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Local Commissioning Groups: History, Establishment, Functions and Operation

This briefing provides information on the history, establishment, functions and operation of the Local Commissioning Groups, from the first establishment of seven such bodies on a non-statutory basis in April 2007 under the Review of Public Administration to the subsequent establishment of the present five Local Commissioning Groups under Section 9 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. This legislation created a new Commissioning system with the establishment of a region-wide Health and Social Care Board, including 5 Local Commissioning Groups (LCGs), and a Public Health Agency.

Key Points

1. Originally, seven Local Commissioning Groups (LCGs) were established on a non-statutory basis in April 2007 under the Review of Public Administration and were intended to be co-terminus with the proposals at the time for seven District Councils.
2. The present five LCGs were subsequently established under the **Health and Social Care (Reform) Act (Northern Ireland) 2009**, which created a new Commissioning system with a regional Health and Social Care Board (HSC Board), the LCGs, and a Public Health Agency. In line with Departmental direction and guidance, an objective was to ensure local sensitivity through the creation of the new LCGs.
3. **The Local Commissioning Groups (Number, Area and Functions) Regulations (Northern Ireland) 2009** came into force on 1st April 2009 and established the number of LCGs as five - the Belfast LCG; Northern LCG; South Eastern LCG; Southern LCG; and Western LCG. Within the devolved authority of the HSC Board the five LCGs are aligned to the boundaries of the five Health and Social Care Trusts.
4. The above Regulations also established the membership and functions of the LCGs in their areas, to assess and plan for current and emerging health and social care needs and to secure the delivery of health and social care to meet the needs.
5. The membership of the LCGs was established under **The Local Commissioning Groups (Membership) Regulations (Northern Ireland) 2009**, which prescribe that the Regional Board shall appoint 17 people (for a term of four years) to each LCG and specifies the composition of the members as: four GPs; four district councillors; two voluntary organisations representatives; two social workers; one dentist; one pharmacist; one nurse; one public health medicine specialist; and a chiropodist/podiatrist, dietician, occupational therapist, orthoptist, physiotherapist, radiographer or speech and language therapist.
6. In advance of each year the HSC Board determines, in consultation with LCGs, the range of services to be commissioned by the LCGs, and identifies the corresponding budgets. The members of each LCG are collectively required to take ownership and control of their local commissioning agenda.
7. A common work theme for all the LCGs is the responsibility to progress **Primary Care Partnerships (PCPs)** - networks of primary care providers based on geographical communities. The role of the PCPs is to work with the LCG to improve services to patients and clients, especially PCP pathway projects examining patient pathways and medicines management.
8. The LCGs meet regularly and receive an update from their Commissioning Leads. In each LCG, this focuses on a similar range of topics such as: developing the Local Commissioning Plan; update on the PCPs /PCP pathway projects; financial reports; and key monitoring areas such as waiting lists.

1. The Establishment and Functions of the Five Local Commissioning Groups

The current Local Commissioning Groups (LCGs) were established under Section 9 of **The Health and Social Care (Reform) Act (Northern Ireland) 2009**. This legislation created a new Commissioning system with the establishment of a region-wide Health and Social Care Board, including 5 Local Commissioning Groups (LCGs), and a Public Health Agency. In line with Departmental direction and guidance the objectives of the new commissioning arrangements were to:

- Support an outcome-based delivery of Health and Social Care from a region-wide perspective;
- Ensure local sensitivity through the creation of five Local Commissioning Groups; and
- Give appropriate weight to the public health agenda.

Section 9 of the Act states that the Regional Health and Social Care Board “*shall in accordance with paragraph 7 of Schedule 1 appoint a prescribed number of committees to be called “Local Commissioning Groups”*”.¹ The Act states that each LCG will exercise its functions within an area of Northern Ireland as may be prescribed; will exercise its functions with respect to the commissioning of health and social care as may be prescribed; and other functions as the HSC Board may, with the agreement of the DHSSPS, determine. Also each LCG shall work in collaboration with the Public Health Agency and have due regard to any advice or information provided by it and undertake such consultation as the DHSSPS may direct.²

The Local Commissioning Groups (Number, Area and Functions) Regulations (Northern Ireland) 2009, which came into force on 1st April 2009, established the number of LCGs as five covering the following Local Government Districts³:

The Belfast LCG (Belfast and Castlereagh);

The Northern LCG (Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Magherafelt, Moyle and Newtownabbey);

The South Eastern LCG (Ards, Down, Lisburn and North Down);

The Southern LCG (Armagh, Banbridge, Craigavon, Dungannon and Newry and Mourne); and

The Western LCG (Derry, Fermanagh, Limavady, Omagh and Strabane).

