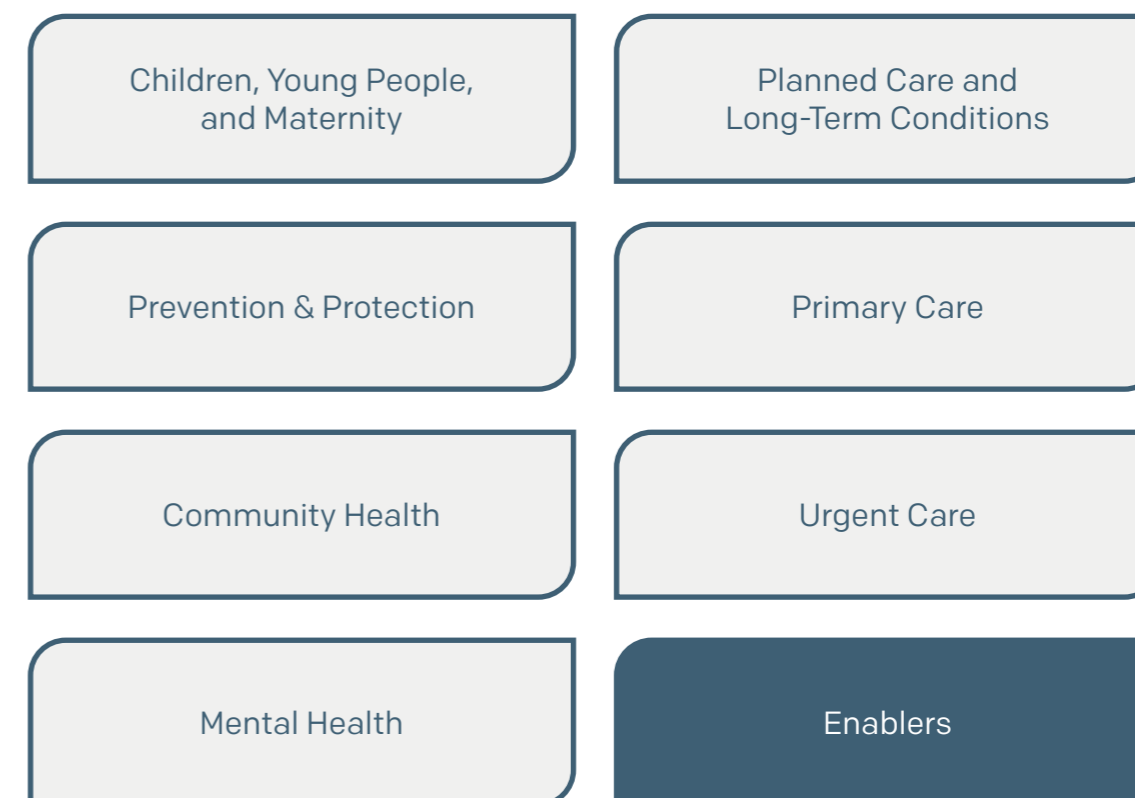
Cooperative Commitments

3.1.5. Trafford Locality Plan Cooperative Commitments

Strategy	We will understand the interdependencies of our key strategies and plans and work efficiently through our established governance to monitor progress.
	We will influence GM strategy by contributing local data and intelligence and play an active role in shaping the GM Integrated Care Partnership Strategy and the Joint Forward Plan.
	Where required we will have placed based representation of GM strategies that accounts for our population's needs.
Engagement, Co-design and Co-production	We will continue our collective journey towards meaningful participation through effective communications, codesign, and co-production , guided by our agreed Participation Framework.
	We will support the codesign of the Trafford Partnership Borough Plan ensuring health and care contributes to the prosperity of our locality, and that the Borough plan enables the conditions for thriving, healthy communities.
Prevention / Sustainability / finance	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.
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Delivery and Transformation	Commit to open and transparent partnership working in relation to service redesign and transformation to ensure there are no or limited detrimental effects to the system, partner organisations and people.
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Enablers	Trafford partners and stakeholders will play an active role in refreshing the Trafford Social Value Charter Pledge and commit to working towards the seven principles.
	We will capitalise on the existing learning arising from recent UKSPF-funded grants programmes and community-led initiatives in neighbourhood plans, to grow our collective understanding and to develop Trafford's creative health offer.
Governance	We will periodically review our governance arrangements to ensure robustness of our approach and processes.
Outcomes / Performance	We will develop a Trafford Locality Outcomes Framework that enables our system to have sight of our key performance metrics and drive forward our collective efforts for improving the health of Trafford residents.
	We will have an equal and unwavering commitment to focusing on our in-year performance challenges and our long-term commitment to improved population health.
	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.

3.2. Our Priority Areas

3.2.1. Our Locality Plan describes the priority areas of our work over the following years. These priorities will enable us to keep people physically and mentally well, prevent ill health, and intervene early to support recovery. There are 7 priorities, plus our key enablers that cut across all or multiple priorities. Our annual delivery plan will set out the work for the year according to these priority areas – more information on this approach is included in the plan. The areas are:



3.3. Locality Plan 2019/24 - Our journey to date

- 3.3.1.** The Locality Plan describes the link between our understanding of needs and opportunities in health and wellbeing, and our coordinated response to them.
- 3.3.2.** There is a requirement on all GM localities to produce and publish such a plan, complementing other relevant plans within the locality and at Greater Manchester level.
- 3.3.3.** The latest plan was developed in partnership with locality stakeholder organisations and people. The plan was built on a collaborative approach that had at its heart the principles of place, people, population and partnership. The first Trafford Locality Plan was written in 2016, when the GM devolution deal was agreed. The next plan was written in 2019 with the intention to cover the period up to 2024, however the landscape of health and social care, and of society at large, was upended by the Covid-19 global pandemic.

3.3.4. In 2021 the plan was then refreshed, with a significant focus on the immediate dealing with the pandemic; in particular the ongoing roll-out of the vaccination programme and looking forward to building back after the reopening of society and gradual stepping down of restrictions.



3.3.5. We are now presenting a new plan, looking forward to 2028, to build on our strengths and address the new challenges and opportunities of the coming years.

3.3.6. Key Achievements

3.3.6.1. Throughout the life course of the 2019-24 Locality Plan, there have been a number of significant achievements enabled by effective partnership working. Further information on these are available in the appendix.



	2019	Transfer of Community Services
Implemented Thrive Framework to support Mental Health for Children and Young People	2019-24	
	2020	Responding to the Covid-19 pandemic, including rolling out the Talk Before You Walk model for virtual assessments
Introduction of our Neighbourhood Model and creation of our neighbourhood networks	2021	
	2021	Set up of the Tackling Alcohol, Substance Misuse, and Gambling Partnership
Creation of the Integrated Care System and Trafford Integrated Care Partnership	2022	
	2023	Trafford Crisis Response Service founded for urgent assessments and support at home
Roll-out of Trafford's first GP Quality Contract	2023	
	2023	Narrowing the obesity gap by supporting healthy weight and physical activity programmes in schools
Reforms to Bowel & Bladder Services to reduce waiting lists	2023	
	2024	Establishment of Trafford All Age Mental Health Group
0-5 Speech & Language Therapy improvement programme for pathways	2024	

3.4. Rationale for our new Locality Plan

- 3.4.1. Our aspiration is to develop a new Locality Plan and create one plan for health and care for Trafford by integrating the aims and aspirations of the current health and wellbeing strategy.
 - 3.4.2. The current Locality Plan needs to be renewed as it approaches the end of its life course. This is also driven by statutory changes to health and care arrangements, a change in central government, national reviews, the changing needs of our population and advancements in technology leading to an ever-evolving evidence base for 'what works'.
 - 3.4.3. We acknowledge the plethora of strategies and plans at a GM and locality level, and therefore commit to rationalise where feasible, and explore how we can ensure alignment of existing commitments throughout key organisational and sector-based strategy and plans.
 - 3.4.4. In financially constrained times it is essential we understand the interdependencies of our individual work programmes. Change and transformation cannot go ahead without understanding the direct and indirect implications to services.
- 3.4.5. **Cooperative Commitment:** We will understand the interdependencies of our key strategies and plans and work efficiently through our established governance to monitor progress.

3.5. Our challenges

- 3.5.1. It is clear the issues we face as a health and social care system, and as a society. The Locality Plan represents our strategy to combat the test we face today and to future proof our system to weather the challenges of tomorrow. The key challenges facing us include:
 - People are living longer, but also spending more years in poor health
 - Living with long term health conditions - like high blood pressure, diabetes and mental illness – which can affect quality of life and puts more pressure on NHS services
 - Rising demand across the board such as on mental health services
 - With more people needing services than ever before, people are waiting longer for diagnosis and treatment
 - The increasing cost of everything, and the impact of the pandemic, means there is not enough money to continue to deliver everything that is currently offered in the same way

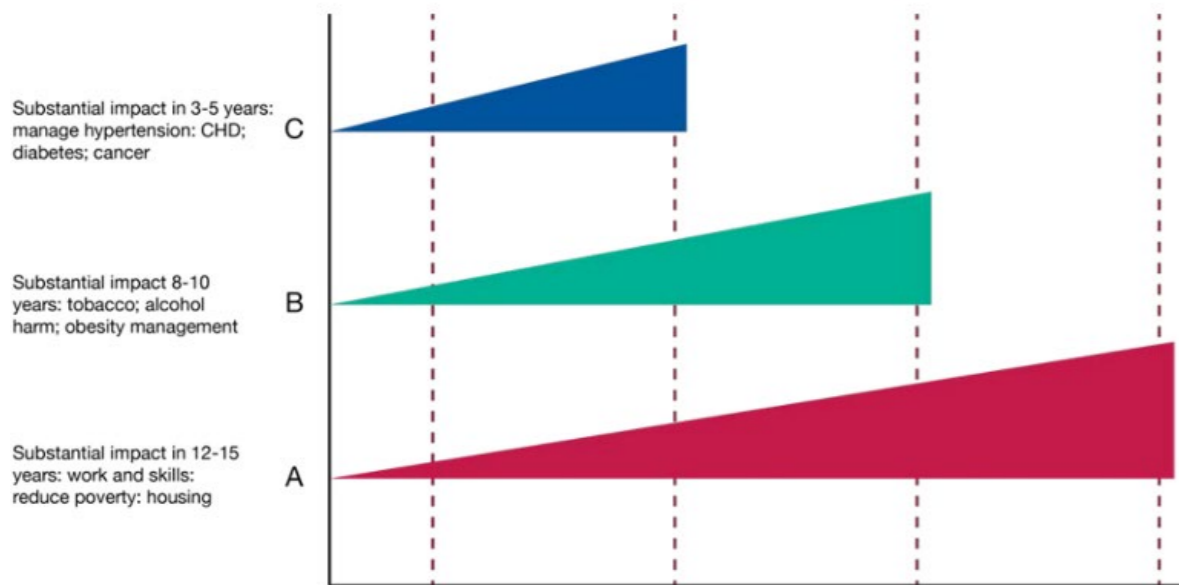
3.5.2. In GM, we have identified 3 challenges that need to be addressed:

- We need to spend more time focusing on supporting people to keep physically and mentally well, preventing ill health and intervening early, supporting recovery.
- We need to make services easy to access with shorter waiting times and fair across GM.
- We need to make the most of our money, saving it where we can, to bring the local NHS finances into balance.



3.6. Strengthening the Building Blocks of Health

- 3.6.1. There remains an 11-year life expectancy difference between people living in the 10% most deprived and the 10% least deprived. Other inequalities exist in many of our health and social experiences and outcomes.
- 3.6.2. Most deaths, particularly those which contribute to the gap in life expectancy, are attributed to chronic conditions and most of these are preventable through well-understood and cost-effective measures. These conditions are driven by main 'behavioural' risk factors but these, in turn, are shaped largely by our experience of inclusive education, quality housing, healthy environments, good work and income, and positive relationships; these constitute the building blocks of health. For some people these building blocks are missing or weakened and this makes it harder to be healthy and to thrive which is why we see differences between groups.



Reference: Reducing health inequalities: system, scale and sustainability (publishing.service.gov.uk)

- 3.6.3. All parties in Trafford have a role to play to prevent and mitigate the effect of different circumstances experienced by different groups so that they do not lead to long term health inequalities. However, to achieve sustainable change we must work at different levels and over different timescales. It is not sustainable to focus most of the efforts on improving health and care services which treat people after they become unwell, though this may help to mitigate the effects of the risks they face.
- 3.6.4. The Fairer Health for Trafford Partnership will drive our collaborative efforts to do this, focusing collective effort on certain key groups locally whilst championing and challenging inequalities throughout our strategic work.
- 3.6.5. The Locality Plan sets out progress measures against our commitments, which focus on helping people to live good lives, improved health and wellbeing, better standards of care and support and greater integration of services.
- 3.6.6. We are also clear that the challenges facing the system currently are complex and significant. This plan and subsequent activity will be ambitious but realistic in this context and build on an honest relationship with the public and partners about what is achievable together.

3.7. Achieving Financial Sustainability

3.7.1. Since the formation of NHS GM, the resource previously allocated to Trafford has been combined with the other 9 boroughs within GM. Although we don't have a nationally determined population-based allocation, we are able to identify approximately how much Trafford residents expend accessing health services. It will be this value alongside the social care and public health expenditure in the local authority that is used to represent the Trafford system pound. As a system we need to ensure that expenditure is incurred in the most effective and efficient way possible to get high quality, safe services, that provide value for money and offer the people of Trafford the best possible outcomes.

3.7.2. Emerging from the pandemic, all providers across the system have faced unprecedented challenges, with a significant system deficit gap. It is ever more important we embody our agreed financial principles:

- Have a shared vision of a financial model for the system.
- Work within a financial framework that has a more mature collaborative approach across partner agencies that is open, transparent and fair.
- Deliver financial balance and sustainability for the health and social care system.
- Use resources effectively for our vision of care closer to home.
- We will be guided by clinical and professional leadership.

3.7.3. We will do this by:

- Continuing to review and respond to government guidance.
- Developing our local sustainability plan with specific focus on the reducing prevalence and proactive care pillars of the GM ICS sustainability plan.
- Working collaboratively via the Finance, Performance and Sustainability Group.
- Ensuring effective co-ordination of financial planning across the system.
- Being data led and intelligence driven in our financial approach.
- Allocate any discretionary funding aligned to our local sustainability plan.

3.7.4. It is imperative that our Locality Plan and its stakeholders recognise the level of financial challenge we will need to address together to bring our system finance into balance and make our system sustainable. This will require open and honest conversations and a shift towards open book accounting, enabling a better understanding of our organisational and system risks and gains so we can work up solutions.

3.7.5. **Cooperative Commitment:** We will work together transparently to understand our organisational challenges and use our combined resources to improve outcomes for our residents and help create a sustainable health and care system.

3.8. NHS GM ICS Operating Model

3.8.1. The GM Operating Model outlines how NHS GM will work to provide health and care services based on the needs of the GM population – harnessing the benefits of integrated care. These include:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

3.8.2. The operating model was co-designed with involvement from across the Integrated Care Board (ICB) and wider Integrated Care System (ICS) partners. It articulates the GM vision, new system architecture and the future ways of working arrangements, including a detailed roadmap to get there. The model is deliberately flexible to allow for iterations and development in the future.

