

# **Accountable Care? An analysis of national reporting on local health and social care service integration**

## **Abstract**

*This paper analyses how the UK national press has covered local decision-making on options for the integration of health and social care. In England, as part of a major restructuring of health services, the UK government has devolved significant decisions on reorganising services to local areas. This increasing 'localism' in healthcare has been a global trend, albeit an uneven one. The article assesses the insights of Amitai Etzioni and others, as applied to national newspaper coverage of local decisions. It finds Etzioni's analysis to be not fully supported. Following other journalism research on the NHS, we show that contentious points of wider public interest were little reported on, such as international corporate influence and the potential for fragmentation across a national health service.*

## **Keywords**

accountable care organisations; Amitai Etzioni; health and social care integration; health journalism; localism; NHS

## Introduction

How does a national press report on patterns in local health service decision-making of national importance? For all the discussion of what constitutes newsworthiness in the media, researchers' exploration of national reporting of local decision-making has been more limited. The article's subject has an on-going relevance. In December 2017, the physicist Stephen Hawking, and others, launched a campaign to legally challenge local health service restructuring and the creation of 'accountable care organisations' (also known as 'integrated care providers') (NHS England, n.d.), discussed in this article. Yet, a senior press commentator noted that '...despite the scale of the change [, there had been] minimal media coverage or public debate...' on this restructuring, before Hawking raised it (Campbell, 2017). This article analyses that coverage in the context of health service localism.

There has been an international trend towards localism – devolving decision-making, including in healthcare, to a more local level. Some have championed this move as inherently democratic, even if some pushback has occurred (Lister, 2013; Saltman, Durán and Dubois, 2011; World Bank, 2008). The trend was evident in England under the 2010 Conservative-led coalition government. Areas as diverse as environmental planning and prison reform exemplify this (Clifton, 2016; HM Government, 2011).

The sociologist Amitai Etzioni is one theorist who has considered US national reporting on local government decision-making (1978). Our topic is the integration of health and social care services in England. We will consider Etzioni's view that the national media tend to ignore related stories happening in a range of local areas simultaneously.

Etzioni was writing in the late 1970s in a US context. Other US media theorists, such as Kevin Barnhurst and Diana Mutz (1997), for instance, take a broader historical sweep and provide different assessments. The issues raised have not been previously considered in relation to England's new localism.

We start with a literature review that focuses on national reporting of the local. This includes an assessment of the media hierarchy, with the local press at the base of the news 'food chain'. We will consider the relevance of Etzioni's insights, and other US research, to the UK context and we will also refer to previous UK analysis. Further to this, we shall discuss health journalism, recent health policy and its reporting. Following this review, we outline our methodology, before setting out our findings and analysis. Our final conclusions assess and reflect on the nature and extent of national coverage of devolved decision-making.

### **Local and national reporting in the context of localism**

The relationship between the national and local press in the UK, as part of the news media hierarchy, is relevant here. Three significant processes concerning national and local journalism are pertinent to this work. First is the question of 'proximity', being both 'geographical distance as well as cultural and psychological nearness' (Boesman et al., 2017, p.12; Galtung and Ruge, 1965). Some consider that national outlets may be reluctant to run single stories that they perceive to be primarily of interest to a local audience (Brighton and Foy, 2007, pp.21, 25, 33; Franklin and Murphy, 2005). However, researchers have also observed, as part of the operation of the food chain, how national newspapers use copy from news agencies and these agencies access

local networks. They have also noted the impact of local reporters when selling stories or providing ‘tip-offs’ to the national press (Boyd-Barrett, 2000; Franklin and Murphy, 2005, pp.8–9; Lewis, Williams and Franklin, 2008; Nielsen, 2015).

Yet, secondly, researchers have identified that the UK local press is on the wane, with print advertising, readerships, journalist numbers and the number of titles shrinking. Whether this amounts to a ‘crisis’ may be debated. But the decrease in resources, and thus the ability to provide an informational and watchdog role, is significant. The capacity of the local press to scrutinise local authorities has diminished (Nielsen, 2015; Wadbring and Bergström, 2017). And the limited reach and resources of citizen journalists are among the factors restricting their ability to substitute for this (Firmstone and Coleman, 2014).

