



Missing: Men
Annual Review 2006-07

MHF
MEN'S HEALTH
FORUM

Men's health is 'totally unacceptable'

Men's health remains unnecessarily poor and men's lives are all too often tragically cut short. In parts of the country, average male life expectancy at birth, quite incredibly, remains as low as 65. Men are twice as likely as women to develop heart disease before retirement age or to develop a non-sex-specific cancer and die from it.

Men are more likely to be overweight or to drink alcohol excessively and three times as many men as women kill themselves. We do still need to remind ourselves of the stark reality of many men's lives, especially those living in the most deprived communities.

Despite all these problems, men continue to under-use primary care services, not least GPs, pharmacists and NHS Direct. They are also not properly represented in weight management, smoking cessation and chlamydia screening services.

But there has recently been a crucial development which could begin to change this rather gloomy picture. There is now not just an ethical case for action to improve men's health. Thanks to the Equality Act 2006 and its gender equality duty, there is also a legal requirement to do so. The Department of Health and NHS must now take account of the different needs of women and men and tailor their services accordingly.

The introduction of the gender duty marks the achievement of one of the Forum's most important strategic goals. A key recommendation in our over-arching policy document, *Getting It Sorted* (2004), was that every Department of Health policy should take gender fully into account and that primary care trusts should be required to assess men's health needs as part of their health inequalities work. Of course, the gender duty on its own will not lead to the changes we want to see to men's health. The MHF will have to continue to work with – and push – the government and the NHS to ensure that it is properly implemented.

As 2006/7 ended, we began to finalise a strategic review that will set our agenda for the next five years. Consultations with stakeholders showed that our key strengths include a solid reputation, a capacity to be innovative, professionalism, an ability to reach decision-makers and being unique – there is no other national men's health organisation in England and Wales. We have already had a clear and measurable impact on health policy and are now consulted by government on a range of important issues.

Thanks to the work of our staff, trustees, funders and other partner organizations, we are well on our way to achieving, by 2012, our key strategic objective of becoming a well-established, respected and influential 'think tank' at the cutting-edge of policy development in men's health. Nothing less will enable the Forum to make the best possible case for action to tackle the wide range of totally unacceptable men's health inequalities.

**Alan White, Professor of Men's Health, Leeds Metropolitan University,
Chair of the MHF Board of Trustees**



Where have all the men gone?

When it comes to health, men are missing. They're missing from doctors' surgeries - under the age of 45, men visit their GP only half as often as women. And often it seems they're missing from health policy too. It's certainly not because they're healthier than women. The only place men are not missing from is the undertaker's.

Many men - and women - have flown on a Boeing 737. It's the most popular passenger jet of all time. But imagine two of them crashing every day in the UK. What would happen in a country where two 737s went down every day? Surely we'd all demand that something be done about it. There would be questions in parliament, a media frenzy. The government would be under enormous pressure to act.

Yet this is happening already. Every day in the UK, 330 men - the equivalent of two 737s - die before their 75th birthday. That's 120,000 premature male deaths a year - more than the capacity of Wembley Stadium, more than the entire British Army. It's one premature death every four and a half minutes.

These deaths are rarely inevitable. Men are not biologically programmed to keel over at 75. These deaths are preventable.

So, why hasn't a pop star organised a high-profile Save The Male concert yet? The answer is that something else is missing too: awareness. Most of us - men and women - simply don't realise the scale of the problem or what to do about it. That's where the MHF - and this report - comes in.



What is the major cause of death among men under 45?

- a. Road accidents
- b. obesity
- c. testicular cancer

Answer on the next page

Now we must act on the Equality Act

The Equality Act, which was approved by parliament in 2006, established the gender equality duty which for the first time makes tackling male health problems a legal requirement. During 2006/7, the MHF lobbied the government to ensure that the final regulations had teeth. We also communicated to the NHS and others the importance of implementing the gender duty.

Putting gender on the NHS agenda

6 November 2006: The MHF organised the conference 'Putting Gender on the NHS Agenda - Implementing the gender duty in the NHS' with a group of partners: the Women and Equality Unit at the Department for Communities and Local Government, the Department of Health, the Equal

Opportunities Commission, Essex Primary Care Research Network and NHS Employers. The event was chaired by Professor Lord Patel of Bradford. Speakers included: the chair of the Equal Opportunities Commission, Jenny Watson; the head of the Women and Equality Unit, Angela Mason; the Department of Health's National Director for Equalities, Surinder Sharma; and the government's Minister for Health Services Rosie Winterton MP.

'This is not about having an all-singing all dancing plan that just sits on the shelf. It is a legally enforceable duty,' Jenny Watson told delegates.

