

the inside track on  
men's health

**MHF**  
MEN'S HEALTH  
FORUM

**Working** together

The annual report of the  
Men's Health Forum 2004-5



# Health protection for men



# A year of partnership

**T**he year 2004-5 was another very successful one for the Men's Health Forum. Especially significant was the shift in the way the Forum is perceived externally. We became established as an authoritative voice on male health issues, a reliable partner and an important contributor to the development of policy and practice. This was reflected in our work with the Department of Health (DH) and other statutory bodies such as the Equal Opportunities Commission as well as our relationships with major businesses such as the Royal Mail and BT. It also enabled us to bring together 17 organisations to work in partnership on National Men's Health Week (NMHW) 2004.

There were too many highlights to mention them all here, but I was particularly pleased that we were able to launch our definitive policy statement, *Getting It Sorted*, which will form the basis for activity over the next few years. The White Paper on public health highlighted some specific men's health issues and contained a case-study on NMHW lifted almost directly from our consultation submission. We were also invited to join a DH cancer collaboration on improving the access of hard-to-reach groups such as men to diagnosis and treatment.

NMHW in June 2004 exceeded all expectations. Focusing on men and cancer, the Week was covered in every national newspaper and a wide range of local and national media. The Haynes' Cancer manual was critically acclaimed and won a Plain English Award. The Week was followed by a meeting with the cancer tsar Professor Mike Richards at which we agreed to collaborate on a research programme on men and cancer and on encouraging bowel cancer screening in men.

We completed a major project on men and chlamydia which examined the attitudes and behaviour of young men and the feasibility of chlamydia testing in the workplace. We also launched a campaign advocating screening for abdominal aortic aneurysms (AAAs) for men over 60. AAAs are a little-known condition that kills over 6,000 men a year in the UK.

The Board of Trustees and the Director, Peter Baker, have worked hard to improve the governance of the Forum and, in particular, to ensure a steady growth in income. President Ian Banks has continued to deploy his energy and talent as a key lobbyist, networker and fundraiser. All the staff have, as usual, demonstrated their very impressive range of skills and commitment.

Finally, I would like to thank all those organizations and individuals who have supported the Forum both financially and in other ways. Without them, the MHF would not exist and men's health would still be a marginal issue



**Professor Alan White,  
Chair of the Board of Trustees, MHF  
and the world's first-ever professor of men's health**



# A new definition of men's health

## Getting It Sorted: a policy programme for men's health

Identifying the problems with men's health, even persuading politicians and policy-makers to think about them, is relatively easy compared to the real challenge which is pinning down what works with men and identifying what needs to change in current provision as a result.

Translating what we know into effective strategies capable of widespread application will take time and determination. Getting It Sorted: a Policy Programme for Men's Health, published in spring 2004 after extensive consultation is a landmark in this journey towards better health for men and boys.

The programme highlights the factors behind the poor state of men's health in England and Wales and describes the policy framework necessary to improve it. The document offers a new definition of a 'men's health issue' intended as a contribution to the international debate developing around the recognition that, almost everywhere, men's health is poorer than it need be. It concludes with 27 recommendations for action at local and national level. Some urge sweeping changes in attitude and principle, and would, if implemented, bring a swift, decisive benefit to the health of men; others propose changes in day-to-day practice where we think the evidence already exists.

Already, a number of developing and proposed policy initiatives have real capacity to improve the health of men. The NHS Improvement Plan published in June 2004 promises that in the future the NHS will be

'able to concentrate on transforming itself from a sickness service to a health service'. The need to make this shift was strongly emphasised in Getting It Sorted. Properly handled, an approach based on this principle has great potential to improve the health of men since men are disproportionately affected by all the major preventable causes of illness and death.

Getting It Sorted has been widely distributed and forms an introduction to the MHF's principles and long term objectives. It also offers a framework within which we can reflect on specific matters of policy as a means of deciding where and how our actions might be most effectively directed.

## Choosing Health: the MHF responds to government

The MHF responded to the government's Choosing Health consultation in June 2004, arguing that while men are far from 'fully engaged' in their own health, it is equally true that health services are far from 'fully engaged' with men. We urged a 'gender-sensitive' approach to public health that takes account of men's specific attitudes, behaviours, experiences and needs.

