



**Health**  
Promotion  
Agency

Annual report and accounts 2003-2004

# Mission:

To make health a  
top priority for  
everyone in  
Northern Ireland.

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### Normal business hours:

8.45am- 5.00pm on weekdays  
(4.30pm on Fridays)

### Other formats:

Copies of this *Annual report* may be produced in alternative formats on request. A portable document format (PDF) file of this publication is also available to download from our corporate website.

Our corporate website provides more detailed information about all of our work and many published resources are available to download as PDF files. It also provides links to our other health-related websites and to many other relevant sources of information on health and health promotion.

# Chair's report



I am very pleased to present this *Annual report* on the work of the Health Promotion Agency for Northern Ireland (HPA) for 2003/04. It has been a challenging and successful year.

We have had many opportunities to work collaboratively at a regional level and to strengthen local partnerships, such as through the Fresh Fruit in Schools initiative and Actively Ageing Well. We recognise that cross-sectoral working is essential to promoting the public's health.

The year saw positive steps being taken to pursue *Investing for Health* objectives - in particular the development of the settings approach in the priority areas of schools, workplaces and hospitals.<sup>1</sup> The importance of work in these areas cannot be underestimated if we are to reduce major risk factors such as inactivity and obesity and increase the development of environments which support good health.

Tobacco control remains one of our major priorities. Figures released by the HPA showed that there is great support from people in Northern Ireland for smoke-free environments, especially smoke-free workplaces, as introduced in the Republic of Ireland. We will continue to work hard with a range of organisations and groups to highlight the health risks of smoking alongside the need to provide support to those who wish to stop, whilst also urging Government to address the issue as a priority. All of these efforts will build on our successful 'Every cigarette is doing you damage' public information campaign.

The HPA maintains a high profile not just on the island of Ireland but also through our international work as a World Health Organization (WHO) Collaborating Centre and this year included the reaffirmation of our commitment to the CINDI (Countrywide Integrated Noncommunicable Diseases Intervention) Programme.

We believe the enhanced profile of our organisation and the achievements are as a result of the hard work and efforts of our staff. On behalf of the Board I would like to commend the Chief Executive and his staff for their drive, determination and commitment, and congratulate them on a very successful year.

We wish those members of staff who have left the HPA every success in their careers, and I extend a sincere thanks to Board members for their time, insights and contribution to the work of the HPA.

I would like to express thanks to the Ministers responsible for health during the past year, Des Browne MP and Angela Smith MP, and officials at the Department of Health, Social Services and Public Safety (DHSSPS) for their help and support. We look forward to the restoration of devolution in Northern Ireland, with responsibility for health returning to local politicians. Until then, we will continue to raise key public health issues with our representatives.

Finally, we look forward to the reviews of public administration and of public health and are confident that we at the HPA can play our part in helping them deliver their anticipated outcomes.

**Alice Quinn, Chair**

# Chief Executive's report



This year's work has been completed with the prospect of significant change in public health and health promotion. Major reviews of the public health function and the structure of public administration are likely to reinforce the public health agenda but will also provide new challenges and opportunities for all of us who are working to promote public health. We participated fully in the reviews which included consultation and discussion with our health promotion colleagues.

The changing nature of public health continues to reflect the strategic goals and objectives of the Government's regional public health strategy *Investing for Health*, with its emphasis on achieving better health for everyone. We are committed to further developing and supporting the capacity of Government departments, Investing for Health partnerships and other key stakeholders to implement the strategy.

Partnership working is the key to implementing positive health strategies and to improving health at community level so I was especially pleased to accept on the HPA's behalf a health partnership award from Action Mental Health. We continued to play a pivotal role in the implementation of a range of health strategies through existing and new partnerships. I am particularly excited by the development of new initiatives in areas such as mental health and sexual health, such as our involvement with Shankill Sure Start and our important work with fpaNI.

Our public information campaigns on binge drinking and breastfeeding show that the HPA has maintained a successful record of raising public awareness of important challenging health messages through innovative award winning ways. Support of the *Tobacco action plan* through prevention, cessation and advocacy continued to be a priority, and completion of phase three of our public information campaign validated our commitment to an evidence-based approach to public health improvement.<sup>2</sup> We continue the challenge of advocating the development of smoke-free environments including workplaces, but also where children might be exposed to tobacco smoke.

High quality work was again evident in our training and professional development programme. Building capacity for health promotion provides an opportunity to focus on the skills and knowledge of those involved, and we organised seminars across a range of areas, such as sexual health issues in education, to develop professional practice. Our seminar on smoking and pregnancy provided a forum for discussion and debate on this important issue.

We continue to be committed to ensuring we achieve best value in the use of our resources through efficient working practices and we have undertaken a phase of significant development, including the review and strengthening of our internal structures. The new opportunities in public health require us to develop and change, not stay static as an organisation, but all the while maintaining the focus on quality throughout our business areas.

This report shows that the HPA maintains a leadership role in health promotion in Northern Ireland. The evolution of the organisation in these dynamic times for public health is a reflection of the quality and skill of our staff, and the effort and commitment of the Chair and Board to our work. I look forward to tackling the new challenges ahead as part of this team.

A handwritten signature in black ink that reads "Brian Gaffney". The signature is written in a cursive, flowing style.

**Dr Brian Gaffney, Chief Executive**

# The role of the HPA

Everyone wants good health for themselves and their families. The objective of health promotion is to help people achieve their maximum potential for health and wellbeing. This requires the input and commitment of organisations and individuals from a wide range of sectors, and is not an issue only for the health services.

The HPA continues to provide leadership, strategic direction and support to all those involved in promoting health here. Within the framework of *Investing for Health* we also work to ensure that everyone, from government departments to individuals, considers the impact on health of the decisions they make.

The importance of targeting particular settings to avail of opportunities to promote good health has meant the development of work on health promoting schools, workplaces and hospitals. In line with the Government's New Targeting Social Need (TSN) initiative, much of our work focuses on tackling inequalities by directing information and support towards groups and areas that are disadvantaged.<sup>3</sup>

The HPA continues to be committed to achieving success through partnership and collaboration with various sectors that have a role to play in promoting health. We are awaiting the publication of the findings of major reviews of both the public health function and public administration in Northern Ireland which may impact on the strategic role of the organisation.<sup>4,5</sup>

## Statutory functions

The HPA is a special agency of the DHSSPS operating under the direction of a management board. Its statutory functions are:

- advising the DHSSPS on issues related to health promotion;
- undertaking health promotion activity;
- commissioning and carrying out research and evaluation;
- providing training and professional development;
- providing information to the public and professionals;
- working with and supporting other organisations.

The HPA's management Board meets four times per year and members of the public may attend these meetings. Dates, times and locations of meetings are advertised in advance in the press and on our website.

## How we work

We deliver our work through five core business areas:

1. Policy development and advice
2. Research, information and analysis
3. Public and professional information
4. Training and professional development
5. Corporate business services

Our priority areas of work include drugs and alcohol, smoking, nutrition, physical activity, mental health and sexual health, and we work throughout the year to achieve objectives agreed with the DHSSPS in these areas. We also respond to urgent public and professional information needs as they arise through commissions from the DHSSPS, which this year included antimicrobial resistance, immunisation, Hepatitis C and Severe Acute Respiratory Syndrome (SARS).

## Using this report

This report aims to give a brief overview of the range of work we do and to show how each element of this work has contributed to meeting our objectives for 2003-2004. For more detailed information on our work, please visit our website at [www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk)



# Investing for Health

*Investing for Health* provides a strategic framework on how health in Northern Ireland can be improved and health inequalities reduced. The strategy, developed by the Ministerial Group on Public Health, has cross-departmental support, which reflects the cross-cutting nature of public health.



