

Men's Health Forum
Annual Review 2007-08



The year men's
health took off

The independent voice of male health

The Men's Health Forum's mission is to be an independent and authoritative advocate for male health and to tackle the inequalities affecting the health and wellbeing of boys and men in England and Wales.

Founded in 1994, the MHF is a registered charity which works to develop health services that meet men's needs and to enable men to change their risk-taking behaviours. It is the only national third sector organisation whose core work is tackling health inequalities from a gender perspective.

We believe that:

- ▶ All boys and men are entitled to the highest possible level of health and well-being.
- ▶ The health of men and women should be improved by meeting the needs of both sexes through a gender-sensitive approach.
- ▶ Policies and services aimed at improving the health of men and boys should also take full account of inequalities, including those linked to social class, ethnicity, religion, age, disability and sexuality.
- ▶ The health and wellbeing of boys and men should be enhanced by supportive community, workplace, education, leisure and domestic environments.
- ▶ Boys and men should be enabled and encouraged to take better care of their own health, to receive health advice and information appropriate to their experience and concerns, and to have access to equitable health services.
- ▶ Men must be fully engaged and involved as a stakeholder group in the development of health policy and services at all levels.

We see 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.

In this report, you can read about our work towards these aims during 2007-08 and our plans for the future.

MEN'S HEALTH: THE FACTS

In parts of the UK, average male life expectancy at birth remains, quite incredibly, as low as 54.

Men are twice as likely as women to develop heart disease before retirement age.

Men are twice as likely as women 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.



The MHF team at 10 Downing Street in January 2008 for discussions on men's health policy

We're in it for the long-term



The theme for National Men's Health Week 2007 was men and long-term conditions. And for me, writing introductions to our annual report has become a long-term condition. That's not a complaint just an acknowledgement of both how far we've come on this journey and how far there is still to go.

Men's health has come a very long way since the Men's Health Forum began in 1994. The issue is now firmly on the government's policy agenda. The introduction in April 2007 of the gender equality duty obliging public sector service providers actively to promote equality between men and women was followed in November 2007 by what can fairly be described as the first-ever national strategy aimed at improving an aspect of men's health. Yes, the National Chlamydia Screening Programme's Men Too policy was a very important landmark in a very busy year.

But the more we achieve, the more we begin to understand about what still needs to be done.

As well as being Chair of the MHF's board of trustees, I am Professor of Men's Health at Leeds Metropolitan University and in my academic work I have spent a lot of time disaggregating data so that we can see exactly how men and women are differently affected by various issues in health and health care. The results, as you can see in the statistics listed on the opposite page, make for alarming reading.

There is massive differentiation within the male population too. Men are a very diverse group. When it comes to long-term conditions, for example, older men are far more likely to be affected than younger ones. Unskilled men are significantly more likely to report a long-term condition than their professional counterparts. Asian men are more likely to develop two of the most chronic long-term conditions, cardiovascular disease and diabetes, than the general population. Gay men are much more likely to be living with HIV or AIDS than heterosexual men. The devil really is in the detail.

So while it is true to say that we are beginning to rise to the challenge of gender diversity in health care, it is equally true that we have only just begun to understand the scale and complexity of the task at hand.

Thanks to the hard work of our staff, trustees, funders and other partner organizations, we are at a vital stage in the evolution of the men's health agenda. If we are to see genuine gender-sensitive health care, we need still more support, not least from those primary care trusts who have still not, more than one year after the deadline, fulfilled their legal obligation to produce an adequate Gender Equality Scheme.

Together, let's make 2008-09 another year of action.

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

Two down, ten health targets to go

During 2007-08, the MHF continued to extend its activities, influencing public health policy and 'punching above its weight'.

The Strategic Review conducted during 2006-07 was formally adopted by the Board at the start of this year and, as part of this, a set of 12 key policy objectives were agreed for the next five years (see page 13). These included two objectives which were achieved remarkably quickly: the adoption by the National Chlamydia Screening Programme of a men's strategy (in November 2007) and the announcement of a national screening programme for abdominal aortic aneurysms (in January 2008).

Policy was also influenced in

other important areas, such as cancer, long-term conditions, workplace health and obesity, all of which are detailed in this report.