Thirdly, meanwhile, as the local press contracts, ironically, so has a political move towards localism in areas of governance, including in healthcare, been gathering pace. Theorists of new public management and the hollowed-out state have pointed to a fracturing of control (Rhodes, 1994; World Bank, 2008). And, according to Nick Clarke and Allan Cochrane, UK government policies under the 2010 Conservative-led coalition government assumed a ‘nation of autonomous ... localities’, where politics were replaced in part by markets. Local administrations’ partnerships with outside organisations were ‘partial and unequal’, marked by the influence of ‘elites, often unelected ... [who] position themselves as experts...’ (2013). These authors, and others, link substate devolution, that is devolution to localities, with neoliberalism (Brown, 2016; Church, Gerlock and Smith, 2018). ‘[N]eoliberal governance stresses

devolved authority as part of its formal antipathy to centralized state power...’ (Brown, 2016, p.9). However, the impact of devolution on neoliberalism can be unpredictable (Mackinnon, 2015). Politically diverse voices have called for further decentralisation (Adonis, 2014; Cameron, 2009). Some have challenged the extent to which power has been, should be, and is likely to be, dispersed (Richard Saltman et al. 2013; Lister 2013; Dunleavy 2014). This echoes earlier critiques of pluralism where the notion that there is equality in the distribution of power is questioned (Bachrach and Baratz, 1962).

There are tensions within the localist healthcare agenda here. In England, the government has devolved power to approximately 300 small and relatively autonomous Clinical Commissioning Groups (CCGs), which general practitioners (GPs) lead. In tandem, they have encouraged international private auditors and consultancy organisations, including McKinsey, to provide the groups with costly advice (Iacobucci, 2012). Conflicts of interest between the legal and accountancy remits of the ‘big four’ international auditing giants, including PricewaterhouseCoopers (PwC), have been widely reported. Yet potential conflicts between the advice they and other consultancies have given to state services and to private contractors diversifying into state-funded healthcare have also been apparent (Hudson, 2014; The Economist, 2015).

In this context, the issue tackled is, therefore, the extent to which the national media translate local political deliberations into a national picture. If autonomous local decision-making expands, at a time when some local press outlets’ capacity to investigate has narrowed, the justification for national reporting on related local

decisions increases, notwithstanding the national press's inclination to embrace this role.

Looking at national coverage of multiple local policy decisions, Etzioni argued that when US national journalism considered decentralised government power in the 1970s, it reported on local issues in isolation. Such stories were written 'without relating them to the general [nationwide] condition of local governments, [which] unwittingly creates the impression that such occurrences are unusual, unique, or even accidental, when such atypicality is far from established'. He concluded that: 'They tend to deal with national or local events to the gross neglect of multi-locale developments...' (Etzioni, 1978).

However, a range of authors have argued that journalism, particularly in the US, but also in Europe, has evolved to more often provide context and interpretation. While this evolution predates the 1970s, analysts note a distinct shift since then (Fink and Schudson, 2014; Salgado and Strömbäck, 2012). Barnhurst and Mutz (1997) chronicle a thematic and geographic gear-change in national and local journalism. What would have previously been localised and isolated crime and accident stories have become more typically contextualised, with stories covering broader regions. However, this analysis refers to US news reports and predates the more recent decline in local journalism. Nevertheless, it demonstrates that the extent to which journalists 'join up the local' and cover local government policymaking in news and comment across regions and countries is worthy of analysis.

Regarding the UK and beyond, in discussing local government policy decisions, one important UK study found that, even within the capital, the national media neglected local stories in outer London in favour of reporting on councils closer to the city's centre (Curran, Petley and Gaber, 2005). And echoing Bob Franklin and David Murphy (2005), Andrea Lawlor's international comparative study of local and national newspaper reporting on immigration issues considered nationals had little motivation 'to focus on local [newspaper] content outside of major metropolises' (2015, p.4). Meanwhile, other academic analysis has found that the national media has made surprisingly limited use of multi-local Freedom of Information (FoI) requests (Tunney and Thomas, 2015). Finally, although not directly related to policy deliberation, another area where researchers have considered multiple local stories is the reporting of extreme environmental and weather events. Here evidence has shown that British reporting has narrowly focused on the newsworthy moments and only occasionally contextualised these more broadly (Gavin, Leonard-Milsom and Montgomery, 2011).