## Health strategies

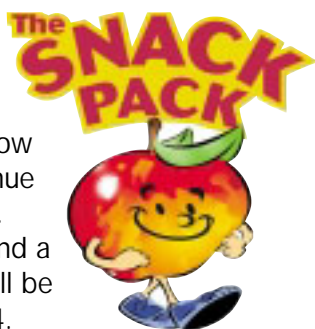
To help implement the *Investing for Health* agenda, the HPA contributed to a range of strategies including teenage pregnancy, alcohol-related harm, mental health, tobacco, drugs, breastfeeding, workplace health, sexual health, physical activity and nutrition.

## Working in settings

This year the HPA further met its strategic objectives under *Investing for Health* through progress in the areas of Health Promoting Schools, Health Promoting Workplaces and Health Promoting Hospitals. Each of these areas is reported on over the following three pages.

## Fresh Fruit in Schools

As part of our work under the *Investing for Health* strategy, we have been commissioned by the DHSSPS to manage regional elements of the Fresh Fruit in Schools pilot scheme The Snack Pack. This includes the development of all support materials and the design and management of the evaluation. Evaluation findings, based on a survey of school coordinators and focus group work with teachers, highlight school support for the scheme. Analyses of the impact on fruit consumption for participating children indicate that fruit consumption has increased and the greatest benefit is seen for those children from the most socially disadvantaged schools. Funding has now been provided to continue the pilot for a third year. Evaluation is ongoing and a full report of findings will be available in winter 2004.



## Investing for Health conference

The HPA chaired the organising committee of the inaugural Investing for Health conference held in December. Attracting over 400 delegates, the event celebrated the work that is helping achieve the goals and objectives within *Investing for Health* and renewed commitment to tackling the challenges ahead.

As part of the wider conference programme, the first forum meeting was held for members of the four Investing for Health partnerships to foster better networking and information exchange and help mainstream the strategy across and within key partners' work programmes.

Speaking at the conference, Clive Gowdy, Permanent Secretary for the Department of Health, Social Services and Public Safety.



*'Investing for Health provides a strategic framework on how health in Northern Ireland can be improved and health inequalities reduced.'*

# Health Promoting Schools

Health Promoting Schools is an Investing for Health partnership that aims to enable schools to provide an environment where the health and wellbeing of all staff and pupils are supported, in partnership with family, community and external agencies.<sup>6</sup>

This year's activities have focused on partnership working at a regional and local level; supporting the schools to achieve the criteria for the local recognition scheme; a regional evaluation of the initiative; and the development of a database of good practice.

## Partnership working

The regional Health Promoting Schools partnership is facilitated by the HPA and brings together representatives from health and education. A key role of this group during the past year was to work towards sustainability in relation to funding and the development of a school recognition scheme.



schools to meet a set of minimum criteria. The scheme is based on the principle that schools work towards becoming a health promoting school, and recognises that a school has achieved the first three stages in the process.

Based on the success of the first two years of the initiative, the DHSSPS considered the partnership's proposal and managed to secure additional funding in the 2004/05 financial year to take the initiative forward.

## Regional evaluation

Research was commissioned to assess the effectiveness of Health Promoting Schools and to inform future work. Initial findings from the

regional evaluation show the initiative has contributed to team spirit and shared vision within participating schools.



Teachers and pupils from Seaview Primary School, Belfast, highlighting the Health Promoting Schools initiative at Belfast City Hall.

'Health Promoting Schools... aims to enable schools to provide an environment where the health and wellbeing of all staff and pupils are supported...'

# Health Promoting Hospitals

The settings approach to improving, protecting and promoting health acknowledges the influence of the setting, ie hospital, school or workplace, in which people live, learn, work and use different services, while recognising the relationship between the organisation and personal factors.

The concept of a hospital as a setting for the promotion of health means that it can incorporate into its culture, and daily work activity, actions which support staff, patients, families and the wider community who link with the hospital.

## Healthy organisations

The concept originated through the work of the World Health Organization (WHO) in 1986 and has developed in Northern Ireland since 1996. As major employers, hospitals are ideally placed to lead the field in becoming healthy organisations which influence the working conditions of staff. As centres of medicine and care, research and professional development, hospitals influence a wide range of health professionals, other health organisations and the general public.



## HPH Network

From the first pilot Health Promoting Hospital (HPH) established in Northern Ireland by Altnagelvin Hospital to the present participation of 13 hospitals, there has been commitment to the development of hospitals as healthy settings for people to live and work. The HPH Network has enabled participating hospitals to learn from and support each other in this work, and has proposed the development of strategy to further develop support and investment.

**'As major employers, hospitals are ideally placed to lead the field in becoming healthy organisations which influence the working conditions of staff!'**

In July 2003, the DHSSPS commissioned the HPA to develop a programme of development to support the activities of existing Network members, to develop interest from non-participating hospitals, and to develop training, research, policy and action to highlight and strengthen the contribution of hospitals to health improvement.

The HPA will also be linking with the Network in Northern Ireland, the Republic of Ireland, and with other UK countries to ensure that effective practice is developed and shared in Northern Ireland. A coordinator for this developing programme of support was appointed during the year.

# Health Promoting Workplaces

Work is a key part of our lives and can provide a sense of wellbeing, purpose, social contact and status as well as income. Forward-looking employers can recognise the link between the control of risks, the general health of employees and the very core of the business itself.

With an estimated annual cost of work-related injuries, ill health and non-injury accidents in Northern Ireland totalling £500 million, the workplace is a key setting for promoting health.<sup>7</sup>

Until recently, most workplace health and safety policies were primarily concerned with physical safety issues and accident prevention. There is now a need to raise awareness about how employers can contribute to the promotion of the good health of their workforce.

## Working for Health strategy

The *Working for Health* strategy was published in March 2003.<sup>8</sup> We are a member of the strategy implementation group and also facilitate the sub group on raising awareness of workplace health matters throughout all work sectors in Northern Ireland.

## Work Well

We appointed a health promoting workplace coordinator to develop a health promoting workplace initiative, Work Well. The initiative aims to test and develop approaches to

workplace health and provide examples of good practice for small businesses throughout Northern Ireland.



It is funded jointly by the Health and Safety Executive for Northern Ireland through the workplace health strategy for Northern Ireland and the DHSSPS through Investing for Health.

Twenty workplaces (each with 10-50 employees) were recruited from a wide variety of sectors to participate over a one year period. Each workplace will complete a needs

assessment of their workplace and employee health needs. Following this they will develop a health action plan for their business or organisation.

'The initiative aims to test and develop approaches to workplace health and provide examples of good practice for small businesses.'

# Drugs and alcohol

The HPA aims to support the work of the Drugs and Alcohol Strategy Team and to achieve the targets outlined in the regional strategies for drugs and alcohol.<sup>9,10</sup> We worked on a number of projects throughout the year to contribute to these targets.

## Binge drinking

The HPA launched the second phase of its binge drinking campaign with a new television advertisement entitled 'You don't have to be drunk to be doing real damage'. The campaign focused on the link between binge drinking and serious health damage such as heart disease, strokes, cancer and mental health.

It also highlighted what constitutes a binge, ie a man is binge drinking if he regularly drinks more than five drinks in one session (four drinks for a woman). Regular is defined as even once a week.

Last year's ad, with the slogan 'Everyone can enjoy a drink - nobody enjoys a drunk', recently won the Publicity Association for Northern Ireland Gold Award (cinema advertising).



Attending the phase two launch of the binge drinking campaign are, from left, Rob Phipps, DHSSPS; Dr Brian Gaffney, HPA; and Frank Caddy, Northern Ireland Drinks Industry Group.

Results from the evaluation of this public information campaign were very positive. The key findings show:

- 71% had very good recall of the ad;
- 75% thought it was very believable;
- 29% of the target group (18-30s) said it made them think about their current drinking behaviour;

- 32% of the full sample (all adults) said it made them think about the current drinking behaviour of someone they knew and 46% of those said they talked to this person about their drinking behaviour.

## Volatile substance abuse

Funded by the Northern Ireland Drugs and Alcohol Campaign, the HPA published an information pack for retailers to help prevent the sale of solvents to young people. The pack included a leaflet, *Solvent abuse – a guide for retailers*, which provides facts, figures and information on the legislation surrounding the issue and suggestions on how to cope with difficult situations in shops. It also contained display materials that highlight the law on the sale of solvents and warn that solvent abuse can kill.

