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Chair's Statement

It's my pleasure once again to introduce the UK Public Health Association's Annual Report for the year from April 2008 to March 2009. The past year has flown by and has been another challenging one. But it has also been highly productive in terms of strengthening links with the wider public health community, as we intended and set out over a year ago, and progressing important developments in fulfilment of our mission.

The principal achievements over the past year have been in respect of the work of our Special Interest Groups and Strategic Interest Groups, and our projects in the fields of climate change and fuel poverty. In respect of the former, we have been in the vanguard of efforts to encourage the NHS, as a major employer and purchaser, to take a lead on environmental and sustainable development issues. These initiatives are reported more fully elsewhere in this report but merit a special mention here because they demonstrate in a very practical way how the UKPHA is not only able to facilitate new partnership arrangements but also apply in very practical ways our core values and principles.

The past year also witnessed an extremely successful 17th Annual Forum in Brighton - the biggest ever gathering of public health interests in the UK. The quality of workshop presentations was high and it is hoped that, as with the 16th Annual Forum in Liverpool, a selection of these will be published as an e-mini-symposium in Public Health.

The past year has also seen major changes in the staffing and structure of the public health group within the Department of Health. Inevitably these have had an impact on our activities and many of these changes have yet to be fully implemented. However, we welcome David Harper's appointment as head of Health Improvement and look forward to working with him and his team in the months ahead. Your chair and chief executive have already held two productive meetings with him since his appointment.

It has been a difficult year for Council insofar as we have had to function with a reduced number of trustees, following the decision at the 2008 AGM not to fill the vacancies until the 2009 AGM. This has given us time to review and update our governance arrangements and Council has spent a considerable amount of time on this task. Members will have been informed of the outcome of this review prior to the AGM and the election of new trustees.

I should like to take this opportunity formally to record our indebtedness to our chief executive, Angela Mawle, who remains as indefatigable as ever, and the other head office staff who have worked tirelessly on behalf of the Association. Without their efforts, through often stressful times, the Association would be much the poorer.

Finally, a number of trustees will be retiring at the AGM and I would just like to take this opportunity to thank each of them for the significant contribution they have made to the UKPHA and its work programme over many years. Most of those standing down have been associated with the UKPHA from the beginning since its emergence from the coming together of the APH and PHA. The fact that we are still in business is testimony to their commitment and dedication to the Association. We wish them well in their future plans.



David J Hunter
Chair

*strengthening
links*

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CEO's Report

I am delighted to be able to report another successful and productive year for the UKPHA.

The most heartening aspect of this continuing success has been the fact that it is built upon our key strengths of partnership working and forging connections across the social, economic and environmental determinants of health.

In December we launched the Climate Connection, www.theclimateconnection.org, a major project which grew from the work of the Health & Sustainable Development Action Group and the Regions Task Group led by Dr Gabriel Scally, Regional Director of Public Health South West. The Climate Connection, funded by the Department of Health, is a partnership for public health action on climate change and is tasked with creating a new vision of the role for public health in tackling climate change, equipping the profession to take action both on reducing emissions and on lessening the impacts on human health.

The launch event was led by Professor John Beddington, Government Chief Scientist and Sir Liam Donaldson, Chief Medical Officer, and was chaired by Professor David Harper, Director General of Health Improvement from the Department of Health. The event brought together public health leaders and educators with professionals from housing, transport, town planning and other sectors - to map out a joint response to the climate crisis, and to make a commitment to strengthening and expanding public health regional activities, knowledge and learning. The regional roll-out of the programme commenced in February in the South West Region and it is planned to develop a team of Regional Champions who will lead and develop the Climate Connection 'locally'.

The Greater Manchester Fuel Poverty Initiative has gone from strength to strength. This project was devised and developed by the UKPHA-led Health Housing and Fuel Poverty Forum specifically to develop ways of working which will "Optimise the contribution which the health and housing sectors make to the delivery of energy improvements to vulnerable households".

The Project Manager, Clare Ibbeson, commenced in post in May 2008, and has already made great strides in pulling in wider partnerships and networks and in accessing those in most need of help. The Greater Manchester Healthcare Commission has adopted the work as one of its key priorities in tackling health inequalities, and the work is attracting national attention.

