Links to ICB Annual Reports and Accounts 2025 / 26

Please scan the QR codes below to access the reports

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

The Annual Public Meetings of **NHS Derby and Derbyshire Integrated Care Board (ICB)** **NHS Lincolnshire ICB** and **NHS Nottingham and Nottinghamshire ICB** held in common

Thursday 3 September 2026

Welcome from **Kathy McLean**

Kathy McLean

Chair
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

Reflections on 2025/26 from **Amanda Sullivan**

Amanda Sullivan

Chief Executive
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

Key achievements and challenges in Derby and Derbyshire
from **Dr Dave Briggs**

Dr David Briggs

Executive Director of Outcomes (Medical)
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

Key achievements and challenges in Lincolnshire
from **Maria Principe**

Maria Principe

Executive Director of Commissioning
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

Key achievements and challenges in Nottingham and Nottinghamshire from **Rosa Waddingham**

Rosa Waddingham

Executive Director of Quality (Nursing)
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

Summary of financial performance at each ICB from **Marcus Pratt**

Marcus Pratt

Director of Finance - System Strategy and Planning
NHS Nottingham and Nottinghamshire ICB

Priorities for 2026/27 from **Clair Raybould**

Clair Raybould

Executive Director of Strategy and Citizen Experience
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

NHS
Derby and Derbyshire
Integrated Care Board

NHS
Lincolnshire
Integrated Care Board

NHS
Nottingham and
Nottinghamshire
Integrated Care Board

Introduction

Respectful participation

We are committed to providing a welcoming and inclusive environment that supports constructive public participation. Questions or comments that are offensive, discriminatory, abusive or defamatory, intended to disrupt the meeting, or inappropriate for a public forum, will not be read out or addressed during the event.

How questions will be answered

The time available for questions during the meeting will be limited.

To enable as many topics as possible to be addressed:

- Similar questions may be grouped together and answered as a single response.
- Priority may be given to questions that are of broad public interest and relevance to the business of the Annual Public Meetings.
- The Chair has discretion over the order in which questions are taken and how they are addressed during the meeting. We anticipate pre-submitted questions will be answered first.

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Questions we cannot answer in a public meeting

The Annual Public Meetings are not an appropriate forum for discussing individual cases or matters that involve personal, confidential or commercially sensitive information.

We will therefore not answer questions that:

- Relate to an individual's care, treatment or personal circumstances.
- Include personal, confidential or sensitive information about any individual.
- Relate to concerns over ongoing complaints, employment matters or legal proceedings.
- Require disclosure of information that the ICBs are not permitted to share publicly.
- If appropriate, we may signpost individuals to other routes through which specific concerns or enquiries can be raised.

How questions will be answered

We will make every effort to answer as many questions as possible during the meeting.

However, where time does not permit:

- Questions may receive a written response after the meeting where appropriate.
- Similar questions may be combined into a single published response.
- Responses may be coordinated across the three ICBs to ensure consistency and accuracy.

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Welcome and introduction

Kathy McLean, Chair
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

We will share highlights from our **2025/26 Annual Reports and Accounts**, including:

- **performance**
- **achievements**
- **challenges**
- **financial position**
- **priorities for the future**

We will also share how we have worked with our partners across health, care, local government, and the voluntary sector to improve outcomes for local people

Why are the three ICBs holding this meeting together?

NHS
Derby and Derbyshire
Integrated Care Board

NHS
Lincolnshire
Integrated Care Board

NHS
Nottingham and Nottinghamshire
Integrated Care Board

Shared leadership, governance and strategic functions

The clustering of three ICBs

Significant changes over the last 18 months

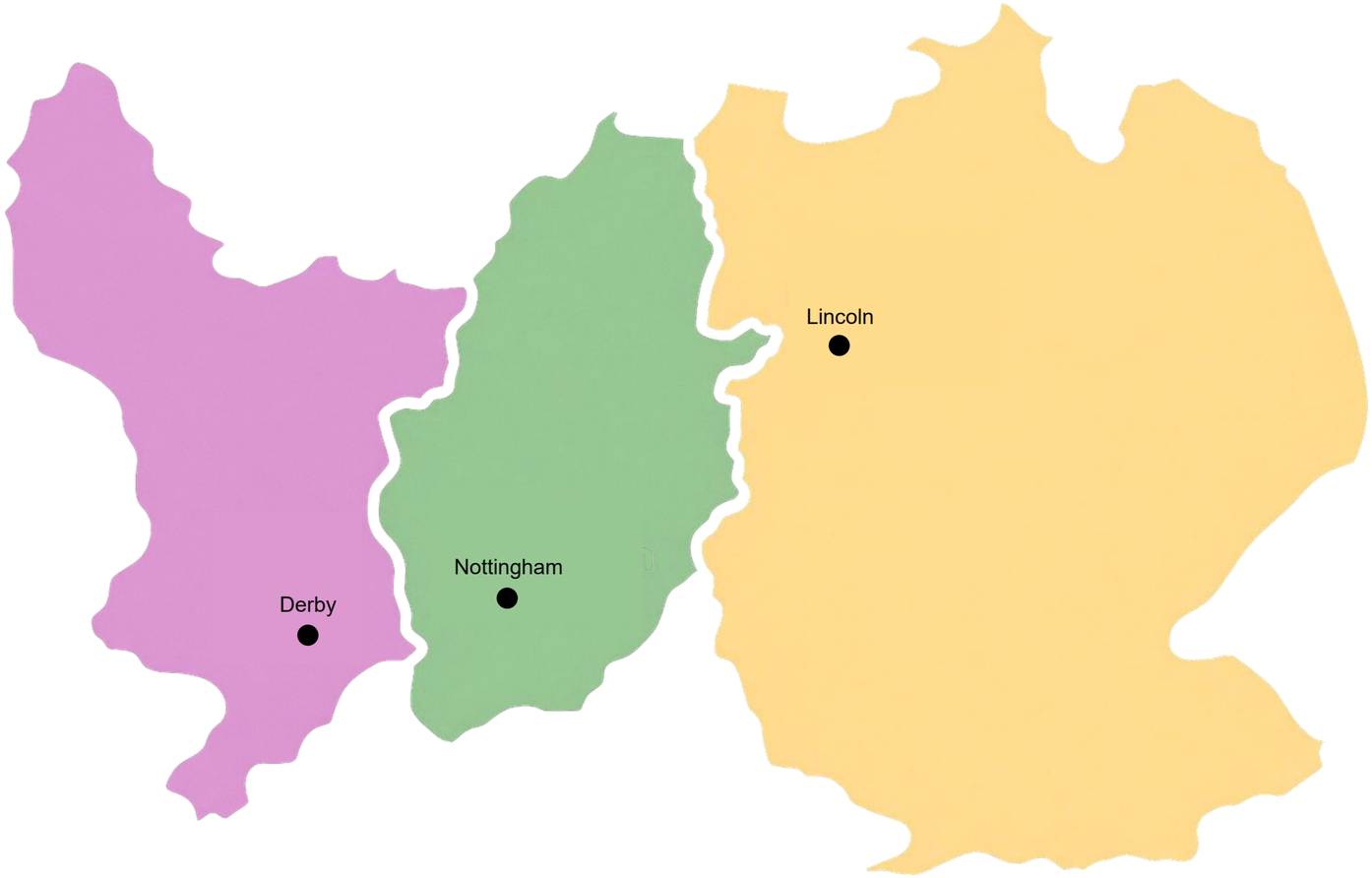
In **March 2025**, ICBs were told they needed to reduce running costs by **around 50%**.