¹ Health and Social Care (Reform) Act (Northern Ireland) 2009, Section 9 (paragraph 1), http://www.opsi.gov.uk/legislation/northernireland/acts/acts2009/pdf/nia_20090001_en.pdf

² Health and Social Care (Reform) Act (Northern Ireland) 2009, Section 9 (paragraphs 2-4), http://www.opsi.gov.uk/legislation/northernireland/acts/acts2009/pdf/nia_20090001_en.pdf

³ The Local Commissioning Groups (Number, Area and Functions) Regulations (Northern Ireland) 2009, http://www.opsi.gov.uk/sr/sr2009/nisr_20090099_en_1

These Regulations also established the functions of the LCGs in their relevant areas to:

- Assess health and social care needs;
- Plan health and social care to meet current and emerging needs; and
- Secure the delivery of health and social care to meet assessed needs.

Within the devolved authority of the HSC Board the five LCGs are aligned to the boundaries of the five Health and Social Care Trusts. The functions of the LCGs are further described by the HSC Board as follows to⁴:

- Improve the health and social well-being of people in the area for which they are responsible;
- Plan and commission health and social care to meet the needs of people in that area;
- Secure the delivery to people in that area of health and social care that is safe, efficient, co-ordinated and cost-effective;
- Improve the availability and quality of health and social care in that area;
- Establish arrangements that ensure close strategic and operational partnership with key stakeholders both within the HSC and wider public sector in meeting the objectives of the LCG and proactively engages and inform local communities and the voluntary and community sectors of their work;
- Contribute to the development of standards, guidance and strategic targets;
- Contribute to the development of regional commissioning plans and local targets;
- Assess local needs and capacity and identify local priorities within the overall strategic outcomes to be achieved;
- Negotiate service and budget arrangements with providers, applying principles of “choice” and “money following service” to determine which providers can provide services most effectively and economically, while ensuring that regional and local targets set by the Minister, Department, the HSC Board and Public Health Agency are met;
- Put in place strong governance arrangements covering contractual responsibilities, incentives, quality and patient satisfaction to ensure that targets and expectations are met; and
- Contribute to the central data collection and performance information processes.

⁴ Bullet points are a direct extract from Health and Social Care Board, Local Commissioning Groups.

<http://www.hscboard.hscni.net/about%20us/20%20The%20Role%20of%20the%20Health%20and%20Social%20Care%20Board.html#TopOfPage>

2. The Membership of the Five Local Commissioning Groups

The specific membership of the current Local Commissioning Groups was established under **The Local Commissioning Groups (Membership) Regulations (Northern Ireland) 2009**, which came into operation on the 22nd December 2009. Regulation 2(1) prescribes that the Regional Board shall appoint 17 people (for a term of four years) to each LCG and 2(2) specifies the composition of the members as follows⁵:

- Four GPs (must practice within area of LCG);
- Four members of district councils (must be members of councils within area of LCG);
- Two representatives from voluntary organisations with an interest in health and social care (within area of LCG);
- Two social workers (must be employees of Regional Board or Regional; Agency);
- One dental practitioner (must practice within area of LCG);
- One pharmacist (must provide pharmacy services within area of LCG);
- One nurse;
- One person registered as a public health medicine specialist on the Specialist Register maintained by the General Medical Council (must be employees of Regional Board or Regional; Agency); and
- A chiropodist/podiatrist, dietician, occupational therapist, orthoptist, physiotherapist, radiographer or speech and language therapist registered under the Health Professions Order 2001 (must be employees of Regional Board or Regional; Agency).

The present Members of each of the five LCGs are outlined in Appendix 1 as taken from the LCG websites accessed on 25/08/11.