Hot on the heels of Clare came Dafydd Thomas, the Wellbeing Wales Network Coordinator, who joined UKPHA Cymru in June. Dafydd is making real progress in taking forward the work of the Network and developing the concept of wellbeing as common currency for a very diverse and comprehensive network of partnerships.

Another exciting initiative that commenced in February 2009 when the project manager Denise Rudgeley came into post as the Health Visitor Regeneration Project Coordinator. The project is bringing together a national body of experts able to make recommendations on the provision of a proactive, universal health visiting service that provides a platform from which to reach out to individuals and vulnerable groups, and reducing inequalities in health.

As ever the Special Interest Groups and the Strategic Interest Groups have played critical roles in the growth and development of the UKPHA. The Chairs of the SIGs had a very successful AwayDay during which they commenced the process of planning the exciting and innovative SIG and StIG Plenary at the 2009 Forum. They also nominated a representative from amongst their number to serve on the UKPHA Council.

Which leads me to the final area of my Report, that of the Governance Review. Throughout the year the Council have been considering a far reaching review of the governance of the UKPHA. The membership have been very active participants in this process and the appropriate amendments were formulated for consideration by the AGM. This has involved the nomination and election of a completely new Council and so it will certainly be all change for 2009/2010."

I could not finish this report without recording my sincere thanks to our loyal hard working and dedicated staff. The UKPHA is totally dependent upon the goodwill motivation and sheer commitment of its staff and the active membership. You will notice the new 'branding' and interactive website which are the hallmarks of our new phase of development. One of the most significant 'straplines' is "Together we will make a difference". What more can I say ?

Angela Mawle
Chief Executive

Honorary Treasurer Report

I am happy to be writing this report at the end of a year in which the UKPHA has made considerable achievements as an organisation in taking forward important projects such as the Fuel Poverty Initiative and the Climate Connection; supporting the continued development of the SIGs and StIGs; and once again bringing together a vibrant Forum, all of which are described elsewhere in this report.

It is a tribute to the hard work, energy and creativity of our small head office staff that this has been achieved on the very modest funding available to us - they have certainly made every penny count.

This ability to produce substantial outputs from limited funding is of particular importance in the increasingly harsh economic climate, and we continue actively to seek further funding.

A full copy of UKPHA Accounts to 31 March 2008 is available on request.

Margaret Black
Honorary Treasurer

*hard work,
energy
and creativity*

17th Annual Public Health Forum

We revisited Brighton in March for the 17th Annual Public Health Forum, entitled Health Inequalities - Turning the Tide. The conference focused upon the public health impacts of housing and transport systems, and the challenges posed in creating healthy sustainable neighbourhoods. Over 800 delegates joined with us to participate in a diverse and comprehensive programme of presentations and workshops which ranged across the whole breadth of public health. Local community groups also played their part in creating an artistic interpretation of their ideal community, inviting delegates to discuss with them what it is that builds healthy sustainable neighbourhoods.

In line with the theme on healthy transport delegates were encouraged to 'trial' one of the many bikes freely available and take an invigorating ride along the promenade and other Brighton cycleways, under the able supervision of the UKPHA Cycle Mentor, Pam Ashton.

Following on from the result of the ecological footprint of the 16th Annual Public Health Forum in Liverpool we made strenuous efforts to reduce the impact of the Brighton event. The menus were entirely vegetarian and we actively encouraged delegates to 'get on their bikes', walk, and travel by bus and train. We await the result of this year's footprint with great interest as we have committed the UKPHA to lead by example and reduce its footprint year on year.

Angela Mawle
Chief Executive

*Turning
the Tide*

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UK Public Health Association (UKPHA) and Greater Manchester Fuel Poverty Initiative

Aims and objectives

The UKPHA & Greater Manchester Fuel Poverty Initiative is led and managed by the UK Public Health Association, arising out of the work of the Health and Housing Fuel Poverty Forum, the national advisory group which it hosts and coordinates.

