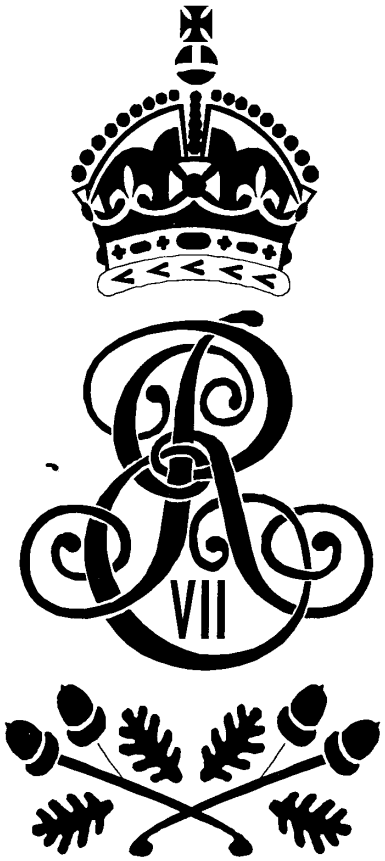
King's Fund

Corporate Strategy 1999 - 2001



December 1998

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PART I

STRATEGIC FRAMEWORK

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1 INTRODUCTION

. ***The King's Fund is an independent charitable foundation which acts to improve the health and health care of Londoners.***

The King's Fund acts as a research and development organisation which seeks to change policy and practice. Our work is concentrated on five health and social care themes. These are community care, effective practice, primary care, health systems and public health.

We approach these health and social care themes through policy research, analysis and practice development. We promote change in practice by education and leadership development courses and programmes; by grant-giving; and by disseminating our work widely.

The King's Fund is situated in public premises in Cavendish Square, W1. These headquarters form the base for our 170 staff. They also house meeting rooms and conference facilities, a research library, bookshop and restaurant. The staff and building resources, together with an investment portfolio currently valued at £135 million, form the core of the Fund's charitable assets.

2 PURPOSE AND SCOPE OF THE KING'S FUND

The purpose of the King's Fund is to improve the health and health care of Londoners. For this purpose the central focus is the institutions that make up the National Health Service. The Fund is also interested in the boundary with social care, particularly for people who are mentally ill or elderly, and aims to monitor and understand all measures of public policy and social behaviour that have an impact on health and health care. The Fund is particularly concerned about disadvantaged groups, and has a special interest in the health and social care of minority ethnic groups.

The people of London include those who work as well as those who live in the city, and the Fund will act outside London if this will pursue benefit to London's health institutions and those they serve. We set London and its health and social care institutions in their regional, national and international context, acknowledging that comparisons are often illuminating and relevant.

The work of the King's Fund is directed by the principles of independence, integrity, relevance, quality, public service and social justice:

independence: we are independent of Government and all political and other interests, and value diversity of thought and creativity

integrity: we will endeavour to seek out truth and to present it, based on evidence and argument

relevance: our activities should be relevant to the people of London and the institutions which shape and deliver health and social care services

quality: we are committed to working to the best of our ability, to excellence of outcome, and to evaluate the impact of the Fund's work

public service & social justice: as a charity, the King's Fund is, by definition, committed to objectives that transcend personal, private and commercial interests. Beyond this we seek to maintain a collective and equitable approach to health and health care, based on the needs of each citizen rather than on income, privilege or any other criterion.

The Fund does not act in isolation from the many other bodies concerned for the health and health care of Londoners. Believing that partnerships and alliances can very often make more impact on change than single-body initiatives, the Fund acknowledges the importance of maintaining excellent relations with a wide range of bodies and associations. Some of these are:

- Department of Health, NHS Executive, Regional Offices
- Health Authorities, NHS Trusts, Primary Care Groups
- Local Authorities, Local Government Association, Association of Directors of Social Services
- NHS Confederation, Institute of Health Service Management, British Association of Medical Managers, National Association of Primary Care, NHS PCG Alliance
- Audit Commission
- British Medical Association, Royal College of Nursing
- Sainsbury Centre for Mental Health, Gatsby Charitable Foundation, Joseph Rowntree Foundation
- Government Office for London, Association of London Government
- Medical Royal Colleges, General Medical Council
- World Health Organisation, Health Education Authority, Public Health Association
- Nuffield Trust, Wellcome Trust
- DEMOS, Institute of Public Policy Research, Institute of Fiscal Studies
- Patient's Association, College of Health, consumer groups, voluntary organisations
- Medical schools, schools of nursing, health services research units, other university departments.

In the context of this strategy, the Fund is particularly interested in the changing pattern of governance and health care organisation in London, with the new London Regional Office of the NHS Executive, and the Mayor and Greater London Authority.

3 POLICY GOALS

In 1998, the King's Fund selected four priority areas for improvement. The Fund seeks the following changes in policy and practice:

- greater public participation and user involvement in health and social care;
- better collaboration across professional, service and organisational boundaries;
- increased social justice, by tackling inequalities and social disadvantage;

- more responsiveness to cross-cultural diversity and the needs of minority ethnic groups.

All King's Fund activities will aim to make a contribution towards these goals, and the annual objectives will contain specific proposals for addressing these goals.

4 THEMES

The Fund activities are clustered around five themes to promote improvement in the health and health care of Londoners. These themes enable us to concentrate the Fund's expertise and resources on a small number of activities where it can make the greatest impact and to coordinate the work of people with similar interests but different skills.

The Fund used the following criteria to establish the five new themes:

- relevance to the health and health needs of Londoners
- relevance to our values and policy goals
- relevance to national policy
- distinctiveness of the Fund's contribution compared to other organisations
- building on our existing strengths and capacities
- likely impact, particularly on disadvantaged groups.

The five themes which are the focus of our work are:

COMMUNITY CARE:	helping people with chronic illness and long-term disability who have continuing health and social care needs;
EFFECTIVE PRACTICE:	working with multidisciplinary groups of health professionals to ensure they provide care which is effective, efficient, and responsive to patients' needs;
PRIMARY CARE:	raising the quality of primary care provision and ensuring the effective commissioning of hospital services;
HEALTH SYSTEMS:	developing an overview of the health system and monitoring London's health services in a national and international context;
PUBLIC HEALTH:	promoting the health of Londoners by tackling the causes of inequalities in health and involving the public in local health initiatives.

These themes maintain the Fund's broad interest in the *users* of health and social services and the specific needs of particular groups, the *professionals* who deliver patient care services, the *organisation* of particular services, the wider health *system* and how it is resourced, and the underlying *causes* of ill-health.

5 ACTIVITIES AND AUDIENCES

At the King's Fund we aim

- to think
- to listen
- to learn
- to educate
- to support
- to collaborate
- to involve
- to inform
- to influence

and we have an ultimate goal, which is

- to change for the better.

In 1998, we restructured the organisation around the five themes. Each theme is now supported by a **work programme** of policy analysis, research and service development. The knowledge from the work programmes is translated in action in a number of ways. **Education and leadership development programmes** both inform and are informed by, the five theme programmes. **Grant-giving activities** are levers for change, both informing and being informed by, the theme programmes. Work is actively disseminated through our **external affairs** activities, including a publication programme; meetings, conferences and seminars; targeted marketing; and media and public relations activities. At the centre at Cavendish Square is a **library and information resource,** available to all those working in health and social care policy and development.

All our activities are targeted at specific individuals and audiences to maximise the outcome of our work. Key audiences are:

- *public* in London and the UK
- *users* of health and social care services
- *providers* of independent, public and voluntary services
- *leaders* of health and social care services
- *King's Fund 'family'* of contacts and associates
- *opinion formers*, including media and journalists
- *advisers and policy formers*
- *decision makers* in national, regional and local government and their executives

PART II

STRATEGIC OBJECTIVES IN 1999

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1 COMMUNITY CARE PROGRAMME

The Community Care Programme helps people with chronic illness and long-term disability who have continuing health and social care needs.

Priorities for 1999:

1.1 To influence emerging policy and practice in which health, social care and other relevant agencies are required to work together to achieve better integrated care for vulnerable people.

Activities will involve the synthesis of evidence on processes and outcomes drawn from research and experience on the ground; commentaries on the merits of policy and practice developments and practical support for new health and social care partnerships.

1.2 To stimulate and support the more widespread development of preventive and rehabilitative responses in health, housing and social care for older people.

Activities will include disseminating information on innovation and good practice through an electronic database; development support to 10 local areas and advice on evaluating local service developments.

1.3 To promote radical changes in the way the NHS and local government in London address the needs of people with serious mental health problems including those who find it hard to engage with services.

Activities will include education and training of staff recruited for assertive outreach teams and learning opportunities for NHS and local authority managers.