'The Department of Health is pleased to work with the Men's Health Forum. The MHF offers invaluable support to NHS organisations seeking to improve men's health and implement the Gender Duty.' Surinder Sharma, national director, equalities and human rights, Department of Health.

PUTTING MEN BACK IN THE PICTURE

MEN'S HEALTH WEEK

Men's Health Week 2006 was dedicated to the theme of male mental wellbeing. With more partners and events than ever before, the week demonstrated that this topic need not be taboo. (See p10.)

Among the partners were CALM, a highly successful suicide prevention project for young men. By linking up with clubs and DJs, it has taken the message directly to young men rather than waiting for young men to come to them.

A man takes his own life about every 3 hours in England or Wales >>



Answer: None of them. Suicide is now the biggest killer of young men.

In deprived areas the rate is STILL rising alarmingly.

Source: National Statistics, England and Wales, Deaths by age, sex and underlying cause, 2006 registrations

Keeping the third sector on gender duty

6 March 2007: The MHF held a conference for the voluntary sector to raise awareness of the gender duty among third sector organisations who will be affected as providers of services for the public sector or as policy and campaigning organisations interested in gender and health.

Questions in Parliament

This conference also launched the Voluntary Sector Gender Duty Network – a group of organisations interested in the gender duty and health.

Outside of these conferences, the MHF spoke at many government and NHS events on the gender duty; worked with the All Party

Parliamentary Group to hold a briefing for politicians about implementation of the duties; lobbied MPs who went on to ask the government questions in parliament about its support for NHS organisations trying to comply with the new regulations; and designed and promoted support services to help the NHS meet the requirements of the duty.

The MHF continued to work with partners after the November conference while at the end of March 2007 male health inequalities and the MHF were prominent in an EOC-commissioned supplement in The Guardian.



Which sex is most likely to get melanoma, the most deadly skin cancer?

- a. men
- b. women
- c. both the same

Gender Equity Project paved the way

The MHF's Gender Equity Project predated the implementation of the Equality Act 2006. It explored perceptions of gender as a determinant of health status within Primary Care Trusts (PCTs) and considered the likely impact of the then forthcoming legislation.

The project found that PCTs had not been as sensitive to this issue in the past as the new legislation intended that they should be in the future. It also confirmed that an individual's gender makes a significant difference to the way he or she uses services, and to the outcomes that he or she might expect. Eight recommendations emerged including:

- NHS data should be routinely collected and considered in gender-disaggregated form.
- Data made publicly available should always be broken down by gender.
- Strategic Health Authorities should appoint a 'Gender Lead'.
- PCTs should establish standing advisory

groups to comment on policy and practice from a 'gendered' viewpoint.

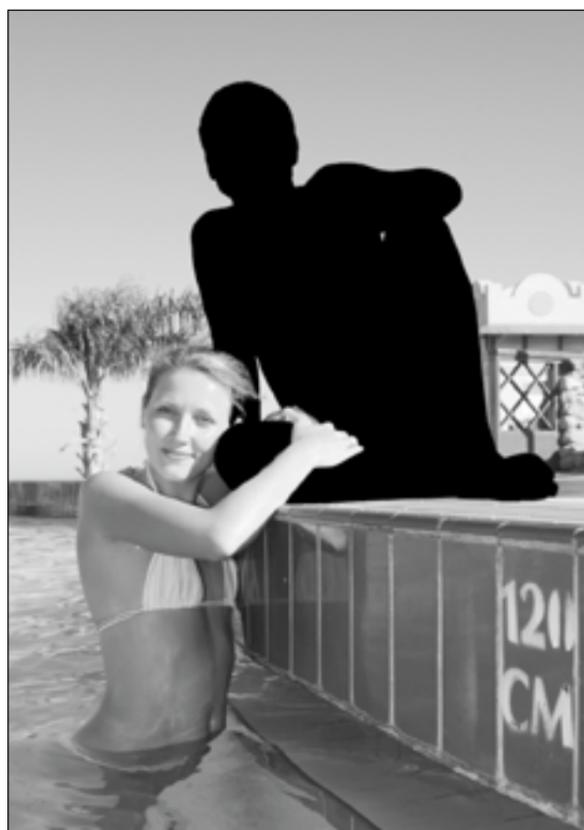
- The Department of Health should establish a national advisory group on gender equality.
- PCTs should review all existing local targets and express future targets in gender-disaggregated form.

These recommendations have been incorporated into the Department of Health's guide to implementing the Equality Act, 'Creating a Gender Equality Scheme: A Practical Guide for the NHS'. The Department of Health has also established a Gender Equality Advisory Group of which the MHF is a member.