### **Health journalism**

To consider, specifically, coverage of health issues, Daniel Hallin et al (2013) categorise health journalism into four basic types. These are aimed at different audiences. There is reporting on scientific advances, typically targeting those within the profession itself. 'Patient/consumer' articles are those containing health advice. While 'investor' stories consider potential profit and financial opportunities. The final category is 'public policy and collective decisions'. We are most concerned with this latter type – sometimes referred to as 'public sphere journalism'. Not only health

journalists, but others, including those specialising in politics or social policy, may publish in this area.

Health coverage can be influenced by 'information subsidies', where the media subsidise their output by utilising industry press releases and public relations information. Researchers have debated the extent to which this has shaped health-related coverage (Gandy, 1980; Granner et al., 2010; Lee and Basnyat, 2013; Nucci, Cuite and Hallman, 2009; Vargas and De Pyssler, 1999; Wallington et al., 2010). A ground-breaking European survey found the use that health journalists said they made of marketing and press releases as sources for stories was surprisingly low. Less than 40% admitted using them fairly often. And a quarter of UK respondents denied ever using them (Lister 2014). While a number of studies focus on information subsidies provided by private health industries and government agencies (Gandy, 1980; Lee and Basnyat, 2013; Nucci, Cuite and Hallman, 2009; Vargas and De Pyssler, 1999), we will investigate whether NGOs, including think-tanks (Knight, 2015), as well as local actors, subsidise UK health news.

### **Integrating health and social care**

To control costs (Appleby, 2013), the 2015 and 2017 manifestos of the three main UK political parties all proposed policies to integrate health and social care services. 'Integration' has many different meanings in international healthcare, however. It may mean a merging of health organisations, or of health and social care, or it can, simply, refer to a closer co-ordination of goals. Governments have intermittently launched initiatives to encourage integration, such as the Better Care Fund, which pools health

and social care budgets. (For a summation of various definitions of integration, see Pike and Mongan, 2014, pp.9–10, 26–7, 47.)

The UK coalition government reorganised healthcare in England in 2012 (HoC, 2012). It devolved decision-making on health services away from the Department of Health. It also created a new arm's-length body, NHS England, headed by Simon Stevens, a former president of the US conglomerate UnitedHealthcare. He was responsible for A Five Year Forward View, published six months before the 2015 election (NHS England, 2014a). This spelt out different options for the integration of health and social care, to be decided on locally. Social care and some primary care services are the responsibility of local government in England, not the NHS. Therefore, decisions on options for integration are taken by councils, as well as the NHS.

Integrating social care and health might well be regarded as a logical and positive cost-saving means of keeping elderly people out of hospital (NHS England, 2014b). Yet a surprising number of commentaries have failed to find that it has either saved money or improved health (Frontier Economics, 2012; Glasby and Exworthy, 2015; Mathers and Thomas, 2012). And, as to whether local devolution has secured popular legitimacy, although the repeated message from the Department of Health and international advisers has been that 'one size does not fit all', opinion polls have shown that the public in England do not want a 'postcode lottery'. That is one where the quality of healthcare varies from one locality to another, for example (Tunney and Thomas 2012). This indicates again the potential newsworthiness at a national level of local decisions on integration.

A widely promoted public-sector example of integration of elderly care services is the 'Torbay model', named after the area in the south-west of England where it was first piloted (Ham and Walsh, 2013). Whereas, a macro-level template for integration to 'learn from and import' is the public–private partnership (PPP) 'Alzira model'. Referring to the town in the Spanish region of Valencia, where the local conservative People's Party advanced it, the model boasts more than 20% cost-savings over its state health service counterparts (Acerete, Stafford and Stapleton, 2011; Jupp, 2015). However, independent accountants and commentators found difficulties in translating the private company scheme elsewhere, with efficiency savings having been made at the expense of staff terms and conditions (Acerete, Stafford and Stapleton, 2011; Marcos, 2014; Oxfam, 2014).

