



DEBATE PACK

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NHS reorganisation

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Summary

On 12 December 2018, at 2:30pm, there will be a Westminster Hall debate on NHS reorganisation, sponsored by Faisal Rashid MP.

This debate pack provides an overview of structural reforms that have taken place within the NHS in England, including the major reorganisation of the NHS under the *Health and Social Care Act 2012*. The paper also describes Government efforts to better integrate services, as set out in NHS England's *Five-year Forward View*, and via Sustainability and Transformation Partnerships and other new care models.

This pack also summarises some recent publications that have examined recent reforms. This includes the Health and Social Care Committee's report into *Integrated Care*, the National Audit Office's investigation into *Health and social care integration*, and a collection of essays on previous NHS reorganisations published by the Nuffield Trust ahead of the publication of the NHS long-term plan.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Overview of NHS reorganisation in England

1.1 Summary

While there was relative continuity in the structure of the NHS from 1948 to 1974, the NHS has undergone almost constant reform since this period, and particularly with the introduction of internal market reforms from 1991 onwards. The Nuffield Trust noted in the introduction to a recent collection of essays on NHS reform that, since 2000, the NHS in England has seen at least six major national plans, accompanied by at least ten reorganisations at various levels.¹ A new long term plan for the NHS in England is due to be published shortly, underpinned by a five-year funding settlement which will see the NHS budget grow by over £20.5 billion a year in real terms by 2023-24.

Box 1: Overview of phases of NHS reform since 1974

1974-1991: There was a major reorganisation of the NHS in 1974 with the intention of bringing greater unity to the service and improving the quality of planning. Reforms in the 1980s led to the strengthening of management at a local level.

1991-1997: The first internal market reforms, the introduction of NHS trusts and the purchaser-provider split.

1997-2010: Although there was an initial shift away from internal market policies, under the Labour government (and from 2000 in particular) there was a focus on the 'commissioning'² of services, with target-driven improvements to waiting times and patient choice policies also a feature of reform during this period.

2010 onwards: After the 2010 general election the Coalition introduced major structural reforms to the NHS, which came into effect in April 2013; with greater autonomy for the NHS at the national and local level, there were also changes to the regulation of services in response to the 2013 Francis report into failures in care at Mid-Staffordshire NHS Foundation Trust. The NHS [Five Year Forward View](#) (October 2014), set the vision for greater integration of services, and to create of a number of new integrated care models that could be deployed locally across England.

1.2 Recent reforms

The last major legislative reorganisation of health services in England took place in 2013, under the *Health and Social Care Act 2012*. On 1 April 2013 NHS England and local Clinical Commissioning Groups (CCGs) took on statutory responsibility for commissioning health services. This was also when local authorities took on new public health responsibilities, and local Healthwatch organisations came into being; and when strategic health authorities and primary care trusts were formally abolished. The Commons Library briefing [The structure of the NHS in England](#), (July 2017) provides an overview of these reforms,

¹ Nuffield Trust, [Doomed to repeat? Lessons from the history of NHS reform](#), October 2018

² Commissioning is the term used to refer to the process of planning, purchasing and monitoring health services.

showing the key funding, commissioning and accountability structures under the pre and post-2013 systems.

The health related provisions in Part 2 of the *Care Act 2014* largely address specific recommendations from the Francis Report about transparency and care standards, and also respond to wider concerns about how regulatory systems are co-ordinated to ensure patient safety, raised by the Francis review and the subsequent Keogh and Berwick reviews into patient safety.³ Part 3 of the Act also established Health Education England (HEE) and the Health Research Authority (HRA) as statutory non-departmental bodies (NDPBs).⁴

The NHS England *Five Year Forward View*, [published on 23 October 2014](#) set out a vision for how the health service needed to change between 2015/16 and 2020/21. It identified three key drivers for change across the NHS: health and wellbeing, care and quality, and funding and efficiency. It sets out a new central-local partnership to support and stimulate the creation of a number of major new care models that can be deployed in different combinations locally across England. A number of 'Vanguard' areas were selected by NHS England in 2015 to pilot new models for integrated care. Two of these care models, primary and acute care systems (PACS) and multispecialty community providers (MCPs), seek to integrate care and improve population health. The King's Fund note that PACS and MCPs take different forms in different places but share a focus on places and populations rather than organisations. Both PACS and MCPs are referred to as 'Integrated care partnerships' (ICPs).⁵ It was expected that PACS and MCPs might evolve into more formal accountable care organisations (ACOs). In February 2018 the King's Fund noted that ACOs are likely to be "a more formal version of an ICP that may result when NHS providers agree to merge to create a single organisation or when commissioners use competitive procurement to invite bids from organisations capable of taking on a contract to deliver services to a defined population."⁶

Work on a draft MCP contract led to NHS England publishing a draft NHS Standard Contract (Accountable Care Models), known as 'the draft ACO Contract'. However, NHS England has changed its terminology, now referring to ICPs instead of ACOs, in recognition that the use of the term 'accountable care' generated unwarranted misunderstanding about what is being proposed.⁷

³ <http://www.nhs.uk/NHSEngland/bruce-keogh-review>

<https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

⁴ Further information about these can be found in the Library briefings on this Bill: [Care Bill \[HL\] Commons Library Research Paper](#) (December 2013), prepared for the Commons Second reading stage, and the [Care Bill \[HL\] Committee Stage Report](#) (March 2014).

⁵ King's Fund, [Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England](#), February 2018

⁶ *Ibid.*

⁷ The House of Commons Health and Social Care Committee noted that the choice of the ACO terminology was mistaken and "contributed to widespread

NHS England's initial plans for ACO contracts were also the subject of two unsuccessful judicial reviews. Following the outcome of the High Court judicial review proceedings, NHS England commenced a public consultation on the contracting arrangements for ICPs in August 2018. NHS England will then consider whether, and if so how, to further develop the draft ICP Contract.⁸

NHS sustainability and transformation partnerships (STPs) were established in 2016 as a mechanism for delivering the NHS Five Year Forward View (5YFV) and other national priorities for the NHS in England. Forty-four STPs now exist covering the whole of England, although they vary considerably in the size of the area they cover and the populations they serve. Each of the forty-four footprints are separate partnerships made up of NHS organisations, including clinical commissioning groups (CCGs), NHS trusts and foundation trusts and primary care services, as well as local authorities. In some areas 'Integrated care systems' (ICSs) have developed from STPs and take the lead in planning and commissioning care for their populations and providing system leadership. The plan is for all STP areas to eventually develop into ICSs.⁹

It is important to note that all of the systems outlined above have no specific statutory basis, and as the King's Fund have noted, rest on the willingness of NHS organisations to work together to plan how to improve health and care.¹⁰ The Health and Social Care Committee's recent report on integrated care set out several areas where legislative change may need to be considered, including:

- a statutory basis for system-wide partnerships between local organisations;
- changes to legislation covering procurement and competition;
- merger of NHS England and NHS Improvement; and
- Care Quality Commission's regulatory powers.

