A Men's Health Strategy for England: Core Principles

Policy Paper

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(Reviewed by Emeritus Professor of Men's Health, Professor Alan White)

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(1) Executive Summary

- Men's health* is now formally recognised as a distinct and specific part of health public policy, professional practice and public interest. It is recognised that both men's health is in crisis and that gender-specific action is needed. This extends into social care.
- There is a coalescence of opinion of the clear need for a Men's Health Strategy. This is from within the political, professional practice and academic health community alongside the men's health third sector.
- The aim of a Men's Health Strategy would be "**improved men's health outcomes throughout their life course".**
- There has, however, been limited discussion on the actual shape, principles and deliverables in a Men's Health Strategy for England.
- This policy paper puts forward a broad Men's Health Strategy based on five key pillars of delivery with an outline of key deliverables (summary in Annex 2):

  (1) Formal political and operational governance and accountability structures

  (2) Improving accessibility, literacy and uptake

  (3) Promoting men's health research, professional practice and employment initiatives

  (4) Changing and challenging societal gender norms

  (5) Addressing social determinants and intersectionality
- The paper makes no distinction between men's mental and physical health, especially as they are so intertwined.
- The proposals are broadly based on a range of policy and research papers/discussions within the men's health and wellbeing sector over the past three years. They are aimed at creating and pushing forward a more detailed discussion on what a strategy would consist of and deliver in seeking to tackle the continuing crisis in men's health.
- Such a health strategy should, in principle, be also in place in the other three nations who have devolved responsibility for health.

* All references throughout this document with respect to men's health, includes boys too.

(2) Introduction

(A) Political Coalescence

Over the past decade there has been a groundswell of opinion within the men's health and wellbeing sector about the need for a Men's Health Strategy. Led by organisations, individuals and academics through the work of the Men's Health Forum, Global Action on Men's Health, and, Men and Boys Coalition. This has expanded to include the All-Party Parliamentary Group on Issues Affecting Men and Boys, Movember and a range of others including the Patients Association and the Local Government Association.

There have been formal debates in Parliament, the Parliamentary Office of Science and Technology (POST) published a report[1] on men's health and the Health and Social Care Committee[2] ran an inquiry on men's health. The latter not only attracted substantial numbers of submissions, but its final letter to the-then Government on the cusp of the General Election called for such a strategy. The new Government will still have to formally respond.

As a point of reference, the former Government had produced a welcome Women's Health Strategy[3] and had appointed a Women's Health Ambassador and a National Clinical Director. There was also a Minister for Women's Health too. These are all needed and aimed at resolving the gender specific health challenges that women and girls face. It also means, at last, health is officially being seen through a gender lens.

The last Government started the process of appointing a Men's Health Ambassador[4] and created a Task and Finish group looking at male health accessibility. The Minister (Maria Caulfield) also said for the first time at the Select Committee[5] that there "needs to be a strategic place for [the quick changes we are making] to fit in" and that there is no political or operational mechanism for bringing the various issues on men's health together.

The new Secretary of State for Health and Social Care, Wes Streeting MP, said in an article in The Telegraph in March 2024[6], that he was considering a Men's Health Strategy. The Government has also announced[7] that it will "roll out a life-saving health check programme to workplaces across the country for the first time" benefitting 130,000 people – primarily men. It is hoped that this policy paper will take this direction of travel further forward in the Government's soon-to-be-created Ten Year Plan especially with one of its core aims being based on moving from "treating sickness to preventing it". This follows the recent Lord Darzi review[8].

(B) Third Sector and Academic Coalescence

Throughout the last five years, there has been an acceleration in the recognition and support for men's health at a grassroots and academic level – both in the UK and importantly, internationally.

Grassroots support has substantially grown and continues to do so. This is through the growth in 'by and for' social prescription charities[9] (Men's Sheds, Andy's Man Clubs, Talk Clubs and many more) to successful movements such as Movember, Men's Health Week and International Men's Day. Interest and action from others such as sports clubs, "celebrities" and content producers (a wide range of podcasts, TV/radio programmes and commentators) has also grown rapidly. Campaigns led by Prostate Cancer UK and a range of mental health and suicide prevention charities have also captured the public's imagination.

It can be argued that the success of male 'by and for' social prescription charities is an expression of the failure of the clinical and formal health system to support men. That is, men have had to create their informal own health system as a key method for supporting their physical and mental health.

The academic community in the UK is growing too including Emeritus Professor's Alan White and Steve Robertson, Professor Paul Galdas, Associate Professor Caroline Flurey, Peter Baker and many more. The National Institute of Health Research has also created a men's mental health research fund.

(C) Summary

It's clear now that "men's health is formally a distinct and specific field of public policy, professional practice and public interest." This was not the case five years ago.

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(3) The Need for a Men's Health Strategy

The policy papers from a range of organisations (Men's Health Forum[10], Global Action on Men's Health[11], Men and Boys Coalition[12], All-Party Parliamentary Group on Issues Affecting Men and Boys[13], Movember[14] and Local Government Association[15]) have set out the arguments for a men's health strategy. Due to the devolved nature of health delivery, these have essentially focused on England, but the need and core principles can easily be applied in the other three nations.

In essence, a strategy is required because there is a need to address and prevent the underlying causes and barriers that are having a negative impact on men's health, while also making the health system more responsive. Health needs to be viewed through a gendered-lens – and through prevention.

The emphasis should be on a health system that respects and understands how men and boys *want to,* and *actually do,* access help. Not one based on how men and boys *should* and *have to* access help. One based on men's terms, on men's turf and in men's language. The health system needs to acknowledge the role of male socialisation alongside respecting them as men and respecting masculinity too – using both to support them, rather focusing on trying to change them.

If the focus remains on simply addressing the individual conditions and problems (for example, suicide, alcoholism, depression and obesity) as separate issues, the failure will continue in not seeing that they often result from similar circumstances. They then exhibit themselves in different ways depending on the actual individual men.

