

Derby & Derbyshire, Lincolnshire, Nottingham & Nottinghamshire ICB Cluster 5-Year Population Health Strategy - 2026/27 – 2030/31

The Five Year Population Health Strategy for the Derby and Derbyshire, Lincolnshire, Nottingham and Nottinghamshire (DLN) Cluster explains how we plan to help people live longer, healthier lives.

It 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.

What our citizens are telling us

Engagement with our citizens and communities has told us that people want more control over their care, timely access to local services and clear, joined-up communication. They value digital tools – but only if inclusive, simple and optional. Feedback highlights the need for equity, cultural sensitivity and continuity. These insights have shaped our priorities and ensure our strategy reflects what matters most to people.

The Strategy is underpinned by a clear case for change.

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| <p>A diverse population with different needs</p> | <p>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. These differences shape health needs and require tailored, neighbourhood-based solutions to deliver equitable, effective care for all communities.</p> |
| <p>Deep and concentrated inequalities</p> | <p>720,000 people – almost a quarter of our population – live in England’s most deprived areas, concentrated in inner-city neighbourhoods, former industrial towns, and along the Lincolnshire coast. Deprivation increases exposure to risk factors (smoking, obesity, poor housing, insecurity), reduces uptake of prevention, and leads to people developing long-term health conditions earlier, having multiple conditions at the same time, and experiencing worse health outcomes.</p> |
| <p>Worsening healthy life expectancy and rising years in poor health</p> | <p>Healthy Life Expectancy (HLE) is declining, for both men and women, with people (on average) spending 18-26 years in poor health depending on where they live. The gap between Life Expectancy and Healthy Life Expectancy is widening, leading to earlier onset of long-term conditions, multiple conditions at once, and frailty – particularly in more deprived communities. This then leads to faster progression into planned healthcare (tests, diagnostics, elective surgery, long-term condition management) and means people face more crises (exacerbations, falls, infections, mental health issues), resulting in higher use of urgent primary care, more ambulance call-outs, A&E attendances, emergency admissions and bed days.</p> |
| <p>An unsustainable care delivery model</p> | <p>Analysis in one ICB identified that just 7% of the population (the End of Life, Frailty and Multimorbidity with 3+ long term conditions) account for:</p> <ul style="list-style-type: none"> • around 35% of healthcare costs, • around 30% of elective activity, • and around 50% of ambulance calls, emergency admissions and bed days. <p>A major shift towards prevention, proactive care and community-based services is needed, along with changing how we spend healthcare resources so that we spend more on out-of-hospital care.</p> |

Our vision

Every person in every community will live longer and healthier lives. We will improve population health outcomes, reduce inequalities and ensure equitable access across Derby & Derbyshire, Lincolnshire and Nottingham and Nottinghamshire.

Our priorities

The strategy identifies five priorities relating to specific populations and three priorities that apply to everyone.

Together, these aim to give people earlier help that improves their long-term health, make sure people are cared for in the right place, and ultimately enable people to live longer, healthier lives, with fewer years spent in poor health and less reliance on hospital care.

| Start Well | Live Well | Age Well | Die Well |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|
| <ul style="list-style-type: none">Children & Young People Obesity (0-19)Children & Young People Mental Health (0-19) | <ul style="list-style-type: none">Early Multimorbidity (40-64) | <ul style="list-style-type: none">Frailty | <ul style="list-style-type: none">End of Life |
| <ul style="list-style-type: none">Vaccinations and Screening | <ul style="list-style-type: none">Strong General Practice | <ul style="list-style-type: none">Outpatient Redesign | |

Neighbourhood Health: The Engine Room

We will deliver our priorities through neighbourhood health, making sure that GP practices, community teams, mental health services, and others are joined up and working as one team for their neighbourhood. We will also focus on things that make the biggest difference to long-term health, like healthy lifestyles, good early years development, strong social connections, and support for people who are most excluded or at risk.

Expected system-wide impact

Successful delivery of our Population Health Strategy 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.