'I would like to congratulate the MHF for setting up this unique symposium to answer the question of why cancer incidence and mortality is so much higher in men. This symposium is timely as the Gender Equality Public Sector Duty goes live in April 2007.'
Health Secretary Patricia Hewitt (November 2006)

Answer: Women are more likely to get it; men more likely to die.

Men are 43% of melanoma diagnoses but 56% of deaths.



A man dies prematurely of cancer every 12 and a half minutes in the UK >>

Source: Cancer Research UK, National Statistics/British Heart Foundation 2005 (www.heartstats.org)

The expert view on men and cancer

The MHF held its first expert symposium in November 2006. Tackling the Excess Incidence of Cancer in Men was held at Leeds Metropolitan University where MHF chair of trustees Alan White is professor of men's health.

Back in 2004, the MHF drew attention to the fact that men are much more likely to develop and die from nearly all the most common cancers that can affect both sexes. Professor Mike Richards, National Cancer Director, subsequently asked the MHF to organise a small, high level, national symposium to discuss why this is so and to suggest ways forward for research and policy.

The symposium brought together some of the leading practitioners, academics and thinkers in the field. It heard that although there are some potential biological explanations for the gap between the sexes, most of the explanations that are well understood at

present are to do with lifestyle differences between men and women. For most cancers however, the explanation of the gap is partial at best – and in some cases there is no explanation at all.

Prevention is hampered by misconceptions

The symposium concluded that reducing the gap between men and women is of crucial importance in reducing cancer in the population as a whole. It accepted that cancer prevention campaigns and treatment programmes are being hampered by misconceptions and lack of knowledge in relation to cancer in men.

A number of important recommendations for future action were made (see panel). These are included in the formal Proceedings of the Symposium which were published in 2007.

PUTTING MEN BACK IN THE PICTURE

MHF CANCER EXPERTS

The Expert Cancer Symposium recommended urgent review of:

- ▶ the evidence on men and cancer
- ▶ why some people delay going to the GP
- ▶ the language used and choices given to men and women with cancer.
- ▶ the psycho-social responses to diagnosis and treatment
- ▶ male-sensitive communication strategies and outreach programmes
- ▶ what is taught to boys in health education in schools



What %age of premature deaths in men are caused by heart disease?

- a. 61%
- b. 21%
- c. 12%

Tackling the chlamydia explosion

Putting men to the test

In spring 2006 the MHF published 'Putting Men to the Test' which argued strongly that the National Chlamydia Screening Programme (NCSP) should make a concentrated effort to screen more young men.

Chlamydia infection is as common in men as in women (approximately 10% of sexually active people aged 16–24) but only 13% of those screened within the NCSP in 2005 were male (although the percentage was higher once 'contact tracing' was taken into account).

The MHF's view is that the emphasis on screening women reinforces unhelpful public perceptions of sexual ill-health; it implies that women are the 'gatekeepers' of sexual health in heterosexual couples (and hence to 'blame' when infection occurs); and it suggests to

young men that the NHS is less interested in their health than the health of young women. And, of course, it is necessary to screen men as well as women to achieve the numbers required to tackle the chlamydia epidemic effectively.

Since the publication of the report, the MHF has met regularly with the senior management team at the NCSP and is working with the NCSP to develop an effective men's strategy. The proportion of men screened has increased steadily in recent months.

The NCSP is a model of what can be achieved once health providers decide positively to engage men in the process of improving their own health.

'The problem is that women go for treatment, receive it and then go out and have sex with the guys who infected them in the first place. That does not make sense.' – Public Health minister, **Caroline Flint MP**



A man dies prematurely of a heart-related disease every 14 minutes in the UK >>

Asking tough mental health questions

Inpatients: BME men are 'over-represented'

Recognising that in general men from black and minority ethnic (BME) communities have worse mental health experiences and outcomes than their White British counterparts, the MHF recruited a project officer to continue its work on its Improving the Mental Health of BME Men project.

Men are less likely to seek professional help for mental health problems. However, when black men do, they are more likely to be sectioned or hospitalised.

In 2006, the second national census of Mental Health inpatient services, 'Count Me In' confirmed the earlier findings of the general over-representation of inpatients from ethnic

minority backgrounds and the significant over-representation of men from BME groups in the mental health system.

There are currently few resources for men on mental health issues and fewer for BME men. The focus of the project is on preventing mental illness and promoting mental well-being, rather than seeking to tackle the issue of BME men already in the mental health system. Working in partnership with a range of voluntary and statutory organisations, the MHF aims to work with BME men to develop health promotion resources designed to increase their awareness of mental health issues and to encourage the use of appropriate services. The project's findings will provide a better understanding of BME men's beliefs, attitudes and behaviours in respect of mental health.

