King's Fund

Annual Report 1998

nhs 50

NHS 1948 - 1998

King's Fund

Annual Report 1998

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Contents

All photographs, except for the those on pages 2 and 3, are part of a series commissioned for the NHS 50th anniversary celebrations.

Chairman's Statement

The King's Fund exists to promote the health of Londoners and to improve the health services available to them. This report shows what we are doing to carry out these responsibilities. I would welcome any comments from readers on how well we are doing.

The context in which the Fund operates is changing all the time, as the needs of London's population change, medicine advances and the NHS develops. We need to reflect those changes, and indeed to play a part in shaping them, if we are to continue to fulfil a useful and relevant role. The Fund's Centenary in 1997 provided a stimulus to think about the future and in particular about the Fund's priorities and ways of working.

Under Julia Neuberger's leadership, a new corporate structure for the Fund was successfully implemented during 1998. One aim of this restructuring is to make it easier for the Fund's different activities to be harnessed to common goals. We should now be able, for example, to use our grant-making powers to reinforce our role in developing new ideas for the delivery of services; and to use our long-established skills in education and leadership development to support our policy themes. In all this, what we seek to do is to make a difference for the people of London. This is what our benefactors intended.

The reshaping of the Fund's organisation and staffing has inevitably resulted in some one-off expenditure and some reduction in income from external work. But as pages 35 to 50 show, the Fund's financial position remains extremely strong. Our concern is to use the resources we have to the best possible effect for the good of the community.

There is no shortage of work to do, or of ideas for new projects. The pages of this report display a great diversity of activities being undertaken by the staff, who currently number less than 150. The Management Committee is acutely aware of the enthusiasm and professionalism of the Fund's staff at all levels. We are particularly grateful to them for their good work during this period of major change.

Graham Hart

Chief Executive's Report

The King's Fund has been through major change over the past twelve months. We have re-examined our founding values and refocused our work with an emphasis on London, where we began. We have also restated our commitment to our core principles, and will be judging all our work by how it matches up to one or more of them.

These principles include a commitment to reducing inequalities in health, valuing cultural diversity, invigorating democracy and citizen participation, and breaking down boundaries between authorities and organisations. We have thought through how we can make the biggest contribution in the light of these principles, using the resources we have, both money and people, to make the biggest difference to and change for the better in the health of Londoners.

The King's Fund is unique in working at all levels across the health system to empower people and stimulate debate. It influences policy through rigorous research and analysis; it develops new leaders for the future; it works with health professionals to find new ways of tackling old problems; and it supports the efforts of some of London's most deprived communities to improve their own health.

At a national level, we have continued in our efforts to stimulate debate about rationing in health and social care. We still have a health system which produces geographical inequalities by leaving the difficult choices about resource allocation to local decision-makers. The King's Fund has tried to tackle this democratic deficit by supporting *citizens' juries* to deliberate on local health service issues and by promoting a more open national debate about the values that underpin our national health service. We hope that in the year to come, elected politicians will face their responsibilities and make some of those tough choices in partnership with the public.

As part of our commitment to valuing diversity and creating new leaders from all sections of London's population, we have been running the Black and Ethnic Leadership (BEL) programme. This positive action programme develops leadership skills in black health service workers who we expect to see as the NHS managers of the future.

Last year, the King's Fund joined with the Sainsbury Centre for Mental Health to create the *Working Together* initiative. Working in three areas of London with health professionals, voluntary agencies, social workers and community groups, we are developing new ways of providing supportive community care to people with severe mental illnesses through 'assertive outreach'. This new approach ensures individuals receive care from all the relevant services in their own communities. It gives people a real chance to live dignified lives and overcome the exclusion and stigma that still affect people with mental illnesses. *Working Together* shows that organisations can add up to more than the sum of their parts if they work co-operatively, pooling their resources and sharing their expertise.

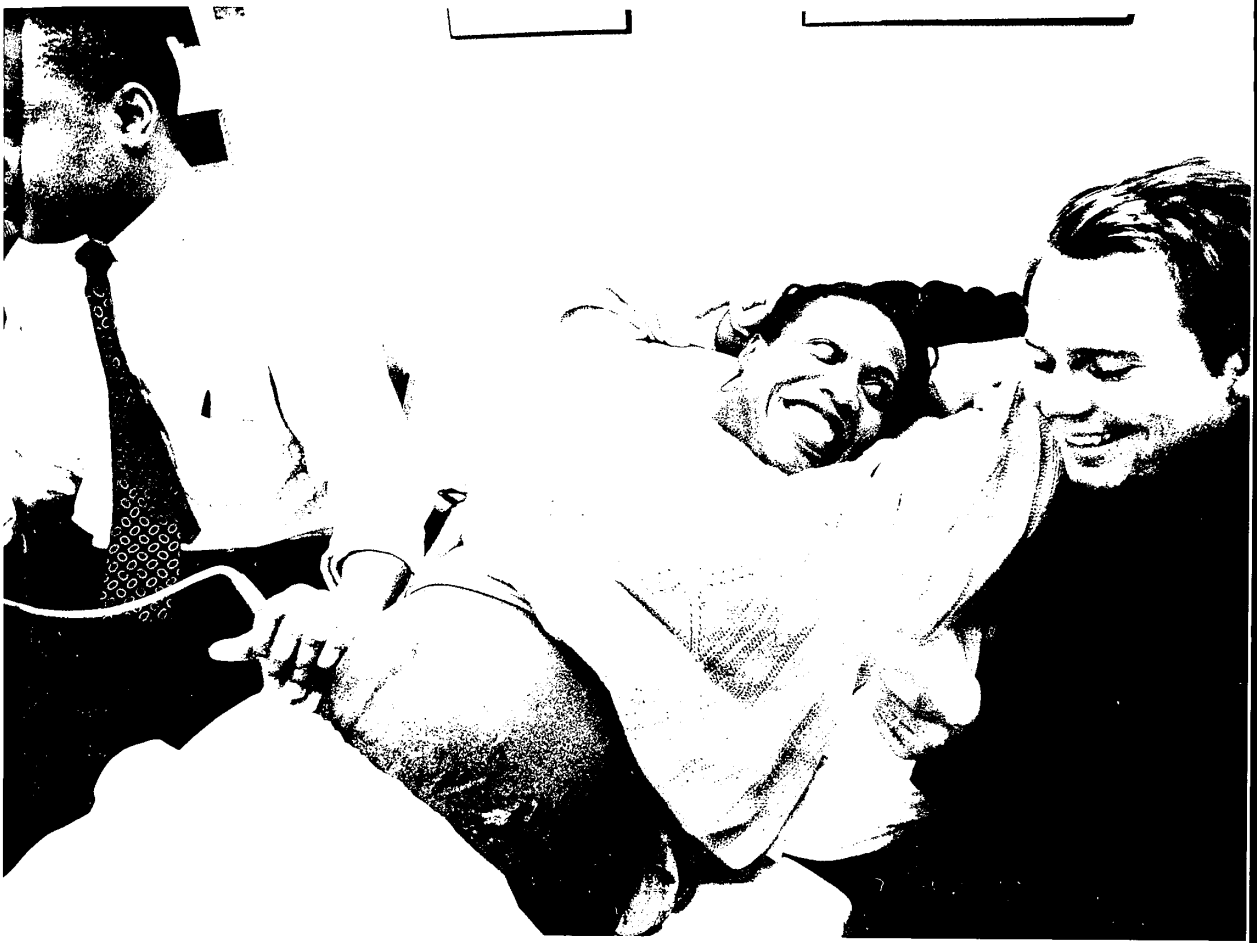
The prime focus of the King's Fund is London. We support projects in every corner of the capital that empower excluded people and improve the health of the most vulnerable. In particular, we are funding health advocacy among refugee groups, creative arts projects that tackle health issues, and support for homeless people. We are also working to find new strategies for tackling public health problems in London that take the needs and wants of communities as their starting points.

We continue, however, to take a national and international perspective on our work. The King's Fund constantly monitors national health policy and works in partnership with other groups to develop new ideas and practices. In the last year, we have begun to evaluate new ways of providing primary care services, for example through nurse-led surgeries, and we are developing improved means of supporting older people after they are discharged from hospital. We also hosted an international conference on tackling the global problems of health inequalities, attended by World Health Organisation director Gro Harlem Brundtland and Nobel Laureate Professor Amartya Sen.

Internally, the King's Fund has undergone a year of radical change. I believe we have emerged from it as a strong and dynamic organisation ready to face the challenges ahead. We have focused our energies on the things that matter most to us and found new ways of making an impact on them in a changing political, social and technological environment.

We are following up much of the work of the King's Fund London Commission of 1997 by concentrating on issues in mental health and the elderly; by monitoring London's health economy; by looking at how primary care works in London and the relationship between primary and secondary care; and by thinking about how clinical decisions are made and who is responsible for quality. Our five programmes, with Leadership Development and Grants, are working to change the way people think and practise, lead and participate, and relate to their own communities. The agenda is ambitious, but the focus is narrowing as we see where we can make a difference.

Part of that difference lies in working with our NHS partners. The NHS is once again undergoing major structural change, this time



with an emphasis on partnership, quality improvement and public health promotion. Devolution is creating new layers of government in Scotland, Wales, Northern Ireland and London. And the millennium offers an opportunity to look ahead to the challenges of the next century.

Yet intractable problems remain. Poverty blights the lives of millions with an increased risk of ill health and premature death. Racism prevents many people from achieving all they can in life. Old age, mental ill health and disability remain the source of exclusion and dependence for large numbers of people. If the new century is to mean anything, it should herald the start of a renewed effort to tackle these ills in ways which make a real difference to people's lives. At the King's Fund, we intend to be at the forefront of the voluntary sector's efforts to achieve this.

Rabbi Julia Neuberger
Chief Executive

King's Fund 1998 Events

Main events organised by or involving the King's Fund during 1998

January	7	Launch of *From Cradle to Grave: Fifty years of the NHS* by Geoffrey Rivett
	29	SmithKline Beecham Community Health Impact Awards ceremony
February	3	King's Fund announces new Policy and Development programmes to focus on key issues in London
	12	King's Fund and Audit Commission publish a series of studies on the value of rehabilitation services for older people leaving hospital
March	18	Launch of Working Together in London initiative, to develop assertive outreach services for people with severe mental illness, with Sainsbury Centre for Mental Health
April	8	Launch of Imagine London art competition for school children in London to create pictures of a healthy city
	23	Launch of Primary Care Act pilot site evaluation project with National Primary Care Research and Development Centre
	27	Completion of King's Fund Centenary Bed project, with publication of guides on how to choose health care beds
	29	General Council AGM
May	12	Launch of Under One Roof programme to provide all relevant services in one location for homeless people in south London
	29	Days of Change – national conference on developing better services for adults with learning difficulties
June	3	Health Quality Service (HQS) launched – formerly known as Organisational Audit
	23	Sir Graham Hart appointed chairman of King's Fund
July	1	NHS Confederation 50th anniversary conference, London. Julia Neuberger provides keynote address and King's Fund launches Carers Compass guide to providing better support to carers
	24	New journal on public involvement in health care, *Health Expectations*, launched by Blackwell Science and King's Fund

September

29 Second international conference on Priorities in Health Care, organised with British Medical Association in London

30 'Bridging the Gap' PACE national conference

October

1 The October club European conference at the King's Fund, The Next 50 Years of Health in Europe

7 Launch event for *Home from Home: your guide to choosing a care home*, and new HQS standards for nursing homes

14 Linkworkers: A new role in a New NHS, primary care conference

29 State of the NHS national health policy conference to coincide with publication of *Health Care UK 1997/8*

November

5 Nurse-Led Primary Care – New opportunities, conference with Queen's Nursing Institute looking at progress made in first year of nurse-led primary care pilot sites

12 Carers and New Directions for Health and Social Care conference, London, outlining key findings from Carers Impact programme

12 King's Fund participates in Refugee Week, promoting health advocacy for refugee communities

16 First Black and Ethnic Leadership (BEL) positive action programme completed

18 The NHS at Fifty – Present Myths and Future Realities, King's Fund President's Lecture at St James's Palace

December

2 Working Together programme selects its three sites in London for developing assertive outreach services

10 Health, the London Mayor and the Greater London Authority conference on the future of public health in London

16 King's Fund publishes studies of primary care groups in London and early progress made by personal medical services pilots

The NHS at 50

The National Health Service must be one of the most daring and farsighted social experiments of all time. Even looking back 50 years later, the concept of a take over of hospitals and the development of a major programme of primary care and public health, to be funded mainly from central taxation and to provide a service to be available to all, without charge, still has a ring of unreality about it. Yet it settled down remarkably quickly.

Those of us who qualified in the 1950s took its existence for granted. Our teaching hospitals seemed to run smoothly under the benign administration of a superintendent and a matron, backed up by a board of governors, and if there were financial or managerial problems, they never seemed to percolate through to students or junior medical staff.

It is doubtful if any young doctor qualifying today would feel so secure. The NHS is passing through a particularly difficult period of over-strain and self-examination and many doubt whether it will survive in its present form for another 50 years.