3.8.3. Currently the commissioning, planning and oversight of some NHS and local authority services are led at place. NHS services under the scope of place level planning and oversight of delivery include:

- NHS community services
- NHS community mental health, learning disability and autism services
- Some public health and sexual health services
- Social Care services for adults and children



**Trafford
Locality**

4. Trafford Locality

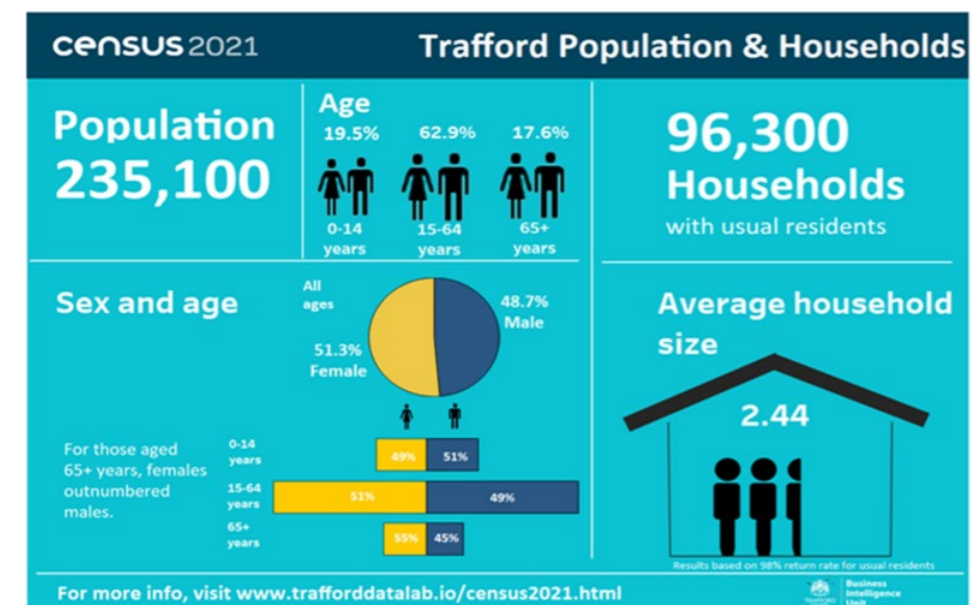
4.1. About Us

- 4.1.1.** Trafford is a thriving, diverse, prosperous, and culturally vibrant borough sitting at the heart of Greater Manchester and has long been a place to live and age well.
- 4.1.2.** Trafford is one of 10 boroughs within Greater Manchester, comprising 4 neighbourhoods, 5 Primary Care Networks, with 6 Community Hubs supporting our major areas of Altrincham, Old Trafford, Partington, Sale, Stretford, and Urmston.
- 4.1.3.** Steeped in history, it is also a national and international hub for culture and leisure, home to Manchester United, Coronation Street, Lancashire County Cricket Club, and the Trafford Centre, as well as the birthplace of the National Health Service.
- 4.1.4.** Trafford is regarded as the safest borough in Greater Manchester and is proudly home to many exceptional and widely in-demand early years settings, schools, and colleges.
- 4.1.5.** Trafford is an economic powerhouse with the second highest GVA and second highest GDP per capita in Greater Manchester, with the highest median pay and disposable household income. It is home to the largest industrial park in Europe alongside thriving regenerated towns with strong commercial, retail, and hospitality offers.
- 4.1.6.** It has some of the most sought-after housing stock in the North West, with significant investment in new homes across the borough from Carrington to Trafford Wharf and Davenport Green.
- 4.1.7.** Trafford is a well-connected borough with excellent transport links by road, rail, and tram. It also has high rates of walking and cycling, and this is supported by 37 parks across the borough giving residents access to green space, which is vital for health and wellbeing.
- 4.1.8.** Our diverse population of more than 235,000 people guide us as we develop and deliver health and social care services that our residents deserve.

4.2. Our People

- 4.2.1.** Census 2021 reported Trafford's population as 235,052, up 3.7% from 2011. This increase was uneven, with a slight fall in the under 50s population alongside a larger rise in the older population.
- 4.2.2.** Trafford is becoming more ethnically diverse, with the White population falling from 91.6% in 2001 to 77.8% in 2021, a decrease of 13.8 percentage points. About a third (33.1%) of children belong to an ethnically diverse group, predominantly Asian (17.2%), mixed/multiple (8.6%) and Black (3.9%).

- 4.2.3.** There has been a slight increase in the number of children under 16 in the borough, of 6.7% to reach 48,904 from 2011 to 2021, however there are variations within this as the number of children aged 4 and under has fallen 9.4% whilst the children aged 5 to 9, and 10 to 14, has risen 14.1% and 16.7% respectively.
- 4.2.4.** Trafford has both the most affluent areas of Greater Manchester interspersed with areas of severe deprivation where families experience the impact of poverty on health and wellbeing. For example, 43.8% of people in Partington live in households deprived in health and disability, compared to 21.8% in Hale.
- 4.2.5.** Based on the definition used in the 2019 Indices of Deprivation, 12.7% of Trafford under 16s are living in poverty, but this reaches 44.1% in one small area of Trafford (IMD, 2019).
- 4.2.6.** Life Expectancy has significant variation. In 2016-20, females in Hale Barns have an average life expectancy of 87.4 years compared to 78.3 years for a female living in Partington, a difference of 9.1 years; and for Males the average life expectancy varies from 84.7 years to 74.3 years, a difference of 10.4 years.
- 4.2.7.** 84.1% of Trafford residents described their health as Good or Very Good, up 1.5% from the last Census. 16% reported a level of disability, with 6.8% saying they day-to-day activities are limited a lot.
- 4.2.8.** 8.7% of Trafford residents say they provide unpaid care, half of which provide over 20 hours a week.
- 4.2.9.** Levels of School readiness in Trafford (72.2%) are better than England (67.2%). However, this is worse for children in receipt of free school meals (47.5%) against England (51.5%)



4.3. Our Neighbourhoods

4.3.1. Trafford is made up of 4 neighbourhoods, North, Central, West, and South, that correspond to our principal towns and are based on the political boundaries of our electoral wards. We are increasingly delivering services on a neighbourhood footprint, with a shift in the culture of how people approach health and wellbeing, becoming more person-centred and community based.

4.3.2. Trafford is an affluent borough with pockets of deprivation, and has a high variance between the two. It is home to some of the most and least deprived areas of Greater Manchester.

4.3.3. North

4.3.3.1. The North neighbourhood has a younger age structure and a higher proportion of ethnic minorities. It also has higher levels of deprivation across the neighbourhood with poorer reported health, and worse life expectancies, than the Trafford average. There are proportionally high levels of premature deaths and metrics for ill-health such as COPD admissions, cancer, and alcohol-related harm. The child obesity rates are slightly above average for the borough, and there are proportionally higher emergency hospital admissions for children.



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4.3.4. Central

4.3.4.1. The Central neighbourhood is quite representative of the borough, with a similar age structure and ethnic makeup. The deprivation levels, and measures of ill health, are unequal across the borough, with poorer outcomes found in parts of Sale Moor and Ashton-upon-Mersey including higher cancer rates and premature mortality. Child excess weight and obesity is above average in Sale Moor and Manor; however, the hospital admission rates are close to the average across the neighbourhood.



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4.3.5. West

4.3.5.1. The West neighbourhood is geographically and demographically divided by the river Mersey. North of the river sees lower levels of deprivation and slightly above average health outcomes. South of the river is Partington and Carrington – known as Bucklow-St Martins ward – which have the highest deprivation levels in Trafford and some of the worst metrics in areas such as stroke admissions, lung cancer, and alcohol-related harm, as well as high levels of premature or preventable deaths. This extends to children's health; child excess weight measures are above average in Davyhulme and Urmston but significantly elevated in Bucklow-St Martins. Child emergency hospital rates are above average in Bucklow-St Martins, particularly for children over 15, with average rates across the rest of the neighbourhood.



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4.3.6. South

4.3.6.1. The South neighbourhood has an older demographic than average, with a lower proportion of ethnic minorities. It has the lowest levels of deprivation in Trafford, though there are pockets of deprivation in South Broadheath and Broomwood in Timperley Central. There are generally better health outcomes with high life expectancy and fewer preventable deaths, although metrics associated with old age such as falls and strokes are above average. For children, excess weight measures and child emergency hospital rates are slightly below average.



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4.4. Our Stakeholders and Partners

4.4.1. The Trafford Health and Social Care ecosystem is built up of a number of vital partners, including Trafford Council, a range of NHS bodies including Manchester Foundation Trust, Trafford GP Board, Greater Manchester Mental Health and wider Primary Care services, including our 5 Primary Care Networks. Equally vital are our community partners, such as the Trafford Community Collective, our Community Hubs, Healthwatch Trafford, Trafford Leisure and our social housing providers, such as L&Q.



4.4.2. A key public sector partner of health and social care are Greater Manchester Police (GMP); they support our integral aim of keeping people safe. We work together in a number of areas, including community safety, and complex safeguarding of young people at risk of or are experiencing sexual and/or criminal exploitation. GMP support our multi-agency work with individuals and families with health or care needs who are also known to the criminal justice system.

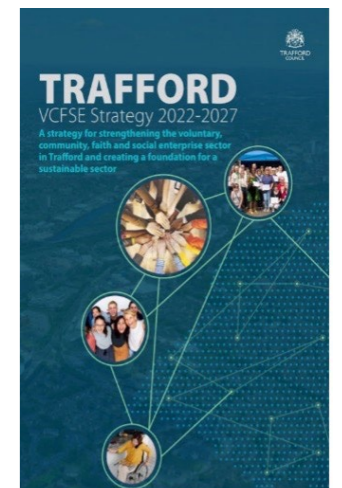
4.4.3. October 2024 saw GMP roll-out Right Care Right Person, after successful trials elsewhere in England. This is a new approach to handling emergency calls for which the police aren't necessarily the best agency to respond, and signposting people to relevant local health and social care services. This represent the biggest change in referral pathways for a generation, and across GM we have been preparing for and supporting this new approach over the past year. The Right Care Right Person Steering Group has led this activity and will continue to oversee its implementation and work through the changes.

4.5. Strength of our VCFSE Sector

4.5.1. Trafford has a strong, committed and resourceful Voluntary, Community, Faith and Social Enterprise (VCFSE) sector built over many years. The sector connects communities, supports individuals and families, delivers services, and provides opportunities for volunteering, training and skills development. The VCFSE sector supports communities and helps them to thrive, often supporting the most vulnerable in our society.

4.5.2. The vision is that "Trafford has a strong and diverse VCFSE sector which plays a key role in strengthening communities and delivering shared priorities". It has 5 key aims all of which resonate with and contribute to a sustainable health and care system:

- **Aim 1** – For the VCFSE sector in Trafford to grow and become more Resilient and Sustainable.
- **Aim 2** – To embed the VCFSE sector in Trafford as a strategic and influential partner.
- **Aim 3** – To support the VCFSE Sector in Trafford to offer meaningful volunteering opportunities and pathways to employment.
- **Aim 4** – The VCFSE sector supports residents to live well in their communities and often supports the most vulnerable in society.
- **Aim 5** – The VCFSE sector delivers and is able to benefit from social value commitments.





Working Together

5. Working Together

5.1. Strengthening our approach

- 5.1.1. Trafford has an established commitment to working with professionals and the public in an open and transparent way to help design, develop and deliver health and care services.
- 5.1.2. The 2019 Locality Plan centred on our collective commitment to work with our partners to create a culture of co-production to design and commission services. We realise that we have excellent examples of how individuals and groups have developed co-production methodologies, and we strive for enhanced application of these positive approaches.

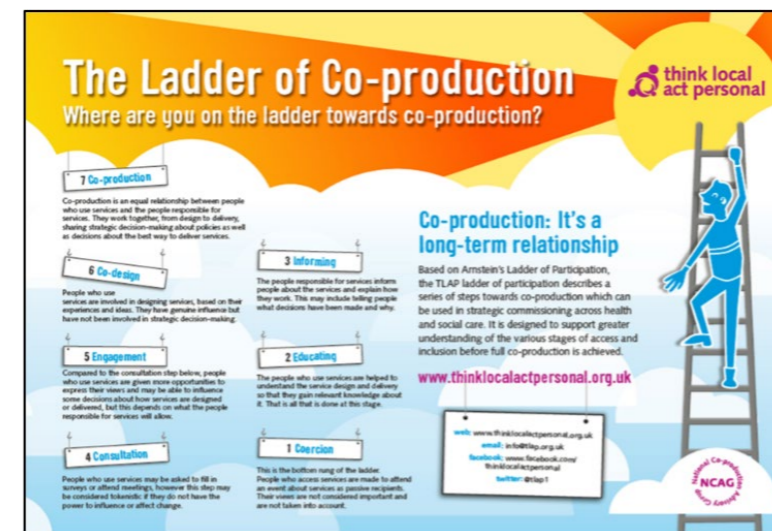
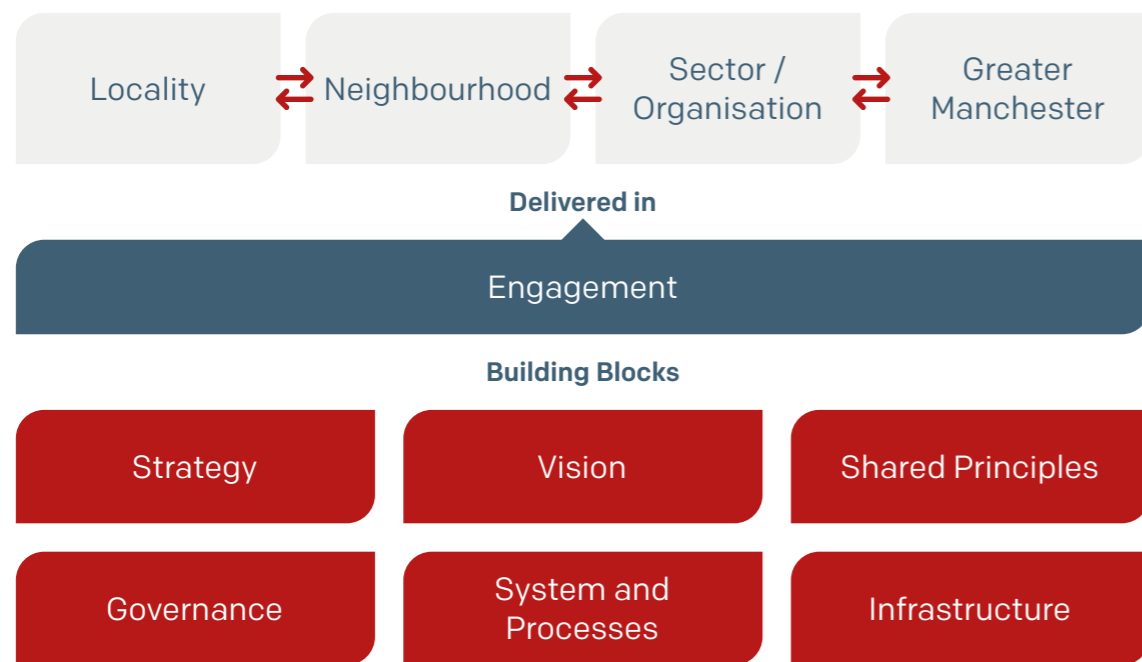


Image sourced from: Think Local Act Personal <https://thinklocalactpersonal.org.uk/>

- 5.1.3. In our last Locality Plan we committed to communicate, engage, co-design, coproduce and consult (appropriately) with our partner organisations, communities and people. To help strengthen this approach we have developed our 'Participation Framework' – collaboratively produced by the Trafford Participation Group.