Work continued to encourage NHS compliance with the gender equality duty. Our evidence on the performance of primary care trusts led the Equality and Human Rights Commission to write to all strategic health authorities in March 2008 requiring them to take action. We were a leading member of the Department of Health's Gender Equality Advisory Group throughout the year.

From National Men's Health Week to bowel cancer screening, from black and minority ethnic men's mental health to men and pharmacy, the MHF continued to work on a wide range of projects, all of which you can read about in this report.

Because the term of office of all our current trustees ends in September 2010, we began a rolling programme of recruiting new trustees in 2007/8. There were a large number of excellent applications in the first round and four new trustees were selected for appointment early in 2008/9. Four more Trustees will be recruited later in 2008/09 to further strengthen the Board.

With a robust plan for income generation now in place, we're confident of continued growth. An early reflection of this was the move to new and more suitable offices in Southwark in June 2008 - another action identified in our strategic planning process and already achieved.

**Peter Baker, CEO,
MHF**

'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.



Keeping our PCTs on gender duty

AAA SCREENING CAMPAIGN

The MHF continued its campaign for a screening programme for abdominal aortic aneurysms (AAAs).

Following the NHS screening committee's recommendation of such a programme, the Forum worked with MPs and peers of all parties to press for implementation.

In January 2008, prime minister Gordon Brown announced that a scheme would be introduced. The MHF continues to monitor progress.

RIGHT: The MHF takes the campaign into parliament. Dr Howard Stoate MP, chair of the All-Party Group on Men's Health (for which the MHF provides the secretariat) has an AAA scan.

April 2007 saw the deadline for public sector organisations to publish their Gender Equality Scheme, their plans for meeting the requirements of the Equality Act 2006's gender equality duty.

Three months later the MHF surveyed all PCTs and found that 40% had not published schemes and those that had had generally produced poor ones lacking an understanding of gender differences in their area and without plans for improving outcomes. The MHF used the survey results in its continuing campaign with both government and PCTs for improved implementation of the duty.

How do men and women access health care?

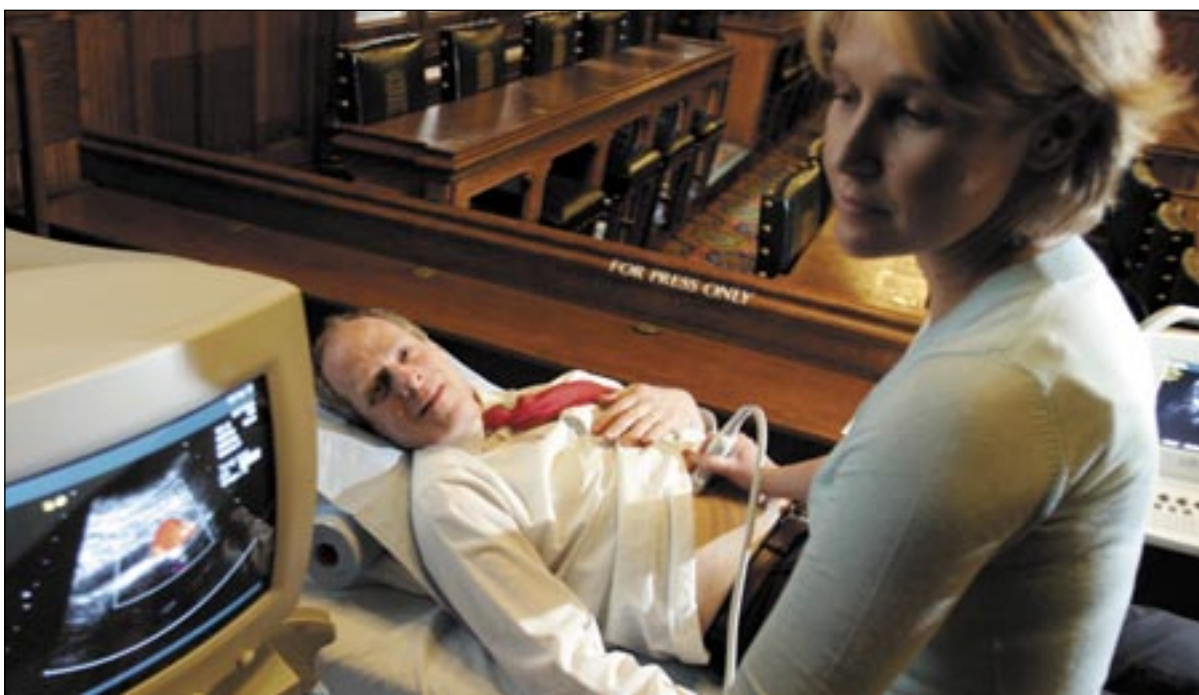
In autumn 2007, the MHF, in partnership with the University of Bristol, was commissioned by the Department of Health to investigate the relationship between gender and use of health services. The report from this important study will contribute significantly to the DH's ability to meet its statutory responsibilities under the gender equality duty.