Although the Forum broadly welcomed much of the subsequent White Paper, it was, in one key respect fundamentally flawed. Despite some encouraging references to several specific aspects of male health and to the need to target health improvement at specific population groups, there was no strategic response to tackling gender health inequalities.

**"A male health issue is one arising from physiological, psychological, social, cultural or environmental factors that have a specific impact on boys or men and/or where particular interventions are required for boys or men in order to achieve improvements in health and well-being at either the individual or the population level."**

## CHOOSING HEALTH

### MHF recommendations included:

- ▶ Healthcare services, especially primary care services, should be delivered in a 'male-friendly' way (for example, opening hours that are not just 9-5).
- ▶ More primary care should be offered in non-traditional settings, including NHS Walk-In Clinics and places where men feel more comfortable such as pubs, clubs, sports venues and workplaces.
- ▶ Pharmacy services could provide health information and advice for men, directing men to the best available source of help and offering 'MOT' checks.
- ▶ Confidential and anonymous sources of health advice (such as helplines, websites and books) must be encouraged.
- ▶ Schools should encourage boys to feel comfortable about asking for help and to take a greater interest in health issues.
- ▶ Primary Care Trusts should be required to assess men's health needs as part of their local health audits.
- ▶ Health policy should routinely reflect the Government's stated commitment to 'gender mainstreaming' and within that cover men's health as a specific issue.
- ▶ Training in men's health must become part of the core curriculum for health professionals of all kinds.
- ▶ Health promotion activity should target men (rather than the whole population).

Nevertheless, the White Paper did emphasise the importance of delivering health interventions in the workplace and through new technology – both of which are likely to prove helpful for men. We were also encouraged to see the White Paper reproduce, almost verbatim, a case-study about National Men's Health Week highlighted in our submission to the consultation.

## Pharmacy services: working with high-street chemists

We followed up our response to the Department of Health's 2003 consultation on pharmacies with a further submission in November 2004 on the public health strategy for pharmacy. We argued that although pharmacies are widely perceived (by both pharmacists and the public) as primarily for women and children, they are potentially an important source of health information and advice for men.

The reduction in out-of-hours services by GPs (including Saturday morning surgeries) creates an opportunity for pharmacies to develop their work with men because they are open for far longer than GP surgeries.

Our submission highlighted the 'Pop Down your Local' campaign, launched in May 2004 by Developing Patient Partnerships and supported by the Royal Pharmaceutical Society of Great Britain, the Consumer Health Information Centre, the National Pharmaceutical Association and the Men's Health Forum. This campaign informed men about the role of pharmacies and



encouraged their greater use. The range of organisations involved in this initiative, both local and national, suggests that there is growing interest in developing 'male-friendly' pharmacy services.

The Department of Health published its strategy document, *Choosing Health Through Pharmacy*, in April 2005. Largely as a result of Forum lobbying, this included a section on men's health.

## Cancer: tackling the major killer of men

National Men's Health Week 2004 drew attention to the disparity between men and women in incidence and mortality rates for the common cancers. In simple terms, men are twice as likely to develop these cancers and twice as likely to die from them.

Why? Are men biologically more susceptible? Are men more likely to encounter the environmental hazards increasing the risks? Or are men less good at preventive action? If the latter, it suggests that preventive services

are not as reaching men as they should. Two meetings with Professor Mike Richards, the cancer tsar, led to plans for a high-level inter-disciplinary symposium to be held in 2005-6 to address the central questions of this disparity and the actions necessary to tackle it.

The Forum played a key role on the Steering Group on the Prostate Cancer Charter for Action. In 2004, as more of the aims of the Charter were met or showed significant progress, an online database was launched with the support of the MHF.

Common messages around prostate cancer were agreed by the Charter's member organisations and the government and, as the year ended, a new charter was being developed to build on the original's success. The Department of Health's report, *Making Progress on Prostate Cancer*, drew attention to the Forum's work through National Men's Health Week.