At the launch of the pack, Jane Young highlights the inherent dangers of volatile substances after losing a family member to solvent abuse.



## Cannabis

The HPA developed a new poster and a radio advertisement in response to the reclassification of cannabis in January 2004. The campaign reminds people that it is still illegal to possess cannabis and highlights the damaging effects cannabis has on the health of users. We continued our display of additional posters in the toilet areas of local pubs, clubs and university campuses to highlight the harmful effects of drugs.

## Website

The website on drugs and alcohol [www.drugsalcohol.info](http://www.drugsalcohol.info) was expanded during the year to incorporate new information on the policy framework in Northern Ireland and sensible drinking guidelines. Updated information on the reclassification of cannabis was also added. The website continues to be updated and currently experiences a high level of usage, receiving over 8,600 hits in March 2004.

# Tobacco

Smoking-related illnesses kill between 2,700 and 3,000 people here each year and disable thousands more.<sup>2</sup> Working to prevent people taking up smoking and helping existing smokers stop is one of our priority areas for action.

## Every cigarette...



The 'Every cigarette is doing you damage' campaign continued this year with advertising in June, September, December and January. In addition to the advertisements to promote the smokers' helpline and nicotine replacement therapy (NRT), phase three

featured two new ads, focusing on the link between smoking and lung cancer, and the damage that smoking does to the lungs and respiratory system. The television advertising was supported by radio ads and outdoor posters.

The smokers' helpline operated throughout the year providing support and advice to smokers wanting to quit. Calls to the helpline increased at the times when the television ads were broadcast. Many of the campaign materials and advertisements were adapted by the Department of Health and Children in the Republic of Ireland for use in the lead up to its smoking ban in 2004.

## Give your baby a breather



Speakers and smoking cessation coordinators at the smoking and pregnancy seminar.

Smoking while pregnant can cause health problems for mother and baby, including increased risk of miscarriage, stillbirth, low birth weight and cot death. We produced a booklet called *Give your baby a breather. Health and advice on giving up smoking during pregnancy*, to inform pregnant women about the health effects of smoking and to offer them advice on giving up, including information on NRT, the smokers' helpline and how to contact the local cessation services.<sup>11</sup> This was accompanied by two posters and was distributed through antenatal clinics, GP surgeries and pharmacies. The materials were launched at a seminar held for health professionals on smoking and pregnancy.

## Up-2-you

We continued to target young people by developing the Up-2-you website, giving it a new look and promoting it to schools via postcards and competitions. New features this year included an X-ray machine which shows the damage smoking inflicts on internal organs. Since the latest update, hits to the website have increased and this year's competitions attracted record numbers of entries.



## No Smoking Day

We also ran a campaign entitled 'For smokers who want out' to raise awareness of No Smoking Day (Wednesday 10 March) and promote the smokers' helpline. Each day, from 29 February, a television advertisement reminded smokers how many days were left until No Smoking Day to enable them to mentally prepare to give up on 10 March.

Our evaluation showed that the response to No Smoking Day was very positive, with 81% of adults aware of the day, a higher proportion than in Great Britain (72%). In total, 25% of smokers here tried to stop smoking on the day, compared with 14% in Great Britain.

# Nutrition

What we eat every day has a profound effect on our health. Eating a healthy, balanced diet can promote and protect our health, and help to prevent conditions such as obesity, heart disease, some cancers and oral disease.

## New strategy

The HPA is a member of a multi-sectoral group involving key government departments and the statutory, voluntary and private sectors, working to develop a new food and nutrition strategy for Northern Ireland. A review of the first food and nutrition strategy *Eating and health*, completed in 2003, recommended the development of a new strategy and action plan. The strategy will address issues such as policy development, public and professional information, facilitating dietary change, research and evaluation.

## Fresh Fruit in Schools

As part of our work under the *Investing for Health* strategy, we have been commissioned by the DHSSPS to manage regional elements of the Fresh Fruit in Schools pilot scheme including development of all support materials. Evaluation findings highlight school support for the scheme and increase of fruit consumption by participating children, particularly in socially disadvantaged schools. Funding has now been provided to continue the pilot for a third year.

## School meals

We have also been working with the Department of Education, Education and Library Boards, and Health and Social Services Boards on the introduction of compulsory nutritional standards for school meals. Key catering staff from more than 100 schools were given training in order to take part in a pilot project. The HPA was involved in developing the training programme, which covered basic nutrition, menu planning and healthier catering practice, and is also advising on and supervising the evaluation of the pilot.

## Five a day

We joined forces with John Henderson Ltd, owner of Spar, VG and Vivo stores, in a venture with local fresh produce specialists, 5 Pac Ltd, to launch its 100% Pure Five range of fruit and

vegetables. The range of pre-packed fruit and veg is complemented by a leaflet written and designed by the HPA, which is available at all stores and contains information encouraging everyone to eat five portions each day.



At the launch of 100% Pure Five are, from left, Iain Dickson, John Henderson Ltd; Alice Quinn, HPA; and Colm McGuigan, North Down Group.

## Cook it!

Cook it! is a community nutrition education programme which we developed with local community dietitians. It aims to increase knowledge about nutrition and food hygiene, improve cooking skills and help people to eat healthily on a low income. Following the revision of the programme in 2001, the HPA organised a number of regional training workshops. The HPA has been working with four newly appointed Cook it! coordinators to implement the programme throughout Northern Ireland. This has been made possible through a successful bid for funding from the Big Lottery Fund (formerly New Opportunities Fund).



# Breastfeeding

Breastfeeding is increasingly being recognised as a vital element in protecting health, both as babies and on into adult life. To achieve our objectives in this area, the regional breastfeeding coordinator based at the HPA continues to promote and assist implementation of the *Breastfeeding strategy for Northern Ireland*, and to facilitate the Breastfeeding Coordinators Forum.<sup>12</sup>

## Health benefits

During this year, efforts were focused on promoting the health benefits of breastfeeding for mothers and babies. We produced a leaflet aimed at pregnant women, highlighting the benefits and explaining how to get off to a good start, including skin-to-skin contact, rooming in and demand feeding. Three posters also focus on different health benefits and feature local mothers breastfeeding discreetly.

The new resources were launched at the second regional breastfeeding conference held in Armagh during National Breastfeeding Awareness Week in May 2003. Over 270 delegates from a wide range of backgrounds heard presentations on issues including bed-sharing, supplementary feeding, breastfeeding and drug use, and increasing breastfeeding rates in areas of social deprivation.

## Promoting best practice

In January 2004 we held a training seminar to promote best practice in breastfeeding. Forty five participants attended from varied backgrounds including breastfeeding coordinators, health visitors, paediatricians and dietitians. The seminar covered issues including breastfeeding and weaning, the distribution of formula milk through the health service, peer support programmes and teaching hand expression, as well as practical skills training on positioning and attachment.

To keep all those involved in promoting breastfeeding informed, we published two further issues of the breastfeeding strategy group's newsletter, *Keeping abreast*. The autumn issue included a resource list highlighting useful books, leaflets and other information sources for health professionals and parents.

## Raising awareness

We also carried out considerable development work for the future. Our research showed that many people are embarrassed by breastfeeding and don't understand the benefits. To counter this, we prepared television and radio advertisements and a poster campaign aimed at encouraging everyone to accept breastfeeding as the best and most natural way to feed a baby.



At the public information campaign launch are, from left, Breastfeeding Coordinators Diane Lockhart and Patricia Weir, with Tereseata Kelly, baby Aidan and Dr Claire Willis, DHSSPS.

Two new resources were also developed to support women who want to breastfeed. Our new website, [www.breastfedbabies.org](http://www.breastfedbabies.org), highlights why breastfeeding is important, and includes a step-by-step guide to positioning and attachment, guidance on expressing breastmilk, solutions to common breastfeeding problems, and contacts for further support.