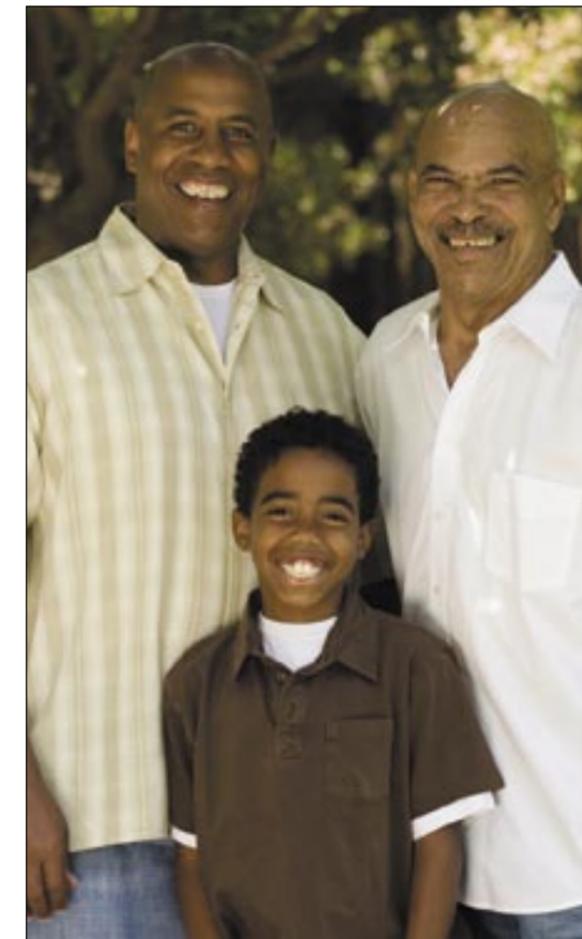
PUTTING MEN BACK IN THE PICTURE

WORK FIT

Poor diet increases the risk of heart disease. With BT, 75% of whose staff are male, the MHF pioneered Work Fit, an online health and lifestyle management programme with a focus on nutrition and physical activity.

Two-thirds of participants made sustained lifestyle changes through Work Fit with those who completed the programme losing an average of 2.3kg each.

Work Fit was a runner-up in the NHS Live Award category in the DH Health and Social Care Awards 2006.



How much more likely is a black man to be held in a mental health institution than a white man?

- a. there's no difference
- b. 3 times as likely
- c. 5 times as likely

Source: National Statistics/British Heart Foundation 2005 (www.heartstats.org)

Fifth National Men's Health Week

Hitting the men's health issue on the head

The fifth National Men's Health Week (NMHW) took place between June 12-18th. The week focused on the issue of men and mental wellbeing. Policy was once more the focus of the week, with a policy document launched during the week itself. Its recommendations included that the government should develop a national men's mental health strategy.

NMHW sought to raise awareness about a broad range of issues in relation to mental health, ranging from suicide through to stress and anxiety. However, it was not a negative event focusing on problems but sought to promote a positive approach by highlighting, and encouraging, good practice in a wide variety of settings. A key was to demonstrate

how men's emotional literacy, wellbeing and resilience can be enhanced and increased.

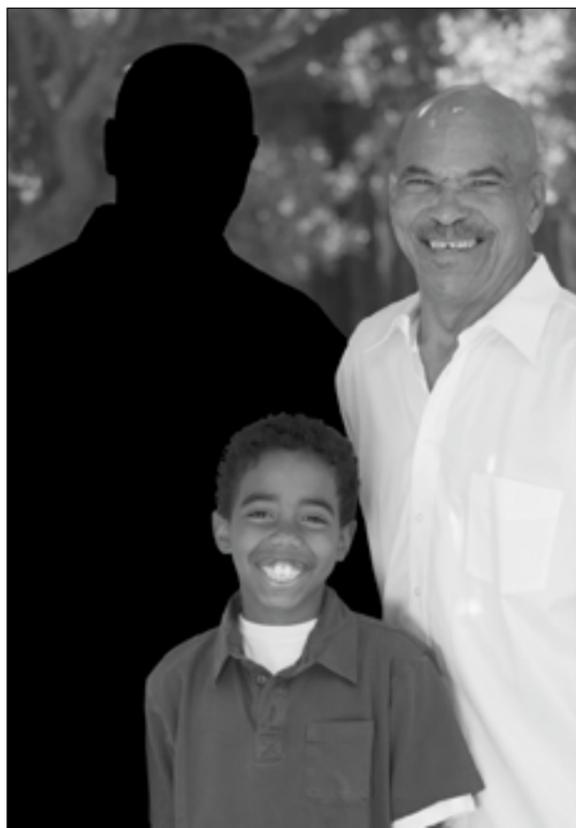
Locally the MHF had 2331 health professionals and others register their interest in the week, the highest number to date.

