

THE MEN'S HEALTH FORUM

LEGAL AND ADMINISTRATIVE INFORMATION

CONSTITUTION

The Men's Health Forum is a company limited by guarantee and a registered charity. It is governed by its Memorandum and Articles of Association.

CHARITY REGISTRATION NUMBER: 1087375 (Registered 5 July 2001)
COMPANY REGISTRATION NUMBER: 4142349 (Incorporated 16 January 2001)

DIRECTORS AND TRUSTEES

The directors of the charitable company ('the Charity') are its trustees for the purpose of charity law and throughout this report are collectively referred to as the Trustees. As set out in the Articles of Association, the Trustees have the power to appoint additional trustees.

The Trustees serving during the period and since the year end are:

Alan White – Chair
Jane DeVile-Almond – Vice President, Vice Chair
John Larkin – Treasurer
Gopa Mitra
Gillian Nineham
Frederick Buckingham-Evans (resigned November 2008)
Lily Laila Abedipour (appointed April 2008)
Paul Bradley (appointed April 2008)
David Hudson (appointed April 2008)
Frank Keating (appointed April 2008)

All Trustees alone are the members of the Company. Members of the Company each guarantee to contribute £1 to the assets of the Company in the event of it being wound up.

COMPANY SECRETARY: Peter Baker (Chief Executive)

REGISTERED OFFICE: 32-36 Loman Street
London
SE1 0EH

AUDITOR: Wallace Crooke & Co.
Chartered Accountants &
Registered Auditors
Wallace House
20 Birmingham Road
Walsall
West Midlands
WS1 2LT

BANKERS: NatWest Bank Plc
55 Lewes Road
Brighton
BN2 3JQ

SOLICITORS: Bates, Wells & Braithwaite
Cheapside House
138 Cheapside
London
EC2V 6BB

THE MEN'S HEALTH FORUM

TRUSTEES' ANNUAL REPORT

YEAR ENDED 31 MARCH 2009

The Trustees have pleasure in presenting their report and the financial statements of the charity for the year ended 31 March 2009.

Details of officers and professional advisers set out on page 1 form part of this report. The financial statements comply with current statutory requirements, the Memorandum and Articles of Association and the Statement of Recommended Practice – Accounting and Reporting by Charities (issued March 2005).

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The organisation 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. The Articles of Association were last amended on 9 August 2004. In the event of the company being wound up members are required to contribute an amount not exceeding £1.

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 are elected to serve for a period of three years renewable by resolution of the trustees for a further term of three years. A trustee who has served six years in total can not be reappointed except that, in exceptional circumstances as deemed by the trustees, by unanimous resolution of the trustees, a trustee's appointment may be renewable by resolution for a further term of three years.

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 early 2009, and in the event of particular skills being lost due to retirements, every effort is made to recruit new Trustees with the appropriate skills. Four new trustees were appointed in 2008/9 to fill identified gaps in the Board; recruitment was on an open basis following advertisement in the national press and elsewhere.

Knowledge of men's health is not essential but we require potential Trustees share the organisation's mission, vision, values and beliefs.

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

Trustee Induction and Training

In order to develop a working knowledge of the organisation and to give themselves credibility, trustees are asked to maintain links and keep in touch with the organisation by attending Forum conferences and other events as well as by reading its publications, including the two Forum websites. All new trustees are given induction training when they join the organisation and are also provided with a job description. 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, which will be reviewed during 2009/10, which allows for the diversification of funding sources and future activities. The new post of Development Manager has enabled a greater focus on income generation, especially of unrestricted funds, from a wider variety of sources. Mini manuals have been identified as a major and growing source of unrestricted funding and were the subject of more intensive marketing and sales work. Income was also generated through an innovative men's health event held during National Men's Health Week in June 2008 as well as through the Week as a whole. Considerable effort went into the preparation of grant applications for new Department of Health funding from April 2009 and, by the end of the financial year, we had been informed that all of our applications had been approved. 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.

