

Overview

WORKING FOR BETTER HEALTH, WITH A FOCUS ON LONDON... TACKLING HEALTH INEQUALITIES AND SOCIAL INJUSTICE; PROMOTING THE VALUE OF CULTURAL DIVERSITY; FOSTERING NEW PARTNERSHIPS; AND ENCOURAGING GREATER PUBLIC AND PATIENT INVOLVEMENT.



CHAIRMAN'S REVIEW

The King's Fund made a major contribution to health policy debates in the period under review. Starting with the May 2001 general election campaign, in which health issues were more prominent than ever, the NHS has rarely been out of the news. We have fed an independent perspective into discussions by the public, policy-makers and practitioners, based on the evidence and understanding gained through our research, analysis and grant-making activities.

After the election, we published two major reports that helped to set the agenda for the start of Labour's second term in office. *Future Imperfect* examined the state of care services, while *Racism in Medicine* exposed the extent of discrimination and harassment in the medical profession.

More recently, we were at the forefront of the intense debate over levels of NHS spending and future directions. Our discussion paper, *The Future of the NHS*, made a clear case for a more decentralised, depoliticised health service that is more responsive to patients. This vision has since been widely discussed, informing political debate across the spectrum.

Meanwhile, the King's Fund has continued to act as a resource for people working in health and social care. Our leadership development programmes support NHS managers and other senior staff, while our grants programme provides vital funds for community health work across London.

We took forward our Millennium Awards scheme, launched in 2000 with funding from the Millennium Commission, providing money and training to individuals taking on new projects to improve health in their communities. Our Enhancing the Healing Environment programme is beginning to bring impressive changes to the fabric of London's hospitals and is transforming the way staff and users think about the environments where they work and are treated. As a result, the scheme has been extended this year to all mental health trusts in the capital.

Graham Hart

Graham Hart
Chairman of the Management Committee



CHIEF EXECUTIVE'S REPORT

The NHS is at a crossroads. Unprecedented extra money for health was announced in the April 2002 Budget, accompanied by more radical reform of how the health service functions and is regulated.

That presents major challenges for all of us who work in or with the health service. It compels us to forge close links with practitioners, policy-makers and patients to improve services and monitor progress. It makes it imperative that public and political debate is underpinned by rigorous analysis of what is going on in the NHS and social services. Good leadership across health, social care and other public services will be central to ensuring that health is improved, especially among those at greatest risk of avoidable illness.

Over the coming year, the King's Fund will play its part in meeting those

challenges. Our work will be focused on areas where we can make a distinctive and important contribution, with priority projects driving the majority of our policy, development and grant-making activities. These will provide a clear framework in which to take forward work examining, for example, the future of the NHS, ways in which its staff shortages can be overcome, and the role health and local government bodies can play in improving health in their localities.

Earlier this year, we launched a major Mental Health Inquiry to investigate whether mental health services in London have improved in the five years since the King's Fund London Commission warned of serious shortfalls. The next year will also see new King's Fund programme grants to support better palliative care to people who are dying, and improved health for older people from black and minority ethnic communities. Improving the quality of the environment in which

people are treated will continue, and become ever more central to our work.

This year, in common with many other charitable foundations, the King's Fund is having to take great care of how it uses its resources. Our aim is to ensure that we continue to support the health of Londoners as effectively as we can through our core work, and ensure significant impacts in those areas where we can make a difference. As ever, our commitment to our values – of making London a healthier and fairer place in which to live – remains resolute.

Julia Neuberger

Julia Neuberger
Chief Executive

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Helping create healthy communities

WE SUPPORT NEW WAYS OF WORKING – AND THINKING – TO ANCHOR HEALTH DECISIONS IN COMMUNITY NEEDS AND INVOLVEMENT

Since 2000, the King's Fund has worked to foster a growing awareness of the close links between health and community regeneration. Our recent report, *Claiming the Health Dividend: Unlocking the benefits of NHS spending*, argues that the powerful economic muscle of the NHS can help to realise a healthier, more sustainable future for communities across the country, and especially for neighbourhoods where poverty and powerlessness make people more vulnerable to illness.

The establishment of directly funded primary care trusts (PCTs) nationwide has boosted the potential for new-style community-based services rooted in local needs. We are working with NHS staff, local councils and the voluntary sector to increase patient and public involvement in decisions about health and health care. We are drawing attention to the importance of adequate palliative support services for the dying, and the potential of community pharmacies, in local health provision.

This year also sees the finale of another project to widen participation – Imagine London, a five-year programme designed to help young people define and publicise their vision of a healthier city.

JAYSHREE PITHIA, LONDON SECONDARY SCHOOL STUDENT IMAGINE LONDON STEERING GROUP

OUR IMAGINE LONDON PROGRAMME HAS ENGAGED OVER 300 YOUNG LONDONERS IN A DEBATE ABOUT HOW TO MAKE THEIR CITY A HEALTHIER PLACE, AND FED THEIR VIEWS THROUGH TO POLICY-MAKERS.

A healthy, sustainable NHS

'Joined-up' working between health and other sectors is essential if we are to achieve a healthier future. In 2000, the King's Fund announced a five-year, £1 million investment in research and development to link up health and community regeneration. This includes a major initiative to harness the spending power of the NHS to achieve wider social, economic and environmental benefits.

Claiming the Health Dividend is a major new King's Fund report, designed to open up a discussion about the NHS's role as a 'corporate citizen'. Launched in May 2002, it argues that the NHS can do much more to promote health and reduce health inequalities by changing the way it deploys its vast resources.

The NHS is more than just a provider of services: it is the largest single

Many of the NHS trusts with the worst staff vacancy rates are located in areas of high unemployment, which makes people more vulnerable to illness, so they come to the NHS as patients, not employees. By offering training and small business opportunities to local residents, trusts can tackle unemployment, improve health, and help to resolve their own staff shortages.

Anna Coote
King's Fund Director,
Public Health

The NHS will focus efforts on preventing, as well as treating ill health. Recognising that good health also depends upon social, environmental and economic factors such as deprivation, housing, education and nutrition, the NHS will work with other public services to intervene not just after but before ill health occurs.

NHS Plan
Department of Health

organisation in the UK. It is a major landowner, consumer of energy and producer of waste. It employs more than one million people, purchases goods and services worth over £11 billion a year, and is engaged in a massive building programme across the country.