Since then, we have:

- Clustered together
- Adapted our ways of working
- Said goodbye to hundreds of colleagues who have taken voluntary redundancy

We are now clustered across a huge geographical area that is **more than half the size of Wales**.

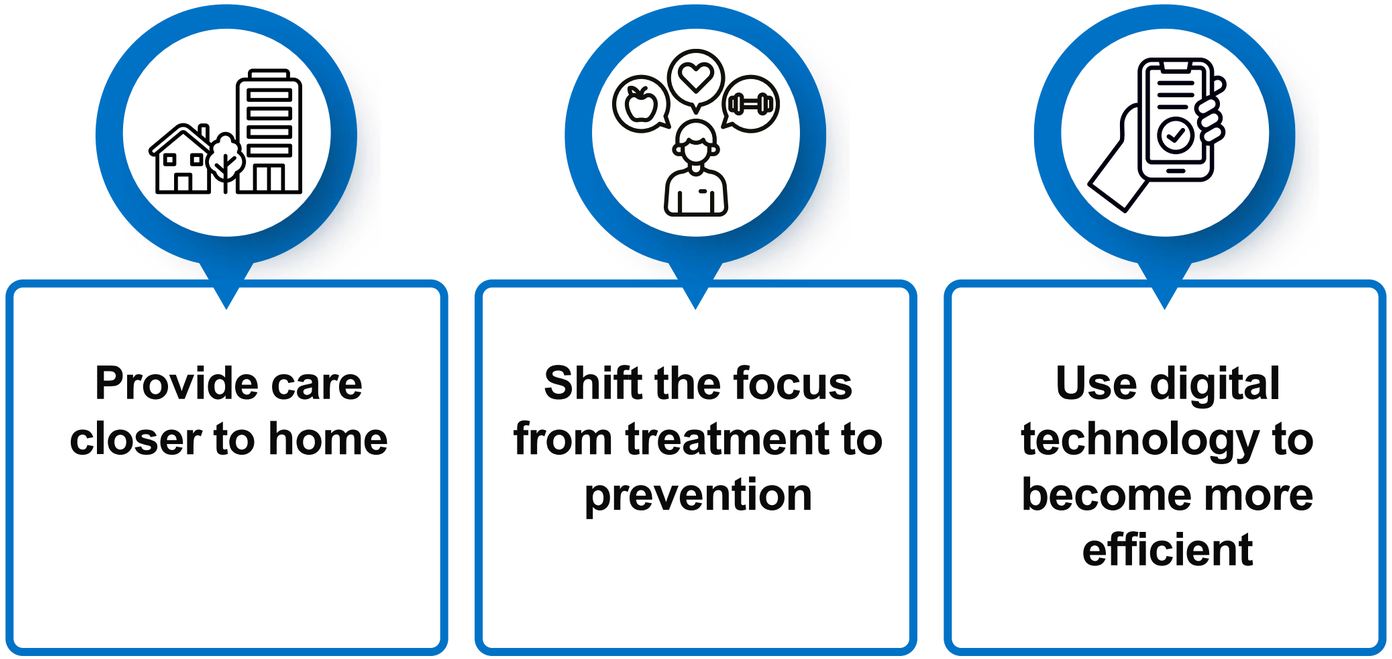
Across our cluster, we have an incredibly diverse population of **3.25 million people** with different needs.



Almost a quarter of our population live in England's most deprived areas.

Deprivation **increases health risk factors** and leads to people developing **long-term health conditions earlier**, often having multiple conditions at the same time, and experiencing **worse health outcomes**.

In line with the **10 Year Health Plan**, we need to:



NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

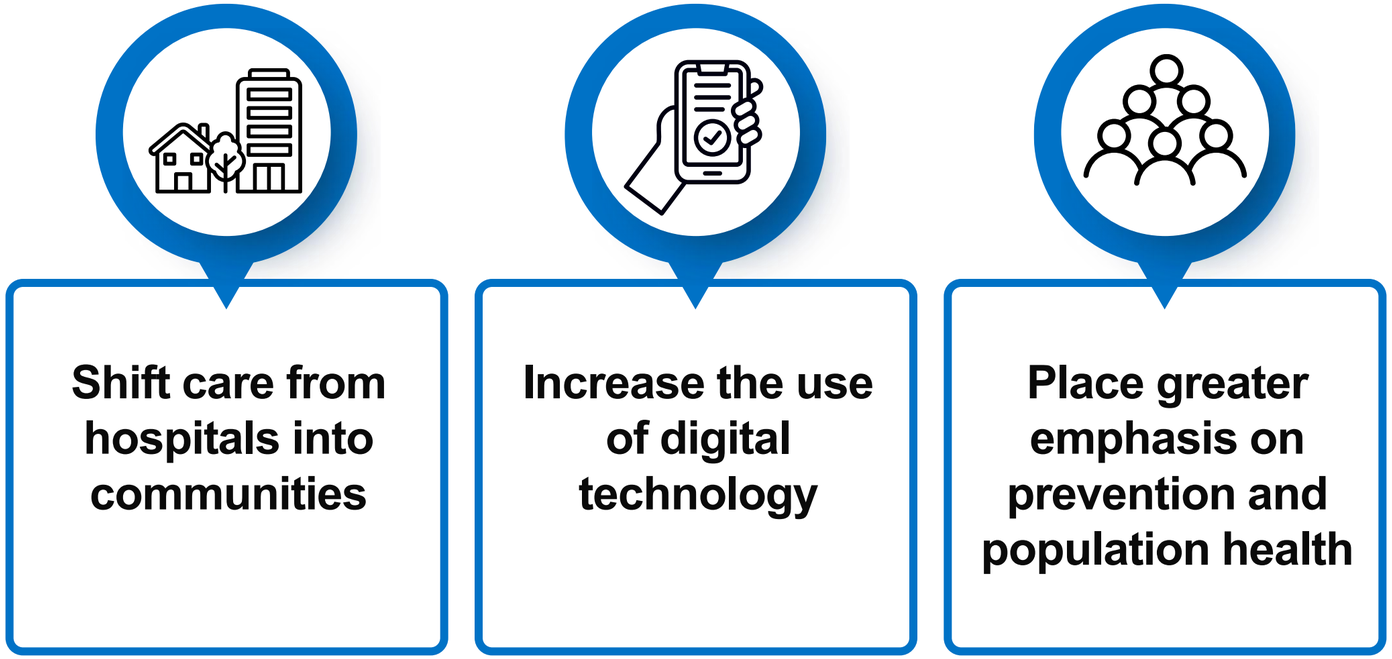
NHS Nottingham and Nottinghamshire Integrated Care Board

Reflections on 2025 / 26

Amanda Sullivan, Chief Executive
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