The Committee also noted the potential to designate ACOs (now referred to as ICPs) as NHS bodies, if they are introduced in the future.¹¹

The Committee highlighted that "central to all the plans to create and develop new regional and local structures, partnerships and contracts that these are a means to achieve more coordinated, person-centred and holistic care for patients, particularly patients with long-term conditions."¹²

misunderstanding", in its report, [Integrated care: organisations, partnerships and systems](#) (Seventh Report of Session 2017–19, 11 June 2018)

⁸ NHS England, [Draft ICP Contract: a Consultation](#), August 2018

⁹ ICSs were formerly known as Accountable Care Systems (ACSs); in February 2018, NHS England and NHS Improvement published [Refreshing NHS Plans for 2018/19](#), announced the change from ACS to ICS. These are different to Accountable Care Organisations (ACOs), which are now known as ICPs.

¹⁰ King's Fund, [Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England](#), February 2018

¹¹ House of Commons Health and Social Care Committee report, [Integrated care: organisations, partnerships and systems](#) (Seventh Report of Session 2017–19, 11 June 2018)

¹² *Ibid.*

The NHS [Five Year Forward View](#) (October 2014) [Next Steps on the NHS Five Year Forward View](#) (March 2017) are the key document setting out the future of NHS reform in England. Further background on recent reforms can also be found in the following House of Commons Library briefings:

[Accountable Care Organisations](#), July 2018

[Health and Social Care Integration](#), October 2017

[Reconfiguration of NHS services \(England\)](#), October 2017

[Sustainability and transformation plans and partnerships](#), September 2017

[The structure of the NHS in England](#), July 2017

The House of Lords Library has also published a paper on the [NHS and Integrated Healthcare Services](#) (29 June 2018).

NHS England recent consultation on ICP contracts¹³ provided a useful glossary and some of the key terminology describing NHS organisations and systems in England is set out in Box 2 below:

Box 2: glossary

Clinical commissioning groups or CCGs Clinical commissioning groups, established by the Health and Social Care Act 2012, are responsible for commissioning healthcare services within their geographical boundaries by assessing local needs and monitoring the quality of the care which is provided.

Integrated Care Provider or ICP An Integrated Care Provider (ICP) is a provider organisation that is contractually responsible for providing an integrated set of services to a defined population, under a NHS Standard Contract (Integrated Care Provider) Contract. The ICP can provide services itself and/or subcontract provision of services to other organisations (such as GP practices).

ICPs are not new legal entities, and there is no process by which an organisation would be 'designated' an ICP by NHS England or any other body: an organisation will be an ICP if it is awarded an ICP Contract under which it assumes that role.

Integrated Care Systems or ICSs An ICS is an evolved version of an STP. In an ICS, commissioners and providers of NHS services, in partnership with local authorities and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Multispecialty Community Providers or MCPs Multispecialty Community Providers (MCPs) were first announced by NHS England in the FYFV. MCPs are whole population care models which integrate primary medical services with other community-based health and care services. Further details were provided by NHS England in the Multispecialty Community Provider Emerging Care Model and Contract Framework published in July 2016. The draft ICP Contract is an evolved version of the earlier draft MCP Contract and subsequent draft ACO Contract.

Primary and Acute Care Systems or PACSs Primary and Acute Care Systems are whole population care models which integrate hospital care with services including primary medical services. PACS were first outlined in a framework document published in September 2016: Primary and Acute Care System (PACS) Integrated primary and acute care systems – Describing the care model and the business model.

¹³ NHS England, [Draft ICP Contract: a Consultation](#), August 2018

Health services are largely devolved and this House of Commons Library debate pack briefing is concerned with NHS reorganisation in England. Section 12 of the Commons Library briefing [The structure of the NHS in England](#) (July 2017) provides a brief overview of health service structures in the rest of the UK, with links to further information.

1.3 Key reports

The reports below provide an overview of the Government's most recent reorganisations of the NHS, and suggest some of the issues they have to address.

[Integrated care: organisations, partnerships and systems](#), Health and Social Care Committee, Seventh Report of Session 2017–19, 11 June 2018

The Health and Social Care Committee's report welcomed the efforts being made, through various partnerships and organisations, to "move away from a competitive landscape of autonomous providers towards more integrated, collaborative and placed-based care."¹⁴ Evidence did suggest that there have been a number of barriers preventing or slowing down reform.

Communication

The Committee argued that

understanding of these changes has been hampered by poor communication and a confusing acronym spaghetti of changing titles and terminology, poorly understood even by those working within the system. This has fuelled a climate of suspicion about the underlying purpose of the proposals and missed opportunities to build goodwill for the co-design of local systems that work more effectively in the best interests of those who depend on services.¹⁵

Despite public and stakeholder fears, the report concludes that the reforms as they stand are not likely to lead to greater privatisation; in fact the Committee found evidence to suggest that greater integration is more likely to lead to less private sector involvement and more should be done to dispel these myths.¹⁶ Indeed, the Committee recommends that national bodies should tell a "compelling narrative", describing the benefits for patients that can be brought about by change.¹⁷ The Committee also thinks there should be greater staff engagement as "NHS and social care professionals are likely to be the best advocates for more integrated care."¹⁸

¹⁴ [Integrated care: organisations, partnerships and systems](#), Health and Social Care Committee, Seventh Report of Session 2017–19, 11 June 2018, p.4

¹⁵ *Ibid.* p.4

¹⁶ *Ibid.* pp.47-9

¹⁷ *Ibid.* chapter 7

¹⁸ *Ibid.* p.64

Sustainability and Transformation Plans and Partnerships

The Committee reported that Sustainability and Transformation Plans were hampered from the outset by limited time and poor communication, leading to suspicion of decisions being made ‘behind closed doors’ and being guided by the need to make budgetary cuts.¹⁹ As such, the Committee was pleased that NHS England had decided that not every area would be expected to deliver on its plan.²⁰

Since then, the emphasis has moved to Sustainability and Transformation Partnerships, which, the Committee noted, had made significant progress. However the report also argued that “those furthest behind are struggling with rising day-to-day pressures let alone transforming care.”²¹

The Committee added that the boundaries of partnerships sometimes did not align with stakeholder expectations. They recommended that,

STPs, particularly those with more complex geographical boundaries, should be encouraged and supported to allow local areas to identify, define and develop meaningful boundaries within their patch in which local services can work together around the needs of the population.²²

Accountable Care Organisations

On the subject of Accountable Care organisations, the Committee stated:

Public debate about the introduction of ACOs into the English NHS has been confused by concerns, mostly stemming from organisations with origins in the US which are different but also called ACOs. The main concern is the possibility that these new contracts might extend the scope of private sector involvement in the NHS. Based on our assessment of the evidence, this looks unlikely in practice but steps could and should be taken to reassure the public on this point.