One of the problems in assessing the success of the NHS is how to define health. Most of the facts and figures that are bandied about to look at the efficiency of the health service are 'measures of a disease service'; we hear much less about how healthy we are.

Based on some fairly basic measurements of the health of society, we are not doing so badly. In 1997, the Chief Medical Officer was able to report that, for the first time, the infant mortality rate in this country had fallen below six per cent, a figure which, with the exception of some Scandinavian countries, is by far the most impressive in Europe and compares particularly well with the USA. We can all now reasonably expect to live well into our seventies, again an achievement, which compares favourably with every other industrialised country.

It appears, therefore, that we have got our basic public health measures right and we are able to provide most of the benefits of modern high technology medicine to most of our population. Above all, however, nobody who is acutely ill or has a serious chronic illness is unable to obtain medical care at a reasonable level of competence, and although we may have to wait to be treated for less serious complaints, Bevan's promise of free care for all has more or less been honoured.

Why, therefore, have things gone wrong?

One of the major difficulties with the NHS is that we have tried to have a highly effective health service on the cheap. In the period between 1949 and 1950 we spent £447 million on health, approximately four per cent of our GDP. Between 1996 and 1997 we spent approximately £43 billion, £2,266 million by 1949/50 prices, about six per cent of our GDP. This level of expenditure is far below most other European countries.

Unfortunately, each successive government's reaction to the steady increase in the cost of health care has been to assume that much of it reflects inefficiency rather than a genuine reflection of societal expectations and medical advances.

During its first 20 years, the NHS underwent at least eight major policy changes, culminating in the White Paper of 1972, which generated a bureaucracy of monumental proportions. But in terms of total disruption, this period was one of quiet calm compared with the major reorganisation of the service following the development of the internal market in 1989.

These upheavals have had an enormous impact on the working patterns and morale of the NHS. Doctors, both in hospitals and the community, together with nursing staff and the other professionals, have to down tools, spend hours on committees trying to make the new system work, and, even more importantly, neglect their primary role in the health service, which is to look after patients. Now, having tried to get to grips with the concept of an internal market and fund-holding practices, the whole thing is to be taken apart again in less than ten years since the last dismantlement.

There is no doubt that the continuous underfunding, endless series of 'reforms', and continually increasing workload, set against the background of increasing requirements for efficiency and effectiveness, have put a major strain on health care professionals over recent years. The current difficulties in recruiting nursing staff are a clear reflection of this problem.

The difficulties of understaffing and increasing workload have finally started to have a deleterious effect on the quality of undergraduate and postgraduate teaching and on clinical research, all of which worked well during the early days of the NHS.

However, the major problem for the NHS in the future will undoubtedly be the continuing rise in the cost of health care. Some of the programmes for preventative medicine that have been established by successive Chief Medical Officers are excellent; we may be able to avoid, to some extent, by exercise, reducing smoking and alcohol and by a more sensible approach to road safety and accidents in the home, a few of the major killers of middle life. Many of the diseases that we encounter, however, are multifactorial and bound up with the complex biology of ageing. Medical science has taught us that there is no one cause for heart disease or cancer. The more modern science analyses these conditions the more complex they appear. Thus, while work in the molecular sciences carried out over

the last ten years has given us remarkable insights into the mechanisms of cancer, it has shown us that there are many different routes to malignant transformation and that there will not be one therapeutic magic bullet with which to attack this disease. It will have to be approached in many different ways, each tailored to the needs of a particular type of malignancy.

While most countries are agreed that some form of health care rationing and prioritisation is required, the schemes that have been tried have not stood up to vigorous testing. The various cost-benefit approaches that have been worked out in the Netherlands, New Zealand and even in the society-based Oregan programme have not worked out in practice. The American scene, with its Independent Practice Associations, Physician-Hospital Organisations, and Health Maintenance Organisations has achieved a level of complexity and bureaucracy which far exceeds that of the NHS even in its worst periods. It has produced a society in which its citizens can obtain optimal, minimal, or no care, depending on their ability to pay and the vagaries of the insurers who run these programmes.

What, therefore, should we do in the future?

Funding

We have to start funding our programmes of health care at a level, which is at least comparable to our European partners. Although public opinion polls have pointed to its popularity, we continue to duck the issue of a predicated health tax. It has never been clear why government has not accepted this; the usual reason given is that the treasury always opposes it. This issue must be re-opened and debated honestly with the public.

There are, of course, other sources of funding which should be considered. Why do we not set up a national lottery devoted to health? We compete with the Chinese as one of the great lovers of gambling, use our current lottery profits for the most bizarre activities, and yet continually shelve the idea of a lottery devoted to health.

Planning

We need to establish a body that is less close to government and which is able to call on the best and most independent advice on long term planning. This body, which could be based on a similar principle to the Audit or Law Commissions, should be made up of people with expertise in every aspect of health care, with particular strengths in the demography and design of pilot studies. It should be equally strong on representation from the general public.

Public participation

We need much more societal participation in the NHS. Although we have done a little towards the public appreciation of science over recent years, much less effort has been made towards the public perception of medical research and practice. Many of the exaggerated expectations of the NHS are based on a lack of understanding of what is possible even with modern medical science. We ought to encourage a greater public participation in the work of the NHS. There is already reasonable evidence that many of the difficulties of the elderly can be greatly reduced by regular visitation and early anticipation of their problems. To do this adequately in the future will put an enormous burden on our community services. Could we develop a programme of home visiting by young people in their years just after leaving school or just before going to university? A short training programme would provide them with all the knowledge necessary to develop a first class home-visiting programme. Some simple measures like this, if subjected to adequate pilot studies and planning, together with continued encouragement for local fundraising programmes for hospitals and practice, could help enormously.

The NHS, in some form, is the best form of health care that is possible. We may reduce some of the pressures on it by more use of the private sector. Unfortunately, private medicine is not interested in our major problems for the future, particularly preventative medicine and the care of the complex multisystem disorders of the elderly. More realistic funding, and more thoughtful and well researched planning could provide us with an NHS that provides the best of health care, in an environment where doctors, nurses and other health professionals could obtain the best of training, and where medical research, could flourish.

This is a shortened version of the King's Fund President's Lecture given by Professor Sir David Weatherall, Regius Professor of Medicine at the University of Oxford, in November 1998 at St James's Palace

Themes & Activities

Policy & Development

The King's Fund's work in policy analysis, research and service development has been reshaped into five thematic programmes. The five programmes are:

- **Community Care** helping people with chronic illness and long-term disability
- **Effective Practice** working with multidisciplinary groups of health professionals
- **Primary Care** raising the quality of primary care provision
- **Public Health** promoting the health of Londoners
- **Health Systems** developing an overview of the health system.

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.

Each of our work programmes gives particular priority to four key targets which the King's Fund believes will make the greatest improvement to the health of Londoners:

- 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.

Activities in each of the five programmes are detailed on the following pages.

Community Care

The Community Care programme was re-shaped to focus on policy and practice relating to older people who have a range of chronic conditions, younger adults with mental health problems, and their carers. Programme activities have been designed to combat the social disadvantage and discrimination experienced by these groups and to achieve better integrated treatment, care and support.

The people who are at the heart of this programme present a considerable challenge to a health and social care system that is not well geared to supporting a growing population with long term, fluctuating and often multiple illnesses and disabilities. A range of support is needed and, with this in mind, we have continued our efforts to encourage partnerships across organisational and professional boundaries in health and social care.

Two projects, involving joint working between primary care and other health and social care agencies, produced reports of progress made and showed how primary care groups (PCGs) could build on the lessons learned in these earlier collaborative experiments. The first of these – concentrating on joint commissioning between primary care and social services – identified strengths and shortcomings in commissioning at this level, setting out key messages for PCGs in a published briefing entitled *Partnerships in primary and social care*. The second project explored ways in which provision for people with mental health problems could be improved by GPs and other primary care professionals working more effectively with colleagues in secondary health and social care services. Guidance entitled *Mental health priorities for primary care* was also prepared, drawing on the experience of several local development projects in the London area.

New partnerships were forged when the Fund set up a major mental health initiative called Working Together in London. This is a joint three year programme of work, funded by the King's Fund, the Sainsbury Centre for Mental Health and the Department of Health, and aims to create a service system that is capable of delivering comprehensive care and support to people with serious mental health problems. Recognising the importance of partnerships that go beyond health and social care, we have also convened a Regeneration and Mental Health working group, which made a start in examining ways in which new opportunities presented by regeneration policies might be exploited to help people living in some of the most deprived areas of the capital.

Work on services for older people intensified during the year. Advice on ways of involving older people in the development of community services was published in *Terms of Engagement*. A review of home support services, undertaken in co-operation with the Nuffield Institute for Health and the Joint Initiative for Community Care, culminated in a report entitled *Our Turn Next?*

Working closely with the Audit Commission, a year-long enquiry into the Rehabilitation of Older People came to an end with the publication of three reports reviewing policy trends and the evidence of effective practice. The findings presented a framework for the future development of rehabilitation services in health and social care. Evidence was submitted to the Royal Commission on Long Term Care, whose subsequent report emphasised the importance of investing in rehabilitation in order to avoid unnecessary use of care homes and hospitals.

The government's intention to develop a national strategy for carers provided a good opportunity to offer

evidence drawn from the Fund's Carers Impact development project. This included an analysis of policy directions in this area and a Carers Compass – a framework which can be used by health and social care agencies to audit and accelerate improvements in local support for carers.

The Fund's long standing work on learning disability took on a new emphasis during 1998 as we explored ways of extending opportunities for people with complex disabilities. The popular book *Days of Change* had shown what some authorities have already achieved by moving away from segregated day services to developing individual support enabling people to participate in education, employment and community activities. The new project set out to demonstrate that the same changes could and should be made for people with complex and multiple disabilities.

We have continued a commitment to improve the quality of community care services – so often referred to as 'Cinderella services'. The Fund mounted, on behalf of the Department of Health, a series of consultations with older people, people with learning difficulties or physical and sensory disabilities, and carers to find out about their experiences of health, housing and social care services. Findings and recommendations were presented in the report *A New Era for Community Care?* and were fed into the development of the government's new Long Term Care Charter. Plans were also made to explore in 1999, priorities for raising the standard of care and support provided for older people.

Effective Practice

The Effective Practice programme concentrates on issues of strong contemporary relevance to the NHS. There are five factors which make the work important to health professionals and policy makers. Firstly, new health policy is being made in a cultural climate which values partnerships between professionals and patients. Secondly, there is a growing emphasis on the efficacy of medical care provided by multi-professional teams, which focuses attention on the traditional boundaries between health professionals. Thirdly, the government's new policy of A First Class Service places emphasis on the development of systems to ensure the provision of effective quality services.

Fourthly, there is a strong public and political focus on protecting people from the potential tragedy of poor clinical performance, and the need for sound professional regulation. 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 resources and on information management in the NHS are germane to this aspect of the Fund's work.

There is plenty of evidence that patients want information about medical conditions and treatments. Most find it difficult to access the information they need. Many patients say they would like health professionals to take account of their treatment preferences and some want to be actively involved in decisions about their care. A King's Fund book, *Informing Patients*, studied patient information materials currently in use in the NHS and revealed considerable grounds for concern about the quality of information given to patients.

In an attempt to promote the development and use of better information, the Promoting Patient Choice project supported the work of seven groups who were given King's Fund grants to develop high quality patient information materials using various media and involving patients in the process. Project staff also supported the development of the Patient Information Forum, a network of health professionals working on the production and supply of information to patients in NHS provider units.

The Fund is collaborating in a multi-centre research programme aimed at describing the learning needs of health professionals struggling to provide support for patients as they seek health information from a multiplicity of sources. The research is to be completed and disseminated at a conference in the spring of 1999, followed by the production of specific learning materials.

The Cancer Collaboration is an alliance of three charities: the Cancer Research Campaign, Macmillan Cancer Relief and the King's Fund, with support from the Department of Health and the Pharmaceutical Alliance in Cancer Care. This year it undertook a substantial piece of research to identify good practice which had contributed to improved cancer patient care in England and Wales. It also sought to describe perceived gaps in care.
The main issues raised by the research included: strategic planning, improvements in cancer care at primary care, community care, and hospital levels, and in palliative care services.

Workshops on Intermediate Care were organised to explore practical problems arising where primary and secondary health and social care overlapped. We received support from the Department of Health to describe examples of good practice and innovative schemes, and to draw-up a database of contacts for people setting-up schemes to avoid admission to an acute ward or to facilitate early discharge. This will be launched at a symposium in May 1999.

The year saw the ending of the Department of Health funded project on Promoting Action on Clinical Practice (PACE). The King's Fund PACE project team supported sixteen demonstration projects around the country working with multi-professional teams and patients to implement evidence-based practice. The project demonstrated that it is possible to change clinical practice using a combination of educational methods and organisational development approaches, but they must be systematic and well managed to succeed. The experience of the PACE projects is of considerable relevance to those involved in developing arrangements

for clinical governance. The final report from PACE, *Experience, Evidence and Everyday Practice*, draws together the lessons learnt in this major national experiment.

