

REPORT TO: Health Policy & Performance Board

DATE: 12th January 2016

REPORTING OFFICER: Director of Public Health, Communities and Resources

PORTFOLIO: Public Health

SUBJECT: Men's Health

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform the Board of local action to address the 'Ten questions Council scrutiny can ask about men's health' report

2.0 RECOMMENDATION: That:

i) The Board note the content of the report

3.0 SUPPORTING INFORMATION

3.1 In autumn 2014 Men's Health Forum, a national charity that works to improve the health of men and boys, undertook an assessment of 147 Joint Strategic Needs Assessments (JSNA). Looking at whether JSNAs included gendered data, and looking at 54 measures in detail, they concluded that the majority of JSNA included only limited data by gender.

3.2 Halton's JSNA was ranked 13 out of 147 JSNAs, the second highest in the North West, with 50% of its JSNA assessed as gendered. Wirral was the most highly ranked North West local authority at 52% with the top ranked nationally being the borough of Hillingdon at 71%.

3.3 Whilst Halton was ranked highly, nevertheless, it is important that we continue to refine and improve the JSNA. From 21 measures with gendered data in the autumn 2014 when the assessment took place, as at November 2015 Halton now has 32 measures gendered with planned updates over the next year covering most of the rest. Additionally Halton JSNA contains a substantial amount of data over and above the measures used by the Men's Health Forum to make their assessment. Whenever possible this is routinely analysed by gender (as well as age and geography).

- 3.4 Local analysis shows that average male life expectancy in Halton is lower than women, a pattern seen regionally and nationally. Male health experience, whilst similar to females, is for some issues on a different scale. For example, most suicides are amongst men and the levels of alcohol misuse and illegal substance use are higher in men than women. It is therefore important to understand the reasons for this in order to be able to engage with men to address these issues.
- 3.5. Despite this, national research has shown that men seek advice and help from preventative and medical services less than women. Thus whilst it remains vital that we have high quality universal services, we need to understand when it is also appropriate to have targeted services. There are a range of preventative and support services available in the borough which have been developed to provide specific advice and support to men, such as those detailed in the attached report. These should continue to address the needs of men and provide advice and support in a way that appeals to men.
- 3.6. The bulk of services will remain as universal provision, open to anyone who needs them. However, it is important that we continue to monitor the demographics of those assessing services, in line with the Equality Act.
- 3.7. In July 2015 the Centre for Public Scrutiny and the Men's Health Forum produced a guide designed to help scrutiny of local actions to promote men's health and tackle health inequalities. The attached report answers the ten questions posed to do this.

4.0 **POLICY IMPLICATIONS**

- 4.1 Question 10 of the Centre for Public Scrutiny and the Men's Health Forum guide suggests the development of a men's health strategy. Since the publication of the Marmot Review on health inequalities, Halton has taken a lifecourse approach with its strategies. This is the approach taken by the Health and Wellbeing Strategy as well as the topic-specific strategies for its five priorities and others.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 There are no other implications arising from this report.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

It remains important to understand and respond to the differential needs of boys and girls and ensure both universal and targeted services are provided in such a way as to engage both genders (as well as other characteristics such as age, ethnicity, disability and so

on) and ensure they are user-friendly.

The Children's JSNA provides a platform upon which to understand need at a population level, as well as service monitoring to understand if there are any inequities in uptake.

6.2 **Employment, Learning & Skills in Halton**

There are no implications for Employment, Learning and Skills arising from this report

6.3 **A Healthy Halton**

Health inequalities continue to be a particular concern in Halton and are a focus for the Health and Wellbeing Strategy. This report details some of the work on identifying the health and wellbeing needs of men in the borough and specific services aimed at addressing them. It is also important all services ensure they are accessible to and able to engage with men to meet these needs.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this report

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this report

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This report concerns whether the health and wellbeing needs of men are being adequately identified and acted upon. The report details the approach taken locally to do this and some examples of specific services to advise and support men to improve their health.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.

