



House of Commons

Committee of Public Accounts

Planning for the Better Care Fund

Thirty-seventh Report of Session 2014–15

*Report, together with the formal minutes
relating to the report*

*Ordered by the House of Commons
to be printed 21 January 2015*

HC 807

Published on 26 February 2015
by authority of the House of Commons
London: The Stationery Office Limited

Committee of Public Accounts

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Committee staff

The current staff of the Committee is Sarah Petit (Clerk), Claire Cozens (Committee Specialist), James McQuade (Senior Committee Assistant), Sue Alexander and Jamie Mordue (Committee Assistants) and Janet Coull Trisic (Media Officer).

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Summary

The £5.3 billion Better Care Fund (the Fund) was introduced as an opportunity to transform local health and social care services by pooling resources to stimulate closer joint working and innovation for the benefit of local populations and the taxpayer. The initial planning for the Fund was deeply flawed. The Department of Health and the Department for Communities and Local Government (the Departments), and NHS England changed the rules in the middle of the planning phase, after failing to tell planners they needed to identify £1 billion in savings. As a result, all 151 health and wellbeing boards had to submit revised plans resulting in wasted time, effort and money. Local areas are now at greater risk of not being able to implement the policy. The scale of the challenge facing local government and the NHS is growing as demand for health and care services increases. We are concerned that the new focus on reducing emergency admissions and making savings will significantly increase pressure in adult social care services.

Introduction

The Better Care Fund aims to deliver better, more joined-up local services to older and disabled people to care for them in the community, keep them out of hospital and avoid long hospital stays. Initially the Departments and NHS England expected savings to come to the NHS from this initiative. However when local plans were stress tested savings of £55 million were identified against an initial expectation of £1 billion. The Departments and NHS England redesigned the Fund and asked local areas to submit revised plans in September 2014. The latest plans suggest that local areas expect to pool £5.3 billion and save £532 million in 2015–16.

Conclusions and Recommendations

1. **Initially, the central government bodies involved in planning the Fund lacked a clear and shared understanding of its financial objectives.** The Departments, NHS England and the Local Government Association all had different expectations from the Fund. While all parties intended the Fund to improve local services through innovation, NHS England and the Department of Health worked on a planning assumption that the Fund would secure £1 billion in financial savings for the NHS. However, the Treasury and Departments did not agree the savings expectation as a formal target for the Fund and the Department for Communities and Local Government had not worked on the basis of a required savings target. The witnesses were unclear how imperative the £1 billion savings expectation was during the early stages of the Fund. The work prompted by the arrival of NHS England's new chief executive in April 2014 was the stimulus for the pause and redesign of the Fund, leading to the requirement that £1 billion be protected for the NHS. So the priority has shifted from improving local services through integration to protecting NHS resources. Some £253 million of the NHS contribution to the fund will only be made available if the expected savings from reducing emergency admissions to hospital are achieved.

Recommendation: *In future spending discussions, departments and the Treasury should unambiguously define service and savings requirements and ensure they are clearly, consistently and transparently presented to all parties.*

2. **The failure to be clear with local areas about the expected savings severely undermined the initial planning process.** The Departments and NHS England did not tell local areas in the initial planning phase that the Fund should lead to £1 billion of savings in 2015–16. The NHS England and Local Government Association teams that assessed local plans for the Fund were also not aware of the need to meet the savings expectation and, as a result, considered that 90% of the plans were ready for ministerial approval. However, when NHS England subsequently tested the expected

savings it concluded that it had confidence in only £55 million of savings, rather than the £731 million promised in the plans. As a result, the plans were not approved, planning was paused for three months while the programme was redesigned and local bodies were required to submit revised plans.

Recommendation: *When overseeing local implementation of complex and important reforms, the Departments should ensure that they clearly communicate their objectives to those responsible for delivery.*

3. **It was understandable given the pressures on the NHS budget to pause for three months to redesign the Fund, but the changes and delay eroded goodwill and put delivery of the Fund's objectives at risk.** More transparent and rigorous planning by the Departments and NHS England at an earlier stage should have occurred. All local areas had to resubmit plans after the Departments redesigned the scheme in July 2014 which halved the time available to them to prepare for the Fund. The Better Care Fund will not be a success without the active support of local government. The Local Government Association considered that the redesigned scheme moved the integration agenda backwards and not forwards and it told us that local government had contemplated walking away from the Fund.

