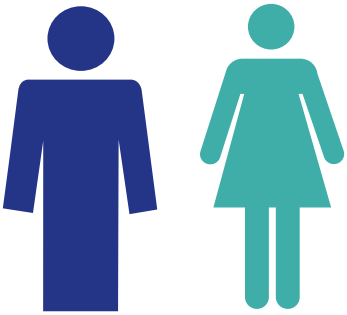
MEN'S HEALTH FORUM

THE GENDER DATA DEFICIT IN LOCAL HEALTH

How JSNAs are failing men (and women)



A REPORT BY THE MEN'S HEALTH FORUM

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 and boys.

We do this in partnership with universities, companies, other charities, local authorities, Public Health England, NHS England and the Department of Health.

We believe:

- There is an urgent need to tackle the unnecessarily and unacceptably poor health and wellbeing of men and boys.
- The health of the whole population should be improved through an approach that takes full account of the often differing needs of both sexes.
- Men and boys should be able to live healthy and fulfilling lives, whatever their backgrounds.

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For more on the statistics and references in this report, visit our website.

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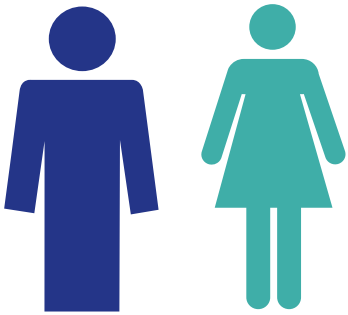

Too many men die too young.

In the UK, one man in five dies under the age of 65. It can be prevented.

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How JSNAs are failing men (and women)

A report by the Men's Health Forum

CONTENTS

- Research carried out autumn 2014
- Report written by Ed Bevan and Colin Penning
- Edited by Jim Pollard
- Thanks to Adam Dyster, Tracy Herd, Martin Tod and David Winskill.

THE SCALE OF THE MEN'S HEALTH CHALLENGE

PREMATURE DEATH

On average, more than one in five men is still dying between the ages 16 and 65, and more than two in five before the age of 75 – with death rates amongst men in the poorest areas of the country being even worse.

HEART DISEASE AND CANCER

Men are still more likely to die of circulatory disease and cancer.

- 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 (ie. excluding those cancers that affect either women only or men only).

OBESITY

67% of men are overweight or obese.

DIABETES

Middle-aged men are twice as likely to have diabetes as women – and twice as likely not to know they have diabetes.

SUICIDE

Nearly four in five suicides (78%) 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.

LIFESTYLE

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 and drink at hazardous levels. Men are twice as likely to have liver disease.

EXECUTIVE SUMMARY

Local authorities have a responsibility under The Local Government and Public Involvement Health Act 2007 to work with their local NHS on a Joint Strategic Needs Assessment (JSNA) to improve health in their area. The responsibility was amended by the Health and Social Care Act 2012 to specify that this should be done through the Health and Wellbeing Board.

The JSNA is the key document that local authorities rely on to understand the health of the people in their area. On the basis of the information in the JSNA, health and wellbeing strategies are written which, in turn, inform the allocation of scarce health service resources and commissioning of services.

The Men's Health Forum has analysed the JSNA of every local authority in England to determine whether they are aware of the specific health problems facing men (and women) in their area.

Of the 147 JSNAs researched and analysed by the Men's Health Forum only 18% adequately recorded information by gender.

This report is addressed to local and central government and all public and clinical health professionals.

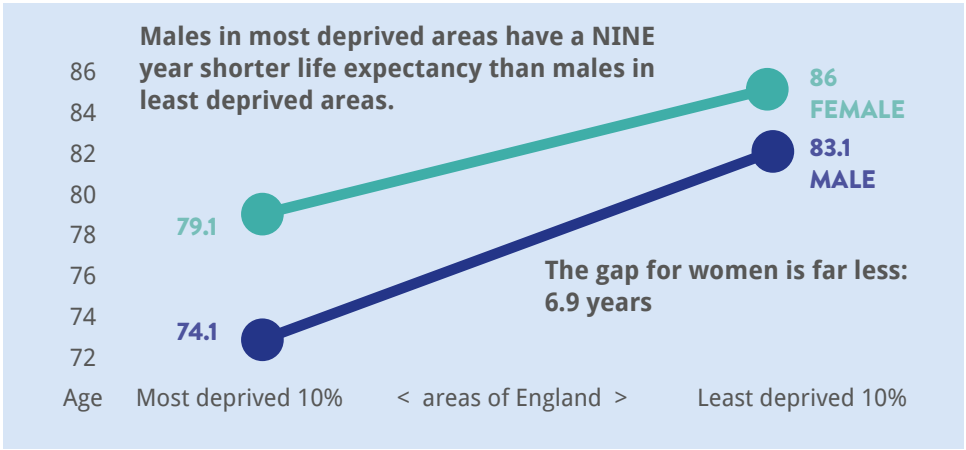
It highlights the need for real change in data quality and availability in JSNAs. Unless there is an improvement, we will be unable to adequately redress health inequalities in local health policy.

The Men's Health Forum's analysis has shown that this is possible. The London Borough of Hillingdon, Bolton Metropolitan Borough Council, Hampshire County Council and Wirral Metropolitan Borough Council use gender-sorted data and all prioritise men's health needs in their JSNA.

The lessons we have learned about approaches to data and recognising local men's health needs apply equally to recognising women's health needs.

SUMMARY OF CONCLUSIONS

1. The majority of local authorities are not addressing men's health. Only 27 out of 147 (18%) had a majority of their measures in their JSNA local and gendered, that is broken down to show figures for men and for women in their area.
2. Worryingly, areas with poor male life expectancy are not necessarily prioritising men's health, despite the numbers of men in their area who are dying young.
3. Local authorities are failing to recognise the importance of men's mental health. Mental illness and mental health diagnosis rates were included by gender in just a handful of JSNAs yet 78% of people who take their own lives are male.
4. Key lifestyle areas are regularly being overlooked. Only alcohol is included as a gendered measure in the majority of the JSNAs. Too often diet, smoking and sexual health are neglected.
5. Figures on disease prevalence and related hospital admissions which affect men considerably more, such as cancer and coronary heart disease are not gendered leaving key gaps in the understanding of survival and the burden of disease.



ONS, Inequality in Healthy Life Expectancy at Birth by National Deciles of Area Deprivation: England, 2011-13

Local action matters. As the graphic above shows, there is an enormous gap in male life expectancy between different areas.