The MHF has also developed two proposals for projects aimed at delivering bowel cancer screening services more effectively to men. It is hoped that these projects will reach the implementation stage within the next year.

## Gender and Health: working with women's health organisations

The Forum has been a member of the Gender and Health Partnership, a group of organisations and individuals interested in men's health, women's health and gender, since its launch in 2001. A conference was held at the King's Fund in November 2003 to discuss 'gender mainstreaming' in health

**TOP LEFT: MHF president Dr Ian Banks with the government minister responsible for pharmacy Rosie Winterton at a joint meeting of the two all party parliamentary groups, men's health and pharmacy.**



policy and practice. This was followed up, in March 2005, with a seminar of experts who met to discuss the Partnership's latest report, *Improving the Health of Men + Women*. The report described how women and men experience conditions such as heart disease, cancer, depression and sexually transmitted diseases in very different ways. Vulnerability to such diseases, symptoms, treatments and prognosis may all differ for men and women. Yet typically the NHS does not distinguish needs by gender and patients lose out. It is also very important for health promotion work to take account of gender differences.

The report, which contained contributions from the Forum, highlighted how the government's decision to create a public sector duty to promote gender equality will require the NHS, public health educators and health researchers to take this issue more seriously. It has the potential to transform the delivery of almost every type of health service.

## Parliament: working with MPs

The Forum continues to provide the secretariat for the influential All-Party Parliamentary Group on Men's Health. The main themes of 2004 were Men and Cancer and Abdominal Aortic Aneurysms (AAAs). The recommendations for action to tackle male cancer put forward in the National Men's Health Week publication *Men and Cancer* provided the background for an adjournment debate in the House of Commons. During one debate, the public health minister publicly congratulated the Men's Health Forum saying: 'I am delighted to say that it does an extremely good job.'

During the Week, the group held a reception to inform parliamentarians about men and cancer and to hear more about the government's response from the minister.

Some 71 MPs from seven political parties supported a motion in the House of Commons that called for primary care trusts to adopt the Men and Cancer action plan including setting cancer targets for men and establishing services such as MOT health checks for men in workplaces, social clubs and sports venues.

Men and Cancer also informed the work of members of Parliament's Public Accounts Committee in its meetings on cancer and prompted other MPs to ask ministers about men and cancer related issues.

The Forum joined professionals and patients calling for a national screening programme for AAAs. A House of Commons motion called for the introduction of screening and highlighted studies suggesting how it could save thousands of lives every year.

The All-Party Group held two events looking at AAAs. The first, in November, heard from a surgeon involved in running screening in Gloucestershire, a company that provides diagnostic services to the NHS and a recent survivor. In March 2005 a screening session was organised in parliament to demonstrate how quick, simple and non-invasive the ultrasound scan used in AAA screening can be.

The All-Party Group looked at a range of other issues through the year. In April it collaborated with the All-Party Pharmacy Group to press the government to encourage and enable community pharmacies to work more effectively with men.

# The project that proves men need screening

## Men and Chlamydia

The three-year Men and Chlamydia Project reached its culmination in March 2004 with the launch of the final report at a seminar attended by 80 sexual health professionals. The report was widely-distributed, generated a favourable and complimentary response and stimulated a number of local service providers to consider dedicated work with men on chlamydia prevention.

The project was initiated by the MHF in 2001 following concern that national policy on treatment and prevention of chlamydia was directed largely at women. This seemed counter-productive. By failing to address infection in men, it increased the likelihood of easy re-infection for women. It also ignored the health risks to men and, by placing the focus on women, seemed unfairly to place the responsibility on them too.

The research phase of the project (June 2003 to January 2004) involved group discussions with young men aged between 18 and 25 to develop a greater understanding of young men's attitudes to sex and sexual health in general, and chlamydia in particular. This knowledge was used to develop health promotion materials for use in the second phase of the project.

The implementation phase (June to October 2004) took place in partnership with Telford & Wrekin Primary Care Trust (T&WPCT) in Shropshire. Six industrial workplaces in the area agreed to endorse and circulate the health promotion materials including specially-designed, free kits which allowed



young male employees to 'self-test' for chlamydia infection. As part of the project, T&WPCT also enabled some local pharmacists to issue the one-off antibiotic treatment for chlamydia 'over the counter' – that is, without the man visiting his GP or a GUM clinic first.