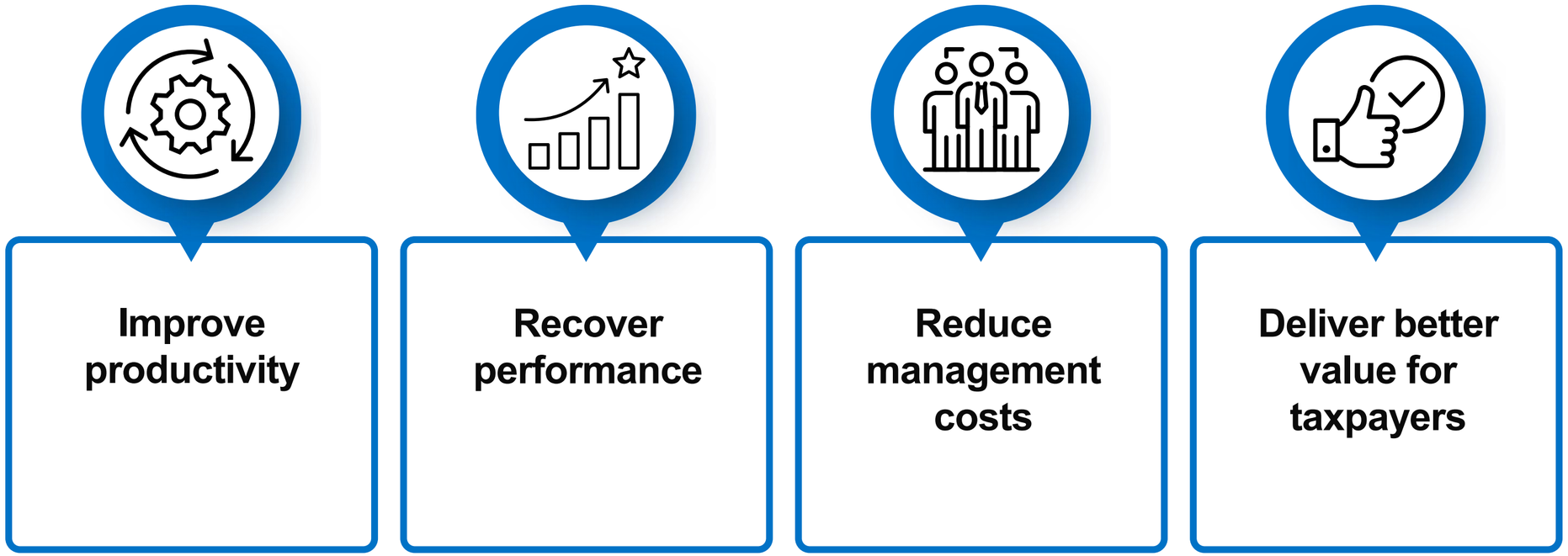
National context

2025 / 26 was a year of significant change for the NHS, shaped by the **Government's Ten Year Health Plan** and reforms designed to:



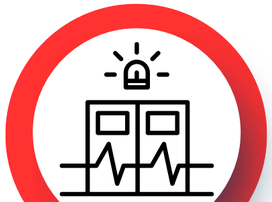
National context

NHS organisations continued to operate under sustained financial pressure, alongside requirements to:



National context

Across the country, health systems faced continuing demand pressures in:



Urgent and emergency care

Elective recovery

Diagnostics

Cancer services

Mental health provision

National context

The Government's decision to integrate NHS England functions more closely with the Department of Health and Social Care:

- signalled **major structural change** across the NHS
- reinforced the expectation that Integrated Care Boards focus increasingly on their **role as strategic commissioners**

National context

National policy has continued to focus on:

Local context

- **Formal cluster arrangements** were established.
- **Major organisational change**
- Move towards **strategic commissioning**, **shared leadership**, and **collaborative delivery**
- New **Five-Year Population Health Strategy** and **Strategic Commissioning Plan**

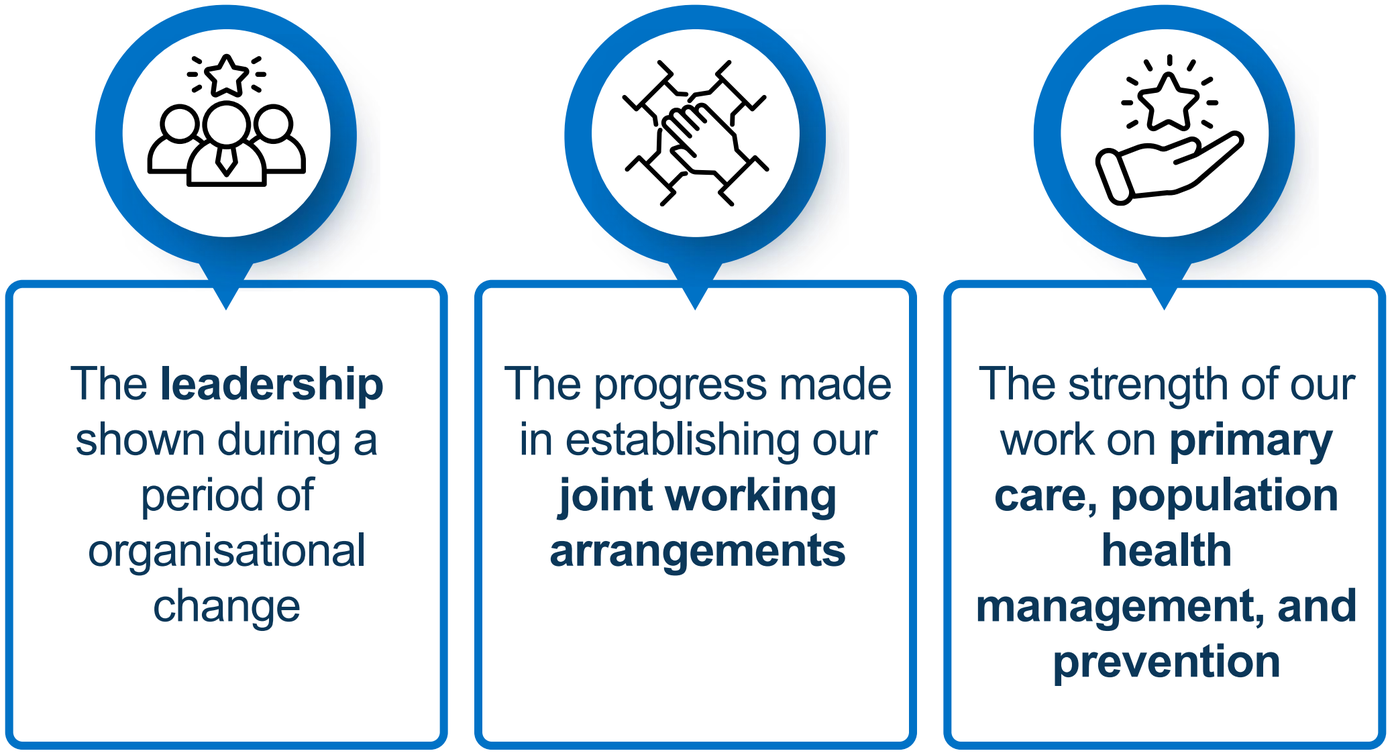
Local context

In Nottingham and Nottinghamshire, there have been major quality concerns about services at two of our providers:

- **Mental health services at Nottinghamshire Healthcare Trust**
- **Maternity services at Nottingham University Hospitals Trust**