MAIN RECOMMENDATIONS

- Local authorities and Clinical Commissioning Groups (CCGs) should implement change by ensuring that available gender-disaggregated data is used in their JSNAs. This will allow Health and Wellbeing Boards to fully address gender-specific health inequalities.
- NHS England and Public Health England (PHE) should support areas with low male life expectancies and provide extra support to ensure better health analysis.
- Local authorities should invest in research to better understand male lifestyle behaviour and men's mental health in their areas.
- NHS England and PHE should make it a requirement for local authorities to use gendered data and make that data more easily accessible. They should also create a template JSNA for local authorities to follow. This will improve the quality of JSNAs and allow comparison between areas.
- Use the examples of good practice to improve JSNAs. The Bolton Metropolitan Borough Council JSNA contained 26 gendered measures. In the absence of any national templates, the council devised and conducted its own health and wellbeing survey to focus on prevention in male health.

INTRODUCTION

The Men's Health Forum is a charity that works to improve men's health services and the health of men.

We analysed all JSNAs to determine whether they had included gendered data and looked at 54 measures in detail. The aim of this was not only to establish the present situation, but also to help local authorities improve their strategy for male health so that local gendered data is easily available and used in JSNAs.

Local authorities in England have a pivotal statutory role in health care for their local areas. Through a JSNA they determine the health issues in the local population and develop a health and wellbeing strategy accordingly.

Men's health is a key issue in all areas. One in five men die before the age of 65. Male life expectancy varies by local area and so it is vital that local authorities recognise and address the health needs in their local population.

The table below shows the gap in male life expectancy between local authorities in England, illustrating the need for men's health to be specifically addressed in all JSNAs.

JSNAs should include local and gender specific data. This means that the data is specific to the local area and has statistics on both men and women.

MALE LIFE EXPECTANCY

BEST 5 LOCAL AUTHORITIES	South Cambridgeshire	**83.0**
	Hart	**83.0**
	East Dorset	**82.7**
	Waverley	**82.6**
	Kensington and Chelsea	**82.6**

WORST 5 LOCAL AUTHORITIES	Hyndburn	**76.4**
	Liverpool	**76.2**
	Burnley	**75.6**
	Manchester	**75.5**
	Blackpool	**74.3**

Where does your local authority come?

THE RESEARCH

WHY FOCUS ON JSNAs

Public Health England states: 'A JSNA data set provides powerful indicators to establish current and future health needs of your population. This in turn, supports better targeting of interventions to reduce health inequalities.' (Health and Social Care Information Centre 'Joint Strategic Needs Assessment' http://www.hscic.gov.uk/jsna [accessed 06/10/2014])

If the assessment, which sets out the priorities for funding and resources, has no gendered measures then it is likely that neither men nor women in the area are receiving effective health care. For example, one area could have a relatively low mortality rate for lung cancer but the majority of those deaths from lung cancer could be male.

If the data is not gendered, funding could go to initiatives that are not as effective in tackling the real health needs of men or women. Including gendered data benefits both men and women by identifying gaps in needs and provision for men and for women.

HEALTH TOPICS INCLUDED IN JSNAs

Research - The research analysed all available local authorities' JSNAs by determining whether they have included local and gendered data. The categories of data used are ones for which we know local gender disaggregated data exists.

Section Summary - The conclusions which can be drawn from the JSNAs as a whole are:

- There are issues which local authorities are ignoring altogether for men and women, mainly around use of services and mental illnesses.
- There are huge gaps in information on men's health. The average number of gendered measures included in the 147 JSNAs examined was 12. The total number of measures averaged 35 meaning that on average barely one-third of JSNA measures were gendered.

There are major gaps in terms of local authorities failing to include a particular topic as part of their JSNAs. Uptake of services is often left out of JSNAs for both genders. This means that many local authorities are unaware of how many men and women are registered with a GP or the general rates of accident and emergency attendance. This lack of knowledge will have implications when planning the appropriate service provision.

Diagnosis rates are rarely included as part of the JSNA, especially on mental health.

Only 58 JSNAs included Improving Access to Psychological Treatment (IAPT) referral rates as a category at all. Of these, just four JSNAs had their IAPT referral rate as a gendered measure.

Although suicide statistics are often gendered, other key mental health illnesses and diagnosis rates are not.

The research reveals that many of the health topics included in the JSNAs contained no information on men's health:

- The local authority with the most gendered categories included was London Borough of Hillingdon with 29 gendered measures.
- We looked at 54 different measures across all the JSNAs. Out of all 147 JSNAs examined, the best (Hillingdon) still only had 54% of those measures gendered.
- Local authorities varied widely in terms of how many gendered measures they had included. The highest was 29 in the London Borough of Hillingdon. The lowest was two in Torbay.

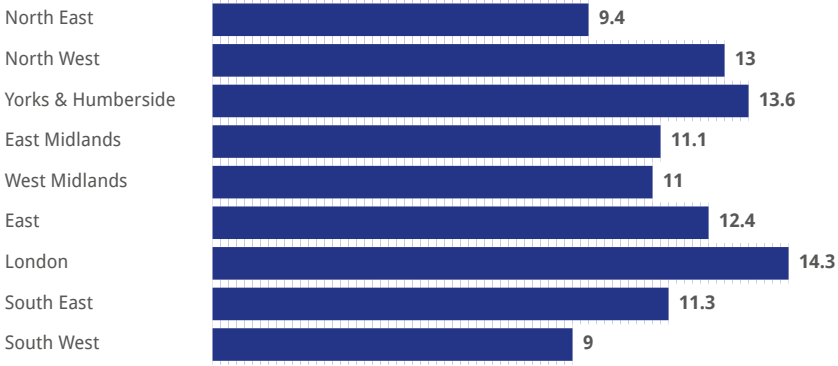
There is a difference in performance across regions:

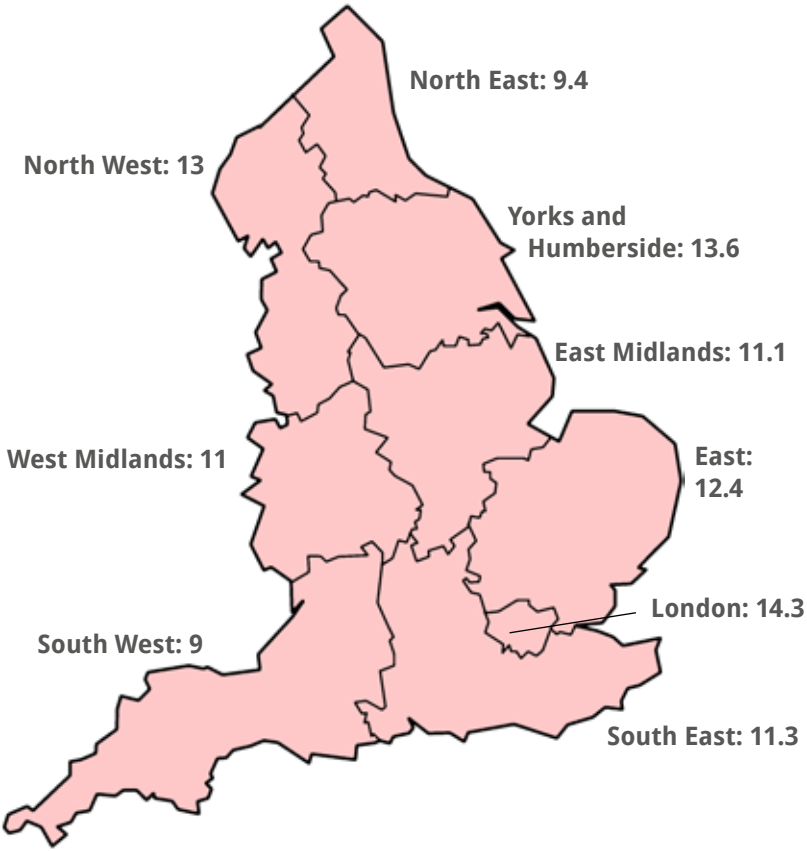
- The best performing region was London. JSNAs in London boroughs included an average of 14.3 gendered measures .
- The worst region was the South West with an average of nine.

What can be concluded is that there are key areas which local authorities are not looking at both generally and by gender.

Moreover, the findings reveal that within the health issues which local authorities are looking at, more often than not they are ignoring men's health needs.

AVERAGE NUMBER OF GENDERED MEASURES PER REGION





THE GOOD JSNAs

LONDON BOROUGH OF HILLINGDON

Hillingdon has one of the best JSNAs as regards gender-disaggregated data and men's health. It has 29 gendered measures (71% of its JSNA's measures are gendered).

The online JSNA is easy to use, has a clear format and the information is easily accessible. The JSNA covers issues often left out by other local authorities, most notably service-use and mental illness.

BOLTON METROPOLITAN BOROUGH COUNCIL

This JSNA contains 26 gendered measures (65% of its measures). It contains various information on all categories including gendered data on GP visits.

NHS Bolton conducted its own Health and Wellbeing Survey. This has enabled the JSNA to contain a significant amount of data concerning men's lifestyle behaviour and disease prevalence.

HAMPSHIRE COUNTY COUNCIL

Hampshire has 27 gendered measures included as part of its JSNA (54% of its measures).

Their online JSNA is clearly formatted with individual topics for each category. The County Council also provides a condensed version of the JSNA.

WIRRAL METROPOLITAN BOROUGH COUNCIL

Wirral's JSNA contains 23 gendered measures (52% of its measures).

Once again it has a clear format with individual web pages and documents for various categories. Wirral makes full use of the local data available to include male health priorities including a fair QOF allocation by gender.

THE RESULTS

LIFE EXPECTANCY

In areas with the worst male life expectancy, the JSNAs are no more likely to prioritise men's health. For example, Corby has one of the lowest male life expectancies at 77.1, but the Northamptonshire JSNA contains only six gendered measures.

- Only four out of the twenty worst areas for male life expectancy had 50% or more of their JSNA issues gendered.

LIFESTYLE

Alcohol use is a key issue for men's health and 58% of JSNAs had Alcohol-Specific Mortality as a gendered measure. However other lifestyle issues (which have a significant impact on men's health) such as obesity, smoking, physical activity and sexual health are less regularly gendered.

- Only 14% of JSNAs contained gendered data on Sexually Transmitted Infections.

DISEASE

Cancer Mortality and Cardiovascular Disease Mortality are regularly gendered measures in JSNAs: 51% of JSNAs had cancer mortality as a gendered measure. However prevalence of the disease and associated hospital admission rates are rarely a gendered measure. There is a clear gap in understanding of the difference in impact of certain diseases on men's and women's health.

- Just 5% of JSNAs included gendered data on hospital admission rates for cancer.

MENTAL HEALTH

Local Authorities appear to be recognising poor mental health outcomes and men: 59% of JSNAs had suicide as a gendered measure.

However, mental illnesses and diagnosis rates were less visible. Only 3% of JSNAs included men's IAPT referral rate. Local authorities are recognising the issue of suicide and men's health, but ignoring the pathways that lead some men to take their own lives.

- Only 3% of JSNAs contained gendered data on IAPT referral rates

RESULTS: LIFE EXPECTANCY

In England, the average male life expectancy is 79.3 years. This varies dramatically by local area. Blackpool has the lowest male life expectancy at 74.3 years, whereas South Cambridgeshire has the highest at 83.0 years.

Areas with the lowest life expectancies must recognise the challenge facing them and include a high number of gendered measures in their JSNAs given the clear threat posed to men's health.

The table lists the areas with the lowest male life expectancies and the corresponding number of gendered measures in their JSNA. Where a local authority has one of the lowest male life expectancies, it does not necessarily translate into a JSNA with a high number of gendered measures.

Corby has one of the worst male life expectancy at 77.1 years yet Northamptonshire's JSNA contains just six gendered measures, just 14% of its JSNA. Given that Corby has such a low male life expectancy, men's health indicators should be a key part of Northamptonshire's JSNA.

Lancashire County Council covers two districts with particularly low male life expectancies:

- Hyndburn (76.4)
- Burnley (75.6)

Nevertheless Lancashire's JSNA contains just 14 gendered measures, 40% of its JSNA. Improvements to men's health and male life expectancy cannot be expected until local authorities begin to address men's health as part of their JSNAs and translate this into the commissioning of services.

In spite of this, there are positive signs and prospects for improvement in poorly-gendered JSNAs.

Sandwell in the West Midlands has a male life expectancy of just 77 years, the eighth lowest in England. But, it has included 21 gendered measures in its JSNA, a proportion of 78%.

Sandwell's JSNA demonstrates that the data is available. Its approach can be used as a yardstick for other local authorities, especially in areas of poor male life expectancy.

Three other local authorities have recognised the poor male life expectancy in their area and have reflected this as part of their JSNA:

Hastings has a male life expectancy of 77.2 and the East Sussex JSNA has 20 gendered measures.

Kingston upon Hull has a life expectancy of 76.6 and includes 20 gendered measures in its JSNA.

Leicester has a male life expectancy of 77.2 and has 21 gendered measures in its JSNA.

This demonstrates that local authorities should be able to create a JSNA which effectively highlights the health needs of males in their local area.