This stems from the need to focus on issues and commonalities from prevention to access, gender-responsiveness to health literacy and health professional training to tackling gender norms. All alongside social determinants such as class, place, jobs and race. And much more.

Annex 1 sets out key statistics that show men's health is in crisis and the lack of accessibility of the health system for men. The call for a Men's Health Strategy covers a range of broad themes:

- A society that does not do or care enough in recognising and supporting men's health.
- A health system that is currently built around the health system, not one built around addressing the gendered nature and needs of women or men.
- A lack of political or statutory responsibility, or accountability.

There are men's health strategies in other parts of the world (notably Ireland, Australia and the World Health Organisation, Regional Office for Europe[16] - which the UK has signed up to). There have also been some strategic approaches and reports on men's health in Northern Ireland[1718], Leeds[19], Torbay[20] and Barnet[21]. These offer a way forward.

Better prevention, literacy and ultimately health for men will benefit all. Less men needing support leads to cost savings and improved capacity for the NHS, increased economic productivity and better communities. And of course, improves the lives of men, and importantly, the lives of women too. Gender health policy and implementation can never be a competition or seen as a zero-sum activity. Men and women share their lives and society together.

(4) The need to set a core direction

Given the strong case has been made, the focus has to turn to what a Men's Health Strategy in England would look like. What should it achieve, cover and do?

To paraphrase Aristotle***: "It is not enough to win the argument, it is more important to organise the delivery."

The outline strategy below sets out a range of key pillars and activities to start to shape the strategy. Whilst these are a "starter for ten" they are designed at helping to start and guide the discussion, debate and eventually, the detail.

Much has been drawn from the aforementioned policy papers on a men's health strategy and other discussions. In fact, they rely heavily on the guiding principles set out in the World Health Europe's[22] "Strategy on the health and well-being of men in the WHO European Region".

In addition, the proposed political and governance structure mirror those newly created in the women's health sector. This is clearly not because of notions of "whataboutery" or "they have one, so we want it too". It is because a political and governance structure is needed for men's health, and the one created for women's health is thankfully working. There is no reason therefore why such a structure would not work for men's health albeit it will be dealing with different issues, challenges and opportunities.

This is also why the aims of the strategy are aimed at improving the health of men, not closing the health gap between men and women. Gender health is not a gender competition. If comparisons are ever made, they should be for context only.

Wider social care policy also needs to clearly include the impact and needs of men, albeit this is not focused in this paper.

The strategy set out here is founded on a traditional strategy structure with aims, strategy statement, core principles and a range of tactics.

They are deliberately high level. The debate can be had later with regard to the finite detail (including any budgetary consequences), but this is a recommended direction of travel and a clear stake in the ground.

*** Original quote: "It is not enough to win the war; it is more important to organise the peace."

(5) Men's Health Strategy for England

(A) Aim

Improved men's health outcomes throughout their life course.

Success will be measured by:

(1) Improvements in men's life expectancy and mortality rates for all causes and a closure of the mortality gap between men from different socio-economic backgrounds.

(2) Reductions in prevalence rates, and, improved quality of life and clinical outcome measures for men and boys diagnosed with all health conditions. In particular, focusing on the six major health conditions: cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia, and chronic respiratory disease (CRD).

(3) Increased numbers of men accessing health services such as screening services, the NHS health check plus GP, dental and optician registrations/attendance.

(4) Increased numbers of men being diagnosed earlier for major health conditions.

(5) Reductions in workplace-related injuries and deaths.

(6) Reductions in men suffering from addictions and obesity.

(7) Increased funding for men's health, wellbeing services and research.

(8) Increased numbers of men working in health and social care roles.

(B) Strategy

The strategy will be guided by a set of strategic principles and five strategic pillars. The pillars being:

(1) Formal **political and operational governance and accountability structures**

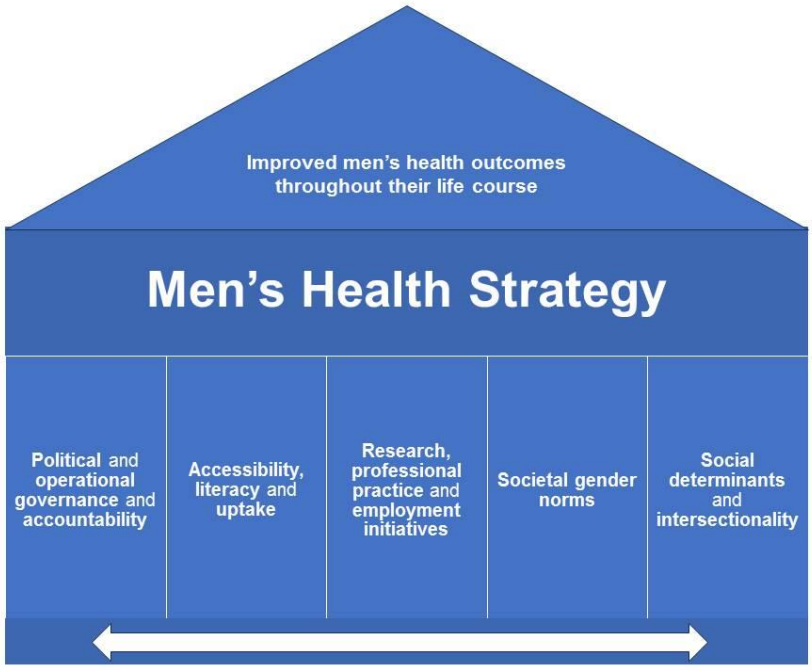
(2) Improving male **accessibility, literacy and uptake**

(3) Promoting men's **health research, professional practice and employment initiatives**

(4) Changing and challenging **societal gender norms**

(5) Addressing **social determinants and intersectionality**

Figure 1: Men's Health Strategy



(C) Responsibility and Stakeholders

The key overall responsibility for delivering the Men's Health Strategy lies with:

- **Political**: Secretary of State for Health and Social Care / Minister for Men and Boys' Health and Wellbeing (in the Department for Health and Social Care).
- **Delivery (National):** National Clinical Director for Men's Health (NHS England) and Men's Health Ambassador
- **Delivery (Regional/local):** Men's Health Champions, Integrated Care Systems (ICS), Health and Wellbeing Boards (HWB), NHS Trusts, Royal Colleges and state-funded research bodies.