There have also been misleading statements seeking to link ACOs, as proposed in England, with people having to pay for healthcare as in the US. There is no evidence that ACOs will lead to a dismantling of the fundamental principle that the NHS is free at the point of delivery²³

The Committee recommended that ACOs should be piloted and evaluated before rollout, particularly since questions still remain over whether ACOs would accelerate integration or improve patient outcomes.²⁴ The Committee found that organisational mergers seem to be a ‘common sense’ approach, and several witnesses believed ACOs

¹⁹ *Ibid.* p.5

²⁰ *Ibid.* p.25

²¹ *Ibid.* p.5

²² *Ibid.* p.26

²³ *Ibid.* p.5

²⁴ *Ibid.* p.5

would remove barriers to integrated working, incorporating primary care services to deliver a more multi-disciplinary approach. However the Committee noted that the success of ACOs elsewhere might also be explained by factors like leadership, culture and management.²⁵

Resources and workforce

The report noted that integration of the NHS and social care had lacked the “time and resources required to deliver it.” The NHS is currently, according to the Committee, in ‘survival mode’, juggling both financial constraints and workforce shortfalls. The report made the case for a long-term funding settlement, including a ring-fenced transformation fund, and an effective workforce strategy to deliver longer term reform.²⁶

The Committee believed that STPs and ICSs are a pragmatic way to manage constrained resources but “these mechanisms are not a substitute for adequate funding of the system.”²⁷ Capital funding, including the Sustainability and Transformation Fund, had been used to finance day-to-day costs since 2014/15 which “means there is less within the existing budget to transform care.” Government announcements in 2017 for additional capital funding fell short of estimates by other commentators of the required amount.²⁸

Leadership and evaluation

The Committee report found that national bodies are creating incoherent messages and policies and the Committee welcomed the commitments by NHS England and NHS Improvement to align priorities. The Committee recommends that progress in this relationship should be assessed, along with greater effort to coordinate the policies of the Department of Health and Social Care, NHS England, NHS Improvement, Health Education England, Public Health England and CQC.²⁹

The report was critical of the STP dashboard, which currently marks the progress of ST Partnerships. Evidence had pointed to a number of problems, the most serious of which is that the dashboard focuses too heavily on short term financial priorities and reducing demand, a narrower vision than that outlined in the Five Year Forward View.³⁰

The Committee asked the Government to consider developing a “national transformation strategy” outlining how the Department and national NHS bodies will support local partnerships.³¹ This strategy should clearly define the outcomes by which improvements will be

²⁵ *Ibid.* pp.39-40

²⁶ *Ibid.* p.6

²⁷ *Ibid.* p.60

²⁸ *Ibid.* p.61

²⁹ *Ibid.* pp.66-7

³⁰ *Ibid.* p.28

³¹ *Ibid.* p.31

assessed.³² Alongside this it should clarify “whether it is able to meet the current target to achieve integrated health and care across the country by 2020, as well as plans for 50% of the country to be covered by new care models.”³³

The report also suggested that NHS England and NHS Improvement should look at share best practice from advanced ICS areas “to accelerate progress in other areas and also to provide clarity about what is permissible within the current legal framework.” It also highlighted that evidence for the effectiveness of new models of care and Integrated Care Partnerships is limited and needs to be expanded.³⁴

Structures and governance

The Committee received evidence that the structure of the NHS, as set out by the *Health and Social Care Act 2012*, does not enable collaborative working: the reforms were aimed at introducing greater choice and market forces. For instance, NHS Commissioners cannot discriminate against certain bidders for contracts which means that service delivery must remain fragmented.³⁵ The Committee finds issue with the fact that many of the national NHS bodies were created to compete with each other, and they recommend the creation of a “national structure that is more conducive to place-based care.”³⁶

Further problems found included the fact that STPs and ICSs lack legal decision-making powers, and are distanced from decision-makers, although in April 2017 STPs were asked to form boards and other decision-reaching mechanisms that involve local statutory bodies. This distance creates an element of risk for decision-makers and makes reaching agreement time-consuming.

National bodies are also not clear about the role they play in accelerating transformation although there are examples of decent approaches to promoting best practices at a local level.³⁷

Legislative reform

Despite noting reform-fatigue, the Committee recommended that the Government consider certain legislative changes to embed future reorganisation, including the following areas:

- a statutory basis for system-wide partnerships between local organisations;
- potential to designate ACOs as NHS bodies, if they are introduced more widely; this to avoid difficulties emerging if they were private organisations and should collapse in the future.

³² *Ibid.* p.10

³³ *Ibid.* p10

³⁴ *Ibid.* pp.35-6

³⁵ *Ibid.* pp.73-5

³⁶ *Ibid.* p.67

³⁷ *Ibid.* p.71

- changes to legislation covering procurement and competition;
- merger of NHS England and NHS Improvement; and
- Care Quality Commission's regulatory powers.³⁸

Government response

In August 2018, the Government responded to the Committee's report.³⁹ Below is a synopsis of some reactions to the Committee's recommendations.

