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an Fowk Siccar**

Health and Social Care Reform

DHSSPS

**Modernisation and Improvement
Programme**

Board (MIPB)

**RECONFIGURATION OF LOCAL
COMMISSIONING GROUPS (LCGs)**

November 2008

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Introduction

This paper outlines the steps to be taken by the Department to reconfigure Local Commissioning Groups from 7 to 5 as a result of the Review of Public Administration. It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website -

www.dhsspsni.gov.uk/index/hss/rpa-home.htm

Further information on this document or the Human Resource Project may be obtained from the Project Director David.Bingham@DHSSPSNI.GOV.UK. Tel: 028 9076 5756

	CONTENTS	Page No
1	Background	4 - 5
2	Reconfiguration Options	6
3	Membership and Chair of new LCGs	7 - 8
4	How current membership maps across to new reconfiguration	9
5	Steps required for moving to new reconfiguration model	10 - 11
6	New categories: HSC Voluntary and Community representatives Locally elected representatives	12 - 14
7	Disqualifications	15
8	Time Commitment and Accountability	16
9	Conclusion	17

1. Background

From 1 April 2009, the responsibility for the appointment of LCG members will be a matter for the Regional Health & Social Care Board (RHSCB). In anticipation of the establishment of the new structures it is necessary for the Department to take some initial steps to secure that the necessary appointments are in place for 1 April 2009. The purpose of this paper is to outline the proposals presented and agreed by Minister to meet this requirement.

LCG's were established on a non-statutory basis in April 2007 under the Review of Public Administration comprising 7 bodies which were intended to be co-terminus with the proposed 7 new District Councils. The LCGs were intended to become statutory committees of the proposed HSC Authority, had that proposal become law.

Current Membership

The current membership of each LCG comprises 15 members, 9 members appointed under the Public Appointments Process plus 6 employees of the HSC.

LCGs are currently listed as Third Party Organisations (TPOs). As LCGs are 'committees' they will not retain TPO status, the Department is in the process of having LCGs removed from the TPO list.

Appointments

Although the appointments to LCGs are **not** Ministerial Public Appointments they were made in the 'spirit' and in keeping with the Code of Practice issued by the Commissioner for Public Appointments for Northern Ireland. Initial appointments were made for a 4-year period, as we had firm advice during the direct rule period that 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, therefore it was decided not to appoint them for a short shadow period.

Residency requirement

Under current arrangements it is a requirement of all independent contractors that they must be currently practising in the LCG area in order to be eligible. Retired members of each profession are only eligible for appointment as lay members. Lay members must live in the respective LCG area.

The consultation document issued by Minister in February 2008 proposed reconfiguration of the LCGs in terms of number and membership. The new proposals are that LCGs become co-terminus with the 5 new HSC Trusts and membership be extended to include locally elected representatives and representatives from the voluntary sector. This means reducing the number of LCGs from 7 to 5 and changes/additions to the existing membership. The 5 LCGs will be statutory committees of the Regional Health & Social Care Board. A commitment has however been given that this configuration will be reviewed following the completion of local government reform.

2. Reconfiguration options

There were 3 options explored on how best to manage the reconfiguration process:

- **Option 1** - retain all the current members and assign them to the appropriate LCG area (i.e. accept a greater number of members for the period up to the end of the existing four year terms at April 2011).
- **Option 2** - appoint members from 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 that may exist.
- **Option 3** - Stand down all current members and have a new open competition.

A detailed options paper was considered and Option 2 has been agreed as the preferred methodology to be used to reconfigure the current 7 LCGs into 5 LCGs which will be co-terminus with the 5 HSC Trusts as it provides the most efficient and cost effective way forward. We want 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.

3. Membership and Chair of new Reconfigured LCGs

Current membership is based across 7 LCGs, each comprising of 15 members drawn from GP's, Dentist, Pharmacist, Optometrist and Lay members.

The new proposals differ in that they **no longer** require Optometrist or Lay representatives as members but membership will include two new categories; locally elected representatives and representatives from the voluntary sector.