TRUSTEES' ANNUAL REPORT (continued)

YEAR ENDED 31 MARCH 2009

Organisational Structure

The Trustee Board of The Men's Health Forum is currently made up of nine 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 Committee but has no voting rights.

The organisation also has the following committees/groups

- Finance Committee
- Organisational Development Committee
- 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.

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 organisation, 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.

OBJECTIVES AND ACTIVITIES

The Men's Health Forum's primary objective, as stated in its Memorandum of Association, is to 'promote men's health'. The Memorandum adds that this can be achieved through research, by providing information on men's health to health professionals and the general public, and by other (unspecified) means.

The 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.

We aim to be bold, innovative and authoritative. It seeks to act with integrity, to be inclusive and to work co-operatively but to retain its independence at all times.

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. In this future:

- Health and health-related policies and services take fully into account the needs of boys and men through a gender-sensitive approach that also addresses wider inequalities.
- The health and wellbeing of boys and men are enhanced by supportive community, workplace, education, leisure and domestic environments.
- Boys and men are encouraged and enabled to take greater control over their own health and wellbeing.
- Men are fully engaged and involved as a stakeholder group in the development of health policy and services at all levels.

The Forum believes 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.
- 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.

THE MEN'S HEALTH FORUM

TRUSTEES' ANNUAL REPORT (continued)

YEAR ENDED 31 MARCH 2009

MAIN ACTIVITIES AND PERFORMANCE

The Men's Health Forum throughout the year continued to extend its activities and influence. Our work programme was based on the key organizational and policy objectives agreed in April 2007 for the following five years. The following two tables summarise the progress made in respect of each of the objectives.

Table 1 – Organisational objectives

By 2012, to become:	Progress to date:
<p>1. A well-established, respected and influential 'think tank' at the cutting-edge of policy development in men's health in England. The continuing overarching objective is the achievement of 'gender mainstreaming' in every aspect of health policy and also practice.</p>	<ul style="list-style-type: none"> • We continued to be the main driver of national policy on men's health. New policy was published on men's health and the workplace during National Men's Health Week in June 2008. • The Department of Health and others (e.g. Football Foundation, NHS North West) looked to MHF as a source of expertise. In January 2009, it was confirmed that we would be one of 11 Department of Health Strategic Partners for three years from April 2009. • We were invited to join the NHS Cancer Screening Programme's Prostate Cancer Scientific Reference Group. We continued to be a member of the Department of Health's Prostate Cancer Advisory Group. • Our continuing symposia programme helped position us as a 'think tank'. In 2008/9, we held symposia on men's health and the workplace and on men's health and sport/sports stadia. • In June 2008, we have oral evidence to the House of Commons Health Select Committee as part of its inquiry into health inequalities. • The 'Man in the Dock' event, held during National Men's Health Week in June 2008, enhanced our reputation and profile with a wide range of senior professionals from a variety of health and health-related fields.
<p>2. 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.</p>	<ul style="list-style-type: none"> • Our reputation as a provider of research and consultancy was enhanced by a variety of work undertaken during the year, including completion of the Gender and Access to Health Services report for the Department of Health, two reports for the Food Standards Agency (on men's use of salt and the diet of construction workers), improving men's use of pharmacy services, and our work as a member of NHS North West's equality stakeholders reference panel.
<p>3. A producer and supplier of a wide variety of evaluated health improvement resources to all sectors, including the NHS and workplaces.</p>	<ul style="list-style-type: none"> • In 2008/9, we passed the landmark of publishing over one million Mini Manuals. New titles included Men and Work, produced in partnership with the government's Health Work Wellbeing programme, and Yorkshire Man, commissioned by the Department of Health's Yorkshire and the Humber region. • By the end of the financial year, the Department of Health confirmed that it would be funding us for three years to develop a new range of health information for specific groups of men.