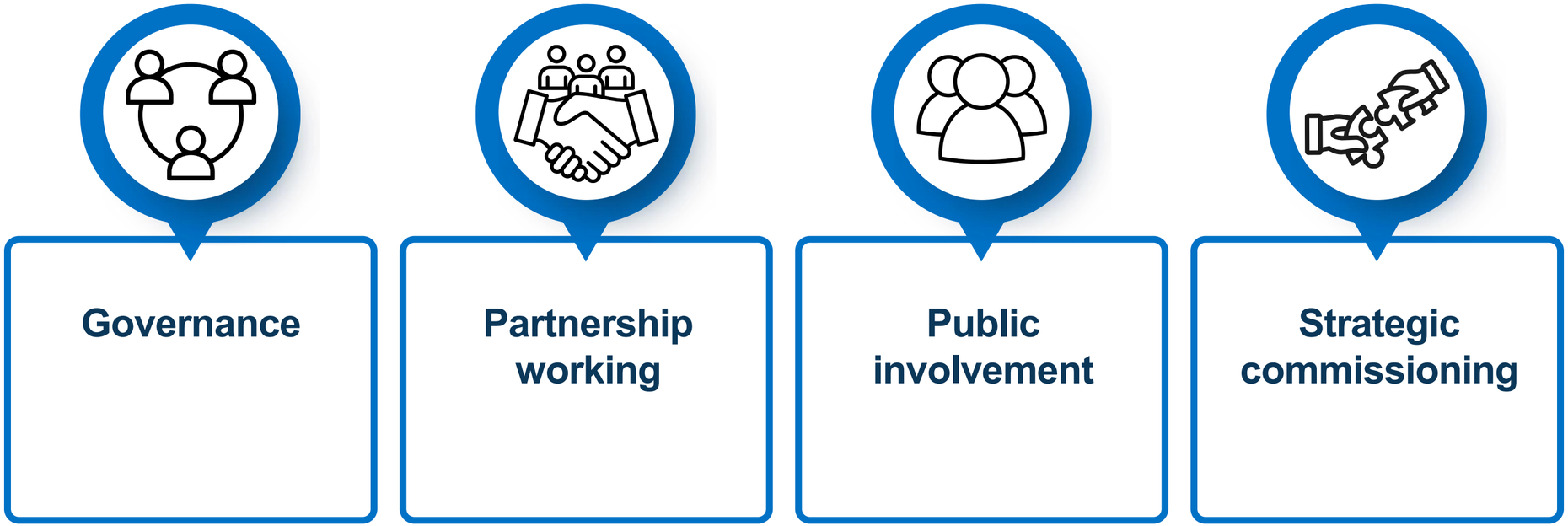
ICB assessment letters from NHS England

Across the cluster, NHS England recognised:



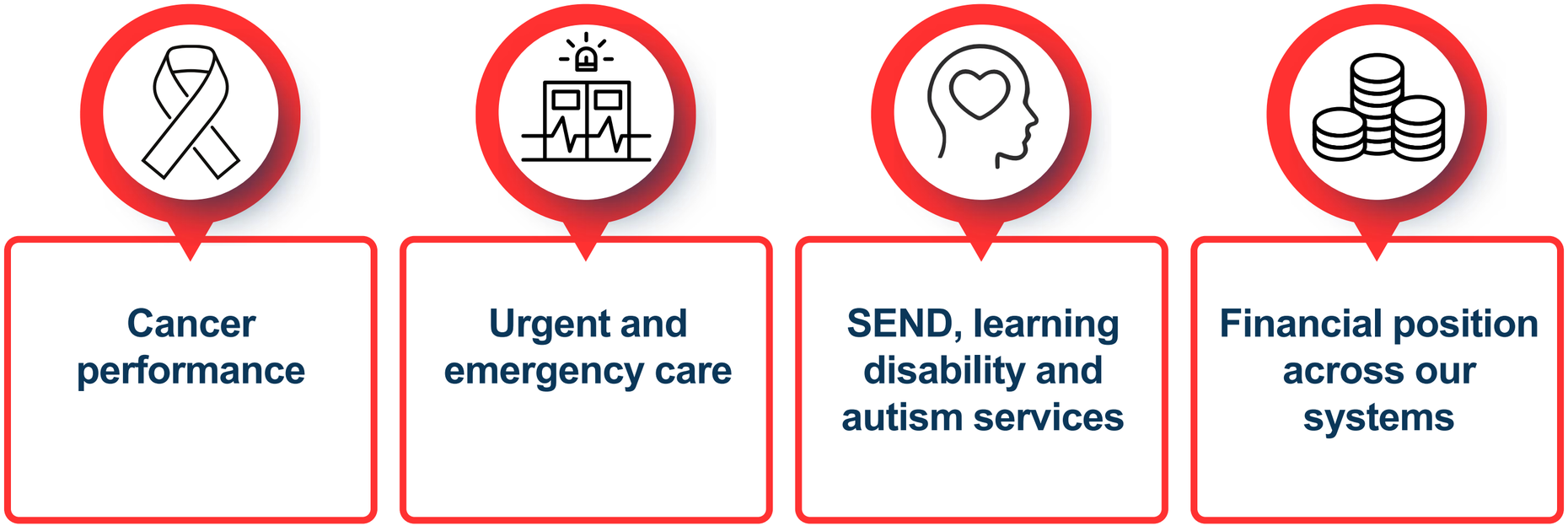
ICB assessment letters from NHS England

Each ICB also received positive feedback on areas such as:



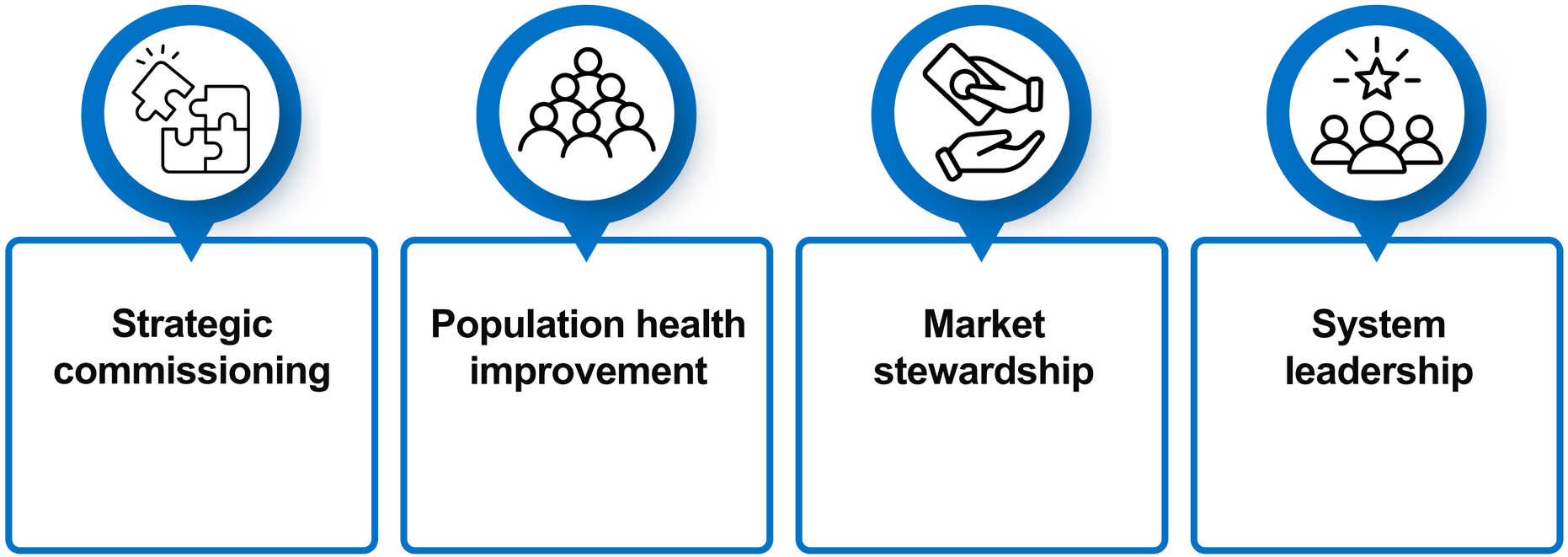
ICB assessment letters from NHS England

The letters are clear about the challenges we continue to face, particularly:



