

**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.
- 
- 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 (11-17<sup>th</sup> 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).

Key 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](mailto: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**