3. History of the Appointments Process - Reconfiguration of the LCGs from Seven to the Present Five

Prior to the legislation outlined above, LCGs were first established on a non-statutory basis in April 2007 under the Review of Public Administration comprising seven bodies which were intended to be co-terminus with the proposals at that time for seven new District Councils. The membership of the seven LCGs comprised 15 members, nine appointed under the Public Appointments Process plus six employees of the HSC. The appointments to the LCGs at that time were not Ministerial Public Appointments but were made in keeping with the Code of Practice issued by the Commissioner for Public

⁵ The Local Commissioning Groups (Membership) Regulations (Northern Ireland) 2009, http://www.opsi.gov.uk/sr/sr2009/nisr_20090395_en_1

Appointments in keeping with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland”.⁶

The initial appointments were made for a four year period as “*it was not fair or reasonable to expect independent contractors such as GPs to make the necessary arrangements to be available for work in the LCGs without sufficient commitment to a substantive period*”.⁷

Subsequently, the health and social care reforms then established the five LCGs as statutory committees of the Regional Health and Social Care Board as described in the legislation outlined in Sections 1 and 2 of this paper. This meant that it was necessary to reduce the number of LCGs from seven to five and there were changes and additions to the membership. Three options were considered at the time by the DHSSPS on how to best manage the reconfiguration from seven to five LCGs as follows⁸:

Option 1 – retain all the current members and assign them to the appropriate LCG area thus accepting a greater number of members than specified in the Regulations until the end of the existing four year term at April 2011;

Option 2 – appoint members from the existing pool of serving members and hold a restricted selection process for posts oversubscribed. In addition a new appointment competition would be required to fill new posts and any vacancies; and

Option 3 – stand down all serving members and have a new open competition for all posts.

Option 2 was chosen by the DHSSPS in order “*to build on the excellent work already commenced by the LCGs and the experience gained. In addition we could not financially justify retaining the large number of current membership across the smaller number of LCGs now required*”.⁹

The subsequent open competition for the new posts of two voluntary and community sector representatives and four locally elected representative members for each of the five local commissioning groups started in May 2009. The advertisement that appeared in the press for these posts is attached at Appendix 2.¹⁰

⁶ Reconfiguration of Local Commissioning Groups (LCGs), Health and Social Care Reform, DHSSPS Modernisation and Improvement Programme Board (MIPB), MIPB 157/08, November 2008, page 4

⁷ Reconfiguration of Local Commissioning Groups (LCGs), Health and Social Care Reform, DHSSPS Modernisation and Improvement Programme Board (MIPB), MIPB 157/08, November 2008, pages 4-5

⁸ Reconfiguration of Local Commissioning Groups (LCGs), Health and Social Care Reform, DHSSPS Modernisation and Improvement Programme Board (MIPB), MIPB 157/08, November 2008, page 6

⁹ Reconfiguration of Local Commissioning Groups (LCGs), Health and Social Care Reform, DHSSPS Modernisation and Improvement Programme Board (MIPB), MIPB 157/08, November 2008, page 6

¹⁰ A re-advertisement appeared later with a closing date of 10th July 2009.

4. The Work of the Local Commissioning Groups

4.1 Commissioning Plans and Financial Governance

The LCGs are mandated to meet at least nine times per year in public session and generally undertake to maximise participation by the public at their meetings and other planned community events. This engagement is particularly important as the LCG is required to assess the health and social care needs of the local population and address these needs within available resources. The LCG records these local needs and puts forward proposals to address them in its **Local Commissioning Plan**.

In advance of each year the HSC Board determines, in consultation with LCGs, the range of services to be commissioned by the LCGs and identifies the corresponding budgets. The LCGs are not responsible for the operational management of service delivery but the Members of each LCG are collectively required to take ownership and control of their local commissioning agenda and to set the commissioning direction and priorities within the context of the regional commissioning framework. In doing so, the LCGs are required to engage with their local populations and explain how they plan to improve health and well-being outcomes on their behalf.¹¹

With regard to commissioning, each LCG has recently published their draft Local Commissioning Plans for 2011-2012. The draft plans are available in full at the links found in Appendix 3.