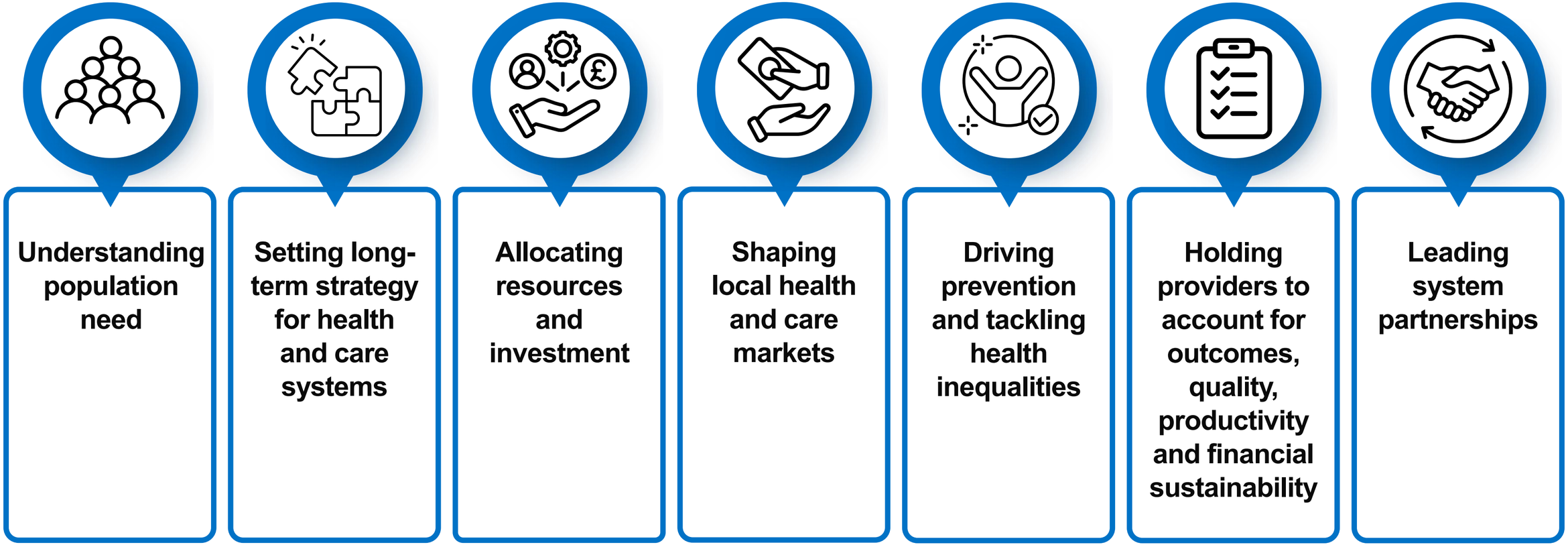
ICBs as strategic commissioners

ICBs are moving away from directly managing large numbers of operational activities and towards becoming leaner organisations focused on:



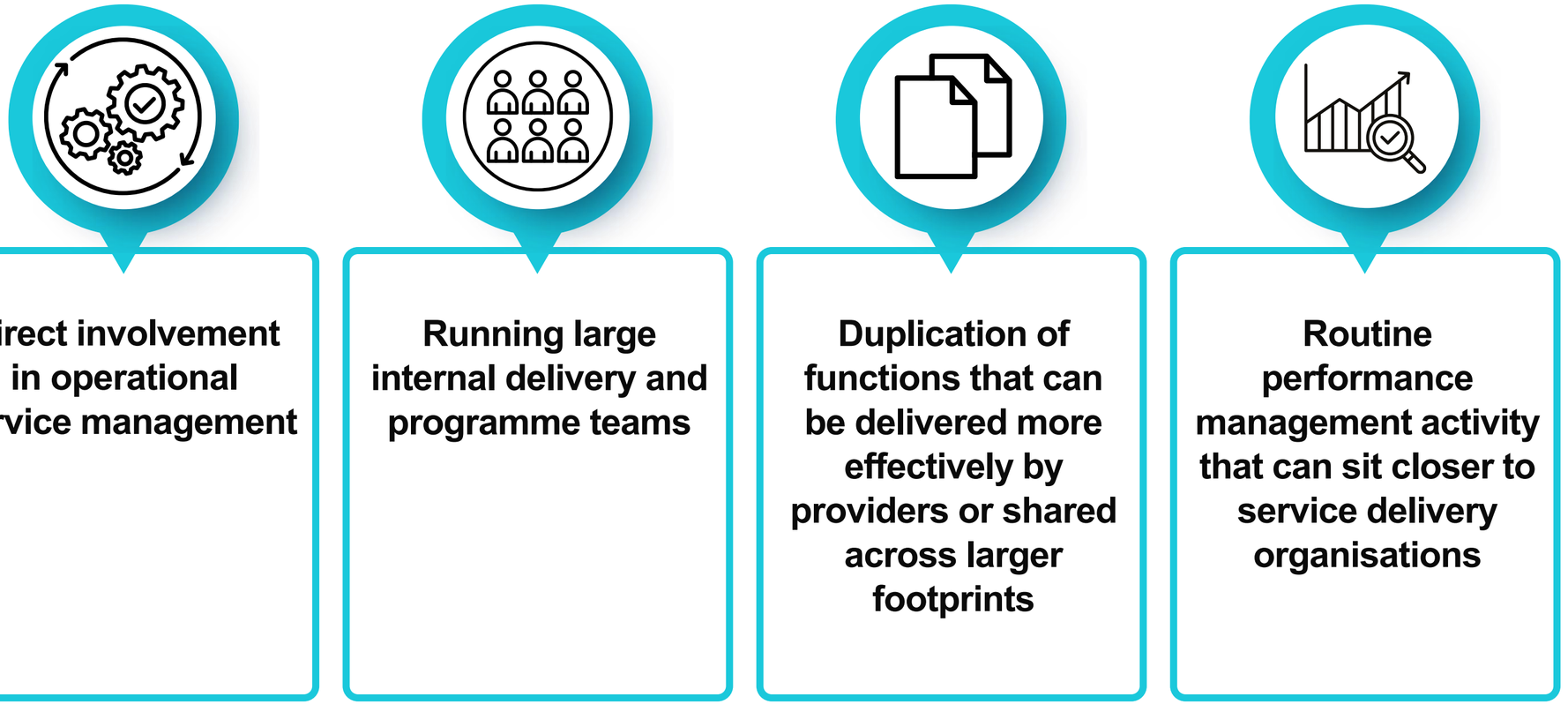
ICBs as strategic commissioners

ICBs will focus on:



ICBs as strategic commissioners

The following will be less central to ICBs:



NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Key achievements and challenges during 2025 / 26 Derby and Derbyshire

Dr Dave Briggs, Executive Director of Outcomes (Medical)
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

Derby and Derbyshire ICB

Quality of commissioned services

Key achievements

Continued robust quality oversight and assurance across commissioned services, with strengthened governance, patient safety and safeguarding arrangements

Progress in **maternity and neonatal services**, including improvements in perinatal outcomes, compliance with national safety programmes, and enhanced engagement with women and families.

Improved delivery of **Learning Disability Annual Health Checks** and significant improvement in the timeliness of LeDeR reviews, helping learning from deaths to be acted on more quickly.

Continued implementation of the **Patient Safety Incident Response Framework (PSIRF)** across providers, strengthening learning and improvement.

Strong partnership working to improve personalised care, patient involvement and service co-production.

Derby and Derbyshire ICB

Quality of commissioned services

Key challenges

Continued enhanced oversight of maternity services at University Hospitals of Derby and Burton following Care Quality Commission findings.

