



Derby and Derbyshire
Integrated Care Board



Lincolnshire
Integrated Care Board



Nottingham and Nottinghamshire
Integrated Care Board



5-Year Strategic Commissioning Plan

2026/27 – 2030/31



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Introduction

The Five-Year Strategic Commissioning Plan explains how Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire Integrated Care Boards (known as the DLN Cluster) will turn the goals of the [Five-Year Population Health Strategy](#) into high level actions that will be worked up collaboratively with our partners. Its aim is to help people live healthier lives, make services fairer for everyone, and ensure the system can keep going in the long term.

The plan sets out why we are making these changes, what we aim to achieve, and how we will do it.

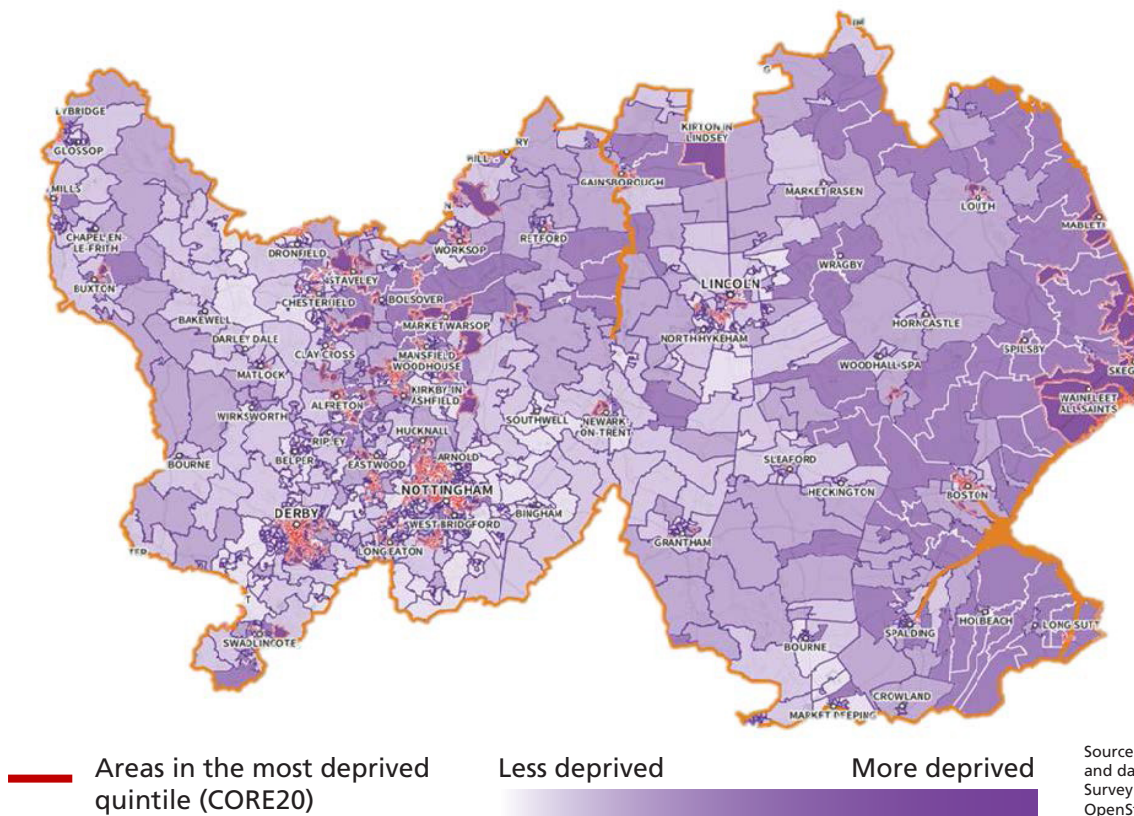
Strategic Context

● Understanding our starting point

The background for planning services is influenced by ongoing and serious inequalities across the DLN Cluster, tough financial conditions, and differences in how services perform.

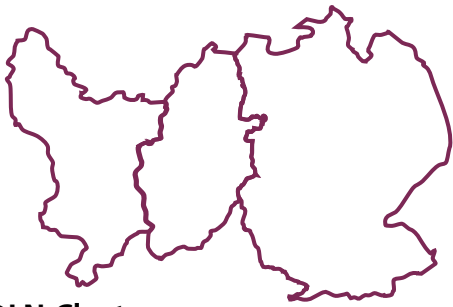
There are big differences in health and wellbeing across the area, with some places like North Derbyshire, Nottinghamshire, and the Lincolnshire coast facing deep and long-lasting deprivation.

The changing needs of our population, combined with wider inflationary pressures and cost constraints are driving a highly challenging financial position for our Cluster. This means it's essential that we only spend what we can afford, so the system stays financially stable. We will focus on making things better for people while also keeping our spending under control each year.