The NHS can use its resources to help improve health in disadvantaged neighbourhoods, build stronger local economies and safeguard the environment. In doing so, it can help to ensure that the principles of sustainable development take practical root in public sector policies and decision-making.

Over the coming year, we will continue our work to help the NHS make stronger connections between its environmental, human

Helping create healthy communities

resource and purchasing policies and its fundamental mission of reducing ill health – and so ensure its long-term viability as a health-promoting organisation.

Every voice counts

The King's Fund has a long history of promoting greater involvement of the public in health and health care. In April 2002, the establishment of 302 PCTs across the UK placed primary care professionals in the driving seat of the new modernised NHS, backed by significantly enhanced budgets and decision-making powers. One of the many challenges they face is to build a greater voice for local communities – including patients, carers and the voluntary sector – in shaping appropriate and responsive health care services.



Every Voice Counts: Primary care organisations and public involvement, published in March 2002, presents King's Fund research into the public involvement activities of six London primary care organisations in the period leading up to the full implementation of PCTs. The study found a wealth of different approaches and strategies, from standing mechanisms to one-off

I'm a local girl, so I've always had this philosophy that you should give back to your community. I truly believe that services are better focused on the local community – that's why I applied for this role.

Lay board member
Every Voice Counts research

surveys. But a shortage of research leadership, time and resources hampered efforts to take public involvement forward and invest in community infrastructure and partnerships for the longer term.

The research shows that applying national policy to a wide variety of local circumstances to create meaningful public involvement is not easy. This important area of work remains chronically under-funded, with a focus on short-term initiatives. There is a need for greater clarity about specific aims when involving the public and clearer mechanisms to harness outcomes of that involvement to systematic organisational change and learning.

We believe PCTs must hold onto the community focus of the primary care groups they replace. They should avoid becoming distant, corporate bodies and instead aim to be modern NHS institutions, rooted in the needs and realities of the communities they serve. They have an unprecedented opportunity to demonstrate that public involvement can play a key role in shaping a responsive and sustainable health service for the future.

Young Londoners speak out

Young people have a key role to play in the nation's future health. Four years ago, the King's Fund launched Imagine London to find out what young Londoners thought were the key health issues affecting their city. The programme went on to engage over 300 under-19s in a debate around how to make the capital a healthier place, and feed their thinking into London-wide policies, such as the Greater London Authority's Children and Young People's Strategy.

Activities have spanned a wide range of media, from a video on transport for Carlton TV to an interactive website that has now had 21,000 hits. Steering groups of young people have directed a programme of events exploring issues around transport, environment, crime and safety, healthy living and emotional well-being.

Children's physical and emotional health are key determinants of their ability to learn. A youth steering group designed a survey to find out what teenagers in London's secondary schools thought made

You work harder when you feel comfortable with your school surroundings and the environment is good – it also makes you feel good about yourself!

Secondary school student
Imagine London healthy schools survey

for healthy schools. Nearly 400 students from 41 London secondary schools across a mix of boroughs took part.

They were asked to identify their key concerns under four broad headings: healthy living, emotional well-being, school environment and 'having a voice'. The results, published and circulated to policy-makers and all London secondary school heads as *A Good Place to Learn? What young people think makes schools healthy*, identified three key concerns: the quality, price and appropriateness of school food; the difficulty of taking enough regular, enjoyable exercise; and the problem of bullying. The survey suggests that their ideas may be a valuable – but largely untapped – resource in planning healthier school environments.

Imagine London ends in July 2002 with all the young people involved in the programme gathering to agree a Young People's Manifesto for a Healthier London for publication.

Looking forward...

Over the coming year, new King's Fund programme grants will support the development of better community-based palliative care for people who are dying, especially those suffering from non-malignant diseases, and will help build better health for older people from black and minority ethnic communities. Work around the quality and impacts of health care environments will continue to be a priority.

An independent voice

OUR ABILITY TO FEED INDEPENDENT ANALYSIS INTO KEY DEBATES IS CENTRAL TO OUR EFFORTS TO IMPROVE HEALTH

DR LIAM FOX MP, SHADOW SECRETARY OF STATE FOR HEALTH OPEN DAY 2002 SPEAKER

THE DAY KICKED OFF WITH A LIVELY DEBATE ABOUT THE PERSISTENCE OF HEALTH INEQUALITIES IN THE UK. DR LIAM FOX MP JOINED MIKE HALL MP AND DR EVAN HARRIS MP IN A CROSS-PARTY PANEL THAT RESPONDED TO EVIDENCE FROM PEOPLE WORKING AT THE GRASSROOTS TO IMPROVE HEALTH.

The King's Fund's special role as an independent commentator on health and social care topics, able to stand aside from political and professional interests in setting research agendas, is central to our efforts to influence health policy.

The NHS featured prominently in news headlines and emerged as a key area for commitment and investment in Labour's second term. Our discussion paper, *The Future of the NHS: A framework for debate*, helped set the terms of a clear and structured debate around the economic and organisational basis of a modernised health service. By contrast, our research paper, *Five-Year Health Check: A review of Government health policy 1997–2002*, scrutinised past policies and achievements. It praised the Government's unprecedented drive to put more resources into the NHS but criticised its relentless intervention in the day-to-day running of the health service.

We also published several studies of the health care workforce and its capacity to take forward the ambitious vision laid out in the NHS Plan, and we are committed to further work in this area.

Fit for the future

During the last year Lord Haskins, chairman of the Better Regulation Taskforce, worked with the King's Fund to chair a debate about the future of the NHS with a group of independent commentators, academics and health service staff.

The resulting discussion paper, *The Future of the NHS*, launched in January 2002, triggered widespread coverage in national, local and trade media, and parliamentary lobbying activities. While maintaining that a health system funded through general taxation remains the most efficient and fairest, the report proposed three fundamental reforms to the way the NHS is managed.

The group called for legislation to set up a corporation to manage the NHS at arm's length from the Government and remove ministers from the day-to-day

running of the health service. It proposed that existing NHS health care providers could be re-established as new types of not-for-profit organisations with strong local accountability, to devolve power from Whitehall. It argued for greater patient power – handing more choice to people about how their own health care is managed, including where and how they are treated, and by whom.