Covering similar topics, our book *Off to a good start: all you need to know about*



*breastfeeding your baby* will be distributed to all pregnant women at their antenatal appointments.<sup>13</sup> The book was adapted for Northern Ireland from an original resource produced by Health Scotland.

# Physical activity

We continued our important role in this area by supporting the Northern Ireland physical activity strategy through facilitating the strategy implementation group (NIPAIG), regional public information campaign work and collaborative projects.<sup>14</sup>

## Get a life, get active

During February and March the HPA broadcast a series of television advertisements and produced and distributed support materials to encourage the public to 'get a life, get active'. The TV ads highlighted the 'go walking' and 'go cycling' messages as well as encouraging the public to put more effort into everyday activities such as housework and gardening.



Community Grant winner, The Blind Centre for Northern Ireland, Coleraine, with some of the gardening equipment which has transformed an allotment in the area.

This year's fifth annual Get Active in the Community Cash Grant Awards attracted 449 applications; 156 groups were awarded grants of up to £500 for projects which will create opportunities for people to take part in physical activity in their local area. The scheme is part of the implementation of the regional physical activity strategy and is funded by the DHSSPS.

A review of physical activity initiatives undertaken over the past three years showed that the 'get a life, get active' campaign, which includes the community grants scheme, has improved the public's knowledge of the benefits of physical activity and increased the number of people who are physically active.

## Class Moves!

The Class Moves! pilot programme was initially developed in the Netherlands to aid in the development of primary school children's movement and relaxation. During the year the HPA supported the programme within the WELB, supplying additional resources to pilot schools and concluding a pilot evaluation study undertaken by Stranmillis University College, Belfast.

Results of a postal survey of participating schools a year after the introduction of the programme showed that it was readily transferable from a Dutch setting, and that teachers and pupils found the activities enjoyable. The programme appeared to improve the concentration and attention span of children as well as lead to a better classroom atmosphere.

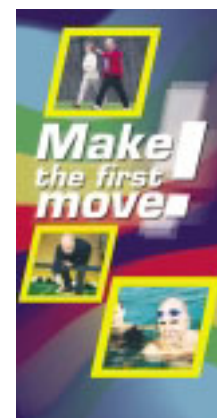
## Actively Ageing Well

Physical activity is an important factor in staying healthy and retaining mobility and independence as people grow older. Almost two thirds of those aged 75 and over are sedentary in Northern Ireland, while half of those aged between 65 and 74 take little or no exercise at all.<sup>15</sup>

We continued to work in partnership with Age Concern on the five year programme Actively Ageing Well which is funded by the Big Lottery Fund (formerly New Opportunities Fund). The programme offers opportunities for groups to develop and implement safe, sustainable physical activity for those aged 50 and over.

As part of Actively Ageing Well, we developed a new public information leaflet on physical activity targeted at sedentary older people. *Make the first move!* aims to provide positive motivational messages about the health benefits of becoming more active physically, as well as to promote the Actively Ageing Well network.

The HPA and Age Concern Northern Ireland also joined forces to help launch and disseminate the British Heart Foundation's Active for later life resource which aims to support all those involved in developing physical activity programmes for older people.



# Sexual health

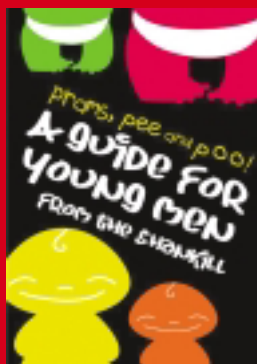
The HPA works to increase understanding and responsibility in relation to sexual health. Sexual health promotion incorporates a number of strands including sex education, family planning, the prevention of unplanned teenage pregnancy, the prevention of sexually transmitted infections and the prevention of the spread of HIV and AIDS.

## Teenage pregnancy

The HPA is a member of the Sexual Health Strategy Development Group and the Teenage Pregnancy and Parenthood Strategy Implementation Group.<sup>16</sup> As part of our work in support of the implementation of the latter strategy, we undertook the development of a database of community based initiatives which work with young people.

## Prams, pee and poo!

Follow-up evaluation of the resource *Prams, pee and poo!* that we produced in conjunction with Shankill Sure Start for the Fatherhood Project showed a positive response. This was an innovative pilot scheme for young men aged 15-25 years who needed help and advice on being a dad.



## Factsheets

The HPA works in collaboration with fpaNI to make information accessible through the Sexual Health Information service (SHI), formerly known as the Contraceptive Education Service. The aim of this alliance is to increase awareness of the importance of sexual health promotion among professionals and the general public.

Of the six factsheets on sexual health issues we produced to support the service, five were updated during the year. These provide the latest available statistics on teenage pregnancy, abortion, sexually transmitted infections, and the provision of family planning services in Northern Ireland, as well as the most recent recommendations for sex education in schools. They are available from the sexual health publications section of our website.

## Young men and sex

In collaboration with the Sexual Health Information Exchange group we organised a well received conference dealing with issues such as young men as fathers, masculinity, and approaches to the sexual health of young gay and bisexual men. The Sexual Health Information Exchange group is organised and facilitated by the HPA with representation from health promotion staff from HSS Boards and Trusts, the Genito-Urinary Medicine (GUM) clinic at the Royal Victoria Hospital, Belfast, and Barnardos.



At the 'Young men and sex: facts and fiction' conference are, from left, Dr Brian Gaffney, HPA; Jonny Ashe, YouthAction NI; Audrey Simpson, fpaNI; Mat Crozier, YouthAction NI; and Dr Ian Banks, British Medical Association.

## Fairy Godfather

Training to enable post primary teachers to use The Fairy Godfather resource effectively evaluated very positively. The resource consists of video and support materials to enable teachers to implement and/or review their policy on relationships and sexuality education (RSE). It supports the Department of Education guidelines for schools and recommendations from the *Teenage pregnancy and parenthood strategy* and was produced by fpaNI in partnership with the HPA.<sup>17</sup> Both the resource and the training were funded by the DHSSPS.

# Mental and emotional health

The HPA aims to encourage positive mental health by contributing to meeting the targets set out in *Investing for Health* and the regional *Promoting mental health strategy*.<sup>18</sup> Good mental health is associated with having a positive self image, satisfying relationships with peers and family, and skills and competencies in areas such as decision-making, problem-solving, relationships, and self motivation. Research shows that mental health problems are among the most common forms of ill health in Northern Ireland with one in four suicide deaths occurring among those aged under 25 years.<sup>19</sup> This has served to focus our work with young people.

Many of this year's activities have focused on partnership working to deliver information initiatives for targeted groups and professionals in a range of forums, including chairing the Multi-Agency Implementation Group. This group reports progress on implementation of the strategy and action plan annually to the Ministerial Group on Public Health.

## Mental health promotion

The HPA is an active member of the Mental Health Promotion Expert Working Committee of the DHSSPS review of the Mental Health and Learning Disability in Northern Ireland. The group is preparing a report to the main committee which will ensure that mental health promotion is an important dimension of the review.

## Design for Living

The HPA continued its regional partnership work with the Youth Council for Northern Ireland, and Action Mental Health. The partnership known as the Design for Living partnership aims to work to raise awareness of and support the mental health needs of young people. To mark its long standing partnership with the HPA, Action Mental Health honoured us with an award at the celebrations to mark its 40<sup>th</sup> anniversary.

The partnership held a series of three seminars throughout Northern Ireland which were focused on young people and self esteem. The seminars were organised in response to the evaluations from previous events delivered as part of the partnership programme. These seminars were

positively received and appreciated by a wide range of participants.



Pictured at a Design for Living Partnership seminar are, from left, Dr Tony Humphreys, clinical psychologist, and Linda Barclay, HPA.

## Mind Your Head

*Mind your head*, a guide for students and staff that was produced and successfully introduced by the HPA and the National Union of Students and Union of Students in Ireland (NUS-USI) last year, was revised to include contacts for students in Further and Higher Education, as well as for university students.

