



# A catalyst for change

*King's* Fund

ANNUAL REVIEW 2002–2003

# Overview



## CHAIRMAN'S REVIEW

The year saw a period of review and refocusing for the King's Fund that enabled us to enter 2003 with a solid financial position and clear forward plans. We achieved significant progress in a number of areas.

We made a number of major policy contributions, conducting an authoritative analysis of the first five years of this Government's health policy, and brokering important debates on devolving power and expanding choice as part of a continuing programme of work on the future of the NHS. We launched influential new thinking on how the health service can use its significant spending power to trigger wider social, economic and environmental benefits for communities.

We distributed over £2.5 million in grants as a key element of our development activities, and rolled out our successful nurse-led programme to improve London's health hospitals from all acute and mental health trusts, to primary care trusts.

Our education and leadership development programmes helped some 1,500 people – from the health service and beyond – build their personal and professional effectiveness. As well as developing a new partnership with the NHS Leadership Centre to run programmes for NHS managers, we enhanced our work with grassroots community leaders, funded by the Millennium Commission.

One of our most exciting areas of progress has been developing the role we play in supporting the health and social care community in London. We have invested in our central London building – providing more meeting and office space for public sector and voluntary organisations – and expanded our information services.

Our staff and partners worked incredibly hard to achieve these outcomes in a year when we worked to reduce net expenditure by 22 per cent. We will continue to work hard and cost-effectively, while looking at new ways of generating income without compromising our independence.

We look forward to seeing a number of important projects come to fruition. They include the publication of our inquiry into mental health care in London and the findings of a major research project on London's health workforce – as well as the launch of new projects focusing on care markets, community leadership and better support for people who are dying.

*Graham Hart*

Sir Graham Hart  
Chairman, the Management Committee

## WORKING FOR B SHAPING HEALTH POLICY, D LEADERSHIP, AND ACTING A



## CHIEF E

Public services have always been an important part of modern society, but rarely has their future been the subject of such intense debate as over the past year.

The Government is right in wanting to effect a step change in quality within the NHS, linked to new ways of working in return for unprecedented levels of investment. But we need a much wider debate about the trade-offs involved in an increased use of market forces – especially for long-term conditions. We also need more discussion around the skills and roles needed to underpin a modern health service.

At the same time, it is important to look beyond institutional reform to the wider goal of promoting health and healthy communities. New thinking is needed to integrate policy

# BETTER HEALTH, WITH A FOCUS ON LONDON...

## DEVELOPING SERVICES AND COMMUNITIES, BUILDING CAPACITY AND AS A RESOURCE TO THE HEALTH AND SOCIAL CARE COMMUNITY

## EXECUTIVE'S REPORT

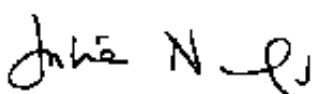
and practice in the health service with the work of other public sector bodies – such as local authorities and schools – which play a key role in shaping people's health and wellbeing.

Like many other charities, our available resources have been reduced by falling stock market values, but we have emerged from restructuring with a renewed focus on key priorities. We are now a leaner, more integrated organisation that will, I believe, have more impact than ever on improving health and health care at every level.

Our four main activities – shaping health policy, developing effective services and healthy communities, building capacity and leadership, and acting as a resource to the health and social care community – give us unique access to the full spectrum of those involved in health. In London and beyond, we

work with policy-makers, NHS staff and community-based organisations to achieve change in key areas, from shaping the future NHS to urban regeneration. We are investing in new ways of communicating with them and responding to their needs.

During the next few years, the battle over the future of public services will intensify. Our unique role as an independent broker within important health policy debates – together with our wider commitment to tackle inequalities and improve health for all – puts us in a strong position to act as a catalyst for change, especially in London. I believe we are more focused than ever on that challenge.



Julia Neuberger  
Chief Executive, the King's Fund

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# Shaping health policy

THE MODERN NHS NEEDS NEW THINKING ABOUT TRADE-OFFS, ROLES AND  
WAYS OF WORKING



**The Government has made some important commitments – not least, to a tax-funded NHS and significant extra investment. But it still needs a coherent vision of how to modernise the health service – and to find new ways of supporting NHS staff to work on the details of effective change.**

**The call for independent analysis has never been greater. We need a clearer view of the real trade-offs between devolving power locally and a commitment to national equity, and the balance between individual choice and collective benefits. We also need to protect the professional, public-service ethos on which the NHS has been built, while strengthening professional regulation and inspection, and ensuring services are responsive to public demand.**

**Our work with the whole spectrum of those involved in health puts us in a strong position to contribute some of the analysis and new thinking needed – and to scope the challenges and possibilities opened up by new models of care. We are taking forward major programmes on the shape of the new NHS and the NHS workforce, while continuing our commitment to ensuring high-quality services for one of London's most vulnerable groups – people with mental health problems.**

## The future of the NHS

The NHS Plan (2001) set out the Government's ambitious ten-year reform programme for the health service – a vision backed with unprecedented increases in funding. But as planning has given way to implementation, the difficulties of delivering tangible improvements on the ground have become clear, raising wider questions about how to achieve effective organisational change in public services.

How to improve the quality, efficiency and accessibility of health services remains a central question facing all governments in developed countries. In 2001, we brought together a group of professionals, commentators and academics from health care and beyond, chaired by Lord Haskins, to probe the challenges facing a modern NHS.

We are now taking forward a wider debate on the issues they highlighted – excessive centralisation, over-politicisation, and the need for greater responsiveness to individuals and communities. Our major work programme, Shaping the New NHS, has been planned as an interlinked programme of research, publishing activities, and discussions with senior policy-makers and other key players in the NHS and beyond.



*I have great respect for the King's Fund's work, and appreciate its argument that one model for the restructuring of accountability in the NHS could be the creation of a whole health economy foundation.*

Andrew Lansley MP  
Second reading, Health and Social Care Bill

We held breakfast debates on the case for and against internal markets in the health sector, and on the real implications of increased patient choice, teasing out the questions underlying current high-profile debates. Can a highly centralised approach to running the NHS really sit comfortably alongside a market-led approach? Or is it possible to combine the best of market disciplines with planned provision, by differentiating between types of demand?

We will broker further discussions on the case for an NHS agency operating at 'arm's length' from the Department of Health, and on the kinds of professional roles and skills needed to underpin a modern health service. We will also take forward a major study of how growing pressures on chronic care can best be managed, learning lessons from the United States.

## The health care workforce

Boosting the number of health care workers and making better use of their skills are central objectives of the Government's plans for enhancing the quality of health

# Shaping health policy

services. The NHS employs more staff than any other organisation in the UK, but faces serious problems with recruitment, retention and morale. Research into these areas remains underdeveloped.

In September 2002, the *British Medical Journal* published our study of nursing shortages in London. 'Mind the gap' revealed that some NHS trusts – particularly those in inner cities and teaching trusts – are experiencing staff turnover rates of up to 38 per cent each year.



With an ageing workforce and fewer younger people coming forward to fill vacancies, the NHS urgently needs imaginative policies that encourage older staff to stay, and help recruit older people into posts. Our publication, *Great to be Grey*, showed that experienced and skilled older workers are retiring early from the NHS in ever-increasing numbers, due to heavy workloads, long hours and low morale.

It argues that successful initiatives pioneered by senior managers from other sectors – such as flexible working practices and wider access to training programmes – can stem the loss of experienced and skilled older workers. But for this to happen, sustained commitment from the Government and NHS managers – backed up by

*The scale of the workforce challenge facing the NHS in London is huge, but so too are its resources and capacity. We will need to harness the special dynamics of the capital's health care market in new and creative ways, if we are to tackle that challenge successfully.*

Philip Brown  
Health Workforce Policy and  
Research Resource

resources and a determination to make 'people issues' central to performance management – will be essential.