For many years, the MHF has been pointing out that men and women use health services differently and that a 'one size fits all' approach disadvantages both sexes. The commissioning of this study shows, in the words of MHF policy officer David Wilkins, that 'policy is finally catching up with MHF thinking.'

The study looked at the statistical and epidemiological data, reviewed the academic literature and, despite some significant gaps in knowledge, examined the links between service use and health outcomes.

The process included bringing together some of the leading thinkers in the field to discuss the issues at a one day symposium at the King's Fund.

'We will only see progress when gender becomes established as an issue that belongs on the inequalities agenda along with race, disability and economic status,' said David Wilkins. 'This report will, by making a major contribution to our knowledge base, make it more likely that that will happen.'



Heavyweight action on hazardous waists

More than two thirds of men in the UK are overweight or obese (that is, have a body mass index of more than 25) and in some regions the proportion is even higher.

The Regional Public Health Group for one such region, Yorkshire and the Humber, asked the MHF to organise an expert symposium to begin framing a local male-specific strand

within the region's overall obesity strategy and action plan. It was an opportunity to work directly with the NHS to develop a practical response to the most pressing public health problem of our time.

The event, which brought together about 60 experts and health professionals at Leeds Metropolitan University in November 2007, was combined with the launch of the ground-breaking book *Hazardous Waist* based on the proceedings of the MHF's national conference on men and weight in 2005. Published by Radcliffe Medical Press, the book brought together expert contributors to provide the definitive guide to helping men achieve and maintain a healthy weight.

'Hazardous Waist is timely and ground-breaking - an extremely well-conceived and well-referenced text with universal application for medical students, health care practitioners, nutritionists, and patients alike.'
Professor Joel J. Heidelbaugh, University of Michigan (Family Medicine journal)

LEFT: MHF chair of trustees and Professor of Men's Health at Leeds Met University Alan White launches another new book *Men's Health - How To Do It* based on the work of the Bradford Health of Men project

How do men react to long-term conditions?

In November, the MHF linked up with Leeds Metropolitan University's Centre for Men's Health and the Department of Health Self Care Team to organise a symposium at the university on 2007's National Men's Health Week theme of men and long term health conditions.

Over 50 delegates shared current knowledge on men and long term health conditions, identified gaps therein, increased their understanding of the need to target men in different and specific ways and explored how services are responding to the gender equality duty in relation to long term health conditions.



Photo: Leeds Metropolitan University

Chlamydia screening: a male health first

IAN BANKS WINS GOLD MEDAL

MHF president Dr Ian Banks, below, was awarded the prestigious Royal Society of Health Gold Medal in July 2007 for his work in raising awareness of male health as a GP, with the British Medical Association, in his books and through his work with the MHF and the European Men's Health Forum.

The City of Vienna and the International Society of Men's Health also honoured Ian with their award for public health.



RIGHT: Men in Avon consult the NCSP Patient Information Leaflet

In an enormously important development, 2007 saw the launch of the first ever national strategy aimed at improving a particular aspect of men's health.

Infection with chlamydia is as common in young men as young women but in its first couple of years the National Chlamydia Screening Programme (NCSP) was far more successful in attracting young women to take a chlamydia test than young men. Following sustained lobbying by the MHF, the NCSP recognised that this was both unsustainable and possibly in contravention of the Equality Act 2006. So, in November 2007, it launched Men Too, a strategy for encouraging men to participate in screening.

The MHF, whose chief executive Peter Baker launched the strategy at the NCSP Annual Conference, contributed significantly to the development of Men Too and continues in 2008 to work with the NCSP on engaging with young men.

The MHF's David Wilkins, who has been involved in much of the work, said: 'Recognising that there is lower participation by men in any area of health provision is not really that difficult. Getting on with providing a solution is another matter. In this the NCSP has established a model of good practice.'