Once more a great deal of work was completed around England and Wales at this level, with many innovative approaches taking place. This ranged from an African drumming workshop to 5-A-Side football competitions.

'It's good to have a week like this to make you focus on men's health, which could otherwise be overlooked. It's made my colleagues and I want to do more work targeted on men,' said one local NMHW participant.

'The policy document was one of the highlights of the week and the best so far. It was wide-ranging and inclusive of all views. Perhaps it should be given even more exposure.' National Men's Health Week national partner organisation

There is no biological reason why black men should have more mental health problems than white men >>



Answer: About three times more likely though for Black Caribbean men it's 5 times more likely and even higher for some other black groups

Source: Count Me In Census 2006, Mental Health Act Commission and the Healthcare Commission.

The Brain Manual

As in previous weeks, the Forum used NMHW 2006 as an opportunity to create resources that can be used on a long-term basis. With this in mind, a men and mental wellbeing manual (The Brain Manual) was produced in the Haynes' computer manual format in close collaboration with all 40 partner organisations. The manual is the definitive guide to men and mental health. The main target audience for the book is men of all ages who are interested in becoming more aware of mental health issues, finding out how to reduce the risks, or understanding more (and becoming more empowered) about how to take steps to improve mental wellbeing. Health professionals are also able to use the book as a health promotion and education resource.

For the first time the MHF also produced 'mini' 16 page Brain manuals in a similar

format. Over 30,000 of these were distributed through local partners during the week.

Mind Your Head

A one-day national conference on men and mental health 'Mind Your Head' took place at Wembley Conference Centre, London on June 14th. The first-ever conference of its kind, the event focused on developing and disseminating good practice in tackling mental health problems in men and boys

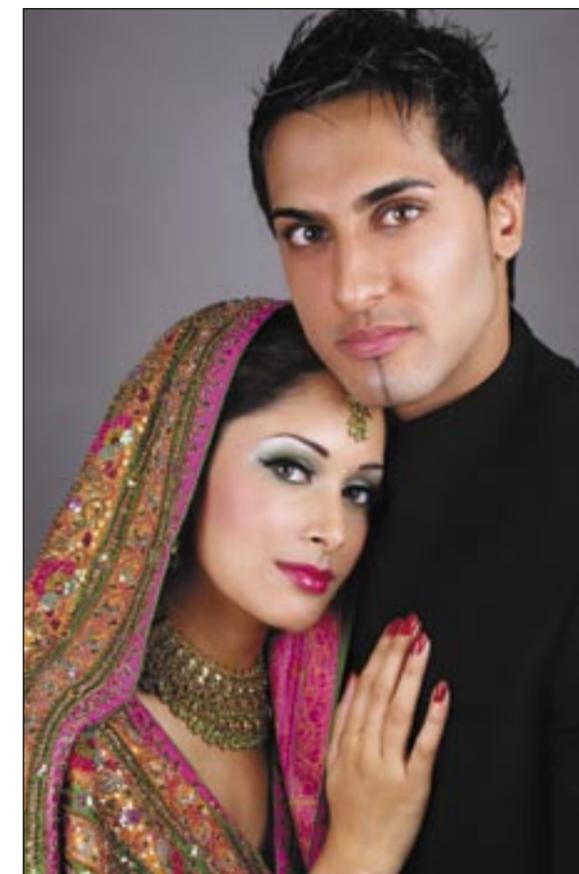
Over 300 delegates heard presentations from, amongst others, Rosie Winterton MP, the Minister for Health Services; Alan White, professor of men's health at Leeds Met University and chair of the MHF board of trustees; and Kwame McKenzie, senior lecturer in psychiatry at the Royal Free and University College Medical School.

PUTTING MEN BACK IN THE PICTURE

THE BRAIN MANUAL

The Haynes Brain Manual, produced for Men's Health Week 2006 challenges many of the myths around mental health problems including those relating to men from black and minority ethnic backgrounds.

The 170 page manual was produced with a range of patient groups and professional bodies and other sponsors and partners, including the Afiya Trust, a BME-led organisation working to reduce inequality in health and social care.



On average, women live longer than men by how many years?

- a. 11.7 years
- b. 4.4 years
- c. 2.8 years

Our online hotline to better health

malehealth.co.uk

The MHF's Health On The Net accredited health information website for the man in the street continued to grow in popularity despite the increasing proliferation of other better-resourced but much less 'male-friendly' online options.