Note: ICS, ICB, ICP and HWBs

Integrated Care Systems (ICSs) are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas. They are made of two sub-bodies in 42 areas of England, albeit members can be on both. The Integrated Care Board (ICB) is responsible for NHS services, funding, commissioning,

and workforce planning across the ICS area. The Integrated Care Partnership (ICP) is responsible for ICS-wide strategy and broader issues such as public health, social care, and the wider determinants of health. Broadly, the ICP sets the strategy that the ICB has to take into account ('regard') in its delivery. See here for an explainer: https://ourdorset.org.uk/ics-explained-icb-icp-ics/ and https://www.kingsfund.org.uk/insight-and-analysis/long-reads/integrated-care-systems-explained

Health and Wellbeing Boards (HWB) are a formal statutory committee of the local authority. They provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of their local population and reduce health inequalities. They are c152 local authorities with adult social care and public health responsibilities. They have to produce a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies (JHWS). See here for an explainer: https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance and https://www.kingsfund.org.uk/insight-and-analysis/long-reads/health-wellbeing-boards-integrated-care-systems

The core stakeholders for a strategy are:

- The health system in in its entirety
- Men's Health Ambassador
- Core men's health third sector organisations and patient groups
- Academics
- Employers and their representative bodies (references to 'employers' also includes their representative bodies).
- Men, Women and local communities

Figure 2 highlights an outline governance structure connecting the Minister for Men and Boys' Health and Wellbeing to delivery at a local level of the Men's Health Strategy.

Figure 3 highlights the current macro political structures and broad policy areas on health and gender.

Figure 2: Governance Model (power flows from the strategy)

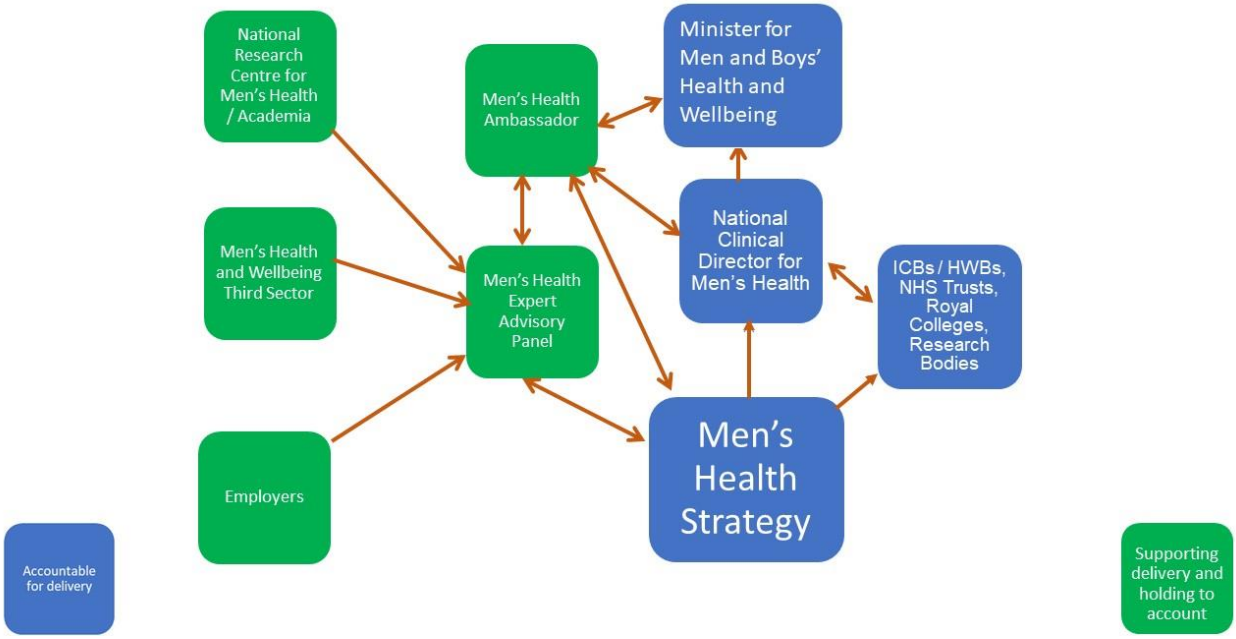


Figure 3: Governance and accountability health structures by gender (England)

	Women	Men
Minister for Women's/Men's Health	✓	×
Clinical Health Director	✓	×
Health Strategy	✓	×
Ambassador	✓	TBC
Health Champions	✓	×
Health Hubs (or equivalent)	✓	×
NHS Website	✓	Requires urgent review
Gender-health accreditation	✓	×
Medical Licensing Agreements (gender-health training)	✓	×

The above shows the different national political governance structure and broad initiatives for men and women's health.

(D) Strategic Principles

There are a number of strategic principles that should guide any strategy:

- **Evidence-led approach:** An evidence-led, non-ideological approach should be taken to improving men's health.
- **A male positive approach**: That seeks to empower and enable men, accepts that the health system has to adapt to

men/masculinity and does not view men as a problem (for example, “toxic masculinity / men don’t talk”).