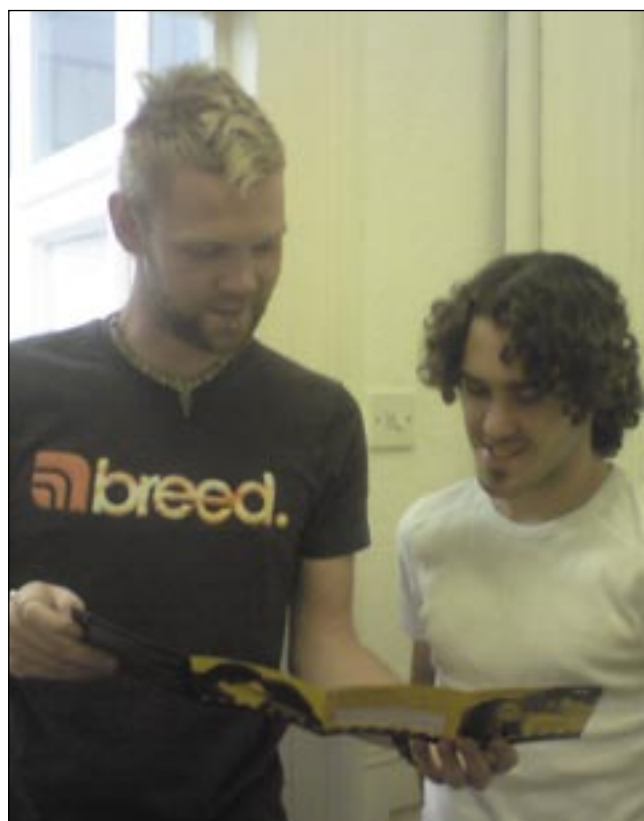
What would encourage bowel-screening in men?

In April 2007, the MHF began work on a three year Department of Health funded programme to increase the numbers of men participating in the NHS Bowel Cancer Screening Programme (NHSBCSP).

Although the programme invites everyone aged 60-69 to participate, the uptake rate has been lower among men despite the fact that in this age group men are twice as likely to develop bowel cancer as women.

The differential take-up rates between men and women in the NHSBCSP exemplify differences frequently seen in other areas of health service use so any solutions found here will have much wider potential.

The MHF Bowel Cancer Project will look at what is already known about men's attitudes both to cancer and screening services and follow-up with new surveys and interviews. The idea is to develop 'male-sensitive' ways of helping men to make a fully informed choice about whether to participate in the programme. Promotional materials will be developed and tested on male populations.



Helping men to find the pharmacy

Often easier to access than the local GP's surgery, pharmacy services have a potentially significant role in improving men's health.

The Department of Health's 2005 report *Choosing Health Through Pharmacy* included many of the recommendations made by the MHF during the consultation. Building on this, the MHF developed a project that would examine how the workplace could be used to tell men about the range of pharmacy services and encourage them to use them.

With funding from the Department of Health, Pfizer and the National Pharmacy Association and with significant support from the Royal Pharmaceutical Society and Royal Mail, a 15

month project targeting a predominantly male workforce was based in two Royal Mail sites in West Yorkshire. Partnerships were formed with 16 local pharmacies.

An evaluation of this work, including the outcomes of focus groups with the men taking part as well as the partner pharmacy organisations, will be available in the autumn of 2008. A policy symposium on the issue is planned for 2009.

How can we reduce salt in the male diet?

Working in partnership with the Food Standards Agency (FSA), catering company Quadrant and Royal Mail, the MHF devised a project aimed at informing men about salt in their diet and its impact on their health.

Based at the Royal Mail centre in Greenford, a month long health communications campaign was developed around the FSA's key salt messages aimed primarily at the male staff. The project worked closely with the on-site catering company using specially designed promotional material supplemented with healthy eating tasting events to develop healthier options for the canteen menu.

Evaluation showed the men increased their knowledge of salt and its effects on health and retained knowledge of the FSA's key messages on salt. The project has also provided an effective and evaluated template for running further issue-based health campaigns for men in the workplace.

MEN'S USE OF PRIMARY CARE ROUNDTABLE MEETING

In February 2008, under the auspices of the national director for primary care, David Colin-Thomé, the MHF ran a 'roundtable' discussion at the Department of Health on men's use of primary care.