5.2. Trafford Participation Framework

- 5.2.1. The framework is underpinned by the fundamentals of our building blocks, which connect the activity across the four spatial levels to enable an effective engagement model that can be delivered at a neighbourhood, locality GM and/or sector/organisation level.
- 5.2.2. This dynamic and flexible framework ensures Trafford can meaningfully engage, people, communities and staff at varying levels with a mixed methodology approach.



5.2.3. Bringing the Framework to life: Youth Participation and Engagement

5.2.3.1. Participation and engagement are fundamental to the development of strategies and shaping services in Trafford. We want to ensure professionals work alongside residents, so they can benefit from their knowledge and lived experience. In Trafford we have a number of youth participation groups who bring together groups of young people to share their voices, including specific groups of young people who are often under-served or less commonly heard. We are committed to putting these groups of young people more at the heart of decision-making in Trafford. These groups will help develop and oversee progress of a new combined Children’s Plan for Trafford to be developed in 2025.

5.2.3.2. Lundy’s model of participation (link in the appendix) aims to provide a conceptual framework for understanding and bringing to life children’s right to participation. Trafford are committed to embedding the key principles of this framework and supporting delivery through workforce training.

5.2.3.3. Cooperative Commitment: We will continue our collective journey towards meaningful participation through effective communications, codesign, and co-production , guided by our agreed Participation Framework

5.3. Trafford Principles and Behaviours

5.3.1. Principles: We remain committed in Trafford to ways of working that put into practice our principles and the difference these make to the people we serve. The principles in our 2019-24 Locality Plan remain as pertinent today as they were when they were constructed, as we strive to strengthen our new health and social care arrangements

- **Together as Partners** – co-ordinating across our health and social care system, thinking bigger and doing better, using our combined resources to improve outcomes for residents.
- **In a Place** – being positive about our places and spaces, bringing people who live and work in an area together to build stronger communities.
- **With People** – putting residents at the heart of what we do, listening and working with people.
- **Focusing on Prevention** – commitment to acting on the building blocks of health as well as the risk factors to enable people to live healthy and fulfilling lives, prevent people getting ill and support recovery.
- **Continually improving** – making the most of technology and using data and information to make shared decisions. We will continue to learn and develop our workforce and make the best use of our combined assets.

5.3.2. Behaviours: Empowered system leadership and behaviours are essential to transform the way we deliver services for the better. Working closely with our partners across Trafford, we will work in collaboration to embody the Trafford principles which describe the shift needed towards improving the health and wellbeing of the Trafford population.

5.3.3. We will conduct ourselves in line with the seven principles of public life (known as the Nolan principles) displaying selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

5.4. System Connectivity and Governance

5.4.1. System Governance

5.4.2. Trafford has committed to working with all our partners to provide effective system governance that operates with honesty and transparency. We will foster good working relationships enabling key decisions to be made collaboratively and with the best interests of Trafford residents.

5.4.3. There is an interconnected web of governance made up of different steering groups and boards across our health & care system, and our partners. The boards and groups all have a core purpose and ultimately ensure that all areas of responsibility delegated to constituent organisations can be successfully delivered. Our governance also enables Trafford to make effective decisions around those things formally delegated to the locality from NHS GM.

5.4.4. In addition to our guiding Trafford principles, we need to embed these into our Trafford system governance arrangements, so these principles and behaviours influence the way we all conduct ourselves when developing, designing and delivering services. To ensure our partnership forums adhere to this commitment we have implemented a consistent set of principles which span all our partnership governance arrangements – these meeting / group / board principles focus on:

- Collaborative working
- Embedding a population health management approach
- Value for money
- Promoting innovation
- Championing both locality and neighbourhood service coordination through our integrated neighbourhood model
- Managing conflicts of interest

5.4.5. TLB – The Trafford Locality Board (TLB) is co-chaired by the Leader of the Council and a member of Trafford GP Board. It agrees the shared priorities and strategic direction for health and care in Trafford and undertakes the function and duties delegated to it by GM ICB. The board ensures that that all elements of NHS and local authority services are aligned with the shared Trafford strategic direction and agrees resource allocation within the scope of responsibility delegated to it. The TLB acts as the interface with NHS GM ICB and GM ICP Board.

5.4.6. HWBB – The Health and Wellbeing Board (HWBB) is a public statutory board with functions laid out in the Health and Social Care Act 2012 to encourage integrated working across health and social care commissioners. The board is responsible for the development of Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWSs). It has an overall responsibility to set strategic direction to improve health and wellbeing, including the oversight to the delivery of this Locality Plan.

5.4.7. TPCB – The Trafford Provider Collaborative Board (TPCB) supports the Trafford health and care system to enhance its collaborative efforts to plan, design and deliver health and care services in line with the strategic direction set by the Locality Board and this plan. The board works in partnership to deliver high quality, safe services at the right time and in the right place, and links appropriately to the GM level work programmes and responsibilities of the central GM functions.

5.4.8. TCAPS – The Trafford Clinical and Practitioner Senate is the Trafford locality clinical effectiveness group. It provides a single point of clinical and practitioner oversight of community-based health and care provision across Trafford, with involvement in the design, planning, and delivery of provider collaborative arrangements. It supports the development of clinical pathways and pathway / service redesign, provides evidence-based advice and guidance, and works across organisational boundaries to promote a whole system approach. It makes recommendations and formally supports proposals that pass through to the TPCB for approval.

5.4.9. TLQG – The Trafford Local Quality Group provides a forum for system partners to assess and evaluate system quality risks, mutually hold each other to account on how we are working collaboratively to improve quality and safety within the Trafford system. The LQG will allow for shared learning that will improve services demonstrated by evidence, identify and address inequity and inequality, work to understand and improve the patient journey across the system, celebrate best practice, and provide assurance that the Trafford system is committed to continuous quality improvement

5.4.10. Trafford completes an annual governance review where members of our key governance forums are given the opportunity to comment on their effectiveness and make suggestions for improvements. This is part of our commitment to work collaboratively to ensure we learn from best practice and adapt and improve where necessary to work together to provide strong governance arrangements.

5.4.11. Cooperative Commitment: We will periodically review our governance arrangements to ensure robustness of our approach and processes.

5.5. Networks and Partnership

5.5.1. Trafford has a strong history of partnership working. Throughout the last 5 years, we have strived to improve the connections and visibility of health and care strategy, policy, and practice within a wider set of organisational and system governance. We acknowledge that to improve people’s health and wellbeing we need to work collaboratively outside of health and care, to address the wider determinants of health. Below are a sample of pivotal networks and partnerships that can support our system in achieving the aspirations of our Locality Plan.

5.5.2. Age Well Partnership

5.5.2.1. The Age Well Partnership drives forward delivery of national and local priorities for Public Health in relation to healthy life in older age. The focus of the actions in this work stream is the adults aged 65+, with a particular focus on preventing and addressing frailty, falls, dementia and end of life care. The partnership works closely with other boards and strategic groups to achieve measurable improvement in health outcomes. It also provides education around health inequalities, and ensures that commissioning decisions reflect local ageing well priorities and targets.

5.5.3. Children and Young People’s Partnership

5.5.3.1. The new Children and Young People’s Partnership (CYPP) will work with young people to develop and own the vision for all children and young people in Trafford and work collaboratively to enable them to thrive. The CYPP will work to agree system-wide priorities under a ‘Children’s Plan’ for Trafford and ensure that all our efforts contribute to the things that matter to young people and families.

- 5.5.3.2. The CYPP will support and bring together the work of the Best Beginnings Board, Family Help Board, Youth Network and Thrive (focused on children’s mental health).
- 5.5.3.3. The CYPP recognises the wider health and social determinants that impact on life chances and will work with and beyond core partners to make improvements in the environments that children experience. The enduring inequalities in the experience of different groups also warrants focused attention. Our children live in families and communities, so the CYPP is integrated into wider all age governance and provides a space for relentless focus on children and families to support the aims of the Trafford Strategic Partnership, the Locality Board and Health and Wellbeing Board.

5.5.3.4. **Cooperative Commitment:** We will work with children and young people to interpret the Greater Manchester Joint Forward Delivery Plan for Children & Young People, and agree priorities for Trafford to give every child and young person the best start in life.

5.5.4. Trafford Partnership

- 5.5.4.1. The Trafford Partnership brings together key public, private, and Voluntary, Community, Faith, and Social Enterprise (VCSFE) sector organisations to work collaboratively for the benefit of Trafford as a whole. By working together strategically, across the whole system, it is anticipated that outcomes will be enhanced.
- 5.5.4.2. The partnership re-launched in 2023. Since then, events have focused in on key themes for the partnership, to help foster relationships and establish actions.
- 5.5.4.3. Across 2025, a Trafford Partnership Borough Plan will be developed with partners, to help shape and outline the long-term vision and missions for the partnership.

5.5.4.4. **Cooperative Commitment:** We will support the codesign of the Trafford Partnership Borough Plan ensuring health and care contributes to the prosperity of our locality, and that the Borough plan enables the conditions for thriving, healthy communities.

5.6. Strategy and Planning

5.6.1. GM Planning handbook & our approach to planning in 24/25

- 5.6.1.1. GM have produced an ‘Operational Planning Handbook’ which aims to set out NHS GM’s approach to the annual operational planning round with a specific focus to the upcoming operational planning cycle of 2025/26.

- 5.6.1.2. The Operational Planning Handbook is an essential guide to support the annual operational planning cycle. It will be utilised as a central guide to the system’s planning activity to enable the system to initiate the process successfully on an annual basis.

5.6.2. Trafford Strategy and Planning

- 5.6.2.1. To aid with the strategic planning process, Trafford run an informal Strategy and Planning Huddle on a monthly basis through April - September, followed by a longer, more focused, Strategy and Planning Group through October – March each year. These meetings allow for effective strategy development and prioritise the formal planning cycles allowing partners to influence our collective plans, commissioning intentions and delivery priorities.
- 5.6.2.2. Locally, we will contribute to the GM Operational Plan which will set out how we will achieve the national NHS objectives, as well as acting on the wider influences on health which we know are fundamental to deliver our social model for health.



5.7. Continuous Improvement

- 5.7.1.** Trafford have seen positive performance in a number of areas, that we will seek to build on over the years of this plan. These areas of strength include our Learning Disability Annual Health Checks, where Trafford consistently achieves above the national target of 75%, ranking 2nd out of 106 localities nationally. For Cervical Screening for women aged 25-64 we are also ranked 2nd out of 106 Localities nationally, with a rate of 76%.
- 5.7.2.** As a system we need to listen, learn, and lead. Where we perform positively, we commit to sharing our learning and will seek advice and support from those who are performing better than ourselves in certain areas.
- 5.7.3.** We are committed to embedding a strong and consistent project and programme management approach. This will enable us to make continuous quality improvement as we collectively strive for better services and better outcomes. In doing so we will be able to track benefits, learn from our successes and, equally importantly, learn from our mistakes.
- 5.7.4.** 5.7.4. We will work with our colleagues across GM and the North West and embrace a consistent approach to sector led improvement – learning from others and being responsible for our performance will develop a sense of collective responsibility for the performance of the sector.



**Improving
People's Lives**

6. Improving People's Lives

6.1. Key Drivers for Change

6.1.1. There are a number of key drivers which will influence our collective efforts over the coming years. From national strategy, GM policy, to the needs of our local population, this section outlines some of those key drivers influencing our aspirations and commitments to improve people's lives in Trafford.



6.1.2. National Drivers

6.1.2.1. At the national level, the key political driver is the central government, and the new government in Westminster may lead to changes in priorities and direction. The national NHS bodies provide strategic direction that are implemented locally in ways that are specific and relevant to Trafford.

6.1.3. National Drivers – Independent Investigation of the NHS in England

6.1.3.1. The release of Lord Darzi's report on the state of the NHS in England in September 2024 gives detail into the performance of the NHS and the challenges across the system. The areas highlighted in the report, and the key recommendations made, will shape Trafford's priorities and impetus going forward.

6.1.4. National Drivers – NHS Long Term Plan

6.1.4.1. The NHS Long Term Plan sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care, at the right time and in the optimal care setting. It will give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.

6.1.4.2. The key recommendations and conclusions include a shift to prevention and a focus on primary care and community services; greater integrated care, increasing productivity particularly through technology, and providing clarity of the management structures.

6.1.5. National Drivers - Better Care Fund

6.1.5.1. The Better Care Fund (BCF) programme supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers.

6.1.5.2. Locally the BCF sits within the Section 75 framework partnership agreement between Trafford Council and NHS GM. We have mobilised schemes that support targeted long-term investments to build sustainable community services across all care pathways, to reduce pressure on urgent care, and ensure people can be supported to leave hospital as soon as possible.

6.1.6. Regional Drivers

6.1.6.1. Trafford, as one of the ten boroughs of Greater Manchester, contributes to and is influenced by regional bodies. The local authorities have pooled resources into a Greater Manchester Combined Authority (GMCA), with a GM Mayor, that provides regional political direction and regional strategic planning over a number of areas including some of the key determinants of health. With the transition of Clinical Commissioning Groups into Integrated Care Partnerships, Trafford became part of NHS GM, which provides strategic and operational direction for healthcare across the Greater Manchester region.

6.1.7. Regional Drivers – Greater Manchester Strategy

6.1.7.1. The Greater Manchester Strategy sets out a route, over the next decade, to deliver to a city region that is a place where everyone can live a good life, growing up, getting on and growing old in a greener, fairer more prosperous city region.

6.1.7.2. Locally we are responsible for leading on the implementation of our established model across GM ultimately leading to the delivery of improved outcomes for Trafford people.

6.1.8. Regional Drivers – Greater Manchester Integrated Care Partnership Strategy

6.1.8.1. Our Locality Plan is a key contributing document to Greater Manchester’s Integrated Care Partnership (ICP) Strategy which sets out how we will work together to improve the health of our city-region’s people through the Greater Manchester ICP.

6.1.8.2. What we do in our locality is driven by the 6 missions of the GM ICP Strategy:

- Strengthening our communities
- Helping people get into, and stay in, good work
- Helping people stay well and detecting illness earlier
- The recovery of core NHS and care services
- Supporting our workforce and our carers
- Achieving financial sustainability

6.1.8.3. Trafford’s annual delivery plan mirrors the ambition contained with the Joint Forward Plan and is continually assessed and updated to ensure Trafford’s efforts are aligned.



6.1.9. Cooperative Commitment: We will influence GM strategy by contributing local data and intelligence and play an active role in shaping the GM Integrated Care Partnership Strategy and the Joint Forward Plan

6.1.10. Regional Drivers – NHS GM Single Improvement Plan

6.1.10.1. NHS England issued enforcement undertakings to NHS GM in July 24 and in response to this a Single Improvement Plan was developed. The improvement plan consists of 4 pillars: Leadership and governance; Performance and assurance; Financial sustainability; Quality.

6.1.10.2. Localities have a pivotal role in each of the 4 pillars and this can be further emphasised by the work on the Sustainability Plan – see next section.

6.1.11. Regional Drivers – GM Sustainability Plan

6.1.11.1. A Greater Manchester ICP Sustainability Plan has been developed with partners, based on the recognition that system sustainability rests on addressing the challenges we face across finance, performance and quality and population health - and the relationship between these.