Compared with other parts of the NHS, London experiences a higher level of long-term vacant posts among nurses and allied health professionals, has higher staff turnover and a greater dependency on temporary staff, and employs more international staff. Our study of London's health care labour market, *In Capital Health*, looks at how these challenges might be framed as essential features, to be actively managed, rather than changed. We are also looking at how new pay arrangements – and foundation trust freedoms – will affect the capital's health workers.

## London's mental health services

More 'joined-up' working between health, social services and other agencies is important for the NHS as a whole, and is critical to mental health services in particular. London, with its diverse communities and

pockets of intense poverty, faces special challenges in ensuring the right mix of medical and social support. Homeless people, minority ethnic groups, younger and older people are all especially likely to receive patchy or inadequate help.

We are completing a £250,000 grant-funded inquiry into the state of the capital's mental health services and how far they meet needs, five years after our last survey expressed serious concerns. The picture in 1997 was of services under extreme pressure, including long delays and many gaps in key areas, such as crisis support and beds for acute cases. Our new investigation asks whether funding and provision have improved, and what is being done to promote good mental health and combat the social exclusion often faced by people with mental health problems.

Our findings – to be published in October 2003 – will bring together learning from an 18-month programme of linked research activities, publications and expert seminars, gathering information from public and voluntary sector

*Working to achieve better mental health services in London will benefit not only service users, but also the specialist staff offering care. Strengthening the links between different health and social care providers, and tackling the problem of staff shortages, will be crucial.*

Angela Greatley  
Policy Director, Sainsbury Centre  
for Mental Health

bodies working on mental health issues, as well as service users and their families and carers.

Some clear themes are already emerging. For example, we found significant variations in the quantity of specialist housing on offer to people with mental health problems in different London boroughs. It will also be important to tackle excessive workloads and improve training and housing opportunities for many people working in London's mental health hospitals, in order to ease staffing shortages that continue at crisis levels.

There is a clear need to strengthen co-ordination across mental health, primary care, hospital and social services in London, to ensure the right help is available at the right time, and people have every support to manage their lives.

## Looking forward...

We will take forward a detailed study of how managed care organisations in the United States are successfully caring for patients with costly, chronic conditions, and compare this with practice in the NHS. In partnership with London's network of NHS human resource managers, and its workforce development confederations, we will explore new ways of ensuring a flexible, high-calibre health care workforce for London, making the case for improved management of the mental health care workforce in particular.

## Other highlights

***The Mental Health Alliance*** In March 2002, as a member of a consortium of more than 50 organisations representing mental health service users, staff, providers and voluntary bodies, we expressed our concerns about the Government's draft mental health bill. The bill was subsequently omitted from the legislative programme announced for the next parliamentary term.

***Analysis*** In Five-Year Health Check, published in April 2002, we scrutinised the Government's progress against pledges made during its first term of office in key areas such as funding, staffing, waiting times, public involvement and quality of care. We argued that money alone, while crucial, will not build a new NHS, and that professional, motivated staff and a focus on wider health issues also have a key role to play.

Visit: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)

***Foundation hospitals*** In April 2003, we hosted a widely reported joint seminar with the Social Markets Foundation, at which the Secretary of State for Health defended his vision of foundation hospitals. Our submission to the health select committee's inquiry welcomed plans further to devolve powers to frontline staff, but argued that the scheme must be properly evaluated before it is rolled out. Our web paper Future Directions for PCTs examined implications of foundation status for primary care trusts.

Download at: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)

***Waiting times*** In May 2003, we web published Sustaining Reductions in Waiting Times, alongside a linked article in the Health Service Journal. This shows that some trusts are consistently successful in achieving – and in some cases, exceeding – the current inpatient waiting-time target of less than six months, and identifies replicable success factors.

Download at: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)



# Promoting health and w

A WIDE RANGE OF PARTNERSHIPS UNDERPIN OUR WORK TO  
HEALTH AND HEALTH OPPORTUNITIES





# Wellbeing

## IMPROVE

**A commitment to improve health for all – and to challenge the health inequalities faced by particular groups in society – is central to our work, bringing an important wider perspective to our scrutiny of health policies.**

**Environmental, social and economic conditions all play a role in determining wider health and wellbeing – but effecting change from within one sector or discipline alone can be complex. We work in a wide range of partnerships – including with social services, other local government departments and the voluntary sector – to develop fresh perspectives, knowledge and ways of working. We deploy a mix of research, development and publishing activities to ensure that health policy is anchored in – and informed by – the insights and best practice of those working on the ground.**

**Our particular focus is London, but most of the issues with which we are concerned also affect the rest of the country. We seek to act as a catalyst for change, whether promoting better health for disadvantaged groups through urban regeneration, supporting the modernisation of health and social care services, or funding health-focused local projects across London, with its wide range of diverse communities and health needs.**

### Food for health

The NHS is the largest single organisation in the UK. How it recruits staff, sources food, uses energy and designs new buildings all impact on the environment – which in turn affects the health of those it exists to serve.

Our report *Claiming the Health Dividend* launched an important new debate about how the NHS might harness its huge spending power to achieve wider social, environmental and economic benefits. We hosted a joint conference with Sustain and London Food Link, which brought



together professionals from the worlds of health, agriculture and the environment to examine the case for more local food procurement by the health service.

Every year, the NHS spends £500 million on food to serve 300 million meals in 1,200 hospitals. The Government has committed itself to improving hospital food. But purchasing decisions are still substantially driven by price, with some hospitals spending barely over £2 a day on food per patient.

More NHS food procurement from local sources could mean healthier, fresher produce for patients and staff – while stimulating more local jobs in processing, catering and retail. With food transportation now accounting for one-quarter of all road traffic in the UK, a greater use of local suppliers could also play a significant role in helping cut vehicle journeys and reducing the risks posed to health by pollution.

*The time is right for sustainability to become part of the NHS agenda – with board-level support. The NHS could lead the way in setting new ‘best value’ standards in public-sector food procurement and delivery – that take account of the real costs of long-distance transportation and excessive packaging on the environment and health.*

Vicki Hird  
Policy Director, Sustain  
Food for Health  
conference partner

Germany, France, Italy and Sweden are among the EU countries that have long-running organic and local food procurement programmes for schools, local government and some hospitals. In the coming year, we will continue to work with others to make the case for an NHS that leads the way in defining

# Promoting health and w

new standards for socially and environmentally sensitive public-sector food procurement. We will also explore how the NHS can increase local recruitment and promote higher environmental standards in new buildings.

## Quality care for older people

How health and social care organisations respond to the needs – and rights – of the UK's growing population of older people is an increasingly pressing issue for individuals, families and public and voluntary sector commissioners and providers.

In its National Service Framework for Older People (2002), the Government laid out new standards for high-quality, integrated health and social care. With support from the Department of Health, older people and their organisations, and NHS and social service staff, we took forward a programme of work to ensure national policy translates into responsive, accessible services on the ground.

*Ensuring that older people are treated according to their unique needs, circumstances and priorities will benefit not only older people, but all service users, through promoting patient-centred care.*

Professor Ian Philp  
National Director of Older People's Services

A three-year development project, helping over 1,000 intermediate care co-ordinators nationwide share best practice, concluded with the publication of a practical guide,

*Developing Intermediate Care*. This drew on the network's learning to show how vulnerable older people who might otherwise be forced to go into hospitals or nursing homes can, with the right help at the right time, stay at home. It also shows clearly that partnerships across a wide range of health, social care and housing professionals are the key to greater independence and quality of life for older people, and to a more efficient use of health and social care resources.



Another guide, *Auditing Age Discrimination*, brought together the experiences of people working to tackle age discrimination in health and social care. Drawing on interviews with representatives from some of the several hundred new scrutiny groups now set up at local level, it highlights older people's role in helping health and social care professionals develop the services older people want and need, delivered in ways that suit them. It also shows how audits can go beyond scrutinising formal policies, to explore day-to-day practices and procedures that work to the disadvantage of older people.