Its conclusions - that primary care needs to become more male-friendly and men need to act more quickly when they have symptoms - were incorporated into the MHF's *Gender and Access to Health Services Study* report.

The roundtable followed an All Party Group on Men's Health meeting on primary care at which David Colin-Thomé was a speaker.



Men's Health Week: a long-term project

LONG-TERM CONDITIONS (LTCs) IN MEN:

- ▶ **The main LTC in men is musculoskeletal problems (16% of men reported back pain over the previous 12 months.)**
- ▶ **Cardiovascular disease is the second most common problem. (Over 1.5 million men living in the UK are estimated to have had either angina or a heart attack).**
- ▶ **Over 40,000 males in the UK are living with HIV or AIDS (twice the number of females).**
- ▶ **Over 30,000 men in the UK are diagnosed each year with prostate cancer. Many live with it for many years with or without treatment.**
- ▶ **Many men live with long term mental health problems such as anxiety or depression.**

RIGHT: Keeping in trim - haircuts and check-ups at a Men's Health Week event.

The sixth National Men's Health Week was held in June 2007. This year's theme was men and long term health conditions (LTCs).

Over 100 delegates attended the first-ever launch outside London, a collaborative event in The Sage, Gateshead organised by the Men's Health Forum, the North East Community Foundation and the Idle Eric Campaign.

The first non-London launch of NMHW was a great success not least in terms of generating regional media coverage - it was covered by both of the main regional television news programmes.

The week focused on LTCs in the broadest sense including men's poor self-care, risk-taking lifestyles, late presentation and reluctance to access services. A policy

document and a range of new mini manuals were launched (with over 170,000 being printed for the week alone).

Although about one-third of all men report a long-standing illness, health services have been slow to recognise the particular issues affecting men in relation to LTCs. The lack of 'male-friendly' primary care services can delay diagnosis and inhibit men's use of ongoing care and support services.

Pharmacy services are not yet sufficiently engaged with men to provide advice and information about self care. Published health information is rarely designed to appeal to the male reader. In courses run by the Expert Patients Programme to help people with a long term condition control their symptoms, just one-third of participants are male.



A mini revolution in health information

With a growing range of titles available, 2007 was the year in which the MHF's mini manuals developed into a significant health information resource. For the first time manuals were available in smaller quantities allowing smaller employers and companies to engage with their male workforces.

The titles now available 'off the shelf' include: Alcohol Awareness, Asthma, Baby, Best use of Pharmacies, BPH, Brain, Cancer, Diabetes, Diet and Nutrition, Domestic Violence, Heart and Weight, HGV, High Blood Pressure, Kidney Disease, Lung Cancer, Man, Men as Carers, Mental Well-being, MOT, MSD, Back Care, Overactive Bladder Syndrome, Obesity and Fitness, Prostate Cancer, Self Care, Sexual Health, Stop Smoking, Stress and Woman.

Prices remained the same throughout 2007,

giving those commissioning new titles or buying existing ones significant value for money. Customer-evaluation shows that the mini-manuals are very well received by health practitioners and men alike.

How do you 'do' men's health?

In January, MHF joined with the Bradford-based 'Health of Men' team to hold a Men's Health: How To Do It seminar based on the team's work in the Yorkshire region.

Over 50 people from across the country heard how 'Health of Men' had developed techniques to target different groups of men - for example, in schools, in barbers' shops and with a discrete drop-in centre.

'The manual was of great use, it gave information that many males are too reticent, or shy to ask about. "Real" men do not mention private areas, or problems that are related.'

'An excellent all round resource. Men find the manuals extremely useful.'

(Quotes from mini-manual feedback forms.)



In the premier league of health websites

'Really useful website - lots I couldn't do without.'

'This is a very good site. It really puts my thoughts into perspective.'

'An extremely good read, and an extremely useful one. I googled for "loss of libido", and found this article: again, extremely good. Well done.'

'Great article, wonderfully written. Thanks.'

(Quotes from feedback to malehealth.co.uk.)

RIGHT: the counterfeit drugs factory featured in malehealth.co.uk's Buying Drugs Online section

The number of visitors to malehealth.co.uk, the MHF's 'Health On The Net' accredited health information website for the man in the street, continued to grow. By early 2008, it was attracting some 140,000 unique visitors a month. To put that figure in some sort of context: it is more monthly visitors than most of the premier league football clubs get to their websites.