A brief review of the draft Local Commissioning Plans showed that the range of action points proposed in each generally fall under a common set of categories including:

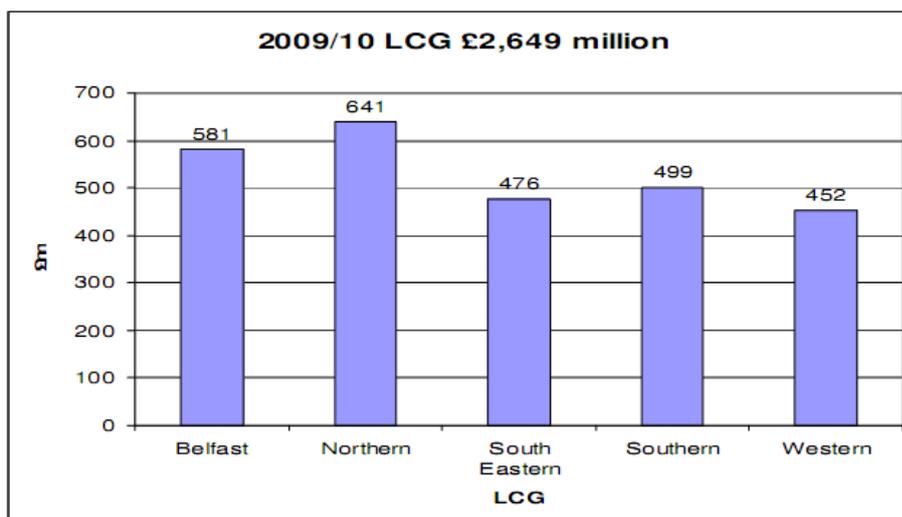
- Improving health and well-being/improving health inequalities;
- Primary care;
- Emergency and Acute/ Unscheduled care;
- Elective care;
- Long-term chronic conditions;
- Community care and care of the elderly and those with physical disabilities;
- Children and families;
- Maternal and child health;
- Mental health and learning disability;
- Prison health;
- Palliative and end of life care;
- Cancer services; and
- Specialist services (e.g. Cardiac surgery, transplant surgery, genetic services).

¹¹ Northern LCG Draft Local Commissioning Plan 2011-2012, page 6

With regard to financial governance and stewardship, LCGs must ensure that their annual expenditure remains within the resources allocated by the HSC Board and the HSC Board Finance Director makes available professional advice and support to LCGs to enable them to fulfill their financial responsibilities.¹² The HSC Board uses the Capitation Formula in the context of the five LCGs. The capitation formula takes account of the age and gender make-up of the population and any additional needs particularly linked to deprivation.

The Strategic Resources Framework (DHSSPS October 2010) notes that the planned expenditure by Local Commissioning Groups at the beginning of 2009/10 amounted to £2,649m as outlined in Chart 1 below.¹³ The DHSSPS has advised that is in the process of updating the Strategic Resource Framework for 2010/11 and 2011/12 and intends having this available for publication later this year.¹⁴

Chart 1: Planned Expenditure by Local Commissioning Group 2009/10



Note: Expenditure does not include A&E/NIAS Services, Department devolved funds, Regional Prison Services and Commissioner Administration

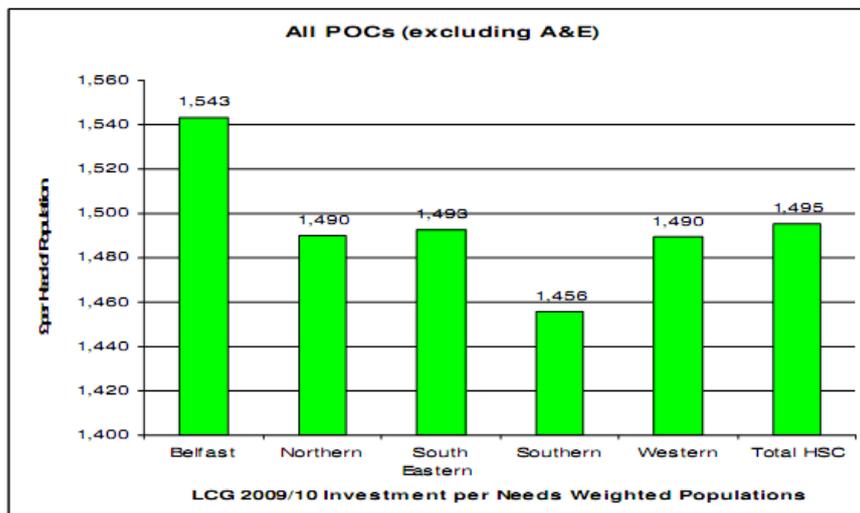
Chart 2 below shows the planned expenditure per head of needs weighted population across the five LCGs for 2009/10, which was within the range £1,543 per head in Belfast LCG to £1,456 in Southern LCG.¹⁵