Primary Care

The main focus of the primary care programme is the development of Primary Care Groups (PCGs) and the quality of primary care provision in London.

We began our work by mapping the state of development of PCGs in the capital. PCGs were not formally established until April 1999, but preparation for their formation began in 1998. The published results of the early survey work, *Mapping Primary Care Groups in London,* provided a baseline, and we are now working in collaboration with the Audit Commission to monitor progress and to develop an understanding of the factors shaping primary care development since the introduction of the NHS (Primary Care) Act. In collaboration with colleagues from the Health Quality Service (HQS), we have produced the first batch of standards for use as quality benchmarks for PCGs and those with responsibilities for monitoring them. In their wider public health role, PCGs are expected to work closely with health authorities on the development of local health plans or Health Improvement Programmes (HImPs). We are working with the London Regional Office of the NHS Executive to track the development of HimPs in London and will be monitoring changes in public health indicators across the capital.

The King's Fund has been leading the national evaluation of Total Purchasing Pilots (TPPs), an extension of GP fundholding. TPPs are a precursor of PCGs and this work has provided many lessons of relevance to the new PCG boards. These were summarised in a King's Fund report *Achievements of Total Purchasing Pilot projects: lessons for developing Primary Care Groups in England.* The project entered its final stages in 1998 with the publication of a series of articles and technical reports and a number of conferences and workshops reporting the key findings.

Staff have also been involved in the evaluation of another set of primary care pilot schemes, the Personal Medical Services (PMS) pilots. In these experimental schemes, the contractual regulations governing primary care are relaxed to allow for new forms of organisations tailored to address the needs of specific populations. We are collaborating with the National Primary Care Research and Development Centre to support and monitor the development of these new ways of organising primary care, which include salaried GP schemes and nurse-led organisations. The report, *Personal Medical Services Pilots in London – rewriting the Red Book,* argued that the PMS Pilots are of particular interest in London where the needs of minority groups have not always been well served by traditional general practice.

Two other projects carried out by the primary care team in 1998 included a review of ethnic minority

linkworking, published as *Linkworkers in General Practice*, and the Health Promotion in Prisons project. The linkworker study highlighted difficulties facing this group, which has an important role in improving access to services for black and ethnic minorities. A follow-up to this study is planned with a major grant programme which will aim to develop training programmes for linkworkers and health advocates. The Health Promotion in Prisons project was the result of another collaboration with the Grants Committee. The project lead for this part World Health Organisations (WHO) funded initiative to develop health promotion in prisons, is based part-time at the King's Fund.

A five-year programme of work aimed at improving co-ordination of primary care-based services for older people in London, Merseyside and Newcastle ended during 1998. The work of the London and Northern Health Partnerships encouraged health and social care professionals, service users and carers to work together to tackle previously intractable problems. These arised from poor collaboration between those responsible for providing services, and a limited understanding of the needs and preferences of older people.

Public Health

Work began on the new Public Health programme in September. Building on the Fund's long history of analytical work on health inequalities and the socio-economic causes of ill health, the aim has been to find ways of reducing inequalities in health and improving the general health of the population, especially in London. The programme was launched at a time of intense activity in this field. The Green Paper on public health Our Healthier Nation had been published and a White Paper was being prepared. An Independent Inquiry into Inequalities in Health had been commissioned by the government, under the chairmanship of Sir Donald Acheson. Draft legislation on tobacco and food standards was expected shortly, and a Bill was being prepared to give London its own directly elected Mayor. The introduction of Health Improvement Programmes, Health Action Zones, Healthy Living Centres, and Primary Care Groups with new responsibilities for public health – all have helped to create an unprecedented interest in the subject and have added a sense of urgency to the work of the programme.

The programme concentrates on the ways in which health is affected not only by health authorities, but also by the activities of local government – hence the interest in London's new Mayor – and a wide range of public, voluntary and commercial organisations at national and local levels, as well as the behaviour of individuals and small, informal groups. Overall, it is concerned with the links between all these factors and how they interact to influence the health of people and populations. The team has carried out research and analysis and has organised a range of events and produced a series of reports, with a view to influencing both policy and practice. The aim has been to stimulate ideas, innovation and informed debate among policy-makers, opinion formers, practitioners in health, local government,

voluntary and private sectors, as well as with the wider public.
In 1998, the Public Health programme focused on three issues: tackling health inequalities, developing healthy neighbourhoods and the role of the London Mayor in promoting health.

Tackling Health Inequalities

Most of the work in this area has focused on local inequalities targets. A seminar was held in October, attended by the Minister for Public Health and leading experts and policy-makers. Participants discussed a paper which addressed some key questions for local health partners and policy makers. A final report was published in December. Recommendations included: a call for national guidance on appropriate local targets; specialist teams to advise local health partnerships on setting targets and measuring progress; and strategic co-ordination of the reporting function of Directors of Public Health.

A detailed response was prepared to the Acheson Report on Inequalities in Health, published in December. This broadly welcomed the report but argued that leadership and accountability should be more clearly located, and that the government's efforts to tackle health inequalities and social exclusion should be more closely integrated.

Healthy Neighbourhoods

This project contributes to current thinking on how the concept of healthy neighbourhoods, one of three 'healthy settings' in the Green Paper Our Healthier Nation, can be defined and developed. A paper explored the options. It argued that neighbourhoods were especially important for those whose mobility is reduced for a variety of reasons – for example, old age, disability, poverty, caring responsibilities, but that many of these people live in areas that are not uniformly deprived. Efforts to promote healthy neighbourhoods should therefore not be confined to areas of social and economic deprivation.

Health and the London Mayor

New legislation to establish the Greater London Authority (GLA) has been the focus of this work. What powers and duties should the Mayor have to promote improvements in the health of Londoners? What arrangements should be made to enable the new London-wide government to work in partnership with the London Region of the NHS and other bodies? A paper argued that the powers set out in the London Bill were inadequate; the Bill should be amended to give the Mayor a clear duty to promote the health of Londoners and to assess the impact on health of GLA policies, and to create a productive partnership between the new Authority and the London Region of the NHS.

In a poll commissioned by the King's Fund and the *Evening Standard*, Londoners were asked their views about health in the capital. A clear majority said they thought London was an unhealthy place to live, that it compared poorly with other parts of the country and that it was likely to be less healthy in five years' time. They had clear views about action that ought to be taken by the Mayor, especially on environment and employment, to improve the prospects for health in London. A major conference in December considered the

paper and the poll. A report was published in January 1999, and the King's Fund has since been pressing for amendments to the London Bill to strengthen the role played by the Mayor and Assembly in promoting better health for Londoners.

Health Systems

The Health Systems programme cuts across and informs other work at the Fund as well as aiming for a better, evidence-based understanding of the workings and dynamics of the health system. The programme takes 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, performance, and the 'infrastructure' of services.

The implementation of The New NHS White Paper is a particular focus, but we are also interested in issues not currently on the government's agenda, such as explicit rationing policies and the relationship between the private sector and the NHS. A Fund review of the previous government's reforms to the NHS, *Learning from the NHS Internal Market: a review of the evidence*, provides a useful baseline against which to judge the latest set of policy changes.

The New NHS White Paper proposes greater centralisation and new structures of performance management and regulation in the NHS. A King's Fund commentary on the White Paper, *Implementing the White Paper*, outlined some of the difficulties to be overcome in raising quality standards and speculated on the likely success of these initiatives.

The Fund's commitment to developing a broader understanding of the factors influencing resource allocation and to foster public understanding of priority-setting in health care, continues. We have been actively supporting the establishment of the International Society on Priority Setting in Health Care which held its second bi-annual conference in London in 1998. Work continued on examining systems for setting priorities in the NHS and rationing access to health care. We are particularly interested in public accountability and involvement in policy decisions. In collaboration with the Grants Committee and local health authorities, we assisted in the development and evaluation of experiments with citizen's juries, designed to give hands-on experience to local people who wanted to engage in practical policy-making on health issues. The book *Two Cheers? Reflections on the health of NHS democracy* critically appraised claims that the NHS suffers from a 'democratic deficit' and examined the varied meanings of accountability in a health service context.

Given the importance of rationing in non-market health care systems, we will continue to work with 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 the new National Institute of Clinical Excellence (NICE) and the National Service Frameworks and we will closely monitor their development.

The broad aspects of public participation in health care – patients' involvement in treatment decisions, users' involvement in service design and evaluation, and citizens' involvement in influencing policy priorities – are the concern of a new international peer-reviewed journal, *Health Expectations*, which was launched by the Fund in 1998. Published quarterly by Blackwell Science in association with the King's Fund and supported by a distinguished editorial board, the first issues of the journal have included articles from Australia, Canada, India, Italy, and the United States as well as the UK.

Health Care UK, the Fund's annual review of health policy continues to provide detailed commentary on a broad range of issues. In 1998 these included a survey of public attitudes to waiting lists, an analysis of the likely effects on the NHS of the trend towards political regionalisation, and the regular review of policy initiatives and events. The review will continue to include regular monitoring reports and statistical-based updates as well as analytical articles.

Following on from the work of the King's Fund London Commission, we continue to monitor shifts in the pattern of service provision, using an analysis of routine data to provide a London-wide view of resource and service availability in primary, secondary and community care. During 1998, we conducted a systematic review of the evidence on the extent to which primary care and community-based models of emergency care can substitute for hospital care. Building on previous Fund work, we are currently developing a systems approach to understanding elective hospital admissions and factors influencing waiting times.

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 spring of 1999. Collaborative work with the BMA to investigate the mixed economy of primary care is currently being looked at.

We continue to provide an independent analysis and tracking of NHS expenditure and have been analysing the impact of measures introduced to avoid the predicted 'winter crises', as well as looking at the role of the media in generating demand for emergency services. An ongoing role of the programme will be to carry out an audit of the NHS Modernisation Fund and we will monitor resource allocation and funding pressures on a continuous basis.

Angela Coulter
Director of Policy
& Development

Grantmaking

Allocation of funds across the various grant-making programmes is shown in Figure 1.

Three Programme Grants were in operation during the year. These are proactive grant programmes, where the Fund has identified a strategic issue for a substantial investment of funds.

Our investigation of citizens' juries in health authorities concluded with the publication of two books. *Healthy Debate* is an independent evaluation of the programme, commissioned from the Health Services Management Centre at the University of Birmingham. *Ordinary Wisdom* is a series of reflections from participants in the programme which concluded that citizens' juries created genuinely new, and more equitable, forums in which informed dialogue between citizens, health professionals and users could take place. *Ordinary Wisdom* revealed that although each of the participating health authorities experienced benefits to their wider public involvement work, the juries had significant drawbacks – they were expensive, there were questions about their legitimacy as embodying local opinion, and there were few means to follow-through decisions.

Our programme grant tackling issues of inter-agency working in the areas of health and homelessness publicly launched the Under One Roof project in May. This innovative one-stop approach to the needs of homeless people in south London attracted widespread interest, including from the Social Exclusion Unit, as a model for a more co-ordinated approach to delivering services to marginalised groups with complex needs. As the project developed its work during the year it began to deliver learning about the very real, practical problems which emerge when agencies try to work across boundaries between services, sectors and professional groupings. An independent evaluation has been set up to capture the learning, which will be relevant to any initiative attempting a multi-agency approach to health and social care problems.

1998 also saw the launch and development phase of our programme grant on mental health in London, following on from the comprehensive critique of mental health services carried out for the London Commission in 1997. Working Together in London, a joint initiative with the Sainsbury Centre for Mental Health and the Department of Health, invited bids from consortia around London to take part in a programme which would place an assertive outreach team at the heart of a wider programme of work, building links between mental health services and the wider urban regeneration agenda. The intention was to find ways to bring a hard-to-engage group of mentally ill people into a network of services which would meet their needs for health care, housing, income, social support, education, training and employment. Seven sites received a development grant and professional support to refine their bids, and three sites – in Camden and Islington, Haringey and Lambeth, were chosen to receive funding to implement their proposals over a three-year period.