- The Government highlighted that "the NHS will develop a ten-year plan for the future of the health service, underpinned by a five-year funding offer which will see the NHS budget grow by £20bn a year in real terms by 2023-24." This will include "ambitions to deliver collaborative, place-based and integrated care across the country." The Government hopes that the plan will serve to decrease the funding and workforce pressures faced by integration partnerships. The 10-year plan will also be an "opportunity to develop a transformation strategy along the lines suggested by the Committee": this will include an outline of how STPs are expected to develop into Integrated Care Systems. Some of the criteria selected can be found in the Government response (p.20).
- In terms of a ring-fenced transformation fund, the Government stated that some dedicated funding had already been made available, citing the example of vanguard sites testing new models of care. The Government did not commit to more ring-fenced funding but said that it would "consider proposals from the NHS for a multi-year capital plan to support transformation."
- The Government was pleased the Committee recognised some of the unfair criticisms made of STPs and acknowledged "the need to explain our approach to integrated care in a clear and compelling way." The response highlighted recent efforts by the Government and NHS bodies to communicate better, including the creation of plain English summaries of integrated care and ACOs that they have already published. The consultation on ICsPs (the new name for ACOs) will also be a means of explaining their function. The Government also outlined other ways in which they have attempted to dispel myths about reform, including the level of privatisation in the NHS.
- The Government also agreed to consider legislative amendments, led by the health and social care community, where it poses barriers to collaboration. The Government did not rule out making changes to the system, but made it clear that under current rules, CCG procurement must be transparent but not necessarily a full competitive tendering exercise: this was an aspect of the commissioning process that the Committee had seen as a barrier to integration.
- On the subject of evaluating progress, the Government highlighted that there had already been national priorities

³⁸ *Ibid.* p.7

³⁹ [Government response to the recommendations of the Health and Social Care Committee's inquiry into 'Integrated care: organisations, partnerships and systems'](#), Cm 9695, Department of Health and Social Care, August 2018

identified in the Next Steps on the NHS Five Year Forward View. NHS planning guidance published by NHS England and NHS Improvement in February 2018 provided more detail on the role to be played by STPs and ICSs. The 10 year plan will offer yet more detail.

- Responding to the criticism that there is little evidence of the efficacy of integration, the Government described some of the evidence emerging from New Care Model pilots, STPs and ICSs that show improvements in patient experience and reducing demand for services.
- The 2020 target, the response suggests, has helped ‘galvanise’ progress in integration. The Social Care Institute for Excellence has been commissioned to “conduct research on how progress on integration could best be measured, monitored, and shared.”
- The Government accepted the Committee’s thoughts on STP boundaries, and that decisions within STPs should be taken at the appropriate level. The Government emphasises that “STPs are locally determined health systems, agreed with NHS England and NHS Improvement.”
- Responding to the suggestion that best practice should be shared from more developed areas, the Government suggests that NHS England and NHS Improvement will collect good practice and make these available through a variety of means. NHS Improvement has also produced governance models and announced the first cohort of shadow integrated care systems in June 2017, which they are supporting.
- Accountable Care Organisations, the Government states, or Integrated Care Providers (ICPs) as they are now known, would be adopted subject to consultation, and in a “incremental and controlled” manner. Using an ICP contract will be at the discretion of local commissioners. Consent will only be given to adopt this model after completing an Integrated Support and Assurance Process run by NHS England and NHS Improvement: the Government sees this as another safeguard. The Department would need to publish draft Directions for ICPs to be able to deliver primary care functions; these will also be consulted on. Any ICPs will be subject to evaluation, as requested by the Committee. The Government anticipates that ICPs will either be held by statutory or GP-led organisations, rather than private organisations. In the short term, secondary legislation will allow commissioners to use an ICP, although the Government do not rule out primary legislation in the future.
- In terms of national oversight of the integration process, the Government said that it would consider conducting a survey amongst frontline staff to gain greater knowledge about how the alignment of NHS England and NHS Improvement’s priorities is experienced on the ground. The Government also stated that the two organisations would “formalise new joint working arrangements.” They also explained a number of ways in which these bodies were seeking to spread implementation of effective systems and governance based on experiences of new care models and ICSs. The NHS long-term plan is expected to make the roles of all national bodies clearer in a variety of areas: the response outlines briefly some of their responsibilities in key areas of concern highlighted by the Committee (pp.33-6).

Nuffield Trust, [Doomed to repeat? Lessons from the history of NHS reform](#), October 2018

This essay collection from the Nuffield Trust provides a useful timeline of NHS reform between 1983 and 2016 (see pages 4-5).

These essays are themed as 'lessons' which are summarised below:

Lesson 1: Avoid the temptations of the grand plan⁴⁰

A "constant cycle of planning and revision" often means that "new proposals are [...] developed a short way through the lifespan of their predecessors." Constant reform is in part because plans have not historically taken into account the "complex and heterogeneous" nature of healthcare.

'Groupthink' in the NHS can lead to presumptions about the nature of problems. The author of this article, Nigel Edwards, cites the belief that moving care out of secondary care into the community would save money. However the Nuffield Trust has found that this is not the case in the short to medium-term.

More evidence is required to link problems with resolutions. Moreover, the author argues, "one-size-fits-all policies" do not often fix complex issues. At the same time, being overly focussed on our particular care concern can neglect necessary systematic change.

Local contexts can mean that a model that works in one area might not work elsewhere. Working practices, recruitment and culture can obstruct even well-designed programmes.

Optimism bias, the author states, has often led to underestimates of how long it will take to renegotiate relationships and change ways of working. This has been the case with the Better Care Fund and New Care Models programme.

Lesson 2: Listen to the public – and don't pretend you will if you won't⁴¹

Helen Buckingham writes that the public are heavily invested in the NHS and can sometimes oppose developments which will, according to the evidence, be better for them in the long run. Even if change meets clinical criteria, locals may see the change as a loss, and efforts must be made to tackle this. Furthermore, as demonstrated by Sustainability and Transformation Plans, secrecy around planning can lead to suspicion and anxiety

It is therefore necessary to talk to the public about reorganisation. The Independent Reconfiguration Panel has carried out three reviews which have found evidence of

- Inadequate community engagement at the early stages
- An over-emphasis on what cannot be done and not on the benefits of change

⁴⁰ Nuffield Trust, [Doomed to repeat? Lessons from the history of NHS reform](#), October 2018, pp.9-13

⁴¹ *Ibid.* pp.14-20

- Missing important content in plans
- Limited means of communication
- Lack of planning for issues surrounding money, transport and emergency care, despite these being issues well-known to cause concern
- Not enough attention given to community responses

Better communication also means being clear about how much influence the public will have on decision-making. Even where a decision has already been made, involving patients to understand their concerns can still generate enough acceptance of change.

Lesson 3: Don't treat the workforce as an afterthought⁴²

William Palmer and Candace Imison argue that NHS strategies and plans often do not consider the NHS workforce sufficiently. The authors use the examples of STPs, the creation of the 'seven-day NHS' and efforts to care for more patients outside of hospital environments since 2006.

The authors believe that efforts to plan for the future workforce have tried to estimate too exactly the numbers of staff required and they believe the NHS should err on the side of over, rather than under-supply. This should cost less as temporary staff to cover shortfalls are very expensive. Plans have also suffered from optimism bias and have struggled to estimate the impact of pay reforms.

