Trust Board
Neighbourhood Model Health & Wellbeing

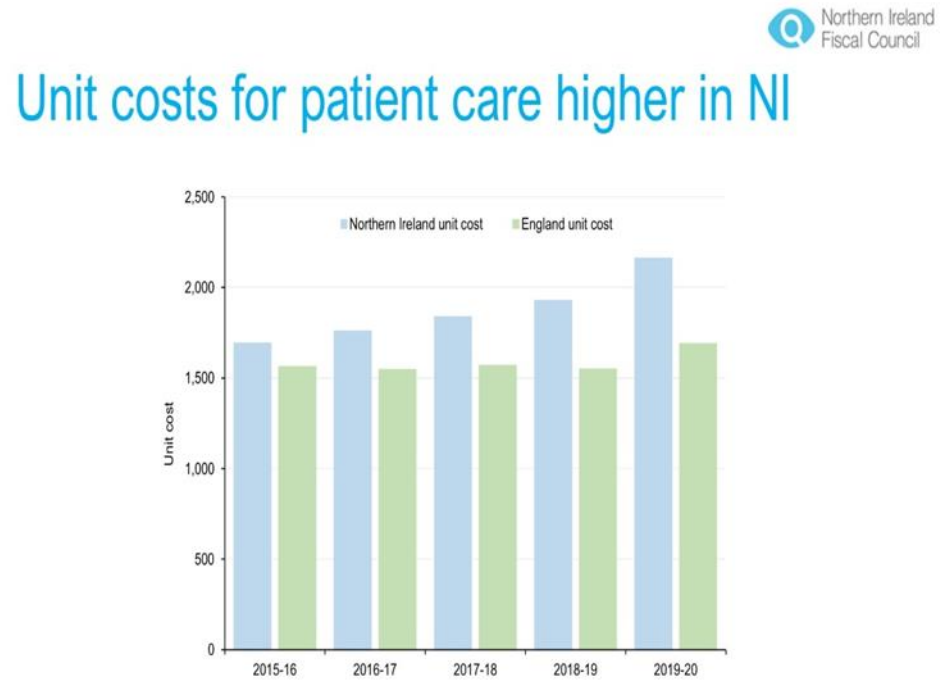
Appendix 1

2. NI Fiscal Council Report 2020

- NI has tended to spend more per head on health than England but without delivering a better services or health outcomes.

- Slower funding growth will make it harder to deliver health care comparable to that in England

As we stand, against our budget of £8.4bn, we are currently forecasting that we will spend £16m more each week than our budget (that's £2.2m a day more than we can afford).