Recommendation: *The Departments should identify all constraints on programmes from the outset and ensure that mitigating those constraints does not undermine timely planning and the successful achievement of objectives.*

4. **The confused accountability at national and local levels has hindered the development of the Fund.** The Departments devolved delivery responsibilities to a local level to encourage innovation without resolving accountabilities for overseeing, delivering and monitoring the Fund. Initially, the Fund's senior responsible owners were the policy holders from the Department of Health and the Department for Communities and Local Government. The current Senior Responsible Owner for delivery of the Fund, who is from NHS England, was not appointed to the role until July 2014 and is still accountable to the departmental policy owners. At local level, health and wellbeing boards approved local plans for the Fund, but they could not implement plans without ministerial approval. It is not yet clear who is responsible for performance management of the Fund once it starts.

Recommendation: *The Departments should set out, in a joint accountability system statement, the specific responsibilities and accountabilities for the Fund of all local and national partners, including for plan approvals, delivery and value for money.*

5. **It is not yet clear how all local authorities will protect adult social care services to the extent intended.** A primary objective of the Fund was to protect the provision of adult social care services locally. Demographic changes mean demand for adult social care services is increasing at a time when available resources are shrinking. Many local authorities are already reducing spending on social care as their budgets become constrained. Until NHS England's intervention in April 2014, local

authorities expected to have unrestricted access to a pooled budget which was around £1 billion larger than it was after the reset. It appears to the Committee that NHS spending was judged a higher priority than supporting adult social care, and 14 local plans still present serious concerns with regard to the protection of adult social care in those areas. It appears likely that the Fund will not, therefore, support adult social services to the extent originally anticipated.

Recommendation: *The Departments should write to the Committee at the end of February 2015 setting out whether they have resolved the outstanding issues in areas without fully approved plans, and how they will deal with any areas which have not met the national condition to demonstrate how they will protect adult social care services.*

6. **We are not convinced that it is possible to reduce emergency admissions and deliver £532 million of savings in 2015–16.** Emergency admissions have increased by 4.9% for the first three quarters of 2014–15 compared with the same period in 2013–14 and delayed discharges have also increased. The scale of the challenge in reversing the long-term upward trends in emergency admissions and delayed discharges is significant. Recent changes to the NHS tariff mean there is now less financial incentive for acute trusts to reduce emergency admissions than previously. Furthermore, there has been minimal pump-priming investment to support the development of new community-based services which are essential if future savings are to be secured.

Recommendation: *The Departments should publish an annual scorecard to demonstrate the extent to which the Fund is supporting integration, maintaining adult social care, reducing emergency admissions and saving money.*

1 Planning for the Fund

1. On the basis of a report by the Comptroller and Auditor General, we took evidence from the Department of Health, the Department for Communities and Local Government NHS England, the Local Government Association and the Programme Director for the Better Care Fund about their planning for the Better Care Fund.¹ The 2013 spending round set out the objectives of the Fund: to deliver better, more joined up health and social care services for older and disabled people, to keep people out of hospital and to avoid long hospital stays.²

2. The government required local authorities and clinical commissioning groups to plan to pool a minimum of £3.8 billion for the Fund in 2015–16, and these local partners have since agreed to pool £5.3 billion.³ The government asked the 151 health and wellbeing boards, which include local authority, clinical commissioning group and Healthwatch representatives, to plan how to spend the money in their areas.⁴ Boards were asked to demonstrate through their plans how they would meet six national conditions for the Fund, including protecting adult social care services.⁵ Health and wellbeing boards agreed and submitted plans at the start of April 2014.⁶

3. Local and regional NHS England teams and local authority staff undertook the first round of assurance of local plans. The witnesses' description of events revealed a disjointed process whereby local teams were working towards a different objective from those in national government and at the centre of NHS England.⁷ As they were not aware of the need to meet a savings expectation, local authority reviewers and local NHS England teams assessed 90% of local plans as being ready for ministerial approval. However, when the NHS England central team tested the expected savings, it concluded that it had confidence in only £55 million of savings, rather than the £731 million that local areas promised in their plans. As a result of this, as well as other concerns about local plan quality, no plans were approved by Ministers at that time.⁸

4. We asked why the need to save money had not been designed into the Fund from the start. The Department of Health described the original intention to save £1 billion in 2015–16 as “a general ambition”. The Department for Communities and Local Government and the Local Government Association agreed that there had been an expectation of significant benefits both for health and local government.⁹ The National Audit Office found that the

1 [C&AG's Report, *Planning for the Better Care Fund*, Session 2014-15, HC 781, 11 November 2014](#)

2 [C&AG's Report, para 1.3](#)

3 [Q 22; C&AG's Report, para 19](#)

4 [Qq 21, 49; C&AG's Report, para 1.8](#)

5 [Qq 37, 48, 81, 84; C&AG's Report, Figure 3](#)