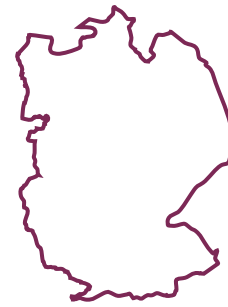
● Challenges in different areas

Although the cluster shares common issues, each place has distinctive needs:



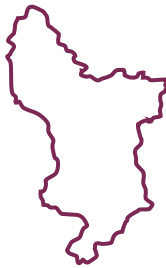
DLN Cluster

The area has long-standing poverty, many people making unhealthy choices, lower average life spans, a lot of people dying before their time, and heavy use of expensive hospital services. There are big differences and chances to make things better in different places.



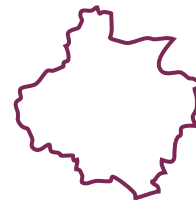
Lincolnshire

Lincolnshire is challenged by smoking in pregnancy, low breastfeeding and early cancer diagnosis rates, high frailty in an ageing population, and widespread musculoskeletal need across rural communities.



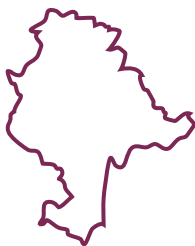
Derbyshire

Derbyshire faces major substance misuse harms, marked variation in health outcomes across towns, gaps in community infection prevention, and high smoking prevalence requiring ongoing targeted support.



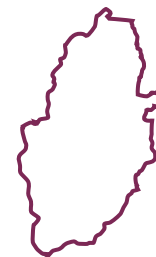
Derby City

Derby experiences high child poverty, low vaccination uptake, high alcohol related harm, and severe inequalities including stark gaps in life expectancy within small geographic areas.



Nottingham

Nottingham has widespread deprivation, high smoking rates, low childhood vaccination uptake, rising alcohol related admissions, and high childhood obesity rates.



Nottinghamshire

Nottinghamshire faces significant north-south inequalities, an ageing population with poorer health outcomes, high prevalence of long term conditions and obesity, and low uptake of preventive interventions.

All these factors show why we need a basic level of support for everyone in the area, but also extra help for people and places facing the most challenges.

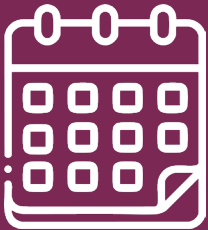
● Productivity and efficiency challenges

There are many ways to improve how hospitals, community services and mental health services work, making them more efficient. Beds are often full and it is difficult to move patients through the system smoothly, with unnecessary differences in how busy pathways are handled. We need to work more efficiently and stop activities that do not add value, especially since budgets are tight. Because of these pressures, decisions about what services to commission must both improve patient outcomes and free up resources to invest in prevention and care close to home.

Performance challenges

There are a number of performance challenges in the Cluster including:

- Long waits in several pathways
- Inconsistent access to primary and community care
- Poor performance in urgent and emergency care
- Ongoing challenges in diagnostics capacity
- Significant performance variation between Derby & Derbyshire, Lincolnshire and Nottingham & Nottinghamshire



● Identifying opportunities

We can find ways to improve by looking at information on poverty, how the population is changing, differences in costs, and how well things are working. We have opportunities to:

- Use shared population health intelligence to consistently prioritise the most deprived communities across DLN
- Shift earlier into prevention and scale proven approaches to preventative healthcare
- Redesign care around people with multiple conditions rather than single pathways
- Improve uptake of screening
- Improve flow and reduce demand

These opportunities align directly with the Population Health Strategy's Five population priorities (children and young people obesity, children and young people mental health, early multimorbidity, frailty, end of life) and three cross cutting priorities (screening and vaccination, strong general practice, outpatient redesign).

● Integrated care model

The commissioning plan sets out a consistent model for Neighbourhood Health Services, operating at a population scale of approximately 30,000–50,000, with flexibility to combine neighbourhoods where this improves resilience, access and value.

- Neighbourhood Health Services will deliver a set of core functions which include:
- Same-day community response that prevents deterioration and avoids unnecessary urgent and emergency care
- Personalised care including care planning, shared decision making and promoting independence
- Coordination for priority groups, ensuring all have a standardised care plan

- Proactive, planned and preventative care, informed by population health management and risk stratification
- Integrated multi-disciplinary teams coordinated across primary, community, acute and wider primary care professions
- Integrated intermediate care to support recovery, independence and care closer to home
- Strong links with community assets including the VCSE, housing, employment and wider public-sector support

Neighbourhood teams will provide both reactive, same day community response and proactive, planned care.

As neighbourhood ways of working become part of everyday practice, health and care staff will start to work together more closely, no matter which organisation they belong to. They will share responsibility and move resources from mainly responding to problems, towards preventing them and supporting people before issues arise. In the future, commissioners will be more concerned with improvements in people's health that the organisations that provide health and care services can achieve. They will define which services or health interventions are provided, ensuring that those with the greatest need or highest levels of complexity and vulnerability are given priority. To support this, there will be changes to the way services are contracted and funded to incentivise achievement of the outcomes we want for our population.