6.1.11.2. The Sustainability Plan shows how the GM System:

- Returns to financial balance through addressing the underlying deficit
- Secures a sustainable future through addressing future demand growth and implementing new models of care year on year
- Utilises a combination of population health measures, system collaboration, and provider efficiencies

6.1.11.3. Localities have been tasked with developing how we will deliver the Sustainability Plan, based on the impact against finance, performance, quality, and population health, and aligned to five pillars of sustainability:

- Cost Improvement
- System Productivity and Performance
- Reducing Prevalence
- Proactive Care
- Optimising Care

6.1.11.4. GM localities have been asked to define their contributions and develop a place-based representation of Sustainability Plan delivery. To do this the locality is asked to consider how it connects the Sustainability Plan to the position of the local authority on adults and children. This is part of a single approach to delivery across health and care that includes embedding a population health management approach to identify at risk cohorts.

6.1.11.5. We aim to put our place model at the centre of our response, with our priorities of:

- Strengthening our community-led neighbourhood model, engaging with residents and partners at the local level to implement neighbourhood plans which improve the building blocks of people’s health and help them stay well longer. Consistent, at scale, delivery of an integrated neighbourhood model – including same day GP access where clinically appropriate, community services delivered to a core GM standard and underpinned by our Live Well model.
- Relentless focus on action at all levels to tackle inequalities overseen by the Fairer Health for All Partnership. This will include identifying priority at risk cohorts each year and taking action to improve our understanding of needs and barriers, to address these. Population health management approaches will support this, through delivery of more resilient primary care connecting to community and intermediate tier services.
- Accelerated progress of our mental health model, particularly crisis and community developments.
- Continued focus on early cancer diagnosis.
- Much greater support for people to take more control over their own health - including digital offers.

- Standardisation of care pathways with consistent offer across GM and reduced variation.
- Significantly expanded use of new care models – including more care delivered outside hospital and better understanding of our community services.

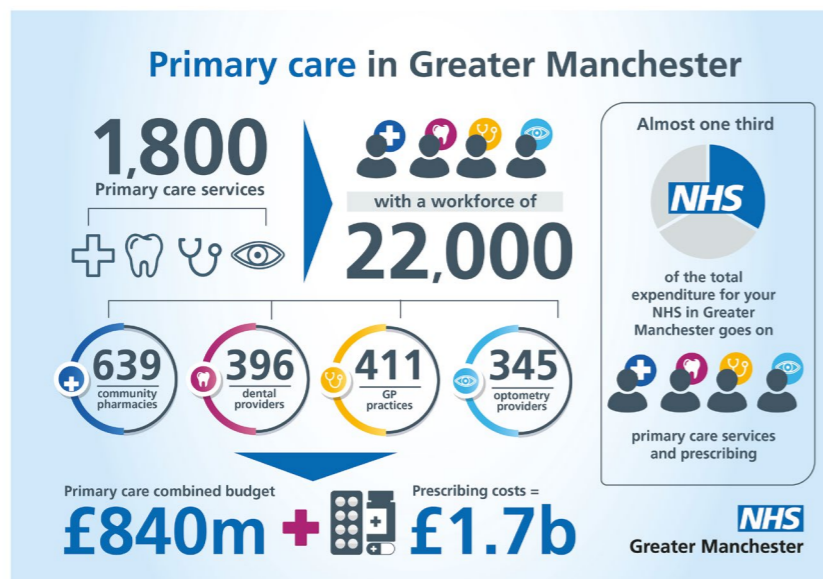
6.1.11.6. Cooperative Commitment: We will move to a model of care that supports people to maintain good health (reducing prevalence and proactive care) by making improvements that allow us to change how we allocate our financial resources.

6.1.12. Regional Drivers – GM Clinical Strategies and Priorities:

6.1.12.1. There are 6 GM clinical priorities which localities are expected to focus on: Primary Care Transformation/Quality, Cancer, Long Term Conditions, Children and Young People, Mental Health, Urgent and Emergency Care. GM strategies are being developed for each of these functions in collaboration with localities.

6.1.13. Regional Drivers – GM Primary Care Blueprint

6.1.13.1. The GM Primary Care Blueprint is the 5-year plan for primary care across our city-region and the changes that will be made to keep it sustainable for the future. It explains how GP practices, dentists, pharmacists, and optometrists will work together with partners from across the GM ICP to meet the physical and mental health needs of our citizens and communities.



6.1.14. Regional Drivers – GM Prevention and Early Intervention Framework.

6.1.14.1. Preventing poor health, and returning people to good health as soon as possible following illness, are fundamental to achieving an operationally and financially sustainable health and care system.

6.1.14.2. To reflect this, GM ICP has developed an NHS GM Prevention and Early Detection Framework which sets out the breadth of preventive activity that is required to achieve the scale of transformational change that is required.

6.1.14.3. Our efforts in locality mirror that of the framework, which sets out the priority areas of focus, our approach to addressing them, the system characteristics and enablers that are required to achieve impact, and the outcomes that we would anticipate.

6.1.15. Regional Drivers – GM Live Well

6.1.15.1. Live Well is GM’s movement for community-led health and wellbeing, supporting healthier, happier and fairer communities by growing opportunities for everyone to Live Well.

6.1.15.2. Live Well is the region’s work and shared commitment to ensure everyone across Greater Manchester can:

- Be connected to a wide variety of activities, support and information
- Be able to contribute to their individual and community wellbeing
- Have the resources to make change happen.

6.1.16. Regional Drivers – Children and Young People Greater Manchester Integrated Care Partnership Joint CYP Delivery Plan

6.1.16.1. We want to ensure that children and young people across GM have the best possible start in life and have their physical and mental health supported as they grow up to become young adults. We recognise that we have variation in the availability and quality of services across GM and demand for services means longer waiting times for assessment and treatment for some of our children and young people. We must collectively focus on early intervention and prevention for children and young people and their families while ensuring that they can access support when they need it.



6.1.17. Cooperative Commitment: Where required we will have placed based representation of GM strategies that accounts for our populations needs

6.1.18. Local Drivers – Strategy

6.1.18.1. The new Locality Plan is an opportunity to outline, rationalise, and connect to our existing commitments in their respective plans. It is also a sensible place to reaffirm our commitment to having proportionate governance and constantly trying to improve current arrangements reflecting on an ever-evolving health and care system.

6.1.19. Local Drivers – Joint Strategic Needs Assessment

6.1.19.1. Our JSNA helps us understand the needs of our population and is essential to good strategic decision making and effective commissioning. It enables us to gather, analyse and interpret data on the health and wellbeing needs of our residents and patients across a range of domains. Some of our key JSNAs are on alcohol and substance misuse and oral health. We are also looking into additional JSNAs on adults with learning disabilities, children’s and adults’ mental health, seldom heard communities, and the health effects of climate change.

6.1.20. Local Drivers – Organisational Strategy and Improvement Plans

6.1.20.1. There are a number of key local and strategies and plans which influence our individual and collective priorities. Some of the main drivers are listed below.

6.1.21. NHS GM Quality Strategy and Quality Assurance and Escalation Framework

6.1.21.1. NHS GM Quality Strategy and Quality Assurance and Escalation framework have an overall commitment from system partners to a shared purpose of people experiencing good quality care. The strategy works to achieve a set of agreed priorities demonstrating that we are committed to providing a personalised care experience that is:

- ☑ Safe
- ☑ Caring
- ☑ Responsive
- ☑ Effective
- ☑ Well led
- ☑ Timely
- ☑ An efficient use of resources
- ☑ Meeting the required standard
- ☑ Provided by staff with the right skills
- ☑ Provided in the right place
- ☑ Well planned
- ☑ Well governed
- ☑ Continuously improving

6.1.21.2. In NHS GM we are committed to a shared view of care quality and good practice across the health and care system. Our ambition from a quality and safety perspective is for a sustainable strategy and framework that encompasses:

- Our agreed system wide priorities.
- Providing good quality, safe care for all.
- Outcomes that are measurable.
- How we will understand people’s experience of care.
- How we maintain safety.
- Outlining the expectation of all who are involved in delivering care.
- Agreed standards so that people who use services understand what they can expect from health and care services.
- Clinical and care professional development to meet the ambition of reducing inequalities.
- The triple aim of improving health and wellbeing, quality of care and ensuring efficient and sustainable use of resources.
- Trafford Council Corporate Plan

6.1.22. Trafford Council Corporate Plan

6.1.22.1. Trafford Council’s Corporate Plan describes the Council’s strategic vision, outcomes and priorities for the borough, with the priorities being key to its delivery. It includes an overview of what the Council will do and how it will work with residents, communities, businesses, and other partners to deliver sustainable change to Trafford in line with these commitments. The new Corporate Plan reflects the ambition of Trafford’s leadership and the values and aims of the Council, providing a blueprint for improving the borough.

6.1.22.2. It will shape the activity within the Council, help prioritise resources and monitor progress made, as well as aligning with strategic financial planning. Given the impact of the cost-of-living crisis, devolution and invigorated partnership working, Trafford Council has expanded its priorities to cover more areas and to further service Trafford’s communities. Trafford Council’s corporate priorities are:

- The best start for our children and young people
- Healthy and independent lives for everyone
- A thriving economy and homes for all
- Address the climate crisis
- Culture sport and heritage for everyone

6.1.22.3. The Council's vision remains: Trafford – where all our residents, businesses and communities thrive. This focus on outcomes, rather than just on the services provided, will help the Council and partners work together towards shared goals, rather than as individual service providers.



6.1.23. Improving Lives Every Day Development Programme

6.1.23.1. The Improving Lives Every Day Development Programme is aimed at improving the process, knowledge, and capabilities of our service to support our people. The programme is designed to ensure that our staff, data and systems are well-equipped to deliver high-quality care and support for residents. The programme of work aligns the improvements in the service offer which will help to assure the delivery of the required areas for development highlighted in the Care Quality Commission (CQC) self-assessment. There 10 projects under this programme. This includes all areas from safeguarding, mental health, workforce development etc. There are dedicated Senior Responsible Officers (SROs) and leads for each project reporting directly to the development board.

6.1.23.2. The framework represents a structured approach to service delivery and improvement. The focus on different workstreams indicates key areas of priority, while the enablers and overarching themes show the foundational and guiding principles necessary for the effective functioning of the Adults Services. Leadership and Equality, Diversity, and Inclusion (EDI) are highlighted as essential elements that influence every aspect of the model to achieve the overall goals.



6.1.24. Trafford Prevention Strategy

6.1.24.1. Preventing ill health and disease before it starts is vital to supporting a thriving population, reducing health inequalities, and delaying the need for health and social care services.

6.1.24.2. There are three aspects to preventing ill health:

- **Primary Prevention** – taking action to reduce the incidence of disease and health problems within the population, either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups
- **Secondary Prevention** – systematically detecting the early stages of disease and intervening before full symptoms develop
- **Tertiary Prevention** – is softening the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

6.1.24.3. Trafford have developed a Prevention Strategy, linked to a number of existing plans and strategies such as Improving Lives Every Day in Adult Social Care. This first iteration has been created at pace with a commitment to refresh and strengthen with the agreement of this Locality Plan.

6.1.24.4. Trafford’s approach to prevention and health improvement is based on six principles.

- We work as a system to deliver prevention – supporting health in all policies and accounting for the wider determinants of health.
- We commission evidenced based and effective programmes. Where the evidence base is uncertain, we ensure a robust evaluation is implemented.
- Programmes are place based, with a geographic and/or characteristic community focus.
- We recognise the impacts of, and address, health inequalities, implementing proportional universalism if required.
- We are committed to our priorities – recognising that the impacts of preventive programmes take an extended period.
- We measure what we are doing to ensure we are making a difference.

6.1.24.5. Cooperative Commitment: We will revisit and revise the Trafford Prevention Strategy to align with the new Locality Plan

6.1.25. Greater Manchester Mental Health Strategy

6.1.25.1. Mental Health Services in Trafford are delivered by Greater Manchester Mental Health Trust (GMMH). The Trust are progressing with a recovery delivery plan alongside some existing transformational programmes of work, such as the community transformation programme. The recovery delivery plan has 5 key objectives, against which it will measure its progress:

- **Quality and Safety** – delivering significant improvements in the quality and safety of care provided across the trust’s services.
- **Leadership and Strategy** – ensuring sufficient capacity and capability at a Board and Divisional level.
- **Culture** – delivering substantial progress towards operating an open and listening organisation.
- **Governance** – embedding an effective clinical and corporate governance infrastructure that supports the identification and effective management of risk.
- **Sustainability** – ensuring the trust is financially and clinically sustainable.

6.1.26. MFT Strategy

6.1.26.1. The Manchester Foundation Trust (MFT) Strategy for 2024-29 sets out the trust’s 5 strategic aims for the five-year period to improve the health and quality of life for our communities.

6.1.26.2. The five strategic aims have been developed with members, governors, and staff to describe the outcomes they want to achieve, and how to measure their success in doing so. These are:



6.1.27. SEND Ambition Plan

6.1.28. The SEND Ambition plan is the agreed partnership SEND strategy. The six ambitions were co-produced with parents and carers. These are:

- Our voices shape our future.
- We will support our children and families with SEND to ensure they have the best start in life.
- We thrive and meet our potential.
- We are equipped with skills for employment and for life.
- We are supported and safe in our homes and communities.
- We are healthy.

6.1.29. Each Ambition has a key lead. Activity is then reported through the SEND governance structure.

6.1.30. Trafford Moving Strategy

6.1.30.1. The Trafford Moving Strategy published in 2023 sets out Trafford’s aim to enable residents to move more every day. It has established the Trafford Moving Partnership to enable more opportunities to be active in the communities where inactivity is highest.

6.1.30.2. The shift towards a more active population is a whole systems approach. The strategy looks at the individual, social involvement, organisations such as clubs and schools; our physical environment such as our green and blue spaces.

6.1.30.3. The implementation of Trafford Moving will contribute to the delivery of GM Moving, which aims to enable ‘Active lives for all’ in GM. Trafford Moving will also seek to demonstrate how Trafford are delivering against the outcomes of Sport England’s strategy Uniting the Movement.

6.2. Trafford Annual Delivery Plan

- 6.2.1.** Trafford developed a new set of local commissioning intentions and delivery priorities for 2024/25, to feed into the System Delivery Plan for Greater Manchester and the Greater Manchester Joint Forward Plan.
- 6.2.2.** These intentions and priorities were amalgamated into a 2024-25 Trafford Delivery Plan. Some of these were activity rolled over from previous years, and others were new and reflected fresh ambitions and the emerging issues in the borough. The priorities which were developed were shared by partners from across health and care and included the Health and Wellbeing Boards agreed priorities.
- 6.2.3.** A large number of intentions and priorities were identified, reflecting the significant amount of work and change taking place across the borough. Therefore, the TLB oversaw a prioritisation exercise to reduce these to a more manageable plan within the available resources.
- 6.2.4.** The GM Commissioning Oversight Group developed prioritisation criteria to determine which priorities had the most significant impact, in terms of alignment with the GM ICP Strategy, and the emerging sustainability plan to address the triple deficits in finance, performance and quality, and population health.
- 6.2.5.** The prioritisation exercise resulted in over 100 intentions and priorities, that were categorised into 7 strategic priorities and the enablers.
- 6.2.6.** We want to build on this approach and embed a system wide annual planning cycle which brings our Locality Plan to life, being clear about our priorities for the forthcoming year.

6.2.7. Cooperative Commitment: We will work collaboratively to develop a system owned delivery plan each year, reflective of our Locality Plan aspirations and guiding GM strategy and national guidance.