Men Behaving Badly? Ten questions council scrutiny can ask about men’s health

1. What’s the difference between male and female life expectancy in the different parts of our area? What’s driving it?

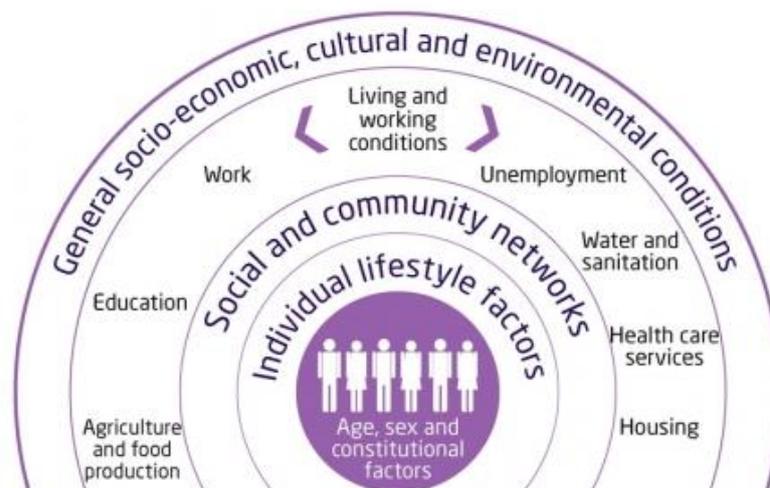
Within Halton, male and female life expectancy varies significantly. If we look at the variation geographically by ward, there is a difference of 12 years for males and 17.5 for females.

Life expectancy difference by ward for males and females 2011-13

		Ward	Life expectancy (years)
MALES	Lowest	Windmill Hill	70.7
	Highest	Birchfield	82.9
		<i>Difference</i>	<i>12.2</i>
FEMALES	Lowest	Riverside	75.8
	Highest	Birchfield	93.4
		<i>Difference</i>	<i>17.5</i>

Source: Public Health Mortality File, ONS/HSCIC

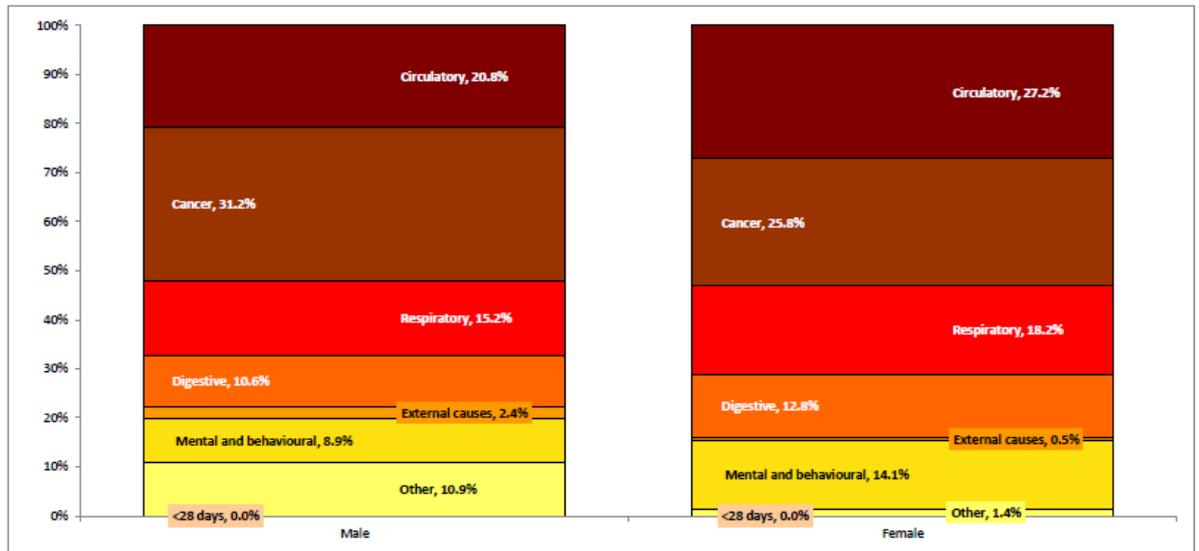
These differences are driven by a range of complex, multi-layered factors, detailed in the diagram below.



Source: Dahlgren, G. and Whitehead, M. (1993)

Analysis against England shows that the main drivers for the difference in life expectancy between the borough and the national picture are mostly heart disease and cancers. This is the case for both men and women.