The project report drew a series of conclusions and made nine recommendations. In general terms, these were:

- ▶ that some of the component parts of the project worked very well and should be used more widely;
- ▶ that the ability to understand and work with young men on the issue of sexual health is currently under-developed; and,
- ▶ that some particular aspects of sexual health promotion could and should be addressed more honestly and effectively.

A separate, independent evaluation of the project is under way and will report in the autumn of 2005.

**Chlamydia testing kits were used in the Men and Chlamydia Project targeting men directly in the way the research suggested would be effective**



## Men and Indigestion

The Men and Indigestion Project Pilot Study was carried out on behalf of the Forum by researchers at the University of Bournemouth.

The study focused on how best to encourage the uptake of services and treatments for indigestion by men. Another important objective was to gain insights into how primary care professionals currently manage men with indigestion.

The study, which took into account male reluctance to access traditional services, was workplace-based, and used a variety of methods to raise men's awareness of indigestion and its causes and effects.

The report's key recommendations were:

- ▶ Pharmacists could play an important role in offering health and lifestyle advice to men when they are seeking 'over-the-counter' remedies for indigestion - an opportunity which may not be fully exploited currently.
- ▶ Lifestyle advice could also be offered to men through NHS Direct or other internet sites which men may access such as sports or news sites.
- ▶ Men appear to be positive about work-based and flexible, locally-based health and lifestyle initiatives.
- ▶ Designing interventions for men that take an informal approach may help when offering information and advice.

## Gender Equity Audit

During the year, the MHF continued to develop its long-standing commitment to create health policy which recognises gender as a key variable in the underlying causes of health inequalities.

We welcomed the publication by the Department of Health of National Standards, Local Action which stresses the need for Primary Care Trusts (PCTs) to deliver improvements in gender equity, particularly by developing better systems for audit. In a separate development, an Equality Bill was published which will eventually require all public bodies to promote gender equality in the delivery of services. This will offer a major opportunity for improvements in men's health services, especially in primary care.

To support these developments, the MHF has recruited six PCTs who have agreed to explore the implications of taking gender equity into account in the development of local provision. These PCTs are from different parts of the country and provide a mix of demographic characteristics.

After the year end, we received a new offer of financial support for the project from the Department of Health to include the appointment of a project worker. The aim is to publish a report which will include a template for gender equality audits which will be distributed to all PCTs to encourage the development of this approach.

# The MHF and the 'man in the street'

## National Men's Health Week 2004: Men and Cancer

The theme for NMHW 2004, men and cancer, was chosen for the principal reason that cancer had become the biggest killer of men, having overtaken cardiovascular disease. All cancers were included not just male ones. Cancer survival rates in the UK are amongst the worst in Europe.

NMHW is a focused opportunity for the Men's Health Forum to reach the 'man on the street'. The key objectives were to increase men's awareness of cancer prevention (including stopping smoking and changing diet) and to encourage symptom awareness and early presentation to health services.

Not that Men's Health Week is prescriptive. If health professionals want to concentrate on another aspect of men's health, they are welcome – indeed, encouraged - to follow their inclinations.

As usual the Week was a combination of local and national events. The MHF provided information and resources to local organisations – many in NHS settings but also local authorities, prisons, workplaces, schools and so on – to enable them to run local events and initiatives. Around 1,500 such events took place. The breadth and scope of this activity was a testament to the commitment and skill of those undertaking work at a local level. The activity ranged from information stands in public locations (GP waiting rooms and supermarkets were popular) to fancy dress fun-runs and everything in-between.

The MHF organized national initiatives

to provide a focus for publicity and to increase awareness of men's health issues among politicians, policymakers and health professionals. These included a policy report highlighting the key issues at a national level.

Once again the flagship for the Week was the publication, in partnership with 17 other major organisations, of a health manual for men mimicking the popular Haynes workshop manuals for motorists. Written by the Forum's president Dr Ian Banks, the Men and Cancer manual is a practical step-by-step guide for men to preventing, detecting and beating cancer. The original Man manual published in 2002 continued to sell in record numbers. Total sales now exceed 100,000.

