Men's Health Scrutiny Review Group

Notes – 26 September 2006

Present from the Men's Health Scrutiny Review Group were:

Councillor Alan Hall (Chair of the Review Group); Councillors Chris Flood, Andrew Milton and Sylvia Scott; Donal O’Sullivan, Deputy Director of Public Health Lewisham PCT; Oliver Lake, Associate Director of Communications and PPI, Lewisham PCT; Eleanor Rees, Policy and Research Officer, LBL; Sarah Wainer, Head of Strategy and Performance, LBL.

Also in attendance were:

William Godwin, Policy Manager, Community Services, LBL; Nike Shadiya, Head of Overview and Scrutiny, LBL; Roger Raymond, Committee Support Officer, LBL; Cynthia Gaynor-Bailey, Governance Support, LBL; Colin King, Sports Development Officer, LBL; Chris Watts, Director of Public Health, Lewisham PCT; Miriam Mica, Mental Health Promotion Co-ordinator (Lewisham), SLAM; Joy Ellery, Director of Knowledge, Governance and Communications, University Hospital Lewisham (UHL); Billie Ferrie, HealthFirst; Bruce Letchford, Carers Lewisham; Annette Carty, The Stroke Association; Rosemarie Ramsey, Mount Zion Foundation; Jacky Percy, Diabetes UK, Lewisham Support Group; Catherine Union, Victim Support Lewisham; Carole Wesley-Brown, Under Pressure.

Apologies: Councillor Chris Maines; Joan Ruddock MP; Jim Dowd MP; Claire Perry, Chief Executive, UHL; Lucy Hadfield, Chief Executive, Lewisham PCT; Juney Muhammad, SLAM (and SLAM representative for the Review); Wilf Petherbridge, Young Mayor.

1 Welcome

Councillor Alan Hall welcomed everyone attending the meeting and explained that the purpose of the meeting was for officers, health partners and voluntary and community sector representatives to inform the Review Group of what they were doing in the borough in respect of men’s health and what they would like to see covered in the review.

2 Notes from the Meeting Held on 23 August 2006

2.1 The notes were agreed.

3 National Context for Men’s Health

3.1 Donal O’Sullivan, Deputy Director of Public Health gave a presentation on Men’s Health – the national context and Men’s Health in Lewisham (see attached slides).

Key Points:

- Lewisham has consistently had 2 years lower male life expectancy at birth.
- The health statistics for men differ from ward-to-ward within Lewisham with the lowest life expectancy in New Cross and the highest in Blackheath.
- There are differing factors in respect of race, nationality and socio-economic background that have an
3.2 Circulatory Diseases (which include Coronary Heart Disease (CHD) and stroke):

- Key lifestyle factors for increasing the risk of circulatory diseases include smoking, poor diet and lack of exercise.
- Despite the encouraging falling trend in CHD mortality rates since the early 1980s, premature deaths for Lewisham residents are about 10% higher than the national average.
- The National Service Framework (NSF) for CHD published in March 2000 sets out a plan for heart disease prevention and cardiac services to be developed and modernised over a 10-year period. Lewisham PCT’s CHD Commissioning Strategy aims to achieve targets related to primary prevention (smoking cessation, reducing obesity and increasing physical activity), acute coronary syndromes and heart failure.
- There is also a Lewisham Physical Activity, Sport and Leisure Strategy for Lewisham and a local Food Strategy to tackle the key lifestyle factors that increase the risk of circulatory diseases.

