

Men Behaving Badly?

Ten questions council scrutiny
can ask about men's health



**MEN'S
HEALTH
FORUM**

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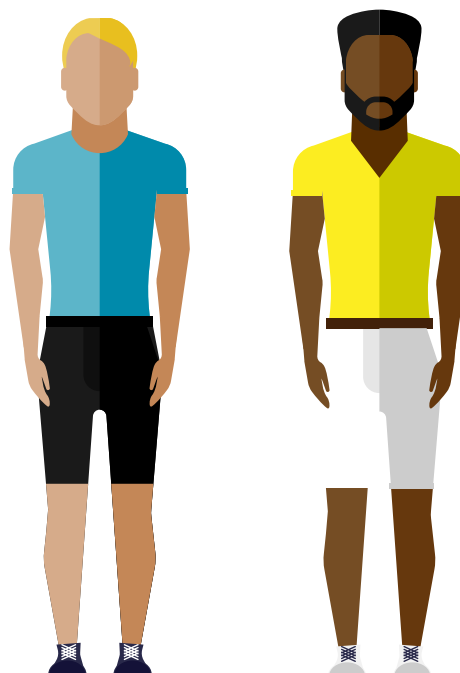
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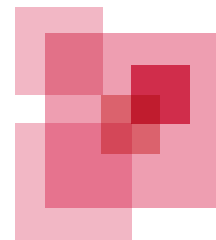
About the Centre for Public Scrutiny

The Centre for Public Scrutiny (CfPS) (an independent charity) is the leading national organisation for the development and application of policy and practice to promote transparent, inclusive and accountable public services. We support individuals, organisations and communities to put our principles into practice in the design, delivery and monitoring of public services in ways that build knowledge, skills and trust so that effective solutions are identified together by decision-makers, practitioners and service users.

About the Men's Health Forum

The Men's Health Forum is a charity that works to improve men's health services and the health of men. In the UK, one man in five dies before he reaches 65. Together, we can change that. Through our advice, research and campaigning we aim to reduce the tragic deaths of men and boys who simply die too young because of preventable health problems. We work across a number of health and related issues including cancer, workplace health, mental health and access to services. Our work focuses particularly on those groups of men with the worst health and we are striving to ensure that we take account of the diversity of men and their needs.





Why scrutiny of men's health is important

This guide is designed to help scrutiny of local actions to promote men's health and to tackle health inequalities. On average, more than one in five men die between the ages 16 and 65 and more than two in five before the age of 75 – death rates amongst men in the poorest areas of the country are worse. Men are more likely to die from cancer and cardiovascular disease (CVD), are more likely to be obese and more likely to drink and smoke. Many men die prematurely from diseases such as cancer and coronary heart disease that are caused by lifestyle behaviour.

The challenge

- 75% of premature deaths from coronary heart disease are male
- Men have a 37% higher risk of dying from cancer and a 67% higher chance of dying from cancers that affect both men and women
- 67% of men are overweight or obese
- Middle-aged men are twice as likely to have diabetes as women (and twice as likely not to know they have diabetes)

Men are more likely than women to:

- smoke, smoke more cigarettes per day and smoke hand-rolled tobacco
- eat too much salt
- eat too much red and processed meat
- eat too little fruit and too few vegetables
- drink alcohol at hazardous levels (and twice as likely to have liver disease)

Almost four in five suicides are by men – suicide is the biggest cause of death for men under 35 and there has been a sharp increase in the rate among men aged 35-64

Councils are well placed to influence lifestyle through their duties to promote health, tackle inequalities, ensure robust plans are in place to protect the population and to provide public health advice to NHS commissioners¹. Council scrutiny can add value to the way health services are planned and delivered by asking questions about men's health and the actions being taken to improve it.

1. London Councils <http://www.londoncouncils.gov.uk/policylobbying/healthadultservices/publichealth/>

Ten questions to 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?

To understand men's health requirements locally, it is important to establish the difference in male life expectancy and what's driving it. Many people are shocked when they see the variation in life expectancy between men and women in their area. Establishing the difference is a critical step in identifying health inequalities.