GENDERED MEASURES IN AREAS WITH LOWEST MALE LIFE EXPECTANCY

Area	Life Expectancy	Gendered measures	%age
Blackpool	74.3	19	45%
Manchester	75.5	10	43%
Burnley	75.6	14	40%
Liverpool	76.2	12	40%
Hyndburn	76.4	14	40%
Stoke on Trent	76.5	16	44%
Salford	76.6	11	31%
Hull	76.6	20	60%
Middlesbrough	76.7	9	25%
Knowsley	76.7	13	54%
South Tyneside	76.8	9	35%
Blackburn	76.8	16	44%
Barrow in Furness	76.9	10	11%
Tameside	76.9	5	24%
Nottingham	77.0	16	36%
Sandwell	77.0	21	78%
Corby	77.1	6	14%
Rochdale	77.2	10	24%
Leicester	77.2	21	48%
Hastings	77.2	20	59%

RESULTS: LIFESTYLE

Social determinants and lifestyle are the biggest factors in premature death. Men are still more likely to smoke than women, much more so in the age group 18-49. Male smokers smoke marginally more cigarettes a day than female smokers and are more likely to smoke roll-ups.

Men are more likely than women to drink alcohol and to drink at levels that are hazardous for health. Men in Blackpool are four times more likely to die from liver disease than men in Central Bedfordshire.

Some 67% of men are overweight or obese.

The Department of Health, NHS England and PHE have placed a greater emphasis on prevention.

By tackling unhealthy lifestyles, local authorities can reduce the levels of mortality and incidence of diseases. Given that men are more likely to smoke and drink above the recommended levels, more attention must be paid to these behaviours when addressing unequal outcomes.

Alcohol is a category which is regularly gendered in JSNAs, especially Alcohol-Specific Hospital Admissions and Alcohol-Specific Mortality. This is a positive result as it illustrates that many local authorities are recognising the link between men's health and alcohol. By using statistics available from Local Alcohol Profiles for England, local authorities have been able to recognise men's health issues concerning alcohol and develop a strategy aimed at reducing health issues related to alcohol.

In contrast, smoking is measured far less by gender. Paradoxically, a far greater proportion of adults in the UK drink alcohol than smoke but smoking appears as a category in the majority of JSNAs.

Two-thirds of men - 67% - are overweight or obese. Obesity, physical activity and sexual health are also key areas which many of the JSNAs fail to approach through a gendered perspective.

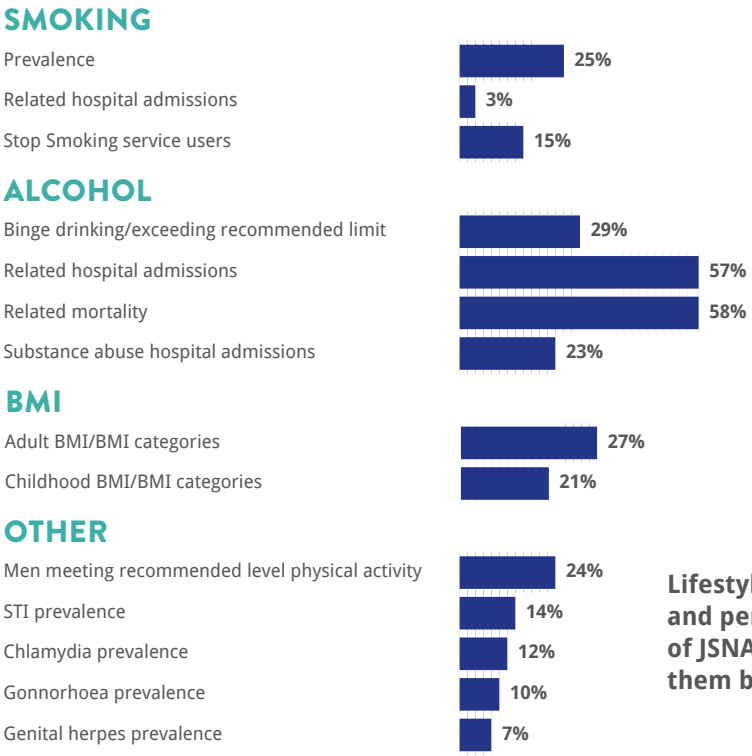
It is difficult to understand why local authorities would not include smoking, obesity or sexual health as a gendered measure given the impact these have on men's health. Local authorities' gendering all lifestyle behaviours is a crucial step in the right direction for improving male health and preventing premature mortality in men.

However, once again there are areas which perform better. Sefton's JSNA includes information about the lifestyle of its population. Within this it specifically mentions men's priorities. The JSNA highlights the fact that 73% of persons in drug treatment are male. **Sefton** also conducted a lifestyle survey to

determine the prevalence of smoking and binge drinking in the local area. They also use the Local Alcohol Profile for England data to determine the alcohol-specific admissions and alcohol-specific mortality rates of males in Sefton.

Sexual Health is another key lifestyle category often included in JSNAs but not on a gendered basis. Nevertheless a couple of local authorities have sought to include the rate of Sexually Transmitted Infections (STI's) in men:

- **Nottinghamshire** has used data from NHS Nottinghamshire to include diagnosis rates of STI's, chlamydia, gonorrhea and genital herpes.
- Additionally the **Triborough** JSNA, from the London Boroughs of Westminster, Kensington and Chelsea, and Hammersmith and Fulham, has used information from Genitourinary Medicine Clinics to determine the STI diagnosis rates for men.
- The **East Sussex** JSNA also included gendered information on all these diagnosis rates as part of their JSNA using data from NHS East Sussex and various primary care trusts across the local area.



Lifestyle issues and percentage of JSNAs including them by gender

RESULTS: DISEASE

Diseases and the burden of ill health are the cornerstone of every JSNA. Producing information on the main causes of premature mortality and incidences of diseases in the local population provides local authorities with significant information to decide its funding allocation. If diseases and causes of premature mortality are gendered, then this will allow local authorities to target health resources more effectively.

Cancer mortality and cardiovascular disease mortality are often measures which are gendered. This positive development should be encouraged elsewhere as it shows JSNAs are identifying that more men are dying from cancers and cardiovascular diseases and that they are attempting to introduce a targeted response.

LITTLE IS KNOWN ABOUT HOW MEN EXPERIENCE A PARTICULAR DISEASE UNTIL THEY ACTUALLY DIE FROM IT

However, there is much less gender disaggregated data on specific cancers and cardiovascular diseases. This includes the prevalence of lung and colorectal cancer, coronary heart disease, hypertension, diabetes and strokes. Furthermore, although mortality is often a gendered measure, the hospital admission rates related to these diseases are usually not.