NMHW 2004 formed part of the second International Men's Health Week with activities taking place in Australia, Austria, Canada, Hong Kong, Scotland, the USA and Denmark, the latter participating for the first time. There were closer links developed between the participating countries in the Week which was also supported by the International Society for Men's Health.

**England football manager Sven Göran Eriksson teams up with his coaching staff to promote the men and cancer manual for National Men's Health Week 2004.**



## malehealth.co.uk: fast, free independent health information

Our website [malehealth.co.uk](http://malehealth.co.uk) continues to generate the sort of attention one might anticipate for a resource which is probably the only site of its type in the world.

Most men's health sites are commercially driven or narrowly focused. Malehealth is neither. Instead, it offers fast, free and independent information to men of all ages on as wide a range of topics as possible.

During 2004, visitor numbers grew to approximately 65,000 unique visitors a month while the site also expanded its funding base attracting a three-year Department of Health grant – a tribute in itself to the site's quality. It was voted the Royal Society of Medicine's website of the year for 2004 and continued to attract press interest.

The year ended with the first-ever readers survey on the site which produced perhaps the best news of all. The site appears to do what men's campaigners have long been trying to do: change men's behaviour.

After visiting malehealth, an impressive two out of three had made some sort of lifestyle change – usually involving diet or exercise. Better still, one in four visitors had gone to see a health professional as a result of their visit – a figure that rose to one in three amongst those who said they visited monthly.



## Rugby: tackling male health

The Forum was offered a unique opportunity to display a men's health message on line side signs at 10 Rugby League matches in 2004. This was supplemented by adverts in two match programmes as well as the Challenge Cup Final programme in May. The line side message was 'Tackling Men's Health' followed by the website address for [malehealth.co.uk](http://malehealth.co.uk) while the programme adverts promoted the Haynes' men's health manuals.

It is difficult to assess the impact of this initiative but it clearly fits neatly with the Forum's objective of taking men's health messages to 'male-friendly' venues.

We were also able to offer several Forum members, as well as a malehealth website competition winner, the opportunity to join us at the Cup Final and to enjoy VIP hospitality after the match.

**MHF director Peter Baker (left) launches Time to Go, a campaign to raise awareness of prostate health, with football pundit Alan Hansen.**



# Local and national partnerships

## The MHF's website for health professionals

The website [menshealthforum.org.uk](http://menshealthforum.org.uk) developed the Forum's online presence during 2004 and played an increasing role in delivering its work.

It was used, for example, to both register participants and to deliver resources for Men's Health Week 2004 saving considerable staff time and money that would have otherwise been required for postage.

The site provides a number of useful services to the men's health community including a database of all the UK's men's health projects (which was updated in March 2004), an email discussion network for sharing news and an increasingly popular free jobs noticeboard.

All the Forum's publications are also available online as well as back numbers of the Forum's MHF magazine. There is regular coverage of debates on men's health issues in parliament while the site also provides journalists with instant access to press releases and images.

There are links to and updates on all the Forum's projects and policy developments while the site also attracts attention – some 14,000 unique visitors a month - with its own weekly news stories and monthly features.

Streaming video was featured on the site for the first time for the launch of the Forum's Men and Chlamydia report in a successful link up with Westminster Media which continued in 2005.

## National Men's Health Week resources

National Men's Health Week continues to be an area where new ideas in relation to the provision and dissemination of resources can be explored.

In addition to the central resource, the Haynes Cancer Manual, which is discussed on page 10, there were several new initiatives in resource provision.

For the second year the resource pack was provided on a CD-ROM – which has several benefits over paper versions, not least environmental ones – but also for the first time the pack was made available through the [menshealthforum.org.uk](http://menshealthforum.org.uk) website

Several major changes were made to make the resource pack as simple to navigate and use as possible. The pack appeared and behaved much as a regular website which was particularly useful for those recipients who had internet access, as all of the links throughout the resource pack to websites and email addresses automatically took the user to the appropriate destination.

