



Haringey Council

Scrutiny - Men's Health: Getting to the heart of the matter

MONDAY, 23RD JANUARY, 2012 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22 8LE.

MEMBERS: Councillors Winskill (Chair), Waters, Hare and Rice

AGENDA

1. APOLOGIES FOR ABSENCE

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item which they appear. New items will be dealt with at item 8 below).

3. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is being considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgement of the public interest and if this interest affects their financial position or the financial of a person or body as described in paragraph 8 of the Code of Conduct and/or it is related to the determining of any approval, consent, license, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

4. MINUTES (PAGES 1 - 6)

To approve the minutes of the meeting held on 8th December 2011.

5. DRAFT RECOMMENDATIONS (PAGES 7 - 10)

To discuss and agree draft recommendations.

6. CENTRE FOR PUBLIC SCRUTINY (PAGES 11 - 14)

To consider the return on investment calculations required for the Centre for Public Scrutiny Pilot (these will be provided at the meeting).

To feedback on the model piloted during the review for the Centre for Public Scrutiny.

Laura Murphy, Expert Adviser, Centre for Public Scrutiny.

7. NEXT STEPS

To inform the Panel and Stakeholders of the next steps for the review.

8. NEW ITEMS OF URGENT BUSINESS

To consider any items submitted under Item 2 above.

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Monday, 16 January 2012

**DRAFT MINUTES OF THE SCRUTINY -
MEN'S HEALTH: GETTING TO THE HEART OF THE MATTER
THURSDAY, 8 DECEMBER 2011**

LC1. APOLOGIES FOR ABSENCE

None

LC2. URGENT BUSINESS

None

LC3. DECLARATIONS OF INTEREST

Dr Rebecca Viney – Member of the Health and Wellbeing Board Executive and Clinical Commissioning Group.

LC4. MEN'S HEALTH FORUM

The Panel received a presentation (as attached).

The Men's Health Forum is a national charity aimed at improving outcomes for all men in all cultures for the whole range of health issues which affect men.

Key points from the presentation and discussions included:

- Weight is still seen as a women's issue.
- 21% of men die of all causes between the ages of 15- 64 years compared to 12% of women
- 42% of men die of all causes before the age of 75 compared to 26% of women
- In some areas and for some communities, male life expectancy is 65 years (or less)
- Premature mortality is primarily a male issue
- Men are more likely to undertake riskier behaviours associated with health.
- Men under use primary health services.
- 25% of weight management users are men yet a higher proportion of men are overweight.
- Aortic Aneurism screening projects for men over 65 years of age have had a successful uptake. Need to look at where these have been done, the uptake and any lessons which can be learnt and transferred to other projects.
- Men generally stop going to the Dr when they are about 16 years of age and do not go back until they are in their 40's and suffer a heart attack, for example.

Barriers for men going to health services:

- Not male friendly e.g. women's magazine, posters aimed at women's health issues, female staff – environment has been described as like a 'ladies hairdressers'.
- Appointment system can act as a deterrent. How to navigate the appointment systems needs to be explained to men or made easier e.g. telephone system or online booking?

- The media men are exposed to does not include health information.
- Men are reluctant to ask for help.

Barriers to Pharmacy use:

- Noted the MHF publication 'Racks of make-up and no spanners'.
 - Lack of understanding around the role of pharmacies.
 - See pharmacies as shops and so fear they are going to be sold something they don't need.
 - Not about opening hours which are good.
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- There is a need to make health environments more male friendly e.g. men's magazines.
 - Better signposting – men often do not know that they have choices for health advice and support. They often think the GP is the only option.
 - There needs to be a variety of services in a variety of settings for men to access them.
 - Example of a health check session which was run in a local bus garage which was overwhelmed because men were happy and comfortable to have these at work. A lot of these men went onto other services, e.g. alcohol reduction and smoking cessation.
 - Partners and families have an important role to play.
 - Linkage and involvement to sport is an advantage.
 - Literature around health needs to be male friendly.
 - The Centre for Pharmacy Postgraduate Education (CPPE) has a module on Men's health which is not often taken up.
 - New fathers provide a good opportunity to engage men in their own health.
 - Men may feel that it is too late for them to do something positive about their health and therefore lack the motivation to do something about it.
 - Men are more comfortable when they are able to take literature home to read in their own environment.
 - Design and messaging should be specific to men.
 - Tone of voice is important, avoiding blaming or nagging but being sympathetic.
 - Suggestion of a local Men's Health Forum which would include the Local Authority, NHS, Voluntary and Community Sector, Employers, Sports organisations and local champions (both professional and lay).
 - In other areas this forum meets quarterly and is responsible for developing a programme of work around men's health.
 - Men's Health Week 2012 (11-17th June) will focus on CHD. The date coincides with fathers day and the MHF aims to use this as a lever to engage men and their families.
 - The MHF will provide some resources for local partners for this campaign and Haringey is invited to be one of these partners. How widely the resources can be distributed will depend on how much funds can be raised for the project.
 - A variety of stakeholders at the panel meeting agreed that they would like to be involved in this e.g. Whittington Health, Local Pharmaceutical Committee and Local Authority.
 - Discussion around a recommendation on health education in local schools.
 - Noted that the Tottenham Hotspur Foundation will be engaging with schools when the health check programme is launched and when the next programme of Guys and Goals begins.
 - Noted the advantages of using parents groups to disseminate information.