Nevertheless, vanguard sites in England have been piloting these systems, with the most authoritative evaluation due to complete in 2020 (Erens et al., 2015; NHS England, 2016). Stevens's plan allows primary and acute care integration, at its most radical, to take the form of the Spanish (and US) private-sector 'accountable care organisations' (ACOs), or 'healthcare maintenance organisations', where contracts are made available to private tender (Jupp, 2015). Decisions on whether to opt for integrated providers are taken at a local government level. Meanwhile, of the international auditors and consultancies that had their funding for NHS work doubled to £640m in 2014, the one advising most Clinical Commissioning Groups (around 100) in 2012 was PwC, which publicly advocates this model (Huitson, 2013; Iacobucci, 2012; Oliver, 2014). Figures for the amount that commissioning groups spent on these

consultants advising on integration have not been collated (PAC, 2014). Our FoI requests revealed, nevertheless, that, for instance, PwC was paid up to £2m in one locality and McKinsey nearly £4m in another (Monitor, 2015; Monitor and NHS England, 2015). A further £4m consultation in Manchester, in the north-west of England, was criticised in parliament (Hansard, 2014).

The journalist Oliver Huitson has published evidence for what he regards as the failure of UK news organisations to cover aspects of the 2012 healthcare reforms (2013). In his analysis, Huitson found news framing, particularly by the BBC, underplayed opportunities for private healthcare provision. However, he does not focus on the reporting of integration. We will consider here whether similar conclusions for national newspapers can be drawn when Government proposals for integration (HoC, 2012) moved centre-stage. We shall also assess whether, in this case, local autonomous decision-making has been less likely to attract national press scrutiny.

Thus, the claims of Etzioni and others suggest a key research question on health and social care integration:

RQ1: Did national newspapers cover national or local issues and neglect multi-local devolved decision-making?

The following are secondary research questions, flowing from the literature review, including the debates on integration and Huitson's findings. They are what we might expect to see if the local is visible nationally.

RQ2: Did the press frame coverage around local integration issues, including the impact of local autonomy, the local use of management consultancies and private sector delivery?

RQ3: Were the Torbay and Alzira models prominent in the coverage, given the latter's potential to transform a state-run national health service and the models' importance among the integration options Simon Stevens proposed?

RQ4: Regarding support for national journalists reporting on the local, did journalists make use of press releases in the news stories published?

## **Methodology**

These research questions assess how a national press both reports and comments on the local. The article employs content analysis of a sample of national newspaper articles in a time-frame lasting from June 2013, when the government launched the Integration Transformation Fund (the forerunner of the Better Care Fund), to January 2015, when, to all intents and purposes, the starting gun for the 2015 UK general

election campaign was fired. We chose this as the end-point because press coverage during a highly politically charged election, where the health service was fought over for voter salience, would be likely to be atypical (Campbell, 2015). Notwithstanding notable shortfalls identified in previous research, showing Nexis's archive can miss considerable amounts of material (Deacon, 2007), it was decided to use the Nexis UK newspaper database to explore the national press and, separately, the Financial Times.

We used keyword searches to identify those news stories, editorials, features and comment pieces on health and/or social care that referred to integration. These were combined with searches for 'health' and 'NHS', and 'social care' and 'elderly care' and synonyms, together with 'integration' and 'integrate' and synonyms. We also searched for the Better Care Fund and its forerunner. Given the importance of 'Simon Stevens', his 'five-year plan' and, separately, 'management consultants' and the big four accountancy firms, we also searched for any stories that mentioned these keywords in relation to integration and its synonyms.

Nexis's archives gave us a sample consisting of 111 articles, 68 of which were news and 43 were commentary and features. This sample size, given the time frame, could well also reflect what has been considered to be the limited reporting in the UK mainstream media of the complexities of the politics of healthcare reform (Lister 2014: 9-10, 221-3). The quality Guardian published the largest number of articles by far (40). This was, perhaps, not surprising given the newspaper's sizeable readership among health and social care professionals (The Economist, 2015). Other qualities analysed

were its sister Sunday paper, The Observer (3), the Independent and the i newspaper (16), the Independent on Sunday (2), the Telegraph (13), Times (10) and Sunday Times (2). Further titles considered were the tabloid Daily Mirror (7), the business-oriented quality Financial Times (5), the mid-market Express (5), and the mid-market Mail (4) and Mail on Sunday (4). These were all coded using the NVivo software to identify themes.