These recommendations have been well received by politicians and policy-makers. Our call for a decentralised, depoliticised NHS, more responsive to patients, has been met by Government action



The King's Fund's discussion paper, The Future of the NHS, helped open up an important debate around three immediate, inter-related problems for the NHS: that it is over-politicised, over-centralised and unresponsive.

Niall Dickson
BBC Social Affairs Editor

to hand a degree of autonomy to high-performing acute trusts, and greater commissioning and financial responsibility to newly established primary care trusts within a more streamlined regulatory system.

We believe the Government could go further. We will continue to monitor changes in the management of the NHS and to develop options for a more sustainable system of devolution in both health and social services.

An independent voice

Making the case for quality care

The King's Fund's national inquiry into the quality of services provided by care workers, led by a panel of independent experts, reported in June 2001, calling for the Government to act urgently to avert a crisis in care services. *Future Imperfect: Report of the King's Fund Care and Support Inquiry* warns that care and support for older and disabled people could collapse without the extra investment needed to attract and retain good staff and to implement new national care standards.

We believe that greater funding is critical if closer integration between



health and social care is to be achieved. It will enable local councils to invest more in the care sector, providing better care for vulnerable people and also reducing pressures on hospitals.

A key recommendation of the report was to increase cash allocations to social services in line with increases in funding pledged for the NHS. The Government has since responded with a pledged six per cent annual spending rise in social services announced in the Budget, which will provide an additional £1.1 billion in 2003–04 and increase the social care budget to £12.5 billion.

The human factor

Ever since our 2000 report, *The Last Straw: Explaining the NHS nursing shortage*, warned that the shortage would not be solved unless all aspects of nurses' working lives were improved, workforce issues have been an important area of concern for the King's Fund. We made a significant contribution in

this area at the time of the general election and, in 2002, joined with other prominent public service leaders in an open letter calling on the Prime Minister to champion public sector workers.

Without the support of a stable, well trained, well motivated workforce, the Government's efforts to modernise public services, no matter how determined, will have limited success. We therefore hope the Government will help ensure public service workers in London and the whole of the UK are once again held in high esteem and have the support they need to deliver the highest quality services.

Joint open letter to the
Prime Minister, the Rt Hon
Tony Blair MP

We also released two new research studies about workforce issues. *Counting the Smiles: Morale and motivation in the NHS* warns that Government plans to modernise the health service are jeopardised by low morale and motivation, and shows that chronic staff shortages and feelings of being undervalued are central factors. The Prime Minister has made explicit the value he places on public sector workers – what is now needed

is a concerted effort to raise esteem for the thousands of staff on whose quality and commitment the public's health and well-being depend.

Public Health in the Balance: Getting it right for London reveals that London faces a serious shortage of public health workers. It warns that some of the expertise amassed over recent years in health and local authorities could be lost following the assumption of responsibility for public health by primary care trusts (PCTs). It is hoped that the new wave of PCTs, which will be responsible for 75 per cent of the NHS budget by 2004, have both the will and the ability to reduce health inequalities in the capital and throughout the UK.

Looking forward...

In Spring 2002, we launched a major new inquiry into the state of mental health services in London, five years after our last survey expressed serious concerns about the standard of care provided for some of society's most vulnerable people. Set to run for 18 months, the Mental Health Inquiry will examine whether enough is being done to promote good mental health and will scrutinise what sorts of support are available to people with severe mental illnesses across the capital. Evidence will be gathered from clinicians, planners, carers and users of mental health services.

The relationship between the one million people providing care and support services and the many millions of people using those services lies at the heart of health and social care. Unless we can as a society acknowledge the central importance of this work, we are taking enormous risks both now and for the future.

Julia Unwin, OBE
King's Fund Senior Associate,
Chair of the Care and
Support Inquiry

Developing leaders and organisations

EFFECTIVE, SKILLED PEOPLE LIE AT THE HEART OF MOST LASTING IMPROVEMENTS IN THE FIELDS OF HEALTH AND SOCIAL CARE

Building the skills and capacity of those who deliver change on the ground – practitioners, community leaders and health and social work professionals – is a key part of the King's Fund's work.

We have a long history of providing management and leadership development programmes to NHS staff working at all levels, from clinicians and nurses to NHS chairs and chief executives. We have tailored innovative and challenging programmes for leaders in local communities and the voluntary sector. Last year, we invested £1 million in promoting health advocacy and developing the capacity of Londoners from minority ethnic groups to promote better health in their neighbourhoods, working as an integral part of health care teams.

Promoting equality and equal access to health services are key areas of concern. We are working with the NHS and professional bodies such as the Royal Colleges and the General Medical Council on practical approaches to tackling racism and racial harassment in the workplace, and have lobbied Parliament on health issues affecting black and minority ethnic communities.

CLAIRE PANNIKER, DIRECTOR OF OPERATIONS, HILLINGDON HOSPITAL LEADERSHIP DEVELOPMENT PROGRAMME PARTICIPANT

OUR EDUCATION AND LEADERSHIP DEVELOPMENT WORK AIMS TO HELP NHS MANAGERS BUILD THEIR POLITICAL AND EMOTIONAL INTELLIGENCE, AND DEVELOP SKILLS IN HANDLING CHANGE IN COMPLEX SITUATIONS.

Speaking out for health

Community voices that support and speak out for local health needs have huge potential to ensure more equitable access to health services for all groups in society. Within minority ethnic communities, they can inform people about health services, help patients and their families make decisions about care, and work with health professionals to develop culturally sensitive services.

A £1 million King's Fund programme grant is now helping develop quality standards, introduce accredited training and establish a new network of health advocates working with black and minority ethnic communities in London. In January 2002, a support network for over



600 providers of health advocacy services was launched, managed by the Council of Ethnic Minority Voluntary Organisations. Its aims are to raise awareness of health advocacy among mainstream health and social care services; promote good practice; campaign for health advocacy development and extra resources; and foster collaborative work between advocacy agencies.

Course development and delivery have been led by the East London Advocacy Consortium with the support of Making Training Work, the University of East London and the Urban Learning Foundation. The new higher education course

has been running since September 2001, and 16 students have registered. The results of a course evaluation will be reported in September 2002.

The King's Fund commissioned SILKAP Consultants and the Office for Public Management jointly to develop an advocacy standards framework for black and minority ethnic communities. The framework, which incorporates the views of service providers, clients and commissioners, will be piloted during 2002.