The Initiative is a far-reaching review of how local authorities, Primary Care Trusts, energy suppliers and other partners can work together to optimise the contribution they make to improving housing conditions for vulnerable people and reduce health inequalities.

The model recognises that it is not the job of health or social care professionals to improve housing, but that they see the effects of poor housing on health through their everyday work. Health professionals can therefore assist local authorities to target those most at risk from poor housing.

The strategic objectives of the project include creating a model which tests and encapsulates other models of best practice to:

- influence the role of health practitioners;
- build upon relationships with the energy suppliers;
- gain the benefits of the Housing Health and Safety Rating System (HHSRS);
- identify creative ways in which existing resources/systems and IT might be used to meet the needs of vulnerable client groups more effectively; and,
- ensure the model is replicable for use by other organisations.

Achievements to date

The 'Clearing House' model at the heart of the pilot was developed by UKPHA in 2007 after an extensive consultation programme.

It is being implemented in Greater Manchester through the AWARM (Affordable Warmth Access and Referral Mechanism) scheme which provides, at a local level:

- Training
- Free-phone referral line
- Co-ordination of the networks
- Feedback
- Evaluation

The referrals are highly cost-effective as they take place within the activity span of the health or social care referrers' day-to-day work; and as they are made by the professional, many vulnerable people have gained access to affordable warmth who would not otherwise have been able to arrange it for themselves

The AWARM scheme is locally funded and managed and has been developed with support from the Energy Saving Trust (other areas have NEA Warm Zones, Hotspots, Health through Warmth etc which can enable this). The project aims to produce a minimum set of service criteria for a referral mechanism that can support PCT and Social Care referrals.

The model includes several levels of intervention which will assist PCTs and local authorities to break down barriers to effective information sharing and partnership working.

In order to attain these goals, we have developed the scheme through:

- Mapping pathways through PCT and Social Care of the groups 'at risk' from fuel poverty
- Developing training that identifies the motivations and priorities of health and social care staff
- Prioritising teams to receive training based on local priorities and targets for reaching 'at risk' groups
- Formalising governance arrangements within PCTs and Social Care to match Excess Seasonal Death target or flu jab campaign governance

What's next?

The project runs until May 2010 and next steps for the project include developing a data model to support health and social care governance in order to measure effects of housing intervention on health outcomes - we will be looking for positive outputs, e.g. fewer GP consultations; a reduction in associated prescriptions and/or hospital admissions.

Hopefully this data will contribute to the emerging evidence-base and lead to the mainstreaming of fuel poverty activity within PCTs' health improvement priorities, and contribute to joint action on the wider determinants of health. This will be supported by a further development objective, that of IT systems to support health and social care activity to mainstream the activity via current processes, and via a range of IT 'portals'.

Manchester Business School will be evaluating the emerging evidence for principles which can be shared with other PCTs and local authorities. The UKPHA will be promoting and developing the roll-out of the principles from the model at a national level.

Clare Ibbeson
Project manager

The Climate Connection

December 2008 saw the launch of a new partnership for public health action and learning on climate change. The aim of "The Climate Connection" is to motivate and equip the public health community to respond effectively to the urgent challenges of climate change - both in reducing emissions and in preparing for unavoidable change.

The initiative finds its roots in the National Symposium on Health and Sustainable Development, organised by UKPHA in 2007, which identified the need for "regionally led health and sustainable development initiatives based on collaborative regional partnerships, which will deliver planning, transport, food production and employment decisions which will actively promote healthy sustainable communities".

