

## Royal College of Nursing response to the Department of Health and Social Care's Men's Health Strategy for England

### About the Royal College of Nursing

With a membership of over half a million registered nurses, nursing students, midwives and nursing support workers, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world.

RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliament and other national European political institutions, trade unions, professional bodies and voluntary organisations.

### 1. Introduction

- 1.1. The RCN welcomes the opportunity to respond to the call for evidence that will inform the development of the Department of Health and Social Care's (DHSC) Men's Health Strategy for England.
- 1.2. Men have a lower life expectancy than women and can face significantly higher health risks. They are twice as likely to die prematurely from conditions such as cardiovascular disease, lung cancer, and liver disease, as well as from accidents. Additionally, men account for three out of every four suicide deaths<sup>i</sup>. The RCN supports the government's ambition for all men to get the support they need to live healthy, happy and fulfilling lives<sup>ii</sup>.
- 1.3. Nursing represents the largest safety-critical profession within health and social care, working at every stage of life and in every care setting with individuals, families, and communities. The unique expertise and contribution of nursing staff is crucial to improving the health and wellbeing of the population. Given the breadth and impact of their role, the nursing profession must be a central part of future discussions on the development, implementation and oversight of the Men's Health Strategy for England. We welcome the opportunity to be part of the solutions.

## 2. Member Engagement

2.1. In developing this response, the RCN drew on the existing evidence base, as well as comprehensive feedback from RCN members, which included nursing staff working in both the NHS and independent sector. Members' views were collated via an online form that was circulated and included all questions as set out in the DHSC call for evidence survey. We thank the RCN members who have contributed to this response, their insights were invaluable.

2.2. Direct quotes, where deemed to be relevant, are provided and presented within double quotation marks, with the absence of a proceeding reference. Further anonymised feedback provided to the RCN, may be shared with DHSC upon request.

2.3. Members' areas of practice included (but not limited to):

- Travel health
- Sexual health
- Occupational health
- General practice
- Tuberculosis
- End of life care
- Defence
- Learning disabilities
- Community
- Education
- Integrated Care Boards (ICBs)
- Mental health
- Health equity
- Acute and emergency care

## RCN responses to the call for evidence questions are set out below

The wording of the questions and the terminology used is that of the DHSC survey and is in italics.

### *3. Men's health topics*

*There are many topics that relate to men's health, either directly or indirectly. Which of the below topics, if any, do you think it is most important for the Men's Health Strategy to consider? (Optional)*

*Please select up to 5 topics that you think are most important. You can also provide your own suggestion by selecting 'other'.*

- *access to services*
- *alcohol*
- *atrial fibrillation (a type of heart rhythm problem)*
- *autism and neurodiversity (such as attention deficit hyperactivity disorder and dyslexia)*
- *cancers typically affecting men (prostate, testicular and penile cancer)*
- *conditions that affect your joints, bones and muscles (such as arthritis)*
- *dementia*
- *diabetes*
- *diet*
- *disability*
- *experience of healthcare*
- *fatherhood*
- *gambling*
- *governance and accountability*
- *health literacy*
- *health screening services*
- *healthy relationships*
- *heart disease and stroke*
- *high blood pressure*
- *high cholesterol*
- *inequalities*
- *injuries and risk taking*
- *loneliness*
- *masculinity*

- *mental health (including stress and anxiety)*
- *neurological conditions (such as epilepsy or Parkinson's disease)*
- *physical activity or inactivity*
- *research and data*
- *sexual health*
- *smoking*
- *substance misuse*
- *suicide prevention*
- *training and education for healthcare professionals*
- *weight*
- *other cancers (such as bowel and lung cancer)*
- *other (please specify) Cancer- The topics should not be separated into 'cancers typically affecting men (prostate, testicular and penile cancer)' and 'other cancers (such as bowel and lung cancer)' By separating and potentially focusing on cancers that exclusively effect the male sex there is a risk of excluding cancers that have high incidence and mortality rates in men. Lung, prostate and bowel cancer are the most common cause of cancer death among men and account for nearly half (45%) of all male cancer deaths in the UK<sup>iii</sup>.*

**3.1.** The topics that the RCN has selected as the 5 most important for the Men's Health Strategy to consider are:

- Access to services
- Heart disease and stroke
- Mental health (including stress and anxiety)
- Suicide prevention
- Other (please specify) -Cancer

Additional information is provided in the final question 'submitting further evidence'.

#### ***4. Understanding and identifying areas where we can improve support for healthier behaviours***

*Please upload your contribution of data, research and other reports relevant to this topic of men's health: understanding and identifying areas where we can improve support for healthier behaviours.*

*We are particularly interested in:*

- your insight into the factors driving behaviours posing a risk to health among men and boys*
- your suggestions as to how to improve health-positive behaviours among men and boys*
- any gaps in research and evidence*

*Please draw upon sex-related health inequalities in your response where possible.*

*Do not include any personal information in your response.*

#### **Men's health and behaviours**

- 4.1.** Globally, men face a higher risk of premature death compared to women, with significant disparities also observed among men themselves. Like women, men's behaviours, risk exposure and help-seeking patterns, are shaped by many social and structural factors<sup>iv</sup>.
- 4.2.** In England, men are more likely than women to engage in certain behaviours that increase their risk of disease and poorer health outcomes. For example, men in England consistently have higher smoking rates than women. In 2023, 13.4% of men smoked compared to 9.9% of women<sup>v</sup>. Men are more likely than women to drink alcohol and to exceed recommended limits. In 2022, 61% of men reported drinking in the previous week, compared to 51% of women. Additionally, 30% of men consumed more than the recommended 14 units per week, double the rate of women at 15%<sup>vi</sup>. A significant number of men are affected by overweight and obesity; according to the Health Survey for England 2022, 67% of men fall into this category compared to 61% of women<sup>vii</sup>.