Continued pressures within SEND, neurodevelopmental and children's mental health pathways

Need to sustain improvement and maintain public confidence in areas such as mental health, maternity, primary care and community services

Derby and Derbyshire ICB

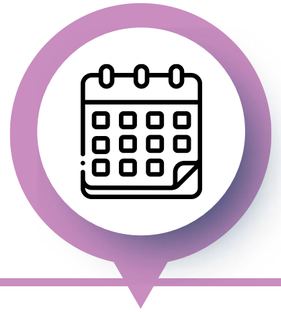
Performance against national and local standards

Key achievements

GP patient satisfaction and access improved year-on-year, with better use of practice websites and the NHS App.

Strong performance in urgent appointments, with **72%** delivered on the same day.

97% of community pharmacies signed up to Pharmacy First, delivering more than **82,000 consultations** and releasing significant GP capacity.



Referral to Treatment (RTT) performance exceeded plan, with continued reductions in long waits and **only 57 patients** waiting more than 65 weeks by March 2026.

Derby and Derbyshire ICB

Performance against national and local standards

Key achievements

Dementia diagnosis performance exceeded the national target (**69.8%** against a national target of 66.7%).

Access to children's and young people's mental health services improved, with mental health support teams expanded to **63% coverage**.

Achieved targets for **perinatal mental health access** and maintained strong performance in **NHS Talking Therapies**.

Expanded virtual wards, supporting more than **4,500 patients** and avoiding unnecessary hospital admissions.

Derby and Derbyshire ICB

Performance against national and local standards

Key challenges

Four-hour emergency department performance remained below the national standard, achieving 72.1% against the 78% target.

Twelve-hour waits in emergency departments remained above planned thresholds.

Ambulance handover delays continued to be significant.

Diagnostic waiting times remained above plan, with 23.6% waiting more than six weeks.

Derby and Derbyshire ICB

Performance against national and local standards

Key challenges

Cancer standards remained challenging, including Faster Diagnosis Standard and treatment waiting time targets.

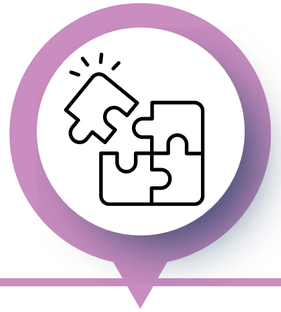
Adult learning disability and autism inpatient numbers remained above planned levels.

Continued operational pressure across urgent and emergency care, patient flow and discharge pathways.

Derby and Derbyshire ICB

Health inequalities and population health

Key achievements



Development of a joint **Five-Year Population Health Strategy** and **Strategic Commissioning Plan**

Continued delivery of the **Core20PLUS5** approach to target the most disadvantaged communities.

Nationally recognised collaborative work to improve **hypertension outcomes**.

Establishment of the **Community Health Alliance** supporting Black African and Caribbean communities.

Derby and Derbyshire ICB

Health inequalities and population health

Key achievements

Co-produced improvements to sickle cell services and creation of a patient group to strengthen service design.

Expansion of mental health support for underserved groups, including plans to improve access to Talking Therapies for deaf people.

Targeted work to address **maternity and neonatal inequalities**.

Progress in neighbourhood working, frailty services, prevention and support for people experiencing severe and multiple disadvantage.

Derby and Derbyshire ICB

Health inequalities and population health

Key challenges

Significant **differences in health outcomes** persist across Derby and Derbyshire, linked to deprivation, ethnicity, disability and geography.

Continued inequalities in cancer screening uptake and access to some services.

Ongoing challenges in neurodevelopmental pathways, mental health access and SEND services.

Wider pressures from workforce shortages, financial constraints and increasing demand continue to affect the pace of improvement.

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Key achievements and challenges during 2025 / 26 Lincolnshire

Maria Principe, Executive Director of Commissioning
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

Lincolnshire

Quality of commissioned services

Key achievements

Maintained **strong oversight of quality, safety and patient experience** through established quality governance arrangements.

Continued implementation of the **Patient Safety Incident Response Framework (PSIRF)** across the system.

Both Lincolnshire maternity units maintained **positive CQC ratings and strong performance** against national maternity safety programmes.

Continued improvement in dementia diagnosis, exceeding the national standard at **69.7%**.

Exceeded planned uptake of **Learning Disability Annual Health Checks**, supporting earlier intervention and improved outcomes.

Lincolnshire

Quality of commissioned services

Key challenges

We are working closely with **ULTH** to **ensure improvements** within infection prevention and control, urgent and emergency care, ophthalmology and mixed-sex accommodation.

LPFT has now returned to routine surveillance following a period of **enhanced oversight** following some concerns raised by the CQC.

Lincolnshire

Performance against national and local standards

Key achievements

Exceeded the two-week GP appointment access standard, achieving **87%** against the 85% target.

97% of community pharmacies signed up to Pharmacy First, releasing significant GP capacity.

Delivered more GP appointments than planned during the year.

Achieved **81.3% performance** against the Emergency Department four-hour trajectory of 78%.

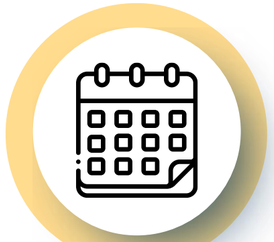
Reduced the proportion of patients experiencing 12-hour waits in emergency departments.

Lincolnshire

Performance against national and local standards

Key achievements

Exceeded the Referral to Treatment recovery trajectory, achieving 61.2% against a plan of 60%.



Reduced 52-week waits to **below 1%** of the waiting list and **only 12 patients** waiting more than 65 weeks by March 2026.

Expanded Community Diagnostic Centre capacity and delivered more than **150,000 diagnostic tests**.

Met the perinatal mental health access target and expanded Mental Health Support Teams to **48% of schools**.

Exceeded the national dementia diagnosis target.

Lincolnshire

Performance against national and local standards

Key challenges

Diagnostic performance remained significantly below target, with **45%** of patients waiting more than six weeks against a target of 5.6%.

Faster Diagnosis Standard performance for cancer remained below the national standard at **71%** against the 75% target.

Performance against the 31-day and 62-day cancer standards remained below trajectory.

Sustained demand continued to create **pressures across urgent and emergency care, patient flow and discharge pathways**.

Lincolnshire

Performance against national and local standards

Key challenges

Ambulance handover performance improved but did not consistently achieve the 95% ambition within 45 minutes.

Children's mental health access remained below planned levels.

Lincolnshire

Health inequalities and population health

Key achievements

Embedded health inequalities considerations across commissioning, service redesign and decision-making.

Delivered targeted programmes to improve **uptake of vaccinations, smoking cessation, weight management and diabetes prevention**.

Expanded community vaccination clinics in areas of low uptake and among vulnerable groups.

Supported over **640** people through the NHS Diabetes Prevention Programme and almost **300** through the Type 2 Diabetes Path to Remission Programme.

Lincolnshire

Health inequalities and population health

Key achievements

Maintained a national leading position on **hypertension identification and management.**

Developed an **Inclusion Health Strategic Plan** to address barriers faced by underserved communities.

Exceeded planned **Learning Disability Annual Health Check** uptake, helping to reduce inequalities for this population.

Lincolnshire

Health inequalities and population health

Key challenges

Significant variation remains in health outcomes, experience and access across communities.

Continued barriers relating to transport, digital exclusion, health literacy and service accessibility for inclusion health groups.

Numbers of adults with learning disabilities and autism in inpatient settings remained above target.

Further work is required to reduce inequalities in cancer outcomes, mental health access and preventative healthcare uptake

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Key achievements and challenges during 2025 / 26 Nottingham and Nottinghamshire

Rosa Waddingham, Executive Director of Quality (Nursing)
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

The Nottingham Inquiry

Our thoughts remain with the families of **Ian**, **Grace** and **Barnaby**, and also with **Wayne**, **Sharon** and **Marcin** who were injured during the Nottingham attacks.