- **Whole system change:** To improve men’s health requires a whole system /root and branch change in the health system’s culture and operations.
- **Accountability, Ownership and Responsibility**: Organisations and individuals within the health system should be accountable and responsible for improving men’s health – with a shared culture and ownership of the issue.
- **A partnership and collaborative approach**: It is essential to work with the third sector (especially the men’s third sector), health partners, employers and others.
- **Taking into account and responding to intersectionality:** An intersectional approach is needed based on Protected Characteristics plus ‘class’, place and occupation.
- **Data, publication and Measurement**: Health data should be disaggregated as the norm by gender. Strategies/plans/delivery reports should be published and improvements (or not) in men’s health should be recorded.
- **Better men’s health will mean better women’s health too:** This plan will support the delivery of the women’s health strategy and better women’s health.

(E) Five Pillars of Delivery

These pillars will drive the delivery of the strategy and provide an overarching framework. Each pillar may have a plan and each activity may well have a sub-plan. Each pillar will be linked to each other, where needed, to avoid silos.

Pillar 1: Formal political and operational governance and accountability structures

A core part of driving any strategy has to be the creation of political and operational governance with the responsibility and accountability for improving men’s health. Without responsibility, accountability, oversight and audit, there is no consequence of failure, no measurement and no central drive for change.

The Government has in place a governance structure for women’s health that is delivering positive change for women’s health for the gender-specific challenges they face. There is therefore no need to ‘reinvent the wheel’ in creating a different governance structure for delivering gender-specific improvements to men’s health.

Pillar 1: Formal political and operational governance and accountability structures		
	Action	Explanation
1	Minister for Men's Health and Wellbeing	Men's Health and Wellbeing should be added to the list of responsibilities for a minister in the Department for Health and Social Care. They will also work with other relevant ministers, including but not exclusively, the Ministry for Housing, Communities and Local Government (NHS Health Checks / Health and Wellbeing Boards).
2	Men's Health Strategy	The creation of a Men's Health Strategy to drive through the framework and plans throughout this document. The political responsibility is with the Minister for Men's Health and Wellbeing and operational responsibility is with the National Clinical Director for Men's Health. There should be a yearly update of key priorities.
3	National Clinical Director for Men's Health	This role would be operationally responsible for delivering the Men's Health Strategy.
4	Men's Health Ambassador	This role, with a men's health expert appointee, would champion men's health as a field of health practice, help break down the barriers to men accessing health services and promote men's health more widely. They will support all men's health stakeholders and Men's Health Champions and be a point of constructive challenge and partnership with Integrated Care Systems (ICSs)/Health and Wellbeing Boards (HWBs)
5	Men's Health Champions	A network of Men's Health Champions - made up of senior leadership in every ICS, HWB and GP Practice to drive forward work to improve men's health. The responsibility for this initiative would be with the Clinical Director supported by the Ambassador.
6	Publishing an Annual Report on the "State of Men's Health"	The Minister for Men's Health and Wellbeing and the National Clinical Director for Men's Health should publish an annual report setting out the current state of men's health.
7	Publication of Gender Disaggregated Data	All NHS data at ICS, HWB and national level should be disaggregated by gender to support monitoring, understanding and gender-specific action (where necessary).
8	Local Men's Health Strategies/Plan/Data	Each ICS should create a men's health strategy and plan, which also links into condition-based strategies and that of the JSNA/JSWS produced by HWBs. There should, through the Men's Health Champions, be

		accountability, across each ICBs and HCWs. Such a strategy and plan should include improving the take-up of core services such as increasing the number of men attending GP appointments, health checks, bowel cancer screening, sexual health/dysfunction services and PSA tests. In addition, this would support reducing heart disease, cancer, male suicide, steroids and image performance enhancing drugs usage, obesity, diabetes and alcohol disease. Each ICS and HBW should consider a specific subgroup focusing on men's health with key partners such as employers, local third sector groups and male specialist clinicians. This would be led by the Men's Health Champion. Annual local reports should be published on men's health across an ICS region with disaggregated data by gender.
9	Men's Health Expert Advisory Panel (MHEAP) / Task & Finish Groups	The role of the MHEAP is to bring together key UK medical professionals, academics and charities to support the work clinical director and ambassador. The MHEAP would be chaired by the Men's Health Ambassador. Specific subject-specific task and finish groups should be created.
10	Men's Health Accreditation	The Government has established a women's health accreditation mechanism to recognise commissioners and providers who offer services in these ways and promote best practice across the country. This would certainly work for men's health too.
11	The inclusion of men as a specific group in condition-based and public health strategies	All national, regional and local conditions-based strategies must include gender-specific recognition, data and actions with respect to men and women. For example, in suicide prevention, anti-obesity, CDV and screening/health-check strategies.
12	The full inclusion and recognition of supporting men's health by the Health DEI sector	The growing DEI sector within the health service should formally recognise improving men's health as a key part of its work at all levels – including at ICS, HBW and individual NHS Trust level. This is even more vital with respect to men in deprived economic areas or within relevant ethnic groups (for example, black men are more likely to get prostate cancer).

Pillar 2: Improving accessibility, literacy and uptake

A key driver to improving men's health is to ensure healthcare services are effective, acceptable and accessible for men. In effect, on "men's terms, on men's turf and in men's language". Men will and do access help if it is brought closer to them and also are given the know-how.

Gender differences should be considered when developing and designing healthcare services. Men can be reluctant (for example, they worry about what their employers may think, especially in blue collar roles, or, they may not be paid "no show, no dough") or unable to take time off work (for example, an employer may not be 'sympathetic' or they may be working away for long periods). Location is also a vital consideration so bringing them closer to where men go (not where you think they should go) is vital. For example, bringing screening to sports clubs, industrial estates/construction site and even farmers' markets (this has been successful in Ireland). It is about creating additional points of access.