The resource offers information on how to support young people in the transition from school to student life and how to maintain mental and emotional wellbeing. It also contains a comprehensive contact list of helpful local organisations and websites. It was distributed to all first year students in September, and an accompanying support guide was distributed for use by tutors, parents and student advisors.



Bernadette Best, Action Mental Health, presents an award to Dr Brian Gaffney, HPA, at the celebrations to mark its 40<sup>th</sup> anniversary.

# Health protection

Health protection is concerned with the elimination or control of external threats to public health, including environmental threats and infectious diseases. We contributed to an increased number of regional health protection programmes, managed by the DHSSPS, through the provision of information resources and approaches, designed to protect and maintain the health of those in specific target groups. This was achieved by working in partnership with a variety of organisations within the health and social services.

## Immunisation

We contributed to the ongoing development of childhood immunisation materials through the production of a leaflet for parents and an information pack for professionals to promote a booster dose of the Hib vaccine.

Information leaflets supporting the childhood immunisation programme were updated and reprinted for distribution through GP practices, health visitors and school doctors/nurses.

## Antenatal screening

The leaflet *Protecting you and your baby* was translated into a sixth minority ethnic language following demand from the growing Portuguese community. The leaflet and consent form complement our existing range of languages - Arabic, Cantonese, Hindi, Irish and Urdu.

## Influenza/pneumococcal infection

Influenza continued to be a priority area with the implementation of a new phase of the public information campaign to support the flu and pneumococcal immunisation programmes. Print materials and television, radio and bus advertisements focused on the protection provided by the flu vaccine.

A new information leaflet was developed for those eligible for the pneumococcal vaccination and targeted those over 65 years and people with specific medical conditions. A factsheet for health professionals complemented this.

## Hepatitis C

The HPA worked with the DHSSPS to produce materials for the public on Hepatitis C. A leaflet for the public has been drafted and translated into six languages.

## SARS

Through our representation on the communications sub-group of the SARS Regional Taskforce we developed an information leaflet and poster to provide the general public with information in the event of a SARS outbreak in the UK. The leaflet was translated into Mandarin and Cantonese.

## Antibiotic resistance

In support of our contribution to the implementation of the DHSSPS *Antimicrobial resistance action plan* (AMRAP) we developed high profile public information campaigns on antibiotic use and infection control.<sup>20</sup>



This included support literature and television advertising focusing on the need to limit the use of antibiotics and on the importance of regular hand-washing.

## Breast screening

Leaflets in support of the breast screening initiative were reprinted for the local screening centres and the central health promotion resource services in Health and Social Service Board areas. One of the leaflets, *Breast awareness: looking out for changes*, was translated into Portuguese to complement our current range of translations available as PDF files on the following websites: [www.dhsspsni.gov.uk/phealth](http://www.dhsspsni.gov.uk/phealth) and [www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk)

# Research and evaluation

The research and evaluation function remains a vital element in the HPA's work. The results of baseline research, testing and evaluation form the basis of many of our programmes, and add value and credibility to a wide range of our outputs.

## Campaign testing

The depth and scale of the research and evaluation input to our work is highlighted throughout this *Annual report*, with specific reference to research, testing and campaign evaluation - especially in the areas of alcohol, smoking, physical activity, breastfeeding and sexual health. Larger scale evaluation work has started in the areas of workplace health through the Work Well and Health Promoting Schools pilot projects.

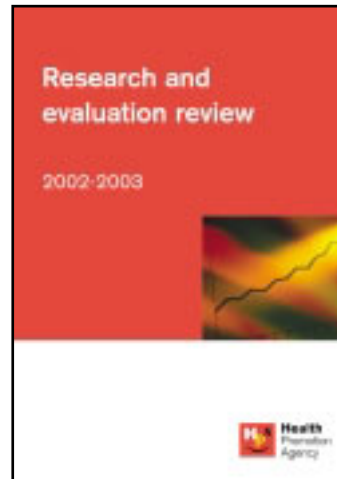
The HPA has continued involvement in research groups at the DHSSPS including the Information and Research Working Group (to support the Northern Ireland Drugs and Alcohol Campaign). Work with the Northern Ireland Statistics and Research Agency (NISRA), an agency within the Department of Finance and Personnel, continued through involvement with the steering group of the *Young persons behaviour and attitudes survey*.<sup>21</sup>

We are also responsible for the regional evaluation of the Fresh Fruit in Schools project. Evaluation work to date this year has measured change in children's consumption of fruit and snacks, a survey of schools involved in the scheme, focus group work with teachers and a postal survey of parents whose children are involved in the scheme.

## Research review

The 2002-2003 review covered a range of research and evaluation work carried out during the year.<sup>22</sup> This included summaries of a review of three years of physical activity campaign research, the second stage of evaluation of the 'Every Cigarette is doing you damage' campaign in addition to a follow-up study of callers to the smokers' helpline that supported the campaign.

Other summaries included training needs assessment of school meals staff in Northern



Ireland, evaluation of No Smoking Day 2003, evaluation of Get Active in the Community Awards scheme 2002, evaluation of Class Moves! and research carried out to support the Antimicrobial resistance action plan.

As well as carrying out corporate research and evaluation, we are also committed to the wider support of research and evaluation initiatives that address health promotion and health issues.

'The results of baseline research, testing and evaluation form the basis of many of our programmes, and add value and credibility to our outputs.'

# Training and professional development

The HPA continued to support the health promotion agenda through its training and professional development programme.

The programme is designed to support those who work to promote health from a wide range of backgrounds including health, education, environment and community and voluntary sectors. In line with business objectives we continued to assess need and develop events that contributed to the enhancement of knowledge and skill for the delivery of quality practice in health promotion.

## Training approaches

We worked in partnership with a range of organisations to ensure a high quality delivery of training events at the best value for all participants. As accessibility is a key consideration, we subsidised training events for all participants in Northern Ireland.

Training needs were assessed on a continual basis through post-training event evaluations, as well as information gathered from networks and partnerships. This data was used to identify key training and development needs.

During 2003-2004 we offered a range of training events to over 470 individuals including workshops, seminars, conferences, and accredited courses, which aimed to increase knowledge, understanding and skill development across a range of issues linked to the promotion of health and wellbeing.

A new method of delivery was piloted in January 2004 in the form of Breakfast Seminars to allow participants to gain short professional updates in an early morning session which

would facilitate minimum time away from their place of work. This method of training may be enhanced through the use of video conferencing.

Further progress was made in the development of an interactive website on smoking cessation. A supporting DVD was produced that illustrates the key principles of motivational interviewing and can be used in a range of training programmes for primary care professionals.

Intergenerational practice is based on the concept of social inclusion of young people and older people. Intergenerational programmes allow for an exchange of resources and learning which brings individual and social benefit.

## Training review

A synopsis of each training event evaluation report was published on our website. The evaluations for this year indicate a high level of satisfaction with the training and professional development from participants, and their comments have been used for input into future planning.

## Student award

The HPA holds the stewardship of the Association of Health Service Managers (AHSM) Award fund, which was donated by the former Association of Senior Managers to fund health promotion with a specific focus on education for management in health. The award is offered to a student from the MSc in Health Promotion at the University of Ulster who achieves the highest marks in the Management by Communication module, and the HPA matches the funding given by the AHSM. This year's recipient was Diane McCaughan.



# Communications

The HPA is committed to achieving high quality standards in both internal and external communication. We seek to improve the availability and accessibility of all our communications wherever possible, while taking into account recommendations highlighted through the equality impact assessment process.

## Communications strategy

To ensure we continue to meet key objectives, we launched a revised and updated *Communications strategy* during the year setting out the aims, objectives and monitoring systems for planned communications. The accompanying protocols detail the actions required to achieve a consistent approach and high quality standards in communication. These also form the basis of training in communication skills which are part of the HPA internal training programme.

## Campaigns

HPA campaigns organised during the year gained recognition for advertising excellence through four awards from the Publicity Association for Northern Ireland (PANI) and three finalist certificates from the 'Globals' - international healthcare communications awards.