LC5. LOCAL PHARMACEUTICAL COMMITTEE

The Panel received a presentation from the LPC (as attached).

Keys points noted from the presentation and discussion include:

- Pharmacies have an advantage of being 'around the clock and around the corner'.
- Locations tend to buck the inverse care law.
- On a national level pharmacies provide a whole range of services.

Barriers to use:

- People are not aware that many pharmacies in Haringey have private consulting rooms. (exact number can be found in the Pharmaceutical Needs Assessment).
- Pharmacies can and do provide a whole range of public health services.
 - The Greenlight Pharmacy in Camden is a good example of a pharmacy providing a wide range of public health services.
- Pharmacies fit in two layers of the Dahlgren and Whitehead determinants model – Social & Community Networks and Health Care Services.
- In Birmingham, across three PCTs and over six months, 9,500 males over the age of 40 were tested in community pharmacies and during this period, 65% of patients attending the service received onward GP referral:
 - 36% were identified as having a high CVD risk
 - 30% were referred due to high blood pressure levels
 - 35% were referred due to high cholesterol levels
 - 18% were referred due to high blood glucose results.
 - The service had high user satisfaction and the programme aims, over time, to improve male life expectancy through encouraging behavioural change or early treatment of those with a raised
 - Ref: cardiovascular risk (*). Doogan D. Improving Male Life Expectancy in Birmingham □ working in partnership. NHS Improvement Programme (2009)
 - Has this been quantified financially?
- Discussion around the use of Pharmacies for the provision of health checks. Public Health commented that they would potentially be open to commissioning pharmacies for this in the future. Noted there are some logistical issues which would need to be worked through, for example the follow through would need to be thorough.
- Noted that pharmacies have an advantage of being able to reach those not registered with GPs.
- Noted that health checks have been provided through voluntary organisations before and that pharmacies would tend to refer in the same way that they do.
- Public Health currently has a roll out plan for health checks in Haringey.

LPC agreed to look at costing of health checks for Tottenham Hotspur Foundation.

LC6. WHITTINGTON HEALTH

A presentation was provided by Adam Smith and Fiona Yung (as attached).

Key points and discussion:

- Whittington are keen and interested in working with all stakeholders in attendance at the meeting around prevention and health promotion.

- Currently drafting the Trust and Divisional Strategy with Strategic Goals for the Trust. One of these is to 'Improve the health of local people'. This section of the strategy is being completed by the Health Promotion lead.
- There is an opportunity for this scrutiny review to feed into the development of this strategy.
- Co-creating Health - The Whittington Hospital is one of the eight sites nationally, to participate in the Health Foundation's demonstration project called Co-creating Health.
 - Co-creating Health is a three-year programme which aims to deliver improved health and well being for people with long term conditions through self-management. Whittington are looking specifically at diabetes along with Guys and St Thomas's NHS Trust and Southwark Primary Care Trust. The other six sites are looking at chronic obstructive pulmonary disease, musculoskeletal pain and depression.
- Whittington is aiming to develop models of care which focus around specific groups.
- Noted that Whittington services are in Haringey and that the perception that the Whittington is 'outside' the borough is incorrect.

The Panel also heard from James Haddow (Darzi Fellow in Clinical Leadership) who spoke to the Panel about the Whittington Health Matters Project.

- This is a web based project which is due to be launched as a pilot early 2012 in the Whittington Urgent Care Centre.
- It will capture information about its users, their health and also sign post and refer people to other services.
- Due to its design and men registering, being referred and being able to monitor their health through the system, it will be easier to collate information about the men using this.
- The Panel also noted that James would, following the meeting look at ways to develop a version of the site specifically for men.
- Anyone wishing to be on the mailing list for the project should email James on jameshaddow@nhs.net .