Thus, news, features and commentary are included in the analysis. Following a basic typology, features diverge from news in that they are typically longer and have a more diverse structure. Commentary differs again in that it often offers a clearly expressed interpretation and opinion. Editorials frequently establish the view of the publication. Comment pieces, which vary in length, are where journalists are authorised to express their individual opinion. They sometimes provide oppositional viewpoints, alongside backing for the paper's predominant ideology (Holmes, 2005). As for news coverage, the distinctions are not so simple. The demands for objectivity in UK public service broadcasting do not apply to the press. And even if journalists observe professional norms about reporting differing viewpoints, following Robert Entman's classic work, they may well still 'convey a dominant framing' (1993).

Framing is used here to identify the inevitable interpretive decisions that journalists make to select, emphasise and elaborate, as well as to exclude, in order to simplify 'reality' and grab attention (Boykoff, 2008; Entman, 1993; Gavin, Leonard-Milsom and Montgomery, 2011; Lawlor, 2015). The role of content analysis, for framing, Entman (1993) suggests, is to identify those dominant frames (the most salient messages in

the text). The more limited objective here was to code each article to identify mutually exclusive primary frames for all articles (Boykoff, 2008). To aid intercoder reliability, both researchers identified dominant frames. We recorded 96.64% agreement overall, with a Scott's Pi average of .73 (Freelon, 2010) and resolved the coding differences between us. Mutually exclusively coding of articles was also undertaken to identify those that referred to local issues, such as local government, social care and CCGs. Articles that did, or did not, provide specific coverage of local integration were additionally coded. Following Barnhurst and Mutz (1997), the number of times named local areas were mentioned was calculated. This gives an indication of the maximum possible extent of focused coverage of devolved local and multi-local decision-making. To further analyse multi-local reporting, the number of articles that provided some basic numerical comparison between areas was assessed. These areas were generally not named. Finally, to further consider coverage of the local, the extent to which there was evidence that local sources had been interviewed was also investigated.

## **Findings and Analysis**

While local decision-making is at the heart of current English policy on integration, we found that, in news stories, journalists' dominant frame was mostly national, not local. Nineteen of the 68 news articles (28%) referred to local government or local NHS issues. However, countering Etzioni's assessment (and addressing RQ1), this minority was overwhelmingly concerned with the handling of these issues nationwide, not at a local level (see Appendix, Table 1 and Table 2). That is, few news pieces focused on individual or named councils, despite sizeable funding cuts in local council-

commissioned care, which locally-focused journalism might have reflected. Only three articles included any local geographical names, whatsoever. And none mentioned individual or multi-local areas' decisions on how to integrate, nor considered the implications of this devolution for a national health service. Although 13 articles (19%) did provide some very basic numerical comparison between areas, such as the percentage of local authorities with overspends. Given that none was centred on a named breakdown of specific local areas' integration plans here, it was difficult to discern local press reports being fed up the news food chain.

As for the themes framed, five of the 68 were framed around the notion that money was being transferred between the NHS and social care, including claims that central government would allow integration funds to be used to subsidise cash-strapped councils, rather than for healthcare. Typical of this coverage was the claim that councils would be allowed to 'steal NHS cash for potholes', to quote one headline reporting on the NHS's medical director addressing a national parliamentary committee. The largest numbers were focussed around concerns about funding and quality of care (see Appendix, Table 3).

To further assess the question of how national newspapers reported on particular local stories (RQ1), we considered the outcome of the £4m Manchester integration consultation, mentioned above. Despite the fact that the local press in one of the 'major metropolises' (Lawlor, 2015) had trailed the story that fundamental reorganisation would see all health powers devolved, this information was barely identified higher up the food chain in this time period. Evidence for this was that there was no national

news story framed around this reorganisation and only one mention of it at all, in a feature, prior to the government's national announcement of what was dubbed the 'MHS' in the press months later (Kirby, 2015).

