Dear Mayor Anderson,

We are writing following the welcome decision by the Liverpool Health and Wellbeing Board to reject the Cheshire & Merseyside STP. Your statement rightly concluded that “the proposals within the STP are rejected by the Council and this Board, because it fails to address the key issues facing our residents and their health in the years to come. The STP is damaging to our Health Service and undermines any faith we could have in the Government’s ability to invest in a future for the NHS.”

We also welcome your commitment during the meeting, to continue this rejection until there is full public consultation with full information on the plans, and your offer to help seek such information and share it with us.

The simplest way to resolve questions on the financial basis of the plan would be for the CCG to release the full STP, as submitted to NHS England, including the complete financial template which was included with the submission and any explanatory notes which accompanied it. We ask you to obtain this documentation. To appreciate the level of detail it should contain, please see the explanatory notes accompanying the South East London STP, available at <http://goo.gl/Ovs39v>.

Liverpool CCG has yet to acknowledge publicly that the rejection of the STP by Liverpool City Council and the HWB, and likewise Sefton Council, Wirral Council and Cheshire West & Chester HWB has any consequences for its plans. It claims that the engagement exercises for Healthy Liverpool dispel any need for public consultation on the STP plan itself, even though the STP will progressively reduce NHS spending across the Cheshire & Merseyside “footprint”, with reductions reaching over £700m per year in 2020/21 according to their own Financial Appendix.
In identical inadequate responses to ourselves and the Social Care and Health Select Committee, the CCG claimed “It is incorrect to assert that NHS budgets will be cut in the years ahead”, despite a report in the Liverpool Echo on 12 September which itemised the cuts in Liverpool. Instead, the CCG gave overall figures showing their Programme Allocation rising from £769,747,000 (2016/17) to £833,664,000 (2020/21).

These figures were originally reported to the CCG on 14 June, before the first draft STP was submitted. We have no idea if they are still valid, but as given they are in any case a cut in real terms. In cash terms, they show an annual increase of 2% over the period. According to the Office of Budget Responsibility, healthcare unit costs are projected to rise at 2.5% per year. Further, according to NHS England and the Nuffield Trust, activity is projected to rise at 1.5% per year due to demographic changes, and a further 1.5% per year due to non-demographic changes. Furthermore, the Government's continuing commitment to Austerity, including cuts to social care, will increase the need for healthcare. Claims that new models of care will offset these real cuts are, at best, a heroic assumption and have no basis in evidence.

Liverpool CCG rejects the demand to pause negotiations over contracts for 2017/18 and 2018/19, to enable a full public consultation with full transparency, on the grounds that contracts must be signed now to protect providers. Yet interim contracts could be negotiated to enable provision to continue while rejecting the STP and demanding sufficient funding, and proper planning “to address the key issues facing our residents and their health in the years to come”.

Proceeding with the STP as prescribed by central government without any real evidence base, while dismissing the very well founded concerns of patients, elected representatives, health professionals, academics, NHS staff, unions and the wider labour movement, will have disastrous consequences.

Yours Sincerely,

Dr. Alex Scott-Samuel, MB, ChB, MCommH, FFPH
Retired Senior Lecturer (Clinical) in Public Health
Founder Member, Keep Our NHS Public