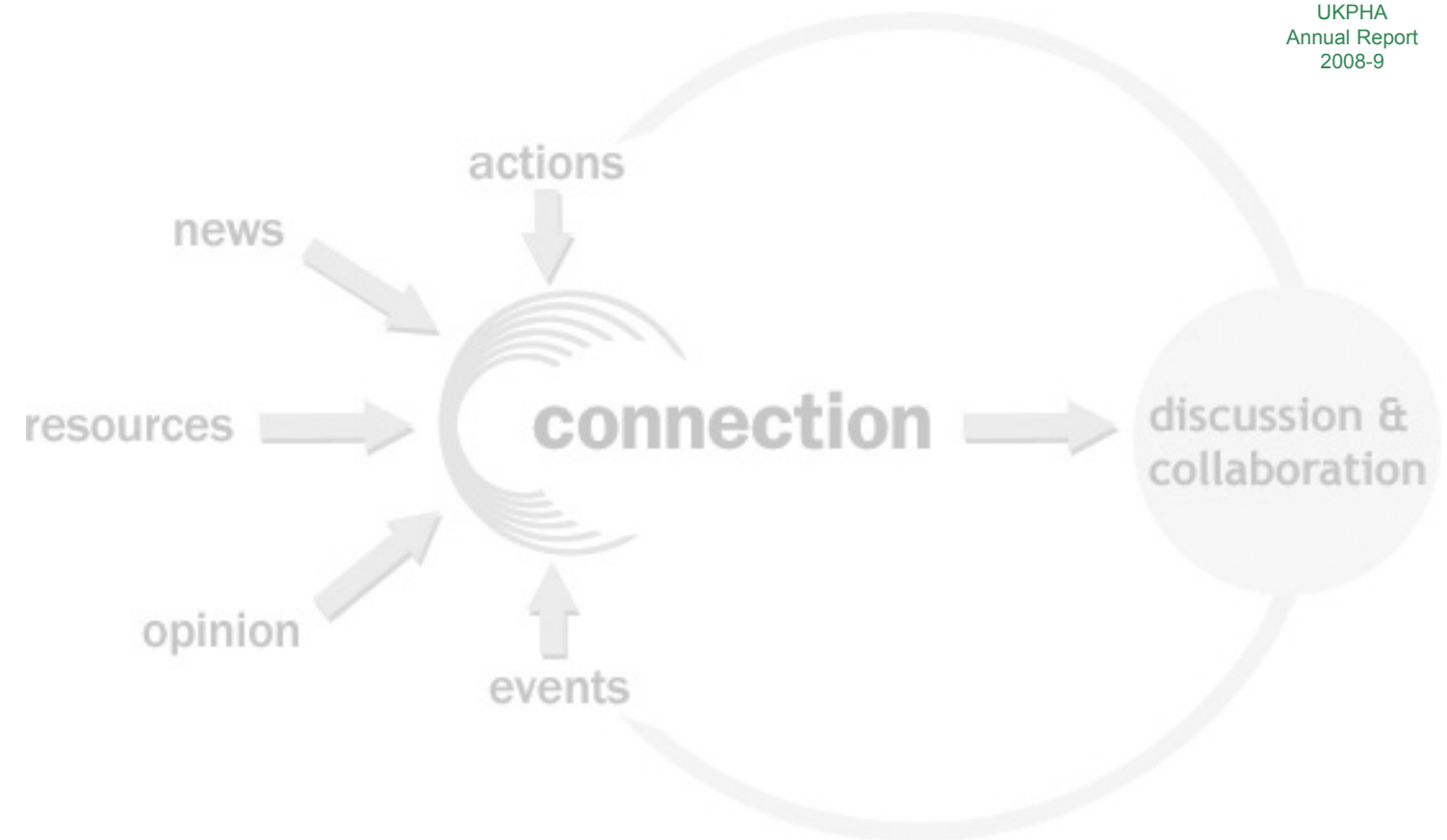
Funded by the Department of Health, the UKPHA employed Sir Muir Gray and Dr Frances Mortimer of The Campaign for Greener Healthcare, to help initiate the partnership, and draw together resources on climate change for the public health community. Resources developed include the website (www.theclimateconnection.org), which hosts discussion fora, slide packs, case studies, and an illustrated educational tool linking high-carbon lifestyles and health - the "Carbon Addict".

The December launch received support from across the public health spectrum, including from the Chief Medical Officer, Sir Liam Donaldson, and the Director General for Health Improvement, Professor David Harper. Public health leaders and educators were joined by professionals from housing, transport, town planning and other sectors - to map out a joint response to the climate crisis, and to make a commitment to strengthening and expanding Public Health regional activities, knowledge and learning.