Lesson 4: Make sure the funding follows the plan⁴³

William Palmer and John Appleby's article states that there have been instances where a particularly goal has been a priority but funding has in fact been reduced on this area. This has happened for both community care and public health under Labour and Conservative Governments respectively.

The authors also emphasise that money makes a difference for addressing inequalities. Financial incentives can have an effect, but not always positive ones, and there can be instances of 'gaming' the system or incentivising unforeseen behaviours. The authors take cases using the Payment by Results and Quality and Outcomes Framework to illustrate their point. The authors also argue that the management of the Sustainability and Transformation Fund has "increased the gap between the financially stable and the financially struggling. Over a fifth of the Fund was withheld from 114 trusts for not accepting or meeting their financial or performance targets."

Lesson 5: Don't overrate structural reorganisation⁴⁴

Mark Dayan uses the Health and Social Care Act of 2012 to demonstrate how assumptions that efficiencies will offset the costs of reorganisation can be false. He also argues that while efforts to reduce management were successful, numbers of managers have since rebounded back to their previous levels. Moreover, the structural

⁴² *Ibid.* pp.22-7

⁴³ *Ibid.* pp.28-35

⁴⁴ *Ibid.* pp.36-41

changes interrupted other local projects which, the author believes, represent a wasted opportunity.

According to Dayan, the achievements of reforms are often smaller than anticipated when subject to review. This can be because 'fundamental forces' can override structural change. These forces might be

- funding and financial incentives;
- targets and diktats from the centre;
- culture and behaviours;
- staffing

The author concludes that plans should ensure that "structural reorganisation, where it is necessary, pulls in line with more fundamental forces."

Lesson 6: You need a plan your staff can follow⁴⁵

Citing evidence from various studies, Rebecca Rosen argues that successful reforms need to have the right kind of leaders in place and develop good relationships and common purpose. To achieve this, reforms might include

- Creating a narrative that staff can get behind
- Reflecting staff values in targets so that the plan does not "feel like a transmission of political priorities into clinical work."
- Getting staff involved in the design of a new structure.

Having too ambitious goals can lead to disillusionment. Focussed goals and using a narrower range of stakeholder can make it easier for staff to implement reform. The author also suggests that "giving local areas more capacity and responsibility to set their own goals and decisions could help maintain engagement and collaboration over time."

The author adds that reforms require freeing up staff time in order for significant changes to be made. Time-giving mechanisms (such as accepting initial reductions in performance, or providing more funding) can help.

[Health and social care integration](#), National Audit Office, HC 1011 Session 2016-17, 8 February 2017

The NAO wrote that,

Nearly 20 years of initiatives to join up health and social care by successive governments has not led to system-wide integrated services. Since the Health Act 1999 allowed local authorities and the NHS to pool budgets and merge care services, the Departments have supported local bodies to collaborate and trial various approaches to integrating care. However, shifts in policy emphasis and reorganisations which promote competition within the NHS, such as the move from primary care trusts to clinical

⁴⁵ *Ibid.* pp.42-6

commissioning groups in 2013 and the Health and Social Care Act 2012 have complicated the path to integration.⁴⁶

The NAO also concluded the following:

- The Departments have not yet established a robust evidence base to show that integration leads to better outcomes for patients.
- There is no compelling evidence to show that integration in England leads to sustainable financial savings or reduced hospital activity
- The Departments' expectations of the rate of progress of integration are over-optimistic.
- Nationally, the Better Care Fund did not achieve its principal financial or service targets over 2015-16, its first year.
- Local areas achieved improvements in two areas at the national level [reduced permanent admissions of older people and the Better Care Fund had encouraged more joint working].
- The Departments are simplifying the Better Care Fund's assurance arrangements and will provide more funding from 2017-18,
- The Integrated Care and Support Pioneers Programme has not yet demonstrated improvements in patient outcomes or savings,
- NHS England's ambition to save £900 million through introducing new care models may be optimistic.
- The Departments and their partners are still developing their understanding of how to measure progress in integrating health and social care.
- The Departments' governance and oversight across the range of integration initiatives is poor.
- The Departments are not systematically addressing the main barriers to integration that they have identified [misaligned financial incentives, workforce challenges and reticence over information-sharing].
- Without full local authority engagement in the joint sustainability and transformation planning process, there is a risk that integration will become sidelined in the pursuit of NHS financial sustainability.
- NHS England has not assessed how pressures on adult social care may impact on the NHS.
- NHS England is diverting resources away from long-term transformation to plug short-term financial gaps.⁴⁷

The NAO calls on the Government to:

- Confirm whether integrated health and care services across England by 2020 remains achievable.

⁴⁶ [Health and social care integration](#), National Audit Office, HC 1011 Session 2016-17, 8 February 2017, p.7

⁴⁷ *Ibid*, pp.7-11

- Establish the evidence base for what works in integrating health and social care as a priority.
- Review whether the current approaches to integrated health and social care services being developed, trialled and implemented are the most appropriate and likely to achieve the desired outcomes.
- Bring greater structure and discipline to their coordination of work on the three main barriers to integration – misaligned financial incentives, workforce challenges and reticence over information-sharing.
- Set out how planning for integration will be on a whole-system basis, with the NHS and local government as equal partners.
- Put in place appropriate national structures to align and oversee all integration initiatives as a single, coordinated programme.
- Complete their development of measures that capture the progress of implementing more patient-centred integrated care.⁴⁸

2. Parliamentary material

2.1 Written Parliamentary Questions

Sustainability and Transformation Partnerships

PQ162092 [[Sustainability and Transformation Partnerships](#)] 16 Jul 2018

Asked by: Madders, Justin

To ask the Secretary of State for Health and Social Care, what recent progress he has made on the implementation of Sustainability and Transformation Partnerships; and if he will make a statement.

Answering member: Stephen Barclay | **Department:** Department of Health and Social Care

In 2017, NHS England and NHS Improvement announced that the most mature sustainability and transformation partnerships (STPs) would evolve to become 'integrated care systems'. Over the past year we have seen real progress, with the first group of these systems becoming operational in April. At NHS England and NHS Improvement's board-in-common meeting in May, it was announced that another four STPs would become integrated care systems in 2018-19: Gloucestershire, Suffolk and North East Essex, West, North and East Cumbria, and West Yorkshire and Harrogate.