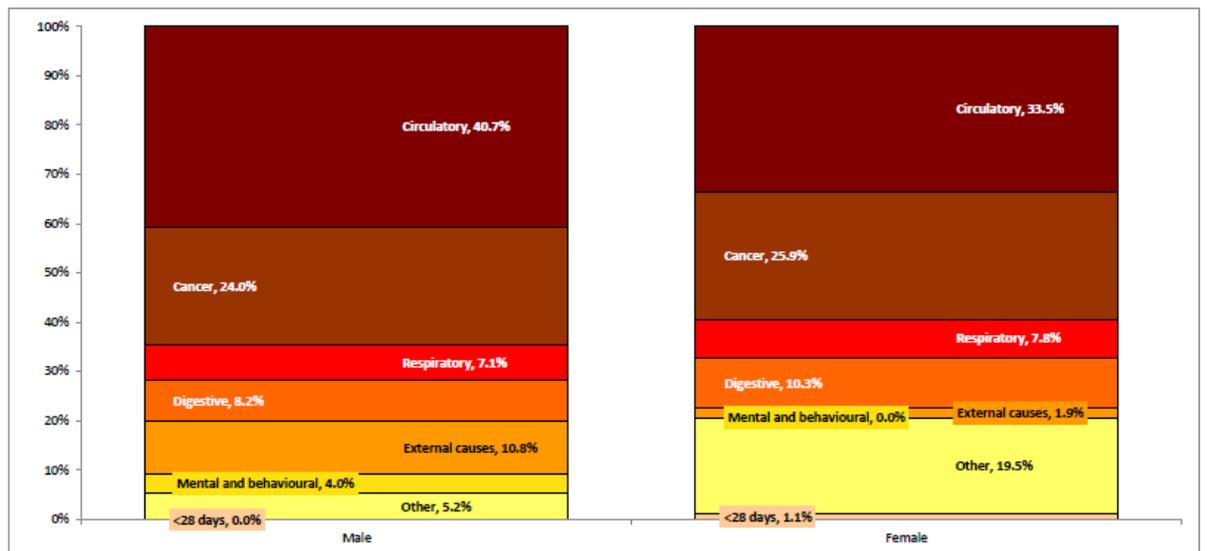
Chart showing the breakdown of the life expectancy gap between Halton as a whole and England as a whole, by broad cause of death, 2010-2012



Source: Public Health England 2015

This is also the case internally, when comparing the most and least deprived parts of the borough.

Chart showing the breakdown of the life expectancy gap between Halton most deprived quintile and Halton least deprived quintile, by broad cause of death, 2010-2012



Source: Public Health England 2015

2. Do we collect and report all health data by gender? Is there any data we don't report by gender?

When data is available by gender, we report all health and wellbeing data by gender. The Men's Health Forum report placed Halton ranked 13 of the 147 Joint

Strategic Needs Assessments (JSNAs) it examined (with 1 being the best and 147 the worst). With 50% of the indicators it had chosen to look at having gendered analysis. This was one of the best results in the North West, with only Wirral scoring higher at 52%.

Most JSNAs are developed on a rolling programme with topics being refreshed at various times over a three year period. Therefore the timing of the analysis undertaken by the Men's Health Forum will have affected the results. This will also have been the case for other areas. The analysis took part during the autumn of 2014 when Halton's JSNA priorities were the Children's JSNA and the Pharmaceutical Needs Assessment. As such, many of the indicators included in the Men's Health Forum report will have been assessed using reports that were several years old. During late 2014 and 2015, 21 JSNA chapters were refreshed, including additional gendered analysis.

An assessment of Halton's current JSNA, as at November 2015, shows that whilst the Men's Health Forum report stated Halton had 21 indicators with gendered analysis this is now 32 with draft chapters currently in development including a further 13 indicators, bringing the total to 47 out of 54.

Some data that the report identified is not routinely included in the JSNA:

- cancer admissions (3 indicators) are not routinely included with the JSNA. It concentrates on incidence, early identification, treatment times and mortality as well as preventative services such as screening and smoking cessation.
- Chronic liver disease (3 indicators) is not in the current JSNA. There are plans to update the work on Alcohol during 2016/17 and this will include chronic liver disease
- Mental health of children and young people is covered in the current JSNA but the chapter on overall mental health of the borough is due for a refresh during 2016/17. As such only 3 of the 7 indicators are currently available by gender. The feasibility of including all 7 indicators by gender will be investigated as part of the refresh.

For data that it is included in the JSNA it is sometimes not possible to report it all by gender (or age or other protected characteristics). There are several reasons for this:

- We rely to a large degree of published, verified data and this is not always published by gender. An example of this would be the Quality Outcomes Framework data on the observed prevalence of various long-term conditions such as hypertension, cardiovascular disease (coronary heart disease and stroke), respiratory conditions and others. This data is generated from GP disease registers and is only available at an all persons level. Therefore whilst it is possible to generate estimated numbers by

gender this would not be comparable to the observed rates. This is an important analysis to identify levels of under diagnosis. It would be possible to refresh the diabetes, hypertension, coronary heart disease and stroke chapters estimated prevalence by gender.