## Community-based initiatives

Our historic commitment to supporting London's hospitals has developed into major grants programmes to promote health in London more widely, through

community-based activities designed by people living and working in the greater London area.

We invested £1.27 million in 29 development grants, averaging £25,000 a year, for projects ranging from health promotion to care and services for vulnerable groups. Initiatives included setting up food co-operatives to promote healthy eating in Newham, supporting carers in Barnet and Hillingdon, and funding mental health workers to support street drinkers in Finsbury Park and in a day centre for homeless people in Victoria.

Living on the street can exacerbate people's health needs while reducing their access to services. We funded work to improve the care for London's homeless people through accident and emergency services, and helped a theatre group run by homeless and ex-homeless people to raise awareness of primary care services.

Londoners with mental health needs form another significant vulnerable group. We supported the launch of an information and advice service for the parents of children and young people with mental health problems, and funded a health advocate to act

*The funding we received is enabling us to develop and trial new ways of diverting homeless people away from using NHS emergency departments inappropriately, to other more effective forms of support.*

Debbie Gilbert  
St Giles Trust  
King's Fund grant holder

# Wellbeing

as a bridge between the Chinese community and mental health service professionals.

Working in a major city gives us the scope to build momentum behind good ideas, and to identify key areas of learning that can be 'scaled up' nationally. Our £2 million initiative to improve existing hospital environments, for example, has now been rolled out to all acute and mental health trusts in London, and is being extended into primary care trusts. The scheme – in which nurse-led teams design and manage projects, from refurbishing accident and emergency waiting areas, to commissioning gardens and murals – is set for nationwide extension in partnership with NHS Estates in late 2003, alongside the launch of a major publication.

## Looking forward...

Work on the links between health, environment and social issues will continue to be a priority. We will launch a major investigation into how local authorities – and health and housing professionals – are managing care services for vulnerable older people in the face of serious shortages in London. We will look at how employment functions as a health measure in the capital, and publicise new thinking about how complex community initiatives can be structured and managed to create lasting change. We will launch a major new grant-funded project to improve support for people who are dying.

## Other highlights

**Death and dying** Our July 2002 discussion paper, *Psychosocial Support for Dying People*, showed that only one-quarter of those who wish to die at home can do so, and that help with emotional, practical or spiritual needs remains patchy. It argues that the new commissioning powers of primary care trusts are the key to better, more integrated care.

Download at: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)

**Care services** In 2001, our review of the care sector revealed chronic under-funding. Our November 2002 web paper, *Unfinished Business: Is a crisis in care still looming?*, argued that care services for older and disabled people still face a major staffing crisis unless a long-term financial settlement for social services is secured.

Download at: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)

**Young people** In November 2002, we held an assembly to mark the end of our four-year *Imagine London* programme, to which more than 3,000 young Londoners had contributed their ideas about ways to make their city a healthier place to live. The young people sent a health and wellbeing manifesto to the Mayor of London.

**Pharmacy services** Developing Community Pharmacy, published in November 2002, summarised findings from our survey of pharmacists in north-east London. Many already offered more services than those contractually required – and over two-thirds wanted to extend these, in line with government policies. But many lacked the support to do so, and over half were working more than 48 hours a week.

Download at: [www.kingsfund.org.uk/summaries](http://www.kingsfund.org.uk/summaries)

**London partnerships** We supported the London Health Commission – a cross-cutting strategic body set up to act as a catalyst – monitor key indicators and drive improvements across a wide range of players in London, including health and social services, employers and the Greater London Authority.

# Building capacity and leadership

VISION, NETWORKS AND RESOURCES ARE THE TOOLS WITH WHICH  
CHANGE IS BUILT



# Leadership

## EFFECTIVE

**Our capacity-building and funding activities bring us into direct contact with professionals, community leaders and voluntary groups dealing with health and social care on the ground – anchoring our policy and research work in real, practical experience.**

**Through our education and leadership development programmes, we help senior and frontline NHS staff in clinical and management roles realise their full potential, and develop the knowledge and self-awareness on which long-term effectiveness in any complex organisational environment depends. We help community leaders build their skills, confidence and networks.**

**Our £2.5 million grants programme helps people in a wide range of roles in voluntary, statutory and community-based organisations across London, often through a combination of resources and other forms of support. We fund local health improvements, and help people and organisations develop the skills and networks needed to take them forward. We seek to consolidate and disseminate innovative and effective new ways of working, such as community health advocacy.**

## Developing health leaders

Well-trained, confident, emotionally and politically sophisticated leaders lie at the heart of any lasting improvements in health and social care. They are to be found at all levels in high-performing organisations – and will be central to an effective, modern NHS.

We have a long history of supporting the personal and leadership development of a wide range of NHS staff, from clinicians and nurses, to NHS chairs and chief executives. We also work with participants from beyond the health service, including local community representatives, and staff from voluntary organisations and the social services. In 2002–03, we helped 1,500 professionals from London and beyond build their personal and professional effectiveness.

Our advertised programmes run alongside an increasing volume of commissioned work. At the request of the NHS Leadership Centre, we launched a new programme to help NHS executive directors aiming to be chief executives reflect on the demands of this high-profile role and deepen their understanding of the challenges inherent in leading complex organisations. The centre



continued its support for our overseas study tours, which enable chief executives to find new insights into issues that they face at home, through the lens of a different system. We have also been commissioned to run a new programme to help experienced chief executives tackle complex, sometimes intractable situations effectively.

Over the past three years, we have run some 80 events a year – from masterclasses and seminars on topical issues, to training in key skills, such as chairing and handling the media – for all chairs and non-executive directors of NHS organisations across London. Designed to build high-quality governance and decision-making by lay people, with a wide range of backgrounds and experience, the programme is supported by more than 80 participating bodies. The success of the London Board Leadership programme has led to its extension for a further three years.

## Supporting local projects

Over the past two years, 175 people have taken part in a joint Millennium Commission/King's Fund scheme, to help them take forward community-based projects to improve the health of people living and working in Greater London.

The award winners – ranging in age from 16 to 96 – each get a

*Taking part in this programme has been one of the most worthwhile and stimulating experiences of my career – I emerged with a new understanding of myself, my leadership style and the effect I have on others.*

Participant  
NHS Chief Executive programme

# Building capacity and lea



one-year £2,000 cash grant from lottery funding, and take part in a 13-day King's Fund leadership development programme designed to build skills in project management and networking. Most are based in London's inner boroughs, come from black and minority ethnic communities, and are already involved with local organisations. One group was made up of mental health service users and volunteers keen to get involved in community improvement.

Most initiatives are focused on health promotion and empowerment. One project runs a telephone service that regularly contacts 50 older people living in Westminster, many of them housebound. Another, based in a Newham school, runs a fresh fruit and vegetables co-op for local people on low incomes, while a third manages an advice, support and buddy scheme for more than

*The award helped me set up a food co-op in Newham, so local people on low incomes could buy affordable fresh fruit and vegetables. The project raised awareness of the need to eat healthy food – and opened up new training and volunteering opportunities in our community.*

Eric Samuels  
Millennium Commission/  
King's Fund award holder

500 dialysis patients from Charing Cross Hospital and their carers.

A recent publicity drive to recruit 60 final award holders – supported by several past award winners acting as 'ambassadors' – shows how inspiring the results can be, achieved by the scheme's special combination of local people, funding and King's Fund support. London-based media, including the *Ham & High* and *The Voice*, plus *Guardian Society*, all profiled award winners and projects. The scheme was deluged with applications and is running an extra intake as a result.

## Recognising excellence

We work with a range of organisations in the health sector and beyond, to celebrate health-related achievements – and to foster new ideas and best practice.