New Membership of LCGs:

- 4 General Practitioners
- 1 Pharmacist
- 1 Dentist
- 4 Locally elected representatives
- 2 Health & Social Care related voluntary sector representatives

Chair

Chairs of LCGs

The Chairs of the LCGs will have corporate responsibility to ensure that the Regional Health & Social Care Board (RHSCB) meets its statutory obligations to improve the health and wellbeing of the population in the respective LCG area. They will provide visible and effective leadership of the LCG through ensuring that effective commissioning arrangements are in place to optimise the resources available to improve health and social care outcomes for the local population.

As a result of the initial reconfiguration the Chair of the LCG must be from one of categories listed within the new membership.

Residency

It is envisaged that the same '**residency**' requirements of either work or home address will apply as with current membership.

4. How current membership maps across to new reconfiguration

Table 1 below illustrates the current and new membership.

Table 1

CURRENT MEMBERSHIP OF EACH OF THE 7 LCG'S	PROPOSED MEMBERSHIP OF 5 NEW LCG'S CO-TERMINUS WITH THE 5 HSC TRUST AREAS
4 General Practitioners	4 General Practitioners
1 Pharmacist	1 Pharmacist
1 Dentist	1 Dentist
1 Optometrist	Nil
2 lay members	Nil
NIL	4 locally elected representatives
NIL	2 Health & Social Care related voluntary sector representatives
6 Health and Social Care Professionals (employees of HSC)	5 employees of the HSC as listed below: <ul style="list-style-type: none"> • 2 Social Care Professionals • 1 Nurse • 1 Public Health medicine professional • 1 Allied Health Professional

5. Steps required for moving to new reconfiguration model

The following steps outline the process to manage the transition. Current Chairs and other relevant stakeholders will be written to advising them of the changes and provided with all the relevant information.

- Step 1**
- (a) Public Appointments Unit (PAU) will write to all current LCG members advising them of the decision to reduce the number of LCGs from 7 to 5 in line with the 5 HSC Trusts areas and advised of the new membership structure.
 - (b) PAU will write to those members whose 'position' is no longer required (Optometrist and Lay members) as these categories will no longer be represented on LCGs and advise them of this decision and identify the date their appointment is to be terminated (31 March 2009).
 - (c) All other eligible members will be written to and asked to state if they are willing to let their name go forward for the new area they now represent as some members may be eligible for a different area as the boundaries are now somewhat different. Members have the option of 'stepping down' at this stage if they so wish.
 - (d) Members will be advised that whilst it is intended to fill the posts that read directly across from the old to the new model from existing members there may/will be areas where there is more than one member for each post. In such instances an internal selection process will be required in order to identify the successful candidate.

- Step 2** PAU will carry out a mapping exercise, mapping members across to the new structure in accordance with responses received. At this stage posts will be identified where there may be more than one member interested e.g. currently 7 Chairs however, only 5 Chairs are now required; South Eastern and Western areas potentially have 6 GP's eligible for 4 posts in each area.
- Step 3** PAU will arrange for the agreed selection process to be put in place with the existing members to fill posts.
- Step 4** PAU will commence the process to advertise and fill 'new' posts and any vacancies which exist. This process can normally take approximately 20 – 26 weeks, from drafting of advertisement, information documentation to actual appointment; however, every effort will be made to have this process complete for 1 April 2009.

6. New categories to be represented on LCGs (voluntary sector and locally elected representatives)

The following section outlines how the 'new' categories of locally elected representatives and Health & Social Care voluntary representatives on the new LCGs will be appointed.

(a) HSC Voluntary representatives

Currently when advertising for members representing the voluntary and community sector we have not specified Health & Social Care, and have accepted any form of voluntary and community activity. An exercise was undertaken by PAU some time ago when running a competition which required voluntary and community representatives, whereby we wrote to all voluntary and community organisations (100+) seeking expressions of interest. This task only resulted in a handful of requests for applications. The more productive process has been to place a general advertisement in the main newspapers as is normal practice.

Options for seeking applications

- (i) Run Public Appointments competition advertising in the national newspapers as is usual current practice.
- (ii) Write to 'umbrella' organisations seeking nominations.

In light of previous experience, it has been agreed to run Public Appointments competition advertising in the national newspapers as is usual current practice.

