NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	9 July 2026
Title of paper	Commissioning Committee Escalation and Assurance Report – 20 May and 17 June 2026
Presented by	Debbie Corcoran, Commissioning Committee Chair
Author	Head of Governance and Committee Officers
Agenda item	15
Confidential	No

Executive summary

This report highlights key matters, issues, and risks discussed at the Commissioning Committee meeting held since the last report to the Board on 14 May 2026 to alert, advise and assure the Board.

The summary report also highlights any issues, items referred or escalated to other committees or to the Board.

Minutes approved by the committee to date are presented to the Board to provide assurance that they have met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.

Public and Stakeholder Engagement

N/A

Recommendations

The Board is asked to:
- Note the Alert, Advise and Assure and approve any recommendations as listed.
- Note any summary of items or issues referred to other committees of the Board over the reporting period.
- Note the ratified minutes of the committee meetings.

Which Strategic Objective/s does the report relate to:		Tick
SO1	To improve population health and reduce inequalities through effective strategic commissioning.	✓
SO2	Commission high quality, safe and accessible services that deliver better and more equitable outcomes and patient experience.	✓
SO3	To develop and sustain the workforce, leadership and organisational capability required to operate as an effective strategic commissioner.	✓
SO4	Improved financial sustainability through directing available resources to deliver the greatest possible value.	✓
SO5	To deliver agreed national and local outcomes through a balanced focus on performance, improvement and long-term system resilience.	✓

Implications

	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)		
Meeting	**Date**	**Outcomes**
Commissioning Committee	20 May and 17 June 2026	To provide the Board of committee business during this period.

Conflicts of interest associated with this report
Not applicable.

Impact assessments				
	Yes	**No**	**N/A**	**Comments**
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	ICB Committee Chair

Integrated Care Board – 9 July 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 since the last report to the Board on 14 May 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 Minutes approved by the committee to date are presented to the Board to provide assurance that they have met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.

2. Commissioning Committee Report and Approved Minutes

Date: 20 May 2026		**Chair: Sheena Cumiskey**
Key Items Discussed		
Item	**Issue**	**Action**
Alert		
-	-	-
Advise		
Draft Clinical Strategy	The committee reviewed progress on the clinical strategy and provided feedback, including the importance of the communications and engagement approach, even greater clarity that strategy is about mind and body, ensuring system alignment, and appropriate focus on areas within the ICB's influence particularly addressing inequalities.	Further revision to be made to draft clinical strategy prior to being presented to the Quality and Outcomes Committee and subsequently to the ICB Board for consideration, later in the planning cycle.
Clinical Policies	Two clinical policies were presented to the committee, dilation and curettage and elective endoscopic procedures on the knee joint cavity. The full evidence base for each policy had been reviewed and relevant EIHRA and QIA had been completed. The committee approved the two policies for ratification. The committee also approved the retirement of the rotator cuff repair policy and the pause of gynaecomastia and functional electrical stimulation policy reviews to support North West alignment. Policies had previously	To note.

	undergone detailed review through appropriate governance processes, including relevant clinical and policy review groups.	
Integrated Urgent Care (IUC) Redesign Case for Change	A report was received by the committee setting out the rationale for change to the IUC, including limitations of current arrangements. The committee were assured that the service change process had been followed and supported the content of the Case for Change and approved progression to the ICB Board, subject to ensuring the paper is clear, accessible and supported by appropriate explanatory material, including the addition of a glossary, to aid understanding for both committee members and wider stakeholders.	Prior to progression to the ICB Board, the team would update the Case for Change report.
Assure		
Children's Attention-Deficit/Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) Assessment Services	Committee received an update on the work to transform the neurodevelopmental pathway for children and young people awaiting diagnosis/treatment for ASD and ADHD. A new pathway and model of care was being developed, once finalised would be piloted across Lancashire and South Cumbria.	Committee to receive further progress and impact report in 6 months. Escalate to ICB Board to provide assurance and oversight.
Primary Care Action Plan	A report was received to provide assurance that the required processes had been followed, prior to ICB Board approval and submission in line with the national deadline of 27 May 2026. Committee emphasised the importance of articulating the plan within the wider strategic context, linking it more clearly to the clinical strategy and overall commissioning approach.	Further development would include better demonstration on how current activity aligned with the overarching clinical and commissioning strategy.
Primary Care Assurance	Assurance was received that the ICB was meeting its delegated responsibilities in relation to the four primary care contractor groups, along with the annual self-assessment against the Primary Care Assurance Framework, which was supported by evidence.	To note.

Date: 17 June 2026		**Chair: Debbie Corcoran**
Key items discussed.		
Item or issue	**Issue**	**Action**
Alert		
-	-	-

Advise		
Financial performance oversight	Following referral from the Finance and Contracting Committee, Commissioning Committee were updated on the approach to commissioning by demand, anticipated benefits in-year and impact measurement.	Further scrutiny on financial performance aspects will be through the Finance and Contracting Committee.
Assure		
Service Change – Furness District General Intensive Care Unit (ICU)	The Committee received an update on the ongoing programme of work relating to consideration of service change for ICU services at Furness District General Hospital. Assurance was received on due process being followed in development of a pre-consultation business case (PCBC). A clear communications and engagement strategy is in place.	Board to note
Vascular Reconfiguration Programme Pre-Consultation Business Case (PCBC)	A draft pre-consultation business case (PCBC) was reviewed by the Committee, relating to the rationale for reconfiguration of the vascular services model of care across Lancashire, South Cumbria and Wigan. Due process is being followed in development of the PCBC before it returns to the ICB Board for consideration. The Committee supported the ongoing engagement with Health Overview and Scrutiny Committees.	Board to note
Working with People and Communities (bi-monthly report)	Bi-monthly report received for assurance on the ICB's involvement and engagement activity. Report's focus included activity to support specific service changes; the work of the remodelled ICB Influence Panel and Influence Network (the former Citizens Health Reference Group); plus a summary of commissioning-related engagement in April and May 2026 covering areas such as pain management services and primary care changes. The draft Communications and Engagement Strategy 2026–2029 supporting the five-year commissioning plan and medium-term plan was endorsed as robust (with minor feedback to further strengthen, including communication on the role of the ICB as a 'strategic commissioner' and continued focus on impact measurement)	Board to note

- **Appendix A –** Approved minutes of the Commissioning Committee held on 22 April 2026. Commissioning_Committee_Minutes_-_22_April_2026_v1.pdf
- **Appendix B –** Approved minutes of the Commissioning Committee held on 20 May 2026. Commissioning_Committee_Minutes_-_20_May_2026_v1.pdf

3. Summary of items or issues referred to other committees or the Board over the reporting period.

Committee	Item or Issue	Referred to
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
- Note the ratified minutes of the committee meetings.

Committee Chair
June 2026