Aside from the themes framed, the news sources used reflected a national focus. No national news reports were based discernibly on information gained directly from local input. Significantly, no local interviews were published in news articles. Instead, of those using information that did not obviously come from House of Commons debates or government reports and datasets, all bar two were based around reports provided by national council associations or central government, NGOs, universities and a management consultancy. Of these, to consider RQ4, we found at least ten stories which heavily featured quotes that appeared in national press releases or publicity material. NGOs provided seven of these.

Similar results for RQ1 were found in the commentary, although there was some variation. Here again the focus was more on the national, rather than the local or multi-local. Eighteen articles, of 43 (42%), discussed local affairs, in terms of general issues facing councils and CCGs. Although, among these, there was little discussion of specific decision-making on local integration, with only five out of the 43 covering this (Appendix, Table 2). As an indication of the multi-local, 11 articles (26%) provided rudimentary numerical comparison between areas. Local issues were generally discussed in the context of national policy and tended not to home in on local areas. Thirteen features and comment pieces named one or more local area, showing a different result to news (Appendix, Table 1). This may suggest that the length of

features and commentary provided opportunities to explore localised coverage. Nevertheless, regarding local sources, as an indicator of local coverage, it is the case that only four of the 43 comment and features included interviews with local decision-makers, including councillors and senior staff. And, of these, two articles discussed integration (RQ1). No comment or editorial piece was framed around, or focused on, the possibility that local integration could lead to a fragmentation of the National Health Service. Considering Britons' 'love affair' with the NHS (Segar et al., 2014), this could be argued to be a significant omission.

Secondly, looking in more detail at the extent of national coverage (RQ1) and the controversial issues on integration, regarding RQ2, the coverage framed around the Better Care Fund (BCF) itself showed mixed results. There was more positive than negative framing for commentary and features, and, initially, for news (Appendix, Table 3). Four news articles offered positive messages. These suggested either that the fund was expanding, that funding for the NHS was increasing, or that coalition politicians said it would mean seven-day care for the elderly. However, three were negatively addressed. They described the fund as being forced into overhaul, in 'chaos' and that it would cause hospital beds to be cut back. As for commentary and features, the division was somewhat more pronounced, with five framed positively and two negatively. The news coverage of the fund became framed increasingly around negative, primarily financial, concerns, after two critical national reports were published and a source leaked information from an internal government assessment. A National Audit Office (NAO) report branded preparations for the Better Care Fund a 'shambles' in November 2014. It strongly questioned the cost savings to be made, suggesting that, at best, it would only save a third of the £1bn projected. Three news

stories were based on this report, with four more referring to it. Stories were structured primarily around whether the fund and, in some of the press, Labour's integration plans, would save the amounts of money that the politicians claimed.

However, while there were articles framed around quality of care issues, the coverage offered relatively little critical analysis of whether integration would answer these. Only one newspaper report highlighted concerns over whether the fund would bring about the 'intended revolution in patient care' (Campbell, 2014). This was a point that the various academic studies referred to above had queried. Yet no article was framed around or mentioned the evidence in the NAO report, predominantly from the University of York, questioning whether integration had led, or would lead to, better elderly care. Instead, nearly half of the news, features and commentary articles referred, at least in passing, to a wide range of different positive goals that the newspapers claimed the integration fund would achieve. (These included reducing hospital admissions and preventing 'bed blocking', while improving the quality of home visits and ensuring home-based end-of-life care, enhancing services for people with long-term conditions, and improving mental health and dementia support, while preventing rationing and challenging means-tested social care.) The only columnist to consider Stevens's plans for integrated schemes (Toynbee 2014), while strongly critical of increased privatisation and competition in the NHS, saw integration as challenging these developments. This ignored the diverse ways in which Stevens saw integration as operating (RQ3).

To further consider RQ2, given the potential controversy of privatisation, we found only one news article and one comment pieces framed around this (Appendix, Table 3). Yet the news article, rather than referring to Stevens's plans, detailed a Conservative minister's concerns that private firms were being excluded from integration. None was framed around the involvement of management consultants, including in local Clinical Commissioning Groups, with only one fleeting reference to the Labour opposition's plans to restrict public funding of consultancy work.

