

## Integrated Care Board

<b>Date of meeting</b>	14 May 2026
<b>Title of paper</b>	Commissioning Committee Escalation and Assurance Report – 22 April 2026
<b>Presented by</b>	Sheena Cumiskey, Commissioning Committee Chair
<b>Author</b>	Head of Governance and Committee Officers
<b>Agenda item</b>	15
<b>Confidential</b>	No

<b>Executive summary</b>				
<p>This report highlights key matters, issues, and risks discussed at the Commissioning Committee meeting held on 22 April 2026 to alert, advise and assure the Board.</p> <p>The summary report also highlights any issues, items referred or escalated to other committees or to the Board.</p>				
<b>Public and Stakeholder Engagement</b>				
N/A				
<b>Recommendations</b>				
<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>Note the Alert, Advise and Assure and approve any recommendations as listed.</li> <li>Note any summary of items or issues referred to other committees of the Board over the reporting period.</li> </ul>				
<b>Which Strategic Objective/s does the report relate to:</b>				<b>Tick</b>
SO1	Improve quality, including safety, clinical outcomes, and patient experience			✓
SO2	To equalise opportunities and clinical outcomes across the area			✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees			✓
SO4	Meet financial targets and deliver improved productivity			✓
SO5	Meet national and locally determined performance standards and targets			✓
SO6	To develop and implement ambitious, deliverable strategies			✓
<b>Implications</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	
<b>Where paper has been discussed (list other committees/forums that have discussed this paper)</b>				
<b>Meeting</b>	<b>Date</b>		<b>Outcomes</b>	
Commissioning Committee	22 April 2026		To provide the Board of committee business during this period.	
<b>Conflicts of interest associated with this report</b>				
Not applicable.				
<b>Impact assessments</b>				
	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>

Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

<b>Report authorised by:</b>	ICB Committee Chair
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# Integrated Care Board – 14 May 2026

## Commissioning Committee Escalation and Assurance Report

### 1. Introduction

- 1.1 This report highlights key matters, issues, and risks discussed at ICB Commissioning committee held on 22 April 2026 to alert, advise and assure the Board.
- 1.2 The summary report also highlights any issues, items referred or escalated to other committees or to the Board.
- 1.3 The committee was established in April 2026 and therefore there are no approved minutes to be presented to the Board.

### 2. Commissioning Committee Report and Approved Minutes

<b>Date: 22 April 2026</b>		<b>Chair: Sheena Cumiskey</b>
<b>Key Items Discussed</b>		
<b>Item</b>	<b>Issue</b>	<b>Action</b>
<b>Alert</b>		
n/a	-	-
<b>Advise</b>		
<b>Commissioning for success</b>	A report was received by the committee for context and scene setting – the content had previously been reviewed by the ICB Board and the Finance and Contracting Committee. The paper described the nature of the commissioning intentions as strategic and longer-term, including work undertaken to map them against the lif-course approach and align them with the medium-term planning process introduced in the previous year.	To note.
<b>‘No material change’ clinical policies</b>	Eight clinical policies were presented to the committee, predominantly cosmetic procedures, including body contouring, haemorrhoids, liposuction, ultrasound, split earlobe repair, surgical correction of pectus deformity and varicose vein treatment. The full evidence base for each policy had been reviewed and relevant EIHRA and QIA had been completed. The committee approved the eight policies for ratification.	To note.
<b>Local Enhanced Services (LES)</b>	The committee received an overview of LES delivery and the impact to date, noting that the LES commissioning plan for 2026/27 had been agreed by the Primary Care Contracts Sub-Committee and the ICB Executive Committee, and was implemented on 1 April 2026. The outturn position would be available in	Escalate to the ICB Board to provide assurance and oversight.

	<p>May 2026. A pictorial was shared, which sets out the LES impact on the wider system and recognises that in some parts of the system some routine LES were existing and some were new. This is updated monthly and shared internally within the ICB and with system partners.</p>	
<b>Assure</b>		
<p><b>Commissioning Committee business plan and terms of reference</b></p>	<p>Members approved the committee business plan for 2026/27 subject to review in 3 months time. The Terms of Reference had previously been approved by the ICB Board at its 19 March 2026 meeting. The committee agreed to add the Director of Communications and Engagement to its membership as this will help with insights. Further work was requested to be undertaken to clarify the role and governance of sub-groups reporting to the committee and to refine the wording to better reflect data quality as a cross-cutting assurance theme rather than a discrete activity.</p>	<p>To support the ongoing work in the area.</p>
<p><b>Working with people and communities</b></p>	<p>The committee were assured on delivery of the ICB's statutory duties to involve patients and the public, whilst also understanding how insight was being used to inform decision making. The ICB had an influence network of over 2,300 people who regularly contributed insights and an influence panel of more than 40 volunteers who were actively involved in transformation and programme work. Assurance was also received on engagement insights linked to the development of strategic commissioning intentions, engagement activity associated with high-profile programmes, work with volunteers and engagement activity across multiple workstreams which would likely inform future commissioning decisions. A number of consultations were to take place in the near future and members were assured that these would be smartly aligned to prevent risk.</p>	<p>Escalate to the ICB Board to provide assurance and oversight.</p>
<p><b>Case for change – secondary care orthodontics programme</b></p>	<p>The committee received a case for change for this programme, noting that the service had long-standing fragility issues. Significant engagement had already taken place. The case for change addressed the fragility in the service through improvements to the operating model, including enhanced utilisation of therapy staff, earlier discharge of patients back into primary care orthodontic services and a</p>	<p>Escalate to the ICB Board to provide assurance and oversight. To be presented to the ICB Board at its 14 May 2026 meeting for approval.</p>

	<p>fundamental shift to a hub-and-satellite model with a designated lead provider. The committee requested a clear and consistent financial narrative prior to ICB Board consideration for additional clarity. Subject to this, the committee endorsed the case for change in line with the Major Clinical Service Change process.</p>	
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**3. Summary of items or issues referred to other committees or the Board over the reporting period.**

<b>Committee</b>	<b>Item or Issue</b>	<b>Referred to</b>
N/A		

**4. Conclusion**

4.1 The committee has conducted their business in line with their terms of reference and associated business plans.

**5. Recommendations**

- 5.1 The Board is requested to:
- Note the Alert, Advise and Assure within the committee report and approve any recommendations as listed.
  - Note the summary of items or issues referred to other committees of the Board over the reporting period

**Committee Chair  
May 2026**