Within our Development Grants programme, we continued to work on the five priority themes agreed by the King's Fund Grants and Management Committees. Expenditure within the Main Grants programme is shown in *Figure 2* sub-divided by priority themes. The key trends to note are:

- Equal access to health care accounted for the largest proportion of the

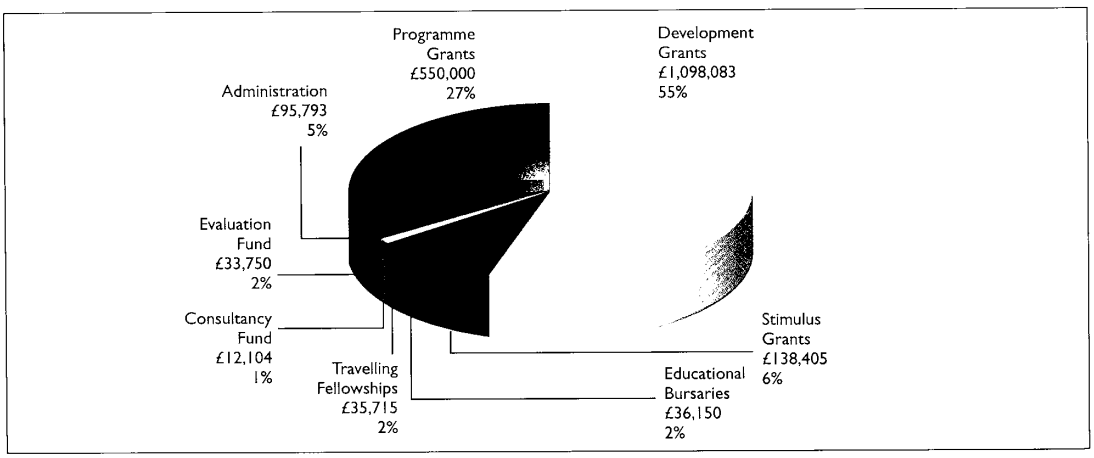


Fig. 1 Expenditure 1998

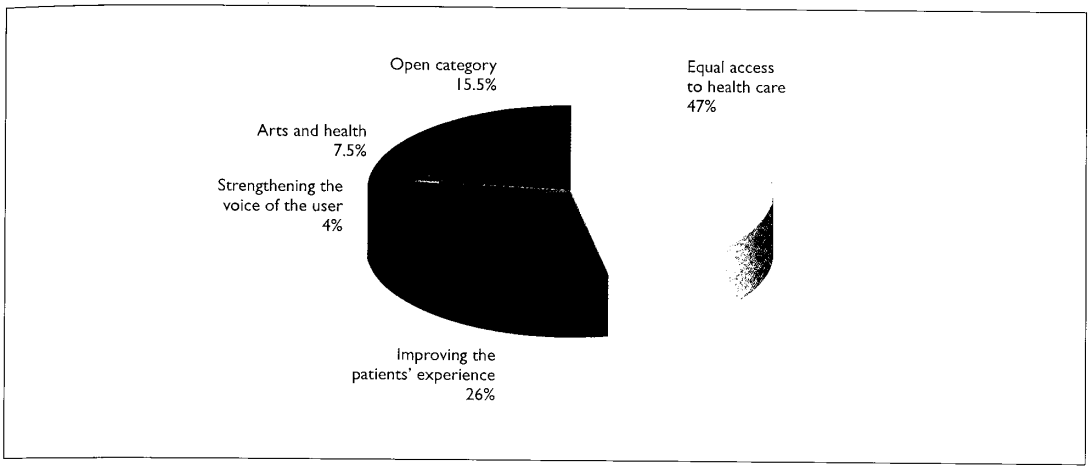


Fig. 2 1998 Development Grants – Priority Themes

Development Grants programme, for the fifth year in succession. The Fund's support to newly arrived refugee communities continued, with grants to local organisations and to strategically important organisations such as the Refugee Council and the Medical Foundation for the Care of Victims of Torture. The latter received funds to support 'rolling out' their specialist expertise to public authorities and voluntary agencies around London. In November, the Fund made a distinctive contribution to the celebration of the first national Refugee Week. Exhibitions, leaflets, press articles and a policy seminar at the Fund highlighted the health issues facing newly arrived refugees, the vast majority of whom settle in London.

- A new theme, focusing on cross-boundary working, called Improving the patient's experience: easing the transition across service boundaries, was introduced in 1998, and accounted for 25 per cent of grants made. Kingston Voluntary Action and Wandsworth Community Health Council were amongst the organisations supported in this category. Each received a grant to explore how the new primary care groups could develop effective relationships with local voluntary sector organisations, both as providers of services and as advocates for service users. An independent evaluation of the two projects was also commissioned, to share learning across London.

- Strengthening the voice of the user saw a significant decline in grants made in 1998. This theme accounted for just four per cent of grants, compared to 21 per cent in the previous year. Most of this was accounted for by a grant to Social and Community Planning Research (SCPR) to undertake baseline research to inform the first ever deliberative poll on health rationing, which was televised by Channel 4 during the summer.

- Arts in health grants accounted for eight per cent of the total this year, with two significant grants being made. Healthy Bromley received support for a project using creative arts to engage marginalised groups in developing local health services, whilst a consortium of agencies including the Bromley-by-Bow Centre in East London received a grant for the first ever national evaluation of arts in health projects. A review was also commissioned in 1998 to look at the future of the Fund's strategic support for arts in health work. It concluded that the time was right to look at the establishment of a National Forum for the Arts in Health.

- The open category accounted for 16 per cent of the sums allocated, offering support to nationally innovative projects. Amongst the projects supported was an investigation into unintended injury in hospitals in the North Thames region; an exploration of the models and practice of health care chaplaincy in the UK; and start-up costs for an organisation which raises awareness about carbon monoxide poisoning and its health effects.

Our range of small grants programmes – Stimulus Grants, Travelling Fellowships and Educational Bursaries – continued to attract good quality applications from their target audiences. The Fund's collaboration with SmithKline Beecham on the management of the annual Community Health IMPACT Awards, entered its second year. This national scheme recognises excellence demonstrated by small to medium sized voluntary organisations working in health. Ten organisations each received awards of £25,000 at a lively ceremony held at the Fund.

Susan Elizabeth
Director of Grants

Grants awarded in 1998

PROGRAMME GRANTS

	£
Mental health in London	
Bexley and Greenwich Health Authority	7,500
Camden and Islington Community Health Services NHS Trust	7,500
East London & the City Health Authority	7,500
Haringey Healthcare NHS Trust	7,500
Hillingdon Hospital Trust	7,500
Lambeth Healthcare NHS Trust	7,500
Lewisham and Guy's Mental Health NHS Trust	7,500
Implementation Funds	497,500
	550,000

DEVELOPMENT GRANTS

Arts and health	
Art in Hospitals Forum	10,000
Gateshead Libraries & Arts Departments	25,000
Healthy Bromley	50,000
Strengthening the voice of the user	
British Lung Foundation	5,791
Social and Community Planning Research	40,000
Equal access to health care	
Afiya	64,000
Al-Hasaniya Moroccan Women's Centre	67,976
Beckton Community Health Project	36,075
Ethnic Alcohol Counselling in Hounslow	44,264
Evelyn Oldfield Unit	17,000
HM Prison Service	25,000
King's Fund – overheads and staffing costs	10,000
Kurdish Cultural Centre	60,000
Latin American Elderly Group	30,000
Medical Foundation for the Care of Victims of Torture	51,524
Refugee Council	40,068
Sickle Cell Society	33,750
Step Ahead	38,080
Improving the patient's experience	
CARA Irish Housing Association Ltd	60,000
Kingston Voluntary Action	48,996
Wandsworth Community Health Council	59,638
Brent Bereavement Project	36,000
King's College School of Medicine and Dentistry	25,500
Long-Term Medical Conditions Alliance	30,000
Princess Royal Trust for Carers	17,761
Open category	
Carbon Monoxide Support	33,000
Community Hygiene Concern	10,000
Enuresis Resource and Information Centre	6,549
Institute for Public Policy Research	10,000
London Brook Advisory Centres	13,200
New Economics Foundation	24,485
NHSE – North Thames Region	30,000
The Lincoln Theological Institute	44,426
	1,098,083

STIMULUS GRANTS PROGRAMME

Action Space London Events Ltd	1,000
African Culture Promotions	1,000
Afro-Caribbean Housing Association	5,000
Arts for Health	5,000
Arts for Health	3,000
Association of Charitable Foundations	3,000
Association of Survivor Workers (ASW)	1,500
Barnet Cancer Care	3,500
BESIDE	1,000
Big Fish Theatre Company	1,000
Carers In Ealing	2,000
CARIS Haringey Homeless Families Project	3,000
Chronic Breathing Difficulties Project	4,000
Communicative and Supportive Teaching/Learning Environment	1,000
GJW Government Relations Ltd	2,500
Greater Manchester Immigration Aid Unit	2,000
Henna Asian Women's Group	874
Highway Foundation	2,500
Hounslow Association of Voluntary Community Care Organisations	750
Institute of Psychiatry	2,341
Iraqi Community Association	4,000
King's College London, Department of Philosophy	5,000
Kingston Bereavement Service	2,000

	£
Lewisham Policy and Equalities Unit	4,797
Living in Cities of Change Research Centre	326
London Chinese Health Resource Centre	4,500
Long-Term Medical Conditions Alliance	2,900
Manor Gardens Centre	3,500
Mansfield Settlement	1,200
Matthew Trust	2,000
Nat. Assoc. for the Education of Sick Children	750
Oily Cart	1,500
Open Age Project	3,500
Psychiatric Rehabilitation Association	750
Public Service Access Partnership	5,000
Queen Charlotte's and Chelsea Hospital	3,000
Race on the Agenda	1,000
Roundabout Drama and Movement Therapy	1,200
Royal College of Nursing	4,950
Royal College of Nursing	5,000
South Sudanese Community Association	2,000
START Team – Lewisham & Guy's Mental Health	500
TAWAKAL Somali Women's Group	5,000
The Creativity Centre	1,000
The Hurley Clinic	1,000
The Independent Newham Users Forum	4,875
The London Institute	2,000
The National Stepfamily Association	4,892
The Royal Hospitals NHS Trust	1,250
The Speech Language and Hearing Centre	3,000
Tower Hamlets Health Strategy Group	1,000
Toxoplasmosis Trust	1,000
West London Initiative on Single Homelessness	1,800
World Federation for Mental Health (UK Group)	3,750
Yoga Biomedical Trust	2,500
	138,405

OTHER GRANT FUNDS

Educational Bursaries	36,150
Travelling Fellowships	35,715
	71,865

	£
CONSULTANCY FUND	
Broadwater Farm Residents Association	400
Community Hygiene Concern	4,504
Charities Aid Foundation	700
Beckton Community Health Project	3,000
Nigel Clare Network Trust	1,000
Wandsworth Community Health Council	2,500
	12,104
EVALUATION FUND	
Camden Community Health Council	10,000
Lambeth Accord	950
Kingston Voluntary Action	10,000
Social and Community Planning Research	2,800
Wandsworth Community Health Council	10,000
	33,750
Total grants awarded in 1998	**1,904,207**
Less	
Grants funded in 1997	342,127
Grants to be paid in 1999	284,395
Total grants expenditure	**1,277,685**
Plus	
Direct administration costs	132,015
Support costs and overheads	93,203
Total Expenditure	**1,502,903**

Leadership Development

Nineteen ninety eight was a year of substantial change within Leadership Development. The planned refocusing of the work and the reduction in the number of both faculty and support staff were fully implemented.

The focus of work is now on the provision of high quality education programmes. They are described in the annual brochure, which was widely circulated throughout the NHS and related health and social care organisations in September. The programmes described in this brochure now account for over 75 per cent of the income of the directorate. This has brought to an end the high dependency in recent years on income generated from consultancy activities and organisational development work in health and social care organisations. The consequential review of work has brought improved cohesion and a clearer sense of purpose.

From 23 members of faculty in 1997, there are now nine, who work collaboratively to deliver the programmes with the help of a small group of associate fellows, who are not directly employed by the King's Fund. Critical to the success of Leadership Development is the employment of a small team of staff who provide administrative support to manage the programmes and maintain effective client liaison.

During 1998, the major programme included:

- Top Manager Programme
- Senior Manager Programme
- Leadership 2000
- Developing Effective Management Skills
- Black Ethnic Leadership
- Workshops for Chairs of Trusts and Health Authorities
- Workshops for Non-Executive Directors
- Management for Medical and Clinical Directors
- Management for Consultants
- Management for Consultants in Intensive Care
- Effective Management for Clinical Teams
- Evidence-Based Clinical Practice
- Management for Senior Registrars
- Improving Cancer Services
- GP Choices
- UK Nursing Leadership (Johnson & Johnson)
- Effective Clinical Leadership; Eastern Europe (Johnson & Johnson)
- Europe Clinical Leadership (Johnson & Johnson)
- Successful Nurse Leaders
- UK/Canada Chief Executives' Study Tours

Many of these programmes were held two, three or four times during the year.

The evidence shows that this suite of programmes is highly relevant to the needs of a wide range of managers, clinicians and leaders drawn mainly from the NHS, and particularly from London. Over 80 per cent were full or over-subscribed, with an unprecedented number of waiting list applicants pre-booked for 1999 programmes. Not surprisingly, the financial performance of the directorate was substantially better than in recent years. The top manager and senior manager programmes were the subject of an external evaluation, undertaken by the University of Lancaster Centre for the Study of Education and Training. The evaluation report demonstrated their effectiveness in terms of personal development for the participants and the benefit to their organisations. The data derived from the evaluation is being used for a major internal review of the purpose, educational methodology, design and delivery of these programmes. This will result in a restructuring of these programmes in the year 2000.