The site offers a down to earth, non-commercial, independent approach which is still unique. 'We provide health information for men who aren't being reached in the traditional ways,' said editor Jim Pollard. 'Judging by this annual report that's most of them.'

It's an approach that attracted some 127,000 unique visitors every month - nearly double the visitor numbers in 2004.

eBulletin

With the end of the funding package for its acclaimed magazine, the MHF decided to produce an electronic eBulletin to more closely complement its much-visited website.

As well as the obvious advantage of economy, the eBulletin provides direct links to stories and further information online enabling both more up-to-date and more in-depth coverage than a print magazine permits. From a standing start, the eBulletin now has over 500 health professionals, healthcare providers and others working in men's health subscribing.

'The eBulletin is the easiest and quickest way to keep up to date with the Forum's many activities and initiatives'
eBulletin subscriber

'Even the most disaffected kids pricked up their ears. They really enjoyed challenging their perceptions and thinking about the future. Most of all, they liked thinking about what sort of dads they would be'
Teacher who used fatherhood pack (see page 13)

Poorer men today have a shorter life-expectancy than the average woman had in 1952 >>

PUTTING MEN BACK IN THE PICTURE

STORY BOOK DADS

Imaginative new projects are needed to take health messages to men in the so-called 'hard to reach' groups. They don't come much more imaginative than Storybook Dads, based in Dartmoor Prison.

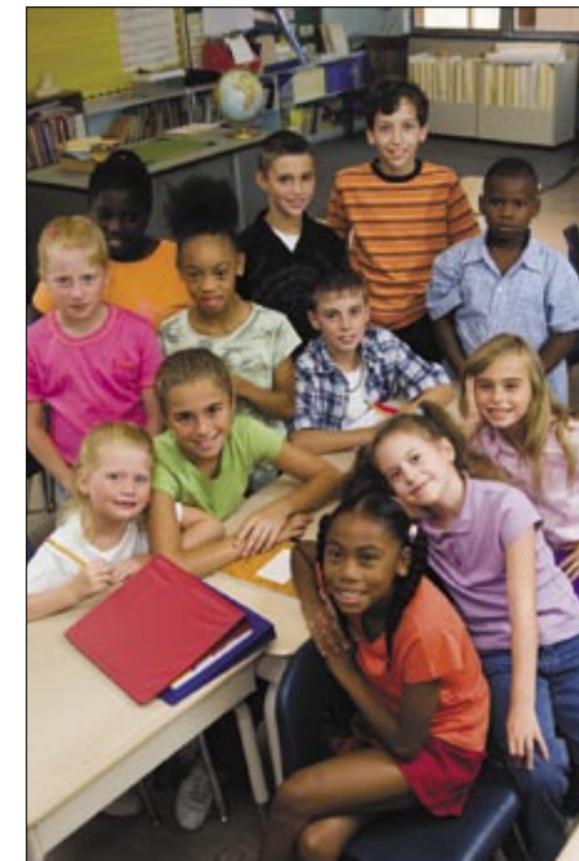
Using digital technology it enables all inmates regardless of their literacy levels to read and record stories for their children. The project, which plays a key role in maintaining family units while fathers are in jail, was the overall winner at the Charity Awards 2007.

Mini Manuals

Building on the success of its mini manuals for National Men's Health Week, the MHF launched a range of mini manuals tailor-made for different partners and different male audiences.

Easily accessible and uniquely presented, the contents are derived from the popular Haynes health manuals written by MHF president Dr Ian Banks. The content is impartial, authoritative and above all 'male friendly'.

Many men are used to information presented in the Haynes manual format while the 'body as machine' analogy both fits with the way men tend to think about health and introduces an element of humour, breaking down men's reluctance to access health advice. There is good evidence that this approach makes a real difference.



All-Party Group

The MHF continued its work with the All Party Parliamentary Group on Men's Health. A highlight was the National Men's Health Week meeting on mental health that focused on the MHF's Mind Your Head policy paper and briefing on the public sector gender equality duties. It was at this meeting in November 2006 that Jenny Watson, the chair of the Equal Opportunities Commission, lent her support to MHF's work on NHS compliance with the new legislation.

Fatherhood Schools Pack

The MHF was commissioned by EduAction to undertake a study to inform the development of a curriculum pack on fatherhood for use with Years 6 and 9 in schools in the London Borough of Waltham Forest (LBWF).

Why do women live longer than men in almost every country on the planet?

- men tend to work longer
- hormones protect women
- men take more risks

Answer: about 4.4 years in the UK. But richer women (social class I) live on average 11.7 years longer than poorer men (social class V).