Whittington agreed to co-host a local Men's health forum.

LC7. HEALTH TRAINERS

Vanessa Bogle, Senior Public Health Commissioning Strategist

Health Trainers

- Established in 2007 and re-launched in Sept 2011 with a new provider.
- Programme offers one to one conversation and support.
- Focus on behaviour change around smoking, physical activity and alcohol.
- Consists of 6 sessions each 30 minutes long.
- Based in the Laurels, Tottenham and Wood Green.
- Referrals are done through primary care or self referrals.
- 28% of referrals are men.

Health Champions

- This is a new and voluntary role which focuses on sign posting and awareness raising

- Health Champions are drawn from those who are knowledgeable about the local area
- Project contributes to the worklessness agenda as volunteer Health Champions are gaining skills, work experience and confidence which can then lead them on to becoming Health Trainers (paid employment).
- Is about having someone who can go with them the first time they go to a health/fitness centre etc/hand holding/helping people to take their first step.
- Currently funded by Public Health but would like to engage with other partners as the project has a huge potential.

Walk Leaders and Health in Mind

- Currently run 12 weekly walks with 3,500 attendances per year.
- Ten walks are run in the East of Haringey and Two walks are run in the West of Haringey.
- There are currently 14 active walk leaders.
- Project links to physical fitness and health as well as improving mental health.

LC8. REVIEW IMPACT STATEMENTS

- The panel considered the Centre for Public Scrutiny Impact Statements and discussed the return on investment model which focuses on anticipated theoretical and actual return on investment from conducting the scrutiny review.
- Noted that the review aims to feed into the Health and Wellbeing Strategy and therefore the effect of the review and recommendations may be difficult to measure as part of the wider work being undertaken. However, the review does focus on a specific target group which may help.
- Suggested that a measurable outcome could be the degree in which men are participating in programmes and projects currently compared with the percentage of men who are participating in programmes and projects in a year, two years etc based on changes made as a result of the recommendations of the review.
- Noted that there are intangible benefits to the review for example networking.

Noted that attendees had found the review a great opportunity for networking and that

LC9. MINUTES

Approved

LC10. DATES OF FUTURE MEETINGS

A future meeting would be scheduled for January to discuss draft recommendations

LC11. NEW ITEMS OF URGENT BUSINESS

None

Clr David Winkill

Chair

Men's Health: Getting to the heart of the Matter

Draft Recommendations

1.	The setting up of a standing local Men's Health Forum supported by the council and the Clinical Commissioning Group.
2.	As part of the launch of the local Men's Health Forum, HAVCO to be asked to host a joint conference with LBH and the CCG to explore how the voluntary sector can support improvements to Men's Health in the most deprived areas of the borough.
3.	<p>Haringey runs a local targeted campaign involving all partners to coincide with National men's health week to act as a catalyst to engaging men in preventative and early intervention services.</p> <p>This should include:</p> <ul style="list-style-type: none"> ▪ GPs ▪ Pharmacists ▪ Health Trainers ▪ Health Champions ▪ Optometrists ▪ Mental health workers ▪ Employment advice and support ▪ Health trainers ▪ Health champions ▪ Local pharmacists ▪ Sexual health professionals ▪ Nurses/students/Trainee GPs ▪ Local dentists ▪ Peer support/buddy system ▪ Local community groups ▪ Expert patient groups ▪ Leisure centres/fitness centres ▪ Weight watchers/ similar groups ▪ Housing ▪ Jobcentre plus
4.	Leisure services designs and implements a marketing campaign to actively engage with our target audience to encourage them to take regular exercise.

5.	<p>Haringey Leisure Services' facilities to support:</p> <ul style="list-style-type: none"> ▪ the Tottenham Hotspur Foundation initiative ▪ Men's Health Week
6.	<p>The significant ward differences in men over 40s' life expectancy to be recognised in the JSNA and tackling them to be made a priority by the Clinical Commissioning Group in commissioning plans.</p>
7.	<p>That all providers consider current services being delivered and look at whether they are being delivered in a way which enables men to access them.</p>
8.	<p>That when commissioning new services providers consider any adaptations which could be made to encourage men to access these services.</p>
9.	<p>Pharmacies to be encouraged and supported by the Clinical Commissioning Group and Public Health to expand their function as a gateway to primary care and be commissioned to deliver public health and health improvement services on site and in the wider community.</p>
10.	<p>That the Local Pharmaceutical Committee considers:</p> <ul style="list-style-type: none"> ▪ A local awareness raising campaign in order to highlight the accessibility of local pharmacies as well as the professional training which pharmacy staff have undertaken. ▪ Working with local pharmacies in order to make displays more 'male friendly' to encourage men into pharmacies. ▪ Encouraging local pharmacy staff to consider the Centre for Pharmacy Postgraduate Education module on men's health.
11.	<p>Haringey Community Pharmacies to run a Men's health week to tie in with the National Men's Health week as one of their 6 contractual Public Health Campaigns.</p>
12.	<p>Public Health to work with "fast food" suppliers (initially in Tottenham, by to expand into the whole Borough) to develop</p>