Building leadership skills

The core aim of our education and leadership development work is to build managerial capacity across the NHS, by influencing its leaders and how they lead. We work to help participants build their emotional and political intelligence, and develop skills in handling change effectively in complex and sometimes intractable situations.

Our personal and management development programmes support NHS chairs, non-executive directors, chief executives, directors of trusts and health authorities, and senior managers from all disciplines, with a particular emphasis on medical and nursing leadership. They also attract

Leadership blends into all kind of other activities. It's community leadership, leadership in our organisations, individual leadership, collective leadership, leadership from the top and from the bottom.

Nigel Crisp
NHS Chief Executive

Developing leaders and organisations

participants from beyond the health service, including local community representatives, and staff from voluntary organisations, the social services and the police.



Last year, we launched new programmes for clinicians on interdisciplinary development and partnership working, and initiated work with professionals and managers seeking to develop partnerships in diverse ethnic communities.

Programmes commissioned by the NHS Leadership Centre and the London Region of the NHS emerged as significant strands of activity. These included work with the University of Lancashire for senior chief executives and with the University of Leeds for trust and health authority directors; and a programme for chairs and non-executive directors leading London boards.

We saw increased demand for programmes for community leaders and staff within the NHS who are potential leaders but need support to make their full contribution. Supported by the Millennium Awards scheme, we provided leadership development programmes that enabled individuals to undertake imaginative and innovative projects within their local London community.

Promoting equal opportunities

Tackling racial inequality and promoting cultural diversity in the health service are long-standing goals for the King's Fund. The NHS employs over one million people in the UK, and is the largest employer of minority ethnic groups, with over eight per cent of staff employed from these backgrounds. But less than one per cent of senior managers come from black communities.

Last year, we helped to redress this imbalance in a practical way by working with the London Regional Office of the NHS to run a year-long leadership development



programme for 20 black London GPs. We have also initiated our own mandatory race equality training for all King's Fund staff.

We published *Racism in Medicine: An agenda for change*, which won widespread media coverage and

The Redressing the Leadership Balance programme helped me to develop the confidence and skills to take a lead role in meetings involving other GPs and a full range of medical staff. I've learned new techniques that make me feel happy operating both as a leader and team member.

Dr Siva Balasingham
GP, Kingston primary care trust

interest. The publication examines racism in today's NHS, showing that black and minority ethnic doctors, especially those trained overseas, have for many years had far fewer opportunities than their white colleagues of getting the best jobs in medicine. They are more likely to end up working in unpopular specialities and inner-city general practice, and have a far slimmer chance of becoming consultants.

Racism in Medicine demonstrates clearly that racism both weakens the health service as an organisation, and damages the careers of individuals involved. It argues that, for both these reasons, the NHS should take urgent action to tackle discrimination.

The Millennium Awards scheme

Last year, with support from the Millennium Commission, we awarded over 70 cash grants of £2,000 to Londoners to take forward their ideas for improving the health of their local communities. The scheme's broad terms of reference enable a wide range of projects to be considered, from setting up self-help groups to improving the physical environment. Successful applicants also attend tailored programmes to develop community leadership skills.

One of the Millennium Awards winners was Daisy Byaruhanga, who leads Innovative Vision Organisation, based in Haringey. Her group offers cultural activities and health discussion workshops for African refugee children infected with or affected by HIV/AIDS, with the aim of helping improve their own and their carers' mental

African children affected by HIV or AIDS can feel stressed and stigmatised. The £2,000 Millennium Awards scheme grant gave us the chance to help them socialise with others and at the same time learn about creative and traditional dance, while our workshops helped them understand more about basic health issues. It's been a brilliant stepping stone for the project and the training helped me personally as well. There's no stopping me now!

Daisy Byaruhanga
Director, Innovative
Vision Organisation

and physical health. The £2,000 grant helped Daisy promote and run monthly music, dance and drama sessions, including three workshops in which parents and children could talk in a relaxed and informal environment about adolescence and basic hygiene. Over 60 children and 200 parents have benefited.

Looking forward...

Next year, we plan further work to support emerging leaders in health and health care, and to nurture grassroots innovation. We will run new education and leadership programmes around leadership in partnerships; and management programmes for medical directors and clinical directors. The Millennium Awards scheme will allocate further grants, with the aim of making 300 awards by the time it ends in 2004.

A resource for health in London

THE TERMS OF OUR FOUNDATION GIVE US A CLEAR FOCUS ON PRODUCING TANGIBLE IMPROVEMENTS IN THE HEALTH OF LONDONERS

The King's Fund's historic commitment to London's hospitals is now translated into a wide range of practical projects to support quality and equity in health and health care for all Londoners.

London is one of the world's wealthiest cities but has deep pockets of deprivation and a strong representation of minority ethnic groups. Promoting better health and social care in the capital – from scrutinising mental health services or emergency winter months provision for older people, to fostering innovation by health-focused voluntary organisations – puts us in a strong position to identify key areas of learning that can be 'scaled up' nationally. We work to ensure greater health equity for all marginalised groups in London – and beyond.

Our impacts range from improving the quality of the environment for patients and staff in London's hospitals to supplying a unique information service to NHS staff, students, academics and members of the general public seeking accurate, up-to-date material in the field of health and social issues.

Change at the grassroots

Every year, our development grants reach out to help health-focused voluntary organisations, NHS trusts and academic bodies realise practical, grassroots improvements to the health of Londoners – through a wide range of routes. A key condition for funding is the active involvement of users in the planning and delivery of projects.

Last year, we invited applications under the themes of arts in health; improving the patient experience; equal access to health care; and

strengthening users' voices. An open category considered innovative and well managed projects falling outside these categories.

Some £1.5 million went in 30 development grants to support significant programmes of work, most of them community-based. For example, we awarded the Newham Asian Women's Project funding over three years to employ a manager to work with, and help develop services for, women facing domestic violence, coupled with severe or long-lasting mental health problems.

The Refugee Education and Training Advisory Service successfully bid for a two-year grant to help fund a pilot careers' counselling and mentoring service for refugee doctors. Another organisation, Connect, which provides services to people who encounter communications difficulties

In the past, refugee doctors seeking to requalify in the UK had to come to grips with the NHS largely unaided, and many simply didn't have the money for courses and exam fees. The King's Fund development grant will help us train 24 mentors and offer funding to 80 refugee health professionals in London over the next two years.