Malehealth works by covering a wide range of topics in an easy-to-read manner. For some health concerns malehealth is one of the very few UK-based sources of information for men.

The site markets itself as offering fast, free independent information and strives to tell it as it is. For example, the section on buying drugs online which went live in February 2008, did not simply repeat the official 'don't do it' line but reflected what men are actually doing and thinking. Regular surveys help to

monitor opinion and also inform the Forum's policy-making process.

A survey of readers during 2007 found that more than two out three visitors had changed their behaviour in some way and/or consulted a health professional as a result of their visit to the site.

How best to keep up with the MHF's work?

The MHF also has a second website which aims to keep health professionals, policy-makers and everybody who is interested in its projects up to date. It attracts some 7,000 unique visitors every month.

► Email newsletters are available for both malehealth.co.uk and the MHF policy site menshealthforum.org.uk.



Reaching out to ALL groups of men

Lambeth Primary Care Trust approached the MHF in summer 2007 to develop a health outreach programme aimed at men. The programme had three strands:

- ▶ Men in the workplace - a partnership was established with Arriva Bus Company in their Brixton and South Norwood sites.
- ▶ Unemployed men – via a local community support project, GAIN, which works with the long-term unemployed men.
- ▶ Men in prison - a Well Man clinic was established in Brixton Prison in south London.

Over 230 medicals were carried out at Arriva and GAIN with many men being referred on to specialist health services such as smoking cessation or weight reduction or on to a GP. Overcoming several challenges, the Well Man

clinic in a busy prison succeeded in developing a template for similar settings. Lambeth PCT will publish a report on the project in autumn 2008.

BME men and mental health project

Work continued on this important three-year Department of Health-funded project to develop resources to improve mental wellbeing among black and minority ethnic men.

The major part of this year's work was conducting a large number of focus groups with men from a range of communities nationwide. These have generated some very rich research material and data that will feed into the Forum's future activity on mental health including its campaign to establish a national strategy for men's mental health by 2012.

'We are conditioned from our upbringing from a very young age: "Man, you mustn't cry".'

'There should be more opportunities like this for men, Asian men, to meet, to talk, to be friends, to laugh...'

(Quotes from our BME focus groups)



Our twelve health targets for 2012

Many of us are looking forward to the fittest people in the world coming to the UK for the 2012 Olympic Games. But how many British men will be fit and healthy enough to enjoy it?

As part of its strategic review, the MHF identified a list of public health targets which, if achieved, could make the most impact on the health and wellbeing of men and boys in England and Wales. This was never intended to be a comprehensive list and it is expected that other pressing topics may arise over the course of the next four years and therefore the list will remain under constant review.

There are 12 men's health outcomes that the MHF would like to see by 2012 (the page number indicates the page of this annual review where you can read about the progress we made in 2007-8.):

- ▶ All national health policy specifically to address men's health within the context of the gender equality duty (except where obviously inappropriate).
- ▶ A majority of PCT Gender Equality Schemes to include specific objectives in relation to improved services for men and/or improved health outcomes for men. (See page 5)
- ▶ The introduction of a national men's mental health strategy which fully takes account of the mental health of black and minority ethnic men. (See page 12)
- ▶ The introduction of a national men's strategy for chlamydia screening which leads to a significant increase in male participation in the chlamydia screening programme. (See page 7)
- ▶ National cancer policy to address the excess incidence and mortality of cancer in men and, in particular, to aim to increase significantly male participation in the national bowel cancer screening programme from the approximately 50% level in the pilot programmes. (See page 7)
- ▶ National policy to address the rising level of overweight/obesity in men and to aim to increase significantly male participation in primary care weight management programmes (up from the current level of approximately 25% level) and in physical activity. (See page 6)
- ▶ A national screening programme for Abdominal Aortic Aneurysms. (See page 5)
- ▶ A national strategy to improve men's access to a range of primary care and community-based prevention services, including general practice, pharmacy, walk-in centres, sexual health and NHS Direct. (See page 5)
- ▶ A strategic commitment by the Department of Health, the NHS and other statutory organizations to increase the availability of 'male-friendly' health information (using all appropriate media).
- ▶ A strategic commitment by the Department of Health, NICE, Strategic Health Authorities, PCTs and others to address men's health and gender in data collection and analysis, research, and the evidence base for public health improvement. (See page 5)
- ▶ Government policy on health, work and wellbeing to promote the importance of health promotion and service delivery for men via the workplace and for major employers, employer's organizations and trade unions to act accordingly.
- ▶ A cross-government strategic commitment to developing policy on a wide range of men's issues, including crime, education, violence, work and parenting as well as health.



