Northern Health and Social Care Trust

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Neighbourhood Model of Care
Update at October 2026

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Northern Health and Social Care Trust

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Why change is needed

- The model is driven by significant demographic and financial pressures
- Northern Ireland has an ageing population, 18.1% of NI population is over 65 years compared with 13.1% in 1999, over 85-year population has increased by 24.6% in last decade
- HSC services face unsustainable demand, long waiting times and a significant financial deficit



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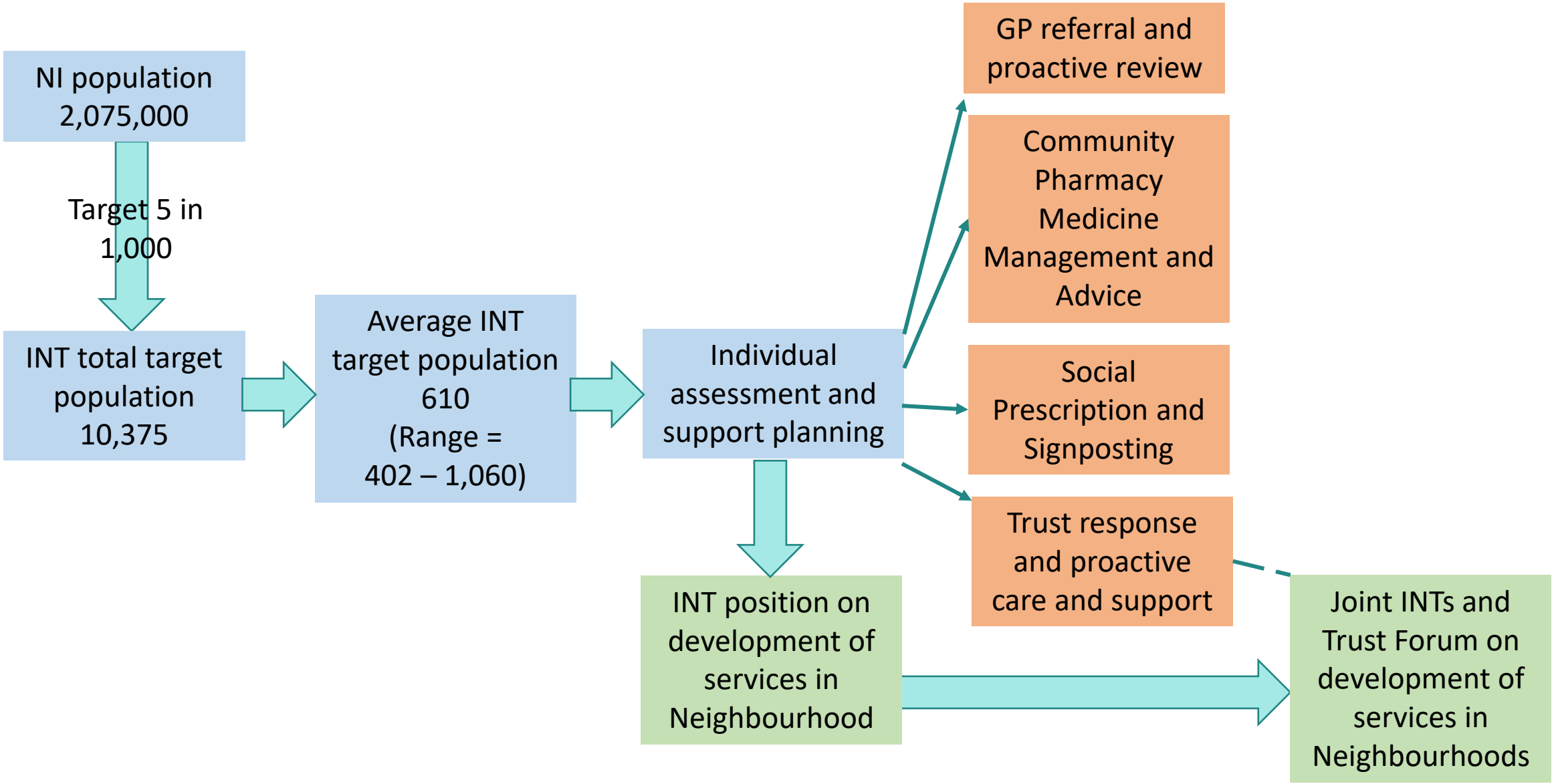
Introduction