2 EFFECTIVE PRACTICE PROGRAMME

The Effective Practice Programme works with multidisciplinary groups of health professionals to ensure they provide care which is effective, efficient, and responsive to patients' needs.

Priorities for 1999:

2.1 To develop a conceptual and practical understanding of clinical governance.

We will monitor and influence the development of arrangements for clinical governance in Trusts and Primary Care Group. Activities will include a series of workshops, policy papers and articles on clinical governance and professional regulation. We will organise a learning network for Trust and PCG clinical governance leads.

2.2 To inform the development of accountability arrangements and ways to manage poor performance

We will publish a paper on public attitudes to health service quality and poor performance. We will review professional regulation. A series of seminars based on our research will be organised to deal with accountability and the management of poor performance, prioritising issues for multi-professional teams.

2.3 To increase understanding of approaches to quality improvement and successful multi-professional working

We will develop a practical framework for promoting approaches to improving quality practice for multi-professional teams. Workshops will build on information gained from current literature and interviews with successful teams.

2.4 To improve communication between patients and clinicians.

We will continue work to improve the quality of information with specific patient interest groups. Workshops will be organised on shared clinical decision making. We will examine the policy implications of the new NHS Charter and publish a commentary.

3 PRIMARY CARE PROGRAMME

The Primary Care Programme is concerned to raise the quality of primary care provision and to promote the effective commissioning of hospital services.

Priorities for 1999:

3.1 To establish a programme of evaluative research and development relating to PCGs in London.

Activities will include dissemination of early lessons from a study mapping the development and configuration of PCGs in London; a study of PCGs' contribution to the development of health improvement programmes; and an

examination of patient involvement in PCGs and links with voluntary organisations. We hope to establish a Primary Care Commissioning Network of PCG leads in London and to develop benchmarking instruments to help PCGs assess their progress in these key areas.

3.2 To develop the quality of primary care provision in London.

We will work with PCGs to produce guidance on their role in developing primary care on their patch. We will evaluate progress in the Primary Care Act pilot schemes, particularly those that are nurse-led, to fill gaps in provision for priority groups. Findings will be disseminated in reports, articles, conference papers and press releases.

3.3 To consolidate a strand of work addressing the primary care needs of black and minority ethnic groups.

We will explore possibilities for meeting the training needs of linkworkers with the aim of raising the status of their role.

4 HEALTH SYSTEMS PROGRAMME

The Health Systems Programme will develop an overview of the health system and monitoring London's health services in a national and international context

Priorities for 1999:

4.1 To develop a new system for monitoring health service developments in London.

Building on work done for the London Commission, we will identify suitable indicators to monitor changes in health service utilisation in the capital and to measure the impact of the latest set of reforms. Regular briefings will be published.

4.2 To foster discussion and debate about the impact of health system reform.

'Health Care UK', the Fund's annual review of health policy will continue to be a key outlet for commentary on policy. John Appleby will continue to write the monthly 'Databriefing' column in the Health Service Journal. The regular series of Cavendish Seminars will continue to provide a forum for policy discussion for an invited audience of senior policy makers and advisers. A series of policy papers and articles will be published.

4.3 To develop a protocol for studying the relationship between hospital organisation and management processes and health outcomes.

We will work with colleagues in the Health Quality Service to identify routine indicators drawn from their survey data which could be used together with data on clinical outcomes to study the effects of different organisational models.

4.4 To provide information for the public on financial issues in relation to health services, including resource allocation and rationing.

We will continue to provide media briefings on these topics and will prepare specific commentaries as appropriate. We will aim to play a leading role in debates about the scope of the NHS, the appropriateness, costs and likely effects of new technologies, the role of private finance and relations between the public and private sectors in health care, and how priorities should be decided.

5 PUBLIC HEALTH PROGRAMME

The Public Health Programme will promote the health of Londoners by tackling the causes of inequalities in health and involving the public in local health initiatives.

Priorities for 1999:

5.1 To contribute to the reduction of health inequalities at local level.

We aim to make a significant input into how local inequalities targets are set, how they relate to national strategy, and how progress towards such targets can be measured. We shall work closely with selected health partnerships in London to assist and assess policy and practice.

5.2 To help in the development of healthy neighbourhoods.

We aim to make a substantial contribution to the shaping of healthy neighbourhoods, so as to implement this aspect of "Our Healthier Nation". We shall work in selected localities to identify and disseminate best practice. We shall foster public involvement in decisions about how to develop healthy neighbourhoods.

5.3 To develop a clear and persuasive policy framework for the work of the London Mayor and Assembly in reviewing and promoting the health of Londoners.

Activities will include a series of working groups involving interested parties across the capital and across the policy spectrum.

6 LEADERSHIP DEVELOPMENT

Priorities for 1999:

6.1 Ensure that the core programmes are managed efficiently and provide high quality, effective learning for participants, with routine and appropriate evaluation.

6.2 Consistent with the Fund's overall priorities and objectives, to generate other educational and learning development programmes and associated organisational development work to ensure that the leadership development directorate breaks even on its income and expenditure account.

6.3 Support the five programme themes and the grants department by the application of the collective and individual expertise of the faculty through the core programmes and also through the availability of not less than 20% of total faculty time, as well as disseminating learning from themes through leadership development programmes.

6.4 Establish the planned new development programme specifically for Chairs and Chief Executives of NHS trusts and health authorities.

6.5 Explore and report to the Management Committee on the feasibility of establishing a more formal relationship with an established university department in London; with the provisional objective of enabling accreditation of some core leadership development programmes and the development of new educational programmes in partnership with the university.

7 GRANT-GIVING

Priorities for 1999:

7.1 The development of proposals for the 1999 programme grant(s) and implementation of the programme(s), working in partnership with Programme Directors and Leadership Development internally, and with external partners, where appropriate.

7.2 Management of existing programme grants on health and homelessness and on mental health in London.

7.3 Continue to operate the Fund's Development, Stimulus and Educational Grants programmes. A priority for 1999 is the strengthening of our capacity to share the learning from grantmaking activity, both within, and outside, the Fund.

7.4 We will seek to develop our capacity to disburse grant funds in partnership with other funding bodies. In addition to managing the SmithKline Beecham Community Health IMPACT Awards, we will be bidding, jointly with the Fund's Leadership Development Directorate, to manage a Millennium Awards scheme on behalf of the Millennium Commission.

8 EXTERNAL AFFAIRS

Priorities for 1999:

8.1 Revision of the corporate publishing of the Fund, linking new-format *King's Fund News* to a revised corporate database and relaunched web site; revising material for cultural diversity; and developing co-publishing, commissioning and international sales.

8.2 Redevelopment of the public area in Cavendish Square to expand the work of the King's Fund bookshop and to include a café area as an informal meeting and working environment for staff and visitors to the Fund. Plans include Internet terminals and increase in the number of meeting rooms available to staff and visitors.

8.3 Develop a calendar of events at Cavendish Square and make major contributions to national conferences, including NHS Confederation, ADSS, IHSM and party political conferences.

8.4 Improve contact with MPs through briefings, input to policy papers, presentation of evidence to the Health Select Committee; and further increase Fund's media profile

9 LIBRARY & INFORMATION

Priorities for 1999:

9.1 The publication of the NHS Information Strategy in autumn 1998, along with diverse other government initiatives ranging from the green paper on lifelong learning to the strategy 'Our Information Age', offers potential for development of information services both inside the Fund and to external users, including new points of liaison with other libraries in the health, academic and public sectors.

9.2 There will be a major upgrading of the library database, which will pave the way for a quantum leap forward in the information services available from Fund colleagues' desktops via the Intranet. Electronic journals, personalised 'information packages' and other Web-based possibilities will be explored.

9.3 The Library's collection development policy is under revision, to take into account the Fund's new and future priorities. A system of 'liaison librarians' will give each programme named contact points within the library team who will be focusing on their areas of interest; and the new post of Liaison Librarian Ethnic Health will be a focal point for colleagues right across the Fund.

9.4 The Library will explore options for income generation, particularly looking at the viability of a membership scheme for external users, as a consequence of the loss of the DoH grant to the King's Fund. The 'public face' of the library, and levels of services both to internal and external users is therefore likely to change radically during 1999.

10 SPECIAL PROJECTS

Special projects are created at various points to drive a specific part of the King's Fund agenda which does not, at least initially, sit naturally within one of the thematic programmes, leadership development or grants. In the longer term, each special project is likely to be incorporated into one or more of the existing programmes and may prove a useful way of linking different King's Fund activities.

Priorities for 1999:

10.1 Living Values.

To engender a wide-ranging debate about public service values, to feed that back into the NHS, and to examine the impact that this has on the education, training, recruitment and retention of health professionals.