Services should be tailored to include provision for men's needs and preferences for accessing and engaging with healthcare. Men are not a homogenous group so these needs may differ by demographic and/or Protected Characteristic (see Pillar 5)

Supporting men's health literacy is also vital because if men do not understand how the health system works or how their body works, then this hinders their accessibility to seek help. Men can be less sensitive to their own needs through stoicism. The stronger the health literacy, the stronger the engagement. Know-how is vital.

These principles and activities below should be embedded as a matter of specific practice and delivery including through regional and local strategies and plans. This is especially needed for a range of intersectionalities including by occupation. Men in 'blue collar' roles, men from lower socio-economic status groups, and men from minoritised ethnic groups are often particularly underserved by healthcare services.

(2) Improving male accessibility, literacy and uptake		
	Action	Explanation
1	Broadening health system 'opening times' and increasing points of access	Health delivery especially primary, secondary and community care must be more flexible and respectful of male work patterns/hours and locations (for example, men on industrial estates/construction sites). Each ICS/HWB/GP surgery should review how accessible their service is to men and put in place actions to improve male take-up including screening.

		This is to increase points of access. For example, evening opening hours, health checks on industrial estates (Man Vans/Pop Up Services), better linkage with employers ('blue collar' especially) or telephone call reminders to men to take up health checks which have proven to be a success. This requires appropriate funding and a culture change in the health system – and the need to review opening times embedded in needs assessments and strategies/plans.
2	Making every contact count	Each and every time a man is in contact with the health system, they should be proactively offered a suite of other checks or support. This will require a culture change in the health system – supported by local strategies and plans with targets to increase men taking tests. For example, if a man is using a paternity service, he should be offered a blood pressure test.
3	Improving men's health literacy (including boys/young men)	At a national, ICS and HCW level there should be a strategy and plan to improve men's health literacy. This includes information on conditions, how to access health care and promotion on availability of help. National and local proactive local campaigns should be run by HCWs and GP practices on conditions with support and amplification of third sector campaigns. Signposting from a much improved central NHS website is a priority. The principles of "teach back" should be common principles for all health professionals. Proactive links should be made with the male by and for social prescription charities nationally and locally. Again, this should be embedded in local strategies and plans, so it is the 'norm'. <u>Boys</u> There is existing Government guidance on "Supporting self-care and improving health literacy[23]" in the school environment. It is recommended that there is a formalised boys' health literacy programme either as part of 'personal, social, health and economic education' (PSHE) or in some other form. This is to both standardise and also help audit delivery. Boys' health literacy should ensure that mental health is given the same prominence as physical health including self-harm, body image, loneliness, depression/anxiety and online harms. In addition, as part of this, support should be given to teenage boys on how to use and register for health

		services in their own right.
4	Coordinating and targeting Men's Health Communication Campaigns (national and regional) (See also pillars 4.1 and 4.2)	The Clinical Director in partnership with the ambassador and MHEAP, to: • To commission through an annual plan, male-specific health campaigns on specific identified issues such as the health check, men's mental health and wellbeing, screening, men's health literacy, help seeking and overcoming stigma. • To encourage local ICSs and HWBs to run male-specific health campaigns • To actively support by and for men's charities and other stakeholders such as sports clubs in their promotional health campaigns including on condition-based campaigns. Formal partnerships should be made with the representative bodies of sports clubs. • To create an education campaign aimed at the public and healthcare workers to recognise men's specific healthcare needs, preferences and motivators for engaging in health services. Other organisations should be explored formally based on "where men go" – such as barbers, gaming communities, gyms, pubs, places of worship, Facebook community groups/pages and such like. Communication campaigns should be male-positive and use male-focused communication strategies taking into account men's communication consumption and messaging and patterns. Opportunities should be taken up where there is synergy (raising funds and the profile of prostate cancer at the Darts World Championships).
5	Creating specific NHS, ICSB and HWB webpages	There must be specific men's health webpages on NHS, ICB and HWB with information on accessibility (where to get help) and conditions. The current NHS website pages on men's health[24] needs urgent attention and would benefit from similar investment of time and/or resources given to the women's health[25] web pages.
6	Increasing screening programmes	There should be wider screening programmes and primary care testing (not sex-specific) where the evidence suggests this would be beneficial for improved diagnosis and treatment. Improved partnerships with employers, communities and primary care providers. Increased investment into research for screening

		methods/tools to improve accuracy. There should be a prostate cancer screening programme in place. Pharmacy First should be expanded into these areas.
7	Creating male gender-sensitive services	The creation of a network of mobile or 'pop-up' men's health hubs ("man vans") in all areas including in areas where many men work (industrial estates, for example) and frequent (for example, sports clubs). Existing services should be reviewed for their effectiveness at supporting and engaging men, and where necessary male-specific services should be developed. New services should consider men's specific needs from the outset of development through ensuring men are included in recruitment of participants to design and test services, and/or patient steering groups to inform service development as appropriate. Health professionals should regularly be offered training in men's health to understand men's specific needs and male-specific approaches. Men's health should be added to the core-curriculum of medicine, nursing and allied health professional training. GPs should be regularly updated and to take on the responsibility for keeping themselves up to date with research, practice and the availability of new local services. Services specifically aimed at men should be named as such or services available to all should be reviewed to see if parallel services are a better option so focus can be made on different needs and approaches. For example, men's mental health units, paternity services, men's CDV unit manned by health professionals who understand men's health.
8	Increasing investment in the men's health third sector and creation/protection of male spaces	Social prescribing is becoming increasingly popular, which places a demand on the third sector to support men's health and wellbeing. Investment funding (whether through state, foundations or increased private sector sponsorships) is needed to support the men's health third sector, with many relying on donations and volunteer time to try and meet demand. The grant funding landscape remains challenging. Government, local authorities, health and charitable funding bodies should recognise men's health as part of DEI benchmarking and eligible for distinct DEI funding streams. Government should ring-fence research funding for men's health. The Civil Society Minister alongside the Minister for Men and Boys' Health and Wellbeing should lead this.