We sponsored a new *Health Service Journal* award to highlight socially and environmentally aware policy and practice. Sandwell council and primary care trusts won the health and sustainability prize for their innovative work with public, private and voluntary organisations to launch a sale-or-return fresh foods scheme for local retailers and to roll out a cycling strategy.

With GlaxoSmithKline, we continued a six-year partnership that has given £1.4 million to small or medium-sized UK voluntary organisations for their work to improve community health. Over 200 applications were received, with ten winners receiving £25,000 each. Among them were a Tower Hamlets-based arts programme linking communities across

generations and cultures, a Belfast counselling service helping people deal with the impacts of conflict, and a day-care service for isolated older people living in inner-city Nottingham.

*People from health, local government, retail and catering all helped shape our prize-winning food access project for Sandwell. I was particularly pleased that the judging panel felt we'd developed a clear vision of sustainability – and how it can improve people's health.*

Terry Jones  
Coordinator of Sandwell Local  
Agenda 21  
HSJ 2002 sustainability  
award winner

A project in rural Scotland that works with young carers won the King's Fund health award in the Institute of Public Policy Research/Guardian Public Involvement Awards scheme, which attracted 152 applicants. Based in Skye and Lochalsh, it had brought 37 isolated young carers together to work on a range of practical projects, including developing guidelines for hospital staff and lobbying the Scottish parliament on the Carers' Bill.

## Developing health advocates

Informed, community-based spokespeople can play a key role in representing local people's needs to health service providers, and ensuring equitable access to services for disadvantaged communities in a new, more patient-centred NHS.

# Leadership



But 'health advocates', as they are increasingly known, need skills, networks and support if they are to work effectively in a demanding range of roles, from helping design and publicise appropriate services, to assisting patients and their families to make informed decisions. We are investing £1 million over five years in a grant-funded programme to develop health advocates for London's black and minority ethnic

*My job as a health advocate is to build up the knowledge and confidence of people who find public services hard to use – and so make a real difference to their health. It's all about empowering people to help themselves.*

Karen Speller  
Advocate for people with  
learning disabilities  
Barking and Dagenham

communities.

The first graduates from a King's Fund-supported certificate run by the University of East London received their awards at a ceremony in September 2002. At the same event, the Council for Ethnic Minority Voluntary Organisations (CEMVO) announced that its health advocacy network for London, launched in January 2002, already had 151 members. The network brings advocates

together to share their experiences and campaign for better NHS support for, and understanding of, their work.

Health advocates need to provide a high-quality service that has the confidence of consumers and NHS providers alike. We are helping to develop and test an agreed set of standards by piloting them in two primary care trusts in the North-West London Strategic Health Authority.

## Looking forward...

Supporting and developing effective, skilled people capable of taking forward real and imaginative improvements in health and social care will continue to be central to our work. In 2003–04, we will offer a new suite of personal and professional development programmes (see page 20), and support a final group of Millennium Award winners to complete London-focused health projects. We will extend our work to support lay health advocates, and make the case for their wider integration into the future health and social care workforce, as a key to securing effective access to health services for disadvantaged communities.



# Managing our finances

IN A DIFFICULT FINANCIAL CLIMATE, WE CUT NET EXPENDITURE BY 22 PER CENT AND INVESTMENT ON KEY PRIORITIES

Figure 1: Income (1998–2002)

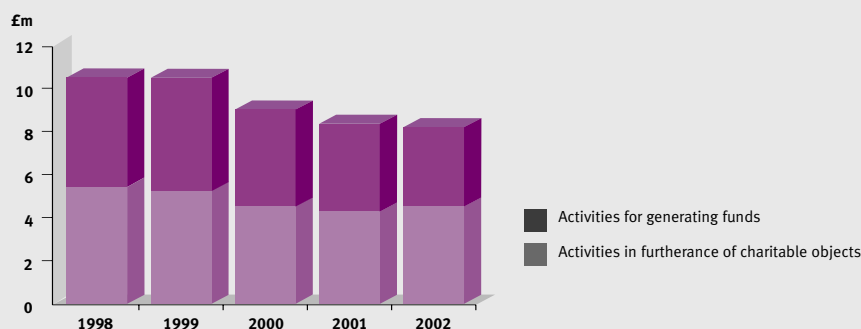


Figure 2: Expenditure (1998–2002)

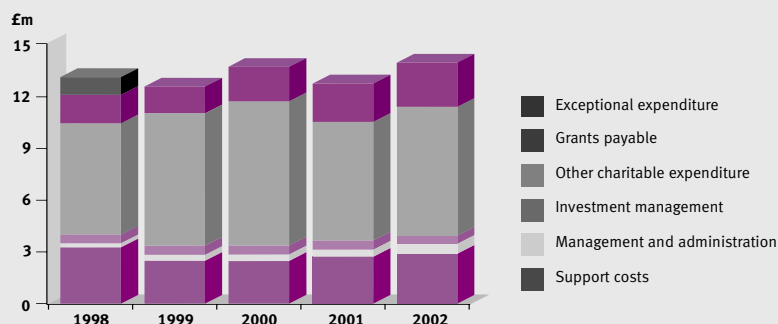


Figure 3: Total net assets (1998–2002)

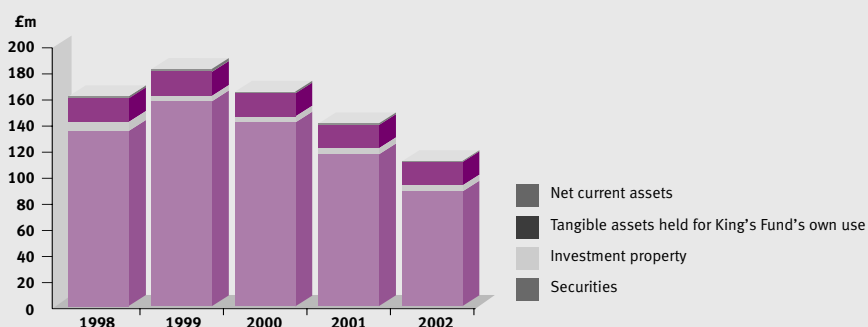
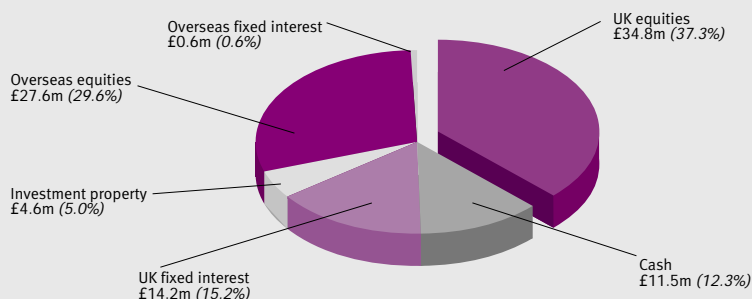


Figure 4: Investment portfolio (31 December 2002)



Like many other charities, our available resources have been reduced due to three successive years of falling stock market values. The defining feature of 2002 was a wide-ranging strategic review that ensured we entered 2003 on a firm financial footing.

We ended 2002 within budget, despite incurring one-off costs associated with implementation of the strategic review. By refocusing expenditure on our key priorities, making efficiency savings, and maximising income, we have achieved a budget reduction for 2003 expenditure of £1.7 million against 2002 – equivalent to 22 per cent.

Making these savings entailed the closure of our specialist bookshop and a reduction in the number of policy and development projects underway at any given time. However, we believe our overall value to health and social care will be enhanced. We have achieved greater integration across disciplines and a renewed emphasis on using existing resources – including our conference facilities, and library and information services – to support the wider health and social care community. In 2003, we will also invest in faster and more targeted communications with our key audiences.

The financial climate facing us remains challenging. We will maintain a tight check on expenditure, and continue to increase income from services and investments. We have significantly revised our 2003 asset management arrangements to improve return without undue risk, and are confident that we can go forward without compromising our major asset – our independence drawn from a sound financial base.