During 1998, negotiation with the Equal Opportunities Unit of the NHS Executive resulted in the reconstitution of the Leadership 2000 programme, now designed to meet the needs of women working at board level. Fifteen participants were initially subsidised to attend but the scale of demand led the Equal Opportunities Unit to extend their commission to 22 places, with some additional participants being sponsored by the Department of Health in Northern Ireland. This programme is the focus of a major external evaluation project to be completed in 1999.

Faculty in Leadership Development responded to the Government White Paper *The New NHS: Modern, Dependable* (December 1997) with an expansion of the range of programmes for clinical leaders in primary care and for the new primary care group boards. This will continue to develop in 1999.

Johnson and Johnson continued their generous sponsorship of a range of clinical management programmes. The UK Nursing Leadership programme began its third intake in 1998 and is now established as the pre-eminent programme for future nurse leaders in the NHS. The Europe Clinical Leadership programme for multi-disciplinary teams from eight European countries was initiated in 1998 and was very successful. With continuing support from Johnson and Johnson this will be repeated in 1999. The Clinical Leadership in Eastern Europe programme completed its planned cycle of two modules and was formally evaluated.

The first challenge for Leadership Development in 1999 is to deliver effectively the expanded list of external programmes and build on the success of the changes begun in 1998. The second challenge will be to use the unique opportunities of working within the King's Fund to develop new educational programmes which respond to the changing needs of leadership in health and social care, and to develop a new partnership with King's College, London.

David Knowles
Director of Education & Leadership Development

Diversity

Cultural diversity and the needs of minority ethnic communities are integrating themes running through all King's Fund programmes of work, and against which progress and impact will be evaluated. The appointment of a Director of Race and Diversity in January signalled the importance the King's Fund places on this agenda.

The Government and specifically the Department of Health have highlighted the importance of a health system in ensuring that local services meet the needs of people from diverse ethnic minority communities. This is a long term and multi-faceted challenge and itself forms part of a still wider agenda for improving the sensitivity of health services to all kinds of population diversity. However, the focus of cultural diversity goes beyond the health care of black and ethnic minority groups. It encompasses aspects of human rights, the roles of NHS and the King's Fund as good employers of diverse people, as well as developing the personal skills and capabilities of leaders, professionals and managers in the system to value diversity.

London has the largest multicultural population of any European city. This diversity has many dimensions, associated for example with social class, gender, race, religion and disability. All these dimensions are important in creating more sensitive health services but this report focuses on racio-ethnic diversity. London has 49 per cent of the nation's minority ethnic communities and this population is set to grow by 40 per cent by 2011, from 1.4 million people to just under two million people. Indications are that the proportion of black people in the labour market will increase which has implications for London employers.

It should be recognised that London's ethnic communities are not a homogenous group. They range from older immigrants to first generation young adults and newly arrived refugees. There are also religious and cultural differences that are not always related to ethnicity.

As a major employer, a provider of services to people at the times of their greatest need, and as a national institution influencing wider attitudes to social justice, the NHS has a vital role in embracing the challenge of diversity. Yet, despite its foundation on the principle of fairness and its responsibility to serve all sections of the community equally, there is copious evidence in London as elsewhere in the country, that health services are falling well short of this goal. Black people continue to face disadvantages and discrimination in the health service.

If the King's Fund, as an organisation working with the health system and health professionals, fails to provide leadership, support and challenge to our 'partners', we could be considered guilty of 'unwitting prejudice and institutional discrimination'.

Early in the year, the King's Fund embarked on a strategic direction, which had five key strands:

- ***Recruitment***

The Equal Opportunities Development group was re-established with wide membership from senior and junior staff. The group, with support from the Personnel Department, carried out an audit of our recruitment and employment figures and made a series of recommendations to further improve our equal opportunity practices. All our job descriptions and person specifications are scrutinised for cultural sensitivity and a fair selection training programme has been organised for all managers. A number of positive action development posts have also been identified and recruitment to these posts will begin in 1999.

- ***Awareness***

Seminars were held for staff during the year on cultural diversity, working with difference and working with learning disability.

- ***Development***

It was evident that to alleviate racial disadvantage, we needed to run positive action development programmes designed to address the specific needs of professionals from minority communities. The Community Trusts Black and Ethnic Leadership programme (BEL) which celebrated its completion in November was one such programme. Ten of the 20 participants on the programme have already moved into different and more responsible positions.

- ***Community***

We have continued our work with health authorities, trusts and multi-agency groups, facilitating discussions and raising awareness of the disproportionately high rate of exclusion experienced by minority ethnic communities in health care organisations. These included the establishment of community development initiatives in deprived areas of London.

The Fund is a co-sponsor and one of the partners in an European funded, innovative project led by Tower Hamlets Healthcare NHS Trust called Pathways to Access which aims to improve the representation of people from the local multicultural community in the local workplace.

- ***Influencing***

Discussions with the Regional Office Ethnic Health Leads, led to the establishment of a learning network of the Regional Leads at the King's Fund. The purpose of the network is to work together to identify the barriers and constraints to moving the ethnic health agenda forward.

Working with the new London Regional Office will be critical in this area and dialogue has already begun to promote cultural diversity in employment and health.

Naaz Coker
Director of Race and Diversity

Imagine London

Imagine London is an ambitious five year programme which gives voice to young people's hopes, concerns and aspirations and brings their creativity to bear on the health issues which face the capital as it approaches the new millennium. It provides young people in London with a unique opportunity to explore what health means to them, to build and articulate their visions of a healthy city and to make proposals for action.

The programme aims to raise awareness of health issues in London, to influence health decision-makers and to make a tangible difference to the health of individuals, neighbourhoods and communities across the capital. It promotes discovery and learning; communication and dialogue, including across cultures and between generations; empowerment and inclusion; active citizenship and collaborative working; and, above all, sustainable, long term health improvement. The funding of the programme is shared by the King's Fund and the NHS Executive.

Imagine London was launched in spring 1998 with an art competition for children and young people in all London schools using the theme 'a vision of a healthier London'. We received some 500 pieces of art and staged an exhibition in the foyer at Cavendish Square in the autumn. A reception and awards ceremony was attended by many of the young people who had participated in the competition and their parents and teachers.

Every effort has been made to raise awareness of the initiative across London and beyond and a network of almost 100 interested and involved individuals and organisations has been built up.

The first three of an envisaged ten local projects taking place under the Imagine London umbrella are up and running. One is funded by London Borough Grants, the other two by King's Fund grants.

The **Young Refugees Arts project** is taking place in Bromley and Hillingdon and is being run in partnership with the two local health authorities and Magic Me, an arts education organisation. The project uses storytelling, art, creative writing and drama to enable young people from refugee communities in the two boroughs to explore and express their views on health, well-being and quality of life issues and to communicate their ideas for creating healthier communities. Health is seen in its widest sense, influenced by social, economic and cultural factors, including the painful experiences in the refugees' countries of origin and their displacement. Workshops enable young people both to tell their own stories and explore the experiences of others – including older people who share the experience of being refugees – and to develop their self-confidence and communications skills. The work will culminate in a presentation of the young people's views in each borough, enabling the contribution refugees can make to their local community to be celebrated, and involving others in a discussion of the issues raised. It is running to summer 1999.

The **Planning for a Healthy Environment project** will involve up to 4,000 young people between the ages of five and 18 in work over two years in schools and youth groups in Newham and Southwark. The project aims to tackle local environmental issues and create healthier neighbourhoods. Its objectives include: identifying and raising awareness of local environmental concerns and health issues in young people's daily lives; helping young people to make connections between environmental and personal and community health issues; increasing young people's critical thinking, influencing and negotiating skills; and helping health and local authorities to understand young people's perspectives on health. Above all, it is an objective of the project to support young people in taking action to bring about tangible improvements in their local environment which will in turn improve their health and the health of people in their neighbourhoods. In both Newham and Southwark, the project is a multi-agency one, with the lead being taken by the local education departments. The young people, teachers and others participating in the project will be encouraged to broaden their horizons, learn from the experiences of people elsewhere and share their experiences, findings and visions as widely as possible. In Newham, Single Regeneration Budget money may be available to implement agreed proposals for environmental improvements. In Southwark, the project involves the Southwark Groundwork Trust and will focus on the development of a particular site. The project will run to the end of 2000.

The **Health and Homelessness project** aims to establish a partnership between students and young homeless people in east London. It enables young homeless people to articulate their experiences of being homeless and its health implications, as well as to express their views on the key health issues in London. A small group of students at the London Guildhall University are acting as researchers and facilitators, working as volunteers at the St Botolph's drop-in centre. By using techniques such as storytelling and group discussion, they aim to help young homeless people to reflect on their situations and express their feelings and

views. At the end of the process of listening, gathering and analysing the facts, the young homeless people and students will make a joint presentation – as a publication, performance, or both – highlighting the key issues identified. The project is supported by the East London and the City Health Authority, which is particularly interested in the implications of the results of the project for the priorities of the Tower Hamlets Health Action Zone, and by the voluntary organisation Health Action for Homeless People. The project is due to run to July 1999. A longer term project to be undertaken by young homeless people and students under the auspices of Imagine London may follow.

Our plans for 1999 and beyond include:

- **Mapping initiatives across London** ... discovering, drawing together and communicating examples of the many and varied initiatives across the capital involving young people in activities aimed at improving health in their local neighbourhoods and city-wide.

- **Supporting local ventures** ... promoting, developing and supporting new local initiatives in which young people, especially those in disadvantaged communities, discuss and take action to improve health and quality of life in their part of the capital. There will be a particular focus on inter-generational dialogue and dialogue across cultural boundaries.

- **Establishing an interactive website** ... a dynamic means of creating visions of a healthier London, incorporating a variety of health related data concerning parts, and eventually all, of the capital. Young people will be able to generate and exchange ideas for change, build on each others' ideas, and express their visions of a healthier city.

- **Producing a series of one minute videos** ... to be shown on television, enabling young people to communicate to a wide audience, ideas about health, their visions of a healthier London and the changes they think should be made locally and across the capital.

- **Staging a young people's London Assembly** ... the culmination of Imagine London, in 2002, and a major event in the capital, which will bring together young people to discuss health issues and develop proposals for a healthier city.

Steve Manning
Special Projects Director

Living Values

Living Values is a five year project exploring the complex pattern of institutional, professional and personal values prevailing in today's NHS and promoting greater consistency between values and individual and organisational behaviour.

The project gives individuals and organisations in the NHS, and health service users, a unique opportunity to explore held and enacted values in today's NHS, to help shape the values which will guide behaviour in the NHS of tomorrow.

Main aims

- **enable** health service staff and users to give voice to their hopes, concerns and aspirations for the NHS
- **promote** dialogue and wide debate about values in the NHS amongst health service staff and users, as well as politicians and policy-makers, policy analysts and others
- **explore** and articulate the ecology of values in the everyday NHS and examine the interplay between personal, professional and institutional values
- **expose** and explore the tensions between contradictory and competing values
- **help** shape the values which guide health policy and health service behaviour in tomorrow's health service
- **narrow** the gap between the values and behaviour of individuals and organisations in the NHS, examining the obstacles which prevent NHS staff from enacting often deeply held values
- **explore** the meaning of values and position the debate about values in the NHS in a wider public services context
- **weave** a values thread through all the work the King's Fund does and establish the Fund as a centre of excellence for work on values.

Launched early in 1998, the project is headed by Rabbi Julia Neuberger.

One day workshops were held between May and July at which a wide variety of NHS staff told stories which captured important aspects of their recent health service experiences. Service users were interviewed over the same period about their experiences. We invited people to remember incidents or events which had given them particular pleasure or pain and which crystallised ways staff thought about and behaved in the NHS, revealing how they made sense and meaning out of their experiences and how they understood their work. We believed that this would help us to see how values reveal themselves in a complex, varied and shifting way in practice.

About 120 narratives were collected. The stories were transcribed and analysed, revealing individuals' perceptions of their own and others' held and enacted beliefs and behaviours. Several main themes emerged, including: a lack of communication and mutual understanding between service users and health workers, leading in particular to a mismatch in expectations; disparities and inequalities of care between different places; the lack of personal respect on the part of professionals for service users and of senior staff for employees; and a culture of blame and fear in the NHS.

A conference was held in October where the themes which emerged from the stories were presented in the form of a short drama. Delegates included workshop participants and service user interviewees, and managers, clinicians and other NHS staff from all across the country.

The Health Service Journal published two articles about the project. A paper drawing together the results of the work on NHS values done by others as well as the King's Fund will explore the meaning of 'values', identify key issues and map out the future research and policy agenda. Commissioned jointly with the Institute for Public Policy Research, the paper will be published in July, together with our plans for the coming three years. These are likely to include:

- **Organisation-based work** ... Enriching our current understanding of values issues in the NHS by exploring in depth, the values of several different organisations, the different staff groups within them, individuals working for them and users of their services
- **Work with different staff groups** ... Exploring values issues, especially with future leaders in the health field, various professional bodies and with the trade unions, and seeking to understand the values which guide their behaviour
- **Contributing to the preparation of the Strategic Framework for London** ... Exploring public health values and identifying key public health values of London citizens for the NHS Executive, London office
- **Promoting dialogue and debate** ... Promoting and facilitating wide discussion of health and health service values, including with politicians and policy-makers, by running seminars and publishing pamphlets on key topics and issues.