6 [Q 49; C&AG's Report, para 1.17](#)

7 [Qq 76-80; C&AG's Report, para 1.16](#)

8 [Q 49, 71, 76; C&AG's Report, para 2.5](#)

9 [Qq 37-39, 41-42, 48](#)

Department of Health and NHS England had shared a planning assumption of £1 billion savings for the NHS.¹⁰ The Department of Health and the Treasury told us that the Treasury had not included this savings figure in the 2013 spending round documentation because it had been based on very rough estimates of local areas' behaviour and of benefits from previous integration programmes in which they had not been fully confident.¹¹

5. The Local Government Association told us that there had been an expectation that the Fund would deliver savings but it had never been a party to the £1 billion figure which was why the original guidance issued to local areas, instructing them on how to prepare their plans for the Fund, did not specify a level of savings.¹² NHS England said it was legitimate for local areas to produce plans without knowing about the savings assumption in order for central government to identify what level of savings was realistic. However, between April and July 2014, following concerns about the affordability of the Fund for the NHS and the quality of local planning, the Departments redesigned the Fund and asked local areas to resubmit their plans in September 2014.¹³

6. The changes halved the time available to local areas to prepare for the Fund. The Local Government Association told us that all local areas bar one had submitted plans, demonstrating local support for the Fund. Local areas have chosen to pool £5.3 billion, some 39% more than the £3.8 billion minimum, which also demonstrates that many local areas support the Fund's objectives.¹⁴ However, the Local Government Association considered that the revised policy and subsequent programme management arrangements had moved the integration agenda backwards rather than forwards and told us that, when the redesign was first announced, there had been discussions amongst local government stakeholders about whether the conditions of the Fund had changed to such an extent that local government partners might be wise to "walk away" from it.¹⁵

7. NHS England and the Departments have strengthened programme management for the Fund. Since July 2014, the Departments have budgeted £6.1 million for support to local areas and assuring their revised plans, including £2.8 million for centrally recruited consultants to ensure local areas produce plans that are of sufficient quality.¹⁶ The Departments and NHS England have also budgeted for around £300,000 on advisers and £400,000 for the Local Government Association for its role.¹⁷

8. Initially the Fund's senior responsible owners were the policy holders from the Department of Health and the Department for Communities and Local Government.¹⁸

10 [Q 49; C&AG's Report, paras 9, 2.2, 2.3](#)

11 [Qq 53-57](#)

12 [Q 51](#)

13 [Qq 58, 151, 177; C&AG's Report, para 18](#)

14 [Qq 22, 89; C&AG's report, para 18](#)

15 [Q 89; C&AG's report, para 2.11](#)

16 [Q 170; C&AG's report, para 2.9](#)

17 [Qq 173-175, 179](#)

18 [Qq 13, 18; C&AG's report, Figure 5](#)

The current Senior Responsible Owner for delivery of the Fund is from NHS England but was not appointed to the role until July 2014 and is still accountable to the departmental policy owners.¹⁹ At local level, health and wellbeing boards approved plans, with ministers overseeing progress nationally.²⁰

9. With regard to accountability to Parliament, NHS England and the Department of Health confirmed to us that they are both jointly accountable for the revenue funding which makes up the vast majority of the Fund, while the Department for Communities and Local Government is accountable for the capital funding. Ultimately, the Permanent Secretary for the Department of Health is accountable for the full £3.8 billion Fund.²¹ We heard that clinical commissioning groups will release the funding, so they have significant accountability. However, it is not at all clear how local spending will be monitored, for example, who will check that the £750 million of the Fund to be spent on out-of-hospital services is really spent as intended by NHS England. It is unclear how health and wellbeing boards fit into the accountability arrangements for 2015–16.²²

2 Realising the objectives of the Better Care Fund

10. Local areas have now signed off plans that anticipate £532 million of savings in 2015–16, including at least £314 million for the NHS. The Departments and NHS England expect around £253 million of savings to come from reducing emergency admissions to hospital.²³ However, emergency admissions have been rising for many years and have increased by 4.9% for the first three quarters of 2014–15, compared with the same period in the previous year.²⁴ NHS England confirmed that, if emergency admissions do not reduce by the degree planned, 3.07% on average across England, hospitals would be paid for the higher-than-expected number of admissions from the £253 million pay-for-performance part of the Fund. NHS England also told us that if the full £253 million was insufficient, hospitals would be paid for additional admissions through the NHS's tariff payment system.²⁵ NHS England is currently consulting on changes to the tariff which would increase the amount paid to hospitals with increasing levels of admissions.²⁶ The Departments and NHS