<p>4. An organisation that fully embraces diversity, having mainstreamed social class, BME, sexuality, disability, age and other equality issues throughout all its activities.</p>	<ul style="list-style-type: none"> • Our project work and health improvement resources were primarily targeted at routine and manual groups. • The Men's Health Week advisory group contained representatives from a wide range of equality groups. • We acknowledge that further work is needed in this area.
<p>5. Working in partnership with women's health organisations to create a health system that meets the needs of both sexes.</p>	<ul style="list-style-type: none"> • We sat alongside women's health organizations on the Department of Health's Gender Equality Advisory Group. • Further work is needed in this area much of which will take place in the context of the Department of Health Strategic Partner work starting in 2009/10.
<p>6. At the hub of a 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. There will be a significant international dimension to this activity, through collaborative work with the other 'Four Nations' Men's Health Forums (Scotland, Wales, Ireland) as well as the European Men's Health Forum and men's health organisations in individual European countries and elsewhere.</p>	<ul style="list-style-type: none"> • We continued to be in regular contact with a wide range of organizations and individuals through our project advisory groups, expert symposia, National Men's Health Week activities, our regular eBulletin and other initiatives. • We met with the 'Four Nations' and attended European Men's Health Forum network and other events. • We took the lead in producing an international review of men's health policy (to be published in 2009/10). • A significant number of partner organizations supported National Men's Health Week 2008 and a much larger network of local organizations and practitioners was developed to generate local activity which engaged men directly.
<p>7. Playing a leading role in partnership with other organisations working with men on a range of issues (e.g. fatherhood, education, work, crime) to promote public policies that take account of the specific needs of men and boys.</p>	<ul style="list-style-type: none"> • We are members of the Coalition on Men and Boys. This organization's main aim is to ensure that public policy across the board addresses men and masculinity. • Our Chief Executive is the chair of the Coalition.
<p>8. Financially secure with sufficient reserves and regular substantial unrestricted sources of income. Higher levels of income will be generated from the MHF's unique intellectual assets linked to information, research, advice, consultancy, health improvement resources and training as well as sponsorship of flagship events or resources such as National Men's Health Week, the malehealth website, conferences, seminars and publications.</p>	<ul style="list-style-type: none"> • We succeeded in generating increasing revenue from the sale of Mini Manuals, National Men's Health Week and consultancy work. • Further work is needed to sustain the satisfactory financial position achieved by the end of 2008/9.
<p>9. Larger than at present, with increased capacity for more effective communications, research and project/consultancy work. There will also be a higher level of central administrative support. The current staff complement of nine permanent salaried staff will have increased to 12-15 and a wider group of freelance associates will be called on to undertake specific projects where there is no in-house capacity or where specialist skills are required.</p>	<ul style="list-style-type: none"> • Our staffing levels have remained constant but we have significantly strengthened our administrative capacity through the appointment of a new part-time administrative officer (Alana Premchand) who started work in September 2008. • We also reconfigured our staffing to improve our external affairs. Colin Penning's role changed from membership and parliamentary affairs to a broader external affairs remit. • We used freelance associates when necessary (e.g. pharmacy project, construction workers). • We benefitted significantly from the services of a volunteer book-keeper (Mustafa Ibrahim). • We were fortunate to receive an offer of a pro bono consultancy from Dr Chris Hiley which resulted in an audit of our external communications work. • John Dunworth, head of the Home Office's Interpersonal Violence Unit, joined us on a one day a week secondment for six months, chiefly working on developing our relationships with government and supporting our National Men's Health Week work.
<p>10. Based in larger, more 'user-friendly' premises in central London but with staff still able to work remotely where appropriate.</p>	<ul style="list-style-type: none"> • We successfully moved into much better office accommodation in June 2008. We are now based in a centre which specializes in supporting third sector organizations (CAN Mezzanine).

<p>11. An exciting, stimulating, enjoyable and ethical organisation for which to work. The personal and professional development of staff, as well as their health and well-being, will be fully supported, as will good working practices.</p>	<ul style="list-style-type: none"> • Our appraisal process indicated that our staff were well-motivated, committed and engaged. • We sought to meet all requests from staff for more flexible working, sabbatical leave, etc. In December 2008, our Development Manager (Matthew Maycock) began a 12-month sabbatical to support his PhD field work in Nepal. He was replaced by Kristin McCarthy on a temporary contract. • Pay rates remained competitive and in many cases significantly better than the third sector average. • In 2008/9, we developed a coherent ethical framework to guide our relationships with other organizations.
<p>12. 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.</p>	<ul style="list-style-type: none"> • We have kept under review the skills and diversity of the Board. • In April 2008, we appointed four new trustees with a wide range of skills and experience.