We will be drawing together the research and communicating key messages about health and health service values in a book and at a conference.

Steve Manning
Special Projects Director

Corporate Affairs

At the beginning and towards the end of 1998, the King's Fund held events which expressed our close relationship with the NHS. In the first week of January, the Fund hosted the first event in the calendar of NHS 50 celebrations: a debate to mark the publication of *From Cradle to Grave: 50 years of health care* by Geoffrey Rivett.

This authoritative work, which was published to critical acclaim, went on to win one of the top publishing awards in the BMA annual medical and health publishing competition, and was a fitting testament, not only to the quality of scholarship and writing, but to the overall quality of publication by our in-house department.

In a packed parliamentary and government health and social care schedule, the Fund responded to all consultations on proposed changes, in particular initiatives on public health, on London governance with the development of plans for the Mayor and assembly, and on initiatives in quality and standards in the health service. At the NHS Confederation conference to celebrate 50 years of the NHS at the end of June, the Fund's Chief Executive, Rabbi Julia Neuberger, followed the Prime Minister, the Rt. Hon. Tony Blair, onto the platform, responding to his key note speech on the government's vision for the NHS. Julia Neuberger's theme on that occasion was the values of those who worked and supported the NHS, looking in particular at the pressures on staff at all levels in today's health service. It was a theme that was developed by the Fund's President, HRH The Prince of Wales, in introducing the King's Fund President's Lecture, in November, one of the last events in the NHS celebratory year. Prince Charles cautioned us against taking the NHS for granted, and welcomed the work that was being done to listen to the experiences of people working at all levels in the health service. His introductory address was followed by a lecture by Sir David Weatherall, Regius Professor of Medicine at the University of Oxford, and by comments on the health service by three people at different stages of NHS careers.

However, these high-profile events were the highlights of a full year. Coping with a large scale reorganisation is never easy, and when this is occurring at a time of unparalleled activity, the difficulties are only too obvious. The corporate affairs directorate, established as a new entity at the end of 1997, came into being in the first months of 1998 in a process that inevitably caused uncertainty and anxiety for many staff. It is a great tribute that staff continued to operate to the highest standards throughout this time.

The press & public relations team led the work in responding to government policy announcements, and ensured that the media remained fully briefed. They hosted briefing meetings for each of the parliamentary health teams and further developed the Fund's parliamentary work at party conferences and through contact with parliamentary researchers and advisers, with select committees, and with back-bench MPs with health interests. The programme of breakfast discussions further developed our work to new audiences.

The publishing and marketing department introduced a new range of high-quality policy papers, allowing the Fund to respond rapidly to issues in health and social care with authoritative and timely publications. In addition, the unprecedented number of programmes and projects completed during the year, led to a record number of publications, all of which were produced to high standards. *From Cradle to Grave* assured anyone who may have doubted it, that the Fund is capable of competing at the very highest level of specialist health care publishing. Other titles, including a ground-breaking book on disabled women's sexuality *She Dances to Different Drums*, and a popular and acclaimed book on learning difficulties *Days of Change* have continued to show the Fund's ability to publish books which commercial publishers would find much greater difficulty in championing. Linking marketing activity to publishing enabled the Fund to achieve a record level of sales both for its own books and for the specialist health and social care bookshop. Marketing efforts have continued to attract a wide range of course participants to the Fund's leadership development courses, and our newspaper *Health Link* became the established vehicle for promoting the diverse and changing work of the Fund to a large number of health and social care professionals.

In the later part of the year, the final integration of corporate services into the new corporate affairs directorate brought together information technology and telecommunications. This development is intended to allow the Fund to make the fullest use of digital technologies to support its external relations work. This may be in hosting conferences that use audio-visual techniques to their best effect to communicate new ideas; in developing the Fund's web site (www.kingsfund.org.uk) to provide an easy and informative access point to all Fund activities; or in providing the best support for the central work of research, analysis and policy development. Together with a development plan to bring the premises in Cavendish Square into even greater use as a centre of ideas and developments for health and social care, we hope that 1999 will be another year of growth and success for the Fund.

Ian Wylie
Director of Corporate Affairs

Library & Information

In response to one question in a survey, the Library & Information Service at the King's Fund has been described by its users as having 'well-informed' and 'friendly' staff, a database that is 'easy to use' and 'up-to-date', 'very useful unpublished material' and 'relaxing surroundings', as well as being 'an excellent resource', even 'a brilliant place'. We are flattered – but we have spent 1998 trying to make our service an even better one.

The library team dealt with around 18,000 enquiries during 1998 – 48 per cent of them by telephone, 44 per cent in person, and the rest by post, email and fax. Requests for information by email more than trebled the previous year's total, with ever-increasing numbers of enquiries coming in via the Fund's Internet site. The production process of the Library's fortnightly Current Awareness Bulletin was converted to Web-based technology during 1998 and the full-text bulletin put on the Fund's site, and this has further stimulated interest in our information from all parts of the world, particularly New Zealand and Australia. Indeed, the growing amount of information accessible, often full-text, on the Web site as a whole, led to a trebling in site use during 1998.

Since the Fund's move to Cavendish Square, the Library & Information Service has dealt with over 30,000 phone calls. Our enquiries range from the straightforward, such as requests for phone numbers, to the highly detailed. Many involve referring people to appropriate expertise, within the Fund or outside, as well as providing them with bibliographical or statistical information. The library team sent out the results of 2,600 searches of our database to enquirers during 1998, dealt with nearly 2,000 external photocopy orders, and fulfilled over 600 requests from Fund colleagues for inter-library loans. A CD-ROM version of the library database is now commercially available, and sales have been excellent.

We were very pleased to incorporate into the library team a new two-year post of Liaison Librarian – Ethnic Health, which has enabled us to incorporate the SHARE database of bibliographical references on ethnic health issues into the library catalogue. The post-holder also acts as a focal point for enquiries, internal and external, on ethnic health and cultural diversity issues.

The Library & Information Service played an active part in planning the Fund's celebrations of the first Refugee Week. A display created for the event week, in conjunction with colleagues in Corporate Affairs, was after offered for use in public libraries in the London area, and proved to be very popular. We also created a reading list for the week – one of a number of such lists produced during the year to help us deal with topics regularly requested by enquirers. Others include user involvement in health care, inequalities in health, and interagency collaboration.

Major computer upgrades during the year enabled us both to offer enhanced database searching facilities to external readers, and to plan for a quantum leap forward in the information services available from staff desktops in the form of the Library's Webcat service which was due for launch in early 1999. Preparation for this included planning to meet colleagues' training needs, which is particularly relevant as the service will make a range of CD-ROMs available, each of which uses different search techniques. Training literature has been written, and training sessions are the next step. During 1998 members of the library team also offered training internally and externally on searching for evidence on clinical effectiveness, and on use of the Internet and of other electronic information resources.

The Library's collection development policy was revised in 1998, to take into account the Fund's new and future priorities. The Library User Group was reconstituted, to ensure representation across the Fund, and its role in providing a sounding board on library services and priorities has been invaluable. Provision of named 'liaison librarians' to different parts of the Fund has enabled us to gain a much clearer picture of work being undertaken and planned across the organisation, which has in turn allowed us to provide a much more proactive service to colleagues.

The Library & Information Service continues to play an active role in the wider information world, and has a representative on the steering groups of such bodies as OMNI (Organising Medical Networked Information), the LINC Health Panel and IFM Healthcare. The Library Manager was instrumental in the foundation, during 1998, of CHILL, the Consortium of Health Independent Librarians in London. Members of the team were invited to present papers on such occasions as the Health Libraries Group conference, and British Library seminars on health management information.

Work was undertaken in the latter part of the year to contribute to the plans for the forthcoming National Electronic Library for Health, one of the key aspects of the NHS Executive's information strategy. This and other government initiatives, ranging from the Green Paper on lifelong learning to the strategy Our Information Age, offer potential for development of information services both inside the Fund and to external users. The Library & Information Service looks forward to there being many ways in which it can contribute to 'the broader information picture' in 1999.

Lynette Cawthra
Library Information Services Manager

Health Quality Service

The change of name from King's Fund Organisational Audit to the Health Quality Service (HQS) represents the first step towards creating a nationally recognised independent quality service for the health service in the UK.

The new HQS was launched at the King's Fund in June by the then Minister of Health, Baroness Jay of Paddington. Similar events were arranged in Scotland, Wales and Northern Ireland in recognition of the devolution of responsibility for health care.

New management and governance arrangements

A new management board was established under the chairmanship of Lord Hunt of King's Heath to oversee the managerial affairs of HQS. Sadly for HQS, Lord Hunt resigned as chairman to concentrate on his new role as a government whip. The board is advised by a new advisory council which held its first meeting in September. The council includes representatives from 35 colleges, professional bodies and patient/user groups.

New standards

The key to the continuing success of HQS is to ensure that the products and services offered reflect national agendas and local needs. *A First Class Service: Quality in the new NHS* set out the government's agenda, which prompted a major rethink about the Accreditation UK standards. The new accreditation programme and standards will focus on the key factors which influence quality – people, environment and processes. New standards have already been developed for clinical governance, leadership and team working. New quality indicators are also being developed in conjunction with CASPE Research, to enable trusts to monitor their performance.

The palliative care project was successfully completed in 1998 and has resulted in the development of a set of standards for palliative care and hospices. The nursing and residential homes manual has been revised and was relaunched in October, with a guide book for users of care homes called *Home from Home*.

Primary care groups

A new project was established in 1998 to develop standards and a quality assurance and improvement programme for primary care groups. The project is partly sponsored by the NHSE and involves 14 health authorities in England and one health board in Scotland.

ISO certification body status

For some considerable time the former KFOA and now HQS has been trying to meet the United Kingdom Accreditation Service requirements to be granted certification body status. UKAS is the only body in the UK which can accredit the accreditors. HQS was assessed during the summer and at the year end was granted certification body status allowing HQS to award certification to ISO 9002, as well as our own accreditation.

Seminars and conferences

HQS has devoted considerable efforts to raising awareness about quality through a series of seminars throughout the UK, culminating in a very successful conference on the government's White Paper at St Thomas's Hospital in November. We are currently planning to run a regular programme of seminars during 1999 to reflect topical issues and respond to needs identified during surveys.

Computerisation

This project, begun in 1997 to develop a computer based information management system for HQS, has continued during 1998. This is a very exciting project which, when complete, will enable clients to access standards via the internet and allow HQS to compare and analyse data collected on surveys, and identify emerging trends.

Accreditation

During 1998, HQS worked with 78 trusts/hospitals and carried out 25 monitoring visits for those organisations which had achieved full accreditation status. The total number of hospitals/trusts that have achieved full accreditation status now stands at 95. Since accreditation was introduced in 1995, over 150 trusts/hospitals have participated in the programme.

The future

Health organisations are more aware of their responsibilities for delivering quality care and service to their patients and communities than at any time since the inception of the health service in 1948. What HQS offers for the future, through its comprehensive standards and peer review arrangements, is a means by which local health organisations such as trusts and primary care groups, can systematically review and improve the quality of their work and engage their staff in a process of self assessment and improvement. The programmes HQS offers provide an excellent way of ordering priorities and initiatives in a comprehensive whole organisation way and are a helpful means of auditing different systems and approaches where organisational change such as mergers are involved.

The focus for HQS in future, therefore, will be to concentrate on working with local health organisations to enable them to develop the capacity and culture for continuous self-assessment and quality improvement and meet the government's aspirations for a quality driven service.

Peter Griffiths
Director of Health Quality Service

Financial Report

FINANCIAL REVIEW 1998

The following pages contain the full audited accounts of the King's Fund. They have been completed in accordance with the Statement of Recommended Practice for charity accounts.

Restructuring in 1998 and outcome for the year

The financial impact of the restructuring described elsewhere in this report is reflected in the figures discussed below. The restructuring both caused and coincided with changes in many of the traditional sources of income. For instance: the completion of a number of long term projects within Policy & Development, e.g. London Health Partnership, reduced funding receipts; the lead-in time for appointing Programme Directors and their teams necessarily limited the scope for developing new projects and associated funding streams; reductions in Leadership Development faculty numbers restricted the volume of educational programmes on offer and thus the fees generated; and finally, fees earned by the Health Quality Service (HQS) were lower as a result of the changeover from King's Fund Organisational Audit.

The fall in staff numbers not only lessened the costs of employment but also led to reduced expenditure in other areas. For example, fewer grant aided projects meant fewer external advisors, less educational programmes required less hiring of external conference facilities, and a lower number of HQS surveys resulted in lower expenditure on surveyors' travel and subsistence.

The final outcome for the year in which outgoing resources exceeded income by £2.5m, was in line with budget and, importantly, fell well short of the increase in the market value of the Fund's investment portfolio. Net Assets at 31 December 1998 were 6.7 per cent higher than at the end of the previous year, keeping ahead of inflation.