The Nottingham Inquiry

Our thoughts remain with the families of **Ian**, **Grace** and **Barnaby**, and also with **Wayne**, **Sharon** and **Marcin** who were injured during the Nottingham attacks.

- **ICB and NHS England governance arrangements** provide oversight of quality, safety and regulatory concerns.
- Governance provides **scrutiny, challenge and support to monitor the Trust's improvement progress**.
- **The Safe Now dashboard** helps identify emerging care, quality and safety risks early.
- While awaiting the Nottingham Inquiry report, **we remain focused on sustained improvement at the Trust**.

Maternity Services

The Independent Review into maternity services at Nottingham University Hospitals Trust was published in June 2026. The publication of this and national maternity reviews **highlighted failings in care**, with families' experiences central to driving improvement.

Maternity Services

The Independent Review into maternity services at Nottingham University Hospitals Trust was published in June 2026. The publication of this and national maternity reviews **highlighted failings in care**, with families' experiences central to driving improvement.

- **Robust governance** supports and challenges the Trust to deliver improvements for women and families.
- We work with NHS England to **analyse concerns and hold the Trust to account**.
- Stillbirth rates, staffing and one-to-one care are improving, **but much more remains to do**.
- **Required actions being brought together** from reviews and NHS England's 10 Point Plan.
- **An action plan and progress report** will provide assurance that improvements are being delivered.

Nottingham and Nottinghamshire

Quality of commissioned services

Key achievements

Continued oversight and improvement support for services subject to enhanced scrutiny, particularly Nottinghamshire Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust.

Strengthened maternity and neonatal governance through the Local Maternity and Neonatal System.

Embedded the Patient Safety Incident Response Framework (PSIRF) across the system, with investment in patient safety capability and governance.

Maintained robust safeguarding arrangements, meeting statutory duties for children, young people and adults at risk.

Nottingham and Nottinghamshire

Quality of commissioned services

Key achievements

Improved dementia diagnosis rates to 69.9%, exceeding the national target of 66.7%.

Exceeded planned access levels for children and young people's mental health services.

Nottingham and Nottinghamshire

Quality of commissioned services

Key challenges

Continued oversight and scrutiny of Nottinghamshire Healthcare NHS Foundation Trust, following the Nottingham Inquiry and Independent Mental Health Homicide Review.

Continued oversight and scrutiny of maternity services at Nottingham University Hospitals NHS Trust, requiring ongoing improvement activity

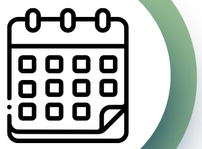
Rising demand and capacity pressures across children's services and SEND pathways.

Workforce pressures and sustaining long-term quality improvement remain significant risks.

Nottingham and Nottinghamshire

Performance against national and local standards

Key achievements



Primary care access improved significantly, with **86.5%** of appointments delivered within two weeks against an 85% target.

GP practices delivered 86,871 more appointments than the previous year.

Pharmacy First consultations increased by 26%, with over **71,000** consultations delivered.

Urgent Community Response achieved **98%** of patients seen within two hours. And **83%** of people were managed through self-care advice without an ambulance response.

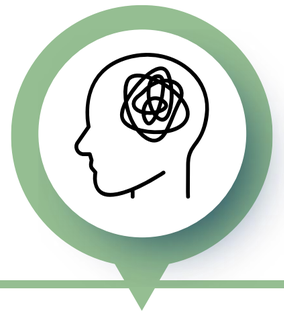
Mental health access targets for children and young people were exceeded.

Nottingham and Nottinghamshire

Performance against national and local standards

Key achievements

Talking therapies met national waiting time standards.



Dementia diagnosis rates exceeded national targets.

The target for **reducing inpatient numbers** among children and young people with learning disabilities and autism was achieved.

Mental Health Investment Standard was achieved.

Nottingham and Nottinghamshire

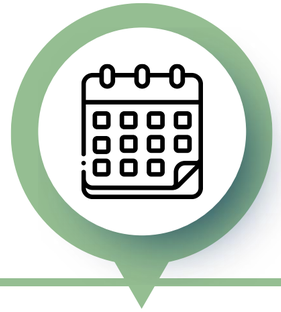
Performance against national and local standards

Key challenges

Emergency Department performance remained below the national four-hour standard, achieving **70.6%** against a 78% standard.

Twelve-hour waits following a decision to admit remained above recovery targets.

Ambulance handover delays continued, with **2,667 hours** lost in March 2026.



Elective waiting lists remained above plan, with **49 patients** still waiting more than 65 weeks.

Diagnostic waits remained significantly above target, with **27.1%** waiting more than six weeks compared with a 10.2% target.

Nottingham and Nottinghamshire

Performance against national and local standards

Key challenges

Cancer performance remained below national standards, including the Faster Diagnosis Standard at **73.1%** against a 75% target.

Adult out-of-area mental health placements remained above the target of zero.

Adult learning disability and autism inpatient numbers remained above target.

SEND services continued to face significant demand pressures, particularly ADHD and autism.

Nottingham and Nottinghamshire

Health Inequalities

Key achievements

Significant improvements in **physical health checks** for people with severe mental illness, **increasing from 37.2% to 58.1%.**

Annual health checks for people with learning disabilities **increased from 68.3% to 74.4%.**

Expansion of Integrated Neighbourhood Teams, with nine teams established and focused on frailty, prevention and vulnerable populations.

Expansion of Mental Health Support Teams in schools to **56.3%** coverage.

Best Years Hubs expanded across additional localities, supporting more than **6,500 attendances**.

Nottingham and Nottinghamshire

Health Inequalities

Key achievements

Lung Cancer Screening Programme diagnosed more than **500 cancers**, with over **71%** detected at an early stage.

Targeted programmes addressing inequalities in maternity services, including support for families whose first language is not English.

Strong population health focus embedded through the new **Five-Year Population Health Strategy**.

Nottingham and Nottinghamshire

Health Inequalities

Key challenges

Persistent inequalities linked to deprivation, ethnicity and access to services.

Ongoing variation in outcomes and service access across communities.

Continued challenges around SEND access, neurodevelopmental services and timely assessments.

Higher levels of need among people with severe mental illness, learning disabilities and autism continue to require targeted intervention.

Reducing avoidable mortality and improving healthy life expectancy remain long-term priorities.

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Financial performance

Marcus Pratt, Director of Finance - System Strategy and Planning
NHS Nottingham and Nottinghamshire ICB

Derby and Derbyshire ICB

Key achievements

Achieved all statutory financial duties.

Delivered a small year-end surplus of £0.1 million.

Kept running costs below the permitted allowance.

Increased mental health investment, meeting the Mental Health Investment Standard.

Derby and Derbyshire ICB

Key challenges

Significant cost pressures from increasing demand, particularly acute care, neurodiversity assessments and specialised services.

Continued need to deliver efficiencies, productivity improvements and management cost reductions while maintaining service quality.

Managing organisational change associated with the Derbyshire, Lincolnshire and Nottinghamshire ICB Cluster.

Lincolnshire ICB

Key achievements

Achieved all statutory financial duties.

Delivered the planned year-end surplus of £3.7 million.

Remained within the running cost allowance while investing in service improvement and transformation.

Lincolnshire ICB

Key challenges

Continued financial pressure from acute activity, prescribing costs and mental health placements.

Requirement to deliver efficiencies while responding to rising demand and maintaining service quality.

Ongoing need to improve productivity and deliver financial sustainability across the system.

Nottingham and Nottinghamshire ICB

Key achievements

Maintained spending within the running cost allowance (£28.7million against a £32.2million limit).

