

Derby & Derbyshire, Lincolnshire, Nottingham & Nottinghamshire ICB Cluster Commissioning Plan - 2026/27 – 2030/31

[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.

Challenges we face

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 financial pressures means that the decisions we make about what services to commission must both improve patient outcomes and free up resources to invest in prevention and care close to home. We also are facing a number of performance challenges across the DLN cluster, including long waits, inconsistent access to services, challenges with diagnostics, and variation in delivery of key national performance standards.

What will be different

We will make much greater use of population health data to understand the specific needs of our local communities and guide commissioning decisions. Resources will be targeted towards those with the greatest health needs, including people living with frailty, those at the end of life, and children and young people with obesity or mental health conditions. We will continue to focus on reducing health inequalities, particularly the gap in healthy life expectancy and avoidable mortality in our most deprived communities.

How it will be different

We will commission services in new ways, using different contracting and payment approaches to incentivise improved population health outcomes. Care will increasingly shift from hospitals into community settings, supported by integrated neighbourhood teams working with voluntary, community and local authority partners. These teams will serve populations of approximately 30–50,000 people. We will also prioritise prevention, self-care and independence, alongside greater use of digital care, shared patient records and virtual access.

Delivering our commitments

Our commissioning plan sets out clear ambitions and actions for the next five years, including outpatient reform, reduced reliance on emergency and urgent care, neighbourhood teams across the DLN footprint, and delivery of local and national performance standards.

Our ambitions

Sickness to prevention

Helping people stay well for longer

Hospital to Community

Move care closer to home

Analogue to Digital

Simple and inclusive digital solutions

Financial Sustainability

How we will work (the commissioning cycle)

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

Where we will focus our delivery

- 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

What this means for people

- Data driven decisions focused on maximum impact
- Stronger focus on prevention and wider determinants of health
- Stronger citizen and patient voice in care design and delivery
- More care delivered closer to home and in communities
- Improved population health with reduced inequalities and inequity
- Better outcomes for people with complex needs

What this means for providers

- Stable, outcomes-based commissioning with shared accountability
- Collaborative, integrated delivery across health, care and VCSE providers
- Innovation enabled by data, digital and proportionate assurance
- Commissioners as strategic partners
- Improved productivity, efficiency and value/reformed out-patient services and care delivered closer to home

What this means for staff and teams

- Appropriately skilled, multidisciplinary 'One Team' working across health and care
- Empowered local decision making, clear accountability
- Digitally enabled, Population Health Management informed proactive care
- Strong collective purpose and visible impact on outcomes and value
- Colleagues treated as strategic assets