## Income, expenditure and assets

1 January to 31 December 2002

Total **income** amounted to £8.3 million (£8.4 million in 2001), of which £4.6 million (£4.3 million) was generated from activities in furtherance of charitable objects and £3.7 million (£4.1 million) was derived from activities to generate funds, primarily from the investment portfolio. Income from activities rose by £0.3 million, principally as a result of increased activity in education and leadership development, plus an upturn in monies received to fund programmes and projects. The income from other charitable activities in 2001 included a £0.3 million refund of VAT, which was not repeated in 2002. *See Figure 1: Income (1998–2002)*

Total **expenditure** was £13.9 million (£12.7 million in 2001), including £0.3 million of unplanned expenditure, principally redundancy and redeployment costs arising from the strategic review. The increased expenditure in furtherance of charitable objects results primarily from the growth in education and leadership development activity. Expenditure on grants payable has again increased, as work on the Millennium Grants programmes initiated in 2000 has continued alongside a full series of awards being made by the Grants Committee. The rise in management and administration costs is attributable to a bad debt provision made in the year. *See Figure 2: Expenditure (1998–2002)*

The average number of **staff**, expressed as full-time equivalents (FTE), employed by the King's Fund during the year was 131, compared with 136 in 2001, of whom 12 were funded by grants from other bodies. This small reduction in the average masks the major reduction in staff numbers arising from the strategic review, which delivered a budgeted establishment for 2003 of 112.5 FTE – a reduction of 28 FTE from the previous year. After allowing for the costs of redundancy and redeployment, the total wage bill showed a marginal reduction of £0.1 million.

The **outcome** for the year – namely, expenditure exceeding income by £5.6 million – was much as expected, but significantly higher than the previous year. For an unprecedented third successive year, the total return on our assets, being the combination

of investment income, which continued to fall, and the change in value of those assets, was negative.

At 31 December 2002, the net value of our **assets** was £112 million – a decrease of £28.7 million over the year. This decrease was largely due to the downturn in stock markets worldwide over the period, coupled with a withdrawal from investments of £5 million to defray revenue expenditure. Capital expenditure (including work on the replacement of air conditioning plant), was greater than the depreciation charged in the year, resulting in an increase in the value of tangible assets held for our own use from £18.1 million to £18.4 million. The investment securities decreased in value over the year by £28.2 million to £88.7 million and the portfolio of agricultural property was valued at £4.6 million (£4.7 million in 2001). At the year end, current assets exceeded current liabilities by £0.2 million. *See Figure 3: Total net assets (1998–2002)*

The overall trend in stock markets throughout the year was downwards, and the net value of **investments** fell by 23 per cent, which matched the decline in the FTSE All Share Index over the same period. This third successive year of losses has resulted in the value of the assets being reduced to 58 per cent of their peak value at December 1999. In real terms, the reduction is greater. *See Figure 4: Investment portfolio (31 December 2002)*

In regard to our **investment management**, we pursue a policy of maximising total return. For the first three-quarters of the year, monitoring against the WM Total Charity Median excluding Property benchmark continued, with the investments managed by Baring Asset Management Limited (BAM) and Schroder Investment Management (UK) Limited (SIM). These managers were charged with achieving a return not less than 2 per cent below the one-year benchmark, and no worse than 1 per cent above the three-year figure. Neither manager achieved the three-year target. As far as the one-year target is concerned, BAM succeeded in matching it, while SIM performed better and exceeded it by almost three percentage points. *See Table 1: Investment managers' performance against targets*

The results of the past few years have caused the Investment Committee to review both the composition and management structure of our **investment portfolio**. The conclusions of the review were that the proportion of investments held in UK equities should be reduced, with more focused mandates given to the equity managers, and that diversity should be sought through alternative investments, including hedge funds, property and private equity. *See Table 2: Investment portfolio target allocation and ranges*

**Table 1: Investment managers' performance against targets**

	3 years to September 2002	Year to September 2002	Quarter 3 2002
WM Total Charity Median	+6.6%	-13.8%	-14.3%
Performance targets	≥ -5.6%	≥ -15.8%	–
Baring Asset Management	-10.4%	-15.8%	-16.0%
Schroder Investment Management	-6.6%	-12.9%	-14.3%

**Table 2: Investment portfolio target allocation and ranges**

Asset Class	Allocation	Minimum	Maximum
UK Equities	40.0%	} 65.0%	} 80.0%
Non-UK Equities	32.5%		
Fixed Interest	7.5%	5.0%	15.0%
Alternative Investments	15.0%	5.0%	15.0%
Cash	5.0%	5.0%	15.0%
Total	100.0%		

# Managing our finances

## BALANCE SHEET as at 31 December 2002

	31 December 2002		31 December 2001	
	£000	£000	£000	£000
<b>FIXED ASSETS</b>				
Tangible assets held for the Fund's use	18,415		18,069	
Investments	93,338	<b>111,753</b>	121,582	<b>139,651</b>
<b>CURRENT ASSETS</b>				
Debtors	940		1,575	
Stocks	104		160	
Cash at bank and in hand	525		595	
<b>CURRENT LIABILITIES</b>	(1,345)		(1,255)	
<b>NET CURRENT ASSETS</b>		<b>224</b>		<b>1,075</b>
<b>TOTAL ASSETS</b>		<b>111,977</b>		<b>140,726</b>
<b>FUNDS</b>				
Restricted Funds		<b>47,718</b>		<b>56,418</b>
Unrestricted Funds		<b>64,259</b>		<b>84,308</b>
<b>TOTAL FUNDS</b>		<b>111,977</b>		<b>140,726</b>

In November 2002, the first changes in this direction were implemented with the conversion of the two general portfolios into a specialist UK equity portfolio and a global equity portfolio. The mandate for the former was awarded to SIM, while the latter was achieved by the purchase of units in the Marathon Asset Management (MAM) Global Fund, which comprises approximately 90 per cent ex-UK equities.

Early in 2003, the Investment Committee determined that equal investments should be made in two fixed interest funds – namely the Charities Official Investment Fund, managed by CCLA, and Charibond, managed by M&G Investments. Work will continue on selecting managers for alternative investments.

### The current year From 1 January 2003

Almost without exception, stock markets worldwide experienced further falls in value during the first quarter of 2003, although some rallying towards the end of the period mitigated against the low points of early March. The managers of the two specific portfolios – UK and Global Equities – not surprisingly reported losses in the period, but both showed positive returns against their respective benchmark index. *See Table 3: Performance against benchmark*

**Table 3: Performance against benchmark**

<b>SIM – UK Equities</b>	Performance Q1 2003 -5.6%	Benchmark index (FTSE All Share) -7.6%
<b>MAM – Global Fund</b>	Performance Q1 2003 -2.36%	Benchmark index (MSCI World) -3.18%

The two managers independently report that the portfolios are geared towards equities that will perform well in the projected low-inflation, low-growth environment, and that each will respond positively to the modest upturn in market values anticipated later in the year. Set against the poor performance of equities, bonds continued to increase in value.

The net expenditure budget for 2003, derived from the strategic review, is 22 per cent lower than that for the year just ended. However, given the depressed state of investment markets and the poor economic outlook, we will continue closely to monitor our expenditure plans against the level of available resources. The key determinant in all of this work is the maintenance of a sufficient asset base to ensure the long-term future of our activities.

### Donations and legacies

The Treasurer gratefully acknowledges donations and legacies received from the following during the past year from: Her Majesty the Queen, HRH The Duke of

Gloucester, the Bawden Fund, AH Chester, V Dodson, The Forrester Trust, Lord Hayter, A Heilbron, FJ Lee, Rabbi J Neuberger, P Norton, G Pampiglione, D and KL Welbourne, and other anonymous donors.