As a result local authorities and CCGs have little knowledge of how many males are actually suffering from the disease until they have died.

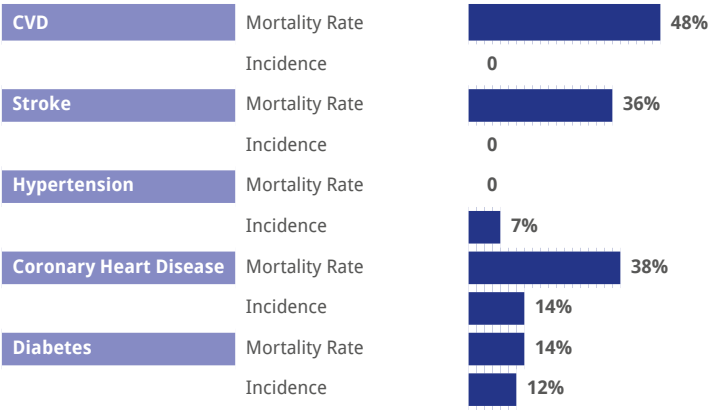
Men may not have a high mortality rate for a particular disease, but may have a high diagnosis rate.

The table opposite shows how many JSNAs included gendered data on the incidence, admission and mortality rates for all cancer, lung cancer and colorectal cancer.

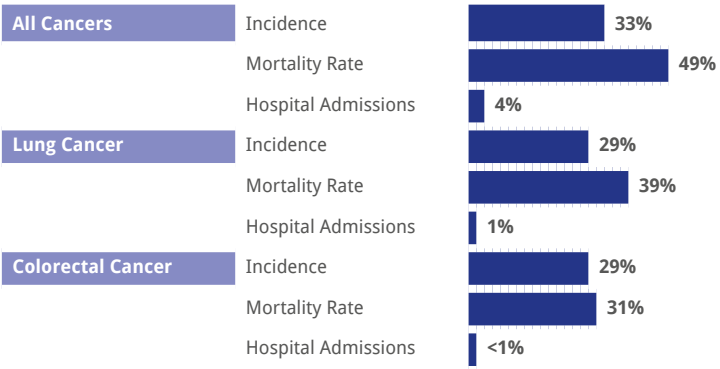
Some local authorities' JSNAs have taken the differential experience of disease into account.

Lewisham has included gendered measures on the incidence and admission rates of cancer, as well as incidence and mortality rates of both lung and colorectal cancer. Furthermore their JSNA consists of gendered measures of coronary heart disease admission rates. Lewisham has used information from the London Health Observatory to determine the needs of men in the area.

INCIDENCE AND MORTALITY RATES FOR HEART DISEASE



INCIDENCE AND MORTALITY RATES FOR CANCER



RESULTS: MENTAL HEALTH

Local authorities seem to be reflecting the recent national emphasis on mental health but not in any depth.

In the UK, 13 men take their own lives every single day. It is the biggest cause of death for males under the age of 35 and appears to be on the rise. It is therefore welcome that 59% of local authorities have suicide as a gendered measure in their JSNA. (This still means that nearly half of local authorities don't monitor suicide by gender.)

However, although nearly four out of five suicides are male, 72% of people treated for depression are female. Moreover, only a minority of men who took their own lives were engaged with mental health services beforehand. This gender disparity and lack of engagement with services shows why suicide alone is not a sufficient measure.

APART FROM SUICIDE, FEW MENTAL HEALTH INDICATORS ARE GENDERED

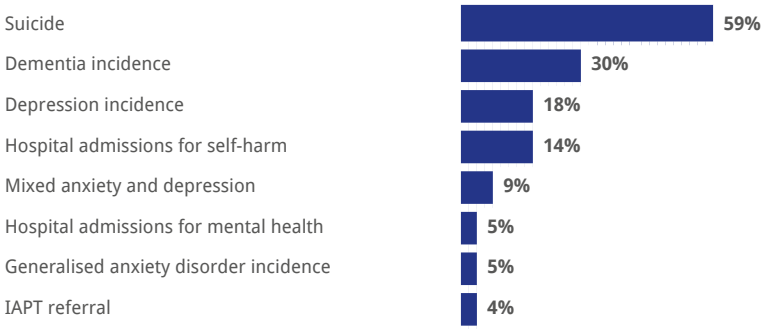
Yet very few JSNAs include gendered measures on incidence and hospital admissions for:

- self-harm and mental health,
- incidence of depression,
- generalised anxiety disorder,
- mixed anxiety and depression,
- IAPT referrals.

Additionally, only 30% of local authorities had dementia as a gendered measure. The table opposite illustrates how local authorities have highlighted the suicide rate in males, but not included other indicators of mental illness.

Evidently, local authorities and clinical commissioning groups are content with establishing how many men are dying from suicide, but not why or what can be done to prevent these deaths. Men's mental health has gained significant prominence nationally and this should be reflected at a local level.

MENTAL HEALTH INDICATORS



There are some good examples where local authorities have considered the mental health needs of men in their local area.

Swindon has modelled the prevalence of depression as well as generalised anxiety disorder and mixed anxiety and depression using the Adult Psychiatric Morbidity in England Survey. Admittedly, it is only an estimate, but it is an attempt to understand male mental illnesses in the area.

This JSNA also has gendered data on the suicide rate and hospital admission rate for self-harm and suicide for Swindon. They accessed the information through the Health and Social Care Information Centre and Secondary Uses Service in order to determine their priorities for men's mental health.

Sheffield has written a separate needs assessment solely on the mental health of the young population in Sheffield. 'Children and Young People's Emotional Wellbeing and Mental Health: Health Needs Assessment' analyses the mental health of boys in Sheffield. The assessment contains data on the prevalence of mental illness in boys in Sheffield including depression and anxiety disorders. It also contained gendered data on suicide rates within Sheffield.

RECOMMENDATION SUMMARY

Local Authorities and Clinical Commissioning Groups - In order to increase the use of gender disaggregated data in the JSNAs, local authorities and CCGs should work more closely.

CCGs should use all available source material to establish local data and thus men's health needs. This in turn should be translated into commissioning policy which should be approved by health and wellbeing boards under the scrutiny of local elected members through established Overview and Scrutiny Committees.

NHS England and Public Health England - NHS England and PHE should create standardised and mandatory guidelines on the elements included in JSNAs and ensure the necessary local and gendered data is available. This model JSNA should be used by all local authorities and CCGs. This will allow better comparison of JSNAs between local authorities and allow comparisons with area, regional and national metrics and outcomes.