Public information campaigns were conducted throughout the year in the areas of smoking, sexual health, alcohol, breastfeeding, immunisation, flu, infection control, antibiotics, drugs and solvent abuse.

## Websites/electronic communications

The process of updating the corporate website [www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk) continued with the new design of the site navigation going live in September. This makes it easier for visitors to locate our press releases and publications. Most publications are now available as PDF files.

New sections on areas of work were added along with a facility for displaying job vacancies and application packs.

The website [www.drugsalcohol.info](http://www.drugsalcohol.info) featured an improved news section and continued to experience a high number of hits. The site for young people on smoking, [www.up-2-you.net](http://www.up-2-you.net), was also updated and ran a competition for school children.

To facilitate improved internal communication, December saw the launch of the first phase of our intranet Fuse, and a new internal newsletter *Informal* was produced.

## Corporate communications

Two issues of the *Promoting health* journal were produced during the year. These focused on the issues of obesity and international collaboration. The direction of the journal is now being examined

and we look forward to the unveiling of a new format and fresh design in the near future. We also produced six issues of the bi-monthly newsletter *Inform* to keep colleagues up to date about ongoing HPA work and relevant issues in health promotion.



## Resource development

Demand for our printed materials necessitated the updating and reprinting of more than 30 core publications. A new development was the in-house production of the Northern Ireland editions of resources for first time mothers. The HPA adapted material in *The pregnancy book* and *Birth to five*, which were originally published by the Department of Health, England.<sup>23,24</sup>

## Press and publicity

Our busy press office dealt with media calls requesting a variety of information and input during the period. Calls varied from those linked to current HPA campaigns through to general enquiries on various aspects of health and health promotion issues.

# International collaboration

The aim of the HPA's cross border/international health promotion programme is, 'To promote the good health of local people through sharing best practice and developing joint initiatives in Northern Ireland, the Republic of Ireland and beyond! During the year we have met objectives in this area through a broad range of initiatives.

## Cross-border

On an all-island basis the HPA was involved in the Republic of Ireland's programme to promote heart health, one of the major health initiatives during the Irish European Union presidency.

Other all-island initiatives included representation on the Irish National Breastfeeding Committee, the Nutrition Forum led by the Food Safety Promotion Board, dietitians' working groups and at regular meetings with health promotion colleagues from the DHSSPS and the Department of Health and Children in the Republic of Ireland on the future of public information work. Furthermore, the Department of Health and Children adapted the 'artery' television ad for use in its smoking campaign which also featured support materials developed originally by the HPA.

## East/west cooperation

The HPA Chair and Chief Executive participated in several meetings throughout the year as representatives of the Chief Officers Group for the UK.

## WHO/CINDI

Internationally, the HPA has enhanced links with WHO through continuing work as a WHO Collaborating Centre for Training and Research in Communications and Information Technology in Health Promotion and Disease Prevention.

Links with WHO were further strengthened through the reaffirmation of Northern Ireland's membership of WHO's CINDI Programme. Key members of WHO met at a special event at Stormont to recognise the involvement and contribution of the HPA over the past 15 years. The event, which took place in February, was held during the annual CINDI Directors' meeting, staged in Northern Ireland for the first time.

The CINDI Programme in Northern Ireland is set within the context of *Investing for Health*, and the continued support from the DHSSPS for this work is appreciated and acknowledged.

During the year we also published the ninth edition of *CINDI highlights* which is used to record and promote the work of the member countries and to lobby for more funding for health promotion work in Europe and beyond.<sup>25</sup>



Attending the CINDI reaffirmation signing ceremony are, from left, Dr Aushra Shatchkute, CINDI; Ms Alice Quinn, HPA; and Dr Henrietta Campbell, DHSSPS.

## Healthy Cities

The September issue of *Promoting Health* focused on the role of international collaboration in promoting public health to coincide with the International Healthy Cities conference which took place in Belfast on 19-22 October.

The collection of articles underlined the collaborative nature of public health promotion, at a global and local level. It also showed how we can learn from a range of influences and how we can be proud of many of the effective areas of health promotion which we in Northern Ireland have to share with others.

# Corporate business

The HPA has continued to work to fulfil a number of corporate responsibilities and objectives.

## Human resources

As part of our ongoing commitment to Investors in People (IIP) we recognise that staff are key in delivering our organisational aims and objectives, and human resources strives to attract, develop and train the best people. During the year the internal performance management system was updated, and a two-year corporate training programme was launched covering topics including human rights, freedom of information and risk management.

A comprehensive IT skills programme was undertaken to ensure all staff were trained to a Microsoft Office recognised standard and the Workplace Health Group was launched to expand the remit of the previous health and safety group, incorporating the Health Promoting Workplace initiative.

The HPA established a project team to lead the effective implementation of Agenda for Change.<sup>26</sup> The team's role is to ensure the HPA is on target to meet the requirements of the regional plan and to consider how the new pay system can be used to benefit the organisation.

## Equality

During the past year the HPA worked proactively in the implementation of its statutory equality duties under Section 75 of the Northern Ireland Act 1998. We carried out an Equality Impact Assessment of our information campaigns and, working closely with other Health and Personal Social Services (HPSS) bodies, we undertook initiatives to mainstream equality and meet the requirements of the Disability Discrimination Act. We have also been implementing our TSN action plan as the basis of addressing social need and deprivation in Northern Ireland.

## Controls assurance

During the year we introduced a number of changes in accordance with the HPSS six core controls assurance standards including risk management, governance and human resources. We are committed to further development of operating practices to reflect these standards and will introduce new standards as they are issued by the DHSSPS.

## Freedom of Information

In discharging our duties as specified within the Freedom of Information (FOI) Act 2000 we developed a publication scheme during the year which outlines the information that is being made available to the public. Under the Act, from 2005 the public will have a general right of access to all types of written information held by public authorities. The scheme can be downloaded from the HPA's website or is available in hard copy. A copy of our *Business plan* is also available from our website.

## Comments and complaints

A number of positive comments were forwarded formally to the HPA in recognition of its work this year. No formal complaints were received. We are committed to openness and continual improvement and welcome comments on our work. If you wish to make a formal comment or complaint please contact: Les McLean, Director of Corporate Services and Organisational Development, Health Promotion Agency for Northern Ireland, 18 Ormeau Avenue, Belfast BT2 8HS.

## Accountability review



Angela Smith MP, centre, Minister for Health, tours our premises during the accountability review with Dr Brian Gaffney and Ms Alice Quinn, HPA.

During the year the accountability review was carried out by the DHSSPS on the work of the HPA. The review was led by Angela Smith MP, Minister for Health, and involved senior departmental officers. The Minister took the opportunity to tour our premises and to meet HPA staff.

# Accounts

## REVENUE INCOME AND EXPENDITURE FOR THE YEAR ENDED 31 MARCH 2004

|  | 2004<br>£        | 2003<br>£        |
|--|------------------|------------------|
| <b>Income</b>  |                  |                  |
| Income from operating activities   | 4,182,586        | 3,519,766        |
| Income from other sources  | 132,456          | 59,417           |
|  | <hr/>            | <hr/>            |
| Total income   | 4,315,042        | 3,579,183        |
|  | <hr/>            | <hr/>            |
| <b>Expenditure</b>   |                  |                  |
| Staff costs  | 1,242,262        | 1,059,344        |
| Depreciation   | 29,767           | 20,281           |
| Other operating expenses   | 3,055,270        | 2,470,449        |
|  | <hr/>            | <hr/>            |
| <b>Total expenditure</b>   | <b>4,327,299</b> | <b>3,550,074</b> |
|  | <hr/>            | <hr/>            |
| <b>Operating surplus/(deficit) before provisions</b>                                   | <b>(12,257)</b>  | <b>29,109</b>    |
| Provisions for future obligations  | 0                | 0                |
|  | <hr/>            | <hr/>            |
| <b>Retained surplus/(deficit) after provisions</b>                                     | <b>(12,257)</b>  | <b>29,109</b>    |
|  | <hr/>            | <hr/>            |
| <b>Adjustment to add back:</b>   |                  |                  |
| Notional cost of capital   | 4,615            | 5,242            |
| Other notional costs   | 29,767           | 20,281           |
|  | <hr/>            | <hr/>            |
| <b>Surplus/(deficit) on ordinary activities<br/>excluding notional cost of capital</b> | <b>22,125</b>    | <b>54,632</b>    |
|  | <hr/> <hr/>      | <hr/> <hr/>      |