	Delivery Ambition	Summary Scope of Delivery	
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.	<ul style="list-style-type: none"> Enhance Smoking & Healthy Weight offer Implement school nursing health offer Supporting social care sufficiency Integrated approach to early years 	<ul style="list-style-type: none"> Autism & ADHD pathways & offers Review CYP community health Violence reduction programmes Speech & Language reform
Prevention & Protection	To improve our offer of services aimed at protecting residents from harm to their health.	<ul style="list-style-type: none"> Drug & alcohol prevention & treatment Domestic Abuse services recommissioned Increased take up of immunisations & MMR Supporting active travel 	<ul style="list-style-type: none"> Supervised toothbrushing scheme Reduce smoking prevalence Enhance sexual health services Strategic development of the Women's Health Strategy
Community Care	To ensure people have access to good quality care in the community all at stages of life.	<ul style="list-style-type: none"> Establishing women's health hubs Transform our community mental health offer Review of our Discharge to Assess model 	<ul style="list-style-type: none"> Improve ageing well services across home care, hospice at home, falls prevention Remodel reablement services
Mental Health	To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people.	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Support programme for isolation, relationships, suicide prevention Reduce Tier 4 admissions for children Review children's mental health Thrive offer
Planned Care & Long-Term Conditions	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention.	<ul style="list-style-type: none"> Leisure schemes to increase activity MSK community triage and assessment LTC pathway redesign with prevention focus Increase uptake of health checks, screening 	<ul style="list-style-type: none"> Improve early detection of cancer and survival rates Targeted lung health checks across practices
Primary Care	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner.	<ul style="list-style-type: none"> Recovery of access to primary care Social prescribing review Focus on CVD and diabetes Develop new spirometry service 	<ul style="list-style-type: none"> Winter capacity increase Implementation of Pharmacy First Improving the primary/secondary interface Recommission public health services
Urgent Care	To enable people to receive the right care, in the right place, swiftly.	<ul style="list-style-type: none"> Enact Urgent Care Review recommendations Deliver UEC Recovery Plan priorities Support the new Trafford Crisis Response Implement a High Intensity User model 	<ul style="list-style-type: none"> Right Care, Right Person for mental health Access to 111 for mental health users Admission avoidance programmes Review, recommission out of hours contracts
Enablers	Creating the conditions for effective change.	<ul style="list-style-type: none"> New governance for autism, carers and learning disabilities SEND commissioning strategy 	<ul style="list-style-type: none"> Joint Strategic Needs Assessment Trafford Workforce Delivery Plan

6.3. Trafford Provider Collaborative Board – Strategic Priorities

6.3.1. Together the Trafford Provider Collaborative Board will support the Trafford health and care system to enhance its collaborative efforts to plan, design and deliver health and care services, resulting in the achievement of our Locality Plan aspirations.

6.3.2. Cooperative Commitment: Commit to open and transparent partnership working in relation to service redesign and transformation to ensure there are no or limited detrimental effects to the system, partner organisations and people.

6.3.3. The four strategic priorities of the Board are the Neighbourhood Programme, Mental Health, Children’s, and Urgent Care – summarised below. There are also 8 ancillary priorities.

6.3.4. Neighbourhood Programme

6.3.4.1. Trafford’s Neighbourhood Programme seeks to embed a neighbourhood model within our health and social care ways of working, delivering services to residents in areas close to them. We work with professionals and local stakeholders to collaboratively identify a population health data-led vision for their area and key priorities to be addressed. We provide strategic leadership to implement tangible benefits for people’s lives.



6.3.4.2. For those with the most complex needs and highest risks, we aim to establish Integrated Neighbourhood Teams, a co-located team of health and social care professionals working together to support residents and improve their health and wellbeing. This new model is being piloted in the South Neighbourhood during the final quarter of 24/25 before being rolled out to the remaining three neighbourhoods.

6.3.5. Urgent Care

6.3.5.1. 2024/25 UEC System Programme Group has now been established, and governance agreed. The locality is in the process of stepping up subgroups focussed on specific workstreams, and agreeing aims, objectives, and timescales for delivery. Key areas of focus for Urgent Care Recovery include:

- **Directory of Services (DoS) Improvement** – Review of accuracy of current Urgent Care Directory of Services and if any gaps in services, identification of next steps to mitigate and improve.
- **Winter Communications and Engagement** – “Get to Know Where to Go Campaign” and wider communications around access to urgent care.
- **111 Primary Care Appointments** – Ensure practices’ clinical systems configured correctly to support 111 direct booking.
- **Focus on Front Door pathways** – Improve site triage times, strengthen use of alternative pathways pathways (i.e. SDEC), improve Mental Health bed escalation process.
- **Focus on Discharge** - Home First Programme reset which includes ‘days kept away from home’ being completed and identify key workstreams to focus development.
- **Newton Europe Review Follow-Up** - Proposal for external support and resource to implement Newton Europe diagnostic recommendations.

6.3.5.2. As part of Winter preparedness the system has also reviewed progress against the UEC 10 High Impact Interventions. The Trafford Acute Respiratory Infection Hub will be in place over the Winter period offering face to face appointments with same day access where appropriate, Monday-Sunday. This will deliver an additional 5,500 respiratory appointments to patients over 6 months. General practices in Trafford will also offer additional same day general practice appointments over the winter period. This additionality will support system wide resilience, reduce demand on A&E and admission avoidance.

6.3.5.3. Trafford Urgent Care Review – The Trafford Urgent Care Review identified 7 priority areas with a range of recommendations that have been agreed by locality and NHS GM system governance which will form a programme of work to improve and develop urgent care within the locality over the coming 12-18 months. The recommendations within the review will serve to enhance, improve, and develop the Trafford urgent care system and offer available to Trafford residents and patients through the establishment, implementation, and delivery of a 12 month+ programme of work commencing in Autumn 2024 which will focus on the realisation of these recommendations within the Trafford system.

6.3.6. Mental Health

- 6.3.6.1. The Adults Mental Health priority centres around the introduction of Living Well by Greater Manchester Mental Health (GMMH) and BlueSci, a collaborative approach with VCFSE partners working in a neighbourhood hub model to link different providers to support individuals in their communities – leading to improved care and outcomes for the Trafford resident.
- 6.3.6.2. Our model, in its broadest interpretation, should address the issues of some service users remaining in mental health hospital beds longer than they clinically need to, and those requiring urgent care not being provided with the most appropriate care.
- 6.3.6.3. This rollout will continue through 24-25 with hubs in the Central and South neighbourhoods, strengthening relationships with the wider community and increasing the referral capacity of the service.
- 6.3.6.4. We are also undergoing a redesign programme of our specialist adult mental health services which is planned to be completed by April 2025
- 6.3.6.5. The Trafford All Age Mental Group (the system group overseeing all age mental health reporting to the Trafford Provider Collaborative, and Locality Board) holds responsibility for the development, implementation and review the Trafford Mental Health & Wellbeing Strategy.

6.3.7. Children's

- 6.3.7.1. The Children's priority centres around the implementation of the THRIVE framework, an integrated, person centred, and needs led approach to delivering mental health services for children, young people and their families across Trafford.
- 6.3.7.2. Emphasis is placed on prevention and the promotion of mental health and wellbeing for children, young people and their families. They are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.
- 6.3.7.3. Through ongoing system review, assessment and engagement the below priority areas of work are identified as fundamental to improving the mental health and wellbeing offer for Trafford children. Newly established governance for mental health in Trafford will support the transformation of this agenda. Partners recognise a joint approach is required to succeed in the current financial climate, and to respond to the continual increase in need and demand for support.
 - Develop a Single Point of Access
 - Reduce waiting times
 - Community Approach
 - Improved Transition Pathways – KS1 to KS2, CYP to Adult services and between services

- Reduce demand for Tier 4, Placements and specialist services e.g. Eating Disorders
- Greater support for families & improved communication
- Early Intervention & Prevention focus

6.3.8. Ancillary Priorities

- 6.3.8.1. The TPCB leads, supports and advises on a range of wider priority programmes, referred to as ancillary priorities. These are regularly reported through the TPCB for advice, support and decisions where applicable. These are Social Prescribing, Home First, Capacity & Discharge Planning, Sexual Health, Primary Care, Women's Health, Intermediate Care, and Falls. More detailed information can be found in Appendix 3.

6.4. Health and Wellbeing Board Priorities

- 6.4.1. Although at a glance the health of our residents appears good, in Trafford we have lots of work to do to support all residents to enjoy healthy and independent lives. Together, through the work of the Health and Wellbeing Board, we are focussing on prevention, promoting wellbeing, and working to address the main drivers of poor health and inequalities. This will support our residents to thrive, and will also reduce health and social care costs, enhance resilience, employment, and social outcomes.
- 6.4.2. The Health and Wellbeing Board has identified 5 priority areas: tobacco use; physical inactivity; being an unhealthy weight; alcohol use; and poor mental health, as the major drivers of poor health and health inequalities in Trafford.

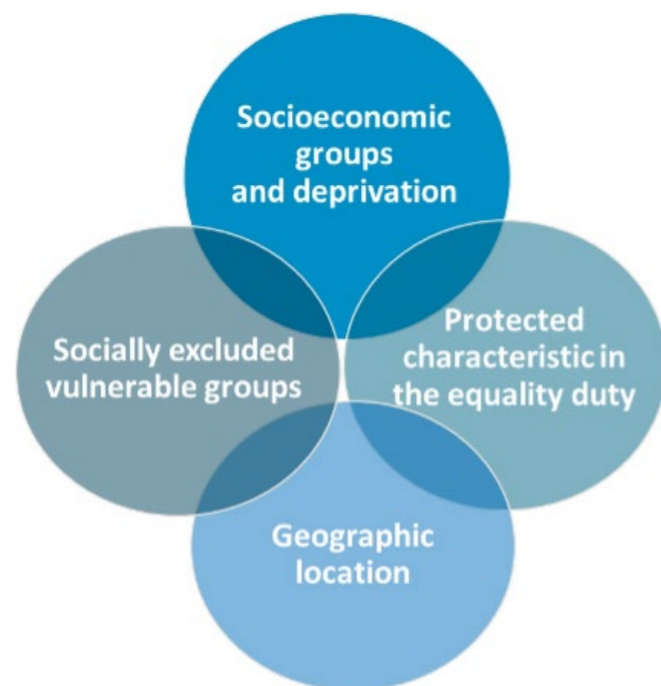


- 6.4.3. Each of the priority areas has an active local partnership that are focused at a population and an inequalities level. Proportional universalism (delivering interventions proportionate to need), promoting inclusivity, tackling the causes, and mitigating the negative impacts of health inequalities are all considered within partnership work programs.

- 6.4.4. The Board has made considerable progress through 2023-24, which demonstrates the strength of partnership working in Trafford. We must celebrate our successes including the reduction in childhood healthy weight inequalities rates at ages 4-5 yrs, and the energy and enthusiasm that has driven the Trafford Women’s Health work.
- 6.4.5. In addition to the priority areas, the Board is also accountable for implementing learning from child deaths, assurance for health protection across the borough, and driving forward work to improve the experiences of women accessing health services.
- 6.4.6. Trafford will work collaboratively with the GM system both ICB and GMCA to ensure that prevention and early intervention activity is central to all our approaches.
- 6.4.7. With accountability to the Health and Wellbeing Board, the Public Health Directorate will develop a Prevention Needs Assessment and Strategy, with monitoring framework.

6.5. Fairer Health for Trafford – Tackling Health Inequalities

- 6.5.1. Fairer Health for All is a GM framework that outlines our approach to addressing root causes of ill-health and inequalities across the city-region.
- 6.5.2. The Fairer Health for Trafford Partnership was set up to provide a focused approach to reducing health inequalities in Trafford by being a tactical forum that coordinates health inequality action across the borough, utilising current governance for delivery.
- 6.5.3. Health inequalities are avoidable and systematic differences in health between different groups of people.



- 6.5.4. The partnership has identified 8 key areas of focus for its activity:

- Broomwood Community
- Old Trafford Community
- Partington Community
- People with Learning Disabilities
- People with Serious Mental Illness
- Unpaid Carers
- Care Experienced People
- People from the Traveller community

- 6.5.5. Via Fairer Health for Trafford we will:

- Advocate for under-served groups and the communities they live in.
- Advocate for system-wide improvements in how population data is recorded, analysed and reported to inform pro-active interventions that address inequalities.
- Commission and influence commissioners to promote ‘proportionate universalism’, aiming to improve the health of everyone, but with a greater focus and intensity on those facing the greatest need.
- Promote equal access to services, experiences and opportunities.
- Work with colleagues to improve access to information and advice for residents and professionals.

6.5.6. **Cooperative Commitment:** We will retain an unwavering commitment to reduce Trafford’s health inequalities through the delivery of high quality and safe services at the right time and in the right place, recognising the unique characteristics of our locality, our neighbourhoods and our communities.

6.6. Trafford Organisational and Sector Strategies and Priorities

6.6.1. Adult Social Care Strategy 2024–27

- 6.6.1.1. Trafford’s Adult Social Care strategy is being finalised in the early Autumn of 2024. The strategy sets out the vision of Adult Social Care services to improve lives every day, and to achieve this through focus on three core characteristics and outcomes: independence, safety, and wellness.
- 6.6.1.2. The strategy, which has been written to be accessible to everyone, reviews the position of adult social care as it stands in 2024. Since 2020/21 there has been a 20% increase in the numbers of people receiving long-term care from the Council.

- 6.6.1.3. The strategy is clear about the achievements of Adult Social Care services – for example, Trafford are placed second in the North West for the proportion of care home residents receiving a service from a provider rated Good or Outstanding by the CQC. But the strategy is also clear about the many challenges facing Adult Social Care services including long waiting lists and service user dissatisfaction.
- 6.6.1.4. The strategy details a set of outcomes to measure services, some of which have been derived from resident (user) and carer engagement. The strategy provides indicators by which the success of its implementation can be judged.
- 6.6.1.5. The strategy sets out how we will deliver our priorities and achieve our outcomes, these are grouped into three thematic areas of Independent, Safe, and Well. Some key priorities highlighted are:
 - **Independent:** Improving the consistency of social workers; recognising the work done by VCFSE organisations
 - **Safe:** Improve risk assessment and responsiveness in mental health services; improving the proportion of residents accessing care home services from providers rated Good or Outstanding by CQC
 - **Well:** Working with partners to extend and develop our neighbourhood approach; supporting providers to promote wellbeing for residents and staff
- 6.6.1.6. The strategy emphasises the importance of partnership working in every aspect of Adult Social Care, including partnerships with residents and carers, and with the NHS including with NHS GM. Equally important to the strategy is the role of Trafford's VCFSE sector which plays a particularly vital role in prevention.

6.6.2. Transforming Community Services

- 6.6.2.1. As part of GM ICS's new operating model, the management of all NHS community services will now be led by the 10 localities within GM ICS. This new structure, which began its shadow phase on 1st April 2024, is set to officially transfer service budgets to the localities by 1st April 2025.
- 6.6.2.2. In preparation for the upcoming budgetary transition, the GM Sustainability Services Programme has coordinated a GM Community Services return for all localities. The return captures key data for each service, including compliance with service specifications, activity levels, and financial information. GM will undertake a review of all localities community services and make recommendations in service delivery models with the aim to develop more consistency of delivery across GM.
- 6.6.2.3. In the Trafford locality, we will aim to align to any recommendations in our local community services but in preparation our own community services review is being undertaken.