3.3 Cancer:

- Lewisham is ranked 4th highest in London for deaths from cancer in people aged under 75 years in 2003.
- Deaths from cancer are more than 10% higher in Lewisham than nationally.
- Lung cancer and prostate cancer are the two most important cancers nationally and locally.
- The Department of Health’s National Screening Committee determines which cancers have national screening programmes. Three possible screening tests are available for prostate cancer but these tests are not reliable and have not, therefore, been adopted by the Committee. Testicular cancer primarily affects younger men and is the most common form of cancer in men aged between 15 and 45. Testicular cancer is still quite rare, but its incidence is increasing dramatically and the reasons for this are not yet known. Thanks to advances made in treatment, testicular cancer has an overall cure rate of 95%. The cure rate can be as high as 99% if caught at an early stage. Regular testicular examination by men themselves is a recognised means of ensuring early diagnosis.
- The National Cancer Plan, which was published in 2000, aims to reduce death rates and improve prospects of survival and quality of life for cancer sufferers by improving prevention, promoting early detection and effective screening practice, and guaranteeing high quality treatment and care throughout the country. Locally, health services are currently achieving all targets, and are in line to achieve the target on reduction of cancer related mortality.

3.4 Sexual Health:

- In 2004, the most recent year for which data is available, 895 residents were known to be living with HIV in Lewisham. Recent years have seen a rise in people living with HIV in the borough but this is due in part to better treatment, and increasing survival rates.
- Overall 60% of those living with HIV in Lewisham are men, but almost twice as
many Black African women as Black African men were known to be living with HIV. This indicates a considerable under-estimation of cases within men in this ethnic group.

- There is no Genito-Urinary Medicine (GUM) clinic in Lewisham, therefore data on sexually transmitted infections is limited and most of the information presented was for the whole of South-East London (SE).
- There has been an increase in recent years in Chlamydia infection in SE London, partly due to improved diagnosis and increased incidence. Similar increases have been seen in the incidence of gonorrhoea, but with a reduction in 2003 and 2004. Gonorrhoea continues to be an increasing problem in men who have sex with men, but numbers of cases of Chlamydia infections remain low in this group.
- Diagnoses of Syphilis seen in GUM clinics in SE London increased dramatically in recent years. Many of these cases occurred as part of an outbreak amongst heterosexual men and women associated with commercial sex workers, but a significant proportion of cases occurred in men who have sex with men.
- In combating the prevalence of sexual health, Health First has an extensive HIV and Sexual Health Programme. There is also a Lewisham Teenage Pregnancy Strategy and a Lewisham PCT Sexual Health Outreach Team.

3.5 Mental Health:

Lewisham has significantly higher rates of mental ill-health than England as a whole.

- The estimated incidence of major mental illness in Black Caribbean people and Black African people locally is very high. The rate of incidence among Black Caribbean people in Lewisham is estimated to be 21 people in every 100,000 compared with only three in every 100,000 white people. This is a far higher incidence than is found in the Caribbean.
- Suicide in Lewisham is slightly lower than the corresponding rates in London however the alcohol mortality rate is much higher in Lewisham than London.

In concluding, the Deputy Director of Public Health said that the health experience of men in Lewisham is not as good as women in Lewisham, and not as good compared to men in the country as a whole. High rates of sexual and mental health problems (including drug use and problem alcohol use) in young men are of particular concern, especially in young black men, which the Review Group would want to look at. There is also an important and over-riding issue of men accessing services.

3.6 Question and Answer Session:

Q1: What has caused the sharp falls in cancer rates in the late 1990s/early 2000s?

A1: The Deputy Director of Public Health said that caution is needed when examining the year-on-year statistics on health, and to concentrate on the medium/long-term trends. The general downward trend is likely to be due to a combination of factors, including changes in the prevalence of risk factors like smoking and improved treatment.
Q2: What should the Council and the PCT be promoting in respect of prostate cancer and personal detection?

A2: The Deputy Director of Public Health said that there was a Prostate Cancer Risk Management Strategy that includes advice which GPs should give men concerned about their risk and asking for advice on screening.

Q3: Why aren’t the PCT promoting Well Men Clinics as much as they do Well Women Clinics?

A3: The Deputy Director of Public Health said that there are Well Men Clinics tend to be well attended by older men and that consideration should be given to developing a social marketing approach to enable the PCT to target services better and to encourage younger men to access services.

Q4: Are the particular characteristics of Lewisham, with certain wards featuring in some of the worst wards in England and Wales for deprival and health statistics, causing more people to suffer from ill health in the borough?