This initiative started in 1998 examining the values of those who worked within the NHS. In 1999 a network of individuals and NHS organisations interested in values work, will be established, funded and supported by the King's Fund. Further work is planned with the Qualifications and Curriculum Authority to examine values prevalent in public service more widely.

10.2 Imagine London.

To involve young people and older people in thinking about, planning and engaging their communities, with a clear aim of improving the health of those communities.

We have initiated a project working with children and young people imagining what a healthy city (London) might be like. A coalition of individuals, groups and organisations, led by a King's Fund team, is working with children and young people on a number of distinct but connected projects under the 'Imagine London' umbrella. In 1999 we will consolidate the network of participating individuals, groups and organisations with the aim of encouraging young people to think about how their city should develop healthily. Underlying this is a belief in user and citizen involvement, in order to develop communities. A second key objective is to move into a community development agenda with the other supporting organisations, the NHS Executive and the London Borough Grants Unit. A third key objective is to explore and, if possible, initiate inter-generational inquiry on the subject of healthy cities. This may involve the Qualifications and Curriculum Authority, the Bishop of London, the Citizenship Foundation, the Children's Society and other partners. The intergenerational inquiry will be targeted towards developing a shared vision of healthy communities, and will build on work undertaken by London Health Partnership and others.

A fourth key objective is to expand the use of arts projects in enabling young people, especially those from refugee groups and minority ethnic communities, to engage in local planning issues in relation to building healthy communities. Two specific projects will start in 1999. We want to promote the inclusion of young people in general, and young people from minority groups in particular, in discussions and debates about the places and communities in which they live. A secondary aim is to work with very specific groups, using similar techniques, to promote engagement in London's communities, and engagement in the world of work. Groups may include young homeless people and students working together on homelessness, joblessness, poverty and health.

Imagine London will gradually fit under the Public Health umbrella. The Living Values project will stand alone, feeding into, and being fed by, all programmes, leadership development and grants.

PART III

PROGRAMME STRATEGIES 1999 - 2001

PART III PROGRAMME STRATEGIES 1999-2001

1 COMMUNITY CARE PROGRAMME

The Community Care programme is concerned with people with chronic illness and long term disability who have continuing health and social care needs. Over the next three to five years the programme will concentrate on two particular groups, namely older people who have a range of chronic conditions and younger adults with mental health problems, including those with severe and enduring mental illness. While the primary interest will be on the health and well-being of service users, attention will also be paid to the needs of their family carers.

The importance of achieving better integrated care for these groups is recognised in the Government's "Better Services for Vulnerable People" policy guidance which requires health and social agencies to work together on joint investment plans, comprehensive assessment and rehabilitation. The theme of partnership is evident in policies relating to the NHS and local government, including "The New NHS" White Paper, Joint Policy and Priorities Guidance. Proposals to introduce new flexibilities enabling health and social care partners to pool budgets, to agree lead agency responsibilities and to manage integrated care programmes (Partnership in Action discussion paper) reflect a determination to remove some of the barriers to partnership.

Current policy is also concerned with improving the quality of services for people with mental illness, by developing a National Service Framework. That framework, and a policy statement issued earlier in the year, stresses the need to implement assertive outreach to support people with chaotic lifestyles who tend not to engage with mental health services. Some of the more controversial issues affecting older people and others with continuing health and social care needs are being investigated by the Royal Commission on Long Term Care, recommendations from which are expected by the end of 1998. The development of a National Carers Strategy is intended to achieve a more coherent approach to supporting carers at home, in the workplace and in the wider community.

Policies that go beyond health and social care are also relevant in any effort to improve the quality of life of vulnerable people, such as investment in housing, initiatives designed to regenerate deprived communities and efforts being made to open up employment opportunities through the New Deal and other means.

Policy analysis, research and service development:

The programme has five main aims:

i. **To monitor the impact of new arrangements in the NHS and social services on the lives of frail older people and people with serious and enduring mental illness.** Activities will include tracking developments in local areas using stakeholder panels or focus groups, supplemented by statistical analysis of data on service use and expenditure. Two reports are planned which will provide snapshots of progress and problems over 12–18 months. These will be

disseminated through the press and directly to NHS, Social Services and voluntary sector interests.

ii. **To investigate the potential for regeneration policies to improve the quality of life of either or both groups.** We plan to disseminate information about local achievements in creating safe neighbourhoods, new work opportunities and community facilities. An expert working group is being convened, a series of seminars is planned and written briefings will be produced.Outputs will include seminars and debates, followed by summary reports which will be disseminated through articles in the professional press and reports sent to relevant networks.

iii. **To prevent unnecessary admission to hospitals and care homes.** We will aim to stimulate and support efforts to re-shape the overall health and social care system so that a more appropriate mix of prevention, maintenance, crisis care, rehabilitation and recuperation is offered to people who are often admitted unnecessarily to hospitals and care homes. The *Working Together in London* mental health initiative is helping to develop a better spectrum of care (including assertive outreach), while the *Rehabilitation of Older People* project is focusing its efforts on expanding opportunities for people to regain their independence following episodes of illness or injury. We are planning a series of workshops and briefings for London sites involved in *Working Together in London,* a national conference on 'Improving Mental Health in the Inner City', and a database on innovation and good practice in rehabilitation. These will be aimed at local development leaders in the NHS, local government and user groups.

iv. **To inform efforts to improve the quality of health and social care services by engaging service users and carers in standard setting and in the evaluation of service innovations.** Consultations with different stakeholders and a literature review are planned. We will organise consultative meetings involving users, carers and health and social care staff with a view to producing reports reviewing the overall quality agenda (ageing and mental health), and recommending priorities for action.

v. **To improve support for carers and for people with learning disabilities.** We will continue our support for the final phases of work on two topics in which the King's Fund has had a long interest, namely the *Carers' Impact* project which aims to improve support for carers and the *Complex Disabilities* project which is working with providers to raise standards of care for people with severe learning disabilities. A series of reports, commentaries and conferences is planned, including an event in which the Prince of Wales will be invited to discuss the new National Carers Strategy with carers themselves.

Links

Members of the community care group have established links with the Social Care Group in the Department of Health and the Continuing Care Branch of the NHS Executive; with the Audit Commission; with key interests in health and social care such as the Association of Directors of Social Services, the British Geriatric Society, the Local Government Association and the NHS Confederation; with voluntary

organisations and user and carer groups, such as People First, the National Pensioners Convention, Age Concern and Help the Aged; and with academic bodies such as the Nuffield Institute for Health.

Education and leadership development:

Discussions have begun on joint initiatives between leadership development and the policy and development directorate, concerning support for NHS and local government partnerships as they work to promote the social inclusion of people with serious mental illness through better housing, employment and social opportunities ; and events which will be organised to promote dialogue between older people and their carers and NHS/ Social Services managers and practitioners around ways of improving the design and delivery of services.

Relevant policy and development work carried out in 1998:

- The Working Together in London initiative has provided small grants and development support to seven sites, enabling them to develop detailed bids for larger grants that will be awarded eventually to three sites. A specification for the evaluation of this programme is being drawn up.

- The first meeting of the Mental Health and Urban Regeneration Planning Group has been fixed for November 1998. Work on planning the seminars will start then.

- The Mental Health and Primary Care Project came to an end, and a report drawing out lessons for Primary Care Groups is being prepared.

- The King's Fund / Audit Commission Inquiry into rehabilitation came to a close with the launch of three publications reviewing policy and practice. A new 3 year development programme has been established which will assist health and social services to develop better rehabilitation opportunities for older people.

- The Joint Commissioning in Primary Care Project ended in April 1998. A report was produced for the Department of Health. A briefing paper has been prepared for publication, aimed at helping Primary Care Groups build on the lessons learned about primary health and social care partnerships.

- Consultations have been held with users, carers and frontline staff about the Government's proposed Long Term Care Charter. Seminars have been held, enabling professional, organisational and user interests to air their views on the new Charter. A report for the Department of Health is in preparation.

- The Carers Impact Project has almost completed its fieldwork with 18 sites in England, and has used experience on the ground to influence, at various points in the year, debates about carers and the NHS and approaches to developing a national strategy.

- The Complex Disabilities Project has been working in three areas, where a good start has been made in preparing individual care plans which will be implemented to open up new day time opportunities for people with complex and multiple disabilities.

Grants given in 1998 (selected examples only):

- *Working Together in London,* a major joint initiative with the Sainsbury Centre for Mental Health and the Department of Health. The programme provides funding and development support to three sites in London with the aim of providing integrated support to people with severe mental illness. An assertive outreach team will be funded in each area, along with a programme of work to build a network of services - health, housing, employment and social care to improve the quality of life for mentally ill people in the local community.