19 [Qq 8-10; C&AG's report, paras 8, 15; Figures 8, 17](#)

20 [Q 49; C&AG's report, para 1.6](#)

21 [Qq 13-17](#)

22 [Qq 21, 119-121; C&AG's Report, para 3.13](#)

23 [Qq 82, 107, 149; C&AG's report, para 2.13](#)

24 [Qq 106, 112; C&AG's Report, para 3.10](#); NHS England statistical press notice, <http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2014-15/>

25 [Qq 108-111, 121](#)

26 [Q 117; http://www.england.nhs.uk/resources/pay-syst/con-notice](#)

England also expect savings through reducing delayed discharges from hospital, although these are currently increasing.²⁷

11. Changes to the Fund puts pressure on some local authorities' adult social care services at a time when they are already under strain. Expenditure on adult social care fell 8% between 2010–11 and 2012–13. Almost 90% of local authorities now only offer care to people with substantial or critical needs²⁸, and analysis by Age UK indicates that 870,000 people over the age of 65 have unmet care needs.²⁹ Local authorities may face additional burdens on adult social care services from recent reforms, such as: the duty to invest in preventative services; the duty to provide high-quality information and advocacy; and new rights for carers.³⁰

12. Furthermore, the Departments and NHS England expect financial benefits at the same time as improved outcomes for patients. There is limited evidence that integrated care can reduce emergency admissions to hospital and even less that it can save money in the period expected. The Local Government Association has said all along that to achieve the radical transformation desired, savings should not be required at the same time as the investment.³¹

13. The Departments transferred an additional £200 million in 2014–15 to local areas to support them in preparing for the first full year of the Fund through, for example, recruiting and training staff.³² But local areas' time for preparation has been shortened by the delays in planning, and the first quarter upon which performance-related pay will be based is January to March 2015. Even for those with approved plans, this is less than three months after the October 2014 announcement which informed areas of their plan status.³³ The Department of Health could not provide the Committee with detail about how the £200 million has been spent in local areas and we welcome the Department's subsequent commitment to provide the Committee, in June 2015, with a breakdown of how local authorities spent the money transferred to them from the NHS in 2014–15.³⁴

14. The Departments and NHS England maintained that they were confident that local areas would achieve the expected reductions in emergency admissions and the £532 million savings for the NHS and local authorities.³⁵ However, NHS England admitted that further testing of local plans by the central bodies in the period up to March 2015 might reduce the overall target for reducing emergency admissions. NHS England agreed that

27 [Q 152](#)

28 [Qq 86, 88, 129; C&AG's Report, *Adult social care in England: overview, Session 2014-15, HC 1102, 11 March 2014*](#)

29 [Q 89; <http://www.ageuk.org.uk/latest-press/archive/older-people-care-needs-not-getting-help>](#)

30 [Qq 129-130](#)

31 [Qq 139, 155-157; C&AG's Report, para 3.8](#)

32 [Qq 131,134; C&AG's Report, para 7](#)

33 [Q 64; C&AG's Report, Figure 17](#)

34 [Q 140; *Written evidence from the Department of Health, 11 December 2014*](#)

35 [Qq 113, 155-156](#)

factors outside the scope of local plans, such as the availability of GPs and other out-of-hospital services, might reverse some of the impact of the Fund.³⁶

15. The redesign of the Fund resulted in more protection of funding for the NHS than was the case in the original design. Of the £1.9 billion being redirected to the Fund in 2015–16 from the NHS’s hospitals budgets, £1 billion is now protected, in some way, for the NHS. £0.75 billion must now be spent on NHS-commissioned out-of-hospital services.³⁷ Each local area has estimated how its emergency admissions to hospital will change as a result of the Fund and each will receive a share of £0.25 billion, on a payment-for-performance basis, if they successfully reduce their emergency admissions according to their plan.³⁸

16. These new requirements increase the protections for NHS spending. While a national condition of the Fund is that local areas should protect social care services, the condition specifically excludes protection of social care spending.³⁹ The NHS is still making a net contribution to the Fund, but until the redesigned version of the scheme was announced in July 2014, local authorities expected to have unrestricted access to around £1 billion more to protect adult social care than they had after the reset.⁴⁰

17. The Department of Health told us that at the time of the hearing, only six local plans had been fully approved, 91 had been approved but had relatively straightforward outstanding actions to resolve, 49 had been approved but with conditions that will take some effort to resolve, and five had not yet been approved.⁴¹ The Local Government Association told us that 21 plans have serious concerns and 14 still need to show how adult social care will be protected. The Committee heard that NHS England and local government colleagues have set up a team of better care advisers to provide specific support to those areas where the protection of social care is an outstanding issue and that health and wellbeing boards are working to complete their plans.⁴² The Department of Health told us that in response to a September 2014 survey to establish the impact of the Fund redesign on planned social care spending: 74% of local authorities reported they had not changed their planned spending on social care as part of the Better Care Fund; 8% said there had been an increase; and 19% said there had been a decrease.⁴³

