



From Strategy to Place: What the Men's Health Strategy Means for Local Government

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Men's health: a strategic vision for England

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Why a men's health strategy?

England's first comprehensive men's health strategy

- Men die earlier and experience higher mortality across major conditions
- Inequalities are widest for men facing deprivation and exclusion
- Engagement with prevention and early support is often lower among men
- The Strategy reframes men's health as a systems and equity issue



Department
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What does this mean for local govt?

National strategy, local delivery

- Men's poorest outcomes reflect how local systems are designed and accessed
- Most levers shaping men's health sit outside the NHS
- Local government controls many of the systems that shape men's health



Translating national intent into place-based delivery

Success will depend on local systems undertaking the delivery work

1. Shift from crisis to prevention and early engagement
2. Prioritise men facing the greatest disadvantage
3. Use place-based partnerships to reduce inequalities



Men are already in your system

The issue is not lack of activity. It's how pathways connect for men across services.

-
- Public health, housing, employment, adult social care
 - VCSE and community provision
 - Multiple entry points, weak coordination across pathways



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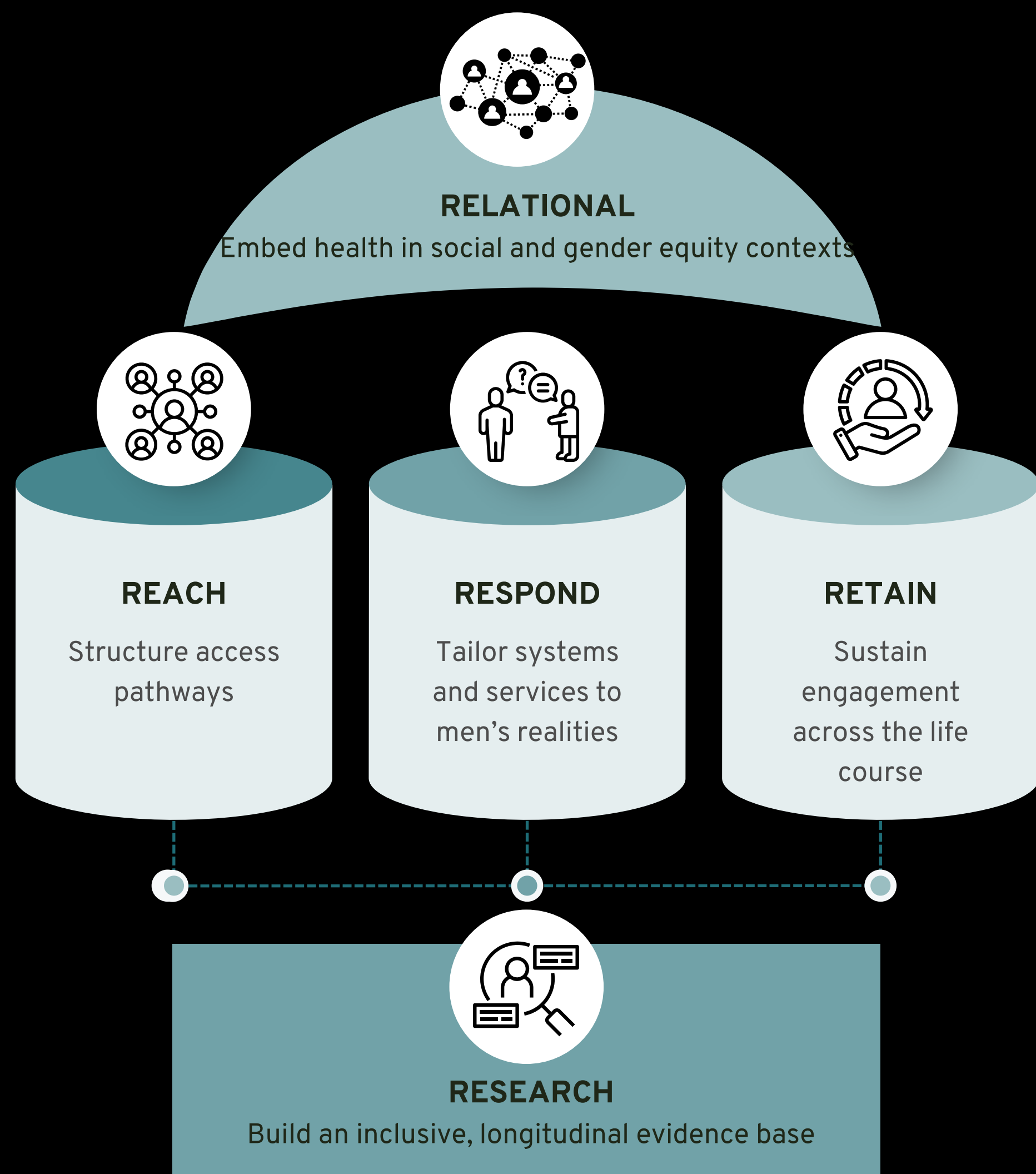