		ICBs/HWBs should including mapping, funding and building active stakeholder relationships with all charities they signpost patients to through social prescribing in their local area. This should be embedded in their men's health strategies and plans. This will all lead to the creation of more and the protection of male spaces which gives them safe space and the know how to access support – "On men's terms, On men's turf, In men's language."
9	Embedding men's health in the Health and Wellbeing, and Diversity Equality and Inclusion	The growing DEI and employer-led health and wellbeing sector should include improving men's health (sex are a protected characteristic) throughout its activity. All statutory body equality and impact reports where relevant must consider the impact on men's health. There should be more encouragement of men's employer networks in the workplace as well as core thematic learning at relevant conferences. This should be a core activity for the Men's Health Ambassador.

Pillar 3: Promoting men's health research, professional practice and employment initiatives

An extensive body of men's health research is now in place so there is a need to build on this to address key gaps. This is especially the case with respect to the interaction with social determinants as well as research on how to improve the number of men working in the health system.

The latter is intrinsically important as traditional male employment avenues are declining and health and social care is a growing area that not enough men are working in. More men working in the health and social care system also offers men choice especially around body image/sexual health and counselling/mental health.

Research into men's health needs better coordination and dissemination including into embedding change in the health sector. The same can be said for funding for research.

To ensure that research and understanding on men's health is embedded into the health system, including in professional practice, it is vital that it is specifically included in the teaching curricula of all health professionals.

(3) Promoting men's health research, professional practice and employment initiatives		
	Action	Explanation
1	Creating a National Research Centre for Men's Health (NRCMH)	There is a need for a Centre of Excellence for Men's Health Research (the previous one, led by Emeritus Professor Alan White, was closed by Leeds Beckett University due to a lack of funding). This would drive research into improving men's health, develop evidence-based best-practice guidance, and champion collaboration with the NHS and third sector.
2	Creating a National Men's Health Research Strategy	Led by the NRCMH and funded through the NIHR, there should be a national men's health research strategy covering science and epidemiology through to service delivery. Longitudinal studies on men's health should also be core to this. Guidance for other funding bodies, universities and Royal Colleges created to support research and funding opportunities for men's health study.
3	Embedding men's health into health and social care training	Men's health as a distinct field of health professional practice should be embedded into all professional training and practice from entry level upwards. This would improve understanding, clinical practice/diagnosis, professional inquiry and increased rates of onward/specialist referral. This should be led by the clinical director, ambassador and NCMH in partnership with the Royal Colleges. The General Medical Council (GMC) will be introducing the Medical Licensing Assessment for the majority of incoming doctors including all medical students graduating from academic year 2024/2025 and onwards. Within this assessment, there are a number of topics relating to women's health aimed at encouraging a better understanding of women's health among doctors as they start their careers in the UK. It is vital that such topics are also embedded for men's health – not because they are in place for women – but because they are needed for men too.
4	Creating national and regional male recruitment campaigns	There is a wider need for the Government to invest in staff recruitment and retainment and this must include male specific strategies. There is a great shortage of men working in the health and social profession and the picture is worsening at all levels (GPs, nurses, pharmacists and allied health professionals). A central coordinated and sustained recruitment campaign is needed across all fields. More men in the health system would improve

		understanding of men's health, potentially making it more accessible and is a good in itself. The latter also recognises the decline in 'traditional' male employment roles but there has been no 'redistribution' of men working in the growing health and social care employment sectors. Despite this, there is no known specific campaign aimed at increasing the recruitment of men (including through the school/college career services) into the health and social care sector. This should be the responsibility of a clinical director and minister working with colleagues in other government departments including the Department for Work and Pensions, Department for Education and Department for Business and Trade. Note: Statistics provided to APPG for Issues Affecting Men and Boys (2023) • 58% of GPs are female (60% of GPs in training are female) • 52% of dentists are female (59% of new registrants are female) • 80% of psychologists are female (c80% of psychology students are female) • 62% of pharmacists are female • 89% of nurses are female • 78% of physiotherapists are female
4	Improving boys' health knowledge and response in the education system.	There should be a teaching module or workshops in the schools to help teachers, teaching assistants and others better understand boys' health. Both physical and as importantly mental – with an understanding of the mental impact of adverse childhood experiences. Boys/young men tend to externalise mental health problems which can then exhibit themselves in harms to themselves and to others[26]. It is vital this is recognised in professional teaching and education practice. This would also help improve education performance, reduce entry into the criminal justice system and reduce harms to themselves and others.

Pillar 4: Changing and challenging societal gender norms

A key barrier for male help-seeking and accessing services is a range of societal norms and expectations on stoicism, awareness, risk appetite/acceptance and a lack of empathy.

Creating specific actions to challenge and change societal norms and (un)conscious bias is not straightforward so themed strength-based culture change approaches are better adopted alongside hard actions.

For example, specific campaigns should be utilised such as being clear that the level of male workplace deaths (ten per month) is too high or that suicide rates in the construction industry are too high. Government and ICSs/HCW should be at the forefront of producing and supporting others in producing these campaigns – fronted by the Men's Health Ambassador, Men's Health Champions and role models that resonate with men.