Finally, a further reflection of the lack of debate at this time regarding what became known as 'accountable care' is that there was only one article framed around the Torbay model, while one other mentioned the Alzira model, though was not framed around it (RQ3). Both were in comment pieces. The Alzira reference was in the specialist financial press, existing behind a firewall, which, referring to the earlier typology, would be aimed at investors, rather than many interested staff or patients. Here, guest columnist Alan Milburn, PwC's Health Industries Oversight Board chair, and former UK government health minister, praised the Valencia operation, arguing that it provided lessons for England (2014).

## **Conclusion**

This study provides an account of coverage of nationally significant related local decisions on health and social care services. It took devolved decision-making on options for service integration and the introduction of ACOs as an example. An international trend towards localism in health services, overseen by globalised consultancy firms, means that monitoring of the press's response is particularly

significant. The first research question, exploring whether national newspapers would frame reporting in terms of national or local issues and ignore multi-local governance and decisions has only been proven partly true in this case. The article has suggested that when there were multi-local developments of national importance, the national press has not published comparative news stories containing local reports. So, no news article discussed trends in localised decisions on integration. Although there was some basic numerical comparison between unnamed areas on issues such as the percentage of services in financial difficulty.

Contrary to what Etzioni found, there was also not a particular homing in on any specific locality in news articles when nationals considered local decisions on a national scale. Instead, stories did discuss local issues more generally, but rarely in relation to specific areas. There was more focus on individual areas in commentary and features. Nevertheless, reflecting aspects of later US research (Barnhurst and Mutz, 1997), stories used broad national information to contextualise. The national press appears not to have sourced the local in news reports. There were no interviews with local decision-makers in news stories, and few in commentary and features. When local reporting of important issues did take place, it risked being under-reported or missed nationally, as was the case in the first phases of proposals for major reorganisation in Manchester.

Importantly, devolving healthcare decisions may well have meant that potentially significant service reorganisation and privatisation was less remarked on than the preceding unpopular restructuring under the same government. Devolved

reorganisation was more nebulous, with the national press taking little notice of multi-local trends. The evidence here suggests that when national news reports discussed local integration on a national scale, they relied heavily on parliamentary information, national reports, from NGOs for instance, and, sometimes, press releases to provide information (RQ4). There was little evidence that the national press conducted any comparative research themselves here, echoing other's findings (Knight, 2015). Localism, combined with the operation of the press, had the overall impact of 'divide and rule'.

This topic is also important because of the disparity of power and knowledge between the auditing firms parachuted in and the small, devolved, local organisations on which they landed (the CCGs), considering RQ3. International consultancies are part of a globalised network that has links with government and national health bodies such as Monitor, where a revolving door between public agencies and private firms has been described (Oliver, 2014). That the subject of the private sector and Alzira-model integration (ie RQ2 and RQ3) had been off the national newspaper agenda may be understandable when compared with coverage of a major legislative change such as the English Health and Social Care Act itself. Yet, given its promotion by PwC's Alan Milburn, for instance, and positive interest in the model among think-tanks, it is important that there was not more press coverage. The regular renaming of initiatives may also have had an impact on accountability (Cordery, 2018).

There are many barriers to be overcome in producing effective health journalism in a complex devolved policy-making environment. Journalist and academic John Lister

highlights the need for training to encourage a critical approach to health service information and an awareness of socio-economic contexts (2014, pp.99–106). Moreover, while that critical approach also applies to government information, journalists additionally require accessible information and access to updated government data archives ('information by design') to make assessments. If there were more readily accessible datasets on, for example, local spending on management consultants, these might be used to report on local developments. The UK coalition government had an explicit commitment to foster transparency (Tunney and Thomas, 2015). To inform the press of local variations and decisions when promoting localism would be consistent with this. If the government had expanded and simplified the publishing of datasets, the opportunity for more informed national comparative reporting of the local would be enhanced. Instead, localism and devolved decision-making in healthcare appear to have had the effect of dampening down controversy and conflict in a way that has supported the 'un-reporting' of aspects of a major restructuring of service delivery and governance.

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Appendix

Insert Table 1

Insert Table 2

Insert Table 3