- Halton is a small borough and as such the numbers with particular conditions in any given time period (1 year, 3-years) may be small. For health data, numbers under 5 are regarded as person identifiable and for confidentiality reasons cannot be displayed. As such, there are occasions when splitting the data by gender would breach this threshold and so numbers are reported at the persons level. In such cases we will look at the data and where feasible make a judgement in the narrative about who the condition under question mainly affects; males or females, a particular age group, or is it equally spread.

3. Do we have any local research to determine health differences between men and women or boys and girls?

Health surveys and local research are costly and therefore we have been limited in the extent to which we have been able to invest in these. It is not feasible, or indeed necessary, to repeat them annually, but this does mean limit our ability to understand the lifestyle behaviours of our local population. Some examples of research undertaken over the last few years includes:

- The Men's Health Forum report highlights the work of Sefton council's lifestyles survey. This was in fact a Merseyside wide survey and Halton took part in this during 2013/14. The results are included in various JSNA Lifestyles chapters
- Also in 2013/14 Halton took part in the North West Mental Wellbeing Survey which included gendered analysis. This was used to inform the Mental Health Strategy
- Halton takes part in the biannual Trading Standards North West survey into alcohol, tobacco and drug use behaviours of young people. The latest survey results are due for publication shortly and include some analysis by gender
- HBC Public Health team commissioned a social norms company to undertake research with secondary schools into young people's perceptions and beliefs about a range of lifestyle factors. This included some analysis by gender.

4. How many men and women use our weight loss services? Do we run the same programmes for men as women?

In conjunction with Dietetic clinical support HBC Health Improvement Team (HIT) works across Halton to deliver the "Fresh Start" adult weight management service. "Fresh Start" is designed to support individuals to lose weight and make lifestyle changes to improve their health.

Between 30/9/2013 and 30/09/2015 1769 people have engaged on the programme. Of this number 1322 were female and 447 were male which equates to a 75%:25% female: male split.

To address this disparity, during the summer of 2015 Public Health re-tendered the dietetic element that supports this work and the contract has been awarded to 5 Boroughs NHS Trust as of Sept 2015.

As part of this new contract the service we have looked to commission a model that will be tailored to specific needs of individuals and will be more attractive towards hard to reach groups such as men by:

- Delivering flexible group and individual programmes in a variety of settings thereby meeting the requirements of clients
- Provide one to one intense practical support around healthy eating - shopping, menu-planning and cooking
- Highlight the importance and support families to adopt a “whole-family” approach to making healthy lifestyle changes
- Empower and facilitate sustainable improvements in eating habits, activity levels, self-esteem and confidence amongst individuals and family members
- Offer a variety of drop-in maintenance sessions to all clients as a means of open access and support
- Provide flexible outreach and engagement to attract adults to use the service and complete programmes

Other programmes such as those detailed in question 7, also seek to offer advice and support to men to promote healthy lifestyles and behaviour change.

5. What is the split in NHS Health Check uptake between men and women in our area?

The NHS Health Checks programme aims to identify those who have long-term conditions but do not have a current diagnosis. It is targeted at those between the ages of 40 to 74 years of age not currently on GP disease registers. During 2014/15, 7687 people were offered an NHS Health Check and 3192 received one. The gender split for uptake was:

Males – 1345 (42%), Females – 1847 (58%)

(Source: GP Data Quality).

6. How do we join up services for men and women with a combined substance and mental health problem? Does a substance problem stop people being able to access mental health services?

Halton currently commissions a specialist community substance misuse service which is delivered by CRI.

New clients to the community substance misuse service are asked for information around their personal mental health including current moods and emotions, previous history of mental health and any current/previous involvement with mental health services and/or prescribing.

Following assessment, any identified professionals are contacted to notify of engagement within the service so that appropriate information can be shared. If any concerns are raised around a service users mental health during assessment, a locally developed 'screening' process between CRI and local mental health services will confirm if someone is currently or previously known.

If a need for mental health services involvement is identified, the substance misuse service liaises directly with both the mental health service and the service users GP to establish an appropriate pathway for support.

In addition mental health staff will liaise with CRI regarding any of their service users who they feel need support around substance use.