RECOMMENDATIONS FOR LOCAL AUTHORITIES AND CLINICAL COMMISSIONING GROUPS

Improvements are needed to JSNAs in order to implement more action on men's health. Gendered measures as part of the JSNAs will create more effective health care commissioning for local populations for men and women alike. There are certain measures local authorities and clinical commissioning groups should include in their JSNAs in order to ensure the health needs of men (and women) are taken into consideration as part of their JSNAs.

Local authorities and clinical commissioning groups should ensure they use the data available to establish the needs of men in their local population. (A list of data sources is included as Appendix 1.)

Although few local authorities will be able to conduct thorough research of its local population, the Department of Health has a core data set which provides references and links to statistics which can be used to establish the level of men's health need in the local population. Additionally, local council members should scrutinise action on men's health in their area. This will provide the focus needed to tackle the high rate of premature death in men.

THE RECOMMENDATIONS

RECOMMENDATIONS FOR NHS ENGLAND AND PUBLIC HEALTH ENGLAND

As well as improvements in local authorities, there also need to be some changes at national level.

Firstly, data should be collected and published by gender. Currently, a significant amount of data on men's health needs is either not accessible or not collected altogether. Data should be collected on men and women so that local authorities can use this information to commission services for the provision of men and women's health care.

Secondly, national bodies should create a more standardised guideline of measurements and metrics to be included into the JSNA. There is a core dataset produced by the Department of Health and the Association of Public Health Observatories which gives useful links and references where data on local populations can be accessed. However, there is no obligation to use gendered measures.

Finally, a model JSNA should be created for local authorities to follow. Currently there is no set format for a JSNA which means that comparing them is difficult as well as scrutinising them. This would also make the JSNAs more accessible to the public and the local Voluntary and Community Sector.

MOST LOCAL AUTHORITIES ARE SIMPLY NOT ADDRESSING MEN'S HEALTH

Five key messages:

1. The majority of local authorities are not addressing men's health. Only 27 out of 147 (18%) had a majority of the measures in their JSNA both local and gendered, that is broken down to show figures for men and for women in their area.
2. Worryingly, areas with poor male life expectancy are not necessarily prioritising men's health, despite the numbers of men in their area who dying young.
3. Local authorities are failing to recognise the importance of men's mental health. Mental illness and mental health diagnosis rates were included by gender on just a handful of JSNAs yet 78% of people who take their own lives are male.
4. Key lifestyle areas are regularly being overlooked. Only alcohol is included as a gendered measure in the majority of the JSNAs. Too often diet, smoking and sexual health are neglected.
5. Figures on disease prevalence and related hospital admissions which affect men considerably more, such as cancer and coronary heart disease are not gendered leaving key gaps in the understanding of survival and the burden of disease.

FEWER THAN ONE IN FIVE LOCAL AUTHORITIES HAS MOST OF ITS JSNA MEASURES GENDERED

The JSNA forms an integral part of the Health and Wellbeing Board's health policy and even highlights the areas where funding should be allocated yet just 18% of local authorities managed to have a majority of their measures gendered in their JSNAs.

KEY MESSAGES

It is imperative that local authorities properly take into account the needs of all the local population.

Men and women have different health needs. It is essential that information is available on men and women in a local area. Some men may be affected more by a particular cancer, for example, than women. The JSNA should identify this in order to create a local health policy and strategy that will address this issue.

The research conducted has illustrated the huge gaps in JSNAs. Local authorities do not respond to a low male life expectancy. Lifestyle, disease and mental health - areas in which men and women have very different experiences - are often ignored.

This report recognises the difficulty in creating a suitable JSNA and therefore provides guidance in implementing change to prevent premature male mortality. Hopefully, NHS England and PHE will follow suit in providing better information and a more stringent model JSNA to allow local authorities to create an ideal JSNA which effectively meets the needs of the local population.

Ultimately, we hope that this report will highlight the problems of the current approach to JSNAs from both local and central government. We have demonstrated the key areas which local authorities have failed to address as part of their JSNA. Yet, we have also highlighted the areas of good practice proving that a comprehenisve fully-gendered JSNA is achievable.

The current situation is unacceptable. This report provides clear evidence that JSNAs must be changed to improve the health of both men and women.

HOW GENDERED IS YOUR LOCAL AUTHORITY JSNA?

This league table shows number of gendered data points per local authority JSNA and that number as a percentage of the total of JSNA measures. Where local authorities have the same number of gendered measures we have ascribed a higher position to those with the highest percentage of gendered measures.

1	LB Hillingdon	29	71%
2	Hampshire CC	27	54%
3	Bolton Met	26	65%
4	LB Ealing	24	52%
5	Herefordshire CC	23	57%
6	Wirral Met	23	52%
7	Triborough*	22	67%
8	Kingston Upon Thames	22	61%
9	Wakefield City	22	49%
10	Sandwell Met	21	78%
11	LB Richmond Upon Thames	21	55%
12	NE Lincolnshire	21	51%
13	Halton BC	21	50%
14	Leicester City	21	48%
15	LB Croydon	20	63%
16	Kingston Upon Hull	20	60%
17	East Sussex CC	20	59%
18	Central Bedfordshire	20	51%
19	LB Lewisham	20	48%
20	Calderdale Met	20	47%
21	Blackpool BC	19	45%
22	Birmingham City	19	44%
23	Brighton and Hove City	18	51%
24	LB Harrow	18	49%
25	Kirklees	18	44%
26	Nottingham-shire CC	18	35%
27	Norfolk CC	17	63%
28	Dudley Met	17	43%
29	Stockport Met	17	43%
30	Trafford Met	17	43%
31	LB Hackney & City of London	17	31%
32	Suffolk CC	16	62%
33	LB Hounslow	16	53%
34	Bedford BC	16	46%
35	Blackburn with Darwen BC	16	44%
36	Stoke On Trent	16	44%
37	LB Bexley	16	43%
38	LB Merton	16	43%
39	Worcester-shire CC	16	43%
40	Wigan Met	16	42%
41	Leeds City	16	39%
42	Nottingham City	16	36%
43	City of York	16	34%
44	LB Havering	15	63%
45	Luton BC	15	44%
46	LB Redbridge	15	42%
47	Gloucester-shire CC	15	39%
48	Swindon BC	15	38%
49	LB Camden	14	52%
50	Darlington BC	14	52%
51	Kent CC	14	52%
52	Warrington BC	14	47%
53	Lancashire CC	14	40%
54	Surrey CC	14	40%
55	LB Islington	14	37%
56	Portsmouth City	14	35%
57	Sunderland City	14	35%
58	LB Waltham Forest	14	33%
59	Doncaster Met	14	29%
60	Derby City	14	28%
61	Knowsley Met	13	54%
62	Dorset CC	13	52%
63	LB Barking & Dagenham	13	46%
64	LB Brent	13	41%
65	Bath & North Somerset	13	31%
66	Liverpool City	12	40%
67	LB Wandsworth	12	34%
68	Medway	12	33%
69	East Riding of Yorkshire	12	28%
70	Warwickshire CC	12	24%
71	Shropshire	11	44%
72	Thurrock	11	41%
73	Isle of Wight	11	38%
74	LB Southwark	11	37%
75	Buckingham-shire CC	11	33%
76	LB Enfield	11	32%
77	Salford City	11	31%
78	Manchester City	10	43%