¹² Northern LCG Draft Local Commissioning Plan 2011-2012, page 7

¹³ Chart extracted from DHSSPS Strategic Resources Framework, October 2010, page 22

¹⁴ Email correspondence from DHSSPS, Departmental Assembly Liaison Officer, 3rd October 2011

¹⁵ Chart extracted from DHSSPS Strategic Resources Framework, October 2010, page 23



Note1 : POC – Programme of Care

Note 2: Expenditure does not include A&E/NIAS Services, Commissioner Administration, Central Funding, Regional Prison Services or FHS funding

4.2 Primary Care Partnerships (PCPs)

LCGs have the responsibility to progress **Primary Care Partnerships (PCPs)**. These are networks of primary care providers based on geographical communities and are clinically-led, multi-professional and include all gatekeeper GP practices and other primary care providers in the area. The role of the PCPs is to work closely with the LCG to improve services to patients and clients and in particular the PCPs have been asked to examine patient pathways and medicines management (PCP pathway projects). The main focus is on building an understanding of the patterns of demand for secondary care, primarily for outpatient assessment and treatment of elective conditions.¹⁶

The draft Local Commissioning Plans highlight the achievements of the LCGs, including highlighting the successes in the development of the PCPs and the related pathway projects; successes in engaging with local communities and other stakeholders; and how investments in services have been made.

With regard to the PCPs:

Belfast LCG has developed four PCPs, North, South, East and West¹⁷:

East Belfast PCP – Demand Management: A design group involving primary and secondary care professionals and the local community is developing enhanced local expertise within primary care to ensure, for example consistency in the management of

¹⁶ Northern LCG Draft Local Commissioning Plan 2011-2012, page 7

¹⁷ Belfast LCG Draft Local Commissioning Plan 2011-2012, page 6

patients and diagnosis as locally as possible. Initially this started with ENT services and will be extended to Dermatology and Neurology through 2011/12;

West Belfast PCP – Mental Health Services: A design group has been established, involving voluntary and community providers as well as care professionals and local practitioners. The aim is to reduce avoidable referrals to specialist services, by up to 6000 per year, by use of alternative referral and 'signposting' pathways to the wide range of community –based provision already available;

South Belfast PCP – Chronic Disease Management: a design group has been established involving a wide range of stakeholders to focus initially on Type 2 Diabetes. The aim is to work with local communities and primary care to reduce the risk of developing Type 2 Diabetes, support practices in managing the disease in primary care and promote self-management of the condition;

North Belfast PCP – Avoiding unnecessary admissions to hospital: The PCP will aim to reduce avoidable admissions to hospital by ensuring cooperative working between GP Practices and Community Pharmacists, community based providers and the Belfast HSC Trust.

The Northern LCG held a workshop in March 2011 to move forward on the development of PCPs and identified the following areas for progress in the four locality groups – all focusing on pathways of care and the way the patient journey and efficiency could be improved¹⁸:

Causeway locality – small project focusing on prescribing in nursing and residential homes to be progressed and a project to maximize the use of GPs with Special Interest in dermatology to reduce referrals to secondary care;

Mid Ulster locality – A similar project on dermatology to be progressed, with potential to replicate the project to ENT and ophthalmology to be explored;

East Antrim locality – A review of prescribing in nursing and residential homes to be taken forward on pilot basis; and

Antrim/Ballymena locality – The three care pathways of Deep Vein Thrombosis (DVT), chest pain and carpal tunnel syndrome to be reviewed, with plans for a review of unscheduled care pathways to manage the flow of patients into A&E.

¹⁸ Northern LCG Draft Local Commissioning Plan 2011-2012, pages 9-10

The Southern LCG has developed two Pathfinder projects have been developed to test a partnership approach in more effective prescribing and the re-design of pathways of care¹⁹:

Newry and Rathfriland locality – six practices have come together to improve the prescribing of Oral Nutritional Supplements; and

Armagh locality – nine practices have designed a care pathway for direct access to Oesophogastroduodenoscopy (OGD) referrals.