- *Ignored and Invisible? Carers' Experience of the NHS* was a landmark report resulting from a national survey of carers funded to coincide with the 50th anniversary of the NHS. The report profiled carers, their use of health services and their perceptions of various health professionals. Recommendations included the need for the Department of Health to improve the coherence of health and social care policy and strengthen the requirement of the NHS to implement the Carers (Recognition and Services) Act.

- A grant to the *Princess Royal Trust for Carers* supported the introduction of a London Development Manager, to strengthen the network of carers centres in the capital.

- A conference *Growing Old in Exile*, organised by the Refugee Support Centre highlighted the specific needs of elderly refugees in the UK and the lack of understanding which permeates services in the host country. It concluded that there was a need to promote and extend psycho-social group activities, to encourage existing refugee organisations to promote the needs of elderly refugees and to raise awareness amongst statutory bodies about the mental well-being of older refugees.

2 EFFECTIVE PRACTICE PROGRAMME

The aim of the programme over the next three years is to make a significant contribution to the development of a motivated workforce that is fit to deliver high quality health care for Londoners in a modern NHS.

The focus of the programme is the world of health professionals. We will seek to involve patients and the public with clinicians, their educators and managers, in working together to enable health service personnel to deliver services that are effective, efficient and appropriate. The programme will conduct rigorous reviews of key areas of policy, identify and analyse different ways of working in the field; and provide educational and learning stimulus to NHS professionals.

Over the next three years we intend to tackle the following strands of work:

- improving the understanding of the nature of evidence based practice and high quality in health care and the relationship between 'effectiveness' and 'excellence';
- integrating personal and corporate accountability;
- supporting team approaches to effective and efficient patient-focused care;
- promoting effective partnerships between patients and clinicians in clinical decision making;
- studying the recruitment and retention of clinical professionals, developing effective roles and improving morale.

The Effective Practice programme is focused on issues of strong contemporary relevance to the NHS. There are five factors which make the work important to health professionals and policy makers. First, new health policy is being made in a cultural climate which values partnerships - in this arena partnerships between professionals and patients - which implies changing power relations in therapeutic relationships. Second, there is a growing emphasis on the efficacy of medical care provided by multiprofessional teams, which focuses attention on the traditional boundaries between health professionals. Third, the new policy context of 'A First Class Service' places emphasis on the development of systems to ensure the provision of effective quality services.

Next, there is a strong public and political focus on protecting the public from the potential tragedy of poor clinical performance and the need for sound professional regulation in which the public can have confidence, and finally, recent learning based on clinical effectiveness initiatives now needs to be incorporated into mainstream heath organisations. The ambitious, newly published government policies on human resource and on information management in the NHS are germane to this aspect of our work.

The work of the programme is central to the King's Fund's policy goals. The programme will promote greater public and patient participation not only as a central part of effective care for the individual but also a crucial element in the design of effective systems, quality standards for practice and the education and training of professionals. The work plan focuses specifically on greater collaboration between health service professionals in establishing the delivery of good quality multi-professional team-based care. It also explicitly aims to bring together the worlds of health professional, policy maker and politician with leading academics and educationalists to promote new understandings of better ways to deliver quality care. Current variations in quality across health care organisations and geographical areas has a negative impact on equity and social justice. Similarly one key indicator of a deficit in the quality of provision is an inability to accommodate and respond to the needs of culturally diverse populations. These issues are integral to this programme of work.

Policy analysis, research and development

The programme will achieve its aims by having an impact in three inter-related areas - professional practice, policy development, and patient and public participation.

i. **To facilitate a new understanding of multi-professional approaches to improving quality standards.** We will review different approaches to the delivery of quality services within a range of healthcare organisations. We will aim to identify factors that help or hinder the delivery of quality services, specifically in relation to clinical governance and multi-professional approaches to patient-focused care based on effective team working. The focus will be on ways of ensuring the systematic provision of quality health care across traditional care boundaries while remaining sensitive to individual needs.

   Interaction with the world of professional practice will enable the refinement of a practical and conceptual understanding of clinical governance. This close relationship with practice will build on the experience of the PACE programme and the strong professional networks it has created. The team will also work with HQS to identify essential ingredients for successful multi-professional team-working.

   The programme will provide educational packages and appropriate learning environments for a range of clinical and managerial staff. Learning networks will be established for Trust and PCG Clinical Governance leads. King's Fund forums such as breakfast meetings and seminars will be used to broach controversial issues such as the quality and accountability of health services and health service providers, the management of poor clinical performance, and shared decision making, including such issues as risk management, consumerism and trust, time management, and the nature of the evidence upon which effective practice should be based. This series of events will involve professional leaders, educationalists, the NHSE departments of professional development, and leading thinkers from the world of ethics, law, and the media.

ii. **To identify and influence key stakeholders in the development of policy on clinical quality.** We will analyse the various professional self-regulation frameworks and employers' strategies for managing poor performance. We will review arrangements across London for delivering clinical governance and develop a framework for evaluating these. We will aim to stimulate debate about potential policy effectiveness and where appropriate challenge the rationale and impact of different approaches.

iii. **To promote patient involvement in shared decision making.** The programme will review approaches taken by a range of health care organisations to foster public and patient participation in clinical governance and will work with patients, public and health care professionals to understand the impact of public perceptions and expectations on the behaviour of clinicians and managers.

   A series of workshops will be organised for clinicians and patients focused on shared clinical decision making in the primary care setting. This work will be

linked to a current joint research project with Glasgow University that seeks to ascertain and meet the educational needs of clinicians working with information-rich patients.

Links

As the new programme of work takes shape a number of collaborative projects will be undertaken. The development of clinical governance in Primary Care Groups will involve joint working with the Primary Care programme. Effective Practice issues related to mental health and to the care of the elderly will provide areas for joint working with the Community Care Programme.

External links include the GMC, UKCC, RCN, BMA and all the medical Royal Colleges. Work with the Local Medical Committees is well established, as are links with the Postgraduate Medical Deaneries and some of the nursing colleges. The RCN Institute has approached us to assist with a project on expert nursing practice. The London Medical Schools, the London Health Authorities through their Public Health Directorates, and the new London Office of the NHSE offer the prospect of building a network between education and management on promoting effective practice. Many Trusts and some Health Authorities already link with the Kings Fund through the PACE project and through the Patient Information Forum. These links will be built on and new ones forged. The Patients Association, the Consumers Association, the Long Term Medical Conditions Alliance, Survivors of Silicone and the National Asthma Campaign are among patient groups who are interested in collaborative working.

Relevant policy and development work carried out in 1998:

The experience of development initiatives such as Promoting Action on Clinical Effectiveness (PACE), Evidence-Based Practice training, Promoting Patient Choice and the Cancer Collaboration has direct relevance to the new programme. Most of these projects are due to end in 1998. PACE has been actively disseminating the findings from the sixteen development sites through publications and a number of successful workshops and conferences. Promoting Patient Choice organised a major international conference early in 1998. Various groups were formed including the Patient Information Forum, and a number of publications were produced.

Grants given in 1998 *(selected examples only)*:

- CASPE received funding to carry out an evaluation of the *National Confidential Enquiry into Perioperative Deaths* (NCEPOD), which had been established jointly by the King's Fund and the Nuffield Hospitals Provincial Trust, to seek to improve professional learning from surgical outcomes. The evaluation concluded that NCEPOD is supported by a large majority of surgeons and anaesthetists and the enquiry was perceived as high quality and effective in stimulating action about necessary change. The evaluation found that the consistency with which deaths were reported could be improved, and that the nominator data were needed to improve the scientific basis of its recommendations, and to give an overall picture of surgical practice.

- King's College School of Medicine and Dentistry have been funded to undertake research into *Attrition in Medicine*, looking at the interplay of factors involved in people abandoning a career in medicine. It is hoped this will lead to improvements in recruitment processes, in manpower planning and career counselling. The research will report at the beginning of 1999.

- Two national charities - the *Long term Medical Conditions Alliance* and the *Genetic Interest Group* received grants to develop the involvement of service users in commissioning of health services. Working in multi-disciplinary teams, both projects evolved quality standards as a collaborative outcome between service users and health professionals.

- *Community Hygiene Concern* have been funded over a number of years to develop their community-orientated approach to head lice, a significant and enduring public health problem. Working through schools and primary care staff, they have successfully pioneered a non-pesticidal and highly cost-effective treatment, called "Bug-busting", which treats the infestation on a "whole community" rather than an individual basis. Children and their parents are taught to "bug bust" as a communal endeavour. The louse lifecycle is broken and the opportunities for cross-infestation minimised. The "bug-busting" method has been accepted by the Department of Health as an effective intervention and applications are being made to have the "Bug-busting" kit made a prescribable item.