Across the UK, the average life expectancy for men is 78.9 years and for women is 82.7 years. But this varies significantly across areas and within areas. For example, male life expectancy in Blackpool is 74.3 years. Female life expectancy is 80.1 years. That's almost a 6 year gap between men and women in Blackpool. There is also a gap in male life expectancy among different areas. Whereas Blackpool has the lowest male life expectancy, South Cambridgeshire has the highest with 83.0 years. Within Blackpool itself, the male life expectancy in the least deprived area and the most deprived area is separated by 10.3 years.

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

If data is not published in a gender disaggregated form then local commissioners cannot understand and address men's poor health. It is therefore difficult to determine what causes the gap in life expectancy between men and women. In 2014 research conducted by the Men's Health Forum, of all 147 available Joint Strategic Needs Assessments (JSNA) only 27 (18%) had a majority of the measures both local and gendered, that is broken down to show figures for men and for women and some Health and Wellbeing Boards did not analyse the data comprehensively.

Nationally, 67% of men are overweight or obese but a Freedom of Information request revealed that only 61% of councils providing weight management programmes for adults were able to say how many men were reached with their programmes. Only 37% had specific weight management programmes targeted at men despite evidence that these can be more effective.



The average life expectancy across the UK

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

Local initiatives provide valuable information which can be used to target gaps in services. Any local research undertaken would dramatically improve action to tackle men's poor health. Some councils have undertaken local research to address key gaps in understanding on men's health. Bolton Metropolitan Borough Council conducted the Bolton Health and Wellbeing Survey to determine men's lifestyle choices and how these affect their health. Sefton Council conducted a lifestyle survey to determine the prevalence of smoking and binge drinking in males in their area. Additionally the NHS in Nottinghamshire conducted research into sexually transmitted infection rates in males. The findings of this research were then used in Nottinghamshire's JSNA.

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

Preventative services have been given greater emphasis in recent years by NHS England and Public Health England. Councils and the local NHS are well placed to deliver targeted programmes that work. Men are more likely to smoke, drink and be unemployed and are more likely to suffer the ill effects of this. A greater focus on lifestyles and prevention in the JSNA can reduce the inequality in health policy for men.

Currently, weight management services tend to appeal more to women which results in low uptake amongst overweight males. Research has shown tailored services work better for both men and women. 67% of men have a BMI of 25 or more yet only 10-30% of participants on weight management programmes are men. The Men's Health Forum's best practice guide "How to make weight-loss services work for men" published with Public Health England ², shows how this can be tackled.

2. <https://www.menshealthforum.org.uk/best-practice-weight-loss-programmes>



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

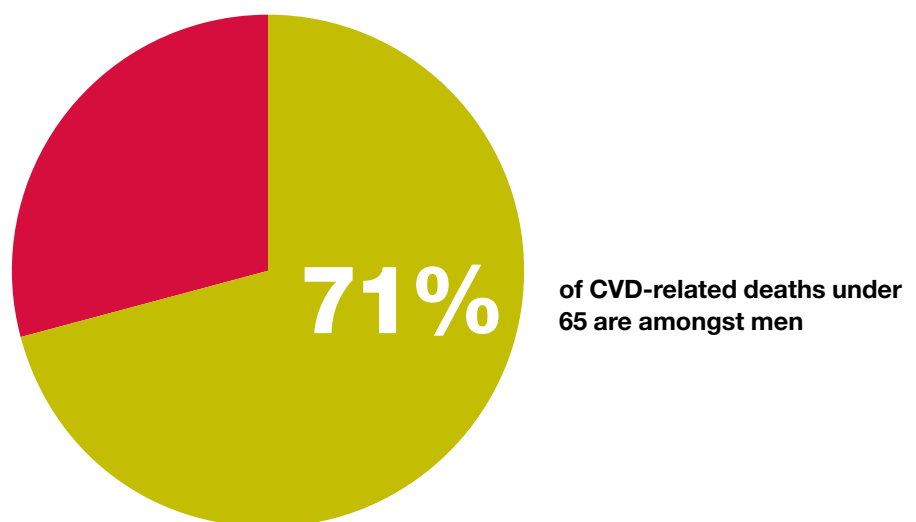
MHF research indicates that, in most areas, fewer men than women take up the offer of an NHS Health Check:

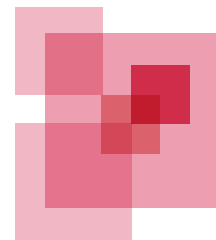
- 71% of CVD-related deaths under 65 are amongst men and the NHS Health Check programme focuses on circulatory conditions, a major killer of men
- only 35% of councils know how many men they reach with the NHS Health Check
- within those councils only 44% of NHS Health Checks conducted were male

For maximum effectiveness, identifying the gender split on service use and implementing a strategy to improve it is important. A priority should be to get to at least 50% male participation in NHS Health Checks - by designing it to meet men's needs and lifestyle - and outreach to the highest risk groups. Councils should follow examples of areas which are improving their outreach programmes on the NHS Health Check to increase the uptake amongst men. For example, Buckinghamshire has implemented activities in places where men are based who are often most reluctant to receive a Health Check, including mosques, jobcentres, the probation services, football clubs and other community-based organisations.

The Centre for Public Scrutiny has published a guide about council scrutiny of NHS Health Checks ³

3. Checking the Nation's Health – The Value of Council Scrutiny <http://cfps.org.uk/publications?item=11579&offset=0>





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?

Men in mental distress often exhibit difficulties in other areas of their life. Alcohol and drug misuse, which may be used as a coping mechanism, is common. Relationship problems, social disengagement, offending behaviour and difficulties with work (chronic employment or work-related stress) also occur. Many men with overlapping mental health and substance use problems (dual diagnosis) have received poorly integrated care. The outcome of this is poor care with high cost to the individuals, taxpayers and communities. Consequently many men are forced to choose between one service or another as many services are reluctant or unable to deal with both mental health and substance abuse issues.

“Whole-life” problems need whole-life solutions. Joined-up approaches which include the involvement of social care, employment and housing providers may be of particular value for men, who sometimes lack supportive networks of their own. Mental health services need to develop good communications with other support services, such as housing benefit or drug and alcohol services and gather up-to-date and comprehensive information on all local support available so that service users can be provided with effective signposting.

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

Outreach programmes should target hard to reach males and encourage them to engage. This requires reaching out to men proactively and services need to be designed to encourage men to engage. This can include:

- taking services to where men are: workplaces, online, pubs, sports grounds, betting shops, prisons
- where it is not already happening, extend occupational health to include screening and preventative health measures
- increase NHS Health Check outreach and uptake amongst men

As major employers, councils should encourage the men in their workplace to take up screening and any health advice that is available. Additionally, councils should make the most of men’s engagement with health services to ensure an integrated and comprehensive health care strategy. This could consist of:

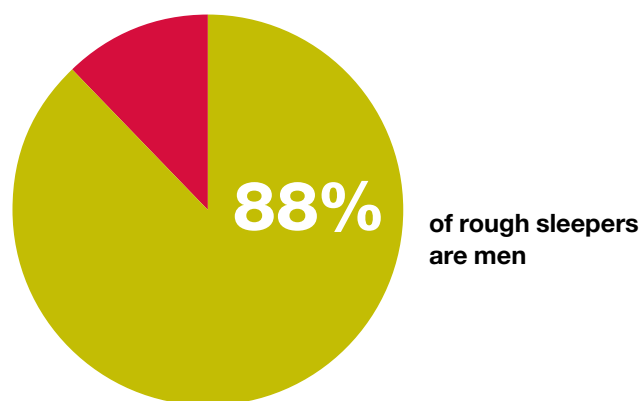
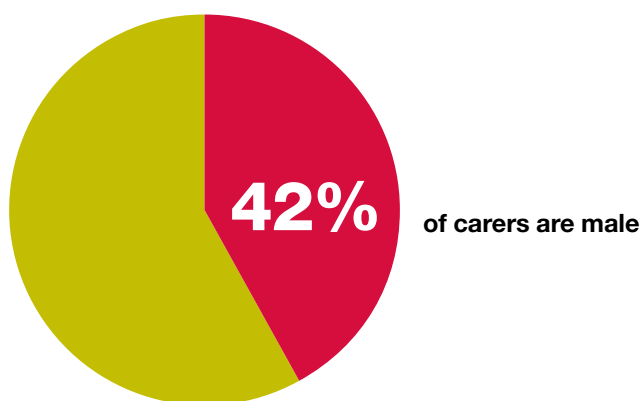
- cancer symptom awareness, mental health, sleep apnoea and erectile dysfunction in Health Checks
- a special focus on high-risk infrequent attenders
- co-designing new services with men