Achieved the Mental Health Investment Standard.

Delivered £106.7million of system capital investment, including diagnostic capacity and MRI expansion.

Continued strong financial governance and productivity programmes.

Nottingham and Nottinghamshire ICB

Key challenges

£6.2m funding lost due to provider financial performance

Increasing pressures from acute activity, mental health demand and neurodevelopmental services.

Ongoing requirement to restore financial sustainability while maintaining service quality.

NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Priorities for 2026 / 27

Clair Raybould, Executive Director of Strategy and Citizen Experience
NHS Derby and Derbyshire, Lincolnshire, and Nottingham and Nottinghamshire ICB Cluster

Five Year Population Health Strategy

We have developed a **Five Year Population Health Strategy** for the Cluster which explains how we plan to help people live longer, healthier lives.

The Strategy sets out how the NHS, working alongside **Local Authorities** and **voluntary and community partners**, will improve people's **access to care**, and **reduce the unfair differences in health** that exist across our communities.

Five Year Population Health Strategy

We have used insights from **our citizens and communities** to shape the priorities in our strategy:

- Engagement with people has told us they want **more control** over their care, **timely access to local services** and clear, **joined-up communication**.

- People say they value **digital tools** - but only if they are inclusive, simple and optional.

- Feedback also highlights the need for **equity**, **cultural sensitivity** and **continuity**.

Five Year Population Health Strategy

The Strategy is underpinned by a **clear case for change**:

A diverse population with different needs:

- There are **3.25 million people** living across cities, towns, rural, and coastal communities.
- While a large proportion of the population live in urban areas, the Cluster is **mainly rural and coastal**.

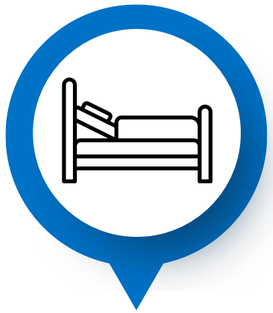
Deep and concentrated inequalities:

- **720,000 people** - almost a quarter of our population - live in England's most deprived areas.

Five Year Population Health Strategy

The Strategy is underpinned by a **clear case for change**:

- **Worsening healthy life expectancy and more years spent in poor health**



- **An unsustainable care delivery model**

Our priorities

The strategy identifies **five priorities relating to specific populations**:

Population segment priorities (Years 1–2)

Start well

Children & Young People - **Obesity**

Start well

Children & Young People - **Mental Health**

Live well

Early Multimorbidity (people living with two or more long-term conditions)

Age well

Frailty

Die well

End of Life

Our priorities

The strategy identifies **three priorities relating to everyone**:

Cross-cutting priorities (Years 1–2)

Neighbourhood Health

We will deliver our priorities through **neighbourhood health**, underpinned by **strong general practice** and **joined-up working between GP practices, community teams, mental health services and wider partners**.

This approach will **strengthen routine care**, **focus on prevention and proactive support,** and enable more care to be provided **closer to home**.

A focus on the **wider factors that shape long-term health**, including **healthy lifestyles**, **early years development**, **social connection** and **support for people who are most excluded or at risk**.

Five Year Commissioning Plan

Our Five Year Commissioning Plan turns the goals of the Population Health Strategy into high level actions that will be worked up collaboratively with our partners.

The aim is to:

Five Year Commissioning Plan

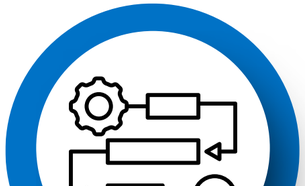
How the commissioning cycle will work:

Understand the context:

Based on citizen feedback, insights and data

Define and Design:

Co-design solutions with people and communities



Implement and Deliver:

Move to the future with robust oversight and assurance

Evaluate and Refine:

Stopping if needed, scaling fast where opportunity is identified

Five Year Commissioning Plan

Key deliverables across our transformation programme over five years:

Neighbourhoods and Community:

Establish at-scale, consistent neighbourhood health models delivering proactive, same-day and planned care for priority populations, reducing reliance on hospital care.

Frailty:

Move from age-defined to needs-based frailty identification, with systematic proactive management.

Primary Care:

Position primary care, pharmacy and optometry as the foundation of neighbourhood delivery.

Children and Young People:

Improve early intervention, access and outcomes for CYP, particularly mental health, obesity and neurodevelopmental needs.

Planned Care (including cancer):

Deliver timely, equitable planned care by redesigning pathways and eliminating low-value activity.

Five Year Commissioning Plan

Key deliverables across our transformation programme over five years:

Urgent and Emergency Care:

Transform urgent care to manage demand upstream and improve flow through hospitals.

End of Life:

Ensure people are identified earlier and supported to die in their preferred place, with minimal crisis escalation.

Mental Health, Learning Disability and Autism:

Shift care from inpatient to community and neighbourhood-based models, improving access and outcomes.

Prevention and Inequalities:

Embed a health inequalities lens across all commissioning decisions.

Digital and IT:

Enable the shifts from hospital to community, treatment to prevention through modernisation of digital, IT and data systems and approaches.

Diagnostics and Earlier Detection:

Provide timely, equitable access to diagnostics that enable faster diagnosis and pathway efficiency.

Expected system-wide impact

Successful delivery of our Population Health Strategy and Commissioning Plan will support:

More people to live longer in good health.

Fewer preventable crises.

Reduced inequalities in access, experience and outcomes.

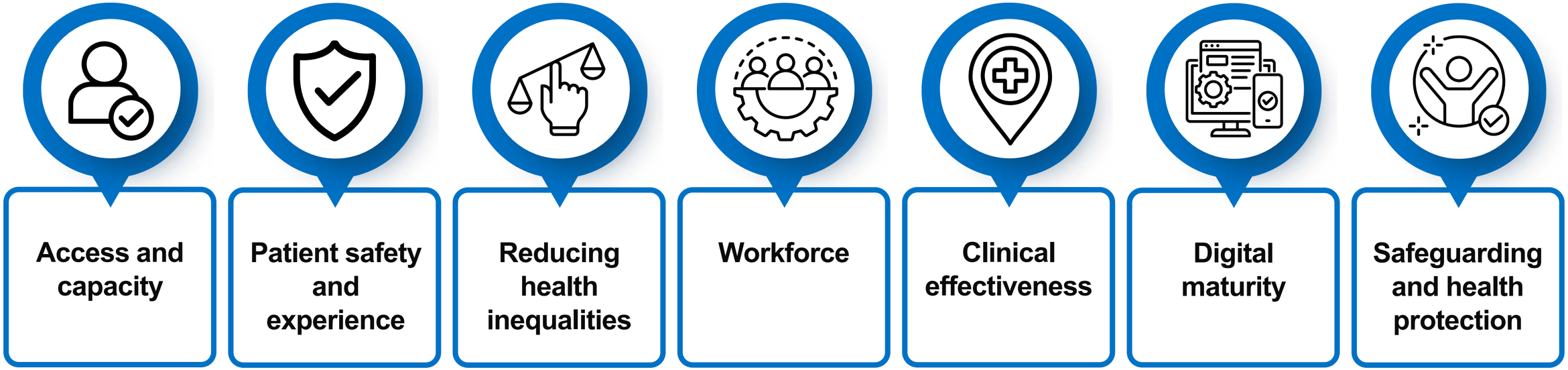
A significant hospital to community ‘shift’.

Better use of NHS resources and improved financial sustainability.

Quality Priorities

Alongside these priorities, we are also committed to supporting and **challenging our providers to improve their services**.

We have recently published our DLN Approach to Quality which outlines our Quality Priorities for 26/27, these are:



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Questions from the public