New funding for change, more flexible contracts, and ways to share savings will be introduced. Neighbourhood Teams will become fully integrated teams, working together across professions, using shared records, building stronger links with councils and community groups, and taking clear responsibility for improving the health outcomes of their local population.

Core Commissioning Ambitions and Priorities

This section explains how the commissioning approach will turn strategic ambition into practical change over the next five years, with commissioning leads working jointly with providers and partners to deliver clear expectations and measurable population outcomes.

The approach follows NHS England's strategic commissioning requirements, and emphasises enabling choice and personalisation through pathway design, contracting and digital access.



● The commissioning ambitions

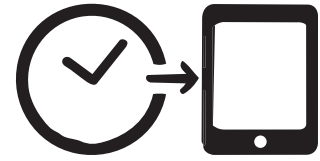
Our core ambitions for the next five years are centred on delivering the three major system shifts:



From sickness to prevention



From hospital to community



From analogue to digital

The principles guiding delivery are: understanding population need, co designing solutions with communities, implementing with strong oversight, and continually refining based on what works.

The key delivery programmes are:



Children and Young People



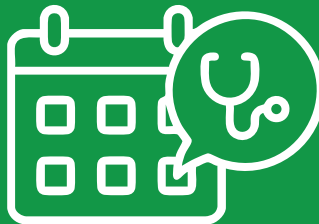
Neighbourhood and Community Transformation (including Primary Care)



Urgent and Emergency Care



Mental Health, Learning Disabilities and Autism



Planned Care (including Cancer)



Specialised Commissioning/ Primary Care/ Optometrists/Dentists



Specific targets over five years include:



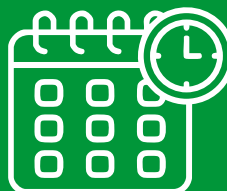
25% reduction in outpatient first attendances and follow ups



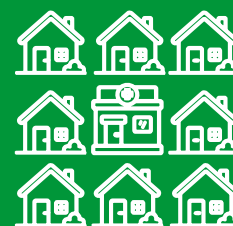
36% reduction in non elective admissions



33% reduction in ED attendances



Sustained elimination of long waits (52+ weeks)



Full rollout of Neighbourhood Health Services with consistent core functions

The full [Commissioning Plan document](#) includes a list of all of our targets. It summarises key themes about what will be different this time, building on our knowledge of what has gone before, in order to improve our chances of success over the next five years.

Commissioning Delivery (2026/27 - 2030/31)

We have set out high-level priorities that we will focus on to deliver meaningful, system-wide change over the next five years (2026/27–2030/31). They are intentionally outcome-focused, providing a clear line of sight between ambition and impact.

Detailed delivery plans with milestones, deliverables and dependencies are also included in the full Commissioning Plan.

Delivery of these priorities will be further refined, phased and planned across the five-year period, recognising the need for sequencing, system readiness and sustained improvement rather than short-term fixes.

● Governance

Delivery oversight is provided through:

- The Commissioning Executive Team and Strategic Commissioning Committee,
- Portfolio level Programme Boards,
- Strengthened contract oversight and financial governance,
- Proportionate Equality Impact Assessments at key decision gateways.

This ensures alignment between neighbourhood, place and system, with clear escalation where delivery risks arise.



Creating the Conditions for Success

● What we need to succeed

To deliver the five year ambition, the plan identifies a wide range of supporting services and infrastructure that the DLN Cluster will develop over the next five years:

- ✓ Quality and clinical governance – consistent quality management.
- 📊 Population health intelligence – enabling targeted, data driven action through segmentation, risk stratification, and shared analytics.
- 💰 Financial framework & market stewardship – aligning multi year financial planning with value based commissioning and resource shift into prevention and community.
- 💻 Digital, data & technology – shared care records, digital access routes, automation, remote monitoring, NHS App optimisation, and interoperability.
- 👥 Workforce & organisational development – developing new multidisciplinary roles, cluster-wide workforce planning and capability building.
- 🏢 One public sector estates approach – Develop integrated centres and rationalise estates.
- 📊 Evaluation framework – equality and quality assessments, robust monitoring, impact assessment and rapid decision making.
- 💬 Citizen engagement – embedding co production, inclusive engagement, and lived experience led design.
- 🎯 Leadership & culture – providing clear priorities, aligning investment and governance, and creating a shared purpose.
- 🤝 Partnership & collaboration - Coordinating organisations around shared outcomes, strengthening co production, and aligning resources.
- 📈 Supporting social and economic development - driving inclusive growth, improving access to employment and skills, and addressing wider determinants of health.
- 🔍 Research – embedding research and promoting participation.
- 💡 Supporting innovation - Creating the conditions to test, scale and sustain innovative models, digital solutions and transformation approaches.
- ♻️ Sustainability - embedding environmental sustainability, reducing carbon and waste, and supporting affordable models of care.