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

Not all men are equally at risk of poor health. For example:

- unemployed men are significantly more likely to suffer from heart attacks and depression and are significantly more likely to smoke and report greater mental health and relationship worries
- black men are three times more likely to develop prostate cancer than white men of the same age
- a recent study showed that by age 80, twice as many British South Asian, Black African and African Caribbean men had developed diabetes compared with Europeans of the same age
- gay and bisexual men report higher levels of depression, are more likely to attempt suicide, are more likely to smoke and are also much more likely to have used recreational drugs and have engaged in binge drinking compared to men in the wider population
- 42% of carers are male and seven out of ten male carers said that that they missed out on having a social life, leaving them isolated and alone
- around 88% of rough sleepers are men. The average age of death for rough sleepers is 47.

A response would be to tailor health improvement programmes to reflect what works with men. Once particular groups have been identified, it's particularly important to actively involve men in these groups in the design of services to tackle their issues.



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

There are lower levels of health awareness among men than women. One study found that men were twice as likely as women to have inadequate health literacy and the risk of having limitations in health literacy increased with age, being male, having low educational attainment and low income. Every point higher on the health literacy scale increases the likelihood of eating at least five portions of fruit and vegetables a day, being a non-smoker and having good self-rated health, independently of age, education, gender, ethnicity and income.

Men are less likely to know how to contact an out-of-hours GP. A large study of British adults found that women were more likely than men to recall seven out of nine cancer warning signs. Health literacy in schools is also vital for the development of boys' health. Personal, Social, Health and Economic (PSHE) education is the school subject that teaches skills, knowledge and attributes to prepare for life and topic areas include mental and physical wellbeing, healthy relationships and staying safe, online and offline. The Chief Medical Officer's report from 2013 called PSHE "a bridge between education and public health" yet the subject remains non-statutory and therefore given little curriculum time and taught by untrained teachers in too many cases.

**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?**

A men's health strategy can provide organisational focus. Having a JSNA which actively takes into account men's health requirements will set out clear information regarding men's health in the area. This will then enable local organisations and practitioners to meet the challenge accordingly and develop a strategy which reduces inequality in men's health.

Bristol has a lead councillor for men who has developed local policy to improve the health services in relation to men. In the London Borough of Haringey councillors conducted effective scrutiny on the health of men in Haringey. This led the council to develop a strategy on men's health, headed by Director of Public Health. Consequently Haringey worked alongside Tottenham Hotspur Foundation as part of a wide reaching strategy to improve the health of men in Haringey.

Conclusion

4. <https://www.menshealthforum.org.uk/mens-health-manifesto>

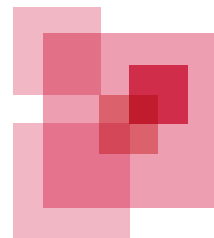
Most of the difference in life expectancy between men and women - and between men in different areas - tracks back to lifestyle factors that councils can take a leading role in addressing. That is why the recent Men's Health Manifesto⁴ published by the Men's Health Forum identifies challenges for councils - as well as other parts of the health system. Specifically, the MHF called on local health systems to:

- analyse all available data on men's health and other equalities in their Joint Strategic Needs Assessment
- review men's health at the Health and Wellbeing Board and reflect gender in their Health and Wellbeing Strategy, track delivery and outcomes
- integrate drug and alcohol services with mental health and offer joined up care for people with a dual diagnosis
- get to at least 50% male participation in NHS Health Checks by designing to meet men's needs and lifestyles and outreach to the highest risk groups
- tailor health improvement programmes - especially for weight loss - to reflect what works with men

If you would like more information regarding men's health, then please visit the Men's Health Forum website at www.menshealthforum.org.uk

If you would like more information about scrutiny, please visit the Centre for Public Scrutiny website at www.cfps.org.uk





Notes

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