- 6.6.2.4. Community services cover a wide range of services and provide care for people from birth to the end of their life. Community health teams play a vital role in supporting people with complex health and care needs to live independently in their own home for as long as possible. Services also include health promotion services, such as school health services and health visiting services.
- 6.6.2.5. Many services involve partnership working across health and social care teams, made up of a wide variety of professionals including community nurses, allied health professionals, district nurses, mental health nurses, therapists and social care workers.
- 6.6.2.6. With the above in mind, the community services review will help ensure more joined-up health and care and improved support for people of all ages.
- 6.6.2.7. Whilst the original focus of the review is focused on community health provision, the review will broaden its scope to consider how we integrate the work of our community providers with social care, primary care, Council services, Public Health and VCFSE sector groups.
- 6.6.2.8. Our vision is to help the people of Trafford to live longer, healthier, and happier lives. The priorities of the review:
 - Driving integration to deliver people-centred care that is joined-up and consistent. This means a shift in focus and investment to community-based support so that people stay healthier for longer in their own homes and communities.
 - Prioritising prevention to support people to be healthy, independent, and resilient throughout their lives. Community services can ensure that signs of developing conditions and ill-health are proactively addressed.
 - Breaking the cycle of inequality across defined social groups. Community services would work alongside councils and VCSE organisations to improve the determinants of health and target risk factors such as smoking and obesity.
 - Enabling resilient communities by releasing and supporting them to have the knowledge, assets, and abilities to help residents flourish. Community services are well placed to work in partnership to facilitate this change.

Building a Sustainable Health and Care System

7. Building a Sustainable Health and Care System

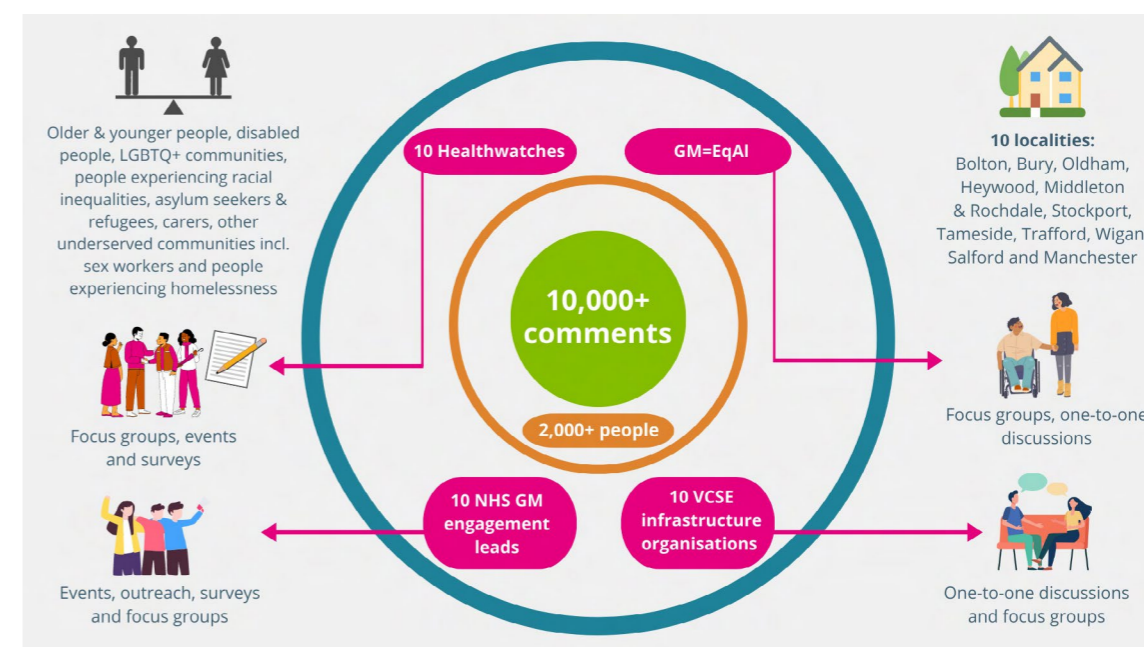
7.1. What we know already

7.1.1. Existing intelligence, research, and evaluation

7.1.1.1. Trafford has a rich understanding of its population and communities. Together, as partners, we have assessed our ability and processes to meaningfully engage with partners and people – the findings highlighted a wide range of methodologies being deployed that are successful in understanding our communities' needs. The intelligence gleaned from the work we are carrying out as individual organisations, functions and partnerships is all utilised to assist the development design and delivery of health and care services. Some recent examples of positive engagement and the intelligence this created have been highlighted below.

7.1.1.2. Big Conversation: Trafford led the way in engaging with the public as part of the wider Big Conversation across Greater Manchester. It took place in October 2022 and involved a range of methods for engaging people across the region.

7.1.1.3. In Trafford we worked in partnership to speak to over 170 people from diverse backgrounds including men and women, older and younger people, carers, LGBTQ+, people with disabilities, members of different BAME communities, asylum seekers, refugees and other excluded groups.



7.1.1.4. Below are some of the key findings and points of feedback from the Trafford conversations:

- **The need to focus on 'prevention'** – examples given such as better diet, exercise, social prescribing, education on health, screening.
- **Leisure** – examples given such as social interaction and meeting people, access to leisure and gym facilities.
- **Mental health** – examples given include more focus on children and adult mental health, preventive services and support available in a timely manner when needed).
- **GP** – Access to GP appointments to be quicker and easier to navigate
- **VCFSE** – Enhanced support for the VCSFE sector to thrive, enabled by increased funding for local groups, improved co-ordination between our local organisations and with statutory and health services.

7.1.1.5. Healthwatch Trafford have also completed over the years numerous in-depth reports in pursuit of improved services – the range of reports include analysis and recommendations on the following services / areas of work (For more detail see appendix):

- **COVID-19:** Covid Awareness / Awareness of Long Covid and support in Trafford.
- **Occupational Therapy:** Occupational Therapy Services Assessments Adaptations, and Equipment
- **Dentistry:** Access
- **Mental Health:** Digital support for children and parents with mental health issues, and the pathways and access to CAMHS
- **General Practice:** Access to General Practice in Trafford
- **Vaping** – prevalence amongst children and young people

7.2. NHS Fit for the Future

7.2.1. The development of the new Locality Plan helpfully coincided with the desire from NHS GM to hold a public facing engagement exercise with people of Greater Manchester on an NHS fit for the future. We used this as an opportunity to combine our collective engagement efforts to fuel both GM level strategy and plans and our Locality Plan.

7.2.2. To achieve the ambitions in the strategy, we need to work together with staff, stakeholders and communities to create an NHS fit for the future.



7.3. What Trafford people, communities, and stakeholders told us

7.3.1. Our engagement approach to develop our Locality Plan was aligned to the building blocks of our Trafford Participation Framework. It was predicated on comprehensive and targeted public, stakeholder and partner conversations.

7.3.2. NHS Fit for the future – public engagement

7.3.2.1. A face-to-face public event was held in Trafford to provide an opportunity for residents to discuss health and care challenges, plans and ideas at both a GM and Trafford locality level. This comprised tabletop discussions and prioritisation exercises.

7.3.2.2. Key Findings

- 7.3.2.3. A high-level summary of the feedback can be found below, the full report can be found in the appendix:
- 7.3.2.4. A recurring topic was reducing waste. Attendees wanted to see greater consistency and joined up approach in IT, improved medicines management, and a reduction in appointment non-attendance.
- 7.3.2.5. There was support for initiatives such as Hospital Home, to receive greater care in the community, utilising volunteer resources, and increase patient feedback tools such as patient participation groups. There was also a strong emphasis on the importance of low waiting list times.
- 7.3.2.6. Attendees were asked for their priorities around health for them personally. Some key themes emerging included maintaining independence, activities to maintain their own health and wellbeing including social prescribing, accessing local community services such as primary care, pharmacies and dentistry, and the importance of person-centred care.

7.3.3. Trafford Locality Plan – Public Engagement

- 7.3.3.1. Healthwatch Trafford led on the Trafford Locality Plan Engagements from August to September 2024. Our aim was to get feedback from groups that seldom have the opportunity to share their views, leaders that have knowledge of their community's needs, and residents that access high footfall areas in Trafford.
- 7.3.3.2. Healthwatch targeted their approach based on the Locality Plan Delivery Priorities. They engaged with over 500 residents at events, drop-ins, focus groups, and via survey. These included unpaid carers, people with lived experience of care, areas with a high proportion of minority ethnic people, those with serious mental health issues, the Roma/Traveller Community, and people with learning disabilities and autism.

7.3.3.3. Key Findings

- 7.3.3.4. Below is a high-level summary of our key findings, a full detailed report can be found in the appendix.
- 7.3.3.5. Out of the 3 aspirations/priorities from the previous Locality Plan, the public ranked 'Better lives for the most vulnerable' as the most important, followed by 'Better wellbeing for the population', and 'Better connected communities'.
- 7.3.3.6. Some of the key issues mentioned to Healthwatch included: mental health and access to services, community, support for carers, social care, GPs, Autism/ADHD and related conditions, care for the elderly, dentistry, and preventive measures.
- 7.3.3.7. When asked about how to improve services, comments came under the umbrellas of training and recruitment of staff, better communication, improved mental health support, increase in health and social care funding, increased diversity and reduced discrimination. Over half were categorised under community support, access to care, GPs, palliative care, and transportation.
- 7.3.3.8. The survey undertaken by Healthwatch had the following findings:
 - 7.3.3.9. 78% wanted to see changes to health and care support, mostly to GP access and waiting times, but also referral efficiency, dental care, cultural sensitivity, access to specialists, and reviews of long-term conditions and care finance assessments.
 - 7.3.3.10. 60% said the NHS should use its money to address long waiting times, 39% wanted more for social care, and 37% suggested A&E departments should refuse to see people with minor health conditions. Also mentioned: 'Altrincham Minor Injury Unit', 'Access to services', 'Pay cuts for management staff'.
 - 7.3.3.11. People felt that more money for health and social care, staff recruitment and training, and increased access to services would improve care. Also mentioned: better mental health and children's care, support for carers, and communication.
 - 7.3.3.12. Residents said money could be saved through staffing, efficient working, and preventative and appropriate care. 73% suggested reducing waste through more purchasing efficiency, technology use, and use, reuse and disposal of equipment.
 - 7.3.3.13. To help align the responses across the events and survey with our agreed delivery aims, these have been linked in the table below:

7.3.4. Trafford Locality Plan - Stakeholder Engagement

7.3.4.1. We have visited several organisational meetings and partnership forums and nuanced our key lines of enquiry to ascertain as much specific feedback as possible which has positively influenced the content of our plan and enabled tangible organisational and partnership actions.

7.3.4.2. We have engaged with the following organisations and partnership forums: GMMH SLT, TLCO Executive, MFT Strategic Commissioning, Mastercall, Trafford Community Collective, Healthwatch Trafford, Trafford Council, NHS GM Trafford, Trafford Provider Collaborative Board, Trafford Locality Quality Group, Trafford Clinical and Practitioner Senate, NHS GM Staff Time Together, Children’s Commissioning Board.

7.3.4.3. Some of the key findings include:

- **Prevention** – we require a genuine shift to focus on prevention and proactive care
- **Frailty** – proactive identification for those at risk through a structured approach to risk stratification.
- **Staff Engagement** – involvement from all levels to be the drivers of service redesign.
- **Strategy** – integration of existing strategy and plans, streamlining wherever possible and avoiding duplication.
- **Neighbourhoods** – they are our ‘unit of delivery’, building on existing good practice we should be rooting health and care services as close to our communities where it makes sense to do so.
- **Investment** – protect current investment and enhance investment where viable in community health services – working together to strengthen current arrangements
- **Mental Health** – transformation of our community mental health teams and embedding mental health as an intrinsic part of our emergent neighbourhood model.
- **Reform** – agree our long-term areas of reform, with clear organisational responsibilities. throughout the pathway – using the sustainability plan as the vehicle for change.
- **Transparency** – of our collective decision making and understanding the repercussions of changing/new services.
- **Inequality** – ensure commissioning, service redesign and transformation positively addresses our health inequalities.

	Delivery Ambition	Public – What we Heard	Stakeholders – What we Heard
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.	<ul style="list-style-type: none"> • More support for young people e.g., free meals, youth clubs. • Better mental health services. • Easier access to children’s health services through schools, especially mental health. • Improve patient/staff relationships. • Improve efficiency of midwife appointments. • Review vision testing in schools 	<ul style="list-style-type: none"> • Create closer connections between GM maternity services and our local offer • Significant gaps in mental health assessments for children
Prevention & Protection	To improve our offer of services aimed at protecting residents from harm to their health	<ul style="list-style-type: none"> • Preventative health- tackling childhood obesity. • More long-term prevention programmes. • Need for better focus on prevention by listening to staff and patients. • Better investment in prevention could reduce community crisis situations and hospitalizations. • Minor health centres should be funded better as prevention is better than cure. 	<ul style="list-style-type: none"> • A shift to the left – prevention and proactive care • Enhancement in universal services • Agreed increase in prevention investment – aligned to the sustainability plan • Risk Stratification – Using data to plan and support better care • Strong Communities – empower residents and create conditions for self-care • Work together to improve the ability of the VCFSE sector to demonstrate contribution to our agreed shared outcomes
Community Care	To ensure people have access to good quality care in the community all at stages of life.	<ul style="list-style-type: none"> • Better community health services, more funds to community nursing and social care. • Working with vulnerable people will help as care in community saves NHS money. • “Healthy living” advice in the community is needed. • Need to stop getting rid of community spaces like libraries. • Better support should be offered to grassroot organizations so they can have the power to effect change, especially within deprived communities. • Need to connect young people and youths to jobs through community programs. • Early identification of carers and referring to services for ongoing support • Greater recording and sharing of medical equipment for patients at home, to increase access • Develop Hospital at Home service 	<ul style="list-style-type: none"> • Protect current investment and enhance investment where viable in community health services • Enhanced District Nursing capacity • Neighbourhoods being our ‘unit of delivery’ • Enhanced support for our Carers through more targeted interventions and diverse offers of support, recognising needs
Mental Health	To provide fair and accessible services to maximise mental & emotional wellbeing for adults and young people	<ul style="list-style-type: none"> • More support for carers’ mental health & wellbeing. • Improve mental health awareness within the Roma and traveller community. • Better mental health services for all in the community. • Improve mental health provision for children, the elderly and people with disabilities. • Investment in mental health to improve physical health. • Treating mental health the same way as physical health could save money in the long term. • Need for school teams improvement to support children’s access to mental health support. • Better mental health support for those with alcohol and drug-related problems. • Need for improved mental health support for young people. 	<ul style="list-style-type: none"> • A wide and varied set of services that can effectively cater for our neurodiverse people/communities – particularly those with complex needs • Enhancing talking therapies provision • Full roll out of our Living Well Model • Recognition of physical health issues of people experiencing mental health issues • Transformation of our community mental health teams