Source: National Statistics, Interim Life Tables 2003-05 and Life Expectancy at Birth by Social Class 1997-99

Help us to put men back in the picture

The government's delay in introducing a national screening programme for Abdominal Aortic Aneurysms (AAAs) is costing the lives of at least 3,000 men a year. That's the number of men who could be saved out of the 6,000 men who currently die each year from AAAs, a condition in which the aorta, the main blood vessel coming out of the heart, swells and then bursts, usually without any previous symptoms.

Older men have been neglected far too long

The government is getting away with this partly because few people have heard of AAAs or understand what the words mean. And, crucially, it is also because the condition overwhelmingly affects older men, a group whose needs have been neglected for far too long.

It is injustices like this that motivate the Forum to keep pushing men's health up the political agenda. As well as our work on AAAs, in 2006/7 we sought to raise awareness of men's mental health issues, of the need to screen more young men for chlamydia, and of the hugely disproportionate incidence of non-sex-specific cancer in men. We also began a three-year project to improve the mental health of black and minority ethnic men.

But it was the gender equality duty that was central to our policy work in 2006/7. We believe that this new duty creates a unique opportunity for us to push the NHS to take men's health seriously.

During the year, we published a report which analysed PCTs' approach to gender equality and men's health issues and made a number of recommendations. One of these



Peter Baker, the Men's Health Forum's Chief Executive looks ahead

– that the Department of Health establish a consultative group on gender equality – has been implemented and the MHF was invited to become a founder member.

We worked closely with the Department of Health, the Equal Opportunities Commission and the Women and Equality Unit in the various consultation and advisory processes for the new legislation. Crucially, during 2006-7, we organized two conferences on the gender equality duty, one for senior NHS managers and the other for the voluntary health sector. The voluntary sector event led to the creation of a voluntary sector health network which will enable its members to work together on gender equality issues.

As well as making progress on policy, the Forum developed a new set of health information resources for men to complement the increasingly-visited malehealth.co.uk website. By the end of the year, the Forum had some 40 different MHF/Haynes 'Mini Manuals' (booklets designed in the iconic car maintenance manual format) either in print or in progress. These are not only an important health promotion tool but also a potentially significant source of independent funding for the Forum.

Growing range of organisations committed to gender equality

During National Men's Health Week in June 2006, we also published the Brain manual, a book-sized guide to male mental wellbeing in the style of a Haynes' computer handbook. This was compiled in partnership with over 40 other organizations and is now the definitive

guide for men on improving mental health. The wide scope of the work we successfully completed in 2006/7 reflects the commitment and dedication of our small staff team and our very supportive board of trustees, not least the chair Professor Alan White. Thanks to their hard work, the Forum has a solid reputation and growing influence.

In 2007/8, we will continue to push for effective implementation of the gender equality duty, helped by the development of new partnerships with a growing range of organisations committed to gender equality. We will be starting new projects which will aim to improve men's use of pharmacy services and also their uptake of the national bowel cancer screening programme. National Men's Health Week in June 2008 will focus on the key issue of how the workplace can become a setting for improving men's health.

We will also be taking action to improve our capacity to generate independent income and to increase the size and range of skills of our board of trustees. We will start work on the implementation of our recent and successful strategic review and remain focused on our core objective of tackling the inequalities affecting the health and wellbeing of boys and men in England and Wales.

Answer: All 3 may be part of it but even taken together they don't explain the gap. There is still much we don't know - but also much we can do to put men back in the picture.



Summarised accounts for the year ended 31 March 2007

Statement from the Trustees

These summarised accounts are not statutory accounts but are extracted from the full financial statements approved by the Trustees on 12 July 2007. 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 to the Registrar of Companies.

A White,
on behalf of the Trustee Board,
30 July 2007

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

We 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.

Our responsibility is to report to you our opinion on the consistency of the summarised financial statements with the full financial statements and Trustees' Annual Report and its compliance with the relevant requirements of section 251 of the Companies Act 1985 and the regulations made thereunder. We also read the other information contained in the summarised annual report and consider the implications for our report if we become aware of any apparent misstatements or

material inconsistencies with the summarised financial statements.

Basis of Opinion: We conducted our work in Accordance with Bulletin 1999/6 'The auditors' statement on summary financial statements' issued by the Auditing Practices Board. Our report on the Company's full annual financial statements describes the basis of our audit opinion on those financial statements and Trustees' Annual Report.