	healthier menus and a "Health in Haringey" Mark.
13.	<p>That where possible services to improve the health and well-being of men over 40 are advertised in settings which men are most likely to attend e.g. working men's clubs, libraries, local bus garage, Turkish cafes etc.</p> <ul style="list-style-type: none"> ▪ Where this happens the use of appropriate language and pictures should be carefully considered in order to appeal to the target group.
	That the Clinical Commissioning group consider holding Men's health session at GP surgeries in order to encourage men to register and attend.
14.	That the Clinical Commissioning group consider holding some sessions in community settings which men are most likely to attend in order to encourage men to register.
15.	<p>That the Clinical Commissioning Group considers:</p> <ul style="list-style-type: none"> ▪ Any training which would be helpful in supporting local GPs in working with local men to encourage their attendance at primary health care services. ▪ Any training which would be helpful for practice staff, including receptionists, in the barriers which men feel they face in attending GP surgeries. ▪ Asking local practices to consider their waiting areas from a male perspective and consider any changes which they could easily implement to assist in making men feel more comfortable in the Practice environment.
16.	<p>That the Clinical Commissioning Group works with local GP practices who are under-performing based on the Quality Outcomes Framework scores to improve their performance. For example:</p> <ul style="list-style-type: none"> ▪ In those patients with a new diagnosis of hypertension (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) recorded between the preceding 1 April to 31 March: the percentage of patients who have had a face to face cardiovascular risk assessment at the outset of diagnosis using an agreed risk assessment treatment tool ▪ The percentage of people diagnosed with hypertension diagnosed after 1 April 2009 who are given lifestyle advice

	<p>in the last 15 months for: increasing physical activity, smoking cessation, safe alcohol consumption and healthy diet</p>
17.	<p>A written response from the Panel to the current planning consultation on the new Tottenham Hotspur Football Club application:</p> <ul style="list-style-type: none"> ▪ Calling for any new health facility to have a clear policy to develop a strategic emphasis on men's health; and ▪ Supporting a health centre
18.	<p>That any redevelopment of St. Ann's and reconfiguration of services at Tottenham Hale to have a similar stated emphasis.</p>
	<p>Other areas the panel may wish to consider recommendations on:</p> <ul style="list-style-type: none"> ▪ The role of planning ▪ Restricting smoking in public places ▪ Alcohol sales ▪ Obesity ▪ Council employees

DRAFT

Councillor reflective log

An important part of the HIP pilot is to include a reflective element as to how the scrutiny process has operated and in particular the usefulness (or otherwise) of the tools used.

Please use this template as an aide in preparing your thoughts for the reflection meeting. Take into account the process, any supporting documentation you had, the amount and timing of any of your or officer involvement, the role of the facilitator, any difference to how you approached your review etc.

Activity	What went well	What didn't go so well	How it could have been improved
Introduction of the Marmot review and questions about impact statements (Committee meeting dated 19 Sept, item 9)			
Draft impact statement circulated via email (dated 2 November)			
Use of HIP wheel (Committee meeting dated 16 November)			
Impact statement discussion at meeting 8 December			

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Stakeholder reflective log

An important part of the HIP pilot reviews is to include a reflective element as to how the scrutiny process has operated and in particular the usefulness (or otherwise) of the tools used. Around the country the pilots are approaching the reflective process in different ways. In Haringey we are asking that panel participants use this template to record their comments which will then be collated at a reflective meeting.

We are looking at how the models used allowed you to focus more effectively, or otherwise, on the value of scrutiny and its impact on addressing health inequalities. Please take into account the process, any documentation you received, the amount and timing of your involvement, the role of the facilitator, any difference to how you approached the review etc.

Activity	What went well	What didn't go so well	How it could have been improved
Introduction of the Marmot review and questions about impact statements (Committee meeting dated 19 Sept, item 9)			
Use of HIP wheel (Committee meeting dated 16 November)			
Impact statement discussion at meeting 8 December			
Other general comments about the review			

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