As well as having screening and information sharing processes in place, local complex case reviews take place in order to provide a multiagency approach to supporting service users, regardless of their needs.

7. What public health outreach programmes do we have to reach men?

Across Halton there are numerous outreach programmes to engage with men:

NHS Health Checks – Vikings

HBC Public Health, HBC Health Improvement Team (HIT) and Widnes Vikings have recently been nominated for a HEART UK NHS Health Check Awards 2015 for their work on delivering the NHS Health Check scheme to residents in Halton with a particular emphasis on men.

The NHS Health Check is offered to people aged between 40 and 74 once every five years and assesses people's risk of developing diabetes, heart disease, kidney disease, stroke and dementia. If there are any warning signs, then individuals are offered advice on how to improve their health and lifestyle and if necessary are referred for specialist help or advice.

Usually eligible residents are contacted by their GP to make an appointment for a health check at their GP surgery. Since 2014 though, the Council's health trainers have also been carrying out health checks at surgeries and selected community venues around Halton. In 2015, the council teamed up with the local rugby team Widnes Vikings to extend the scheme and encourage more local residents, men in particular, to get their health check.

Health trainers from the HIT hold weekly sessions at the Select Security Stadium in Widnes. They are usually based in a box which overlooks the rugby field and gives those who attend an often unique experience. To further incentivise the offer those who attend can exchange vouchers for a free match ticket.

The NHS Health Check looks at blood pressure as well as lifestyle and includes blood tests for cholesterol and blood glucose. If any of these tests indicate a potential underlying problem such as high blood pressure, the health trainer will refer the patient to a GP. Many of those who come for a health check are signposted to local services such as weight management, exercise classes and other specialist services if required.

The partnership with the Vikings has proven popular with local men and has helped numerous residents make positive changes to their lifestyles.

The “Viking arms” - A Question of Men

Following on from the success of the NHS Health Check programme, the Widnes Vikings, HIT and partners are to deliver a Pilot Men’s Health Programme “The Vikings Arms” which is to be delivered in 3 pubs across Widnes and Runcorn during January – March 2016

The ‘The Viking Arms’ is a vehicle to take over local pubs and social clubs for one night and engage regular attendees and the wider public in conversations about their health. It is an alternate, unconventional vehicle to raise awareness of conditions that affect men, especially in the 40 – 75 age group.

The intended audience for this programme is men who regularly attend pubs. It is likely that this audience will contain a high percentage of men who do not attend GPs; pharmacies etc. regularly.

The programme will have a focus on one message or several. From a male health perspective, the “Viking Arms” can engage conversations on prostate and testicular cancer, mental health, diabetes, obesity. Exact content will be informed by CCG and public health colleagues.

A Question of Men’ would be a unique spin off to the well-known sports based TV quiz show ‘A Question of Sport’. It would be the main part of the Viking Arms night and involve two panels of experts made up of Chief Officers/ Chairs from relevant organisations, but also include current players / ex-players and a member of the audience. These panels would then work through the activities as per ‘A Question of Sport’

This programme provides a unique opportunity to engage with a particularly hard to reach group. Consideration should be given to how we can embed Health Checks in to the night, influenza vaccinations and data capture. With the ‘Question of Men’ activity being the main part of the night, there will still be plenty of opportunity round this to engage the men either in a group or on a one to one basis on health discussions.

Workplace Health Programme:

Workplace Health has been identified as a good way of engaging men on health. This year HIT has targeted both Fresenius Kabi and Kawneer UK LTD where the workface is predominately male and manual based. At Kawneer the ratio is 70:30 for male: female. HIT have run wellbeing days focusing on *Stoptober*, cancer awareness and in particular the NHS Health Check programme- with an emphasis on referring them on to lifestyle services post

health check. To date over 60 men have been checked at these two sites with more booked in over the coming months.

Moving forward the two leisure centres in Halton has been identified as sites to carry out NHS Health Checks, the footfall in the centre due to gym and 5 a-side football facilities being predominately male.

Men's Recharge

HIT runs an ongoing programme specifically for men known as Men's Recharge. Men's Recharge gives men over 50 in Halton the opportunity to come together and take part in activities and build friendships.

The overall aim is to improve the health and wellbeing for men aged over 50, and Men's Recharge offers a range of activities covering healthy eating, cook and taste sessions, physical activity sessions, health checks, arts and crafts and guest speakers. The activities may include things such as: making hanging baskets, bird houses and clocks. Every man is also offered a health check on a regular basis to ensure that if they need to seek further advice, referral and signposting is available.