The resource pack also included a register of partners who could provide resources reflecting the broad focus of the week.

## Bedfordshire Breakout! Young Men and Suicide Prevention Pilot Study

Bedfordshire Breakout! was one of three national pilots run under the auspices of the National Institute for Mental Health in England (NIMHE).

The Forum worked with Bedfordshire Heartlands PCT and mentality, the mental health charity, to develop, implement and evaluate the project.

Bedfordshire Breakout! was designed for those working with young men who might, for a variety of reasons including social exclusion or marginalisation, be considered at risk of poor mental health. The aim was to raise participants' awareness of these contributory factors and provide a local networking opportunity and forum for discussion. An integral objective was to raise participants' confidence by better equipping them to work more effectively with young men on the margins.

The project was based on the learning set approach. The learning sets comprised four training days spread over four months. Programmes usually featured presentations from facilitators and guest speakers, as well as opportunities for group discussion and participation.

The final report will be completed in 2005-6 but the end of day evaluations were overwhelmingly positive, indicating that participants did gain a great deal.

In addition, the Forum also facilitated a series of discussion groups with young men



that raised some fundamental issues about marginalised masculinity; attitudes and beliefs concerning health and well being; and service provision and the consequences for local communities.

## MHF magazine

It's been another successful year for MHF magazine, which was launched in November 2003.

The quarterly magazine aims to provide a professional market of readers – busy, health practitioners and people working in health policy – with a lively, informative and high-quality read.

It offers a mix of news about the Forum and about men's health generally and features about schemes promoting men's health which have been successfully set up in England and Wales. The magazine also balances practical slots which will help practitioners in their day-to-day work with more policy-oriented interviews with leading health policy formers.

One of the highlights during the year was an interview shortly after the publication of the government's public health White Paper with then health secretary John Reid about his own

health, smoking and drinking habits. Others who contributed on the policy side during the year included the government's cancer tsar Professor Mike Richards and patient tsar Harry Cayton.

The magazine also tries to stimulate debate within the men's health community. The September 2004 issue tackled the highly emotive issue of whether male circumcision is an acceptable practice. Readers were encouraged to post their views on the Forum's website, which made the magazine more interactive, and there was an impressive and interesting range of responses.

During the year, the popular and useful 'In Practice' slot, which gives an overview of a successful men's health project featured: the HEBA centre in Edinburgh for male-specific cancers; the Braunstone Beer Belly Busters club (a weight-loss group for men in Leicester); a project in Bradford's Edge Hill school to encourage young boys to eat healthily; and a walk-in health centre that had recently opened in Full Sutton prison, Yorkshire.

A readership survey to be carried out in 2005, will help ensure the magazine remains appropriate and relevant.

## Working with members and stakeholders

MHF membership continued to rise, up by 45% in the course of the year. Most of these members are in Primary Care Trusts; many join as a result of National Men's Health Week or MHF magazine.

A survey of MHF members in 2004 suggested that they are satisfied or very satisfied with membership and that most appreciate receiving copies of our reports, MHF magazine and emailed updates.

The Members' Meeting events which had been held in previous years evolved in 2004 into the Stakeholders' Forum - an event to which MHF members, sponsors and partners in the many projects MHF works on were invited.

The first MHF Stakeholders' Forum was held in London in October and featured presentations on key aspects of men's health work, including developments in primary care and the approach of the media. There were also presentations on the MHF's projects and the day ended with a session on men and weight - the theme for National Men's Health Week in 2005.

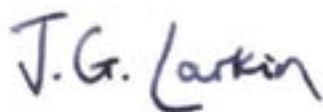
The free event was booked to capacity and well attended by all invited groups. The feedback survey showed that the format and content of the event were very popular. As a result of this success, work has begun on a second MHF Stakeholders' Forum for October 2005.



## Summarised accounts for the year ended 31 March 2005

### Statement from the Trustees

These summarised accounts are not statutory accounts but are extracted from the full financial statements approved by the Trustees on 19 August 2005. Full accounts have been prepared and audited; they received an unqualified audit report and are available on request from the charity. The full accounts have been submitted to the Charity Commission and abbreviated accounts to the Registrar of Companies.