Photo: London 2012

Where will the MHF be in 2012?

Achieving the 12 health targets on page 13 is dependent on the Forum also achieving a set of organisational targets that will enable it to deliver them effectively.

By 2012, we want the MHF to be:

- ▶ A well-established, respected and influential 'think tank' at the cutting-edge of policy development in men's health in England.
- ▶ A unique source of evidence-based information, research, advice, consultancy and training about men's health issues for the Department of Health, the NHS, local government, health and social care professionals, private and third sector organisations, and others.
- ▶ A producer and supplier of a wide variety of evaluated health improvement resources to all sectors, including the NHS and workplaces.
- ▶ An organisation that fully embraces diversity, having mainstreamed social class, BME, sexuality, disability, age and other equality issues throughout all its activities.
- ▶ Working in partnership with women's health organisations to create a health system that meets the needs of both sexes.
- ▶ At the hub of an international network of organisations, as well as individual professionals and practitioners, in the health, academic and other fields who are committed to sharing and developing their expertise to improve men's health.
- ▶ Playing a leading role in partnership with other organisations working with men on a range of issues (including fatherhood, education, work, crime) to promote public policies that take account of the specific needs of men and boys.
- ▶ Financially secure with sufficient reserves and regular substantial unrestricted sources of income.
- ▶ Larger than at present, with increased capacity for more effective communications, research and project/consultancy work.
- ▶ Based in larger, more 'user-friendly' premises in central London but with staff still able to work remotely where appropriate.
- ▶ An exciting, stimulating, enjoyable and ethical organisation for which to work offering personal and professional development of staff along with good healthy working practices.
- ▶ Guided by a trustee board with a wide range of appropriate skills who effectively execute, with personal and professional support and development where appropriate, their governance role and responsibilities.

Health policy makers still need to wake up to the full implications of gender mainstreaming. Want to help us to do it?



The Men's Health Forum is a charitable company limited by guarantee, incorporated on 16 January 2001 and registered as a charity on 5 July 2001. The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association last amended on 9 August 2004.

Objects

The Charity's objects are to promote men's health, in particular, but without limitation, by carrying out research into men's health and providing information on men's health to health professionals and the general public.

Recruitment and Appointment of Trustees

The directors of the company are also Charity Trustees for the purposes of charity law and under the company's Articles. Under the requirements of the Memorandum and Articles of Association the members of the Charity - who are also the trustees - are elected to serve for a three year term renewable by resolution of the trustees for a further three year term. A trustee who has served six years in total can not be reappointed except in exceptional circumstances by unanimous resolution of the trustees for a further three year term.

The organisation has a robust recruitment system to ensure a broad skill mix on the Board. A skills audit of Trustees is periodically undertaken, most recently in October 2006.

The organisation has a Trustee Code of Conduct which provides a guide to the responsibilities required of a Trustee.

All new trustees are given induction training and provided with a job description. Trustees maintain links and keep in touch with the organisation by attending Forum conferences and other events and reading its publications and websites. An annual appraisal for the Chair of Trustees has been introduced.

Risk Management

The Trustees have conducted their own review of the major risks to which the charity is exposed and systems have been established to mitigate those identified. External risks to funding have led to the development of a strategic plan, reviewed during 2006/7, which allows for the diversification of funding sources and future activities.

Internal financial risks are minimised by the implementation of procedures for authorisation of all transactions and project spend and by ensuring consistent quality of delivery in all operational aspects of the charity. These procedures are periodically reviewed to ensure that they still meet the needs of the charity.

Organisational Structure

As of March 2008, the Trustee Board of The Men's Health Forum was made up of six individuals who meet quarterly and are responsible for the strategic direction and policy of the charity. The Secretary is the Chief Executive who also sits on the Board but has no voting rights.

The organisation also has a Finance Committee, Organisational Development Committee, National Men's Health Week Steering Group and various project steering or advisory Groups

The Finance and Organisation Development Committees are committees of the Board. The other groups have an advisory or project management role. The National Men's Health Week Steering Group exists on a long-term basis and guides the organisation's biggest single project.