JSNA GENDERED LEAGUE TABLE

79	Peterborough City	10	36%
80	Cumbria CC	10	33%
81	Redcar & Cleveland BC	10	32%
82	Oxfordshire CC	10	30%
83	Wiltshire	10	29%
84	LB Bromley	10	27%
85	Northumber-land CC	10	25%
86	Stockton On Tees BC	10	25%
87	Rochdale Met	10	24%
88	LB Sutton	10	23%
89	Southampton City	9	45%
90	Cornwall	9	39%
91	West Sussex CC	9	38%
92	Windsor & Maidenhead	9	36%
93	S Tyneside Met	9	35%
94	West Berkshire	9	35%
95	LB Tower Hamlets	9	33%
96	Bournemouth BC& Poole	9	32%
97	LB Lambeth	9	30%
98	North Somerset	9	30%
99	Somerset CC	9	30%
100	Walsall Met	9	28%
101	Solihull Met	9	26%
102	Gateshead Met	9	25%
103	Middlesbrough	9	25%
104	Barnsley Met	9	24%
105	LB Haringey	9	24%
106	Slough BC	9	24%
107	LB Barnet	9	23%
108	Sefton	9	23%
109	City Bradford Met	9	20%
110	St Helens Met	9	19%
111	Hertfordshire CC	8	35%
112	Cheshire West & Chester	8	29%
113	Bristol City	8	25%
114	Hartlepool BC	8	22%
115	Bury Met BC	8	21%
116	Sheffield City	8	20%
117	Derbyshire CC	8	19%
118	N Lincolnshire	8	19%
119	N Tyneside Met	8	18%
120	Cambridge-shire CC	7	33%
121	Plymouth City	7	32%
122	Cheshire East	7	28%
123	Oldham Met	7	16%
124	Leicestershire CC	7	15%
125	North Yorkshire CC	7	14%
126	Durham CC	6	21%
127	LB Newham	6	21%
128	Milton Keynes	6	20%
129	Newcastle Upon Tyne City	6	19%
130	Bracknell Forest BC	6	18%
131	Wolverhamp-ton City	6	17%
132	Lincolnshire CC	6	15%
133	Northampton-shire CC	6	14%
134	Coventry City	5	24%
135	Tameside Met	5	24%
136	Essex CC	5	19%
137	Wokingham BC	5	19%
138	Greenwich	5	18%
139	Southend on Sea BC	5	18%
140	Reading BC	5	16%
141	Telford & Wrekin	4	33%
142	Rotherham Met	4	31%
143	Devon CC	4	18%
144	South Glouc-estershire	4	16%
145	Staffordshire CC	4	16%
146	Rutland CC	4	10%
147	Torbay	2	8%

BC: Borough Council

CC: County Council

LB: London Borough

Met: Metropolitan Borough Council

* Westminster, Hammersmith & Fulham and Kensington & Chelsea

APPENDIX 1 - DATA SOURCES

From conducting the research, it became apparent that some local authorities were obtaining local gendered data from a variety of sources while others were not. We have compiled a list of sources below for the use of local authorities to enable them to gather the information they require.

Links accurate at time of going to press. You can find them all online at: www.menshealthforum.org.uk/jsna-sources

POPULATION

Office of National Statistics http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates#tab-data-tables

Greater London Authority http://data.london.gov.uk/dataset/gla-demographic-projections

LIFE EXPECTANCY

Marmot indicators for local authorities in England http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/Marmot/MarmotIndicators2014.aspx

Life expectancy at birth and at age 65 by local areas in England and Wales, 2011-13 http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-370972

EMPLOYMENT STATUS

NOMIS Official Labour Market Statistics ONS https://www.nomisweb.co.uk/

GP REGISTRATIONS

Open Exeter System http://systems.hscic.gov.uk/ssd/prodserv/vaprodopenexe

HSCIC http://www.hscic.gov.uk/catalogue/PUB16357

Local Clinical Commissioning Groups may also have information

HOSPITAL ADMISSIONS

Hospital Episode Statistics http://www.hscic.gov.uk/hes

ALCOHOL

Local Alcohol Profiles for England http://www.lape.org.uk/

Statistics on alcohol http://www.hscic.gov.uk/catalogue/PUB15483

SMOKING

Statistics on NHS Stop Smoking Services in England http://www.hscic.gov.uk/catalogue/PUB16345

DRUGS

Statistics on Drug Misuse: England http://www.hscic.gov.uk/catalogue/PUB15943

National Drug Treatment Monitoring System https://www.ndtms.net/WhatWeAre.aspx

OBESITY

Healthy Weight Healthy Lives http://www.noo.org.uk/Resources/DH_publications

National Child Measurement Programme http://www.hscic.gov.uk/ncmp

National Child and Maternal Health Intelligence Network http://atlas.chimat.org.uk/IAS/

PHYSICAL ACTIVITY

Sport England, The Active People Survey https://www.sportengland.org/research/who-plays-sport/local-picture/

LIFESTYLE

Lifestyle Survey for England http://www.hscic.gov.uk/article/3741/Health-Survey-for-England-Health-social-care-and-lifestyles

Regional Lifestyle Surveys - ERPHO East of England Lifestyle Survey http://www.erpho.org.uk/lsr/lsr.aspx

GENERAL ILL HEALTH

The Network of Public Health Observatories http://www.apho.org.uk/

National Clinical and Health Outcomes Knowledge Base

APPENDICES

NHS Information Centre/ Health and Social Care Information Centre http://www.hscic.gov.uk/

Primary Care Mortality Database http://www.hscic.gov.uk/pcmdatabase

Dr Foster Intelligence http://www.drfoster.com/

Compendium of Population Health Indicators http://www.hscic.gov.uk/article/1885/Compendium-of-Population-Health-Indicators

Secondary Uses Service http://www.hscic.gov.uk/sus

DIABETES

Diabetes Prevalence Model for Local Authorities and CCGs http://www.yhpho.org.uk/resource/view.aspx?RID=154049