*Anthony McGrath*

Anthony McGrath  
Treasurer  
27 May 2003

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, please consult our *Trustees' Report and Financial Statements: Year ended 31 December 2002*. Download at [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications), or e-mail [trustees\\_report@kingsfund.org.uk](mailto:trustees_report@kingsfund.org.uk)

# SUMMARY STATEMENT OF FINANCIAL ACTIVITIES

for the year ended 31 December 2002

	Restricted Funds £000	Unrestricted Funds £000	2002 Total Funds £000	2001 Total Restated £000
<b>INCOMING RESOURCES</b>				
<b>Donations and legacies</b>	–	10	10	10
<i>Activities in furtherance of the objects of the King's Fund</i>				
Programmes and Projects	479	438	917	697
Education and Leadership Development	–	2,790	2,790	2,326
Publication and Information Services	–	234	234	265
Other charitable activities	–	607	607	999
<b>Activities in furtherance of objects</b>	<b>479</b>	<b>4,069</b>	<b>4,548</b>	<b>4,287</b>
<i>Investment income</i>				
Income from securities and cash assets	1,572	1,768	3,340	3,805
Income from properties	–	390	390	324
<b>Activities for generating funds</b>	<b>1,572</b>	<b>2,158</b>	<b>3,730</b>	<b>4,129</b>
<b>TOTAL INCOMING RESOURCES</b>	<b>2,051</b>	<b>6,237</b>	<b>8,288</b>	<b>8,426</b>
<b>RESOURCES EXPENDED</b>				
<i>Cost of generating funds</i>				
<b>Cost of investment management</b>	<b>208</b>	<b>270</b>	<b>478</b>	<b>475</b>
<i>Charitable expenditure</i>				
Costs of activities in furtherance of the objects of the King's Fund				
Grants payable	–	2,566	2,566	2,261
Programmes and Projects	532	2,320	2,852	2,787
Education and Leadership Development	–	2,610	2,610	2,195
Publication and Information Services	–	1,151	1,151	1,023
Other charitable activities	–	740	740	826
<b>Activities in furtherance of objects</b>	<b>532</b>	<b>9,387</b>	<b>9,919</b>	<b>9,092</b>
Support costs				
<b>Support costs and depreciation</b>	<b>–</b>	<b>2,895</b>	<b>2,895</b>	<b>2,767</b>
Management and administration				
<b>Senior management and professional services</b>	<b>–</b>	<b>591</b>	<b>591</b>	<b>398</b>
<b>TOTAL RESOURCES EXPENDED</b>	<b>740</b>	<b>13,143</b>	<b>13,883</b>	<b>12,732</b>
<b>Net incoming/(outgoing) resources before transfers</b>	<b>1,311</b>	<b>(6,906)</b>	<b>(5,595)</b>	<b>(4,306)</b>
Transfers between funds	1,036	(1,036)	–	–
<b>Net incoming/(outgoing) resources</b>	<b>2,347</b>	<b>(7,942)</b>	<b>(5,595)</b>	<b>(4,306)</b>
Net losses on investment assets	(11,047)	(12,107)	(23,154)	(20,041)
<b>Net movement in funds</b>	<b>(8,700)</b>	<b>(20,049)</b>	<b>(28,749)</b>	<b>(24,347)</b>
Balances brought forward at 1 January	56,418	84,308	140,726	165,073
<b>Fund balances carried forward at 31 December</b>	<b>47,718</b>	<b>64,259</b>	<b>111,977</b>	<b>140,726</b>

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 29 April 2003 and will be submitted to the Charity Commission.

On behalf of the Trustees

*Anthony McGrath*

Anthony McGrath, Treasurer

27 May 2003

## 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 28 May 2003.

## 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 2002.

PricewaterhouseCoopers LLP  
Chartered Accountants and Registered Auditors  
London

29 May 2003

# Acting as a resource

WE OFFER A WIDE RANGE OF RESOURCES DESIGNED TO HELP PEOPLE IN HEALTH AND SOCIAL CARE WORK EFFECTIVELY





**Up-to-date information and independent expertise – plus opportunities to share best practice quickly and easily – are essential for people taking forward improvements in health and social care, whether they are involved in shaping policies, delivering services or developing community health.**

**Our specialist library, extensive publishing programme and comprehensive website offer a wide range of resources designed to support health-focused organisations, government bodies and individual researchers, as well as NHS professionals. We also give practical support to voluntary and statutory organisations across London, through our grants programme.**

**The photographs within these pages give a flavour of the wide range of activities that take place in our central London building. As well as running our own events, seminars and education and leadership programmes, we provides a venue where the health and social care community in London can hold workshops, training sessions and conferences, or rent office accommodation.**

**We are further developing our public spaces to provide an accessible and friendly welcome to all those who visit us, including refurbishing our café, updating our catering services, and launching a new ground-floor sales and information area, where visitors can pick up the full range of our materials.**

## A specialist library

We run the only public reference library in the country specialising in health and social care resources, staffed by a team of information experts who provide tailored support to callers and visitors without appointment. Most of our services are free of charge, from searches of our database to reading lists on health and social care topics.

### The library:

- handles some 10,000 enquiries a year from NHS and local government staff, researchers, students and the voluntary sector
- holds a database of over 75,000 bibliographic records, catalogued using an authoritative thesaurus of over 11,000 indexing terms, developed with the Department of Health Library as part of the Healthcare Management Information Consortium



- publishes free reading lists on health and social care topics and a subscription-based current awareness bulletin, listing all new journal articles, books, reports and Department of Health circulars added to its database
- is helping develop comprehensive, high quality web-based information on health management issues, including online access to key topic briefings and a database of over 1,000 evaluated resources, as part of the NHS's National Electronic Library for Health. *See [www.nelh.nhs.uk/management](http://www.nelh.nhs.uk/management)*
- is fully wheelchair accessible.

### Further information

Lynette Cawthra, Information and Library Services Manager  
Tel: 020 7307 2568/9  
[www.kingsfund.org.uk/library](http://www.kingsfund.org.uk/library)

## A place to meet

Every year, some 60,000 people attend almost 4,000 events held at our building in central London – from small meetings to formal conferences. We hire out rooms for workshops, conferences, press launches, breakfast seminars, dinners and drinks receptions, with special rates for health-focused voluntary and public sector organisations.



### Our conferencing service:

- offers facilities from large, theatre-style spaces to small meeting rooms, including use of our restaurant, café, conservatory and garden
- hires out 13 rooms, some of which can be split into syndicate rooms as part of large events
- provides advice on all aspects of organising an event at the King's Fund, including room choice and layout
- can arrange catering, from buffets to sit-down meals, plus audio-visual support
- ensures a member of the conference team is on hand to support events on the day.

### Our café:

- serves drinks, soup, sandwiches and snacks to visitors throughout the day
- has comfortable seating for 40 people, plus PC plug-in workstations.

# Acting as a resource

## Our restaurant:

- serves a wide selection of hot and cold meals, plus desserts and fruit, to conference delegates
- seats 150 people.

## Our conservatory:

- is a light, airy space next to our courtyard garden, where delegates and visitors can meet and chat during the day
- can be hired for special events, such as launches and corporate functions.

## Further information

Rebecca Smith, Conference Services Manager  
Tel: 020 7307 2474  
[www.kingsfund.org.uk/conferencing](http://www.kingsfund.org.uk/conferencing)

## Grant funding

We distribute £1.2 million a year in small grants and larger development grants to statutory and voluntary health-focused organisations making practical improvements to the health of Londoners, through innovative community-based projects. All funded projects must actively involve service users in their planning and delivery, and show how lessons learned will be disseminated.

## Our grants programme:

- funds a wide range of organisations, such as Mental Health Media, Carers' Network Westminster and the Kids' Cookery School
- makes small grants of up to £5,000 to voluntary organisations with an annual income of under £250,000 – often to support small-scale events, conferences and publications
- makes development grants averaging £25,000 a year, for up to three years,

to statutory and voluntary bodies, to support initiatives to improve health and health care in the capital

- asks all applicants for clear evidence of the need for their project, and how it will be delivered and evaluated.