PQ 139918 [[Sustainability and Transformation Partnerships](#)] 08 May 2018

Asked by: Soames, Sir Nicholas

To ask the Secretary of State for Health and Social Care, what assessment he has made of the rate of progress on the establishment of Sustainability and Transformation Partnerships in England.

Answering member: Stephen Barclay | **Department:** Department of Health and Social Care

All sustainability and transformation partnerships (STPs) have governance plans and established leadership in place.

It is important that local people, organisations, and systems themselves, can see how their local footprint is performing comparatively in delivering transformation and improving patient care. That is why we have published an STP Dashboard that makes this assessment.

The STP Dashboard assesses performance and is on track to be refreshed by July 2018. The 2017 dashboard can be found in the following link:

<https://www.england.nhs.uk/publication/sustainability-and-transformation-partnerships-progress-dashboard-baseline-view/>

The next steps for those STPs that are ready to go further is integrated care systems (ICS). ICSs see commissioners and National Health Service providers, working closely with general practitioner networks, local councils and others, voluntarily agree

to take shared responsibility for how they use collective resources for the benefit of their local communities.

To enable this, NHS England and NHS Improvement will offer them far more control and freedom over the total operations of the health system in their area.

PQ 127561 [[Sustainability and Transformation Partnerships](#)] 26 Feb 2018

Asked by: Smyth, Karin

To ask the Secretary of State for Health and Social Care, what steps his Department plans to take to ensure that sustainability and transformation partnerships are held accountable for the successful delivery of approved capital developments given those partnerships are not legal entities.

Answering member: Stephen Barclay | **Department:** Department of Health and Social Care

Sustainability and Transformation Partnerships (STPs) are not statutory organisations, but a new way for the National Health Service and local government to work together. Each partnership is convened by a senior leader who has agreed to chair and lead the meetings on behalf of their peers. Each footprint has agreed to its own governance and representation, and all bodies represented on the partnership have agreed to abide by its decision making process.

As STPs are not legal entities the actual delivery of schemes, such as holding contracts with builders, will be undertaken by individual organisations within these STPs acting on behalf of their local area. These organisations will be responsible for delivering the schemes, in line with their existing statutory, responsibilities as is the case of all NHS spending.

The ability of these partnerships to act collectively as health and care systems in the interests of patients and residents – rather than solely pursuing institutional interests – is critically dependent on the strength of the relationships they are able to build.

Last year the Department, NHS Improvement and NHS England organised a bidding process to enable these local partnerships to access the first waves of capital funding. Each bid required sign off from a senior representative of both the bidding organisation and the STP of which that organisation is a part. The NHS joint planning guidance, published January 2018 makes clear that access to additional STP capital will only be considered once partners within a given STP footprint have agreed to a single estates and capital plan, in addition to other criteria.

PQ 124752 [[Sustainability and Transformation Partnerships](#)] 29 Jan 2018

Asked by: Soames, Sir Nicholas

To ask the Secretary of State for Health and Social Care, what the timetable is for all the Sustainability and Transformation Partnerships to conclude their work.

Answering member: Stephen Barclay | **Department:** Department of Health and Social Care

There are no national plans or timetables in place for all Sustainability and Transformation Partnerships (STPs) to conclude their partnership work. STPs are an ongoing process, intended to address the challenges facing local health systems as well as focusing on better integration with social care and other local authority services within the footprint.

PQ 107452 [[Accountable Care Organisations and Sustainability and Transformation Partnerships](#)] 19 Oct 2017

Asked by: Madders, Justin

To ask the Secretary of State for Health, what national consultations the Government has undertaken on (a) sustainability and transformation partnerships and (b) accountable care organisations.

Answering member: Steve Brine | **Department:** Department of Health

The Government has not undertaken a national consultation on Sustainability and Transformation Partnerships (STPs). STPs are about local areas making decisions and ensuring National Health Service services are on a sustainable footing, and provide the best possible care for local people.

The statutory organisations involved within STPs are accountable to local communities through their normal processes. Each is working to its own, locally appropriate timetable but many have already carried out extensive engagement with the public. In September 2016 NHS England published "Engaging local people: A guide for local areas developing Sustainability and Transformation Plans". This document outlines the expectations on stakeholder involvement and in particular patient and public participation. A copy is attached.

When there are proposals to substantially change the local configuration of services, NHS and local government organisations have a duty to consult their local communities. There are longstanding rules in place to assure this.

Following an engagement exercise, NHS England produced a draft contract (a prototype variant of the NHS Standard Contract) which could be used, with NHS England's agreement, by commissioners to contract for an accountable care organisation (ACO). The contract will be formally consulted upon in due course in compliance with NHS England's statutory duties.

The Department is currently consulting on a number of changes to secondary legislation which are designed to facilitate the development of ACOs. Further details can be accessed here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643714/ACO-contract-reg-changes-consultation-1.pdf

PQ 107376 [[Sustainability and Transformation Partnerships](#)] 19 Oct 2017

Asked by: Madders, Justin

To ask the Secretary of State for Health, what processes his Department has put in place in the event of a (a) clinical

commissioning group, (b) council or (c) NHS trust not complying with the decision of a sustainability and transformation plan.

Answering member: Steve Brine | **Department:** Department of Health

Sustainability and Transformation Partnerships (STPs) are partnerships made up of local organisations, including commissioners, providers and local government. Each partnership is convened by a senior leader who has agreed to chair and lead the meetings on behalf of their peers. Each footprint has agreed to its own governance and representation, and all bodies represented on the partnership have agreed to abide by its decision making process.

PQ 9711 [[Sustainability and Transformation Partnerships: Public Consultation](#)] 18 Sep 2017

Asked by: Madders, Justin

To ask the Secretary of State for Health, through what mechanism he will ensure that sustainability and transformation partnerships comply with obligations with respect to consultation.

Answering member: Steve Brine | **Department:** Department of Health

Individual organisations that constitute each of the 44 Sustainability and Transformation Partnerships (STPs) are accountable to local communities for activities of each STP. Each is working to its own, locally appropriate timetable but many have already carried out extensive engagement with the public. When there are proposals to substantially change services, National Health Service and local government organisations have a duty to consult their local communities. There are longstanding rules laid to assure this.

All significant service change is subject to a full public consultation and proposals must meet the Government's four reconfiguration tests. These are support from clinical commissioners, clarity on the clinical evidence base, robust patient and public engagement and support for patient choice. There is additional NHS England guidance which means that proposed service reconfigurations should be tested for their impact on overall bed numbers in the area.