36 [Qq 121, 122](#)

37 [Qq 84, 119-121](#); [C&AG’s Report, Figure 7](#)

38 [Q 92](#); [C&AG’s Report, Figure 7](#)

39 [Qq 63,106, 147](#); [C&AG’s report, para 3.3](#)

40 [Qq 90, 105-108](#)

41 [Q 103](#); [C&AG’s Report, Figure 9](#)

42 [Qq 104, 105](#)

43 [Qq 93-95](#)

Formal Minutes

Wednesday 21 January 2015

Members present:

Mrs Margaret Hodge, in the Chair

Mr Richard Bacon	Stewart Jackson
Guto Bebb	Dame Anne McGuire
Stephen Hammond*	Austin Mitchell
Chris Heaton-Harris	Stephen Phillips
Meg Hillier	

Draft Report (Planning for the Better Care Fund), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 17 read and agreed to.

Conclusions and recommendations agreed to.

Summary agreed to.

Resolved, That the Report be the Thirty-seventh Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Monday 26 January at 3.00pm]

* *Stephen Hammond was not a Member of the Committee when it took evidence in relation to this Report.*

Witnesses

Monday 1 December 2014

Questions

The following witnesses gave evidence. Transcripts can be viewed on the Committee's inquiry page at www.parliament.uk/pac.

Carolyn Downs, Chief Executive, Local Government Association; **Helen Edwards**, Director General for Localism, Department for Communities and Local Government; **Sir Bob Kerlake**, Permanent Secretary, DCLG; **Una O'Brien**, Permanent Secretary, Department of Health; **Andrew Ridley**, Better Care Fund Programme Director; **Jon Rouse**, Director General, Social Care, Local Government and Care Partnerships, Department of Health; and **Simon Stevens**, Chief Executive, NHS England

[Q1-180](#)

Published written evidence

The following written evidence was received and can be viewed on the Committee's inquiry web page at www.parliament.uk/pac. BCF numbers are generated by the evidence processing system and so may not be complete.

- 1 Cass Business School ([BCF0001](#))
- 2 The Department Of Health ([BCF0002](#))

List of Reports from the Committee during the current Parliament

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2014–15

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Second Report	Help to Buy equity loans	HC 281
Third Report	Tax reliefs	HC 282
Fourth Report	Monitor: regulating NHS Foundation Trusts	HC 407
Fifth Report	Infrastructure investment: impact on consumer bills	HC 406
Sixth Report	Adult social care in England	HC 518
Seventh Report	Managing debt owed to central government	HC 555
Eighth Report	Crossrail	HC 574
Ninth Report	Whistleblowing	HC 593
Tenth Report	Major Projects Authority	HC 147
Eleventh Report	Army 2020	HC 104
Twelfth Report	Update on preparations for smart metering	HC 103
Thirteenth Report	Local government funding: assurance to Parliament	HC 456
Fourteenth Report	DEFRA: oversight of three PFI waste projects	HC 106
Fifteenth Report	Maintaining strategic infrastructure: roads	HC 105
Sixteenth Report	Early contracts for renewable electricity	HC 454
Seventeenth Report	Child maintenance 2012 scheme: early progress	HC 455
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Twenty First Report	The Work Programme	HC 457
Twenty Second Report	Out-of-hours GP services in England	HC 583
Twenty Third Report	Transforming contract management	HC 585
Twenty Fourth Report	Procuring new trains	HC 674
Twenty Fifth Report	Funding healthcare: making allocations to local areas	HC 676
Twenty Sixth Report	Whole of government accounts 2012–13	HC 678
Twenty Seventh Report	Housing benefit fraud and error	HC 706
Twenty Eight Report	Lessons from major rail infrastructure programmes	HC 709
Twenty Ninth Report	Managing and removing foreign national offenders	HC 708
Thirtieth Report	Managing and replacing the Aspire contract	HC 705
Thirty First Report	16- to 18-year-old participation in education and training	HC 707
Thirty Second Report	School oversight and intervention	HC 735
Thirty Third Report	Oversight of the Private Infrastructure Development Group	HC 675
Thirty Fourth Report	Financial sustainability of local authorities 2014	HC 833
Thirty Fifth Report	Financial Sustainability of NHS Bodies	HC 736