## Further information

Zumara Khan, Senior Grants Administrator  
Tel: 020 7307 2466  
[www.kingsfund.org.uk/grants](http://www.kingsfund.org.uk/grants)

## Education and leadership development

We have a long history of providing distinctive and challenging professional and personal development programmes. We help people working at all levels of the NHS – from clinicians and nurses, to NHS chairs and chief executives – develop their leadership skills. Many of them forge links with us and with fellow participants that last for many years. We also work with people in voluntary groups and the public sector, and with community-based leaders, taking forward practical projects to improve the health of Londoners.

Working with a range of partners, including the NHS Leadership Centre and all the NHS strategic health authorities and trusts in

London, we offer tailor-made programmes for chairs, executives and non-executive directors and other specific groups. Senior executives are offered individual support through mentoring and coaching.

## Our programmes are:

- focused on helping participants follow a journey shaped by their personal needs and experiences, often through using learning sets that encourage them to learn from their peers
- structured to mirror the kinds of challenges people face in their workplace or community, in an environment where they can reflect, change and learn
- designed to challenge participants to continue to develop themselves, and their contribution to their organisation or community, long after the programme ends
- routinely evaluated to ensure they respond to participants' needs.

Meeting dates for a selection of our most heavily subscribed programmes are given in the box below.

## Further information

Vivien Bucke, Administration Manager  
Tel: 020 7307 2595  
[www.kingsfund.org.uk/leadership](http://www.kingsfund.org.uk/leadership)

Leadership programmes	Dates
Athena programme	<b>Intake 1</b> 19–21 Jan, 22–24 Mar, 9–11 Jun, 5–7 Jul 2004 <b>Intake 2</b> 8–10 Sep, 22–24 Nov 2004
Management for Clinical Directors	<b>Intake 1</b> 5–8 Apr, 30 Jun–2 Jul, 20–21 Sep 2004 <b>Intake 2</b> 5–18 Jun, 22–24 Sep, 6–7 Dec 2004
Management for Consultants	<b>Intake 1</b> 31 Mar–2 Apr, 21–22 Jun, 7–8 Sep 2004 <b>Intake 2</b> 23–25 Jun, 29–30 Sep, 8–9 Dec 2004
Management and Leadership for Clinicians	1–5 Mar, 5–9 Jul, 29 Nov–3 Dec 2004
Management for Specialist Registrars	2–6 Feb, 26–30 Apr, 25–29 Oct, 6–10 Dec 2004
Senior Management programme	<b>Intake 1</b> 16–20 Feb, 23–27 Feb, 29 Mar–2 Apr, 17–21 May, 7–11 Jun 2004 <b>Intake 2</b> 13–17 Sep, 20–24 Sep, 25–29 Oct, 15–19 Nov, 6–10 Dec 2004
Successful Nurse Leader	8–12 Mar, 4–8 Oct 2004
Top Manager programme	26–30 Apr, 4–7 May, 10–14 May, 12–16 Jul, 11–15 Oct, 29 Nov–3 Dec 2004

Note: Dates may be subject to change. See [www.kingsfund.org.uk/leadership](http://www.kingsfund.org.uk/leadership) for full current details.





## Publications 2002–03

We publish a wide range of priced reports, policy papers and guides – plus free print and online materials – many of which receive extensive media coverage and spark national debate on health and social care issues. The year's highlights include:



**April 2002**

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

£7.99

**May 2002**

**Claiming the Health Dividend:** Unlocking the benefits of NHS spending

£10.00

Download report summary at: [www.kingsfund.org.uk/summaries](http://www.kingsfund.org.uk/summaries)

**July 2002**

**Psychosocial Support for Dying People:** What can primary trusts do?

free

Download at: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)



**August 2002**

**How Good is Your Service to Carers?** A guide to checking quality standards for local carer support services

£5.00

**October 2002**

**Developing Intermediate Care:** A guide for health and social care professionals

£18.00

**November 2002**

**Unfinished Business:** Is a crisis in care still looming?

free

Download at: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)



**Out of the Maze:** Reaching and supporting Londoners with severe mental illness

£10.00

**December 2002**

**Great to be Grey:** How can the NHS recruit and retain more older staff?

£8.00

Download executive summary at: [www.kingsfund.org.uk/summaries](http://www.kingsfund.org.uk/summaries)

**February 2003**

**Auditing Age Discrimination:** A practical approach to promoting equality in health and social care

£15.00

(voluntary organisations: £7.50)

**March 2003**

**Producing Patient Information:** How to research, develop and produce effective information resources

£20.00



**April 2003**

**London's Mental Health Workforce:** A review of recent developments

free

Download at: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)

**May 2003**

**Can Market Forces be Used for Good?** (Shaping the New NHS series)

£6.50

Download at: [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)

For more information about these publications, plus details of our full list of over 170 titles, visit [www.kingsfund.org.uk/publications](http://www.kingsfund.org.uk/publications)

Contact: Rebecca Degener, Sales and Information Manager

Tel: 020 7307 2591

# Acting as a resource



## Research, policy and development expertise

**This section gives a flavour of the expertise, backgrounds and current interests of staff and visiting fellows working in our health policy and education and leadership development departments. Details correct at time of publication, but for latest information, call our information line on 020 7307 2568.**

### **Arturo Alvarez-Rosete** – *Researcher, Policy Resource*

Arturo specialises in social and public policy and administration, with a particular interest in organisational structures, and health and social security system reform in Europe. He is completing his PhD at the University of Nottingham, where he has taught Spanish politics. He has also lectured in Spain and Central America on public policy and social security systems.

### **John Appleby** – *Chief Economist, Policy Resource*

John has researched and published widely on many aspects of health service funding, rationing, resource allocation and performance. He previously worked as an economist with the NHS in Birmingham and London, and at the universities of Birmingham and East Anglia as Senior Lecturer in health economics. He is a visiting Professor at the department of economics at City University.

### **Penny Banks** – *Fellow, Health Policy*

Penny's interests include public involvement, user and carer involvement, advocacy, assessments, complaints, disability and partnership working. She chairs Carers Alliance UK, the Caring About Carers Awards and the London Carers Strategy Steering Group.

### **Nicholas Bradbury** – *Fellow, ELD*

Nicholas works with clinicians, senior managers and King's Fund Millennium Award winners, helping leaders develop their creativity and wisdom. Ordained in 1973, he has wide experience of consultancy work with organisations, groups and individuals in the statutory and voluntary sectors, including parishes and theological education.



*ELD = Education and Leadership Development*

**Patricia Brand** – *Fellow, ELD*

Patricia has been a director of the King's Fund's Leadership 2000 Programme – and its successor, the Athena programme – since 1993. She is also Director of the London Board Leadership programme and a faculty member of the Senior Chief Executive programme. She has worked extensively in executive coaching and organisational development, focusing on personal and organisational change.

**Bernie Brooks** – *Fellow, ELD*

Bernie has extensive experience in leadership and organisational development in the NHS and the public sector. He has worked in higher education, the voluntary sector, with a health authority, and as a counsellor and mentor. He has acted as a consultant and leader/facilitator on a wide range of personal and management development programmes, including the NHS Leadership Centre's Directors programme.

**Anna Coote** – *Director, Health Policy*

Anna has published widely on health, social policy and gender issues. She was formerly Deputy Director of the Institute for Public Policy Research, consultant to the UK Government's Minister for Women, Senior Lecturer in Media and Communications at Goldsmiths College, a producer and editor for Channel Four, Deputy Editor of the New Statesman, and a journalist and broadcaster.