PQ 9436 [[Sustainability and Transformation Partnerships](#)] 15 Sep 2017

Asked by: Madders, Justin

To ask the Secretary of State for Health, if he will set out the consultation process that a sustainability and transformation partnership is required to undertake when a decision to substantially change services is made.

Answering member: Steve Brine | **Department:** Department of Health

In September 2016 NHS England published "Engaging local people: A guide for local areas developing Sustainability and Transformation Plans". This document outlines the expectations on stakeholder involvement and in particular patient and public participation. A copy of 'Engaging People: a guide for local areas

developing Sustainability and Transformation Plans' is available here:

<https://www.england.nhs.uk/publication/engaging-local-people-a-guide-for-local-areas-developing-sustainability-and-transformation-plans/>

When there are proposals to substantially change services, the National Health Service has a duty to consult with their local community. There are longstanding rules to assure this.

All significant service change is subject to a full public consultation and proposals must meet the Government's four reconfiguration tests. These are support from clinical commissioners, clarity on the clinical evidence base, robust patient and public engagement and support for patient choice. There is additional NHS England guidance which means that proposed service reconfigurations should be tested for their impact on overall bed numbers in the area.

PQ 9434 [[Sustainability and Transformation Partnerships](#)] 15 Sep 2017

Asked by: Madders, Justin

To ask the Secretary of State for Health, what plans he has to provide a statutory basis to sustainability and transformation partnership structures.

Answering member: Steve Brine | **Department:** Department of Health

The Department currently has no plans to place Sustainability and Transformation Partnerships (STPs) on a statutory footing.

STPs represent a coming together of commissioners, providers and local authorities to consider how to best plan care across their entire footprint and deliver the three aims set out in the Five Year Forward View. However, the statutory architecture for health and care remains fully in place, as do the existing accountabilities for Chief Executives and Accountable Officers of providers and clinical commissioning groups.

PQ 8627 [[Sustainability and Transformation Partnerships: Public Consultation](#)] 13 Sep 2017

Asked by: Madders, Justin

To ask the Secretary of State for Health, pursuant to the oral contribution of the Minister of Health on 14 September 2016, Official Report, column 614, when he intends to undertake a full public consultation on Sustainability and Transformation Plans.

Answering member: Steve Brine | **Department:** Department of Health

Sustainability and Transformation Partnerships (STPs) are about local areas making decisions and ensuring National Health Service services are on a sustainable footing, and provide the best possible care for local people. It is for STPs to determine how best to engage and consult locally on their proposals and to make sure they comply with the relevant guidance around engagement and consultation, as set out in NHS England's guide for local areas developing STPs.

Individual organisations that constitute each of the 44 STP areas remain accountable to their local communities including for these activities performed as part of the STP. When there are proposals to substantially change services there is a longstanding duty for STPs to consult with their local community and there are rules to ensure this.

NHS England and NHS Improvement have repeatedly reiterated this commitment to supporting STP areas to engage with their local communities, and have issued guidance outlining this. In September 2016 and following the debate on STPs, NHS England published "Engaging local people: A guide for local areas developing Sustainability and Transformation Plans", available at:

http://data.parliament.uk/DepositedPapers/Files/DEP2017-0062/engag_local_people_stps.pdf

This document outlines the expectations on stakeholder involvement and in particular patient and public participation.

The Government is clear that involving people, communities and stakeholders in developing STP plans is the right thing to do to ensure that the plans and their implementation are robust and meet the needs of people and communities.

PQ 696 [[Sustainability and Transformation Partnerships](#)] [28 Jun 2017]

Asked by: Madders, Justin

To ask the Secretary of State for Health, if he will commission an independent review of the evidence base supporting the case for change before approving any sustainability and transformation plan.

Answering member: Steve Brine | **Department:** Department of Health

Sustainability and Transformation Partnerships (STPs) are led by local clinicians in the best interests of patients. Local areas, including commissioners, providers and local authorities, have come together to decide how to improve services. No changes will occur without the normal local consultation. When any substantial service reconfiguration is proposed, STPs must deliver on the four tests of service reconfiguration, including using a clear clinical evidence base that supports the change.

Integrated Care Systems

PQ HL7308 [[Integrated Care Systems](#)] 09 May 2018

Asked by: Lord Bradley

To ask Her Majesty's Government how many Integrated Care Systems have been established in England; and how many of those have agreed a shared financial control total.

Answering member: Lord O'Shaughnessy | **Department:** Department of Health and Social Care

There are eight sustainability and transformation partnerships and two devolution sites currently operating as shadow integrated care systems. These systems are still in the process of developing their financial operating plans for 2018/19 and this information

will form part of the authorisation process for becoming a 'full' integrated care system in 2018/19.

Once authorised, and a 'full' integrated care system, we will then be in a position to advise on how many sites will be operating under a shared control total for 2018/19.

Integrated Care Providers

PQ 190932 [[Integrated Care Systems](#)] 21 Nov 2018

Asked by: Dodds, Anneliese

To ask the Secretary of State for Health and Social Care, whether he is taking steps to ensure that the proposed whole population annual budget for Integrated Care Provider contracts does not create (a) incentives to underbid to obtain contracts and (b) other perverse incentives.

Answering member: Stephen Hammond | **Department:** Department of Health and Social Care

NHS England launched a 12 week public consultation on the proposed contracting arrangements for integrated care providers (ICPs) on 3 August 2018 which concluded on 26 October. More information is available at the following link:

<https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/>

NHS England will publish a response to the consultation following full consideration of responses and feedback.

The consultation documents provide more detail about NHS England's current proposals for ICPs, including the proposed integrated budget.

PQ 187145 [[Integrated Care Systems](#)] 07 Nov 2018

Asked by: Dodds, Anneliese

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that Integrated Care Provider contracts do not divert resources away from acute services operated by the same provider.

Answering member: Stephen Barclay | **Department:** Department of Health and Social Care

NHS England launched a 12 week public consultation on the proposed contracting arrangements for integrated care providers (ICPs) on 3 August 2018 which concluded on 26 October. More information is available at the following link:

<https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/>

The consultation documents provide more detail about the NHS England's current proposals for ICPs, including:

- An overview of integrated budgets; and
- A summary of the types of organisations that might hold the proposed ICP Contract.

The draft ICP Contract has been designed to enable a more collaborative, integrated model of care to be delivered, focusing on prevention.

The ICP proposals would do nothing to change the level of resources available in local areas, and any decision to award a new contract or change existing contracts would be for local commissioners following full engagement with patients, the public and existing providers.

PQ 187144 [[Integrated Care Systems](#)] 07 Nov 2018

Asked by: Dodds, Anneliese

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of Integrated Care Provider contracts on improving (a) quality of care and (b) value for money.