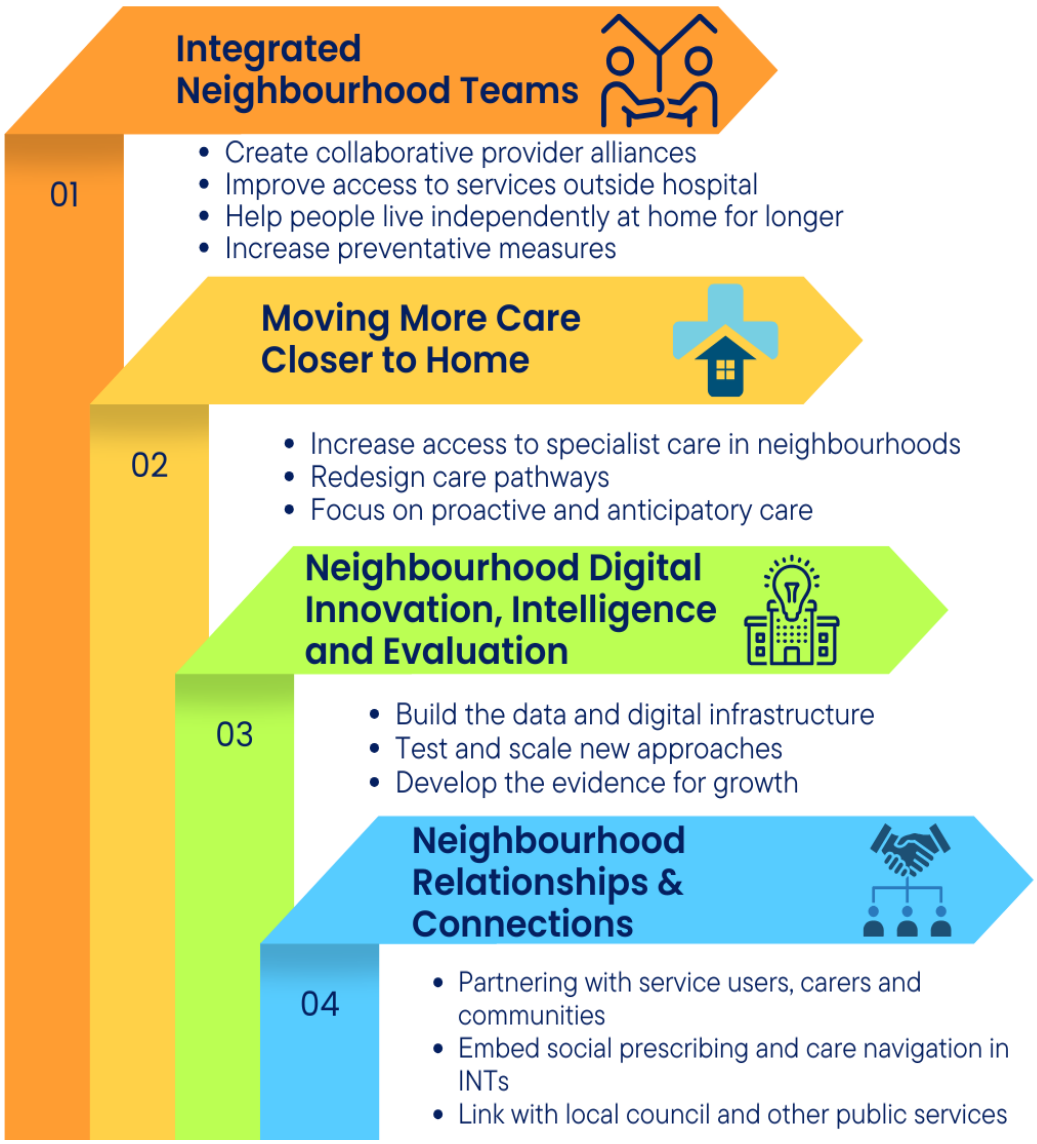
3. Neighbourhood Model of Health and Wellbeing

Aim for Neighbourhoods Model of Health & Wellbeing:

- People are enabled and supported to live healthier, more independent lives
- With integrated neighbourhood teams of health, social care, Voluntary Community & Social Enterprise (VCSE) and local council services working in partnership with local people and communities

- Focusing on identifying need, ensuring person-centred support closer to home, improving outcomes, tackling health inequalities, managing demand on HSC services and building a resilient health and wellbeing system for the future.

Four Pillars of Neighbourhood Model of Health and Wellbeing



<u>Operating Model of Neighbourhood Model of Health and Wellbeing</u>

- 17 Integrated Neighbourhood Teams (INTs) – supported by collaborative agreements, reporting to SPPG
- Operating within the Trust footprint at General Practitioner (GP) Federation level and serving an average population of 115,000
- INTs act as provider alliances - bringing together professional teams and organisations and representing the health, social care and Voluntary, Community and Social Prescribing (VCSE) services in the neighbourhood.
- They know the populations they serve and meet and work together as a team of teams to lead and drive the delivery of the neighbourhood's core functions and priorities for care closer to home.

- They work with smaller neighbourhoods within their footprint, who are the natural communities where people say they feel they belong.
- Membership will reflect the active INT work areas, for example an initial focus on older people is anticipated.

Integrated Neighbourhood Team's (INTs)– Key aim for 2026/27

- Supporting provider alliances to begin working together to help 'high risk' older people living in their neighbourhood experience:

- Better health and fewer crises because the support available helps them stay well at home and manage issues before they escalate.

- Easier, clearer, and more coordinated access to health and social care close to home when they need it and in hospital when needed.

- Timely and safe transitions home from hospital, with support that enables recovery and independence.

Funding Model 2026/27

Health Social Care (HSC) Funding for Integrated Neighbourhood Teams
Supports delivery of Core functions and agreed workplans
Proportion of the annual HSC budget will be set aside for the neighbourhood development programme and the running of the 17 INTs

Planned Move of Care Closer to Home
Planned redirection of funding from hospital to community
Aim to shift 2% per year of hospital spend
Enables delivery of advanced and specialist care locally, through Neighbourhood model and INTs

HSC Invest to Save opportunities driven by the provider alliances.

Savings generated through collaborative working e.g.:
- Reduced prescribing costs
- Avoidable acute and emergency demand

Savings reinvested locally to sustain neighbourhood services

External Seed Funding
Funding from Social Finance, Innovation, Research or other investment opportunities
Supports:
- Scaling Proven neighbourhood initiatives

Testing new approaches where gaps exist.
Builds evidence base for long-term sustainability

Moving to Neighbourhood Approach:

Initial priority area; Targeting 'high risk' older people, completing individual assessments and providing individualised care and support

Five Neighbourhood Moves for Care Closer to Home

1. Anticipatory & Proactive Community Care aiming to resource Trust – based community teams to provide access to proactive care in neighbourhood settings and reduce avoidable hospitals attendance.

2. Transfer Services to Integrated Neighbourhood Teams with the objective to move the full clinical responsibility and resources from appropriate service from acute Trust to neighbourhood delivered services

3. Reduce Outpatient Attendance and Follow-ups.

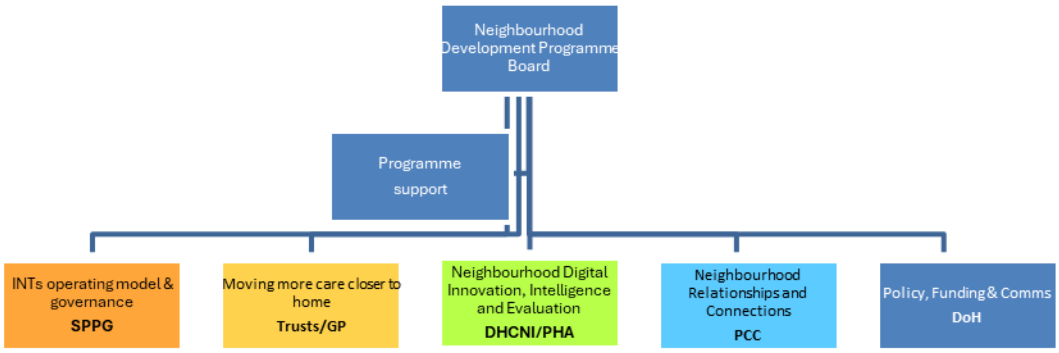
4. Redesign Clinical Pathways To transition more clinical responsibility and resources to GPs, MDTs, and other neighbourhood delivered services to increase access to higher acuity care closer to home.

5 Improve Discharge and Hospital Flow to enable people to return home as soon as they are medically ready

What is required to make this a success:

- Genuine partnership working
- Clinical decision making & leadership
- Sharing of best practice
- Trust inclusive leadership and infrastructure
- Measurement and tracking of impact
- Decision making tools to guide clinical teams

Regional Structure: Programme Board



Conclusion

The Neighbourhood Model of Health and Wellbeing is a significant system change with clear benefits on sustainability for our Health & Social Care System and better health outcomes for our population. It will require the Trust working with Integrated Neighbourhood Teams to realign to neighbourhood delivered care.

Collaboration and strong partnership working with Community, Voluntary and Statutory partners to agree clinical pathways with clear role for neighbourhoods' services and to embed services within proactive care pathways will be essential to the successful implementation of the Neighbourhood Model of Health and Wellbeing.