Amit Bhasin
Trust Funding Co-ordinator,
Refugee Education and
Training Advisory Service

following a stroke or head injury, received a two-year grant to help fund the cost of a post to co-ordinate user involvement.

We invested a further £100,000 in 51 small grants designed to stimulate and publicise new ways of working. We helped Islington Carers Forum produce its advice leaflets in six languages. Parents

JIM O'DONNELL, TEAM LEADER, LAMBETH EARLY ONSET TEAM WORKING TOGETHER IN LONDON PROGRAMME

WITH THE DEPARTMENT OF HEALTH AND THE SAINSBURY CENTRE FOR MENTAL HEALTH, WE SUPPORTED WORK TO REACH OUT TO PEOPLE SUFFERING SEVERE MENTAL ILLNESS IN LAMBETH, HARINGEY AND ISLINGTON AND OFFER INTEGRATED PACKAGES OF MEDICAL CARE AND SUPPORT IN THE COMMUNITY.



A resource for health in London

of Autistic Children Together, based in Barking and Dagenham, held a workshop and seminar on interventions and strategies for parents with autistic-spectrum children, and K-Generation piloted an interactive internet HIV/AIDS service for young people in East London.

Better hospital environments

Hospitals are not just buildings. They are places in the community where patients and staff spend part of their lives, countless human interactions take place, and emotions from anxiety to joy are expressed.

A £2 million King's Fund programme grant initiative is showing how health professionals can look at their workplace afresh – through the eyes of their patients – to produce dramatic improvements in the look and feel of London's

I feel sure that courtyards, colonnades and running water are healing features. It can't be easy to be healed in a soulless concrete box with characterless windows, inhospitable corridors and purely functional wards. The spirit needs healing as well as the body.

HRH The Prince of Wales
King's Fund President



hospital environments. It also demonstrates that design can act as a catalyst for wider organisational change.

Launched in January 2001, our Enhancing the Healing Environment programme has reached out to all 32 acute and 11 mental health NHS trusts in the capital. Each gets a £35,000 grant to take forward environmental improvements. When this relatively modest investment is harnessed to patient involvement, multidisciplinary teamwork and strong project management – all the project teams take part in a development programme – the results can be impressive.

Helen Pointer, nurse manager at the Mayday Healthcare NHS Trust in Croydon, and one of Enhancing the Healing Environment leaders, says that her team has learned to see beyond professional preoccupations and work in new ways.

In talking to patients, many of the Enhancing the Healing Environment teams found that there was a need to look at other parts of their hospitals, as well as wards. They took forward improvements in key

patient and public areas, including accident and emergency, day rooms and ward entrances. They thought creatively about the effects of light, colour, images and objects, and the need for different kinds of space, such as private corners for difficult moments, and sociable, welcoming areas. They considered carefully how improvements would be maintained.

Doctors, patients and nurses have known for a long time that people in pleasant surroundings get better quicker. At London's largest teaching hospital, Chelsea and Westminster, a grant from the King's Fund has helped us offer patients – and staff – really good art and the best sorts of entertainment.

Susan Loppert
Director, Chelsea and Westminster Hospital Arts

They found that patient and staff enthusiasm – and access to board-level support – were key. They also learned the value of tapping into talent in the local community. Above all, they discovered they could work with patients and colleagues to shape their shared environment into a place that expressed its healing purpose in how it looked, felt and was organised – reflecting and supporting their clinical expertise.

Quality information – for London and beyond

Our specialist health and social care bookshop, and information and library service, help thousands of customers every year – as places to visit in London, and increasingly as online services.

The bookshop offers a comprehensive range of around 5,000 titles on health and social care topics, spanning academic and specialist commercial publications, a strong representation of voluntary sector books and



reports, and some important 'grey' literature. The launch of our internet bookshop and online order service last year has enabled us to reach out to health and social care audiences nationally and internationally.

The library saw a continuing growth of 'remote' use of its services, as well as welcoming many visitors dropping in for help with research queries, and to search or browse its unique collection of print materials, especially rich in hard-to-find, informally published material.

A searchable CD-ROM version of the library's database, containing 70,000 bibliographic records and updated bimonthly, was widely accessed by staff working at all levels across the NHS. In one recent month alone, 17,000 NHS staff in the north-west region accessed the database – testimony to the importance of current, accurate information to support health care professionals in an increasingly demanding range of decisions.

Looking forward...

In the coming year, new grants of £130,000 will be given for a London-wide initiative to improve primary care for people who are dying, and strengthen support for their carers, and for health projects focusing on older people with mental health problems in London's black and minority ethnic communities. Our Enhancing the Healing Environment programme will work with all of London's mental health trusts, building a group of staff who can influence future mental health care environments through the knowledge, skills and contacts they gain in managing their projects.

A catalyst for ideas

WE PLAY A SPECIAL ROLE IN HELPING PEOPLE FROM THE HEALTH SERVICE AND BEYOND SHARE INFORMATION, IDEAS AND BEST PRACTICE

The cross-cutting nature of our work gives us a unique capacity to act as a catalyst, stimulating debate and 'joined-up' action between those working in the NHS and beyond; building profile around key issues; supporting information exchange within specialist networks; and promoting greater sharing of ideas across professional boundaries.

We initiated and responded to key health policy debates in the media, most notably on NHS funding and waiting times, bringing an evidence-based perspective and working with politicians of all parties to influence legislation and political debate. Health professionals, service users, politicians, civil servants and voluntary sector workers attended seminars, workshops and debates at our building in Cavendish Square, London.

We promoted a lively exchange of ideas in the media, and among professionals and policy-makers about the need for better, more equitable health and social care for older people, backing this up at a practical level with capacity-building activities linked to older people's care.

We continued to promote professional exchanges between specialists in conventional and complementary medicine.

In the news

The King's Fund plays a key role in enriching media and political debates around health and social care. We offer an independent source of information and comment on a wide range of health policy topics for journalists, politicians and commentators.