3 PRIMARY CARE PROGRAMME

Research for the King's Fund London Commission drew attention to long-standing infrastructural problems in the primary care sector. Despite useful investment in primary care in the London Initiative Zones, the capital's position relative to the rest of the country is little changed. The quality of primary care is variable and the involvement of GPs in commissioning has been limited.

The New NHS White Paper envisages that primary care groups (PCGs) will control 85% of the health care budget. It heralds further major changes in this sector. The national evaluation of the Total Purchasing Pilots (TPPs) highlighted factors likely to be critical to the success of PCGs. The advent of new forms of corporate and clinical governance via PCGs has the potential to change the way primary care is provided.

A huge personal, professional and organisational development agenda is entailed. "Trickle down" approaches to primary care development have limited impact and some project activity should be targeted at geographical areas of greatest need. Radically new models of provision may be required in these circumstances. The 1987 Primary Care Act provided opportunities to develop the provision of primary care. The prevailing model of single practice-based partnership is being superseded. Increasingly, the imperatives of practice groupings will determine the daily working lives of health professionals in primary care. New roles and new divisions of labour must be developed in a way that does not compromise continuity of care.

- ***Policy analysis, research and service development:***

The programme's objectives are as follows:

i. **To synthesise learning from TPPs, the principal forerunner of PCGs.** TPPs were an important precursor of PCGs and there are many lessons to be drawn from their experience which will be useful for PCG Boards. The King's Fund led the national evaluation which is now in its final stages. Dissemination of the findings will continue with the publication of a book and a summary document.

ii. **To monitor the progress made by PCGs in London in addressing commissioning objectives.** We are mapping the state of development of PCGs in the capital. Though they are at an early formative stage, this work will provide a baseline against which to monitor progress.

iii. **To support PCGs in their approaches to primary care development.** Building on earlier work from the King's Fund London Commission, we will develop a descriptive profile of the quality of primary care provision. This will provide data and case studies of value to those with a responsibility for primary care development. In collaboration with colleagues from HQS we hope to produce the first batch of standards for use as benchmarks for PCGs and those with responsibility for monitoring them.

iv. **To carry out a developmental evaluation of the Personal Medical Services (PMS) pilots.** The Primary Care Act allowed for the development of new forms of organisation in primary care designed to address particular needs of specific populations. We are working with four pilot sites in London to monitor their progress and assist with formative evaluation.

v. **To develop the wider health promoting functions of PCGs.** PCGs will be expected to participate in the development of Health Improvement Programmes and to contribute to the local public health strategy set out in *Our Healthier Nation*. We will seek external funding for a project designed to support PCGs in this process by identifying existing models of good practice and developing guidance for use by PCG Boards.

vi. **To support the development of new roles in primary care for staff from black and ethnic minorities.** Our recently completed review of ethnic minority linkworking has highlighted difficulties facing this cadre who have an important role in improving access to services for people from black and minority ethnic groups. We plan to build on this work by developing a support network for linkworkers in London.

- ***Links***

Existing links include the Royal College of General Practitioners Inner City Task Force, the Faculty of Public Health Medicine's Public Health and Primary Care Group, the Local Medical Committees and the academic departments of general practice in London, and the Ethnic Minority Health Unit at the Department of Health. We are part of a network of bodies in dialogue with the NHS Executive over the production of

learning materials for PCGs. Links are being established with the London Regional Office leads for primary care development, public health, education and training. We anticipate continuing collaboration with colleagues in the Health Quality Service.

Education and leadership development:

Team members work in support of various leadership programmes run from the Kings Fund. Building on the successful GP Choices programme, Leadership Development faculty are developing a programme for PCG executives and a new programme for PCG leads from minority ethnic groups.

Senior staff undertake teaching in the department of population sciences and primary care at UCH/Royal Free where they are also involved in establishing a distance learning masters course on primary care.

A proposal has been tendered to South Thames Region for a development programme for Nurse Leaders active in the development of Primary Care Groups.

Relevant policy and development work carried out in 1998:

- Work has already started on mapping the state of development of PCGs in the capital. Though they are at an early formative stage, this work will help provide a baseline against which to monitor progress. Two conferences on primary care in London were held in October and November and two reports are due for publication before the end of the year.

- The King's Fund-led national evaluation of Total Purchasing Pilots is now nearly completed. A large number of reports and articles have been published and a book is in preparation. TPPs were an important precursor of PCGs and this work continues to provide lessons of relevance to their new boards.

- We have been working with the National Primary Care Research and Development Centre on a developmental evaluation of the Personal Medical Services pilot schemes, focussing in particular on four London-based pilots. These new forms of primary care organisation are tailored to address particular needs of specific populations. A report and a workshop are planned before the end of 1998.

- We carried out a review of ethnic minority linkworking. The report was launched at a conference in October. This study highlighted difficulties facing this cadre who have an important role in improving access to services for black and ethnic minorities.

- We have recently launched the Health Promotion in Prisons project. The key worker for this part of the WHO-funded initiative is based part-time at the King's Fund.

- We hosted a conference on the future of education in general practice and a publication is in preparation.

Grants given in 1998 (selected examples only):

- A grant to *Havering Hospitals NHS Trust* enabled them to establish a Directorate of Primary Care and a Consultant in Primary Care, charged with the task of reconfiguring the boundaries between hospital services and primary care, in the light of national moves to a primary care-led NHS. Funded as a model which might have wider learning for hospitals nationally, the project has shown that the Directorate stimulated a range of new projects at the interface between primary and secondary care services and was able to use multi-disciplinary education and the development of intermediate care services as means of overcoming entrenched suspicions across professional boundaries. Whilst having a named body to help develop services jointly with primary care raised the profile of the Trust, it also tended to take away responsibility from the rest of the organisation.

- A key concern within grant giving activity has been enabling access to primary care services by the most marginalised groups in London, especially refugee communities. A number of grants have been made in recent years to support *health advocacy* work. The Kurdish, Somali, Latin American and Tamil communities are amongst those helped in this way. In support of this work at local level, grants have also been made a to a number of organisations working strategically on issues of refugee health. Thus, the *Medical Foundation for the Care of Victims of Torture*, the *Refugee Council* and the *Evelyn Oldfield Unit*, have all received grants to support their work on a pan-London basis.

- As Primary Care Groups take on a lead role in commissioning health services for their local communities, they will need to develop channels of communication with local voluntary groups, both as representatives of health service users and as potential providers of community-based services. A grant to *Kingston Voluntary Action* will establish mechanisms for voluntary sector input to the process of developing PCGs, act as an information exchange between PCGs and the local voluntary sector and establish long term arrangements for future liaison and dialogue. Lessons from the project will be of value to PCGs and the voluntary sector across London and nationally.

4 HEALTH SYSTEMS PROGRAMME

The health systems programme cuts across and informs other programmes and will take a broad national as well as a specifically London view of the public and private aspects of health and social care, in particular issues related to funding, spending, resource allocation and performance, and the 'infrastructure' of services – from developments in information and communication technologies to the configuration of the delivery of care.

The implementation of *The New NHS* White Paper will be a particular focus, but we are also interested in issues not currently in the Government's agenda, such as explicit rationing policies and the relationship between the private sector and the NHS. The programme of work described below will allow for changes of direction in response to input from key stakeholders – but particularly the NHS at all levels.

Policy analysis, research and service development:

The programme has six main aims:

i. **To monitor the effects of health system reform at international, national and local levels.** The White Paper proposes greater centralisation and new structures of performance management and regulation in the NHS. How these approaches will work and evolve is unclear, however. We will draw up proposals for research in this area to include: a comparative study of performance audit and management in four or five EU countries; a prospective study of the implementation and use of the National Performance Framework at national and local (PCG/health authority) levels (with an emphasis on behaviour change); and an investigation into the work and roles of new bodies such as the National Institute of Clinical Excellence (NICE) and the Commission for Health Improvement (CHImp).

ii. **To monitor access to, and use of, health services in London.** Following on from the work of the King's Fund London Commission, we will monitor shifts in the pattern of service provision on an ongoing basis using an analysis of routine data to provide a London-wide view of resource and service availability in primary, secondary and community care. Regular monitoring reports will be published and we will aim to feed into the Government's recently announced review of bed availability.

iii. **To develop a broader understanding of factors influencing resource allocation and use and to foster public understanding of priority-setting in health care.** The Fund's involvement with the International Society on Priority Setting in Health Care will continue next year with the third conference to be held in Amsterdam. Given the importance of the rationing issue in non-market health care systems we will continue to work with the Rationing Agenda Group and others to promote a broader public debate about the values and principles which should be employed in deciding between competing priorities. This will be especially relevant to the work of NICE and the National Service Frameworks and we will closely monitor their development. We will capitalise on the intense media interest in rationing to broaden and deepen the debate and to engage politicians, health professionals and members of the public in a more open discussion of the issues.

