This document can be used to make a request to the local health scrutiny committee about the re-designation of Commissioner Requested Services, by inserting the council area and other information where highlighted.

Go to the local council website to find out who chairs the committee and send it to her or him. It can also be sent to local ward councillors, asking them to support the request.

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Request to make a deputation to the [XXX] Health Scrutiny Committee about re-designation of Commissioner Requested Services in NHS foundation trusts serving [the council area]

The Committee has power under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 to “review and scrutinise any matter relating to the planning, provision and operation of the health service in its area”. I wish as a [council area] resident to request it to review (and subsequently, if necessary, scrutinise) the currently ongoing process of re-designating Commissioner Requested Services (CRS) that must be completed by April 2016. Monitor has just asked commissioners to let them know by 8th January 2016 if they have already re-designated CRS services provided by NHS foundation trusts or if they plan to do so shortly.¹

Services designated as CRS are subject to “continuity of service” restrictions in the FT’s licence on cutting or altering them. For example, the trust must have an Asset Register that lists the buildings and equipment used to provide CRS, and selling off these needs Monitor’s consent. When the Health and Social Care Act 2012 Act was implemented, the services that FTs had to provide under their previous authorisations were automatically designated CRS in their new licences for 3 years, until April 2016 (so-called ‘grandfathering’). Monitor told commissioners that their responsibilities include “designating a range of services that local commissioners believe should continue to be provided locally if any individual provider is at risk of failing financially. We call these Commissioner Requested Services...”.² CCGs are supposed to imagine that the FTs they contract with would financially fail and to use a four-stage Designation Framework to come up with a new CRS list by April 2016 on the basis of that imagining – regardless of whether the trust is in fact likely to fail financially. Monitor said “we expect the number of services that are designated as Commissioner Requested Services to decrease as a result” of CCGs doing that – because the services that are supposed to be provided if an FT goes bust are fewer than otherwise.

Non-designation does not mean necessarily that a service would be discontinued, but it does mean that services which were mandatory until 2013, and which have had some protection for the (almost) three years since, are expected to decrease and FTs will then have more freedom to do what they like – so long as 51% of their income comes from NHS services.

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If you have already made an FOI request to the local CCG, you could insert a paragraph along these lines, and then continue as below. If you have not made such an FOI request, go straight to the paragraph below beginning ‘I consider it essential’:

How is this playing out in [council area]? I don’t know. I made an FOI request to [insert name of the CCG] on [insert date] (deadline for response [insert the date that is 20 working days after the date of the FOI request]). [Insert any other information you might have about what is going on.] In some parts of the country it seems that there are public consultations going on.3

I consider it essential that there is public and official oversight of what is happening in [council area]. The Committee is well-placed to do this. By exercising in the first instance its review powers, it can, e.g., ask [insert name of the CCG] to explain the current position and find out what changes are planned in CRS for the FTs serving [the council area] and whether there will be any public consultation.

More specifically, my recommendations would be:

1. To write separately to the CCG, to the NHS foundation trusts serving the [council area] and to Monitor, to find out what’s going on from their respective points of view, requesting a response by [insert a date that gives them some time to respond – e.g. after 8th January 2016 when Monitor is supposed to be informed]. See below for the suggested detail of such letters.

2. To publish the correspondence on the council’s website, as soon as the letters sent have been sent, and within 48 hours of the replies having been received.

3. In light of the replies, and any other relevant information received, to consider by the end of January 2016 whether it is necessary to request the attendance at the February scrutiny meeting of any representative of the CCG, of NHS foundation trusts serving the [council area] and/or of Monitor, and to publish any request made on the council’s website within 48 hours of the request.

Letters

The letter to the CCG would request an update on where the CRS re-designation process is at and a specification of services that are currently provided by each NHS foundation trust with whom they contract and which are designated as CRS at each such trust that will not be so designated on completion of that process (or which ones have already been de-designated); asking, if such be the case, for an explanation as to why the CCG have decided, or will decide, not to designate those services as CRS; asking them to specify where those services will be available in the future and who will provide them; and asking them why no public consultation has been (so far) held.

The letters to the NHS foundation trusts serving the [council area] would ask for their update on the CRS re-designation process; and for them to specify which buildings and equipment currently on their Asset Register will be removed from the Register following de-designation.

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3 E.g., in Nottinghamshire - http://www.mansfieldandashfieldccg.nhs.uk/index.php/manewsevents
The letter to Monitor would ask them for their update on the CRS re-designation process as it relates to the CCG and the NHS foundation trusts serving the [council area].

[insert your name and date]