	Delivery Ambition	Public – What we Heard	Stakeholders – What we Heard
Planned Care & Long-Term Conditions	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention	<ul style="list-style-type: none"> • Treat the cause not the symptoms. • More support for people with Learning Disabilities. • Better pathways and understanding for people with Autism. • Concern about the cap on care provision costs for elderly. • Cancer treatment – more early intervention. • Alignment with occupational therapy to help reduce readmission 	<ul style="list-style-type: none"> • More proactive use of data and intelligence to understand risk of frailty • Enhanced diagnostic capacity at different spatial levels • Work flexibly in multidisciplinary ways to support people and families experiencing multiple disadvantage • Improve the connectedness of our social prescribing offer to people with LTC's
Primary Care	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner	<ul style="list-style-type: none"> • GP appointments must be more flexible. • More family orientated drop-in clinics. • More face-to-face appointments. • Improve availability/affordability of dental care. • Better access to community dentistry service. • Consistency in how GP practices use the NHS app • Challenging an overprescribing culture • Better communication between GPs and Pharmacists • Efforts to reduce appointment non-attendance • Support and promote patient participation groups 	<ul style="list-style-type: none"> • Enhanced use of SMS messaging to communicate with the public • Improve how we calculate the impact (£ & outcomes) of primary care services • Enhance connections between primary care and VCFSE sector – learning from Health in Communities
Urgent Care	To enable people to receive the right care, in the right place, swiftly.	<ul style="list-style-type: none"> • More responsive adult social services. • Prioritise medical urgency over bureaucracy. • Need for better triage system so there's less pressure on urgent care. • Improvement in primary and social care provision to reduce people's need to visit A&E. • Need for A&E in areas that are in close proximity to people. • Dedicated phlebotomy in emergency departments • Query if 111 is too risk averse resulting in unnecessary attendance 	<ul style="list-style-type: none"> • Agree our long-term areas of reform, with clear organisational responsibilities throughout the pathway • Enable and mobilise Hospital @ Home • Amplification of Get To Know Where To Go' • Completion of the Urgent Care Review recommendations • Optimise the role of the VCFSE sector and Primary Care in tackling winter pressures
Enablers	Creating the conditions for effective change	<ul style="list-style-type: none"> • Increase funding for social care assessments and reviews. • Increase in staffing across all agencies and departments to help deliver efficient and valuable services. • Increased funding for transport in social prescribing initiatives. • More money should be spent on staff training to better educate people on diversity • Need for more diverse voices in order to have system changes • Invest better in the promotion of mental health support to avoid crisis situations and hospitalization • Invest in robust IT services rather than keep on changing systems and devices. • Joined up IT systems and integration with community sector providers • Develop volunteer roles to support health professionals 	<ul style="list-style-type: none"> • Ensure different plans and strategies read across and align • Commissioning intentions must be codesigned and system owned • Prioritisation – linked to the pillars of the sustainability plan • Effective public engagement strategies – managing the public's expectations • Transparency of our collective decision making • Ensure commissioning, service redesign and transformation positively addresses inequalities • Utilise available artificial intelligence and be a locality that embraces digital solutions • Utilising our physical assets to enable co-location and integrated ways of working



Trafford's Enablers

8. Trafford's Enablers

8.1. Retaining, developing, and attracting our future workforce

8.1.1. In Trafford we have constructed a Locality Workforce Delivery Plan to respond to the aims and objectives of the GM People and Culture Strategy. To develop the plan, partners completed a simple self-assessment to understand existing strategy, policy, activity and work programmes. Partners were also engaged to highlight their respective pressing risks, issues and challenges. Using the outputs from this exercise the information has been used by the Trafford Workforce Group to develop its first set of strategic priorities for delivery in 24/25:

- Join Workforce Induction and Orientation.
- Integrated Career Pathways.
- Data and Intelligence: Virtual Workforce Information System.

8.1.2. The new strategic priorities are in addition and complementary to the existing work being led by specific sectors, organisations and departments/functions within organisations which has also been mapped against the 10 aims of the GM People and Culture Strategy.

8.1.3. Cooperative Commitment: We will commit to delivering the three strategic priorities of the Trafford Workforce Delivery Plan

8.2. Unlocking our economic potential (Work Well)

8.2.1. Trafford Council's refreshed Corporate Plan sets out intentions to help people to gain skills and improve access to employment, and to improve health and wellbeing to reduce the impact of poverty, concentrating on communities with the greatest need.

8.2.2. Good work is an important driver of health and wealth for families and communities, benefitting wider society through increased productivity.

8.2.3. One key programme we are committed to delivering in Trafford is WorkWell.

8.2.4. WorkWell is an early-intervention work and health assessment service, focused on low-intensity holistic support for health-related barriers to employment. The programme aims to help individuals to remain in or enter into good work. NHS Greater Manchester has been identified as one of 15 areas nationally to deliver this 18-month pilot.

8.2.5. Trafford's WorkWell programme builds on the borough's integrated neighbourhood approach and strong links with the VCFSE sector. Work and Health Coaches placed

in Trafford's 6 community hubs located in Old Trafford, Stretford, Sale, Urmston, Partington, and Altrincham will deliver light-touch work and health support to individuals who are unemployed or at risk of unemployment due to poor health. An additional Work and Health Coach will be located in Trafford General Hospital to provide employment support to patients with Musculoskeletal conditions. The learning gathered from this pilot will inform our future thinking around tackling rising ill-health related economic inactivity.

8.2.6. Work Well combines with and adds value to existing worklessness programmes aiming to increase the number of individuals in good work.

8.3. Maximising Social Value

8.3.1. Greater Manchester's 'Build Back Fairer Framework' outlines in detail the role of the NHS as an Anchor Institution.

8.3.2. Anchors have significant assets and spending power and can consciously use these resources to benefit communities. The health and care organisations in GM and specifically Trafford are uniquely positioned to optimise their resources to ensure care is delivered to local communities in an inclusive way. There is also a wider impact that can be delivered in a place through wider partnerships to further improve health and wellbeing

8.3.3. In Trafford we are building on previous Locality Plan commitments to maximise the impact of social value in Trafford. A 'Social Value Maturity Index' exercise was completed which generated recommendations and actions, including the creation of a Social Value Charter and a dedicated action plan to align Trafford-specific social value Themes, Outcomes, and Measures (TOMs) in line with Trafford's corporate priorities.

8.3.4. Under the stewardship of the Trafford Social Value Steering Group Trafford Council have embedded social value through internal and supply chain processes as well as supporting suppliers with ways to meet their social value commitments locally. In the health and social care sector, the aim is to ensure that through strategically embedding Trafford's social value priorities early in the commissioning process and throughout supply chain delivery we will maximise resources and service spend across the system effectively to enhance social value outcomes for local communities, socially, economically and environmentally.

8.3.5. To help drive this step change in how we embed social value we have developed a Trafford specific social value suppliers pack, creation of an 'Ask & Offer' social value brokerage tool to create a community wish list for suppliers to support, and coordination of regular supplier/business networks and events to showcase local social value opportunities.

8.3.6. Cooperative Commitment: Trafford partners and stakeholders will play an active role in refreshing the Trafford Social Value Charter Pledge and commit to working towards the seven principles.

8.4. Embracing Technology and Digital Approaches

- 8.4.1.** The digital teams in Trafford’s health and care organisations are supporting the locality plan 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 health and care workforce by improving the IT experience when working across different Trafford organisations, and when working at a partner building.
- 8.4.2.** 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 are being 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.
 - **Robotic Process Automation** – process low risk and repetitive transactions in larger volumes and more quickly by automating processes.
- 8.4.3.** Digital inclusion is a key initiative for all health and care partners. Trafford Council are progressing several community-based initiatives that support Trafford citizens and communities to improve their digital skills and confidence. This includes providing access to digital devices and support for those in need, via community digital hubs within libraries and community centres. The Trafford Digital Facilitator is supporting the digitally excluded with access to primary care services including guidance on using the NHS App.
- 8.4.4.** One of the Darzi Independent Investigation priority themes is a ‘Tilt Towards Technology’ in order to unlock productivity and enable a shift in the model from ‘diagnose and treat’ to ‘predict and prevent’. The Darzi report calls for more capital funding to enable digital transformation and to improve productivity. This will need to be considered further nationally and within the ICB, but in the interim Trafford partners will continue to support digital transformation with available resources.

8.5. Cultural Strategy

- 8.5.1.** Greater Manchester has committed to becoming a creative health city region. This means we will be the first city region in the world to realise the power of creativity, culture and heritage in addressing inequities and improving the health and wellbeing of its residents.
- 8.5.2.** In Trafford, culture matters. For everyone. It has the power to change lives for the better. There is a reason we place such value on fashion, music, art, film or sport. It helps to define us. It helps us understand who we are. It gives us an identity, a sense of belonging. We will make Trafford a place powered by cultural and creative expression that comes from everyone, and which will enrich lives and life chances.
- 8.5.3.** Trafford is the birthplace of the NHS – and community health and wellbeing are a vital driver for cultural activity in Trafford. This is showcased by its strength and ambition in sports, leisure and physical activity; they provide inspiration and models for arts and culture and add to the borough’s image as a good place to live.
- 8.5.4.** Trafford has a vibrant cultural offer, with entertainment and participation in theatre, music, dance, film, visual arts, literature, heritage, street arts, film and digital, across a variety of scales, delivered by a strong mix of national companies through to local organisations, including libraries. The borough is home to Greater Manchester’s ‘talent belt’, and 25% of the creatives delivering across the whole combined authority area are resident in Trafford, and is currently activating its Cultural Strategy, including through a Creative Cluster programme and working together with neighbourhood plan leads.
- 8.5.5. Cooperative Commitment:** We will capitalise on the existing learning arising from recent UKSPF-funded grants programmes and community-led initiatives in neighbourhood plans, to grow our collective understanding and to develop Trafford’s creative health offer.

8.6. Estates Strategy

- 8.6.1.** 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.
- 8.6.2.** 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.

8.6.3. 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.

8.6.4. We are further embedding this cooperative approach through development of the Trafford Strategic Estates 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.

8.6.5. 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.



**How will we know
if we have made
a difference?**

9. How will we know if we have made a difference?

9.1. Our commitment to 'collective action'

- 9.1.1.** We are committed to reporting on how successful we are in achieving the aspirations set out in our locality plan and have identified progress measures that align with our delivery areas, outcome statements and more practical cooperative commitments.
- 9.1.2.** We will establish a set of measures aligned to our place-based representation of the GM Sustainability Plan on which we expect to see change in the longer term.
- 9.1.3.** We have also included where appropriate short-term measures to ensure we continually improve quality of care and strive for improved services, tackling some of the pressing in-year challenges.
- 9.1.4.** The below table includes an example set of measures we will monitor through appropriate organisational and system governance. We will work together to establish the final set of measures and ensure they are analysed in the correct groups and boards to drive improvement.



Aspirations	Delivery Priorities	Delivery Ambition	How we will Measure
Stronger communities Better wellbeing for our population Better lives for our most vulnerable people	Children, Young People & 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.	<ul style="list-style-type: none"> • Access to children & young people's MH services • Wellbeing / life satisfaction • Access to autism assessments • Supporting Families Outcomes • Reduction in referrals and re-referrals to specialist interventions • Obesity in 4-5 / 10-11-year-olds • Children with Dental Decay • Active / Inactive Children • Children in poverty • School readiness • Increase in the number of young people screened for Chlamydia and Gonorrhoea.
	Prevention & Protection	To improve our offer of services aimed at protecting residents from harm to their health.	<ul style="list-style-type: none"> • Healthy life expectancy • Preventable mortality rate • Cancers diagnosed at early-stage • Active / Inactive adults and Children • Overweight or obese adults • Smoking prevalence • Increase the number of women using long-acting reversible contraception • Earlier detection of breast, cervical and bowel cancer • Prevention of falls • Antibiotic prescribing
	Community Care	To ensure people have access to good quality care in the community at all stages of life.	<ul style="list-style-type: none"> • 2-hour urgent community response contacts • Levels of community nursing • Access to community MH services for adults • Access to community MH perinatal services • Access to specialist community palliative care • Reduced rate of permanent admissions to residential and nursing • Increased safeguarding outcomes achieved in the Making Safeguarding Personal survey • Improve success of short-term services • Successful completion of substance use and alcohol treatment • % good or outstanding care homes
	Mental Health	To provide fair and accessible services to maximise mental and emotional wellbeing for adults and young people.	<ul style="list-style-type: none"> • Age 14+ with completed LD health checks • Dementia diagnosis rate • Out of area MH placements • MH patients with no criteria to reside • Talking therapies access rate • Long length of stay for adults • Co-produced measures with VCSFE partners • Population wellbeing
	Planned Care & Long-Term Conditions	To support people with planned care and long-term conditions with timely and effective care, and to increase prevention.	<ul style="list-style-type: none"> • NHS Health Checks • GP G&A referrals made • Total G&A referrals made • Diabetes • CVD% of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins • Dementia: Diagnosis Rate (Aged 65+)
	Primary Care	To support primary care to provide the best and most appropriate service to people in an accessible and timely manner.	<ul style="list-style-type: none"> • Hypertension patients treated to target • CVD risk patients treated with statins • Regular GP appointments within 14 days • E-coli bloodstream infections • Total antibiotic prescribing • Broad-spectrum antibiotic prescribing
Urgent Care	To enable people to receive the right care, in the right place, swiftly.	<ul style="list-style-type: none"> • A&E 4-hour performance • A&E Attendances • Adult G&A bed occupancy • Patients with no criteria to reside • Non-elective hospital spells • Adult overnight G&A beds available 	

9.2. Locality Performance Arrangements

9.2.1. To help us understand performance of both Sight and Oversight metrics we will draw upon a number of key documents which will be routinely shared in our existing governance architecture. Some of the below products are routed in existing governance and some are in development – we will continue our codesign approach to establishing optimum performance arrangements and strive for meaningful performance products that enable us to scrutinise performance and encourage a continuous improvement approach. Some of our key products include:

- Trafford Locality Scorecard.
- Trafford Health and Wellbeing Board Scorecard & Dashboard.
- Trafford Sustainability Scorecard.
- Thematic Scorecards: Primary Care, Mental Health (CYP and Adults), Health Inequalities, Long Term Conditions etc.
- Neighbourhood Scorecards.

9.2.2. Cooperative Commitment: We will develop a Trafford Locality Outcomes Framework that enables our system to have sight of our key performance metrics and drive forward our collective efforts for improving the health of Trafford residents

9.3. Place Assurance

9.3.1. To ensure our locality efforts are having the desired impact and helping us pursue our common goals GM ICB have constituted a place-based assurance process.

9.3.2. Place-based assurance is the means by which the ICB will gain assurance against responsibilities delegated to locality committees (Trafford Locality Board). It is carried out as an internal assurance process undertaken as a collaborative exercise.

9.3.3. We will proactively participate in a process of assessment against specific 'sight' responsibilities outlined in the GM operating model and will focus on the 4 domains of quality and safety, finance and contracting, performance and workforce.

9.3.4. Equally we will not lose sight of our commitment to prevention and proactive care, ensuring we pay equal attention through our assurance arrangements to short and long-term objectives.

9.3.5. Cooperative Commitment: We will have an equal and unwavering commitment to focusing on our in-year performance challenges and our long-term commitment to improved population health.

9.4. Annual Reporting

9.4.1. We will work across our partnership to compile a series of targeted annual reports aligned to our Locality Plan and Annual Delivery Plan.

9.4.2. We will empower our partnerships and forums to capture the work they are responsible for and proactively use our existing governance infrastructure to play back key achievements and highlight areas for concern that may influence future strategy. We will build on existing annual reporting arrangements such as the Directors of Public Health Annual Report, the Trafford Health and Wellbeing Board Annual report and Trafford Provider Collaborative Board Annual summary of achievements.