iv. **To increase understanding of pathways and 'decision nodes' in the provision and use of elective and emergency care.** Building on previous Fund work, we will consult with NHS stakeholders about future directions for the research and analysis which hitherto has focused on acute hospitals and the emergency care system. Future studies are likely to cover the workforce and knowledge-base implications of the changing balance between primary and secondary care, and the impact of technology developments on future structures and organisational patterns of hospital services.

v. **To improve understanding of public-private relations in health care**: Despite a degree of stagnation in parts of the private health care sector, there are significant developments in other areas which suggest that the role of private

health care and private finance and their relationship with the NHS remains important and is likely to feature more prominently on all political parties' agendas. An initial 'mapping' study of the public-private relations in health care will be finished by the beginning of 1999 and the final report will contain suggestions for further work for the health systems programme to take forward in this area.

vi. **To monitor developments in Information and Communication Technologies (ICTs)**: The Directorate will respond to the call for evaluation proposals from the Department of Health regarding its new IM&T strategy. A research bid – with a focus on the NHS - will also be made to the ESRC for a study of lateral relations across the public sector. Short term work in this area will also include the development of a model business case for ICTs, and the implications for London of the IM&T strategy.

. ***Links***

The programme needs to expand and develop links in three areas: internally, externally at a professional level and externally at a lay/public level. Internal links will involve cross-Directorate support and collaboration primarily based around specific work items (to be discussed with other programme directors). Professional external links include: academic departments and individuals (again, largely around specific work items) and policy links with national and local health and social care agencies/organisations. Public external links will include the media and the public (for the latter, largely through tracking views, attitudes towards, and understanding of, health policy and key issues such as priority setting and accountability).

. ***Education and leadership development:***

The potential for input to the programme from staff working in Leadership Development will be explored. Staff working within the Health Systems programme have consistently contributed to many of the generic leadership development programmes, notably TMP and SMP. The analysis of macro health policy issues forms an important connection between theory and practice for many programme participants and its application to the reality of the managerial problems in participants' organisations becomes a significant element of learning. It is expected that the six main strands within the health systems programme will provide relevant material for inclusion in a wide range of leadership development educational programmes.

. ***Relevant policy and development work in 1998:***

The work for the King's Fund London Commission moved into its final phase in 1998 with effort concentrated on disseminating the findings to key stakeholders in London. Work on rationing, priority-setting and accountability continued, involving several publications, conferences and presentations and considerable media interest. A paper on waiting lists attracted considerable interest leading to media reports and journal articles. Research was carried out into private finance and provision and future options for NHS organisation and funding. This work will be built on as the new programme develops.

Grants given in 1998 (selected examples only):

Grants have supported some key contributions to fostering wider understanding of the complex issues involved in prioritising spending on health services, both nationally and locally.

- A major programme of grants looked at the effectiveness of *citizens' juries* as a means of engaging local people in health care decisions. Three sites nationally were selected to implement a citizens' jury on an issue of local concern and given expert help to prepare for, and run, the jury. An independent evaluation was commissioned to look at the effectiveness of the juries and assess where they might fit into a "toolbox" of public involvement methods. Learning from the programme showed that juries are able to deal competently and sensitively with complex policy issues, and can bring significant new insights to important but intractable local problems. Local citizens can choose between conflicting priorities, if given time, information and skilled facilitation. However, views differ as to the cost-effectiveness of citizens' juries; questions of legitimacy remain to be explored and no mechanisms exist to follow-through on decisions.

- Professor Chris Ham at the Health Services Management Centre was funded to lead research and documentation of the "Child B" case, which caused a national storm of controversy when Cambridge and Huntingdon Health Authority refused to fund a second bone marrow transplant for Jaymee Bowen. The research, published as *Tragic Choices in Health Care*, has become the definitive account of the complex issues in this case, and, for the first time, focused attention on the disagreements over clinical effectiveness which lay at the heart of the case.

- A grant to the *Rationing Agenda Group* also sought to promote more informed and constructive debate about rationing. Funding enabled the group to produce a series of papers on aspects of rationing, published initially by the BMJ and then, in book form, by the King's Fund.

- Carrying forward the theme of encouraging informed public debate about rationing, a grant was made towards the cost of the country's first *deliberative poll on rationing*, undertaken by SCPR. The event, broadcast on national TV, sought the views of 300 people, chosen to be nationally representative. They were asked to deliberate on the principle of rationing in the health service, on who should have the responsibility for making rationing decisions and on who should be winners and losers. The poll showed strong support for the NHS and calls for increased funding, providing an interesting comparison to earlier work with citizens' juries.

5 PUBLIC HEALTH PROGRAMME

This programme aims to find ways of reducing inequalities in health and improving the general health of the population, especially in London. It is concerned with the ways in which health is affected not only by health services, but also by the activities of a wide range of public, voluntary and commercial organisations, and individuals and groups at

national and local levels. Above all, it is concerned with the links between all these factors and how they interact to influence the health of people and populations.

There is an unprecedented but time-limited opportunity to influence Government thinking on public health and we shall therefore give priority to policy work in 1999. Some of this will lead on to longer-term developmental projects – which, in turn, will benefit from the King's Fund having established a strong voice in public health policy.

The programme team will carry out research, analysis and developmental work, with a view to influencing both policy and practice. We shall do this by stimulating ideas, innovation and informed debate among policy-makers, opinion formers, practitioners in health, local government, voluntary and private sectors, as well as the wider public. We shall organise seminars and conferences, hold one-to-one meetings with experts and other key players, learn directly from visiting local projects, write articles for general and specialist media, produce papers and publish via the King's Fund WebSite and publishing imprint.

Our immediate strategy is to conduct a series of short-term, high profile projects to contribute to policy development on two fronts: "Our Healthier Nation" and the role of London's new Mayor and Assembly in promoting the health of Londoners. These will run alongside more in-depth work to be completed over a longer time span.

Policy analysis, research and service development:

The programme has the following main aims:

i. **To assist in the development of effective strategies, at local and national levels, to tackle health inequalities.** In the *short-term*, we shall publish a paper on *Local Inequalities Targets* early in 1999. A draft was discussed at a seminar on October 12, attended by the Minister for Public Health and DoH officials working on the forthcoming White Paper. It is concerned with how inequalities are identified and local targets selected, the relationship between local and national strategies, and how progress is measured and local projects evaluated. The paper will be published on the King's Fund WebSite, and publicised by means of leaflets and media work, with hard copies distributed on request and dissemination continued through the first quarter of 1999. In the *medium term*, we shall continue to monitor the development of local and national strategies, to identify problems and opportunities for reducing inequalities. We anticipate organising at least one further seminar, with paper/s published as appropriate in the course of 1999. For the *longer term*, we shall review the case for producing and publishing a more substantial report in mid-1999.

ii. **To improve understanding of how health targets can be delivered effectively through local action, and how to identify and spread best practice.** In the *short term*, we are conducting a small study of local projects aimed at achieving progress towards the four targets set out in *Our Healthier Nation*. We are liaising with the Health Education Authority, which is compiling an electronic database of local authority initiatives, with a view to scoping current activities and examining how "success" is - or may be - measured. Early in 1999, this work will be focused

on policy development for "healthy neighbourhoods", one of the three settings (with schools and workplaces) identified in the Government's Green Paper. We expect to hold a seminar in January 1999 and to produce a working paper, published via the WebSite, following the strategy for dissemination and publicity outlined above. In the *medium term*, we plan to hold a further seminar in the Spring of 1999, jointly with the HEA, to discuss ways of evaluating activities which cannot be assessed by well-established methods such as random control trials; publishing/dissemination as above.