Answering member: Stephen Barclay | **Department:** Department of Health and Social Care

NHS England launched a 12 week public consultation on the proposed contracting arrangements for integrated care providers (ICPs) on 3 August 2018 which concluded on 26 October. More information is available at the following link:

<https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/>

No ICP contracts have been placed in England. If, subject to the outcome of the consultation, NHS England decides to make the ICP Contract available for commissioners to use, it plans to study the impact of any ICP Contract arrangements.

PQ 182706 [[Integrated Care Systems](#)] 31 Oct 2018

Asked by: Howarth, Mr George

To ask the Secretary of State for Health and Social Care, what steps he is taking to prevent contracting arrangements for Integrated Care Providers from creating (a) self-sustaining strategies and (b) increasing complexity in the commissioning system.

Answering member: Stephen Barclay | **Department:** Department of Health and Social Care

NHS England launched a 12 week public consultation on the proposed contracting arrangements for integrated care providers (ICPs) on 3 August 2018 which concluded on 26 October. More information is available at the following link:

<https://www.engage.england.nhs.uk/consultation/proposed-contracting-arrangements-for-icps/>

NHS England will publish a response to the consultation following full consideration of responses and feedback.

The consultation documents provide more detail about the NHS England's current proposals for ICPs, including:

- how the proposed ICP Contract would underpin integration between services;

- how it would differ from existing National Health Service commissioning contracts; and
- how ICPs would fit into the broader commissioning system.

2.2 Ministerial statements

[Long-term Plan for the NHS](#), HL deb 19 June 2018, volume 791, cc.1938-1950

[NHS Long-Term Plan](#), HC deb 18 June 2018, volume 643, cc.51-74

- Alongside the statement, a [deposited paper \[DEP2018-0598\]](#) was placed in the Library outlining the new funding to be provided for the NHS.

[Investment in NHS Transformation](#), HCWS71, 19 Jul 2017

2.3 Debates and oral PQs

[Integrated care](#), HC deb 06 September 2018, volume 646, cc.159-82WH

[The NHS](#), HL deb 05 July 2018 volume 792, cc.696-742

[Health and Social Care Act 2012](#), HL deb 05 July 2018, volume 792 cc.639-641

[The Long-term Sustainability of the NHS and Adult Social Care](#), HL deb 26 April 2018, volume 790, cc.1703-1770

2.4 Publications

[The Long-term Sustainability of the NHS and Adult Social Care](#), Select Committee on the Long-term Sustainability of the NHS HL Paper 151 Report of Session 2016–17, April 2017

- The [Government response to the Lords Select Committee report on Long-Term Sustainability of the NHS and Adult Social Care](#) was published in February 2018, (Cm 9504)

3. News articles and press releases

[Extra £3.5bn will fund community and care home services to reduce pressure on hospitals](#) BMJ, 22 November 2018

[Productive and unproductive organisational change: a view from within](#), Health Service Journal, 5 October 2018

[David Nicholson: NHS efficiency 'paid the price' for Lansley reforms](#), Health Service Journal, 1 October 2018

[May prepared to reverse unpopular Tory NHS reforms](#), Times, 19 June 2018

[The NHS must be radically reformed and simplified if £20 billion funding boost is to work warn two ex Health ministers](#), Telegraph, 17 June 2018

[Labour consults on plan for major NHS restructuring](#), Guardian, 2 June 2018

[Labour calls for NHS reforms apology from Tories](#), ITV News, 27 May 2018

[Future proofing the NHS: How the UK's largest workforce is gearing up](#), Guardian, 23 May 2018

[The pros and cons of privatising the NHS](#), The Week, 26 April 2018

[NHS reorganisation could "threaten patient safety"](#), Sky News, 24 April 2018

[NHS failure in inevitable – and will it shock those responsible into action](#), Guardian, 6 April 2018

[Reorganising the NHS: why all may not be as it seems](#), Patients Association Blog, 14 March 2018

[NHS reforms that could be on the way out](#), BBC News, 22 May 2018

[The future of the NHS, no longer the envy of the world?](#) Lancet, 17 March 2018

[The future of the NHS requires an informed debate from the public and the politicians alike](#), The Independent, 16 March 2018

[Yes the NHS is fractured but competition wont heal it](#), Guardian, 19 February 2018

[Engaging the public in designing the future of the NHS](#), King's Fund Blog, 29 January 2018

[Royal commission could find cure for ailing NHS](#), Times, 8 January 2018

[The NHS is under threat. Only a new model of care will save it](#), Guardian, 4 January 2018

[It's time for NHS transparency – starting with the government's secretive Accountable Care plans](#), New Statesman, 8 December 2017

Press Releases

[CPS analysis shows NHS needs reform, not just cash](#), Centre for Policy Studies, 25 May 2018

[NHS reforms have failed to take the politics out of the NHS](#), King's Fund, 24 May 2018

4. Further reading

[Sixty seconds on . . . the 10 year plan](#), BMJ, 5 December 2018

[Letting Local Systems Lead: How the NHS Long Term Plan can deliver a Sustainable NHS](#), NHS Confederation, November 2018

[The NHS long-term plan: lessons from the Lord Darzi Review of health and care](#), IPPR, November 2018

[Amending the 2012 Act: can it be done?](#) King's Fund, October 2018

[A year of integrated care systems: reviewing the journey so far](#), King's Fund, September 2018

[Developing the long term plan for the NHS](#), NHS Providers, 9 August 2018

[The NHS 10-year plan: how should the extra funding be spent?](#) Kings Fund, 12 July 2018

[Integrated care has the potential to improve health outcomes](#), King's Fund, 11 June 2018

[Better health and care for all: a 10-point plan for the 2020s](#), Institute For Public Policy Research, June 2018 (Lord Darzi review of health and care final report)

[Developing new models of care in the PACS vanguards: a new national approach to large-scale change?](#) King's Fund, April 2018

[Managing the hospital and social care interface Interventions targeting older adults](#), Nuffield Trust, March 2018

[Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England](#), King's Fund, February 2018

[Reimagining community services: making the most of our assets](#), King's Fund, January 2018

[Making the most of the money: efficiency and the long-term plan](#), NHS Providers, 2018

- Summarised in [Current NHS efficiency methods 'no longer sustainable' as 75% of trust leaders believe NHS 'wastes too much money'](#), National Health Executive, 10 October 2018

[Some assembly required: implementing new models of care](#), Health Foundation, November 2017

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