In the past year, we prompted public discussion around some difficult issues, including the extent of deficits in NHS trusts and the problem of racism in the medical profession. We brought a reasoned perspective to high-profile debates concerning individual patients' treatment and the way the NHS is funded. The Government steered two separate health Bills through Parliament. We supported members of both Houses – and from all three main parties – to debate these, and put forward amendments on issues such as public involvement, professional regulation and freedom of information.

Better care for older people

In March 2001, the Government's National Service Framework for Older People made clear its determination to 'root out age discrimination' in health and social care. Just under a year later, our report, *Old Habits Die Hard: Tackling age discrimination in health and social care*, reviewed progress and stimulated a widespread debate on the issues among policy-makers and in the media.

Combating age discrimination is a complex and uncomfortable process for public service managers. Efforts to eradicate ageist practices must be backed up with funding for staff education and training; a clear definition of what constitutes unacceptable behaviour; and a new law to make discrimination on the basis of old age unlawful.

Janice Robinson
King's Fund Director, Health and Social Care

Based on a survey of 75 senior managers in hospitals, primary care organisations, community trusts and social services departments, the report found that while those interviewed supported the policy, they believed age discrimination remained endemic. They were unsure about how to identify age discrimination in practice, and whether age-related policies and practices were ever justifiable. They felt the main barriers to implementation were a lack of resources and a daunting legacy of 'old habits' to tackle – practices that had evolved rather than been planned, and a deep-seated tradition of ageism in society and welfare provision. The results were used to inform debate around new age-equality legislation for health and social care.

At the same time, we worked at grassroots level to help health and social care professionals build their capacity to work in new ways to support vulnerable older people needing rehabilitation and

HRH THE PRINCE OF WALES, KING'S FUND PRESIDENT OPEN DAY 2002

HRH THE PRINCE OF WALES ANNOUNCED A £450,000 GRANTS PROGRAMME TO STIMULATE BETTER HEALTH IN LONDON, BY ENHANCING ENVIRONMENTS IN MENTAL HEALTH TRUSTS, TACKLING HEALTH INEQUALITIES FOR OLDER PEOPLE IN MINORITY COMMUNITIES, AND IMPROVING COMMUNITY-BASED CARE FOR DYING PEOPLE.

A catalyst for ideas

intermediate care. Over a thousand managers and practitioners exchanged ideas, innovations and good practice through our rehabilitation network, which operated electronically, in print, and through workshops and other learning events.

An integrated approach

London's family doctors are steadily increasing access to complementary and alternative medicines, according to the results of a survey by the King's Fund and the University of Westminster, published in March 2002. The most popular therapies were acupuncture, osteopathy, homeopathy and therapeutic massage.

The survey was part of a new King's Fund project that aims to explore what encourages good practice and clinical governance in complementary and alternative medicines. The project will also aim to establish a network to support relevant and accountable complementary and alternative medicine services in the NHS. We have invested £1 million in supporting the Foundation of

NHS primary care organisations are continuing to widen access to complementary therapies, but they face a huge task in implementing clinical governance. We hope our work in this area will give them the practical support they need.

Steve Gillam
King's Fund Director,
Primary Care

Integrated Medicine to develop the regulation of complementary and alternative therapies, working closely with the public and 150 existing registering bodies to develop either statutory self-regulation, or a single registering body for each major complementary therapy.

Recognising excellence

In July 2001, our President, HRH The Prince of Wales, presented the first Prince of Wales Awards for Health Care in London at St James' Palace.

London's nurses are the backbone of the NHS in the capital and should be recognised for the immense contribution they make to London's health. These Awards for Health Care in London are an important step towards that recognition.

Rabbi Julia Neuberger
King's Fund Chief Executive

These recognised the achievements of eight London-based nurses, midwives and health visitors who had made an exceptional contribution. They had pushed back boundaries in improving the quality of hospital environments, encouraging integrated approaches between complementary therapies and mainstream health care, helping people make healthier lifestyle choices, and enhancing the lives of fellow NHS staff.

Future awards, presented biennially, will recognise the contributions of other groups of health workers.

A wider perspective



The health issues London faces are not unique: many are shared by other major cities across the world.

In December 2001, the King's Fund and the Greater London Authority held a major conference designed to stimulate greater exchange of information across international boundaries.

The Mayor of London met with his counterparts from Amsterdam, Dublin, Frankfurt and Madrid to look at how city governments could work for better health, and to sign a Declaration for Healthy Cities. Key players from across sectors – including the health services, local authorities, voluntary organisations and the business community – were able to get together and discuss future joint working to improve and safeguard health in big cities, while promoting economic development.

The potential for urban political authorities to influence the health of their populations – for good or ill – is immense. Our best hope for improving life expectancy in London lies in improving the life chances of the people who live here.

Ken Livingstone
Mayor of London
Mayors' conference

In print and online

The King's Fund runs an extensive publishing programme with over 170 titles in print, including research and policy publications, and practical guides. On the basis of research into users' preferences, we have now added new, at-a-glance summary materials, offering digests of recent research and synopses of full reports, published simultaneously in print and online at our website, www.kingsfund.org.uk.

Other new products include short discussion papers linked to debates; a re-launched series of policy and research papers; and corporate reports linked to our priority project areas. We have improved our website with an enhanced range of downloadable resources and better search capability, while continuing to offer extensive current information on our research, policy and grant-making activities.

Looking forward...

We will continue to promote informed public debate on health and health care. A programme of breakfast discussions will bring together a wide range of people to discuss topical and contentious issues. We will continue to support networking activities and a partnership approach across professional disciplines.