We shall develop these themes in a *longer-term* project concerned with the evolution of health policy for the coming decade. This will consider the shift in emphasis from healthcare to health, from science and security to strategies for dealing with risk and uncertainty, and towards more active participation by service users. It will consider the implications of the public health agenda giving greater priority to psychological, social and economic determinants of health, and it will be concerned with the dynamics of effective action: what is it that prompts people to take action or change their behaviour, individually or in groups, at local or national levels? Moving on from the static agenda of "rights and responsibilities", this will involve addressing such issues as incentive and motivation, power and relationships, and human capacities and values. The work will be conducted by means of small seminars and disseminated through articles in the general and specialist media, in the course of 1999. We shall review the need for a more substantial report in mid-1999.

iii. **To develop policy and practical proposals on how the London mayor and the Greater London Authority can fulfil their responsibilities to promote the health of Londoners.** Following the seminal work of the London Commission, the King's Fund played a significant part in developing health policy for London in preparation for the GLA and the London Mayor throughout 1998. A series of seminars bringing together chairs and Chief Executives from London Health Authorities has been held by the Fund to develop ideas on this issue. The report, *The Health of Londoners,* published in October under the auspices of the Fund, has provided a powerful account of patterns of ill-health and mortality across London, indicating the key health-related issues which need to be addressed on a pan-London basis. The Public Health Programme is responsible for carrying on this initiative. In the *short term*, a major conference is to be held in December 1998 to bring together health and local authorities, representatives of the Government office for London and the private and voluntary sectors. This will focus on the public health agenda for the GLA and the Mayor, and how to build effective health partnerships between the sectors to ensure effective action. In the *medium and longer term*, we shall publish and disseminate policy papers, from February 1999, which will review the health-related activities of mayoral offices in other comparable cities, develop a strong set of proposals which can be actively supported by a broad alliance of London-based organisations. We are in close touch with organisations involved in a bid for London to be designated by the World Health Organisation as a Healthy City and hope to play a role in supporting this initiative.

iv. **To contribute to a deeper and wider understanding of how best to involve the public – as service users and citizens – in decisions about health and health care.** In the *short term*, we are preparing a bid to the Department of Health's *Health in Partnership* research programme. This offers an analytical map of models used to involve patients, users and citizens in decisions about health and health care, a review of human resources required to involve the public effectively, and a proposed framework for designing public involvement strategies, establishing clarity of purpose and finding the best methods for effective involvement at all levels. The bid builds on the King's Fund's strong record in promoting patient and citizen participation. Our work in *the medium and longer term* will be reviewed when we know the outcome of the bid.

Links

In the short life of the Public Health Programme so far, we have worked hard to develop links with health and local authorities, with the voluntary sector and with government officials working on the *Our Healthier Nation* white paper and in the government office for London (GOL). We have strong contacts with the Minister for Public Health, the Policy Unit at 10 Downing Street and the Social Exclusion Unit. We are liaising closely with chairs, chief executives, directors of public health and others working with health authorities, especially in London, and have made special efforts to establish contact with local authorities and the Association of London Government, because of the critical role they can play in tackling the determinants of ill-health. We are working closely with the Health Education Authority on the evaluation of local practice and we are supporting the 1999 annual conference of the national public health confederation, following the merger of the APH and PHA.

Education and leadership development

We are developing a project aimed at building the capacity of Primary Care Groups to promote better health and tackle health inequalities in the communities they serve. This involves reviewing work already underway to train and develop PCGs in this area, identifying gaps and designing a training and development programme for London PCGs, for which funding from the NHS London region may be sought. Though still in the early stages, this project is being developed jointly by the Primary Care, Effective Practice and Public Health programmes and is intended to establish a benchmark for partnership working between the programmes and Leadership Development.

Relevant policy and development work carried out in 1998:

The Fund's research into the social causes of ill health and the effectiveness of methods for tackling health inequalities provides a good basis for planning new interventions, as does the work of the Urban Health Partnerships. Research is nearly complete on two relevant projects: an exploration of the relationship between income and health over time, and Anglo-Swedish comparisons of the contribution of social welfare policies to reducing health inequalities. During 1998 we contributed to Sir Donald Acheson's review of health inequalities and produced responses to the Green Paper, *Our Healthier Nation*, and to the Calman Review of the Public Health Function.

Grants given in 1998 (selected examples only):

Fostering a multi-agency approach to the capital's public health problems was the impetus behind the grant to the *"Under One Roof"* consortium, which seeks to provide an integrated response to the health and social care needs of homeless people. Recognising that better health for this highly marginalised group necessarily involves tackling a wide range of needs, the project brings together a range of health, housing, social care, employment and benefits related agencies to undertake joint assessment and co-ordinated responses to the needs of homeless people. The project will have implications for work with people with complex needs, as well as providing experience of partnership working 'on the ground' which should prove useful to the merging networks of Health Action Zones and Healthy Living Centres.

Also relevant to the development of the new public health agenda is the work of the *Beckton Community Health Project*, which has been developed over the past three years with King's Fund grants. Working with a diverse and socially isolated community in the London Docklands, the project has shown the strengths of a sustained community development approach in engaging local communities in defining their own health needs and taking action to meet those needs. An independent evaluation is charting the project's progress and documenting lessons for other community health initiatives. Other grants, to *the Bromley-by-Bow Centre's Talking Art* project and to *Healthy Bromley's A Picture Paints a Thousand Words* project, are highlighting the power of community arts work in engaging local communities in articulating their health needs, developing responses to particular health problems, and in engaging with local planning of health services.

6 EDUCATION & LEADERSHIP DEVELOPMENT PROGRAMMES

Context

Leadership Development has substantially reorganised the focus and purpose of its activity and its internal organisation, in line with policy documents agreed by the Management Committee in November 1996 and more recently in March 1998. The number of faculty has been reduced by more than 60% and work is now clearly focused on educational and leadership development programmes, with some associated O.D. work in the organisations of programme participants, and evaluation of change programmes.

Underpinning the work of the Leadership Development directorate is an assumption that the quality of leadership at all levels within health and social services is a critical factor in determining the effectiveness with which those services are delivered to communities. It therefore follows that an important means of achieving the policy priorities of the Fund is through the influencing of leaders and the facilitation of their enhanced personal and organisational effectiveness.

It assumes also that leaders have their own sense of the change agenda for which they carry responsibility within their own organisations but need to engage in personal and management development activity where, in a confidential and supportive environment, they can explore the implications of their transformational leadership roles, for

themselves as individuals and for their organisations. Providing distinctive personal and management development programmes has been a long standing activity of the Fund and as a consequence, there are significant networks of leaders within health and social services, particularly the NHS, who value the experience and learning that they were able to acquire and who retain a commitment to and respect for the Fund over the entire range of its activities.

A key element of change within leadership development is to ensure that it is fully integrated with all the activities of the Fund. Faculty work in support of the five main themes of the Fund through the availability of not less than 20% of their time. The educational and leadership development programmes provide opportunities for staff working within those themes to have access to managers, clinicians and others from the health service sector, particularly for the testing and dissemination of the outcome of their research and analysis.

Core Programmes in 1999

Top Manager Programme

Length of programme: total of 30 days over 8 month period

Target number of participants: 36

The TMP challenges participant's' deeply held beliefs about the effective management of organisations. It helps them clarify how they present themselves and develop a style of management that matches the organisations needs with the participants own. The programme helps participants learn to manage change in their organisations more effectively, as well as focusing on consultancy and negotiation skills, self awareness and the psychology of organisations.

Senior Manager Programme

Length of programme: total of 25 days over 4 month period twice a year

Target number of participants: 24 per programme

The SMP is internationally recognised as providing a unique opportunity to develop the full potential of health care managers and professionals. SMP allows participants to develop their own judgment, understanding and discretion in addition to formal management skills. Intellectually stimulating, the programme is not about formal teaching or academic essays. Instead, the focus is on real and pressing issues at work which maximise the opportunity to learn from experience.

The Johnson and Johnson UK Nursing Leadership Programme

Length of programme: total of 40 days over two years

Target number of participants: 20

This programme is unique in its focus on the profile of the nurse leader of the future. Developed with the support and advice of over one hundred people in the NHS, its emphasis is on personal impact and learning through experience. The programme is sponsored by Johnson and Johnson and offers a major opportunity for nurses to achieve a board level position in three to five years time.

Leadership 2000

Length of programme: 20 days over 9 months

Target number of participants: 25

Leadership 2000 is a programme specifically designed and run for women managers at board level in the NHS. Launched in 1993 by the King's Fund, it is designed to enhance the visibility and leadership of women who, with their male counterparts, will lead the NHS into the next millennium. Individual programmes designed to enhance women's development are complemented by additional initiatives supported by involving key leaders within and outside the service.

GP Choices

Length of programme: 8 days over 4 months

Target number of participants: 15

There is relatively little currently available to help GPs make informed judgments about the role the play in commissioning, management and healthcare leadership. This unique programme aims to help GPs improve healthcare in their local communities. Content reflects local issues, so discussions are held with the HA and local GPs before each programme begins. The programme has been the subject of an external evaluation which demonstrated that it was a most effective way of bringing GPs together.

Management for Consultants

Length of programme: 5 days over one to three months. Runs three times per year

Target number of participants: 24 per programme

Life as a consultant has rarely been tougher than in today's NHS, coping with the Calman training programme, persistent financial stringency, externally demanded service changes, continuing organisational turbulence at most levels and rising public expectations. These demands make it essential for consultants to learn how to manage

their time and available resources as well as to pace themselves to avoid chronic overload and loss of enjoyment at work. This programme explains how consultants can rise to these challenges successfully.