Since then, The Climate Connection has been working with the North West and South West regions, to support their many good initiatives already linking climate change with public health, link them together in a coherent strategy, and build on the momentum of the national launch. A particular focus is on connecting climate change to mainstream public health programmes, such as obesity and fuel poverty.

The UKPHA Health and Sustainable Development Regions Task Group has been an important forum throughout the project for sharing energy, learning and good practice. With its help, our aim in 2009-10 is to transmit the success of this first phase across all nine English regions.

Dr Frances Mortimer
Project manager



Wellbeing Wales Network

The Wellbeing Wales Network was originally set up to help the voluntary sector make a contribution to the nation's wellbeing. The Network's original supporters included Womens Royal Voluntary Service, Sustrans, NIACE Dysgu Cymru, Age Concern, local and national voluntary councils, academics - to name but a few. They all recognised that the third sector potentially had a huge contribution to make to wellbeing in Wales, whether through increasing local understanding of wellbeing, or ensuring that its principles were taken into account nationally. But the breadth of issues had overwhelmed the Network's supporters as to what activities they could undertake to make a positive difference.

Things started to change in 2008. The news that an application to the Health Challenge Wales Voluntary Sector Grant Scheme had been successful kick-started events. With additional financial backing from the Welsh Assembly Government and support of Network members, an appointment was made for a full time Network Coordinator. With the officer in place the Network could start to deliver on its supporters' aspirations.

One small step in the last twelve months has been the decision to alter the Network's name from the All Wales Non-Governmental Organisations' Wellbeing Network to its current, more succinct form. That simple adjustment has brought greater clarity to supporters, decision makers and opinion formers as to how the Network needs to operate in order to increase wellbeing in Wales.

Another initiative was to give members the opportunity to consider what they would like to see happen in Wales around wellbeing and the Network. How could policy change? How should it be delivered and by whom? Which audiences should be engaged around wellbeing and what would they be doing differently as a result of the Networks actions? Finally, what organisational structures would be needed to deliver on these aspirations?

As a result of this exploratory process, a new organisational structure has started to evolve. By the autumn of 2008, members of the Network had the means to contribute more effectively to the wellbeing agenda depending on their interests and experience. Subgroups focusing on links to academia, increasing the profile of wellbeing, or working on the 'Toolkit' (as described later) now provided forums for focused discussion and action. That isn't to say that the current structure is perfect, or won't continue to evolve. But it does illustrate an important role for the Network in Wales - to give individuals and organisations the space and time to learn about wellbeing and see where their contributions can have the greatest effect.

The Wellbeing Wales Network has also contributed to Welsh national policy development and delivery. Ranging from consultations on adult learning to sustainable development, the Network has influenced the Assembly and its partners. As a result it has started to raise the profile of the principles of wellbeing and of the Network itself.

The last six months of the year have also seen further work on refining the "Exploring Sustainable Wellbeing Toolkit". This conversation-based integration tool was initially developed by a partnership between the Network, the New Economics Foundation and the Welsh Assembly Government. Its effectiveness and relevance are being evaluated with the aim of disseminating it to as wide an audience as possible during the next financial year. What with a new website and regular publications, 2009 promises to be a very busy year.

Dafydd Thomas

Wellbeing Wales Network Coordinator

*contribution to the
nation's wellbeing*

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Health & Sustainable Development Action Group

This group of collaborative and strategic partnerships was formed as a direct result of the National Symposium on Health & Sustainable Development held in Edinburgh in March 2007, and has been very active in taking forward the recommendations of the Symposium.

Two of the 'Immediate Actions' identified as priorities at the Symposium are being energetically pursued. The Regions Task Group, led by Dr Gabriel Scally, Regional Director of Public Health, has been at the forefront of developing intra - and inter-regional partnerships focused upon practical initiatives which will reduce the impact of climate change and unsustainable development on human health.

The Regions Task Group and the Health & Sustainable Development Action Group have been key to the national work which has led to the launch of a major initiative on climate change and public health workforce development - the Climate Connection. The Climate Connection will be rolled out across the regions developing as it goes a team of Regional Champions as well as an interactive and flexible learning and knowledge development system. See page 10 for more on this initiative.