## CAPITAL INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

|   | 2004<br>£       | 2003<br>£       |
|---|-----------------|-----------------|
| <b>Income</b>                                   |                 |                 |
| Capital advances from DHSSPS                    | 7,750           | 0               |
| Other capital income                            | 0               | 0               |
|   | <hr/>           | <hr/>           |
| Total income                                    | 7,750           | 0               |
|   | <hr/>           | <hr/>           |
| <b>Expenditure</b>                              |                 |                 |
| Building installations and fittings             | 0               | 0               |
| Equipment                                       | 29,159          | 54,312          |
|   | <hr/>           | <hr/>           |
| Total expenditure                               | 29,159          | 54,312          |
|   | <hr/>           | <hr/>           |
| <b>Surplus/(deficit) for the financial year</b> | <b>(21,409)</b> | <b>(54,312)</b> |
|   | <hr/> <hr/>     | <hr/> <hr/>     |

# Accounts

## BALANCE SHEET AS AT 31 MARCH 2004

|  | 2004<br>£             | 2003<br>£             |
|--|-----------------------|-----------------------|
| <b>FIXED ASSETS</b>                                      |                       |                       |
| Tangible assets  | 131,051               | 132,833               |
| <b>CURRENT ASSETS</b>                                    |                       |                       |
| Stock  | 3,420                 | 2,656                 |
| Debtors  | 478,478               | 365,427               |
| Cash at bank and in hand                                 | 10,567                | 4,232                 |
|  | <u>492,465</u>        | <u>372,315</u>        |
| <b>CURRENT LIABILITIES</b>                               |                       |                       |
| Creditors - amounts falling due within one year          | (486,098)             | (366,664)             |
| <b>Net current assets/(liabilities)</b>                  | <u>6,367</u>          | <u>5,651</u>          |
| <b>Total assets less current liabilities</b>             | <b>137,418</b>        | <b>138,484</b>        |
| Creditors - amounts falling due after more than one year | (4,023)               | (4,023)               |
| Provisions for liabilities and charges                   | 0                     | 0                     |
| <b>NET ASSETS/(LIABILITIES)</b>                          | <u><b>133,395</b></u> | <u><b>134,461</b></u> |
| <b>FINANCED BY:</b>                                      |                       |                       |
| Capital account  | 131,051               | 132,833               |
| Revenue income and expenditure                           | 195,713               | 173,588               |
| Capital income and expenditure reserve                   | (193,369)             | (171,960)             |
|  | <u>133,395</u>        | <u>134,461</u>        |

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2004

|   | 2004<br>£           | 2003<br>£             |
|---|---------------------|-----------------------|
| <b>Net cash inflow/(outflow) from operating activities</b>    | <b>27,744</b>       | <b>52,977</b>         |
| <b>Capital expenditure</b>                                    |                     |                       |
| Payments to acquire tangible fixed assets                     | (29,159)            | (54,312)              |
| Proceeds from sales of tangible fixed assets                  | 0                   | 0                     |
| Net cash inflow/(outflow) from capital expenditure            | <u>(29,159)</u>     | <u>(54,312)</u>       |
| <b>Management of liquid resources</b>                         |                     |                       |
| Purchase of current asset investment                          | 0                   | 0                     |
| Sale of current asset investment                              | 0                   | 0                     |
| Net cash inflow/(outflow) from management of liquid resources | <u>0</u>            | <u>0</u>              |
| <b>Net cash inflow/(outflow) before financing</b>             | <b>(1,415)</b>      | <b>(1,335)</b>        |
| <b>Financing</b>  |                     |                       |
| Capital funding   | 7,750               | 0                     |
| Net cash inflow/(outflow) from financing                      | 0                   | 0                     |
| <b>Increase/(decrease) in cash and bank balances</b>          | <u><b>6,335</b></u> | <u><b>(1,335)</b></u> |

# Accounts

## STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2004

|  | 2004<br>£     | 2003<br>£     |
|--|---------------|---------------|
| Revenue surplus/(deficit) for the financial year                               | 22,125        | 54,632        |
| Unrealised surplus/(deficit) on the revaluation and indexation of fixed assets | (4,346)       | 2,593         |
| Total gains/(losses) recognised for the financial year                         | <u>17,779</u> | <u>57,225</u> |

This *Annual report*, including the summary financial statements, was approved by the HPA Board at its meeting on 12 August 2004.



Alice Quinn  
Chair



Dr Brian Gaffney  
Chief Executive

Copies of the HPA's full annual accounts can be obtained from Marie McCloskey, Finance and Administration Manager, Health Promotion Agency for Northern Ireland, 18 Ormeau Avenue, Belfast BT2 8HS. Email [m.mccloskey@hpani.org.uk](mailto:m.mccloskey@hpani.org.uk)

### Senior executive's remuneration

| Name         | Salary,<br>including<br>performance<br>pay | Real<br>increase in<br>pension at 60<br>at 31/3/04 | Total<br>accrued<br>pension at 60<br>at 31/3/04 |
|--------------|--|--|---|
| Dr B Gaffney | £<br>75,533                                | £<br>Consent to<br>disclosure<br>withheld          | £<br>Consent to<br>disclosure<br>withheld       |

No benefits in kind are provided.  
Salary does not include employer's contributions.

### Public Sector payment policy

#### Measure of compliance

The Department of Health, Social Services and Public Safety requires that the HPA pays its non HPSS trade creditors in accordance with the Confederation of British Industry (CBI) Prompt Payment Code and Government Accounting rules. The Government Accounting rules require that "timing of payment should normally be stated in the contract ... where there is not contractual provision departments should pay within 30 days of receipt of goods and services or on the presentation of a valid invoice, whichever is the later".

The HPA's compliance for 2003/4, based on a sample of 5% of non HPSS trade creditors, was:

|   | Number | Value<br>£ |
|---|--------|------------|
| Total bills sampled 2003/4              | 94     | 104,627    |
| Total bills sampled paid within 30 days | 90     | 104,107    |
| % of sampled bills paid within 30 days  | 95.7%  | 99.5%      |

None of the HPA Board members, members of key management staff or other related parties has undertaken any material transactions with the HPA during the year.

# Accounts

## Northern Ireland Health Promotion Agency

### Statement of the Comptroller and Auditor General to the House of Commons and the Northern Ireland Assembly

I have examined the summary financial statement of the Health Promotion Agency.

#### Respective responsibilities of Board Members, Chief Executive and the Auditor

The summary financial statement is the responsibility of the Board Members and the Chief Executive.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the *Annual report* with the full financial statements, and its compliance with the relevant requirements of The Health and Personal Social Services (Northern Ireland) Order 1972 and Department of Health, Social Services and Public Safety directions made thereunder. I also read the other information contained in the *Annual report*, and consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

#### Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 "The auditors' statement on the summary financial statement" issued by the Auditing Practices Board for use in the United Kingdom.

#### Opinion

In my opinion the summary financial statement is consistent with the full financial statements of the Health Promotion Agency for the year ended 31 March 2004 and complies with the applicable requirements of the Health and Personal Social Services (Northern Ireland) Order 1972 and Department of Health, Social Services and Public Safety directions made thereunder.



J M Dowdall CB  
Comptroller and Auditor General

Northern Ireland Audit Office  
106 University Street  
Belfast BT7 1EU

Date: 24 August 2004

# The HPA Board

## Board members at 31 March 2004

The HPA's work is managed by a Board of 10 members appointed by the Minister for Health, Social Services and Public Safety through the DHSSPS. Members contribute valuable advice and expertise as well as an independent perspective on issues of strategy and performance. The Board meets four times a year to discuss strategy,

monitor performance and assist in the development of priorities and policies. Each Board member acts in a personal, non-representative capacity, and non-executive members - with the exception of the Chair - give their services without remuneration.