A4: The Deputy Director of Health said that statistics related to Lewisham need to be looked at with comparable boroughs to better reflect how Lewisham compares in terms of health. The statistics compiled for the borough are a summary of the experience of individuals and the factors that affect the overall picture of good health are based on individual factors such as poverty, education, health-related behaviour etc., that affect people’s quality of life. Living in a particular ward per se, or in the borough did not have a detrimental effect on people’s health.

Q5: What would the PCT be doing to help encourage all schools in the borough to participate in the Healthy Schools initiative?

A5: The Deputy Director of Public Health said that it would be the intention that all schools in Lewisham would participate in the Healthy Schools initiative.

Q6: Is the rising prevalence of HIV and STDs in the borough due to unsafe sex, migration, or other factors?

A6: The Deputy Director of Public Health said that the situation with regards to sexual health is complex. Increasing survival due to better treatment of HIV is important in relation to HIV; the fact that the majority of cases of heterosexually transmitted HIV infection were acquired outside the borough was also important. Better detection was important in the higher detection rates of Chlamydia. Overall, however, the high local rates indicated high levels of unsafe sex locally.

4 Questions to the Panel

4.1 The Review Group had a discussion to capture some of the work that was being carried out in respect of men’s health inside and outside the borough that could be useful for the Review.

4.2 The Associate Director of Communications and PPI, Lewisham PCT explained that in Lambeth, some successful work had been carried out in respect of smoking cessation and social marketing. Tower Hamlets PCT are also trying to use social marketing for health purposes. However, the high cost involved means the PCT should evaluate the results of this approach in more detail before going down this route. Billie Ferrie (HealthFirst) said there were some issues in relation to social marketing as Lambeth PCT had attempted to target gay men in bars and clubs for sexual health advice, and issues such as the influence of alcohol should be considered.

4.3 The Director of Public Health said that Jess Mookherjee is carrying out research into mental health in Lewisham, as there seems to be an issue over high percentages of young African and Caribbean men presenting to mental health services.

4.4 The Policy Manager, Community Services said that the Children and Young People’s Plan has a list of priorities in relation to health, and mental health and well-being so recommendations from this Review could possibly be developed as part of the implementation of the Plan, if applicable.

4.5 Mental Health Promotion Co-ordinator, SLAM, said that SLAM, in conjunction with the PCT, were about to carry out work looking at Men’s Mental Health which would be looking to engage with men by going to such places as barber shops, gymnasiums and snooker halls. The study was interested in the issue of young black men and contact with the mental health authorities. Her colleague Juney Muhammed had already carried out work looking at the mental health of young men and had engaged with them in partnership with schools.

4.6 Carole Wesley-Brown of “Under Pressure”, a VCS organisation that focuses on Black people African and
African/Caribbean people to prevent stroke/complications and raise awareness, said that she had worked in LB Lambeth with a budget on targeting men to help improve their health and this had been very successful. This borough could also utilise the links with famous and well-known people in the borough to galvanise and publicise the work in relation to men’s health.

4.7 The Director of Public Health said that work was on-going with Alfred Banya, Community Development Coordinator, on a Health Trainers Scheme.

4.8 The Director of Public Health mentioned that the latest top slicing by the Strategic Health Authority of London PCTs’ budgets would have a knock-on effect on the health promotion budgets. The Review Group expressed concern of the budgetary constraints and impact on the Choosing Health agenda.

4.9 A representative from Carers Lewisham Men’s Group reported that male carers feel that they are not being heard, that the PCT is not listening to their concerns and taking them seriously. The number of male carers in Lewisham is increasing. With men starting to have to be carers, the risks to their health are considerable in terms of hypertension and mental health difficulties. The Review Group agreed to take on board these concerns to include as part of the review.

The Review Group agreed that future meetings of the review would focus on the following areas:

- Circulatory Diseases
- Access to Services
- Mental Health
- Sexual Health
- Cancer
- Quality of Life

The Review would hope to consider evidence from a wide range of witnesses and organisations.

The dates for the next three meetings for the Review were agreed as follows: