Supplementary information for 31st July 2013 Scrutiny Board (Health and Well-being and Adult Social Care)

Pages 1-6: Agenda item 8 – The following supplementary information was submitted to the Scrutiny Board:

- Supplementary information submitted by the office of Leeds' Director of Public Health
- Helping Men Consultancy training notes taken from the session held at Health for All Leeds on 25th June 2013.

This page is intentionally left blank

SCRUTINY BOARD
(HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

31 JULY 2013

Item 8 – Request for Scrutiny – Men's Health

To assist the Board's consideration of the Request for Scrutiny around Men's Health, the following brief public health intelligence comments have been provided through the office of Leeds' Director of Public Health:-

- Generally men's health is worse than women's.
- Men live shorter less healthy lives than women.
- There is a higher prevalence of alcohol use[1] and smoking[2] in men.
- Men contact health services less often and at a later stage of illness[3].
- Men are admitted to hospital more frequently as a result of their health reaching a crisis point, for instance the rates of revascularisation in men are higher than in women[4].
- High rates and levels of alcohol use convert to higher rates of hospital admission for alcohol specific and alcohol related harm[5].
- A higher proportion of men than women die from cancer, circulatory disease and respiratory disease prematurely[6].

- Life expectancy for men in Leeds is lower than the national average ranking in the middle fifth compared to other parts of England.
- Of greater concern is the gap between lowest and highest life expectancy for men in Leeds, we rank in the top fifth nationally highlighting the wide gap in health inequalities[7].

Please note: Should the Scrutiny Board decide to accept the request for scrutiny and consider issues around Men's Health in Leeds in more detail, it is likely that some/ all of the above points will be considered in more detail as part of any inquiry undertaken.

---

[1] LA alcohol profiles (here)

[2] Annual Report of the Director of Public Health in Leeds 2012: Facts and Figures (here)

[3] Late diagnosis for testicular cancer (here) and draft results of Leeds Citizen Panel Survey 2013 (here) not significant difference but a higher percentage of women surveyed use their GP

[4] CVD Profiles (here)
http://www.sepho.org.uk/NationalCVD/NationalCVDProfiles.aspx

[5] Annual Report of the Director of Public Health in Leeds 2012: Facts and Figures (here)

[6] Annual Report of the Director of Public Health in Leeds 2012: Full data set and atlas (here)
(Under 75s mortality rate charts to support this document are here L:\PUBLIC HEALTH INTELLIGENCE\Frank's working files\HWB Scrutiny 20130731)

[7] Marmot Review Indicators (here)

This page is intentionally left blank

SCRUTINY BOARD
(HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

31 JULY 2013

Item 8 – Request for Scrutiny – Men's Health

HELPING MEN GET HELP.

STATISTICS

- Although men are living longer than ever before, the current decline in births means there will be a huge reduction of men of working age across the EU-27 in the coming decades.
- Over 60% of premature deaths amongst men are avoidable.
- Men are less likely than women to engage in routine or preventative health checks.
- Even though there have been big reductions in cardiovascular morbidity and death amongst men, Cardio Vascular disease is still one of the biggest risks to health and the principle cause of death in the older population..
- Among men prostate cancer has become the most diagnosed cancer in Europe.
- Testicular cancer, despite effective treatment, still remains the first cause of cancer death among young males (20-35 years).
- Men's depression and other mental health problems are under detected and under treated in all European countries. This is partly due to men being less likely to seek help.

(Men's Health Report, Prof. Alan White, Centre for Men's Health, Leeds Met. University, published by The European Commission, 2012).

POLICY

In April 2007 the **Gender Equality Duty** required the public sector to, "Actively promote equality between men and women. If men and boys have worse outcomes in areas like health and education then specific actions are needed to promote gender equality for men and boys."

"Ensure that women and men make greater use of services that their sex had previously under-used."

The 2010 Equality Act.

Government Position – Statement Home Office (2012) "The Government is committed to equal treatment and equality of opportunity for all and to addressing existing inequalities for men wherever they are found. The Government…is equally committed to taking action to address the needs of men and boys where the evidence shows inequalities exist."

MAKING YOU CASE TOP TIPS.

Make your case for men and boys **in addition** to women and girls not **instead of or in opposition to** women and girls.

THE BARRIERS THAT MEN AND BOYS FACE.

- Female dominated services.
- The social conditioning of men and boys.
- Negative attitudes about men.

- A failure to focus on men's needs.
- Lack of positive gender discourse about men.
- Stigma.
- Social isolation.
- Lack of opportunities for men to 'do it themselves.'
- Strategic barriers.
- Difficulty identifying men as victims or needing help.

USEFUL QUOTATIONS.

"A belief that primary care is not for men but for women and children, this may be reinforced by all-female reception staff and wholly female magazines in the waiting room." (**European Men's Health Forum - EMHF**).

"Men die 5 years younger than women on average – it is one of the starkest inequalities we face" (**Yvette Cooper, former Minister for Public Health**).

"A lack of male role models in the service provision was a commonly acknowledged barrier in research." (**Big Lottery**).

"Gender socialisation not only encourages men to perform risk-taking behaviours but also makes it harder for them to ask or help." (**EMHF**).

"Lack of confidence, or embarrassment. Lack of language to discuss their concerns." (**EMHF**)..

"Health providers and policymakers often view men in a negative light" (**EMHF)**.

"A common perspective among staff was that men were 'not' natural joiners of groups. However the evidence suggested that men are prepared to join groups if the activities resonate with older men's identities and appeal to their interests." **(Age Concern).**

"Practice needs to move from 'blaming men for not being like women', to removing the barriers to men's engagement with projects and services, and designing/adapting interventions to be attractive to them and effective for them." (**Samaritans)**.

"Our advisors highlighted the common belief that boys in general are a 'problem'. (**MIND UK**).

"Health professionals simply do not routinely consider masculinity or gender in their approach to the design and delivery of health services or messages." (**EMHF**).

"Divorced and never married men are more susceptible to social isolation." (**Age Concern**).

"That men are three times more at risk of suicide than women is an inequality in suicide risk behaviour based on gender." (**Samaritans**).

"It is important for boys to learn that that periods of emotional difficulty are to be expected in everyone's life and that, like physical illness mental ill health cannot always be avoided." (**MIND UK**).

"(Men have) a powerful need to see themselves as in control of their finances and able to do it themselves in relation to managing problematic debt. Men's accessing of debt-advice services would be facilitated by framing the promotion of these services in terms of enhancing men's ability to do it themselves, regain control of their finances and provide for their families." (**Money Advice Trust).**

"How can a system be fair when a white boy is 2.4 times more likely to be excluded than a white girl, a white boy with special educational needs is 30 times more likely to be excluded than a white girl without them, when a poor white boy with special educational needs is 60 times more likely to be excluded from school than a richer white girl without them, when a poor black boy with special educational needs is 168 times more likely to be excluded from school than a richer white girl without them?" (**Maggie Atkinson, Children's Commissioner for England**).

10 KEY INGREDIENTS OF SUCCESSFUL PROJECTS THAT HELP MEN GET HELP.

- They target men directly – not patients, not parents, but men!
- They go where men are (physically and emotionally).
- They make use of male-friendly activities.
- They use appropriate language.
- They take an assets-led or generative approach.
- They don't relate to men as being a problem that needs fixing.
- They engage male staff and volunteers.
- They are often service-user led.
- They often involve community building, not just 1-2-1 support.
- They involve fun and action and are projects that men want to be part of.

Helping Men Consultancy training notes from the session held at Health for All Leeds (25th June 2013).

This page is intentionally left blank