

21/05/2026

NN-ICB/26-1580

Dear Requestor

**Re: Freedom of Information Request**

Thank you for your request for information, received on 21 April 2026, regarding service configuration, governance and strategic priorities. We have processed your request in accordance with the Freedom of Information Act 2000 (FOIA).

Under the FOIA, public authorities like ours are required to respond to requests for information within 20 working days. In response to your request, I can confirm that we partially hold the information requested.

**Please find below our response to your request:**

**Section 1: System Structure & Governance**

1. Have there been any changes to your commissioning or service delivery structures in the past 24 months (including mergers, hosted services, or collaborative arrangements)?

In November 2025, NHS Derby and Derbyshire ICB, NHS Lincolnshire ICB and NHS Nottingham and Nottinghamshire ICB established formal partnership working arrangements, operating as an ICB Cluster. Through this model, the three ICBs retain their statutory accountability and local duties and relationships, while working collectively across a wider footprint to share leadership capacity, governance infrastructure and enabling functions.

Please see link to the November 2025 Board papers (Governance Framework item) provided here for further information [agenda item 11 at page 70 of the document] - [ICB-Public-Board-papers-20-Nov-25.pdf](#).

2. Are any services related to respiratory, transplant, or rare diseases commissioned or managed collaboratively (e.g. regional networks, hosted models, or lead-commissioner arrangements)?

Since 1 April 2024, the ICB has had delegated commissioning responsibility (from NHS England) for 59 specialised acute services. From 1 April 2025, commissioning responsibility for a further 12 specialised mental health and learning disabilities services was delegated by NHS England. Since 1 April 2026, the ICB has entered formal joint and collaborative commissioning arrangements with the ICBs across the Midlands and NHS England for the discharge of these functions.

Please see link to the March 2026 Board meeting, which provides the detail and the full Midlands ICB Specialised Services and NHS England Commissioning Services Collaboration Agreement 2026/27 [agenda item 14 at page 315 of the document] - [DLN-ICB-Board-papers-19.03.26.pdf](#).

3. Are there any planned organisational or governance changes affecting these service areas over the next 12–24 months?

Planned governance changes are set out in the above referenced Board paper.

## **Section 2: Roles, Committees & Decision-Making**

4. Which committees or governance groups hold responsibility for pathway design and medicines optimisation in:
  - respiratory services
  - transplant services
  - rare disease services?
5. Are there any named clinical leads, programme leads or specialist roles associated with these service areas?
6. Have any new roles or groups been established in the past 18 months that influence pathway design or medicines decision-making?

The governance, roles and decision-making arrangements relating to specialised services commissioned collaboratively across the Midlands are set out within the Board paper referenced in response to questions 1 to 3, including the Midlands ICB Specialised Services and NHS England Commissioning Services Collaboration Agreement 2026/27.

## **Section 3: Strategic Priorities & Pressures**

7. Please list any published strategies, transformation programmes or priority documents currently relevant to:
  - respiratory services
  - transplant services
  - rare disease services.
8. Are any of these services currently subject to financial recovery, service sustainability review, or workforce mitigation activity?
9. Are national or regional policy initiatives currently influencing planning in these areas?

The ICB does not currently hold any standalone published strategies, transformation programmes or priority documents specifically relating to transplant services or rare disease services.

Respiratory services are considered within broader system planning and commissioning priorities, including long-term conditions, prevention, urgent and emergency care, planned care and population health improvement, rather than through a dedicated condition-specific strategy.

As an Integrated Care Board, the organisation's role is to plan, commission and oversee healthcare services for the local population, working within national and regional NHS priorities and planning frameworks. Service planning across these areas is therefore influenced by wider NHS operational planning guidance, workforce planning requirements, financial recovery expectations and population health objectives.

The following overarching strategic documents may be relevant to your request:

[Five Year Population Health Strategy](#)

#### **Section 4: Respiratory Services**

10. Are respiratory services currently undergoing pathway review or service redesign (e.g. community respiratory, diagnostics, prevention, or virtual wards)?

The ICB continually reviews services and pathways as part of its commissioning responsibilities. No specific standalone respiratory pathway review or redesign programme has been identified within the scope of this request.

11. Which respiratory disease areas are identified as priorities within current planning documents (if applicable)?

Respiratory services form part of wider long-term condition, prevention, and urgent care planning arrangements. The ICB does not hold a separate list of respiratory disease priorities specific to this request.

#### **Section 5: Rare Disease & Transplant Services**

12. How are rare diseases and transplant services overseen within your organisation (e.g. specialist pathways, regional networks, named leads, or national commissioning arrangements)?

Rare disease and transplant services are commissioned and overseen by NHS England through specialised commissioning arrangements, including regional and national structures.

The ICB does not hold detailed information relating to the commissioning or oversight of these specialised services. Requests for further information may therefore be directed to NHS England: <https://www.england.nhs.uk/contact-us/foi/>

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) has an internal review procedure through which you can raise any concerns you might have. Further details of this procedure can be obtained by contacting Lucy Branson, Director of Corporate Governance and Assurance via [lucy.branson@nhs.net](mailto:lucy.branson@nhs.net) or by writing to FOI Team at NHS Nottingham and Nottinghamshire ICB, Sir John Robinson House, Sir John Robinson Way, Arnold, Daybrook, Nottingham NG5 6DA.

If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office (ICO), who will consider whether the organisation has complied with its obligations under the Act and can require the organisation to remedy any problems. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS Nottingham and Nottinghamshire ICB. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/for-the-public/>.

Complaints to the Information Commissioner's Office should be sent to:

FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 123 1113 or report a concern via <https://ico.org.uk/concerns/>.

Yours sincerely

Freedom of Information (FOI) Officer on behalf of NHS Nottingham and Nottinghamshire Integrated Care Board [nnicb-nn.foi@nhs.net](mailto:nnicb-nn.foi@nhs.net)

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