Opinion: In our opinion these summarised financial statements are consistent with the full financial statements and the Trustees' Annual Report of The Men's Health Forum for the year ended 31 March 2007, and complies with the applicable requirements of section 251 of the Companies Act 1985, and the regulations made thereunder. We have not considered the effects of any events between the date on which we signed our report on the full annual financial statements on 12 July 2007 and the date of this statement.

Wallace Crooke & Co.
Chartered Accountants and Registered
Auditors
30 July 2007

THE MEN'S HEALTH FORUM

STATEMENT OF FINANCIAL ACTIVITIES (incorporating the INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 MARCH 2007

	Year ended 31 March 2007			Year to 31 March 2006 Total £
	Restricted Funds £	Unrestricted Funds £	Total £	
Incoming Resources				
Incoming Resources from generated funds				
- Voluntary Income: donations and grants	45,000	250,128	295,128	390,988
- Activities for generating funds	-	-	-	-
Investment income	-	5,686	5,686	4,559
Incoming resources from charitable activities	220,462	145,305	365,767	308,240
Other incoming resources	-	150	150	250
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Total incoming resources	£265,462	£401,269	£666,731	£704,037
	=====	=====	=====	=====
Resources Expended				
Costs of generating funds				
- Costs of generating voluntary income	-	49,410	49,410	61,455
Charitable activities	281,255	321,100	602,355	526,222
Governance costs	15,447	34,747	50,194	51,940
	-----	-----	-----	-----
Total resources expended	£296,702	£405,257	£701,959	£639,607
	=====	=====	=====	=====
Net incoming/(outgoing) resources before transfers (31,240)		(3,988)	(35,228)	64,430
Gross transfers between funds	-	-	-	-
Net incoming/(outgoing) resources for the year	(31,240)	(3,988)	(35,228)	64,430
Total funds brought forward	72,863	120,509	193,372	128,942
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Total funds carried forward	£41,623	£116,521	£158,144	£193,372
	=====	=====	=====	=====

MEN'S HEALTH FORUM BALANCE SHEET, 31 MARCH 2007

	31 March 2007		31 March 2006	
	£	£	£	£
FIXED ASSETS				
Tangible assets		7,220		9,111
CURRENT ASSETS				
Debtors		74,042		67,305
Cash at bank and in hand		165,014		140,136
		-----		-----
		239,056		207,441
CREDITORS: Amounts falling due within one year		(88,132)		(23,180)
		-----		-----
NET CURRENT ASSETS		150,924		184,261
		-----		-----
TOTAL ASSETS LESS CURRENT LIABILITIES		£158,144		£193,372
		=====		=====
CAPITAL AND RESERVES				
Restricted Funds		41,623		72,863
Unrestricted Funds: Designated Fund - National Men's Health Week	50,000		-	
Unrestricted Funds: Other		66,521		120,509
		116,521		120,509
		-----		-----
		£158,144		£193,372
		=====		=====

SPONSORS AND SUPPORTERS

The following organisations generously supported the Forum in 2006-7:

Abbot Laboratories Ltd £7,500
 Astellas Pharma Europe Ltd £25,200
 Asthma UK £6,000
 Barking & Dagenham PCT £15,000
 Bedfordshire Heartlands PCT £3,000
 Boehringer Ingleheim Ltd £7,500
 BUPA £12,000
 Cancerbackup £1,700
 Connexions North London Partnership £26,150
 Department of Health £124,000
 Equal Opportunities Commission £8,000
 Essex Primary Care R&D Office £4,000
 Food Standards Agency £6,000
 Football Association £10,000
 Knowsley PCTMBC £4,000
 Lloyds Pharmacy £5,000
 Macmillan Cancer Support £4,600

National Obesity Forum £2,000
 NHS Employers £2,000
 NIMHE £10,000
 Pfizer Limited £38,000
 Prostate Cancer Research Foundation £2,000
 Roche Diagnostics Ltd £19,500
 Roche Products Ltd £16,500
 Royal British Legion, The £6,000
 Royal Mail £20,000
 Royal Marsden NHS Foundation £6,000
 Royal Pharmaceutical Society of Great Britain £12,000
 Sport England £5,000
 The Roy Castle Lung Cancer Foundation £6,000
 Water UK £2,500
 Women & Equality Unit £7,000
 YMCA £6,000
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 Anytime After Nine
 British In-Vitro Diagnostic Association

PAGB

LMCA

Royal Society for the Promotion of Health

■ Thanks also all the organisations who supported us with purchases of our manuals and mini manuals.

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. 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 2006-7 but were not necessarily for that financial year alone. Other income came from membership fees, sales of services (eg, publications and training) and donations from individuals.

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The MHF's mission is to be an independent and authoritative advocate for male health and to tackle the inequalities 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

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