(4) Changing Societal Norms		
	Action	Explanation
1	Creating proactive campaigns to challenge stigma surrounding 'embarrassing' conditions for men	Proactive communication campaigns and messaging to be led by DHSC, ICBS/HWBs, employers, sports clubs, 'brands' and those with public profiles – and support given to the third sector specialists to destigmatise conditions and types of tests/screening. The success of campaigns on periods and menopause can be used as templates for issues ranging from bladder problems (Boys Need Bins/Dispose with Dignity) to erectile dysfunction to going for a health/bowel check. Health leaders at a national and ICS/HWB should be leading and encouraging this work and include it in strategies and plans as a key theme. Leadership speeches/articles/messages set a clear tone.
2	Ensuring society, including communities and employers, better accept, empathise, acknowledge and encourage male help-seeking/vulnerability	Proactive communication campaigns and messaging to be led by DHSC, employers, ICSs/HWBs, sports clubs, 'brands' and those with a public profile. All non-state promotion (Norwich City FC video, for example) should be supported and endorsed by the state to encourage its growth. The messaging should be strength based messaging. Focused on the impact on others ("helps us to help you", "help you to also help others"), camaraderie, masculine to seek help/deal with health problems and clarity that there is support, where it is and that it will be given. Some campaigns could be hard-hitting and direct

		(positive based yet anti 'man-up' campaigns aimed at men and women) whilst others use more 'nudge' tactics. Government and ICSs/HWB to exert pressure on employers with high male workforce, especially those in risk professions, on better supporting male health. This can be through hard power (health and safety and regulations) or soft power (proactive communications). Employers to recognise the importance to men of consequence-free conversations should be encouraged. Employers should also invest in men's health with specific programmes being readily available from the Men's Health Forum (Men's Health Champions), Our Minds Work/ManHealth (Manbassadors) as well as encouraging male staff networks to be created. Calendar days such as Men's Health Week, Mental Health Awareness Week and International Men's Day are perfect times for focus. If Government, ICSs/HWBs and Royal Colleges action Pillars 1, 2 and 3 this will support recognition and empathy. Health leaders at a national and ICS/HWB should be leading and encouraging this work and include it in strategies and plans as a key theme. Leadership speeches/articles/messages set a clear tone locally and nationally. Success will be dependent on societal changes as well as improvements in accessibility and acceptability.
3	Challenging negative male tropes	Leadership at all levels is required to challenge and undermine negative tropes such as "toxic masculinity", "men don't talk" and "men don't need help". These create additional harmful barriers for men, reinforce negative societal norms and excuse the health system from needing to change and adapt. These negative male-blaming tropes should be challenged and never included in official policy documents on men's health and should be publicly challenged at every juncture.

Pillar 5: Addressing social determinants and intersectionality

Alongside structural health policy and delivery barriers, and, societal norms, there are a range of bigger overarching social determinants that impact on men's health.

As described by the World Health Organisation[27] social determinants "are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."

The World Health Organisation reflects that intersectionality recognises that

> "Human lives cannot be reduced to single characteristics; human experiences cannot be accurately understood by prioritizing any one single factor or constellation of factors; social categories such as race/ethnicity, gender, class, sexuality, and ability are socially constructed, fluid, and flexible; and social locations are inseparable and shaped by the interacting and mutually constituting social processes and structures that are influenced by both time and place.
>
> "These tenets are intended to provide the basis for a new avenue of enquiry where no category of oppression is automatically considered as the most damaging and where some differences are not continuously highlighted to the exclusion of others".

These all impact on the first four pillars described above and without acknowledging and addressing their respective and cumulative effects, the health system's ability to support men's health are markedly compromised.

Acknowledging and addressing social determinants and how they are inter-linked should be included and reflected in all policies, strategies/plans, research and communications aimed at improving men's health.

These broad issues include:

- Poverty
- Vulnerable employment, such as risk-related occupations, redundant skills/industries and shift-based work patterns
- Relationship Breakdown
- Occupation
- Location
- Financial wellbeing
- Availability of social housing/housing in general
- Loss of sense of purpose/feeling of worthlessness
- Education
- Race
- Place

- ‘Class’
- Sexuality
- Age
- Disability

This pillar must also allow for consideration of the specific needs of transgender people.

There are three policy perspectives that a national Men’s Health Strategy will help to address with respect to social determinants.

(5)	**Addressing social determinants and intersectionality**	
	Action	Explanation
1	Implementing National, regional and local policies, strategies and research addressing social determinants	All must reflect, consider and address the impact on men’s health including how solutions can support men’s health either directly or indirectly (reducing poverty will support men’s health).
2	Embedding men’s health strategies and policies	All men’s health strategies at a national, regional and local level must recognise, reflect and address social determinants that affect men’s health.
3	Embedding men’s health education and research (See pillar 3.3)	All men’s health teaching must recognise, reflect and address social determinants that affect men’s health.

Annex 1: Core Statistics on Men's Health

There continues to be an ever-growing range of data sets and statistics. Any comparisons with figures for women are for context only. The core headline statistics are:

1) 1 in 5 men do not live to 65.

2) 88 men die prematurely every day from heart disease (more than double than women).

3) 33 men die every day from prostate cancer.

4) 17 men die every day from an alcohol-specific condition (more than double than women).

5) 13 men die every day by suicide in the UK (three in every four) with a suicide rate increasing for the past three years (fifth highest this century). That is nearly 5,000 men every year.

6) Over ten men every month are killed in work-related accidents (95% of the total).

7) Life expectancy for men has fallen from 2019 to 2022 – the equivalent of 38 weeks (or 0.7 years) – the lowest since 2011.

8) A boy born in the UK in 2021 can expect to live to 78.7 years – 4 years less than a girl, more than 3 years less than boys in Switzerland, 2.6 years less than boys in Australia, and 1.3 years less than boys in Ireland).

9) 244 men die from cancer every day (89,200) and make up 53% of all cancer deaths.

10) 9.6% of men have type 1 or type 2 diabetes (7.6% of women).

11) In England, around one in eight men has a common mental health problem such as depression, anxiety, panic disorder or obsessive-compulsive disorder (OCD).

12) Men living in Birmingham, Ladywood are, on average, more than 3.5 times as likely to die prematurely than men living in Beckenham.

13) Modelling commissioned by Movember shows that increasing uptake by men of the NHS Health Check to 75% of the eligible population could save £1 billion in direct healthcare costs and £2 billion in indirect costs from 2024 to 2040.

