

**National Neighbourhood Health Implementation Programme (NNHIP):
Morecambe Bay Steering Group
Thursday 15th October 2026**

Attendees	Phil Whiteley (Chair) David Benson (NNHIP national coach), Victoria Ellarby, Karlyn Forrest, Andrew Giles, Kirsty Hagan, Victoria Hoggarth-Hall, Andy Irvine (NAPC – for part of meeting), Nicola Johnston, Sakthi Karunanithi, Julie McLardy-Smith, Claire Niebieski, Carolyn Otley (for part of meeting), Yak Patel, Stephen Sandford, Laura Sherburn (NAPC – for part of meeting)
Apologies received	Sarah Arun, Karen Bell, Lauren Dixon, Lindsay Graham, Gary O'Neill, Lee McGlynn, Helen Skinner, Louise Wallace, Cath Whalley

Transitioning from NNHIP to a strategic approach to Neighbourhood Health across Morecambe Bay

The group confirmed its support for this transition as the current national approach to NNHIP comes to a close at the end of October 2026, and as our local ambitions and ways of working take shape under the programme of work supported by the National Association of Primary Care (NAPC), the development of neighbourhood health plans in partnership with Health and Wellbeing Boards, and the NHS England asks around accelerating neighbourhood health.

Members were asked to continue their participation in the future group and to identify any gaps in existing membership. During the coming weeks, momentum will be maintained across existing workstreams whilst the new ICB structures for the Morecambe Bay footprint are confirmed and convening arrangements clarified.

Progress on partnership working with the National Association of Primary Care (NAPC)

The programme of work to support further development and alignment of the local ambitions and national expectations around neighbourhood health is on track. The majority of senior leadership 1:1 conversations have been completed and the senior leadership alignment workshop is planned for late November 2026. Around two-thirds of the clinical and operational leadership 1:1 conversations have been scheduled and the wider workshop is likely to take place in early December 2026.

Emerging themes from the conversations to date indicate strong engagement and appetite for change across senior leaders, alongside a determination to make progress despite possible future organisational or boundary changes. Leaders support moving towards greater devolution and local accountability, with appropriate financial guardrails, accountability arrangements and shared risk.

Team Barrow: Accelerating neighbourhood working in Barrow

The group welcomed the chance to review and shape the proposals, recognising the opportunity to use locally available funding to support communities in Barrow whilst providing valuable learning for future neighbourhood health across Morecambe Bay.

The three proposals were considered, with colleagues providing feedback around several themes:

- The value in blending different components of the three proposals to shape the final preferred option
- Alignment / integration with existing teams or services
- Clarity on the resident cohorts each proposal will support, and a detailed understanding of needs
- Digital enablers to support integrated working and the 'no wrong front door' approach
- Learning from models in operation elsewhere (e.g. Fleetwood)

- The important role of the VCFSE sector in connecting with residents and communities and in providing services to meet their needs, ensuring that any proposal is not solely a clinical service offer.
- Solutions generated from communities, supported through the VCFSE sector
- Establishing impact evaluation from the outset and co-designing measures of success with communities

Any additional feedback is welcome before the end of October 2026, ahead of a stakeholder workshop in November 2026 to refine the proposals.

Integrated Care Communities (ICCs) development

Progress continues through the ICC development team, and a positive development session was held with the Westmorland and Furness Council Health and Wellbeing Board in October 2026. Through this session, it was agreed that neighbourhood footprints will continue to be based around the current footprints for Primary Care Networks (with ICCs broadly aligned to these), and the existing ICC model will act as the foundation for future neighbourhood health development.

The group received an update on the topics discussed at the session, including:

- A shared vision for neighbourhood health
- An understanding of the needs of the residents of each neighbourhood
- Core common population cohorts to be supported in each neighbourhood, noting variations and inequalities that need to be addressed
- The roles of different partners in a neighbourhood
- Measures of impact

The next Westmorland and Furness Council Health and Wellbeing Board is expected to review an agreed project plan, a refined vision and initial data profiles for each ICC area.

It was noted that whilst reference was made to Westmorland and Furness Council, this work is underway across the entire Morecambe Bay footprint.

Neighbourhood Health as a national and ICB-wide strategic priority

The ICB has completed the national self-assessment and received the outputs from Claire Fuller's visit to Lancashire and South Cumbria in July 2026, which recognised local progress and levels of maturity. It also set out clear short- and longer-term priorities and expectations from NHS England, which the ICB will need to include in its commissioning intentions and operational planning.

It was noted that there will be an ongoing need to meet NHS England requirements, which are largely linked to NHS activity and NHS measures of impact, whilst maintaining focus on wider partnership working and supporting the wider wellbeing agenda.

NNHIP – national and local activities

Two interlinked pieces of work are underway regarding digital enablers – ongoing participation in the national co-design of digital enablers for neighbourhood health and local 'discovery' work to inform how and where to invest in digital enablers within Lancashire and South Cumbria. Both have identified the need to prioritise using shared care records consistently, collaborating across organisational boundaries and improving the experience of residents and health and care professionals.

One of the most significant themes is the need for organisational development to support any technical deployment, noting the cultural shifts needed around how professionals use shared information to make decisions about care and support.

The current national approach to NNHIP comes to a close at the end of October 2026, although there may be residual activities beyond this linked to the transition to a wider approach to neighbourhood health. As such, a local review of programme activities, achievements and lessons learned has been completed which will be shared with the ICB Executive Committee to inform the future approach to neighbourhood health across all population commissioning footprints.