The Health & Sustainable Development Action Group also ran a major workshop at the 17th Annual Public Health Forum in Brighton encouraging delegates to become involved in the development of healthy sustainable communities where the focus is upon people - their contentment, wellbeing, resilience, and fulfilment.

*collaborative
and strategic
partnerships*

Alcohol and Violence Special Interest Group

The UKPHA Alcohol & Violence SIG is the UKPHA's newest Special Interest Group, established in June 2008 with the assistance of Sarah Persaud, UKPHA staff member. The SIG aims to provide a forum to address a gap in the alcohol discourse by looking specifically at its relationship with violence. It is a grassroots group of public health and other professionals with an interest in tackling alcohol-related violence through four objectives:

- To facilitate the understanding of the links between alcohol and violence
- To increase awareness of the wide ranging consequences of alcohol-related violence on individuals, families, communities and society as a whole, with an the initial focus will be children and young people
- To consider the impact of environmental factors in exacerbating cycles of alcohol and violence
- To advocate for policies which discourage the hazardous consumption of alcohol & encourage early years prevention/intervention which will reduce risk from alcohol & violence in later life

The SIG has a healthy membership from across the UK which has already resulted in some excellent learning opportunities and networking. SIG members have responded to a number of consultations and have been working to ensure the connection that alcohol and violence have to each other is always acknowledged in policy papers focusing on either issue.

In future, the SIG will also collaborate on cross-cutting issues with other UKPHA SIGs. For example, at the 17th Annual Forum in Brighton, each of the UKPHA SIGs contributed to the plenary on healthy sustainable neighbourhoods, and we each followed this with a workshop that picked up on SIG specific policy.

Elaine Rodger
SIG Chair

Devolution Strategic Interest Group

The Devolution Strategic Interest Group continues to meet regularly, usually in teleconference mode, with members from each of the four home countries and two members from the Republic of Ireland, one of whom, Bill Seery, is the Group's vice-chair.

We presented our third Learning from Differences Report on Transport and Health (which, appropriately edited, was subsequently published in Health Matters and in Public Health) at a workshop at the 2008 Forum in Liverpool to a small but engaged audience. One of the decisions at the workshop was to press for a higher priority for transport and health within the public health agendas of the five jurisdictions and within the agenda of UKPHA itself, and it is pleasing to note that transport and health was one of the three spotlight sub-themes of the 2009 Forum.

Another big event of the year was a Round Table sponsored by the Nuffield Trust at which we tried to identify other partners to work with the StIG in looking at differences in approach to common public health problems within the four countries of the Union and the Republic of Ireland. At the time of writing it remains to be seen whether we were successful in achieving this objective.

Rather than move on to another topic this year we decided to continue exploring the issue of Transport and Health begun last year with a particular focus on trying to identify the locus of decision making on a range of transport and health issues in each of the five jurisdictions. The results of this work were reported at a workshop at the 2009 Forum.

Another issue which is proving of interest to some members of the StIG is that of the organisation of the public health function in the five jurisdictions.

Paul Walker
StIG Chair

*transport
and health*

Food & Nutrition Special Interest Group

Special Interest Group has for the last two years been engaged in the obesity agenda, with a focus on childhood obesity.

Many of you will be involved in implementing the National Obesity Strategy locally and I hope the 2008 Forum and Workshop were useful to you. The key issues identified in the workshop with IDeA at that Forum - linking the obesity agenda with the climate change and sustainability agendas; the key roles of town and neighbourhood planning; and the importance of long-term investment in programmes - were all topics of the SIG plenary and workshops at the 2009 Forum. In the Food & Nutrition SIG workshop we invited you (with our partners, Sustain) to address the challenge for practitioners of moving away from short-term projects to mainstreaming food and sustainability into local authority planning in the coming year.

Equally, another important topic raised at SIG meetings is nutrition and access to healthy foods for older people and food poverty. Both of these are issues that the Food SIG plans to take forward in 2009/10.

I enjoy meeting SIG and other UKPHA members at each Forum and would like to thank you for the work that you have done to make the SIG successful.