Income

Total income for the year amounted to £9.8 million, of which £5.1 million was investment and other income and £4.7 million was received as grants from other organisations, or was generated as fees for services provided by the King's Fund. This compares with total income in 1997 of £13.9 million, of which £5.0 million represented investment and other income. The marked decline in fee and grant income resulted from the restructuring implemented during the year in each of the main directorates. A comparison of income for the past five years is shown in Figure 1.

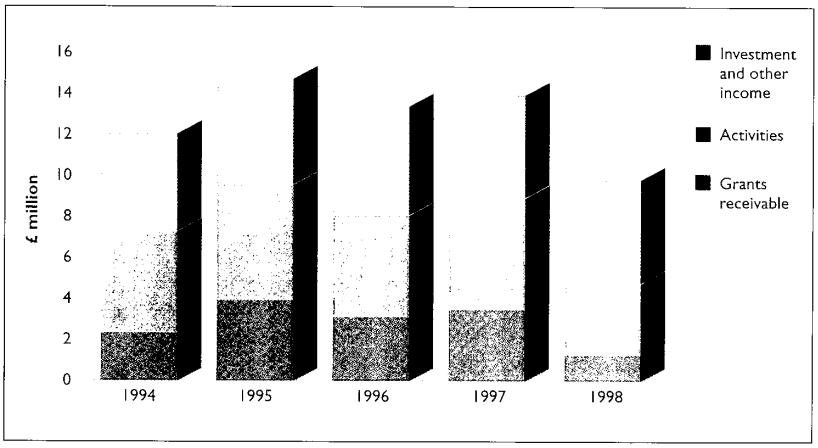


Figure 1

Expenditure

Total expenditure in the year was £12.2 million, compared with £17.5 million in 1997. A comparison of expenditure over the past five years is shown in Figure 2. An analysis of the King's Fund's expenditure by directorate is shown in note 3 to the Annual Accounts on page 47 of this report and details of grants given in 1998 are shown on pages 20–21.

Extraordinary expenditure of £1m was incurred in 1998 on the restructuring.

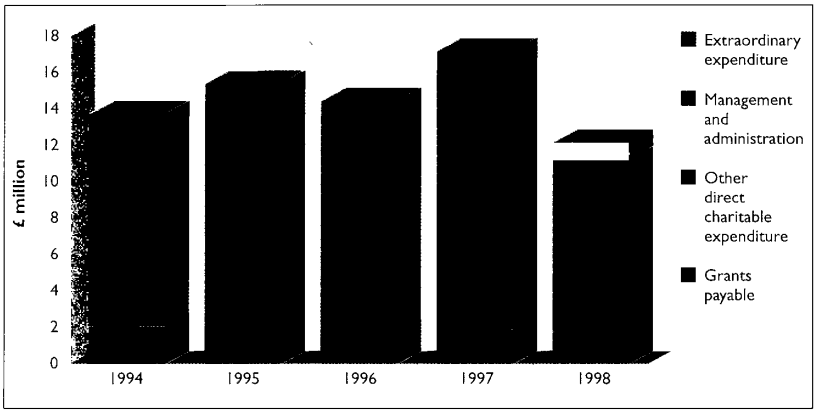


Figure 2

Assets

At 31 December 1998, the value of the King's Fund's net assets was £160.1 million, an increase of £10.1 million over the year. This increase was due to another notable improvement in stock markets worldwide. The significant fall during the third quarter of the year, however, following very large gains in the first six months, resulted in the final total being marginally lower than that reported to the General Council at 30 June 1998.

The composition of the King's Fund's total net assets over the past five years is shown in Figure 3.

Tangible assets held for the King's Fund's own use increased from £17.9 million to £18.0 million, after depreciation, due to additional improvements to the premises at Cavendish Square. The King's Fund's investment securities increased in value over the year by £10.4 million to £135.3 million. The composition of the property portfolio was unchanged but revaluation at the year end resulted in a growth in the holding values of £0.4 million to £6.7 million.

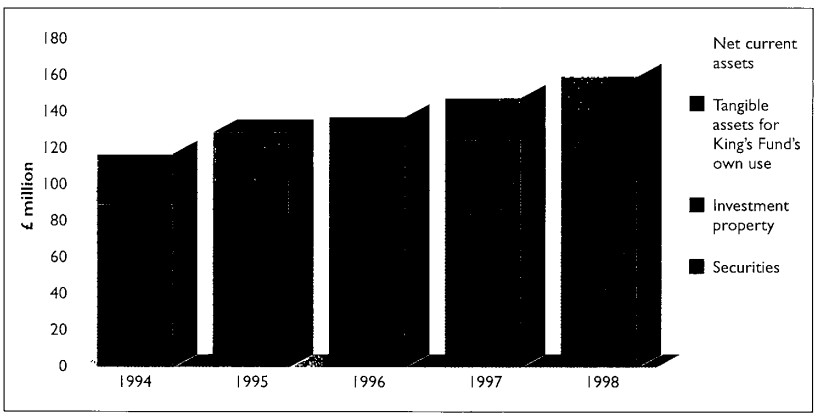


Figure 3

At the year end current assets exceeded current liabilities by £0.1 million.

The composition of the King's Fund's investment portfolio at the year end is shown in Figure 4.

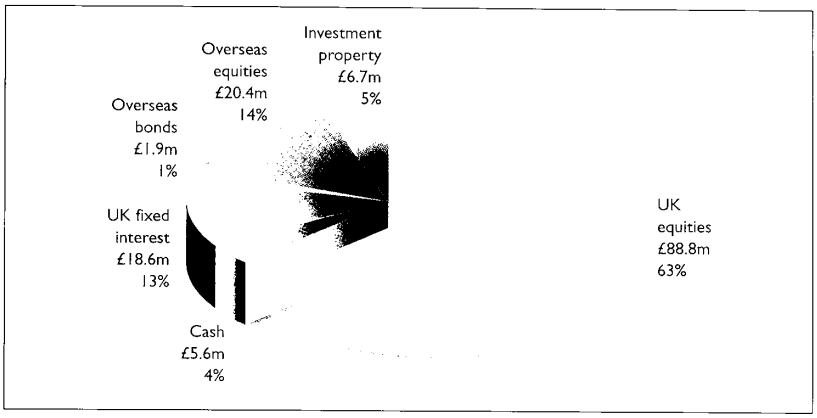


Figure 4

Other

The average number of staff employed by the King's Fund during the year was 170, compared with 208 in 1997, of whom 13 (22 in 1997) were funded by grants from other bodies.

The Treasurer gratefully acknowledges all donations, including legacies, received by the King's Fund during the past year.

Bankers

Bank of England
HSBC

Auditors

PricewaterhouseCoopers

Solicitors

Nabarro Nathanson
Farrer & Co.

Investment Managers

Securities:
Baring Asset Management Ltd
Schroder Investment Management Ltd

Property:
Cluttons Daniel Smith
CB Hillier Parker

Quantity Surveyors

Burke Hunter Brown

Actuaries

Buck Consultants Ltd

Insurance Brokers

Lambert Fenchurch UK Group Ltd

Contributors

Her Majesty The Queen

HRH The Duke of Gloucester

Bartlett Merton Ltd, The Bawden Fund, D & W Backhouse, Cluttons, Deutsche Morgan Grenfell Group plc, V Dodson, K N Drobig, Guardian Media Group plc, Lord Hayter, The Institute of Health Services Management, A A Mallick, S A Mallick, R J Maxwell, G Pampiglione, R A Parfitt, Realgold Ltd, Albert Reckitt Charitable Trust, A & L Sussman Charitable Trust, Special Trustees for St Thomas' Hospital, C W Verrier, D & K L Welbourne, Wernher Charitable Trust

Legacies

LA Culliford, W M Harper, A Heilbron, T Jones, S E Robinson, G Roland

Statement of General Council Responsibilities

The General Council is responsible for the preparation of financial statements for each financial year which give a true and fair view of the King's Fund's incoming resources and application of resources during the year and of its state of affairs at the end of the year. In preparing those financial statements the General Council is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The General Council's responsibilities include keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the King's Fund and enable the General Council to ensure that the financial statements comply with the Charities Act 1993. The General Council is also responsible for safeguarding the King's Fund's assets and hence for taking reasonable steps for the prevention and detection of fraud and breaches of law and regulations.

Report of the Auditors to the General Council of the King's Fund

for the year ended 31 December 1998

We have audited the financial statements on pages 42 to 50 which have been prepared under the historical cost convention, as modified by the revaluation of certain fixed assets, and the accounting policies set out on pages 45 to 46.

Respective responsibilities of the Trustees and Auditors

The Trustees are responsible for preparing the Trustees' Report and the financial statements, as described on the opposite page. Our responsibilities, as independent auditors, are established by statute, the Auditing Practices Board, and by our profession's ethical guidance.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act. We also report to you if, in our opinion, the Trustees' Report is not consistent with the financial statements, if the King's Fund has not kept proper accounting records or if we have not received all the information and explanations we require for our audit.

We read the other information contained in the Trustees' Report and consider whether it is consistent with the audited financial statements. We consider the implication for our report if we become aware of any apparent misstatement or material inconsistencies with the financial statements.

Basis of audit opinion

We conducted our audit in accordance with Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Trustees in preparation of the financial statements, and of whether the accounting policies are appropriate to the King's Fund's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view of the state of affairs of the King's Fund at 31 December 1998 and of the incoming resources, application of resources and cash flows of the Fund for the year then ended and have been properly prepared in accordance with the Charities Act 1993.

PricewaterhouseCoopers
Chartered Accountants and Registered Auditors
1 Embankment Place
London
WC2N 6NW

29 April 1999

Statement of Financial Activities

for the year ended 31 December 1998

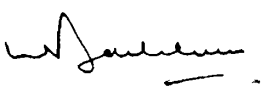
	Note	£000	General fund £000	Capital fund £000	**1998 Total funds £000**	1997 Total funds £000
Incoming Resources						
Grants receivable		2,090				
Less: Grants received in advance		1,001	1,089	–	**1,089**	3,279
Income from activities		3,608				
Less: Income received in advance		75	3,533	–	**3,533**	5,595
Donations and legacies			75	–	**75**	19
Investment income	*4*		3,029	2,033	**5,062**	4,965
Other income			–	–	–	27
Total Incoming Resources	*3*		**7,726**	**2,033**	**9,759**	**13,885**
Resources Expended						
Grants payable		1,720				
Other direct charitable expenditure		8,666	10,386	–	**10,386**	16,288
Restructuring costs			1,016	–	**1,016**	–
Management and administration			474	348	**822**	1,237
Total Resources Expended	*3*		**11,876**	**348**	**12,224**	**17,525**
Net Incoming/(Outgoing) Resources Before Transfers			(4,150)	1,685	**(2,465)**	(3,640)
Transfers between funds			1,685	(1,685)	–	–
Net Incoming/(Outgoing) Resources After Transfers			(2,465)	–	**(2,465)**	(3,640)
Other recognised gains						
Realised gains on disposal of investments			416	306	**722**	1,298
Movement in market value of investments			6,969	4,810	**11,779**	14,165
Net Movement in Funds For Year			**4,920**	**5,116**	**10,036**	**11,823**
Funds at 1 January			**97,182**	**52,853**	**150,035**	**138,212**
Funds at Period End			**102,102**	**57,969**	**160,071**	**150,035**

Balance Sheet

as at 31 December 1998

	Note	1998 £000	**1998 £000**	1997 £000	1997 £000
Fixed Assets					
Tangible assets held for the Fund's use	5	18,045		17,895	
Investments	6	141,935	**159,980**	131,154	149,049
Current Assets					
Debtors	7	2,180		2,842	
Stocks		221		221	
Cash at bank and in hand		699	**3,100**	1,433	4,496
Current Liabilities	8		**(3,009)**		(3,510)
NET CURRENT ASSETS			**91**		986
Total Net Assets			**160,071**		**150,035**
Funds					
CAPITAL FUND	9		**57,969**		52,853
GENERAL FUND	9				
Tangible assets held for the Fund's use		18,045		17,895	
Grants commitments payable in future years		2,799		2,232	
Special Projects commitments payable in future years		288		–	
Balance of General Fund		80,970	**102,102**	77,055	97,182
			160,071		**150,035**

Approved by the Audit Committee on 20 April 1999 under the delegated authority of the Management Committee, and presented to the General Council on 11 June 1999.



