National Neighbourhood Health Implementation Programme (NNHIP) in Morecambe Bay

National and local updates

National updates

1. **Visit from Dr Claire Fuller, National Priority Programme Director for Neighbourhood Health, NHS England**

Dr Claire Fuller is the in the process of visiting all ICBs in England to discuss their approaches to neighbourhood health. She will visit the Lancashire and South Cumbria Integrated Care Board on 2nd July 2026. The visit is designed to give us an opportunity to talk about our neighbourhood delivery and impact, including partnership working across the NHS, councils, the VCFSE sector and communities. It will also enable us to consider how ready we are to scale neighbourhood health at pace across our four places, and share where we need additional support from regional / national NHS England / DHSC teams.

The visit will enable us to share learning from our work as part of the NNHIP in Morecambe Bay.

2. **Virtual visit from Nicola Gitsham, Head of Strategy and Policy for Neighbourhood Health, NHS England**

Nicola Gitsham is in the process of talking to all NNHP sites about their experiences of the programme to date. She will speak with our Local Implementation Coach and the Lancashire and South Cumbria's Strategic Lead for Neighbourhood Health on 23rd June 2026.

This is an opportunity for us to provide feedback on our experiences of being a Wave One NNHIP site and understand plans around national support during 2026/27 and beyond, as well as the links to the broader agenda around neighbourhood health.

Local updates

3. **Local Morecambe Bay NNHIP workstreams**

a. Integrated Wellness Service

Recruitment to the service supporting the Furness General Hospital footprint is complete, with a full team in post from mid-June 2026. The service is currently supporting a cohort of patients who are high intensity users of hospital services. Detailed impact analysis has been completed, with reductions demonstrated in Emergency Department attendances, unplanned admissions and bed days.

Patients are now able to provide feedback via the Friends and Family Test through University Hospitals of Morecambe Bay. Positive responses have been received, highlighting improved connections for patients and support in tackling loneliness. A National Institute for Health and Care Research (NIHR) internship has commenced which will undertake an economic and process evaluation of the Integrated Wellness Service.

Planning for a service supporting the Royal Lancaster Infirmary footprint is underway, taking the learning from the Furness footprint and supplementing this with additional engagement with partners in and around Lancaster top understand how the service will need to be tailored to meet local needs / assets.

b. Integrated Care Communities

Two of our PCNs/ICCs have undertaken systematic reviews of our initial selected cohort of high intensity users (Western Dales = 37 patients and Bay = 239 patients). They found the process of identifying the cohort and extracting data via Aristotle was clear and easy to follow. Whilst not all patients had a formal

care plan, many had holistic health assessments being undertaken within GP practices which forms part of their work around long term condition management. A significant number of people had been admitted to hospital for 'cardiac' reasons, which has prompted a review of how to provide targeted support for these patients and wider work around raising awareness/education in general. The findings from these will be used to shape how we spread this work to our wider groups of ICCs.

Western Dales PCN has also completed a review of a sample of 20 patients from the 'rising risk' cohort. This was a more time-consuming exercise because of the information that was collected about each patient. The review found increased scope for referrals into social prescribing, ICC teams and wider neighbourhood services. Dominant conditions in the sample were diabetes and hypertension. It was noted that a significant amount of valuable information is embedded within GP EMIS records but is not routinely shared across services. This reinforces the case for improved access via the Shared Care Record which could span the health, care and VCFSE sectors. Learning from this work will be used to shape how we approach this larger cohort of residents. It is likely that we will need to prioritise further within the rising risk cohort, which may be around options such as age, particular long term condition prevalence, and/or place of residence (particularly for PCNs/ICCs with deprived communities).

c. Targeted Demand Management
This work is underway in the Bay and Lancaster PCNs, and planned in Barrow PCN.

During March 2026, Bay PCN support 25 residents from CORE20PLUS groups, addressing a total of 58 'issues', of which 60% were related to receipt of benefits. A case of homelessness was prevented (saving c. £20,000), and a number of emergency applications for Household Support Funds and fuel vouchers were supported. The PCN is using the wide range of different MDTs that are currently provided (rather than just focusing on the long term conditions MDT) which has reduced duplication in meeting attendance from wider agencies, e.g. police, social services.

In Lancaster PCN, the focus around the CORE20PLUS groups is on diabetes which is a common long term condition across all patients who require intensive outreach and support. During Q4 of 2025/26, 80 patients were identified as 'non-attenders' who had not been seen for 2-years despite repeated contacts. Of these, 50 have now been reviewed. The team is also working with the Lancaster District CVS to improve the local playground and supporting children who are not in education, with a focus on their mental health and wellbeing.

d. Digital enablers to support neighbourhood health (nationally facilitated)
Morecambe Bay is one of eight sites that is participating in digital enablers co-design work led by NHS England.