Heema Shukla
SIG Chair

*obesity agenda
food poverty*

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Health and Sustainable Environments Special Interest Group

Throughout its work, the Health and Sustainable Environments Special Interest Group aims for:

- equity - for example, of access to green space and renewable energy; mobility and transport; clean, safe land and water;
- community-based provision - of space to grow food; minimum waste and efficient recycling
- biodiversity
- changes in agricultural practices
- a political framework to protect health; better planning with thought to sustainability and health.

The SIG's workshop at the 2008 Forum in Liverpool provoked much lively debate over how best to ensure that policy decisions account fully for health and wider environmental benefits - in terms of both the monetary savings that can be made, and in quality of life benefits to people.

During the year, the SIG also took part in assisting the UKPHA to respond to a number of consultations including the government's eco-towns consultation, and DEFRA's report to the European Commission on non-attainment of the Limit Values for particulate matter. We have continued our work liaising with the Royal Town Planning Institute (RTPI) to provide advice on a Good Practice Note on public health for planners in order to help inform and assist both sides in the health and planning relationship. We also contributed to the work being carried out on the Climate Connection website.

One of our main tasks is the preparation of a guidebook to local government planning processes and strategies. The guide will show PCTs the wide range of activities that they can be involved in to help robust integration of public health into local decision making processes. The guidebook will also provide details of relevant documents and good practice examples. In parallel to this

So the group welcomes any UKPHA member who has an interest in these issues, or in what we might describe - following the 2007 Forum - as ecological public health.

Tim Chatterton
SIG Chair

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Laura Potts has now stepped down from serving the SIG as first Chair and then Co-chair, and we would like to thank her for her work over many years.

Health Visiting Special Interest Group

Throughout 2008 the Health Visiting SIG has been active in assessing, developing and implementing the outcomes and recommendations of the National Symposium on Regenerating Health Visiting Services held at the end of 2007. The main focus of activity has been on taking forward a proposal made at the Symposium for the setting up of the Health Visiting Regeneration Project. A steering group was set up and a position paper produced identifying the key elements of enquiry for such a project, as a result of which a funding proposal was put together.

The proposal was successful in achieving part-funding from the Department of Health, and a project manager was appointed in February 2009.

The Health Visiting Regeneration Project will work towards aims associated with the identified areas of need by:

- Developing a national body of experts able to research and collate data on grassroots, user-led, needs for health visiting services
- Holding a symposium at which delegates consider:
 - evidence-based funding models for a health visiting service;
 - how best to mainstream the best practice models; and
 - how to bring the findings and recommendations from their 'grassroots' connections to government.
- Deliver a comprehensive report: Delivering a Regenerated Health Visiting Service.

As well as working closely with members of the Health Visiting SIG, the project manager will be linking with the other UKPHA SIGs and will also be networking widely with other professional and grassroots bodies across England.

Sarah Cowley
SIG Chair

*assessing,
developing and
implementing*

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Pharmacy Special Interest Group

The Pharmacy Special Interest Group is a network of informed practitioners that aims to raise awareness of the key issues surrounding pharmacy public health.

This is a critical time for setting the agenda in pharmacy with the separation of the regulatory and representative roles of the Royal Pharmaceutical Society of Great Britain. In addition, the launch of the white paper Pharmacy in England (2008) has highlighted the challenges which community pharmacy is facing in rolling out its public health services. There is still scope for engaging with the wider public health agenda in England to show the contribution that pharmacy can make. For example, commissioning of services by PCTs in England has been somewhat patchy, so at the 2009 Annual Forum we held a Talking Point session to enable discussion and exploration of this topic.

We try to engage with community pharmacy to think about health inequalities, and challenging community pharmacy where it comes up short. For the UKPHA, reducing inequalities, (together with promoting sustainable development and "challenging anti-health forces"), is a core objective. We have concentrated on that goal and participated in the Department of Health Leadership Forum for Public Health.