The South Eastern LCG has established four PCPs based on the communities of Ards, Down, Lisburn and North Down, and so far a Medicines Management review in nursing homes in the North Down locality has been completed by seven pharmacists working with GP practices in North Down; and a Dermatology Care pathway project is still underway. In 2011/12 the LCG is seeking to take forward more projects from the PCPs.²⁰

The Western LCG has in place two PCPs and to date the PCPs have considered gynaecology and endoscopy pathways and initiated a pathfinder project to provide prescribing support to the highest prescribing GP practices. In tandem, with a Prescribing Efficiency Scheme, 52 GP practices are reviewing their prescribing approaches and working with community pharmacists to make savings.²¹

4.3 LCG Meetings – Main Work Themes

A brief review of some of the most recent minutes²² of the meetings of the LCGs indicates that, aside from recurring items of business such as updates on correspondence, the Register of Member's interests and engagements, the main work of the meeting is the detailed update led by the Commissioning Lead of each LCG. In each LCG this update and discussion focuses on a similar range of topics and areas such as those outlined below:

- Development of the Local Commissioning Plan for 2011/12;
- An update on the PCPs (as mentioned above) and the PCP pathway projects – at the meeting this may involve feedback from the PCP Steering Group of the LCG and include presentations on the patient care pathways in development. Some of the patient care pathways in development include those for stroke care, Type 2

¹⁹ Southern LCG Draft Local Commissioning Plan 2011-2012, page 6

²⁰ South Eastern LCG Draft Local Commissioning Plan 2011-2012, pages 7-8

²¹ Western LCG Draft Local Commissioning Plan 2011-2012, page 1-2

²² Minutes of the meetings of March, April and May of the LCGs were reviewed and are available on the webpages of each of the LCGs, <http://www.hscboard.hscni.net/LCG/index.html>

diabetes, Ear, Nose and Throat Care, Primary Mental Health Care, Palliative and End of Life Care and Medicines Management;

- Financial reports from the Director/Assistant Director of Finance from the HSC Trust Board;
- An overview of the status of any Capital Business Cases; and
- A monthly monitoring update on key monitoring areas such as waiting lists for outpatient and inpatient appointments/treatment, waiting lists for diagnostic tests and A&E waiting times.

In addition, the meetings often include a presentation to inform the members of the LCG about specific areas of interest and these have recently included presentations by the Patient and Client Council; the Public Health Agency; Drug and Alcohol Teams; and presentations on delayed discharges, long stay patients, carers and domiciliary care and health inequalities by relevant Trust staff.

Appendix 1 – Membership of Each LCG (Taken from Health and Social Care Board Website²³)

Belfast Local Commissioning Group Members

Dr George O'Neill	Chairman
Cllr Tim Attwood	Local Government
<i>Vacant</i>	<i>Public Health Agency representative</i>
Dr Grainne Bonnar	General Medical Practitioner
Dr Gerry Burns General	Medical Practitioner
Ms Pat Cullen	Public Health Agency
Dr Jenny Gingles	Public Health Agency
Ald Michael Henderson	Local Government
Cllr Mervyn Jones	Local Government
Dr Terry Maguire	Pharmacist
Ms Joyce McKee	Health & Social Care Board
Mr Danny Power	Community/Voluntary
Ald Gerry Rice	Local Government
Ms Catriona Rooney	Health & Social Care Board
Mrs Irene Sloan	Community/Voluntary
Dr Alan Stout	General Medical Practitioner
Mr Mike Townsend	General Dental Practitioner
Mr Iain Deboys	Commissioning Lead

Northern Local Commissioning Group

Dr Brian Hunter	Chairman/General Medical Practitioner
Ms Sharon Sinclair	Voluntary/Community Representative
Mrs Linda Clements	Voluntary/Community Representative
Mr David Barbour	Local Elected Representative
Mr Thomas Nicholl	Local Elected Representative
Mr Adrian Cochrane-Watson	Local Elected Representative
Dr Terry Magowan	General Medical Practitioner
Dr Turlough Tracey	General Medical Practitioner
Dr Ian Buchanan	General Medical Practitioner
Mr Laurence O'Kane	Community Pharmacist
Dr Una Lernihan	Social Worker (Health and Social Care Board (HSCB))
Mrs Eileen Kennedy	Social Worker (HSCB)
Dr Fiona Kennedy	Public Health Specialist (Public Health Agency (PHA))
Mr Paul Kavanagh	Nursing Professional (PHA)

²³Website accessed 15th September, 2011

Mrs Corrina Grimes Allied Health Professional (PHA)
 Mrs Bride Harkin Assistant Director – Commissioning Lead (Northern Area)