- The Neighbourhood Model of Care is a key element of winter planning, centred on the development of 17 Integrated Neighbourhood Teams (INTs) operating within GP Federation areas
- The model aims to bring together Primary Care, Community Care, Social Care and Voluntary & Community Sector with service user and carer involvement
- For winter 2026/27, INTs are expected to focus particularly on vulnerable older people, developing proactive, integrated approaches that reduce avoidable hospital admissions and support people to stay at home for longer
- INTs are expected to have initial joint working plans in place this winter

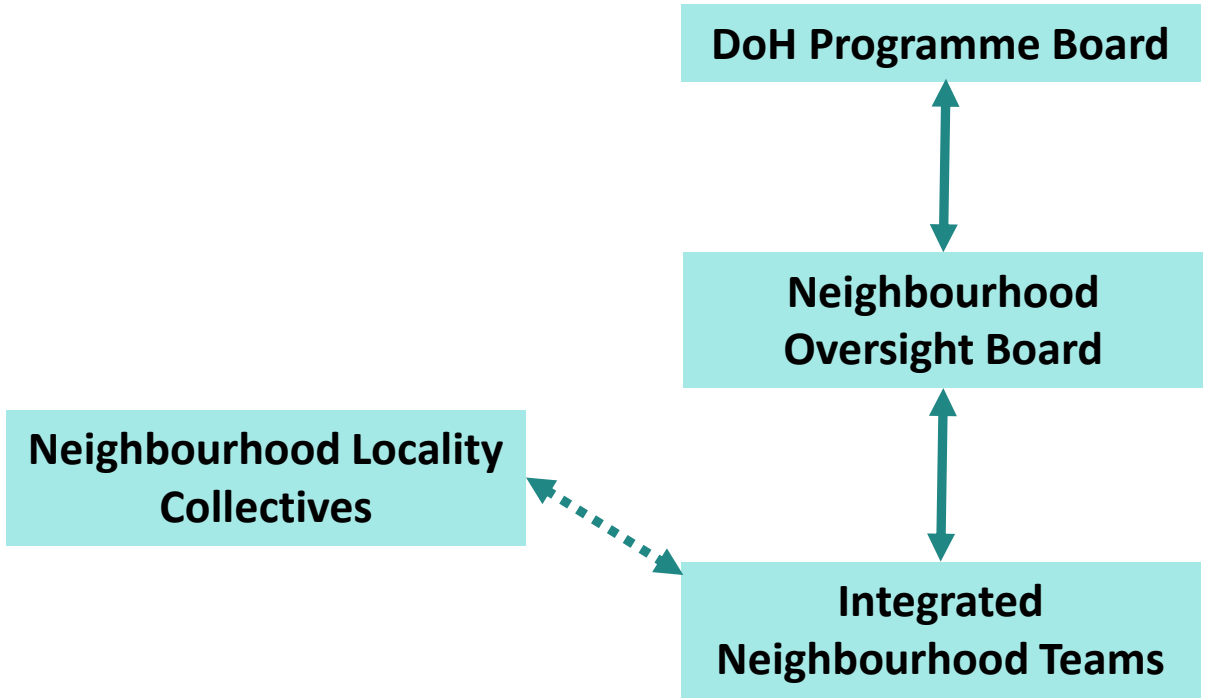


Neighbourhood Service Delivery Model

INT Initial Phase 26/27
Focus – Older People



Neighbourhood Governance Structure



SPPG Chair
Includes 5 INT chairs

1 collective/Trust
Quarterly meetings
Forum for INTs to meet with Trust

Core INT membership
GP chair (initially)
SPPG supporting

NEIGHBOURHOOD
MODEL OF HEALTH AND WELLBEING

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What is next?

- The establishment of 4 INTs aligned to the 4 GP Federations
- Chaired by GP Federation Leads
- Agree membership across health, social care and VCSE sectors
- Align Trust INT Lead
- Identify target population
- Coordinate integrated multidisciplinary care planning and delivery
- Use data to monitor outcomes and drive continuous improvement
- Support financial sustainability and reinvestment of resources
- Promote innovation and evaluation of new service models

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Northern Trust priority Neighbourhood workstreams

- Care Home Support Team incorporating Care Home Falls Pathway
- Hospital at Home expansion
- Community Diabetes Model
- Causeway MDT community caseload

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