Table 2 – policy objectives

Policy goal by 2012:	Progress to date:
<p>1. All national health policy specifically to address men's health within the context of the gender equality duty (except where obviously inappropriate).</p>	<ul style="list-style-type: none"> • There was increasing evidence that the gender equality duty is having this impact on the Department of Health, e.g. in the vascular checks programme, cancer policy, and mental health. • We gave oral evidence to the House of Commons Health Select Committee as part of its investigation into health inequalities. The final report specifically highlighted the need for further action on gender inequalities and men's health.
<p>2. 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.</p>	<ul style="list-style-type: none"> • We were very active in monitoring the first Schemes, published in 2007/8. We did less work in this area in 2008/9. It is envisaged that we will undertake further work in 2009/10 to influence PCTs as they begin the review process of their initial Schemes.
<p>3. The introduction of a national men's mental health strategy which fully takes account of the mental health of black and minority ethnic (BME) men.</p>	<ul style="list-style-type: none"> • The National Institute of Mental Health in England (recreated as the National Mental Health Development Unit in April 2009), commissioned us to produce a review of men's mental health as a first step towards a national men's mental health strategy. • We continued to work on our BME men's mental health project is due to be completed in 2009.
<p>4. 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 (up from the current level of about 20%).</p>	<ul style="list-style-type: none"> • The National Chlamydia Screening Programme (NCSP) published a strategy for men specifically in 2007 and, during 2008/9, we were represented on an expert group looking at implementation issues. • NCSP data showed a steady increase in male screening during 2008/9.
<p>5. 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 (up from the approximately 50% level in the pilot programmes).</p>	<ul style="list-style-type: none"> • We were invited to join the Department of Health's National Cancer Equality Initiative Steering Group and the National Awareness and Early Diagnosis Initiative. • We continued to work on our Department of Health bowel cancer screening project. This will be completed in 2010.
<p>6. 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.</p>	<ul style="list-style-type: none"> • We did not work on this issue in 2008/9 but it will be revisited in 2009/10 as part of our work on National Men's Health Week 2010 (which focuses on men and physical activity/sport).

<p>7. A national screening programme for Abdominal Aortic Aneurysms (AAAs).</p>	<ul style="list-style-type: none"> We continued to lobby government on this issue and a national screening programme for men was announced during the year.
<p>8. 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.</p>	<ul style="list-style-type: none"> The Gender and Access to Health Services report provided an evidence-base for work in this area. We began work on National Men's Health Week 2009 which focuses on this issue. We worked with Pfizer Ltd and other organisations on a hard-hitting public awareness campaign to highlight the risks to men of buying counterfeit medicines online rather than seeking help from a health professional. This campaign was launched in January 2009.
<p>9. 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).</p>	<ul style="list-style-type: none"> We successfully applied for Department of Health funding to work on developing health information for men. The Department of Health agreed to fund the publication of a Men and Cancer Mini Manual, a new Mini Manual for National Men's Health Week in June 2009 and also 'Challenge Cards' for distribution to men during the Week.
<p>10. 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.</p>	<ul style="list-style-type: none"> This issue was raised in the DH Gender and Access to Health Services study.
<p>11. 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.</p>	<ul style="list-style-type: none"> Men's Health Week in June 2008 addressed this issue and received significant government support. We supported the All Party Parliamentary Group on Men's Health which held a meeting on men's health and work in October 2008. MHF held a men's health and work symposium in March 2009.
<p>12. 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.</p>	<ul style="list-style-type: none"> This issue has been taken up through the work of the Coalition on Men and Boys which produced a major report on the issue.