14) Most men (62%) report having felt like wanting to leave their practitioner or leaving their practitioner due to a lack of personal connection.

15) 42% of men have felt gender bias towards them from their healthcare practitioner.

16) Only 40% of men (47% women) eligible for an NHS health check actually attend (2012-2018 data, which is telling in terms of data age).

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Annex 2: Summary of Key Proposals

Pillar 1: Formal political and operational governance and accountability structures	
1	Minister for Men's Health and Wellbeing
2	Men's Health Strategy
3	National Clinical Director for Men's Health
4	Men's Health Ambassador
5	Men's Health Champions
6	Publishing an Annual Report on the "State of Men's Health"
7	Publication of Gender-Disaggregated Data
8	Local Men's Health Strategies/Plan/Data
9	Men's Health Expert Advisory Panel (MHEAP) / Task & Finish Groups
10	Men's Health Accreditation
11	The inclusion of men as a specific group in condition-based and public health strategies
12	The full inclusion and recognition of supporting men's health by the Health DEI sector
(2) Improving male accessibility, literacy and uptake	
1	Broadening health system 'opening times' and increasing points of access
2	Making every contact count
3	Improving men's health literacy (including boys/young men)
4	Coordinating and targeting Men's Health Communication Campaigns (national and regional)
5	Creating specific NHS, ICSB and HWB webpages
6	Increasing screening programmes
7	Creating male gender-sensitive services
8	Increasing investment in the men's health third sector and the creation/protection of male spaces
9	Embedding men's health in the Health and Wellbeing, and Diversity Equality and Inclusion
(3) Promoting men's health research, professional practice and employment initiatives	
1	Creating a national Research Centre for Men's Health (NRCMH)
2	Creating a national Men's Health Research Strategy
3	Embedding men's health into health and social care training
4	Creating national and regional male recruitment campaigns
5	Improving boys' health knowledge and response in the education system.
(4) Changing societal norms	
1	Creating proactive campaigns to challenge stigma surrounding 'embarrassing' conditions for men
2	Ensuring society, including communities and employers, better accept, empathise, acknowledge and encourage male help-seeking/vulnerability
3	Challenging negative male tropes
(5) Addressing social determinants and intersectionality	
1	Implementing national, regional and local policies, strategies and research addressing social determinants
2	Embedding men's health strategies and policies
3	Embedding men's health education and research

Annex 3: Authors and Reviewers

Mark Brooks OBE DLitt: Senior Communications and Policy Adviser, Men's Health, Inclusion and Domestic Abuse

Mark is a sector leader in the fields of men's health, inclusion and domestic abuse. He has received an OBE and an Honorary Doctorate for his work in these fields. He has over 25 years' of senior and national corporate experience including director-level roles for two national charities in public policy, marketing and communications. He has also worked in the education, private and public sectors.

He is a co-founder/trustee of the Men and Boys Coalition charity, chair of trustees of the ManKind Initiative, policy advisor for the APPG on Men and Boys' Issues and a national ambassador for International Men's Day in the UK

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Associate Professor, Caroline Flurey CPsychol PhD SFHEA: Associate Professor of Men's Health and Long Term Conditions, University of the West of England.

Caroline's research particularly focuses on men's health in relation to long term conditions, specifically rheumatic diseases, centred around the patient perspective. Her particular areas of expertise and interest are: men's experiences and perceptions of illness; fluctuating symptoms in daily life, disease flare, self-management, help-seeking behaviours, remission and equity within qualitative methods and Q-methodology.

She is currently a Trustee of the Men and Boys Coalition, and member of the research advisory board for Royal College of Occupational Therapists. In addition, she is co-chair of the Outcome Measures in Rheumatology (OMERACT) Remission in Rheumatoid Arthritis: Patient Perspective working group, and Drug Safety working group. She was previously the President of British Health Professionals in Rheumatology from 2018-2020, and within this role Trustee of British Society of Rheumatology.

She recently has published a book (July 24) called *Talking Men's Health: Understanding and Supporting Men with Long-Term Conditions* (Palgrave Macmillan): https://www.waterstones.com/book/talking-mens-health/caroline-flurey//9783031625923

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Emeritus Professor of Men's Health, Professor Alan White: Leeds Beckett University)

Alan was the Founder and Co-director of the Centre for Men's Health at Leeds Beckett University; he is now Emeritus Professor of Men's Health at the University having retired from his University post in 2017. He was a co-founder of the Men's Health Forum Charity (www.menshealthforum.org.uk) and was the Chair of the Board of Trustees for 12 years, he is now its Patron.

Alan has a long history of pioneering work in the emerging field of men's health and has recently been working with the UK Government's Health Select Committee whilst they were looking at the health of men. His previous work includes leading on the European Commission 'The State of Men's Health in Europe' Report and was a member of the WHO (Regional Office for Europe) core group helping prepare their report on Men's Health. His report on the State of Men's Health in Leeds has helped the city develop a gendered approach to health and social care.

Alan was until recently a Registered Nurse, who completed his initial training on the first Nursing Degree course to be run by the University of Surrey (1978-1982). His Masters' degree was in Nursing from Leeds Metropolitan University and his PhD was from the Nursing department at the University of Manchester in 2000.

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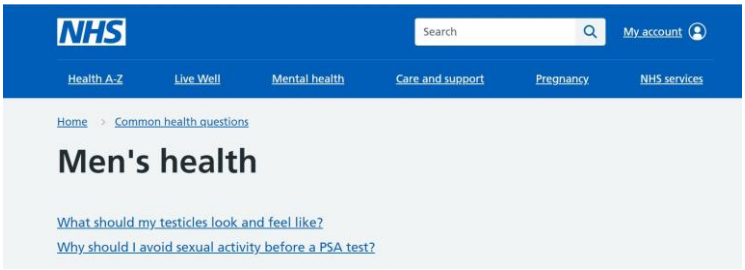

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