Management responsibility of the organisation rests with the Chief Executive, who is responsible for ensuring that the charity delivers its strategic objectives as set by the Board. The President has responsibility as a leading spokesperson for the Forum, for fundraising, for media work, networking, and for strategic advice.

The Director of Operations has responsibility for the day to day operational management of the organisation and individual supervision of the staff team, including the development of their skills and working practices in line with good practice, as well as ensuring that all project work is delivered on time and to budget.

Summarised accounts for the year ended 31 March 2008

Statement from the Trustees

These summarised accounts are not statutory accounts but are extracted from the full financial statements approved by the Trustees on 24 July 2008. 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,
9 September 2008

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 2008, 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 24 July 2008 and the date of this statement.

Wallace Crooke & Co.
Chartered Accountants and
Registered Auditors
9 September 2008

THE MEN'S HEALTH FORUM

STATEMENT OF FINANCIAL ACTIVITIES (incorporating the INCOME AND EXPENDITURE ACCOUNT)
FOR THE YEAR ENDED 31 MARCH 2008

	Year ended 31 March 2008			Year to
	Restricted Funds £	Unrestricted Funds £	Total £	31 March 2007 Total £
Incoming Resources				
Incoming Resources from generated funds				
- Voluntary Income: donations and grants	65,000	153,586	218,586	295,128
- Investment income	-	7,391	7,391	5,686
Incoming resources from charitable activities	434,215	136,852	571,067	365,767
Other incoming resources	-	39	39	150
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Total incoming resources	£499,215	£297,868	£797,083	£666,731
	=====	=====	=====	=====
Resources Expended				
Costs of generating funds				
- Costs of generating voluntary income	-	40,025	40,025	49,410
Charitable activities	353,934	309,875	663,809	602,355
Governance costs	34,937	30,724	65,661	50,194
	-----	-----	-----	-----
Total resources expended	£388,871	£380,624	£769,495	£701,959
	=====	=====	=====	=====
Net incoming/(outgoing) resources before transfers	110,344	(82,756)	27,588	(35,228)
Gross transfers between funds	2,619	(2,619)	-	-
Net incoming/(outgoing) resources for the year	112,963	(85,375)	27,588	(35,228)
Total funds brought forward	41,623	116,521	158,144	193,372
	-----	-----	-----	-----
Total funds carried forward	£154,586	£31,146	£185,732	£158,144
	=====	=====	=====	=====

MEN'S HEALTH FORUM BALANCE SHEET, 31 MARCH 2008

FIXED ASSETS	£	£	£	£
Tangible assets		14,592		7,220
CURRENT ASSETS				
Debtors		148,922		74,042
Cash at bank and in hand		189,743		165,014
		-----		-----
		338,665		239,056
CREDITORS: Amounts falling due within one year		(167,525)		(88,132)
		-----		-----
NET CURRENT ASSETS		171,140		150,924
		-----		-----
TOTAL ASSETS LESS CURRENT LIABILITIES		£185,732		£158,144
		=====		=====
CAPITAL AND RESERVES				
Restricted Funds		154,586		41,623
Unrestricted Funds: Designated Fund - National Men's Health Week		-		50,000
Unrestricted Funds: Other		31,146		66,521
		31,146		116,521
		-----		-----
		£185,732		£158,144
		=====		=====

SPONSORS AND SUPPORTERS

The following organisations generously supported the Forum in 2007-08:

Barking & Dagenham PCT £3,000

Beohringer Ingelhelm Ltd £7,500

Clinical Solutions £25,000

Commission for Equality and Human Rights £10,000

Department of Health £328,200

Food Standards Agency £25,000

Football Foundation £3,666

Government Equalities Office £15,000

Home Office £15,000

Lambeth PCT £19,244

London Development Centre £11,600

London Underground Ltd £20,000

National Pharmaceutical Association £5,000

Oldham PCT £8,000

Orchid Cancer Appeal £1,500

Pfizer Limited £53,000

Prostate Cancer Research Foundation £6,000

Quadrant Catering £5,000

Roche Products Ltd £13,500

Royal Mail £40,000

Sanofi £18,500

■ The Forum also received additional and generous in-kind support from: Anytime After Nine
Glasshouse PR

■ Thanks also to 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 2007-08 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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