William Backhouse, Treasurer

Cash Flow Statement

for the year ended 31 December 1998

	1998 £000	**1998 £000**	1997 £000	1997 £000
Operating activities				
Net cash outflow from operating activities		**(1,965)**		(3,035)
Capital expenditure and financial investment				
Payments to acquire tangible fixed assets	(489)		(394)	
Purchase of investment securities	(58,061)		(51,267)	
Sale of investment securities	59,400		54,887	
Receipts from sale of/(additions to) investment properties	(2)		3,262	
Net cash inflow for capital expenditure and financial investment		**848**		6,488
Increase/(decrease) in cash in the year		**(1,117)**		**3,453**

NOTES TO THE CASH FLOW STATEMENT

Reconciliation of net outgoing resources to net cash outflow from operating activities	**1998 £000**	1997 £000
Net outgoing resources	**(2,465)**	(3,640)
Depreciation of tangible fixed assets	**339**	1,219
Decrease in stocks	**–**	116
Decrease/(increase) in debtors	**662**	(513)
Decrease in creditors	**(501)**	(217)
Net cash outflow from operating activities	**(1,965)**	**(3,035)**

Analysis of changes in cash during the year	1 January 1998 £000	**Movement £000**	31 December 1998 £000
Investment cash	5,938	**(383)**	5,555
Cash at bank and in hand	1,433	**(734)**	699
	7,371	**(1,117)**	**6,254**

NOTES TO THE ACCOUNTS

for the year ended 31 December 1998

1 Basis of Preparation

The accounts have been prepared in accordance with the historical cost convention modified by the revaluation of fixed assets, applicable accounting standards and the Statement of Recommended Practice "Accounting by Charities" published in October 1995.

2 Accounting Policies

Grants receivable and income from activities

Grants receivable and income from activities are accounted for in full in the year in which they arise. In cases where conditions attaching to their receipt have not yet been met they are deferred to future accounting periods.

Grants payable

Grants payable are included in the financial statements in the year in which they are awarded except to the extent that they are to be funded from future income, see Note 12 below.

Donations and legacies

Donations and legacies are included when they are reliably reported as receivable and are credited to General Fund unless they are permanent endowments, in which case they are credited to the restricted Capital Fund.

Investment income

Income from investments and securities is accounted for when dividends and interest are receivable and includes recoverable taxation.

Resources expended

Resources expended include support costs which are re-allocated using formulae derived from consumption and similar appropriate measures. These are shown in Note 3 below.

Pension costs

Pension costs are accounted for on the basis of charging the expected cost of providing pensions over the period during which the King's Fund derives benefit from the employees' services.

Tangible assets held for the King's Fund's use

Tangible assets held for the King's Fund's use are held at cost less depreciation.

Depreciation is calculated so as to write off the cost of the tangible assets, excluding freehold land and buildings, on a straight line basis, over the expected useful economic lives of the assets concerned which are taken as:

Computer hardware and software	3 years
Office equipment	3 years
Plant and machinery	5 to 30 years

The expected useful economic life of each item of plant and machinery is determined by the King's Fund's independent consulting quantity surveyors.

Freehold land and buildings held for the King's Fund's use are not depreciated. The King's Fund's buildings are maintained in a condition such that any depreciation charge would be immaterial.

Investments

All investments are stated on the Balance Sheet at market value based on mid-market prices at the Balance Sheet date.

Investment properties are stated at their estimated value on an open market basis at the Balance Sheet date. Valuations are updated annually by the King's Fund's professional advisers.

Realised and unrealised gains and losses on investments are included in the Statement of Financial Activities and are calculated in relation to their holding valuation at the end of the previous accounting period or their cost if bought in the current accounting period.

Stocks

Stocks are stated at the lower of cost and net realisable value.

Foreign currencies

Transactions denominated in foreign currencies during the year are translated at prevailing rates. Assets and liabilities are translated at rates applying at the Balance Sheet date.

Funds

Capital Fund: The King's Fund has no power to spend the capital sum. Income generated from the Capital Fund is transferred to General Fund to offset expenditure.

General Fund: The King's Fund has the power to spend capital monies as well as income from investments. Within the total fund, separate elements relating to future commitments and the Fund's own use assets have been identified, see Note 9 below.

3 Analysis of income and expenditure

		Direct Costs £000	Support Costs £000	Total Costs £000	Total Income £000	**1998 Net Cost £000**	1997 Net Cost £000
Grants							
Grants payable		1,627	93	1,720	217	**1,503**	**1,773**
Charitable Expenditure							
Leadership Development	Note 1	2,226	594	2,820	2,135	**685**	1,555
Policy & Development	Note 2	1,866	854	2,720	844	**1,876**	2,370
Information Services	Note 3	698	293	991	307	**684**	–
Health Quality Service	Note 4	1,341	535	1,876	1,090	**786**	1,204
Special Projects		238	–	238	28	**210**	–
London Commission		–	–	–	–	–	202
Centenary		21	–	21	–	**21**	375
		6,390	**2,276**	**8,666**	**4,404**	**4,262**	**5,706**
Other Expenditure							
Restructuring costs	Note 5	1,016	–	1,016	–	**1,016**	–
Management and Administration							
Investment activities		489	–	489	5,062	**(4,573)**	(4,550)
Other income		–	–	–	75	**(75)**	(46)
Chief Executive's Office		239	94	333	1	**332**	757
		728	**94**	**822**	**5,138**	**(4,316)**	**(3,839)**
TOTAL 1998		**9,761**	**2,463**	**12,224**	**9,759**	**2,465**	**3,640**
TOTAL 1997		**12,460**	**5,065**	**17,525**	**13,885**	**3,640**	

Notes:

1 Leadership Development was formerly known as Management College
2 Policy & Development was formed by a merger of Development Centre and Policy Institute
3 The costs of Information Services were apportioned as part of the Support Costs in previous years
4 Health Quality Service was formerly known as King's Fund Organisational Audit
5 The restructuring costs were met from funds specifically allocated by the Management Committee

Included in the above expenditure are the following sums:	**1998 £000**	**1997 £000**
Trustees' indemnity insurance *[Direct cost]*	**6**	6
Auditors' remuneration – audit fees *[Direct cost]*	**23**	27
– other services *[Support cost]*	**71**	61

4 Investment income

	1998 £000	**1997 £000**
Listed securities and cash assets	4,805	4,598
Properties	257	367
	5,062	**4,965**

5 Tangible assets held for the King's Fund's use

	Land and Buildings £000	Plant, Machinery & Office Equip. £000	Computer Hardware & Software £000	**1998 Total Assets £000**	1997 Total Assets £000
Cost					
At 1 January	14,661	3,632	2,047	**20,340**	19,946
Transfers	(318)	318	–	**–**	–
Additions	230	210	49	**489**	394
Disposals	–	–	–	**–**	–
At 31 December	14,573	4,160	2,096	**20,829**	20,340
Depreciation					
At 1 January	–	457	1,988	**2,445**	1,226
Charge for the year	–	286	53	**339**	1,219
Disposals	–	–	–	**–**	–
	–	743	2,041	**2,784**	2,445
Net Book Value					
At 31 December	14,573	3,417	55	**18,045**	**17,895**
Previous Year	14,661	3,175	59	**17,895**	

The King's Fund's own use property, 11-13 Cavendish Square, London W1, is included in the Balance Sheet at its historic cost (£17.990m) in accordance with the SORP. As required by FRS11 (Impairment of Fixed Assets and Goodwill), the Fund has obtained an appropriate open market valuation of the property and the Trustees have taken the view that any difference between the market valuation and cost is not material.

6 Investments at market value

		Securities £000	Property £000	**1998 £000**	**1997 £000**
Investment properties		–	6,681	**6,681**	6,267
Securities:	Listed	129,236	–	**129,236**	118,501
	Unlisted	463	–	**463**	448
	Cash	5,555	–	**5,555**	5,938
		135,254	**6,681**	**141,935**	**131,154**
Investments in the UK		112,940	6,681	**119,621**	107,805
Investments outside the UK		22,314	–	**22,314**	23,349
		135,254	**6,681**	**141,935**	**131,154**
Capital Fund		57,969	–	**57,969**	52,853
General Fund		77,285	6,681	**83,966**	78,301
		135,254	**6,681**	**141,935**	**131,154**
Market value at 1 January		124,887	6,267	**131,154**	119,191
Profit on disposals		722	–	**722**	1,298
Other movements including revaluation at Balance Sheet date		9,645	414	**10,059**	10,665
Market value at 31 December		**135,254**	**6,681**	**141,935**	**131,154**

7 Debtors

	1998 £000	1997 £000
Trade debtors	**1,506**	2,084
Other debtors	**111**	362
Prepayments and accrued income	**563**	396
	2,180	**2,842**

8 Current liabilities

	1998 £000	1997 £000
Creditors and accruals	**1,933**	1,571
Grants received in advance	**1,001**	1,581
Income received in advance	**75**	358
	3,009	**3,510**

9 Funds

	Capital Fund £000	General Fund £000	1998 £000	1997 £000
Tangible assets for the King's Fund's own use	–	18,045	**18,045**	17,895
Investments	57,969	83,966	**141,935**	131,154
Net current assets	–	91	**91**	986
	57,969	**102,102**	**160,071**	**150,035**

10 Employees

	1998	1997
Total emoluments (£000)	**6,226**	7,358
Average number of employees (including externally funded)	**170**	208
The numbers of employees with remuneration exceeding £40,000 were:		
£40,000 - £49,999	**10**	13
£50,000 - £59,999	**18**	18
£60,000 - £69,999	**3**	2
£70,000 - £79,999	**–**	–
£80,000 - £89,999	**2**	2
£90,000 - £99,999	**–**	–
£100,000 - £109,999	**1**	1

11 Pension schemes

The King's Fund operates a funded defined benefits scheme that is contracted out of the State scheme and provides no other post-retirement benefits.

For those staff in the King's Fund Staff Pension and Life Assurance Plan the pension cost is assessed in accordance with the advice of an independent qualified actuary using the projected unit method. The latest of the triennial actuarial valuations of the scheme was at 1 April 1998. The assumptions that have the most significant effect on the valuation are those relating to the rate of return on investments and the rates of increase in salaries and pensions. The actuary assumed that the investment return would be 8 per cent per annum, that salary increases would average 6.5 per cent per annum and that present and future pensions would increase at the rate of 4 per cent per annum.

At the date of the latest actuarial valuation (using the traditional approach), the market value of the assets of the King's Fund Staff Pension and Life Assurance Plan was £20.8 million. The actuarial value of those assets was sufficient to cover 115 per cent of the benefits that had accrued to members, after allowing for expected future increases in earnings. The contributions of the King's Fund and employees for 1998 were 10 per cent and 5 per cent respectively. The employer's contribution will increase to 11 per cent from 1 April 2000 and to 12 per cent from 1 April 2001.

Certain staff are members of the NHS Pension Scheme where the financing and rates of contribution are calculated by the Government Actuary. The current rates of contribution for the NHS scheme are set at 4 per cent and 6 per cent for the employer and employee respectively. The former is to increase to 5 per cent from 1 April 2000 and to 7 per cent from 1 April 2001.

The pension costs for the period were £435,662 (£484,696 in 1997).

12 Commitments

At 31 December 1998, the King's Fund had potential grant commitments of £2,799,000 and commitments to Special Projects, including Imagine London, of £288,000 payable in 1999 and later.

13 Contingent liabilities

The King's Fund has no contingent liabilities.

14 Trustees' expenses

A total of £2,687 was reimbursed to six Trustees in respect of travel and subsistence expenses incurred during the year.

15 Year 2000 Issues

In November 1997, the King's Fund formed a Working Party to address the problems that may arise from computers and other electronic equipment failing to recognise or process correctly dates from the beginning of the year 2000.

Since then progress has been made in reviewing computers, software and electronic equipment used throughout the King's Fund. Where potential problems have been identified, hardware and software have been, or are being, either upgraded or replaced. In addition, the King's Fund has sought assurances from its principal suppliers that they are also taking steps to achieve Year 2000 compliant systems.

This issue is complex and whilst no business can guarantee that there will be no Year 2000 problems, the Management Committee believes that its plan and the level of resources allocated are appropriate and adequate to address the issue.

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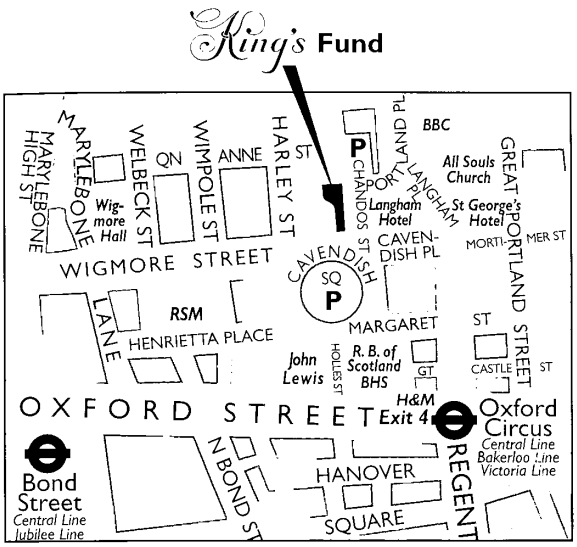

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The King's Fund is an independent
health care charity

We work to improve the health of Londoners
by making change happen in health and social care

We give grants to individuals
and organisations

We carry out research and development work
to improve health policies and services

We develop people
and encourage new ideas

While the main focus of our work is London,
we also work nationally and internationally