A full list of members' interests is available on request.



**Ms Alice Quinn**

is Chair of the HPA. She joined the HPA after a high profile career in retailing with Marks and Spencer, both in the UK and mainland Europe, spanning almost 30 years. She is Chair of Proteus (an intermediary funding body for administering and managing European peace funding), an independent member for the Project Board of the Prosecution Service, a board member of Enterprise Ulster and a member of the International Women's Forum. Ms Quinn has also been a member of Business in the Community, the Confederation of British Industry (CBI), the Institute of Directors (IoD) and the Broadcasting Council of the BBC.



**Mrs Fiona Bagnall**

enrolled as a Solicitor with the Law Society of Northern Ireland in 1986 and was a partner with Brangam, Bagnall and Co (Solicitors). She was appointed a Resident Magistrate in July 2003.



**Ms Liz Fiddis Carville**

retired after 27 years from Belfast Institute in August 2003 where she was a lecturer in Health Studies, Dental Nursing Course Coordinator and Senior Lecturer, Student Support. She is currently a part-time lecturer and Dental Nursing Course Coordinator in Fermanagh College of Further and Higher Education, Enniskillen. As Equality Officer of NATFHE, the Lecturers Union, and Vice-chair Northern Ireland Irish Congress of Trade Unions Disability Committee until her retirement, Liz continues her interest in disability issues on the board of Ulster Supported Employment Ltd (USEL) where she is a non-executive director.



**Dr Brian Gaffney**

is Chief Executive of the HPA. He worked as a GP and then as a Consultant in Public Health Medicine. He has broad experience of the health service from primary care to strategic management.



**Mr Anthony Harbinson**

joined the Northern Ireland Civil Service in December 2001 after 15 years in the health service. He was Director of Finance with the Mater Health and Social Services Trust and before that was Director of Finance for the Eastern Multifund and the Eastern Area Ambulance Service Trust. Since 1995 he has been a member of Threshold (NI), a charitable organisation specialising in working with young people who suffer from mental illness.



**Ms Gemma Harkin**

has over 20 years' experience in social welfare, housing and disability, with particular reference to service users. She was Director (community sector) of City Partnership Board Derry/Londonderry from 1996 to 2003.



**Dr David Higginson**

has been a consultant cardiologist at the Ulster Community and Hospitals Trust since 1983 having previously trained in the Royal Victoria Hospital, and the Royal Postgraduate Medical School, London. He is a Fellow of the Royal College of Physicians of London and a Fellow of the European Society of Cardiology. He has served on the Council of the Irish Cardiac Society and is interested in primary and secondary prevention of heart disease. He has been chairman of the medical staff at the Ulster Hospital since 2002.



**Mrs Janet Leckey**

was formerly a Research Fellow in Higher Education. She currently sits as a Lay Panel Member in the Family Proceedings and Youth Courts. She is a Lay Assessor with the National Clinical Assessment Authority (NCAA) and is the regionally-elected member for Northern Ireland on the National Council of the charity CRUSE-Bereavement Care.



**Mrs Una O'Kane  
OBE**

has been Principal of St Mary's Grammar School, Magherafelt, since 1995. She was previously Assistant Director with the Council for the Curriculum, Examinations and Assessment (CCEA). Through her work in the field of education she has been involved in developing policy and practice for health education and health promotion in schools. She was recently awarded an OBE for services to education. Mrs O'Kane retires from St Mary's Grammar School on 31 August 2004.



**Mrs Valerie Owens  
OBE**

is a Practice Development Manager with the Probation Board for Northern Ireland. She has responsibilities for managing programmes to address sexual offending, and chairs a number of local committees within the Multi-Agency Risk Assessment and Risk Management procedures. She represents the Probation Board on the Southern and Eastern boards' area child protection committees. She is particularly interested in the development of public health approaches in the prevention of sexual abuse.

# HPA staff and directors

from 31 March 2003 to 1 April 2004

## Senior management team

**Dr Brian Gaffney**  
Chief Executive

**Linda Barclay**  
Director of Programme Development

**Maureen Gardner**  
Director of Communications

**Kevin Doherty**  
Corporate Services Manager  
(until June 2003)

## Senior managers

**Rob Phipps**  
Policy and Programmes  
(until October 2003)

**Stephen Wilson**  
Planning and Coordination

## Chief Executive's office

**Heather McDermott**  
Personal Assistant to the Chief Executive

**Dr John Yarnell**  
Reader in Cardiovascular  
Epidemiology  
(Joint appointment with The Queen's  
University of Belfast)

## Programme development

**Lynn Black**  
Regional Health Promotion Manager  
Children and young people  
(until August 2003)

**Janet Calvert**  
Regional Breastfeeding Coordinator

**Maire Campbell**  
Regional Health Promotion Manager  
Training and professional  
development

**Julie Hill**  
Health Promoting Workplaces  
Coordinator

**Dr Angela Jordan**  
Specialist Registrar, Public Health  
Medicine (secondment)

**Angela McComb**  
Regional Health Promotion Manager  
Nutrition

**David Porter**  
Health Promoting Schools  
Coordinator

**Siobhan Weir**  
Regional Health Promotion Manager  
Physical activity  
(until January 2004)

## Research, evaluation and information

**Sarah Bothwell**  
Health Development Officer

**Jo Brizzell**  
Research Officer (secondment)

**Dr Gillian Gilmore**  
Research Officer

**Deborah Hunter**  
Health Development Officer  
(until May 2003)

**Naomi McCay**  
Research Manager

**Dympna McKay**  
Health Development Officer

**Kelly Warnock**  
Health Development Officer

## Communications

**Sean Arbuckle**  
Graphic Artist

**Catherine Brown**  
Publications Officer

**Stephen Cousins**  
Web Developer

**Michele Crooks**  
Publications Officer

**Sinead Curran**  
Public Relations Officer  
(until July 2003)

**Jenny Dougan**  
Public Relations Officer

**Linda Giles**  
Publications Officer

**Laura Kavanagh**  
Marketing Assistant  
(student placement)

**Rachel Kelly**  
Communications Manager

**Ruth Knowles**  
Publications Development Manager

**Alan Martin**  
Design, Production and Electronic  
Communications Manager

**Margaret McCrory**  
Marketing Manager

**Adam McCune**  
Web Development Assistant

**Arthur McVeigh**  
Graphic Artist

**Tony Sheridan**  
Communications Manager

**David Thompson**  
Public Relations Officer

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## Corporate services

**Kenneth Best**

Finance Assistant  
(until September 2003)

**Lesley Blackstock**

Support Services Administrator

**Clare Campbell**

Receptionist (until August 2003)

**Fiona Campbell**

Human Resources Manager

**Carrie Crossan**

Support Services Administrator

**Claire Hind**

Support Services Administrator

**Danielle Judge**

Finance Assistant

**Patricia Lavery**

Clerical Officer

**Lesley Mailey**

Support Services Administrator  
(until January 2004)

**Shane MacManus**

IT Manager

**Ann Marie McCann**

Support Services Administrator

**Marie McCloskey**

Finance and Administration Manager

**Mary Patterson**

Support Services Administrator  
(until July 2003)

**Noreen Savage**

Human Resources Officer

**Janet Stange**

Support Services Administrator

**Jonathan Telford**

Finance Assistant

## Staff employed post 1 April 2004

**Jo Brizzell**

Research Officer

**Sinead Curran**

Marketing Officer

**Roger Irwin**

Clerical Officer

**Angela McComb**

Senior Manager, Public Health

**Les McLean**

Director of Corporate Services and  
Organisational Development

**Aodhan O'Donnell**

Senior Manager, Public Health

**Barbara Porter**

Health Promoting Hospitals  
Coordinator

**Kirsten Sharvin**

Clerical Officer

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