Management for Specialist Registrars

Length of programme: 5 days over one week. Runs four times per year

Target number of participants: 24 per programme

This programme is essential preparation for the new responsibilities of being a consultant. Consistently over-subscribed it aims to close the gap of understanding between clinical practice and management both at personal and organisational levels. Apart from developing traditional management skills, participants work on what Keats described in a letter to his brother as 'negative capability' 'When in the midst of uncertainty, mystery and doubt, not to reach irritably for fact and reason'.

Management for Consultants in Intensive Care

Length of programme: 3 days

Number of participants: 24

This programme addresses the particular needs of intensive care consultants who want to improve the quality of their unit's services within an increasingly constrained budget and rising demand. Participants also learn to work with colleagues in neighbouring ICUs to develop a service strategy for the local area, and to pay more attention to internal management, clinical protocols and related ethical issues to improve patient survival rates and raise staff morale.

The Black and Ethnic Leadership Programme - BEL

Length of programme: 21days over 12 months

Number of participants: 24

The Black and Ethnic Leadership programme uses a range of learning experiences from classroom to group activity, learning sets, personal reflection to Organisational Development (OD) projects and one to one coaching and mentoring. In addition the programme integrates the organisational learning within the programme to ensure that the Trusts are able to create the environment which not only supports equality of opportunity, but actively promotes the debate, discussion and action required to facilitate innovation and the creation of an organisational culture and climate which values diversity.

Successful Nurse Leader

Length of programme: 5 days over two months

Number of participants: 24

The NHS remains an environment of change and opportunity for nurses. The challenge of leadership has never been greater and there are now many ways for senior nurses to expand their role. This five day, two module programme offers nurses the chance to explore new trends in health care and develop themselves and their leadership role.

Workshops for Chairs of Health Authorities and Trust Boards

Length of programme: 1 day twice a year

Number of participants: 24 per programme

The relationship between the chair and the chief executive is crucial to the effective functioning of the board. This in turn has a fundamental effect on the organisation as a whole. This one day workshop offers a unique combination of expertise and experience in dealing with the functioning of boards and in particular the role of chair.

Workshops for Non Executive Directors

Length of programme: 1 day twice a year

Number of participants: 24

Non executives frequently find difficulty in gaining real satisfaction from their role. Although there are other programmes to provide training for non execs of health authorities and trusts, this is the only one which helps non execs make a more significant contribution, through exploring issues and working on real problems.

Study Tour to Canada for Chief Executives

Length of programme: 5days

Number of participants: 15

The Canada exchange programme is a mix of presentations, workshops and visits, with the focus on analysis, rather than mere observation of differences in the two systems. So while there are opportunities to see health care provider organisations, the emphasis is on understanding how these organisations work and addressing problems which connect to the experience of Chief Executives in the NHS.

PART IV

CONTACTS AT THE KING'S FUND

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Treasurer	William Backhouse
Chairman	Sir Graham Hart. KCB
Deputy Chairman	Professor Sir John Pattison, KCB

Directors

Chief Executive	Rabbi Julia Neuberger
Community Care	Janice Robinson
Exec Dir, Corporate Affairs	Ian Wylie
Cultural diversity adviser	Naaz Coker
Effective Practice	Alison Hill
Grants	Susan Elizabeth
Health Systems	John Appleby
Leadership Development	David Knowles
Primary Care	Steve Gillam
Exec Dir, Policy & Development	Angela Coulter
Public Health	Anna Coote
Exec Dir, Resources	Frank Jackson
Special Projects	Steve Manning

Topic	**Contacts**
Accountability	Rudolf Klein, Justin Keen ,Juan Baeza
Acute hospitals	Tony Harrison, David Knowles
Arts in health	Susan Elizabeth
Cancer	Alison Hill, John McClenahan
Carers	Penny Banks
Chairs	John McClenahan
Changing clinical behaviour	Mike Dunning, Alison Hill
Citizen's juries	Anna Coote, Susan Elizabeth
Clinical Directors	John McClenahan
Clinical effectiveness	Alison Hill, Angela Coulter
Clinical governance	Alison Hill, Steve Dewar, Steve Gillam
Clinical quality	Alison Hill, Steve Gillam, Angela Coulter
Community care	Janice Robinson
Community development	Susan Elizabeth, Anna Coote
Consultants	John McClenahan, Huw Richards
Cultural diversity	Naaz Coker, Julia Neuberger
Disability	Barbara McIntosh
Disciplinary procedures	Juan Baeza
Effective practice	Alison Hill
Emergency care	Tony Harrison
Ethics	Julia Neuberger
Evidence Based Clinical Practice	John McClenahan
General practice	Steve Gillam, Dominique Florin, Becky Rosen, Gina Shakespeare, Peter Mumford
Grants	Susan Elizabeth
Greater London Authority	Liz Kendall, Julia Neuberger
Health systems	John Appleby
Health inequalities	Anna Coote, Naaz Coker, Natasha Gowman
Health Quality Service	Peter Griffiths

Homelessness	Susan Elizabeth
Hospital accreditation	Peter Griffiths, Gordon Mitchell
Information technology	John Howard, Justin Keen, John McClenahan
Intensive care	Tony Harrison
Intermediate care	Linda Hanford
Joint commissioning	Janice Robinson
Leadership development	David Knowles
Linkworkers	Steve Gillam
London's health	Anna Coote, Julia Neuberger, John Appleby
Management	David Knowles, Justin Keen, Peter Griffiths
Media	Alison Forbes, Andy Bell
Mental health	Angela Greatley, Huw Richards
NHS funding	John Appleby, Tony Harrison
Non Executive Directors	John McClenahan
Nursing leadership	Sue Machell
Older people	Lorna Easterbrook
Organisational quality	Peter Griffiths, Gordon Mitchell
Patient involvement	Angela Coulter, Alison Hill
Primary care	Steve Gillam, Gina Shakespeare
Primary care act pilots	Clare Jenkins
Primary care groups	Shona Arora
Primary care group boards	Gina Shakespeare
Primary care leadership	Gina Shakespeare, Peter Mumford
Priority-setting	Angela Coulter, Rudolf Klein
Private Finance Initiative	Tony Harrison
Private sector	Justin Keen
Public opinion	Jo Ann Mulligan
Public health	Anna Coote
Public participation	Angela Coulter, Anna Coote
Publishing	Lyndsey Unwin, Stephen Lustig
Rationing	Angela Coulter, Rudolf Klein
Refugee health	Susan Elizabeth
Registrars	Martin Fischer, Judy Taylor
Rehabilitation	Jan Stevenson, Janice Robinson
Shared decision-making	Angela Coulter, Alison Hill
Total purchasing pilots	Gill Malbon
Values	Steve Manning, Julia Neuberger
Waiting lists/times	Tony Harrison
Women's health	Angela Coulter
Workforce	Tony Harrison, John Appleby, Julia Neuberger
Young people	Steve Manning, Andy Kennedy

The Library and Information Service aims to promote an effective and focused contribution to the knowledge base of health care, investigating and taking into acoount the needs of library users, both actual and potential. As one of the Fund's 'frontline' services, the Library aims to position itself at the leading edge of developments in health management information, whether technological, organisational or strategic.

The publication of the NHS's long-awaited national information strategy in autumn 1998, along with diverse other government initiatives ranging from the green paper on lifelong learning to the strategy 'Our Information Age', offers potential for:

- development of information services both inside the Fund and to external users
- new points of liaison with other libraries in the health, academic and public sectors.

The Library will be working closely with the five new work programmes to ensure the flow of relevant and up-to-date information to and from them. To this end:

- the Library's collection development policy is under revision, to take into account the Fund's new and future priorities
- the system of 'Liaison Librarians' will give each programme named contact points within the library team who will be focusing on their areas of interest; and the new post of Liaison Librarian Ethnic Health will be a focal point for colleagues right across the Fund
- the Library User Group will be reconstituted with representation from each of the programmes.

The Fund's Internet and internal Intranet sites will

- be restructured to reflect the Fund's work
- develop in scope, becoming more interactive (e.g. public discussion areas; provision of internal training and induction).

There will be a major upgrading of the library database, which will pave the way for a quantum leap forward in the information services available from Fund colleagues' desktops via the Intranet. Electronic journals, personalised 'information packages' and other Web-based possibilities will be explored.

The Library will play its part in the forthcoming National Year of Reading.

The Library is currently as a matter of urgency reviewing its levels of service to both internal and external users from 1999, in the light of the Fund's decision, as part of its cost-cutting exercise, that one of its information assistant posts be frozen. We have also been asked to explore options for income generation, particularly looking at the viability of a membership scheme for external users. The 'public face' of the library is therefore likely to change radically during 1999.