J Larkin,  
on behalf of the Trustee Board,  
2 September 2005

### Auditors Statement to the Members of the Men's Health Forum

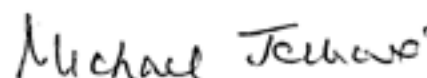
I have examined the summarised financial statements of Men's Health Forum.

Respective responsibilities of Auditor and Trustees: The Trustees are responsible for preparing the summarised financial statements in accordance with the recommendations of the Charities SORP.

My responsibility is to report to you my opinion on the consistency of the summarised financial statements with the full financial statements and Trustees' Annual Report. I also read the other information contained in the summarised annual report and consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the summarised financial statements.

Basis of Opinion: I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on summary financial statements' adopted by the Auditing Practices Board for use in the United Kingdom.

Opinion: In my opinion these summarised financial statements are consistent with the full financial statements and the Trustees' Annual Report of Men's Health Forum for the year ended 31 March 2005.



Michael Jellicoe  
Chartered Accountant and Registered Auditor  
2 September 2005

## THE MEN'S HEALTH FORUM

## STATEMENT OF FINANCIAL ACTIVITIES (incorporating the INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2005

|   | Year ended 31 March 2005 |                            |            | 15 months to                |
|---|--------------------------|----------------------------|------------|-----------------------------|
|   | Restricted<br>Funds<br>£ | Unrestricted<br>Funds<br>£ | Total<br>£ | 31 March 2004<br>Total<br>£ |
| Incoming Resources  |                          |                            |            |                             |
| Donations, legacies and similar income                      | 73,754                   | 205,117                    | 278,871    | 323,292                     |
| Grants for project activity                                 | 192,925                  | -                          | 192,925    | 104,150                     |
| Membership subscriptions                                    | -                        | 24,217                     | 24,217     | 53,186                      |
| Training income   | -                        | -                          | -          | 10,657                      |
| Sundry operating activities                                 | -                        | 4,159                      | 4,159      | 2,504                       |
| Interest receivable   | -                        | 3,960                      | 3,960      | 1,348                       |
|   | -----                    | -----                      | -----      | -----                       |
| Total incoming resources                                    | 266,679                  | 237,453                    | 504,132    | 495,137                     |
| Less:   |                          |                            |            |                             |
| Cost of generating funds                                    | -                        | (34,508)                   | (34,508)   | (24,244)                    |
|   | -----                    | -----                      | -----      | -----                       |
| Net incoming resources available<br>for charity application | £266,679                 | £202,945                   | £469,624   | £470,893                    |
|   | =====                    | =====                      | =====      | =====                       |
| Resources Expended  |                          |                            |            |                             |
| Charitable expenditure:                                     |                          |                            |            |                             |
| Staff costs   | 114,651                  | 60,851                     | 175,502    | 170,011                     |
| Project costs   | 218,814                  | 18,932                     | 237,746    | 103,776                     |
| External representation and media                           | -                        | 5,998                      | 5,998      | 664                         |
| Support costs   | 30,225                   | 36,370                     | 66,595     | 134,216                     |
| Management and administration                               | -                        | 12,223                     | 12,223     | 14,056                      |
|   | -----                    | -----                      | -----      | -----                       |
| Total charitable expenditure                                | £363,690                 | £134,374                   | £498,064   | £422,723                    |
|   | =====                    | =====                      | =====      | =====                       |
| Total resources expended                                    | £363,690                 | £168,882                   | £532,572   | £446,967                    |
|   | =====                    | =====                      | =====      | =====                       |
| Net income/(outgoing resources) before transfers            | (97,011)                 | 68,571                     | (28,440)   | 48,170                      |
| Gross transfers between funds                               | 1,602                    | (1,602)                    | -          | -                           |
| Net income/(expenditure) for the year                       | (95,409)                 | 66,969                     | (28,440)   | -                           |
| Total funds brought forward                                 | 171,318                  | (13,936)                   | 157,382    | 109,212                     |
|   | -----                    | -----                      | -----      | -----                       |
| Total funds carried forward                                 | £75,909                  | £53,033                    | £128,942   | £157,382                    |
|   | =====                    | =====                      | =====      | =====                       |