In addition to this the men often go out for days together, such as Norton Priory, bowling and Christmas lunches.

Men's Recharge runs in both Widnes and Runcorn and men can attend either or both sessions if required.

Halton Havens Men's Shed

In July 2014 Halton Haven launched a new men's shed project. The Men's Shed project is a place for bereaved men of any age to have the opportunity to try something new or to do something they always wanted to do. The Men's Shed is a place for men to relax, take time out, and pursue a hobby whilst meeting like-minded men. The Men's Shed has a range of woodwork benches, computers, and a kitchen and Library area. All activities are decided upon and led by men.

8. Are there any groups of men with particularly poor health? What services are available for them?

Health in Halton is generally poorer than the national and often poorer than the regional averages. As such most of the programmes are generic. However, a needs assessment of the health needs of Military Veterans showed some particular issues for this group of people. In Halton these are predominantly men although the programme is open to all Veterans.

Halton Veterans

HBC Health Improvement has worked very closely with Halton Veterans Society to support staff and veterans in the area of post traumatic disorder. Senior staff within the society have

been trained in RSPH – Understanding Health and Mental Health and suicide awareness in a cascade train the trainer approach so that they can then go on to train and run support sessions within the society themselves as and when required. Health Improvement has also worked with the society to develop a Veterans section on the Live Life Well website, which is a self-help toolbox of support for those returning to the borough, providing help and advice around welfare, housing, health etc.

Protected Characteristics across the JSNA

We are constantly reviewing and looking to improve both the scope and quality of the JSNA. One piece of work, which Halton is jointly leading with Liverpool and Wirral, is to conduct a series of topic based reviews of the needs of people across the 9 protected characteristics identified within the Equality Act. Drawing on national data and research for example, what are the differential needs of men and women, young people and older people, black & minority ethnic groups, people of different sexual orientations, those with impairments, in relation to health issues such as smoking, cancers, mental health? This will act as a repository of evidence that local areas can draw on in developing their JSNAs. By collaborating across the North West region, working with other JSNA leads we can avoid duplication and create a resource that would be beyond the capacity of any one borough to produce.

9. What is being done to promote better health awareness and health literacy amongst men and boys?

Across all 64 schools in Halton, HIT in collaboration with partners delivers a health education programme called *Healthitude*. The *Healthitude* programme targets all children and young people aged 10-16 years. The programme is delivered during the school day, as part of the Personal Social and Health Education (PHSE) curriculum, and provides the opportunity to learn about a healthy lifestyle.

The key areas of the programme include:

- Healthy Eating (delivered by the HIT)
- Tobacco Education (delivered by the HIT)
- Alcohol Awareness (delivered by the HIT)
- Mental Wellbeing and Emotional Health (delivered by the HIT)
- Healthy Relationships and Sexual Health (delivered by the School Nursing Service and Young Addaction)
- Cyber Bullying Prevention (delivered by Widnes Vikings)

The Programme is extending and two additional sessions are being developed to the current programme:

- A Novel Psychoactive Substances (NPS) session delivered by PC Tetlow -Youth Engagement Officer. NPS is an emerging issue for young people and it is

recommended that this should be incorporated within the PSHE curriculum in schools

- A Breastfeeding Awareness session delivered by the Health Improvement Team. The Breastfeeding session will be delivered in secondary schools as a means of discussing cultural norms and to highlight the benefits of breastfeeding
- There is an element of flexibility depending on the need of the school – each school can identify the sessions they would like to be delivered to their pupils (all sessions are not compulsory).
- This year HIT has worked in partnership with CALM, a national suicide prevention and support charity, to deliver mental health and suicide awareness to 6 classes of young students studying engineering. This encompassed 70 male students aged between 18 and 25. HIT have also worked in partnership with the iVan, a mobile cancer screening van operating across Cheshire & Merseyside, at Riverside College to deliver health related messages and awareness around testicular cancer for young men.

10. Who's responsible for men's health in your organisation? Do you have a strategy to tackle poor men's health? Does the Clinical Commissioning Group have a person responsible for tackling men's health?

Neither Halton Borough Council nor NHS Halton CCG has a person with specific responsibility for men's health. Programmes are based on need identified in the JSNA and most public health programmes operate across a lifecourse. All aim to ensure the needs of men and women, different age groups and abilities are met within holistic, tailored programmes. As such all strategies are inclusive of men's health, women's health and the health needs of children & young people, working age adults and older people.