1 General Dental Practitioner vacancy and 1 Local Elected Representative vacancy

South Eastern Local Commissioning Group

Dr Nigel Campbell	Chair
Councillor Dermot Curran	Local Government
Dr Paul Darragh	Public Health Agency
Mr Donal Diffin	HSC Board
Mr John Duffy	HSC Board
Councillor Andrew Ewing	Local Government
Mr Brendan Forde	Public Health Agency
Mr Peter Mullan	General Dental Practitioner
Dr Colin Fitzpatrick	General Medical Practitioner
Mr David Heron	Community/Voluntary
Dr Garth Logan	General Medical Practitioner
Councillor Angus Carson	Local Government
Miss Louise McCormick	Pharmacy Representative
Dr Paul Megarity	General Medical Practitioner
Ms Heather Monteverde	Community/Voluntary
Mr Paul Turley	Commissioning Lead

There is currently a vacancy for one local government representative

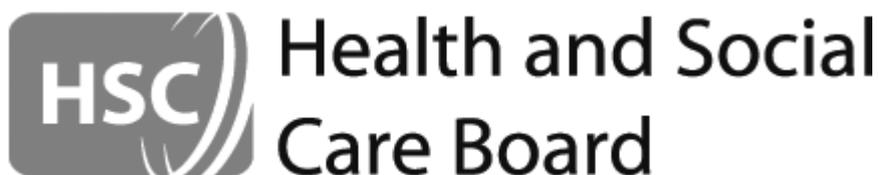
Western Local Commissioning Group Members

Dr Brendan O'Hare	Chair
Dr Kieran Deeny	General Medical Practitioner
Dr Eugene Deeny	General Medical Practitioner
Mrs Jenny Irvine	Voluntary/Community
Cllr Robert Irvine	Local Government
Dr Jackie McCall	Public Health Agency
Dr Martin McCloskey	General Medical Practitioner
Mr Seamus McErlean	Health & Social Care Board
Mrs Clare McGartland	Public Health Agency
Ms Loretto McManus	Pharmacist
Mr Eamon O'Kane	Voluntary/Community
Mr Martin Quinn	Health & Social Care Board
Mr Graham Robinson	General Dental Practitioner
Cllr Bernice Swift	Local Government
Mrs Siobhan McIntyre	Public Health Agency
<i>Vacancy</i>	<i>Local Government</i>
<i>Vacancy</i>	<i>Local Government</i>
Mr Paul Cavanagh	Commissioning Lead

Southern Local Commissioning Group

Mr Sheelin McKeagney	Chairman – Pharmacist
Mrs Beverley Burns	Community/Voluntary
Dr Walter Boyd	General Medical Practitioner
<i>Vacant</i>	<i>Local Government</i>
Dr Sean Digney	General Medical Practitioner
Dr Brid Farrell	Public Health Agency
Mr Iolo Eilian	Health & Social Care Board
Mr Paul Maguire	General Dental Practitioner
<i>Vacancy</i>	<i>General Medical Practitioner</i>
Mr Miceal McCoy	Community/Voluntary
Mrs Mary Emerson	Public Health Agency
Cllr Sean McGuigan	Local Government
Cllr Sylvia McRoberts	Local Government
Mr Kieran McShane	Health & Social Care Board
Dr Tom O'Leary	General Medical Practitioner
<i>Vacant</i>	<i>Local Government</i>
Mrs Janis McCulla	Nurse Representative
Mrs Lyn Donnelly	Commissioning Lead

Appendix 2 – Text of Advertisement for open competition for the new posts of two voluntary and community sector representatives; four locally elected representative members for each of the five local commissioning groups and other Pharmacist and Dentist member vacancies.²⁴



Appointment of Members To The 5 Local Commissioning Groups

The recently established Health and Social Care Board is seeking to appoint **2** Voluntary and Community Sector Representative Members and **4** Locally Elected Representative Members to each of the five new Local Commissioning Groups (LCGs). The LCGs will be known as the **Belfast; Northern; South Eastern; Southern** and **Western** Local Commissioning Groups and will be committees of the Health and Social Care Board. Each LCG will be co-terminus with their respective Health and Social Care Trust area.

Role of LCGs

LCGs will be responsible for the commissioning of health and social care by addressing the care needs of their local population. They will also have responsibility for assessing health and social care needs; planning health and social care to meet current and emerging needs; and securing the delivery of health and social care to meet assessed needs.