LIVER DISEASE

Liver Disease Profiles http://fingertips.phe.org.uk/profile/liver-disease/data

HYPERTENSION

Hypertension Prevalence Modelling Briefing Document http://www.apho.org.uk/resource/item.aspx?RID=111139

CARDIOVASCULAR DISEASE

CVD Prevalence Estimates http://www.apho.org.uk/resource/item.aspx?RID=111121

British Heart Foundation Local Statistics on CVD Mortality Rate https://www.bhf.org.uk/research/heart-statistics/heart-statistics-publications/cardiovascular-disease-statistics-2014

BHF Local Statistics on Stroke Mortality Rate https://www.bhf.org.uk/research/heart-statistics/heart-statistics-publications/cardiovascular-disease-statistics-2014

BHF Local Statistics on Coronary Heart Disease Mortality Rate https://www.bhf.org.uk/research/heart-statistics/heart-statistics-publications/cardiovascular-disease-statistics-2014

CANCER

Cancer Research UK http://www.cancerresearchuk.org/cancer-info/cancerstats/

Northern and Yorkshire Cancer Registry Information Service http://www.nycris.nhs.uk/

West Midlands Cancer Intelligence Unit http://www.wmciu.nhs.uk/

Thames Cancer Registry

National Cancer Intelligence Network http://www.ncin.org.uk/home

COPD

COPD Prevalence Modelling

SEXUAL HEALTH

National Chlamydia Screening Programme http://www.chlamydiascreening.nhs.uk/

Genitourinary Medicine Clinic Activity Dataset (GUMCAD) https://www.gov.uk/genitourinary-medicine-clinic-activity-dataset-gumcadv2

MENTAL HEALTH

Projecting Older People Population Information http://www.poppi.org.uk/

Dementia Partnerships http://dementiapartnerships.com/diagnosis/dementia-prevalence-calculator/

Projecting Adult Needs and Information Service http://www.pansi.org.uk/

Mental Health Observatory http://www.nepho.org.uk/mho/

Adult Psychiatric Morbidity Survey http://www.hscic.gov.uk/pubs/psychiatricmorbidity07

APPENDIX 2 - LIST OF CATEGORIES IN THE MEN'S HEALTH FORUM'S ASSESSMENT

Demographics

- Population
- Life Expectancy
- Healthy Life Expectancy
- Relationship Status
- Employment Status
- Registered with a GP
- A&E Admission Rates (General)

Lifestyle

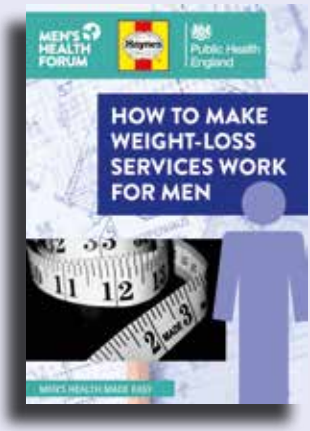
- Smoking Prevalence
- Smoking-related Hospital Admissions
- Stop Smoking Service Users
- Prevalence of Binge Drinking
- Alcohol Specific Hospital Admissions
- Alcohol Specific Mortality
- Substance Abuse Hospital Admissions
- Adult BMI
- Childhood BMI
- Men Meeting Recommended Levels of Physical Activity

Ill Health

- Diagnosis of Diabetes
- Hospital Admissions for Diabetes
- Mortality Rates for Diabetes
- Prevalence of Hypertension
- All Cancer Incidence
- All Cancer Mortality Rate
- All Cancer Admissions
- Lung Cancer Incidence
- Lung Cancer Admission
- Lung Cancer Mortality Rate
- Colorectal Cancer Incidence
- Colorectal Cancer Admission
- Colorectal Cancer Mortality Rate
- Cardiovascular Disease Mortality Rate
- Coronary Heart Disease Incidence
- Coronary Heart Disease Emergency Admission Rate
- Coronary Heart Disease Mortality Rates
- Emergency Admission Rates for Strokes
- Stroke Mortality Rate
- Chronic Liver Disease Incidence
- Chronic Liver Disease Admission
- Chronic Liver Disease Mortality Rate
- COPD Incidence
- COPD Mortality Rate

Accidents, Sexual Health and Mental Health

- Accident Mortality Rate
- STI Prevalence
- Chlamydia Prevalence
- Gonorrhea Prevalence
- Genital Herpes Prevalence
- Suicide Rate
- Hospital Admission for Suicide & Self-Harm
- Hospital Admission Rate for Mental Health
- Depression Incidence
- Incidence of GAD
- Mixed Anxiety and Depression
- IAPT Referral
- Dementia Incidence



MEN'S HEALTH FORUM PUBLICATIONS

'IT WAS CHALLENGING BUT DIDN'T MAKE YOU FEEL BAD ABOUT YOURSELF. I REALLY LIKED THE STYLE.'

The Men's Health Forum produces publications both for health and public policy professionals and for men themselves.

- Our **Man Manuals** provide easy-to-read information on a wide range of men's health subjects for men of all ages and interests. Buy them off the shelf in bulk or as single copies. Or work with us to develop your own customised information for your particular male market.
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THE GENDER DATA DEFICIT IN LOCAL HEALTH

How JSNAs are failing men (and women)

The Gender Deficit in Local Health puts local health systems under the microscope and finds that they are failing both men and women from the very outset: at the level of measuring and planning.

Every local authority is obliged to prepare a Joint Strategic Needs Assessment (JSNA) which analyses and measures the health needs of its population to inform and guide commissioning of health, wellbeing and social care services.

This report examines how gendered those JSNAs are. How sensitive are they to the different health needs and experiences of men and women? The degree to which JSNA measures are broken down by gender give a good indication of how well local authorities understand the gendered nature of health and what they intend to do about it.

Overall, perfomance is poor. Fewer than one local authority in five breaks down the majority of its JSNA measures locally by gender.

And the differences between authorities are stark. The most gender-sensitive JSNA contains 29 gendered measures, the least just two. How well does your local authority do?

As well as analysing 147 local authority JSNAs, The Gender Deficit in Local Health highlights examples of good practice and makes a series of recommendations to local authorities, CCGs, NHS England and Public Health England. There's also a full league table of local authorities and, for local authorities who want to improve their data collection, a comprehensive list of data sources.

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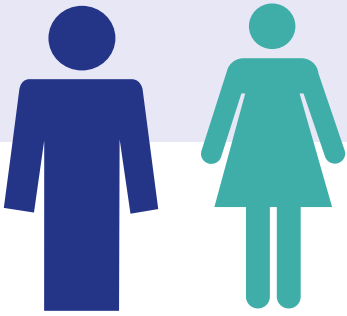

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