South Eastern Health and Social Care Trust

Paper No. SET/74/26
Trust Board: 27 May 2026
Public Agenda Item 8.6

Title of Paper: Neighbourhood Model of Health and Wellbeing		
		For Noting Contains information Members should be made aware.

1.0 Background

The Department of Health, Health and Social Care NI Reset Plan (July 2025) is based around the three pillars of Stabilisation, Reform and Delivery, with an ambition and focus on prevention, early diagnosis and intervention and shift power, perspective and resource into neighbourhood focused health and are.

Closing the gap between demand and capacity requires reform and transformation, moving health care closer to home and supporting early intervention & prevention across primary care, community care and social care will contribute to improving health outcomes

Based on a neighbourhood centred system of care, that brings care as close as possible to those who need it, that tackles health inequalities, and that supports individuals to improve their own health and well-being. But also, one that recognises that healthcare interventions are only one element of improving well-being, alongside the equally important contributions of employment, housing, education for example and the many other services delivered across our Executive, which is why our plan to reset our Health and Social Care system can be delivered only through a whole government approach

The establishment of Integrated Neighbourhood Teams will operate within the General Practitioner (GP) Federation footprint with an average population of 115,000 in each federation.

Across South Eastern Trust Area we have four GP Federations: Lisburn (patient list size 97,000/ 12 practices), Ards (*patient list size 83,000/12 practices), North Down, (*patient list size 85,000/12 practices) and Down (*patient list size 80,000/ 12 practices). Note: South Belfast Federation boarders on South Eastern Health Social Care Trust with total *patient list size 127,000/ 16 practices. (*Note data valid as per October 2024 from GP Federation website).*

Membership of the Integrated Neighbourhood Teams can be adopted to reflect local priorities and may include:

- General Practitioners,
- Community Pharmacist, Dentist and Optometrist.
- Trusts
- Voluntary, Community and Social Prescribing Sector
- Service User
- Carer
- Independent Care Home / Care Home Providers.

- Public Health Agency
- Local Councils – Member of local Council Community Planning Partnership

Further details on Neighbourhood Model in Appendix 1

2.0 Key Issues

- Establishing INT's and ensuring appropriate governance arrangements
- Performance management approaches
- 2% shift – impact on acute services.
- Role of Area Integrated Partnership Boards

3.0 Resources Implications (inc Organisational, Financial, Human Resources)

Financial Implications

The ambition is for Trusts to realign services from hospital to neighborhoods to an initial value of approximately £50 million per annum in the next three years, this is planning for a move of approximately 2% per annum of hospital-based expenditure into neighborhood delivered services, over a three-year period. With a focus on older people during this time and to inform their plans. This figure will rise as the neighborhood model expands and moves into other areas of care.
Trusts expenditure will be monitored to demonstrate how this 'move' is being delivered. Trusts that use their budget to commission services from non-trust providers (e.g. General Practitioners, Community & Voluntary Sector and Independent Care Providers) will be able to count this spending against their shift providing it supports new or additional community-based services.

Human resources implications

No additional funding provided for this work; rather the expectation is that the INT will maximise use of current resources, building on existing structures within Multi-Disciplinary Teams, General Practitioner Federations and Area Intergraded Partnership Boards.

4.0 Impact on Safety, Quality and Experience (SQE)

Patient, service user and Carers benefits include:

- Improved access to right service, at right time in the right place
- Improved outcomes and satisfaction
- Joined up services with focus on early intervention and support
- Greater agency in their own health and wellbeing
- Greater influence over service design and delivery with increased individual and community buy in.

Health Social Care System Benefits include:

- Reduced unplanned admissions

- Reduced emergency department pressures
- Reduced ambulance conveyances
- Reduced General Practitioner Out of Hours demand
- Reduced admission to adult care homes or children into care.

5.0 Key Risks and Proposals to Mitigate

- Potential ambiguity regarding the Neighbourhood model. It is anticipated that having the correct people on Integrated Neighbourhood Teams should alleviate this risk.
- Concerns about impact on the existing structures. In recognition of this concern the central team are progressing guidance in terms of governance structures and the 2% shift in resource within the Trust budget towards community patient activity/ services.
- Significant engagement including relevant Directors and Assistant Directors are attending regional workshops and planning meetings and members of the Regional Development Programme Board as well as Task groups to ensure Trust interest is represented in the development stage of Neighbourhood.

Lead Director: **Veronica Cleland, Director of Primary Care & Older People's Services**

Date: **20 May 2026**