## MEN'S HEALTH FORUM BALANCE SHEET, 31 MARCH 2005

|  | 31 March 2005 | 31 March 2004 |
|--|---------------|---------------|
| FIXED ASSETS                                       | £             | £             |
| Tangible assets                                    | 6,835         | 12,157        |
| <br>CURRENT ASSETS                                 |               |               |
| Debtors  | 19,644        | 71,024        |
| Cash at bank and in hand                           | 203,131       | 134,400       |
|  | -----         | -----         |
|  | 222,775       | 205,424       |
| <br>CREDITORS: Amounts falling due within one year | (100,668)     | (60,199)      |
|  | -----         | -----         |
| NET CURRENT ASSETS                                 | 122,107       | 145,225       |
|  | -----         | -----         |
| TOTAL ASSETS LESS CURRENT LIABILITIES              | £128,942      | £157,382      |
|  | =====         | =====         |
| <br>CAPITAL AND RESERVES                           |               |               |
| Restricted Funds                                   | 75,909        | 171,318       |
| Unrestricted Fund                                  | 53,033        | (13,936)      |
|  | -----         | -----         |
|  | £128,942      | £157,382      |
|  | =====         | =====         |

**SPONSORS AND SUPPORTERS**

The following organisations generously supported the Forum in 2004-5:

Abbott Laboratories £5,000  
 Age Concern England £2,500  
 Association for the Study of Obesity £5,000  
 AstraZeneca £5,000  
 Beating Bowel Cancer £5,000  
 BT £9,375  
 Central YMCA £3,000  
 Department of Health £211,550  
 Kent Police Service £10,000  
 LighterLife £5,000  
 Lilly £14,900  
 Macmillan £15,000  
 Men's Health Forum Scotland £2,000  
 Mentality £5,000  
 National Obesity Forum £5,000  
 Newport City Council £1,000  
 Northern Ireland Police Service £5,000  
 Pfizer £35,000

Prostate Cancer Charity £5,000

Roche Diagnostics £25,000

Roche Products £91,000

Ruder Finn £5,000

Sanofi-Aventis £17,500

Shire Health £2,000

Slim Fast £5,000

Sport England £10,000

Southwark Alliance £5,000

Stroke Association £3,000

TOAST £3,000

Walking the Way to Health £5,000

Water UK £5,000

World Cancer Research Fund £5,000

The Forum also received additional and generous in-kind support from:

BIVDA (British In-Vitro Diagnostic Association) – the regular free use of meeting rooms;

8ml – hosting of websites;

Harrison Cowley – PR support for National Men's Health Week 2004.

**POLICY ON SPONSORSHIP**

The MHF has a policy on relationships with commercial and other organisations. This can be viewed in full at [www.menshealthforum.org.uk](http://www.menshealthforum.org.uk). The policy commits the Forum to disclose in its Annual Report which organisations have supported the Forum financially (or in other ways) and by how much. It is the Forum's strict policy not to support or endorse any specific medical products, treatments or devices (including all pharmaceutical products whether available only on prescription or over-the-counter).

NOTE: the amounts shown above were paid to the MHF in 2004-5 but were not necessarily for that financial year alone. In many cases, payments were for work completed in 2003-4 or extending into 2005-6. Additional amounts were also invoiced for 2004-5 but not paid until after the year-end. Other income came from membership fees, the sales of services (eg, publications and training) and donations from individuals.



## Board of Trustees

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**T**he mission of the MHF is to provide an independent and authoritative voice for male health and to tackle the issues affecting the health and well-being of boys and men in England and Wales

Our vision is a future in which all boys and men in England and Wales have an equal opportunity to attain the highest possible level of health and well-being

We achieve this through:

- ▶ policy development
- ▶ research
- ▶ providing information services
- ▶ stimulating professional and public debate
- ▶ working with MPs and government
- ▶ developing innovative and imaginative projects
- ▶ professional training
- ▶ collaborating with the widest possible range of interested organisations and individuals
- ▶ organising the annual National Men's Health Week

Published: September 2005

Not a patch





No competition