The national team shared the outputs from our original co-design workshop on 10th March 2026. They combined these with the outputs from the other seven sites to generate a set of 'problem statements' which summarised the challenges that they had heard across the country.

We were asked to select our top three problem statements, prioritise these, and then provide some information on why each is a priority. The national team confirmed that we will be supported to focus on **"services cannot see who else is involved, what has already happened, or what plans are in place"** which we identified as our top priority. We have been matched with Hillingdon**.**

The next phase of the co-design will bring together us and Hillingdon to "jointly solve and visualise solutions", with two objectives:

- To build a joint understanding of the solutions that already address the problems
- Start to generate a range of ideas to address the problems

The national team is bringing a small group of us together with colleagues from Hillingdon for another co-design workshop (held online) on 7th July 2026.

4. Lancaster University workshop

'Re-imagining Landscapes of Health and Care: Hospital and Peri- and Post-Hospital Futures'

Lancaster University is hosting a workshop on 22nd June 2026, from 13:00 until 16:00, which will explore physical health and care environments and the ways in which communities and interactions between services have an impact on the health of a neighbourhood.

We started to consider this at one of our previous NNHIP workshops on Neighbourhood Health Centres, where colleagues from Lancaster University encouraged us to think differently about designing spaces that promote and support health and wellbeing, and that will be used by different professionals and communities themselves. This is an opportunity for further work around this topic, which is particularly relevant to the redevelopment of the Alfred Barrow Health Centre in Barrow, as well as supporting ongoing discussions around developments in Lancaster and the Lancashire and South Cumbria Integrated Care Board's strategic approach to neighbourhood health centres.

Places are limited due to room capacity, so if you would like to join this workshop, please e-mail Victoria Ellarby (Victoria.ellarby@nhs.net) or Jez Bebbington (j.bebbington@lancaster.ac.uk)

5. What do we mean by 'Neighbourhood Health'?

As part of NNHIP in Morecambe Bay, we have spoken about the need for a shared understanding of 'neighbourhood health'.

The Lancashire and South Cumbria ICB has entered into a strategic partnership with Health Innovation North West Coast (Health Innovation North West Coast - Home page) (HINWC) to support the development of neighbourhood health across the system.

All places in Lancashire and South Cumbria will be considering key questions around this, focusing on:

- **What do we mean by 'neighbourhood health'?**
  We know that this means different things to different professionals, organisations and sectors. Over the coming months, we will be holding a series of development sessions, facilitated by HINWC, to understand different perspectives and create a shared vision for the future. This will build on our learning through NNHIP, as well as ways of working that have been in place across Morecambe Bay for several years.

  This will also help us to meet the national ask of ICBs and Health and Wellbeing Boards to co-create neighbourhood health plans that focus on high priority cohorts, set out how neighbourhood health will support wider local goals for improving health outcomes and reducing health inequalities, and confirm which organisations are responsible for different elements of delivery.

- **Where are we now against the national neighbourhood health maturity framework?**
  Alongside the Neighbourhood health framework that was published in March 2026 (Neighbourhood health framework - GOV.UK), NHS England and DHSC have developed a maturity framework that is designed to help move neighbourhood health from aspiration to embedded practice. It provides a structured way to have honest conversations about where we are, what's working, and where we need to go next.

  The framework looks at:

  Neighbourhood Domains – what good looks like on the ground: understanding need, building integrated teams, enabling people, mobilising communities and integrating pathways; and

  System Enablers – what we must align at system level: leadership and hosting arrangements, digital capability, estates, commissioning and investment, workforce, and continuous learning.

It uses four maturity levels from ‘mobilisation’ to ‘optimisation’, whilst recognising that progress is rarely linear, and that neighbourhoods and enablers may sit at different stages at different times. Used well across our place and the wider system, it should help us focus our energy, align our decisions, and move more confidently toward a genuinely integrated, neighbourhood-first system. We will identify our local development needs, as well as those that are shared across the wider Lancashire and South Cumbria system.

As a Wave One NNHIP site, we completed a desktop approach to this during development of the framework. In the coming months we will have an opportunity to take a more rounded approach, through development sessions facilitated by HINWC.

6. Next steps locally

We will continue to keep wider partners updated through a combination of briefing notes, drop-in sessions, workshops and the steering group.

As you will recognised, resourcing to support the NNHIP in Morecambe Bay has significantly reduced due to organisational change within the Lancashire and South Cumbria Integrated Care Board and adjustments to the way the national programme is structured. This may mean that some activities happen more infrequently.