PUBLICATION HIGHLIGHTS

2001

February – *What has New Labour Done for Primary Care?*

March – *New Beginnings: Towards patient and public involvement in primary health care*

June – *Racism in Medicine: An agenda for change. Future Imperfect: Report of the King's Fund Care and Support Inquiry*

July – *Medicine and Humanity*

September – *Primary Care Organisations and Older People: The pace of change*

October – *Public-Private Relations in Health Care. Making the Right Connections: The design and management of health care delivery systems*

2002

January – *Managing the Pressure: Emergency hospital admissions in London, 1997–2001. Old Habits Die Hard: Tackling age discrimination in health and social care. The Future of the NHS: A framework for debate*

March – *Counting the Smiles: Morale and motivation in the NHS. Hidden Assets: Values and decision-making in the NHS. Public Health in the Balance: Getting it right for London.*

Every Voice Counts: Primary care organisations and public involvement

April – *Five-Year Health Check: A review of Government health policy 1997–2002*

May – *Claiming the Health Dividend: Unlocking the benefits of NHS spending. A Good Place to Learn? What young people think makes schools healthy*

Managing resources

IN A DIFFICULT INVESTMENT CLIMATE, WE ARE TAKING STEPS TO MATCH EXPENDITURE TO RESOURCES

Income, expenditure

and assets

1 January–31 December 2001

Total **income** amounted to £8.4 million (£9.1 million in 2000), of which £4.3 million (£4.5 million) was generated from *activities in furtherance of charitable objects* and £4.1 million (£4.6 million) was derived from *activities for generating funds*, primarily from the investment portfolio. See Figure 1. Income from activities fell by £0.2 million, principally as a result of a drop in external funding of programmes and projects as major assignments drew to a close. There were also small reductions in the income from education and leadership development programmes and publication sales. These were offset, in part, by an increase of over £0.1 million in conference and catering services' income from the letting of facilities and a £0.3 million refund of VAT.

Total **expenditure** of the King's Fund was £12.7 million (£13.7 million in 2000). See Figure 2. Reductions in *other charitable expenditure* (principally programmes and projects and education and leadership development) are reflections of the changes in levels of activity as seen in the fall in income. The marked increase in *grants payable* is largely attributable to the Millennium Grants programmes initiated in 2000 coming on full stream.

The average number of **staff** employed by the King's Fund (expressed as full time equivalents) was 136, compared with 132 in 2000, of whom 12 (20 in 2000) were funded by grants from other bodies. There was a consequent increase in the total wage bill of £0.4 million.

The **outcome** for the year, namely expenditure exceeding income by £4.3 million, was much as expected and slightly better than the previous year. For the second successive year, however, the total return on the King's Fund's assets, being the combination of investment income and the change in value of those assets, was negative.

At 31 December 2001, the net value of the **assets** of the King's Fund was £140.7 million, a decrease of £24.4 million

over the year. This was largely due to the downturn in stock markets worldwide over the period, coupled with a withdrawal from investments of £4 million to defray revenue expenditure. See Figure 3. The net effect of capital expenditure offset by depreciation charged over the life of individual assets was a reduction in the value of *tangible assets held for the King's Fund's own use* from £18.2 million to £18.1 million. The *investment securities* decreased in value over the year by £24.7 million to £116.9 million and the portfolio of *investment property* was valued at £4.7 million (£4.3 million in 2000). At the year-end, *net current assets* exceeded current liabilities by £1.1 million. See Figure 4.

The overall trend in stock markets was downwards throughout the year and the net value of the King's Fund's investments fell by 16.7 per cent over the period. This, coupled with the loss of 10.1 per cent the previous year, has reduced the value of the assets, in cash terms, to that of December 1996, negating the three previous years of growth.

The King's Fund pursues, in regard to its investment management, a policy of maximising total return (combined income and capital growth). The benchmark against which achievement is measured is the W M Total Charity Median excluding Property. The King's Fund has two investment managers, Baring Asset Management Limited (BAM) and Schroder Investment Management (UK) Limited (SIM), each charged with achieving a return not less than two per cent below the one-year benchmark and not less than one per cent above the three-year figure. Neither manager has achieved the three-year target; BAM also failed to achieve the one-year target. See Table 1.

Figure 1: Income (1997–2001)

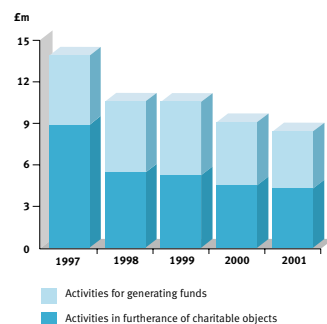
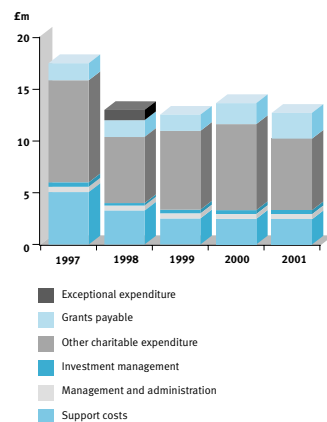


Figure 2: Expenditure (1997–2001)



BALANCE SHEET

as at 31 December 2001

	31 December 2001		31 December 2000	
	£000	£000	£000	£000
FIXED ASSETS				
Tangible assets held for the King's Fund's own use	18,069		18,157	
Investments	121,582	139,651	145,886	164,043
CURRENT ASSETS				
Debtors	1,575		1,616	
Stocks	160		158	
Cash at bank and in hand	595		1,092	
CURRENT LIABILITIES	(1,255)		(1,836)	
TOTAL CURRENT ASSETS		1,075		1,030
TOTAL NET ASSETS		140,726		165,073
FUNDS				
Restricted Funds		56,418		63,823
Unrestricted Funds		84,308		101,250
TOTAL FUNDS		140,726		165,073

Figure 3: Total net assets (1997–2001)

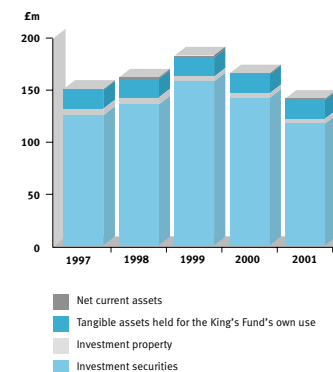
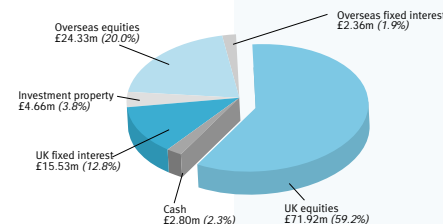


Figure 4: Investment portfolio (31 December 2001)



The current year From 1 January 2002

Performance has improved in the first quarter of 2002, with both BAM and SIM exceeding the benchmark. See Table 1.

Analysis of the investment portfolio shows that the falls of 2001 continued into the first two months of the current year but a positive variance was recorded in March. This gain was reduced, however, by drawings of £1 million in the quarter, with the result that the market value of the portfolio at £121.5 million is marginally below that at the year-end.