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5R Framework

- Focused on system change
- Designed for local delivery
- A delivery framework, not a programme



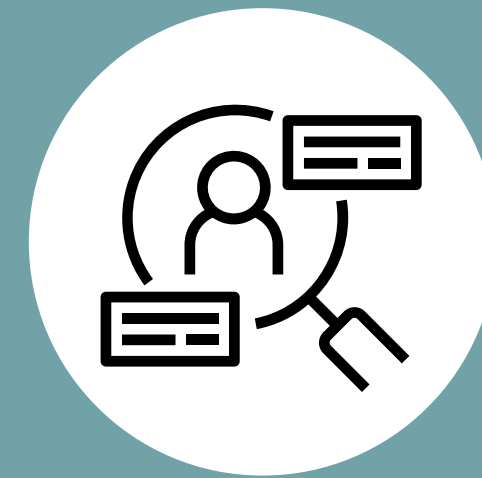
Make inequalities visible

- Where are men lost in local pathways?
- Which groups of men have the poorest outcomes?
- Is male dropout reviewed at system level?



Good looks like....

male access, outcomes, and dropout reviewed quarterly with actions agreed



RESEARCH
(local intelligence)

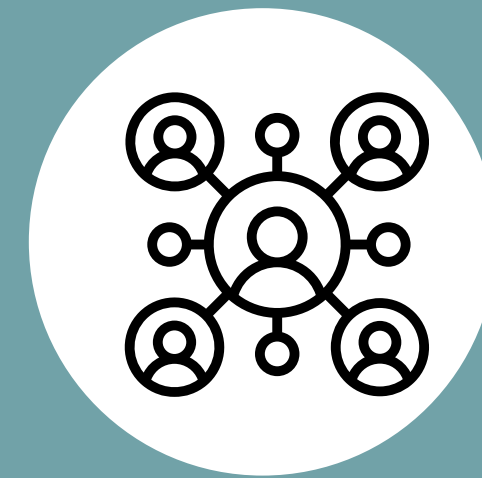
Proactive engagement

- Do men have to initiate contact?
- Who is not coming through the door?
- Are priority groups clearly defined?



Good looks like....

at least one proactive access route per priority group.



REACH



Fit services to men's lives

- Do access models fit working lives?
- Does language and mode resonate?
- Is workforce gender responsive?



Good looks like....

access fits working lives and feels relevant.



RESPOND



Treat disengagement as failure

- What happens when men drop out?
- Who follows up?
- Is retention measured and reviewed?



Good looks like....

dropout triggers follow-up and accountability.



RETAIN

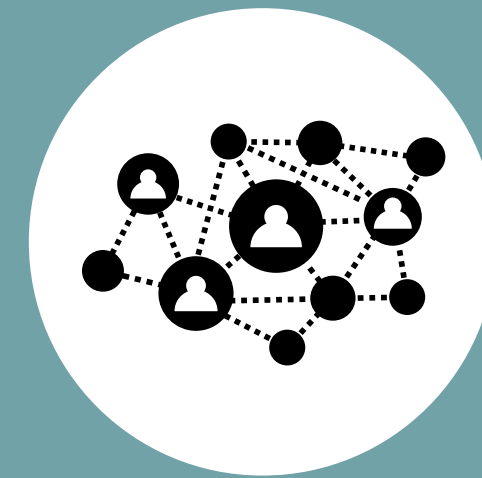
Embed within equity and place

- Is men's health isolated or mainstreamed?
- Are employers and VCSE core partners?
- Is this linked to wider equity priorities?