9.4.3. Cooperative Commitment: 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.





Appendix

10. Appendix

- 10.1.** This Locality Plan has referenced a number of additional strategies, plans, and reference materials. The links to these, if you wish to find out more information, are listed below:
- 10.2.** Trafford Locality Plan 2016: [Trafford Locality Plan 2016](#)
- 10.3.** Trafford Locality Plan 2019: [Trafford Together Locality Plan](#)
- 10.4.** Trafford Locality Plan 2021 Refresh: [Trafford Locality Plan](#)
- 10.5.** Trafford Mental Health and Wellbeing Strategy: [Trafford Mental Health & Wellbeing Strategy](#)
- 10.6.** ICP Strategy | Greater Manchester Integrated Care Partnership (gmintegratedcare.org.uk)
- 10.7.** Joint Forward Plan | Greater Manchester Integrated Care Partnership (gmintegratedcare.org.uk)
- 10.8.** Workforce Delivery Plan: (Public Pack) Agenda Document for Trafford Locality Board, 21/05/2024 13:00 (gmintegratedcare.org.uk)
- 10.9.** Trafford Social Value Charter: [Social Value Charter_Appendix 1.pdf](#) (trafford.gov.uk)
- 10.10.** Trafford Cultural Strategy 2023-28: [EXEC](#) (trafford.gov.uk)
- 10.11.** Fairer Health for All: Fairer Health for All | Greater Manchester Integrated Care Partnership (gmintegratedcare.org.uk)
- 10.12.** GM Anchor System: GM as an Anchor System (NEW) | FHFA Academy (gmtableau.nhs.uk)
- 10.13.** GM Primary Care Blueprint: <https://gmpcb.org.uk/about-us/greater-manchester-primary-care-blueprint/>
- 10.14.** NHS England: [UEC recovery plan delivery and improvement support](#)
- 10.15.** Darzi Report: [Independent Investigation of the National Health Service in England](#)
- 10.16.** The Lundy Model | Research | [Queen's University Belfast](#)
- 10.17.** Nolan Principles: [The Seven Principles of Public Life](#) (GOV.UK)
- 10.18.** Trafford Primary Care Quality Contract: [Item 8 - Primary Care Medical Briefing Paper.pdf](#) [NHS England](#) » [GP Contract](#)

- 10.19.** Census 2021 Trafford Data: [Trafford Data Lab: Census 2021](#)
- 10.20.** 2019 Indices of Deprivation: [English indices of deprivation 2019 \(GOV.UK\)](#)
- 10.21.** GM Operational Planning Handbook: [NHS Greater Manchester Integrated Care Governance Handbook](#)
- 10.22.** GM Operational Plan: [Joint Forward Plan | Greater Manchester Integrated Care Partnership](#)
- 10.23.** NHS Long Term Plan: [NHS England » The NHS Long Term Plan](#)
- 10.24.** Improving Health and Care in Greater Manchester 2023-2026 strategy: [Improving health and care in Greater Manchester | Greater Manchester Integrated Care Partnership](#)
- 10.25.** GM ICP Sustainability Plan: [Greater Manchester Integrated Care Partnership Sustainability Plan](#)
- 10.26.** GM Primary Care Blueprint: <https://gmpcb.org.uk/about-us/greater-manchester-primary-care-blueprint/>
- 10.27.** Children and Young People Greater Manchester Integrated Care Partnership Joint CYP Delivery Plan: [Appendix 1 - NHS GM Joint Forward Delivery Plan for CYP.pdf](#)
- 10.28.** Joint Strategic Needs Assessment: [Trafford JSNA](#)
- 10.29.** Trafford Council Corporate Plan: [Corporate-Plan-2024-27.pdf](#)
- 10.30.** Start for Life: [Start for Life home - NHS](#)
- 10.31.** Greater Manchester Mental Health Strategy: [Mental Health and Wellbeing Strategy 2024 - 2029](#)
- 10.32.** MFT Strategy: [Trust Strategy 2024-29: Where Excellence Meets Compassion - Manchester University NHS Foundation Trust](#)
- 10.33.** Trafford Moving Strategy: [Trafford Moving](#)
- 10.34.** Trafford Annual Delivery Plan: [Trafford Missions](#)
- 10.35.** Fairer Health for Trafford: [Fairer Health for All | Greater Manchester Integrated Care Partnership](#)
- 10.36.** Adult Social Care Strategy: [Adult social care strategies](#)

- 10.37.** Big Conversation: [Big Conversation | Greater Manchester Integrated Care Partnership](#)
- 10.38.** GM Build Back Fairer Framework: [item-8-build-back-fairer-framework.pdf](#)
- 10.39.** Trafford Social Value Maturity Index: <http://www.traffordpartnership.org/strong-communities/docs/Social-Value-Charter.docx>
- 10.40.** GM Health and Care Digital Transformation Strategy 2023-27: [GM Health and Care Digital Transformation Strategy - Health Innovation Manchester](#)
- 10.41.** NHS GM Estates Strategy: [NHS GM Estates Strategy](#)
- 10.42.** Healthwatch Report on Digital Mental Health Support: [Young People's Digital Mental Health Support | Healthwatch Trafford](#)
- 10.43.** Healthwatch Report on Vaping in Children & Young People: [The Vaping Habits of Children and Young People in Trafford | Healthwatch Data](#)
- 10.44.** Healthwatch Report on Pathways to CAMHS: [Healthwatch in Greater Manchester: Pathways to CAMHS | Healthwatch Trafford](#)

11. Appendix 2

- 11.1.** Some more detail of the key achievements over the course of the last Locality Plan are below.
- 11.2. Transfer of Community Health Services:** In 2019 we successfully completed the transfer of Community Health Services from Pennine Care NHS Foundation Trust to Manchester University Foundation Trust, ensuring the safe transition and agreeing the immediate operational priorities and the creation of Trafford Local Care Organisation (TLCO).
- 11.3. Responding to the Covid pandemic:** Over the course of the Covid-19 pandemic, we implemented rapid changes to the ways we support people in their community, in their own home, in acute care and across all of our health and social care services. We experienced new pressures to support the most vulnerable to self-isolate at home for extended periods of time, on our funding to deliver this, and on our staff resource and capacity due to sickness, self-isolation and shielding measures. However, Trafford rose to the challenge and adapted approaches and ways of working to ensure we placed our resources where they had the biggest benefit for long term health and wellbeing for Trafford people, such as the rapid deployment of digital solutions in Primary Care to enable people to access medical support and advice throughout the pandemic.
- 11.4. Talk Before You Walk:** A collaborative model between Mastercall and MFT, Talk Before You Walk was implemented during the first wave of the pandemic in 2020. Trafford established the Trafford Patient Assessment Service (TPAS), which enables the clinical assessment of patients virtually as part of the Urgent Treatment Centre offer at Trafford General Hospital.
- 11.5.** This ensures they are directed to the most appropriate service for their needs, providing seamless digital care co-ordination. Using a Trusted GP assessor model, the service improves the flow of patients and their experience and interaction with urgent and emergency care.
- 11.6. Our Neighbourhood Model:** Trafford's Neighbourhood Model continues to grow in strength and scope. Key achievements include the recruitment of Strategic Neighbourhood Leads who have spearheaded the development of a jointly owned Neighbourhood Plan for each of Trafford's four neighbourhoods in partnership with local stakeholders and partners. Within each plan, we have set out a vision for the Neighbourhood, identifying three to four key priorities to be addressed in an annual cycle. Four 'Neighbourhood Networks' have been established where professionals and community groups working in neighbourhoods meet regularly to own the delivery of a neighbourhood action plan set against the 3-4 priorities. We are also developing multidisciplinary Integrated Neighbourhood Teams across health and social care to support high-need individuals and families within each neighbourhood, with a pilot being launched in South neighbourhood in Autumn 2024.

- 11.7. Creation of the Integrated Care System and Trafford Integrated Care Partnership:** Establishment of NHS Greater Manchester Integrated Care and Trafford Integrated Care Partnership. Before July 2022, we spent a significant amount of time planning for the transition into the new arrangements and, at the same time, undertaking the work required to close down a statutory body in the Clinical Commissioning Group.
- 11.8.** Building on years of partnership working, we have made significant progress to develop local governance arrangements to both enable us to deliver against delegations from the ICB and to continue to develop integrated health and care arrangement to support better outcomes for our residents. Specifically, our locality board has developed throughout the year transforming from a consultative forum where all partners can share issues and collectively agree priorities to a 3-part meeting where, in addition to the consultative forum, we can exercise our delegations from the ICB and operate our section 75 arrangements in view of all partners.
- 11.9. Tackling Alcohol and Substance Misuse:** Over the last 3 years the Trafford Alcohol Substance Misuse and Gambling Partnership (TASGMP) has brought partners together to focus on preventing harm and improving the lives of people affected by substances or alcohol. The number of people entering and successfully completing treatment is increasing. Whilst deaths from alcohol and drug related deaths are at an all-time high nationally and locally, Trafford admissions to hospital have seen a significant reduction, particularly for young people.
- 11.10. Trafford Crisis Response:** The Trafford Crisis Response Service was launched on 25th September 2023 and provides urgent assessment and support at home for patients for up to 48 hours and the service is available 8am-9.30pm, 7 days a week and can be accessed via the Trafford Single Point of Access. The service provides a 'community emergency service', responding within two hours and wrapping care around individuals at home rather than them having to go to hospital. The Community Crisis Response team work to respond quickly to keep people who are in a crisis at home, with the right level of treatment and support from an expert multi-disciplinary team of professionals, including advanced clinical practitioners, community nurses, social workers, pharmacists and therapists, along with GP support.
- 11.11. Improving Mental Health for Children and Young People:** Since 2019 Trafford have successfully implemented the Thrive Framework; an integrated, person centred and needs led approach to delivering mental health services for children, young people, and their families. The framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing. It aims to talk about mental health and mental health support in a common language that everyone understands.

- 11.12. Supporting healthy weight and physical activity:** We have seen a narrowing of the gap over the past 5 years in the % of overweight and obese children between most and least deprived areas. We have successfully supported our local communities to move more. An example includes the introduction in Spring 2024 of 'Beat the Street' - a giant outdoor game. Over a 4-week period the game engaged with 5,465 participants (49% children, 51% adults). 15 schools engaged and 60,993 miles were travelled as a direct result of engaging with the game. 41% of participants were from our ethnically and culturally diverse population demonstrating inclusivity of the activity and 18% of those who engaged had a long-term health condition.
- 11.13. Primary Care Quality:** The Trafford Primary Care Quality Contract, Trafford's first, was successfully introduced in August 2023. One element of the scheme was specifically aimed at reducing the prescribing of Broad-Spectrum antibiotics following Trafford's position of being 106 out of 106 for national ICB rates. The scheme aimed to reduce the prescribing of Broad-Spectrum antibiotics across primary care practices and improve the number of practices achieving the national target. Baseline data now demonstrates because of the development of the Trafford Quality Contract and the work of the infection Prevention Control Team working to raise awareness of inappropriate antibiotic use through education sessions in Trafford care homes and with GPs, Trafford has significantly improved its national position recently moving to 80 out of 106 which is a considerable achievement in only 6 months.
- 11.14. Bowel & Bladder:** From July 2023 a series of reforms have taken place to address waiting times across the bowel & bladder services. These have led to triage waiting time reducing from 7 months to 2 weeks with the support of district nursing. This has also freed up capacity to run additional clinics each month, and reduce the assessment waiting list from 37 weeks to 33 weeks, and the waiting list for domiciliary visits has reduced from 42 to 34 weeks.
- 11.15. 0-5 SALT:** Over the past 10 months speech & language therapy service partners have engaged in an improvement programme for the 0-5 language pathway. This has streamlined processes, incorporating Developmental Language Disorder (DLD) red flags and risk factors into risk assessments, and a more robust use of therapy outcome measures. This led to more accurate pathways to therapy or signposting, more targeted goals, and roll-out of 8-week reviews. This led to earlier identification of children requiring intervention, and possible DLD diagnoses.
- 11.16. Trafford All Age Mental Health Group:** The group was established in 2023 as a collaborative forum to drive improvements in mental health and wellbeing across Trafford. It has enabled citizen stories to be shared with stakeholders, providing valuable insights, and enables escalation of key issues across all age groups to senior leadership levels.

12. Appendix 3

- 12.1.** The Ancillary Priorities of the Trafford Provider Collaborative Board with some greater detail below.
 - 12.1.1. Social Prescribing**
 - 12.1.1.1.** Trafford's ambitions are for standardised approach system to recording and reporting social prescribing data, with clearly defined outcomes, alongside strategic oversight to support representing social prescribing.
 - 12.1.1.2.** We aim to further develop and embed the social prescribing offer, through the development of an enhanced children's offer, and supporting VCFSE organisations to grow their capacity.
 - 12.1.1.3.** We seek improved collaboration between the various social prescribing teams with Trafford and greater integration with other neighbourhood programmes.
 - 12.1.2. Primary Care**
 - 12.1.2.1.** Our primary care priorities are firstly on our enhanced services review, which focuses on locally commissioned services and their outcomes and value for money. Secondly, we are delivering the Primary Care Quality Contract focusing on prescribing, cardiovascular, and diabetes and aligning this with agreed GM requirements. Thirdly we are developing a spirometry service and lastly working to implement the NHS England Delivery Plan for Recovering Access to Primary Care which sets out steps to improve the interface between primary and secondary care, reduce bureaucracy and improve the patient journey.
 - 12.1.3. Capacity and Discharge Planning**
 - 12.1.3.1.** We are developing proposals to reinforce capacity, particular over the Winter periods, across primary care, emergency departments, the ambulance service, and in social care.
 - 12.1.4. Women's Health**
 - 12.1.4.1.** Our priority work on women's health is grouped into 5 categories: Cancer, Carers, Maternity, Mental Health, and Women's Health Hubs.
 - 12.1.4.2.** The Women's Health Hubs are being developed with a pilot to be run by the North Primary Care Network (PCN), in a staged rollout with capacity increasing in the second year. The hub will deliver routine gynaecological conditions, long-acting reversible contraceptives (LARC), intrauterine systems (IUS), and cervical screening. The first Hub is due to go live in December 2024.

12.1.5. Intermediate Care

12.1.5.1. We aim to appraise our current intermediate care and discharge to assess provision. We will establish a jointly agreed new governance structure, while reviewing our capacity and demand metrics. We want to establish recommendations on future system and patient needs, and to develop an implementation plan to achieve the best outcomes with a focus on operational sustainability.

12.1.6. Sexual Health

12.1.6.1. There is a comprehensive sexual health plan to reduce sexual and reproductive health inequalities within Trafford by expanding provision and increasing access to sexual health services, particularly for those groups more at risk of unwanted pregnancies and HIV/STIs.

12.1.6.2. As part of this plan, we intend to commission and monitor new integrated sexual health services, recommission young people's chlamydia and gonorrhoea testing, and work with partners in primary and secondary care, and across the VCFSE sector, to increase the take up of LARC and STI testing and prevention.

12.1.7. Falls

12.1.7.1. We aim to ensure that individuals can access evidence-based falls prevention advice and support, where they reside, so they can maximise their independence and enjoy good quality later life.

12.1.7.2. We are baselining the responsibilities and activities through each service and part of the pathway, including key metrics, contracts, spend, standards and risks. We are identifying gaps and risks from this to develop an evidence-based phased improvement plan.



**Trafford Locality
Plan 2025-28**

Population People Place Partnerships

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Trafford

Integrated Care Partnership



Part of Greater Manchester
Integrated Care Partnership