The assumption by the King's Fund for the current year is of minimal returns while the financial markets work off the excesses of the late 1990s. At some

point, however, it is anticipated that equity returns will be restored to historic levels and the investment policy is based on that assumption. Looking further forward, the Investment Committee has commissioned a review of the investment policy to identify changes, in either investment strategy and/or portfolio management, that might prove beneficial to the King's Fund in the medium to long term. In the short term, a review of the expenditure budget is in hand to ensure that net expenditure targets for 2003 and 2004 will be met.

Donations and legacies

The Treasurer gratefully acknowledges donations and legacies received from the following during the past year: Her Majesty the Queen; HRH The Duke of Gloucester; D and W Backhouse; C H Balfour; The Bawden Fund; A H Chester; V Dodson; Lord Hayter; A Heilbron; Lifeline Personnel; Cameron McKenna; Rabbi J Neuberger; G Pampiglione; D and K L Welbourne; and other anonymous donors.

Anthony McGrath
Anthony McGrath
Treasurer
28 May 2002

Table 1: Performance of investment managers against targets

	3 years to December 2001	Year to December 2001	Q1 2002
W M Total Charity Median	+1.8%	-10.7%	+2.1%
Performance targets	≥+2.8%	≥-12.7%	-
Baring Asset Management	-1.2%	-13.6%	+2.4%
Schroder Investment Management	+1.8%	-10.3%	+2.7%

Managing resources

SUMMARY STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31 December 2001

	Restricted Funds £000	Unrestricted Funds £000	2001 Total Funds £000	2000 Total Funds £000
INCOMING RESOURCES				
Donations and legacies	–	10	10	10
Activities in furtherance of the objects of the King's Fund				
Programmes and Projects	332	365	697	1,063
Education and Leadership Development	–	2,326	2,326	2,438
Publication and Information Services	–	265	265	395
Other charitable activities	–	999	999	572
Government grants received	–	–	–	50
Activities in furtherance of objects	332	3,955	4,287	4,518
Investment income				
Income from securities and cash assets	1,681	2,124	3,805	4,199
Income from properties	–	324	324	360
Activities for generating funds	1,681	2,448	4,129	4,559
TOTAL INCOMING RESOURCES	2,013	6,413	8,426	9,087
RESOURCES EXPENDED				
Cost of generating funds				
Cost of investment management	168	307	475	458
Charitable expenditure				
Costs of activities in furtherance of the objects of the King's Fund				
Grants payable	–	2,497	2,497	2,027
Programmes and Projects	385	2,402	2,787	3,444
Education and Leadership Development	–	2,195	2,195	2,339
Publication and Information Services	–	1,023	1,023	1,132
Other charitable activities	–	826	826	1,133
Activities in furtherance of objects	385	8,943	9,328	10,075
Support costs				
Support costs and depreciation	–	2,531	2,531	2,745
Management and administration				
Senior management and professional services	–	398	398	388
TOTAL RESOURCES EXPENDED	553	12,179	12,732	13,666
Net incoming / (outgoing) resources before transfers	1,460	(5,766)	(4,306)	(4,579)
Transfers between funds	281	(281)	–	–
Net incoming / (outgoing) resources	1,741	(6,047)	(4,306)	(4,579)
Net losses on investment assets	(9,146)	(10,895)	(20,041)	(12,591)
Net movement in funds	(7,405)	(16,942)	(24,347)	(17,170)
Balances brought forward at 1 January	63,823	101,250	165,073	182,243
Fund balances carried forward at 31 December	56,418	84,308	140,726	165,073

These summarised financial statements may not contain sufficient information to allow for a full understanding of the financial affairs of the King's Fund. For further information the full annual financial statements, the auditors' report on those financial statements and the Trustees' annual report should be consulted. Copies of these can be obtained from: PS Jackson OBE, Director of Resources, The King's Fund, 11–13 Cavendish Square, London W1G 0AN or trustees_report@kingsfund.org.uk

The full annual financial statements, from which these summary financial statements are derived and on which the auditors gave an unqualified opinion, were approved on 24 April 2002 and will be submitted to the Charity Commission.

On behalf of the Trustees

Anthony McGrath, Treasurer 28 May 2002

Auditors' Statement to the Trustees of the King's Fund

We have examined the summarised financial statements set out above.

Respective responsibilities of Trustees and Auditors
You are responsible as Trustees for the preparation of the summary financial statements. We have agreed to report to you our opinion on the summarised statements' consistency with the full

financial statements, on which we reported to you on 29 May 2002.

Basis of opinion

We have carried out the procedures necessary to ascertain whether the summarised financial statements are consistent with the full financial statements from which they have been prepared.

Opinion

In our opinion the summarised financial statements are consistent with the full financial statements for the year ended 31 December 2001.

PricewaterhouseCoopers
Chartered Accountants and Registered Auditors
London

31 May 2002

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Her Majesty the Queen

President

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The Chairman of the Academy of Medical Royal Colleges
The Chairman of the London Regional Office (to 31.03.01)
The Chairman of the South East Regional Office (to 31.03.01)

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Vice-chairman Professor Adrian Eddleston (from 01.03.02)
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Treasurer Mr Anthony McGrath (from 01.01.02)
Sir William Wells (from 07.02.02)

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Assistant Director, Resources David Bewers
Director, Race and Diversity Naaz Coker
Director, Public Health Anna Coote
Director, Health Care Policy Jennifer Dixon
Director, Corporate Affairs Michelle Dixon
Director, Grants Susan Elizabeth (to 31.07.01)
Director, Primary Care Steve Gillam
Director, Resources Frank Jackson OBE
Director, Education and Leadership Development David Knowles
Director, Grants Steve Manning (from 01.08.01)
Director, Health and Social Care Janice Robinson

Full membership details of the King's Fund's Investment, Audit, Remuneration and Grants Committees, and of King's Fund Senior Associates, are given in the King's Fund *Trustees' Report and Financial Statements: Year ended 31 December 2001*, at trustees_report@kingsfund.org.uk

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www.kingsfund.org.uk

The King's Fund is an independent charitable foundation working for better health, especially in London. We carry out research, policy analysis and development activities, working on our own, in partnerships, and through grants. We are a major resource to people working in health, offering leadership and education courses; seminars and workshops; publications; information and library services; a specialist bookshop; and conference and meeting facilities.

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An independent voice

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