Essential Requirements for Voluntary & Community and Locally Elected Representative Members:

Voluntary and Community Sector Representative Members – These posts are open to anyone from a voluntary and community organisation with an interest in health and social care. Applicants must live within the prescribed LCG area to which they are applying.

Locally Elected Representative Members may only apply for LCG membership determined by the District/Borough/City Council to which they are currently a serving District Councillor, which in turn will be co-terminus with their respective Health and Social Care Trust area.

Essential Criteria

Candidates must demonstrate:

- An understanding of current arrangements for the planning and provision of health and social care in NI;
- Experience of working with a broad range of stakeholders across the statutory and voluntary/community sectors;
- The ability to work effectively as part of a team in a challenging environment;
- A commitment to accept their individual responsibility to work as part of a corporate body in meeting agreed objectives set by the Health and Social Care Board (HSCB), Public Health Agency (PHA) and the Department of Health, Social Services and Public Safety (DHSSPS);
- A willingness to play their part in supporting the LCG in meeting its responsibility to engage effectively with local communities in an open and transparent manner;
- Good communication skills.

²⁴ For original pdf: http://www.dhsspsni.gov.uk/appointment_of_members_to_the_5_local_commissioning_groups.pdf

Time Commitment:

Representative Members will be expected to commit 2 days per month.

Remuneration - £156 per day, plus agreed allowances and travelling.

Appointment of a Pharmacist Member to the South Eastern LCG**Appointment of a Dentist Member to the Northern LCG**

Due to existing vacancies, the Health and Social Care Board is also seeking to appoint a **Pharmacist Member** to the South Eastern Local Commissioning Group and a **Dentist Member** to the Northern Local Commissioning Group. In addition to the essential criteria set out above, applicants must be currently practising in the prescribed LCG area.

Remuneration - £207 per day. The Pharmacist and Dentist Member are also eligible to claim allowances, at the agreed DHSSPS rates, for locum cover, loss of earnings and travel and subsistence costs necessarily incurred on LCG business.

Time Commitment:

The Pharmacist and Dentist Member will be expected to commit 2 days per month.

For further information and an application form for the above appointment opportunities:-

E-mail: public.appointments@dhsspsni.gov.uk

Telephone: 028 9052 3250

Textphone: 028 9052 8623

Fax: 028 9052 8403

Write to: DHSSPS Public Appointments Unit, Annexe 6, Castle Buildings, Stormont Estate, Belfast BT4 3SQ.

Information Packs and application forms can be provided in alternative formats and candidates who require assistance will be facilitated on request. Applicants invited for interview will be eligible for reimbursement of reasonable travelling expenses.

It is anticipated that interviews will take place during June 2009.

Signed, hard copies of application forms must be received at the above address by 12:00 noon on Friday 22 May 2009. Late applications will not be accepted.

The Health and Social Care Board is committed to the principles of appointments based on merit with independent assessment, openness and transparency of process. The Board is committed to providing equality of opportunity for all applicants. Applications are welcomed regardless of age, gender, disability, religion, ethnic origin, political opinion, sexual orientation or whether or not you have dependants.

Appendix 3

Belfast LCG

<http://www.hscboard.hscni.net/Inews/8%20August%202011%20-%20Belfast%20LCG%20-%20Draft%20Local%20Commissioning%20Plan%202011-2012%20-%20PDF%20743KB.pdf>

Northern LCG

<http://www.hscboard.hscni.net/Inews/8%20August%202011%20-%20Northern%20LCG%20-%20Draft%20Local%20Commissioning%20Plan%202011-2012%20-%20PDF%201.4MB.pdf>

Southern LCG

<http://www.hscboard.hscni.net/Inews/8%20August%202011%20-%20Southern%20LCG%20-%20Draft%20Local%20Commissioning%20Plan%20-%202011-2012%20-%20PDF%201.4MB.pdf>

South Eastern LCG

<http://www.hscboard.hscni.net/Inews/8%20August%202011%20-%20South%20Eastern%20LCG%20-%20Draft%20Local%20Commissioning%20Plan%202011-2012%20-%20PDF%201.8MB.pdf>

Western LCG

<http://www.hscboard.hscni.net/Inews/8%20August%202011%20-%20Western%20LCG%20-%20Draft%20%20Local%20Commissioning%20Plan%20%202011-2012%20-%20PDF%20589KB.pdf>