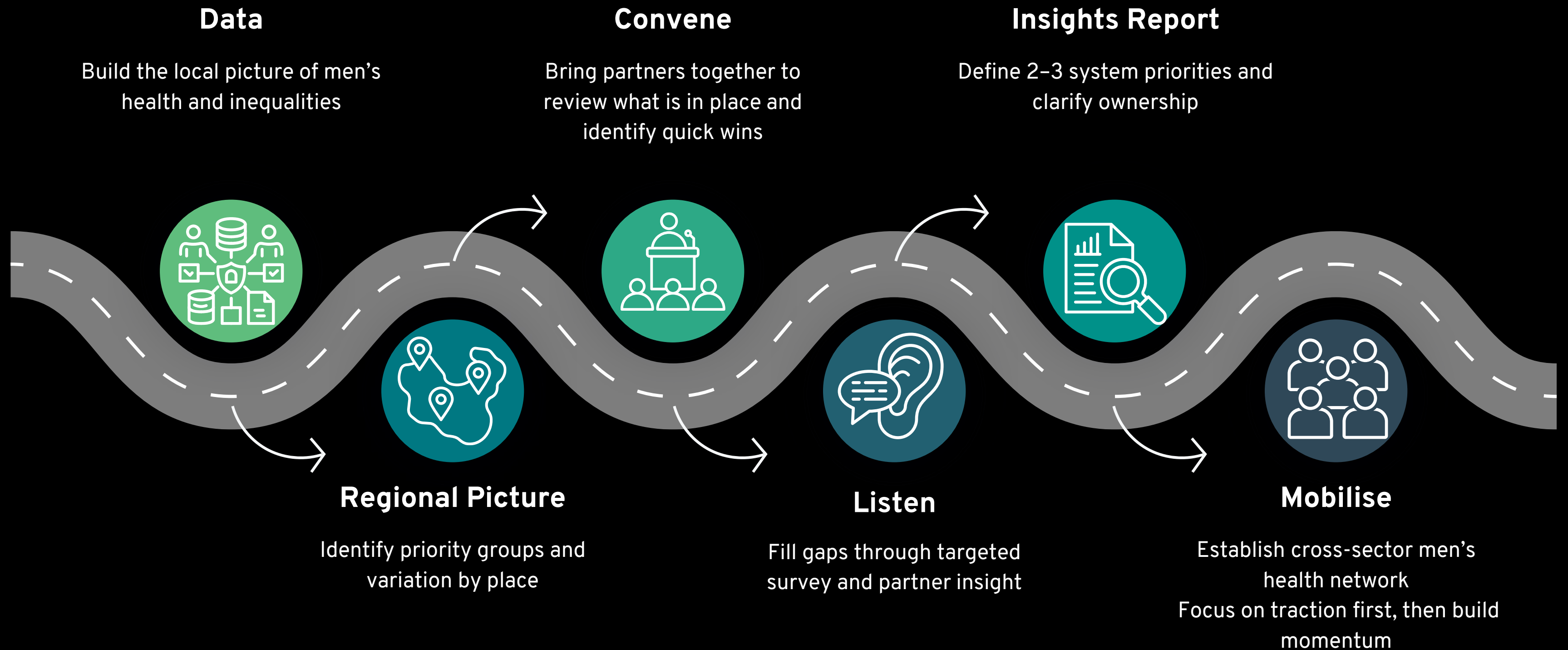
Good looks like....

men's health embedded across local plans with shared ownership.



RELATIONAL

A place-based roadmap to action





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This is not primarily about new
money.

It's about making existing systems
work better for men facing the
greatest disadvantage.