(b) Locally Elected Representatives

The Department currently has locally elected representatives on five of its public bodies, the four Health & Social Services Councils and the Northern Ireland Fire and Rescue Service. However, none of these posts are currently remunerated and a variety of methods have been used in the appointment process.

The Department has met with the Commissioner for Public Appointments and the Chief Executive of the Northern Ireland Local Government Association (NILGA) to explore how to manage this process.

NILGA feel that locally elected representatives have a vital role to play, and will support the Department in raising awareness and encouraging members to apply. Whilst not all District Councils (Newtownabbey currently withdrawn) or councillors are represented by NILGA they have mailing lists for all councillors and would be willing to distribute information on behalf of the Department. Minister has subsequently agreed this process.

HSC Bodies

Process 1 - Regional Bodies – (RAPHSW & PCC) - NILGA will distribute information leaflets to each councillor advising of Public Appointment opportunities on to the Regional Agency for Public Health & Social Well Being & the Patient and Client Council and advising them of the application process;

This is a similar process used when seeking applications for 'specialist' members of the Mental Health Commission.

Applications received from locally elected councillors would follow the normal Public Appointments process and the interview would be in the style of 'conversation with a purpose', face to face with a panel

comprising of a Senior Civil Servant, the Chair of the organisation and an OCPA NI Assessor.

Process 2 - LCGs - NILGA will seek nominations from the relevant District Councils for those interested in serving on the Local Commissioning Groups and provide these to the Department's Public Appointments Unit;

NILGA was particularly interested in the role that locally elected representatives will play in LCGs. As LCGs will be committees of the Regional Health & Social Care Board their role will be more 'representative', as each of the five LCGs is co-terminus with the Trust boundaries. It may therefore be appropriate for NILGA to act as 'nominating' body, seeking applications from each council for their respective LCG. Interviews in the style of 'conversation with a purpose' would take place whereby nominated councillors would compete for the positions on their local LCG. Although LCG appointments are not ministerial they have been made in compliance with and in the 'spirit' of The Code of Practice issued by the Commissioner of Public Appointments. Paragraph 3.25(c) of the code states that there must be 'at least two nominations for each statutory vacancy on a body'.

7. Disqualifications

Disqualifications

Under the current arrangement there are no disqualifications relating to the LCGs.

Exclusion of MLAs

We propose that, in line with well established practice for public bodies, MLAs should be excluded from membership of LCGs. The fundamental point is that MLAs have the responsibility of holding public bodies to account and cannot do so effectively if they are themselves part of the governance of the public body concerned. This would need to be confirmed in legislation.

8. Time Commitment and Accountability

Time Commitment

A LCG Chair will be expected to devote around 6 days per month to the appointment whilst members will be expected to devote around 2 days per month. This can vary and may involve commitment both inside and outside normal working hours. This is the same for the new LCGs. Time commitment will be kept under review by the Department.

Period of appointment

LCG Chairs, independent contractors and lay members were appointed for a term of 4 years; this first term is due to expire in March or June 2011 depending on the date of the actual appointment. It is envisaged that those members who transfer across to the new LCG area will continue to serve the **remainder** of their first term. Annual assessments of their performance will be required throughout the period of appointment. Re-appointment to the same post may be considered subject to an appropriate standard of performance having been achieved during the initial period of office.

New appointments to the LCGs to take up 'new' posts or fill vacancies which may arise as a result of the mapping exercise will be appointed for an initial term of 4 years from date of appointment (1 April 2009). This will ensure continuity on the LCG and mean that not all members' terms of appointment will be due to expire at the same time.

Codes of Conduct and Accountability

To ensure that public service values remain at the heart of the HSC, LCG Chairs and members are required, on appointment to subscribe to the Codes of Conduct and Accountability for the HSC. The LCG will be directly accountable to the new Regional Health & Social Care Board and the management of the appointment process to fill any subsequent vacancies will rest with the RHSCB.

9. Conclusion

Public Appointments Unit will work with the Modernisation Directorate to ensure that the agreed model is implemented and in doing so ensure full compliance with the Commissioners Code of Practice before handing over to the RHSCB.

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