

LOCAL COMMISSIONING GROUPS (LCG'S)

06

FACTSHEET

‘I established a Regional Board with five Local Commissioning Groups which will be strongly rooted in their local communities... I was always clear that the new structures should deliver a modern and efficient health service which tackles health inequalities and puts patients at the heart of its thinking.’

(Michael Mc Gimpsey, former Health Minister, press release at inaugural meeting of Southern LCG 7/1/2010)

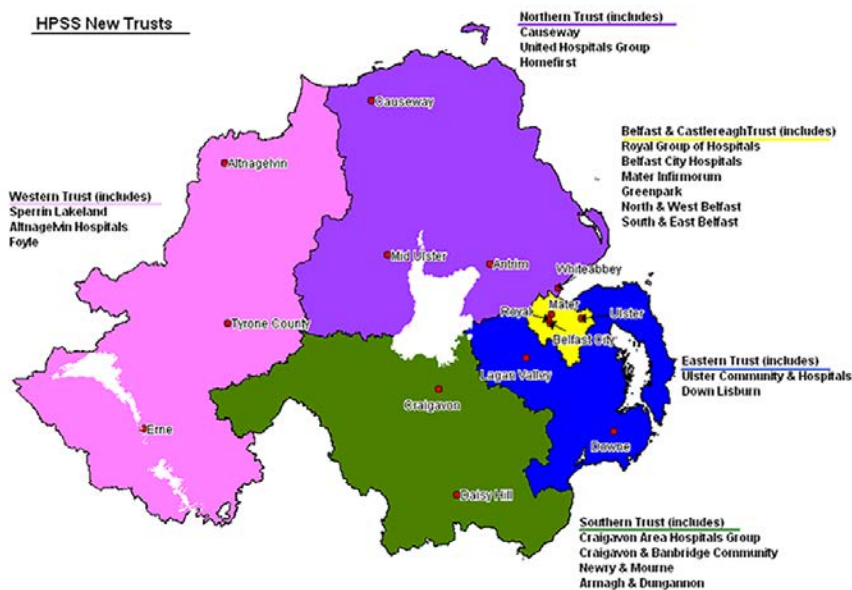
What is a Local Commissioning Group (LCG)?

Local Commissioning Groups are the principal focus for securing improvement in the health and wellbeing of the population for which they are responsible. They will engage closely with their communities and commission the majority of health and social care services to meet identified needs and Ministerial/Departmental targets.

Who are the members of a LCG?

Each LCG is made up of 17 people:

- 4 general medical practitioners,
- 4 members of district councils,
- 2 representatives from voluntary organisations,
- 2 social workers,
- 1 dental practitioner,
- 1 pharmacist,
- 1 nurse,
- 1 public health medicine specialist
- 1 chiropodist/podiatrix, dietician, occupational therapist, orthoptist, physiotherapist,



How many LCG's are there?

There are 5 and each will cover the same areas as the new Health and Social Care Trusts

Contact details for the
5 LCG's and Commissioners

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What are the main functions of a LCG?

Each Local Commissioning Group shall have responsibility, delegated by HSCB, to commission services for the population each covers. LCGs will have significant commissioning responsibility for their population, including planning, procurement and performance management of commissioned health and social care services and programmes relating to health and wellbeing.

What does commissioning entail?

- 1) Assessing the needs of the populations
- 2) Building the capacity of the population to improve their own health by partnership working.
- 3) Working with key stakeholders to plan health and social care services to meet needs.
- 4) Securing the delivery of efficient services and ensuring that they meet standards for safe, good quality care.
- 5) Using investment and performance management to develop and reform services

What does the change over to LCGs mean to community and voluntary service providers?

LCGs, as commissioners, have built strong links with local communities and with community and voluntary sector organisations. The engagement of local communities is essential in securing health and wellbeing. As the needs of local populations differ and the pattern of current services varies from place to place, it is important that commissioning arrangements are rooted in good local knowledge and expertise. In this way, LCGs will seek to foster twoway, meaningful communication with a range of stakeholders, including voluntary service providers and the wider Community and Voluntary Sector.

How do LCG's engage?

LCGs engage through meetings in public, holding open meetings, meeting with advocacy groups, briefings to elected members, undertaking surveys, and so on, as necessary. LCGs are committed to ensuring that engagement will be ongoing and meaningful and will seek to collaborate with others, such as community networks, partnerships, Trusts, and Patient Client Council (PCC), to reach out to the range of interests, particularly users of health and social care services, carers and the public.

Are the representatives from the community and voluntary sector acting as individuals?

Yes. The voluntary and community sector members are not required to represent the sector but to bring a perspective from the sector which influences the discussion and decisions of LCGs. LCGs are required to engage with the sector as a key stakeholder and sector representatives will have an important role to play in ensuring the approach is successful and that views from the sector are taken into account appropriately.

www.hscboard.hscni.net/LCG

Where do LCGs fit within the new RPA structure?

LCGs work locally with a range of partners in the public, community/voluntary, and private sectors. LCGs will work collaboratively with current and new councils, taking account of the views of elected members and participating in council led partnerships, such as community planning.

Who are the LCGs answerable to?

LCGs are committees of the Health and Social Care Board with delegated responsibility to commission services and programmes for their respective local populations across Northern Ireland.

What is their connection with the Trusts?

LCGs are coterminous with the 5 Health and Social Care Trusts. LCGs commission services from Trusts and work with them to ensure that these services meet local needs and that the Trusts provide efficient, effective, good quality services as intended by the commissioner.

What is their link with PPI?

Patient and Public Involvement (PPI) is an important aspect of the commissioning of health and social care services. LCGs will play a central role in ensuring PPI influences commissioning both locally and regionally. PPI will be an underpinning theme in LCG stakeholder engagement plans.

Commissioning Plans

LCG's bring forward local knowledge and priorities to the Health and Social Care Board and Public Health Agency. The Board and PHA use this to develop a Joint Commissioning plan. LCG's in turn enact this commissioning plan through their own Local commissioning plan. The purpose of these plans are "to provide a clear road map for the future development of Health and Social Care services" (Commissioning plan 2011-12.) Some of the main objectives of 2011/12 are: to protect the most vulnerable and disadvantaged, promote equality of opportunity, reduce health inequalities, support people to live at home and to provide services locally.

Priorities outlined in 2011-12 plan are:

- Transform how & where acute hospital services are provided.
- Reshape social care services for older people and other client groups, employing the reablement model. "This will require a mixed economy of service provision"
- Reshape primary health and social care.
- Control pharmacy expenditure.

With regards to tackling inequalities the plan is "working to address the determinants of ill health and reduce risk factors."

www.hscboard.hscni.net/publications/Commissioning
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