Sustainability is also a prominent agenda item for us. A report commissioned for the NHS Sustainable Development Unit has found that 22% of the NHS carbon footprint comes from pharmaceutical procurement, largely as a result of the energy intensive manufacturing process. All pharmacists, whether industry scientists or hospital and community pharmacists, when conducting medication reviews or medicine use reviews have opportunities to reduce this carbon footprint. So there is plenty to be done by the UKPHA Pharmacy Special Interest Group.

Jill Jesson
SIG Chair

*raising
awareness*

UKPHA Team

Council

Chair: Professor David Hunter
Vice-chair: Rachel Flowers
Treasurer: Margaret Black
Trustees: Dr Paul Walker, Dr John Beal, Andrew Lavelle

UKPHA Permanent Staff

Chief Executive: Angela Mawle
PA/Administrator: Sarah Persaud
Finance Officer: Lesley Rowlings

UKPHA project staff

Project Manager, UKPHA and Greater Manchester Fuel Poverty Initiative:
Clare Ibbeson
Health & Wellbeing Manager, UKPHA and Greater Manchester Fuel Poverty Initiative: Terry Miller
Co-ordinator, Wellbeing Wales Network: Dafydd Thomas
Project Manager, The Climate Connection: Frances Mortimer
Co-ordinator, Health Visitor Regeneration Project: Denise Rudgley

Sessional staff

Conference coordinator: Donald Reid
Conference management team: Kirsty Douglass, Sarah Willan, Vincent Woods, Sophie Flanagan, Cassie Gilmer, Olivia Cooney
Fundraiser: Monica Hartwell
IT consultants: Cube Technology
Human Resources: Elspeth Watt
Designer: Mike Laws
Website advisor: Gordon Saxby

Appendix 1:

Statement of Financial Activities (Incorporating the income and expenditure account)

Year ending 31st March 2008

	Unrestricted Funds £	Restricted Funds £	Total Funds 2008 £	Total Funds 2007 £
Incoming Resources				
Incoming resources from generated funds				
Activities for generating funds	47,394	435,827	483,221	541,727
Investment income	7,688	-	7,688	5,306
Incoming resources from charitable activities	75,000	-	75,000	62,050
Total Incoming Resources	130,082	435,827	565,909	609,083
Resources Expended: Charitable Expenditure				
Costs of generating funds				
Fundraising trading: Cost of goods sold and other costs	(53,295)	(444,853)	(498,148)	(505,841)
Charitable activities	(29,719)	(16,252)	(45,971)	(48,414)
Governance costs	(14,206)	-	(14,206)	(8,308)
Total Resources Expended	(97,220)	(461,105)	(558,325)	(562,563)
Net Incoming (Expended) resources for the year / Net Income (Expenditure) for the year	32,862	(25,278)	7584	46,520
Reconciliation of Funds				
Total funds brought forward	105,976	66,807	172,783	126,264
Total Funds Carried Forward	138,838	41,529	180,367	172,784

The Statement of Financial Activities includes all gains and losses in the year and therefore a statement of total recognised gains and losses has not been prepared.

All of the above amounts relate to continuing activities.

Appendix 2:

Balance Sheet at 31st March 2008

	2008		2007
	£	£	£
Fixed Assets			
Tangible assets		675	1,389
Current Assets			
Debtors	258,536		70,946
Cash at bank and in hand	428,616		273,855
	687,152		344,801
Creditors			
Amount falling due within one year	507,460		(173,407)
Net Current Assets		179,692	171,394
Total Assets less Current Liabilities		180,367	172,783
Net Assets		180,367	172,783
Funds			
Restricted income funds		41,529	66,807
Unrestricted income funds		138,838	105,976
Total Funds		180,367	172,783

These financial statements were approved by the members of the committee on the 16/11/08 and are signed on their behalf by:

Margaret Black

Margaret Black
Trustee

UKPHA - The UK Public Health Association:

Seeks to promote the development of healthy public policy at all levels of government and across all sectors

It facilitates knowledge sharing and networking and aims to support individuals and organisations who share a common commitment to promoting the public's health

UKPHA connects with the grassroots in such a way as to ensure that on the ground experience of working towards happier, healthy lives at a local level, is translated into effective policy and practice.

*Together
we will make
a difference*