**Steve Dewar** – *Director, Policy Resource*

Steve specialises in political ideas for health care, professionalism and regulation, and the nature of personal and organisational learning. As a non-medic with a background in operational research, he has nine years' experience in the NHS as a researcher and public health specialist, and as change manager in a district general hospital. He has written extensively on a range of health care issues.

**Michael Damiani** – *Visiting Fellow, Health Policy*

Michael works in the NHS, leading a large management information department. With a background in IT and operational research, he specialises in analysing large datasets, simulation, spreadsheet modelling and geographical information systems. He has worked with a variety of datasets including ambulance, hospital inpatient (HES) and census data.

**Jennifer Dixon** – *Director, Health Policy*

Jennifer's background is in clinical medicine and health services research. From 1998 to 2000, she was Policy Advisor to NHS chief executive Sir Alan Langlands. In 1990, she studied the US health care system at first hand as a Harkness Fellow. She has written widely on health care reform and has particular responsibility for analysing workforce issues and the future shape of the NHS.

**Belinda Finlayson** – *Researcher, Health Policy*

Belinda has a strong interest in the NHS workforce and is currently working on a project analysing the dynamics of London's health care labour market. She also has an interest in health care regulation and the OECD. Her background is in journalism and she has worked as a health reporter in the UK and New Zealand.

**Martin Fischer** – *Fellow, ELD*

Martin runs leadership programmes grounded in the theories underlying whole-systems working. He works across the public, voluntary and private sectors to enable purposeful and sustainable change. He is interested in interventions that result in the people in the whole system seeing things differently, which can then lead to powerful change.

**Dominique Florin** – *Fellow, Health Policy*

Dominique's professional expertise is in primary care, public and patient involvement and health policy. She is interested in the health-improving function of PCTs. Her background is in public health and general practice, and she works part-time in an inner-city general practice as a GP.

**Steve Gillam** – *Senior Advisor, Primary Care*

Steve is an honorary clinical senior lecturer in the Department of Primary Care and Population Sciences at the Royal Free/UCLH Medical School. He began his career in general practice, and worked overseas with Save the Children before becoming a consultant in public health medicine and Medical Adviser for Bedfordshire Health Authority. He continues part-time clinical practice in Luton.

**Pippa Gough** – *Fellow, Health Policy; Fellow, ELD*

Pippa's background is in nursing and policy development. At the King's Fund her work runs across leadership and policy development

and she leads work on workforce issues. Before that, she was Director of Policy at the Royal College of Nursing. She believes that leadership development is the key to modernising the professions and the wider NHS health care workforce.

**Diane Gray** – *Visiting Fellow, Health Policy*

Diane's special interest is in the management of chronic diseases in the NHS. As a doctor, she worked in hospital medicine for several years before moving into public health medicine. She has an MSc in public health and is a member of the Faculty of Public Health Medicine. Her interests include the role of public health in acute hospital trusts.

**Anthony Harrison** – *Fellow, Policy Resource*

Anthony has published extensively on the future of hospital care in the UK, the private finance initiative and waiting list management, and has recently published a study of publicly funded research and development.

**Baljinder Heer** – *Researcher, Health Policy*

Baljinder's current work interests include inequalities in London, mental health promotion and identification, and development of positive practice in health promotion. She has held various academic posts and has worked extensively with South Asian communities in east London, researching determinants of poor obstetric outcome and investigating community-based health promotion initiatives.

**Beverley Hunt** – *Senior Advisor, Race and Diversity; Fellow, ELD*

Beverley works with health care clinicians, managers and community voluntary sector leaders to develop leadership capacity, creativity and growth. She is an RGN and UKCC-approved Nurse Educator, with wide experience of the NHS and universities, and is Director of the Johnson & Johnson/King's Fund Nursing Leadership programme. She has led on organisational change and standards in higher education and broadcasting.

**Valerie James** – *Fellow, ELD*

Valerie has two clinical trainings, has been an NHS Regional Head of Quality and a Research Fellow in Medical Sociology. She has a particular interest in executive coaching, and emotional and political literacy. Her focus has been helping leaders and organisations

# Acting as a resource

understand and manage conflict and change creatively. She is lead director of the Senior Manager programme and co-directs the Top Manager programme.

**Renu Jobanputra** – *Researcher, Health Policy*

Renu's research interests include analysing the impact of the most recent government policies (in particular, foundation trusts and Agenda for Change) on shared labour markets and the NHS workforce. She is also involved in a study assessing the costliest conditions to the NHS. She has an MSc in Health Economics from York University.

**Karen Jochelson** – *Fellow, Health Policy*

Formerly a consultant, Karen has worked on sustainability projects in the private and public sectors in Europe and the United States. She has held academic posts in South Africa and the UK, and has published extensively on health, racism, business and politics.

**David Knowles** – *Director, ELD*

David has spent most of his career in the NHS. Formerly President of the Institute of Health Service Management, he has worked on a wide range of leadership programmes, including the NHS Leadership Centre's Senior Chief Executive and Directors' programme.

**Richard Lewis** – *Visiting Fellow, Health Policy*

Richard carries out policy analysis and research, with a special interest in decentralisation in health care, US managed care, and primary care. He is also an independent health care consultant and special adviser to the National Patient Safety Agency. He has a background in health service management and spent several years as Executive Director of a large health authority in south-west London.

**Sue Machell** – *Fellow, ELD*

Sue contributes to the Top Manager, Nursing Leadership and London Board Leadership programmes, and is interested in the impact of managers and clinicians on service quality and innovation. She has experience as a clinician and manager in acute and primary care settings, and was previously an NHS trust Chief Executive, overseeing service and workforce redesign.

**Val Martin** – *Fellow, ELD*

Val has wide managerial experience, most recently as Chief Executive of an acute NHS trust. She runs leadership programmes for clinicians, managers, and community and voluntary leaders. Her particular interests

are the nature and value of leadership, and how organisations and leaders can foster an environment and culture that enable individuals to realise their maximum potential.

**John McClenahan** – *Fellow, ELD*

John has worked with NHS staff at all levels, from frontline service delivery teams to national and regional management groups. He regularly directs management development programmes for clinical and management staff, and executive board members. He has worked on many projects and publications, focusing on NHS strategy for information management and technology, and management of change.

**Sandra Meadows** – *Visiting Fellow, Health Policy*

Sandra has published widely on recruitment, management and organisational change, with her work at the King's Fund focusing on nursing recruitment and retention. She has more than 20 years' experience in management and human resources, most recently as Director of Personnel at University College London Hospitals' NHS Trust. Her other commitments include helping establish the new National Patient Safety Agency.

**David Naylor** – *Fellow, ELD*

David undertakes research into organisational design and service user involvement. He has trained as a psychiatric nurse and as a counsellor, and has extensive experience of working in mental health and learning disability services. He has also trained in consultancy. His latest role was as Chief Executive of a voluntary organisation that provided a range of residential and nursing home services.

**Janice Robinson** – *Senior Advisor, Health and Social Care*

Janice's main focus is on work to improve the integration of care and support for people who have continuing health and social care needs. She has published widely on the care of older people, including work on long-term care funding, age discrimination in health and social care, and the care service market.

**Rebecca Rosen** – *Fellow, Health Policy*

Rebecca has worked as a junior doctor in clinical psychiatry and in NHS health authorities as a public health specialist. She is a GP in Woolwich, south-east London. She is currently working on the future of medical professionalism.

**Alex Smith** – *Researcher, Policy Resource*

Before joining the King's Fund, Alex worked in the research department of Diabetes UK, project-managing a national audit. She is now working on the Health and Social Care bill, and College of Health data.

**Judy Taylor** – *Fellow, ELD*

Judy directs the King's Fund leadership programmes for doctors, with a special interest in enhancing their capacity to work across organisational, professional and cultural boundaries. She also contributes to the multi-disciplinary Clinical Leadership and Millennium Awards programmes. Much of her work is underpinned by the themes of change, conflict and organisational ethics.

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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 and conference and meeting facilities.

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