## Contributing factors to behaviours that pose a risk

- 4.3. The RCN recognises that the patterns of behaviour that increase the risk of disease are shaped by wider determinants such as age, ethnicity, income, and where people live. *Build Back Fairer: The COVID-19 Marmot Review* makes clear that “The levels of social, environmental, and economic inequality in society are damaging our health and wellbeing<sup>viii</sup>.”
- 4.4. RCN members highlighted the impact of deprivation and the cost-of-living crisis on the populations they support. Those living in the most deprived areas of England tend to have poorer health and higher rates of hospital admissions<sup>ix</sup>. Furthermore, rising rates of poverty in the UK<sup>x</sup> and the impacts of the cost-of-living crisis increase ill health and inequalities and increase the demand for health and care services<sup>xi</sup>.
- 4.5. Strong local public health services are key to achieving the shift to prevention. However, public health services in England have been subject to significant spending cuts. Since 2015/16, the public health grant has been reduced by 26% in real terms per person. While some additional, time-limited funding has been allocated to local authorities for smoking cessation services, overall public health funding remains 25% lower per person in real terms compared to 2015/16<sup>xii</sup>.

**The RCN identified the following key themes from RCN members regarding the factors driving behaviours that pose a risk to health among men and boys:**

- **Traditional masculinity norms** that discourage emotional expression, help-seeking, and preventive health behaviours.
- **Stigma** around mental health, sexual dysfunction, and fatherhood, often leading to silence and crisis-level intervention.
- **Socioeconomic disadvantage**, particularly among men in deprived or rural areas, fuels unhealthy coping mechanisms like smoking, alcohol use, and poor diet.
- **Poor health literacy** and limited access to culturally competent healthcare, especially among ethnic minority, LGBTQ+, and non-English-speaking men.
- **Occupational pressures** in male-dominated industries (e.g. construction, logistics) where health services are less accessible.

- **Social isolation** and a lack of male-specific support networks, particularly for young men, fathers, and older adults.
- **Educational gaps**, including the absence of emotional intelligence and consent education in schools, reduce early understanding of health-positive behaviours.

### Improving health-positive behaviours

- 4.6. The value of focusing on prevention has a clear evidence base. Prevention can support -reduced rates of illness, premature mortality and create a healthier population. This can in turn contribute to reducing pressure on the health and care system, increasing productivity and economic activity<sup>xiii</sup>.
- 4.7. The RCN believes that a cross-departmental national strategy for improving health and reducing health inequalities, should be at the forefront of any efforts to promote positive health behaviours. This strategy is vital and must prioritise reducing health inequalities and taking action on the wider determinants of health. If we are to meet the ambition set out in the recently published Fit for the Future: 10 Year Health Plan for England and halve the gap in healthy life expectancy between the richest and poorest regions, while increasing it for everyone, and to raise the healthiest generation of children ever<sup>xiv</sup>, we must take action beyond the boundaries of the health sector.
- 4.8. Increasing evidence shows that gender-responsive approaches to men's health, along with gender equality policies, can have a positive impact on men's health and should be considered to improve outcomes for both men and women<sup>xv</sup>. This view was raised by several members.
- 4.9. The Men's Health Strategy must include clear commitments to increase investment in prevention. This investment should be particularly targeted in areas which are proven to have high impact such as children and young people; addressing key risk factors for ill health such as smoking, physical activity and diet and focused on specific diseases<sup>xvi</sup>. "Real change just isn't possible without investment in prevention".

4.10. The RCN would like to highlight behaviour change, in the context of supporting people to have health-positive behaviours, and the role of nursing staff within this. The most significant health improvements are likely to occur when broad social and structural changes are combined with more focused, targeted interventions. Take tobacco control as an example: while increasing tobacco taxes has clearly played an important role, it was not sufficient on its own. During the 1990s, when taxation was the sole strategy, smoking prevalence did not significantly decline. Similarly, banning smoking in indoor public spaces was highly effective in protecting non-smokers, yet its impact on reducing smoking rates was less certain. Social marketing initiatives, such as No Smoking Day and Stoptober, demonstrated strong evidence of both effectiveness and cost-efficiency. Targeted clinical interventions, including brief advice, as well as access to smoking cessation support, significantly increased quit rates.<sup>xvii</sup> Nursing staff work across many of these areas, including roles in system change and direct patient care, both in secondary care settings and in the community. There must be sufficient and dedicated funding for Continuing Professional Development (CPD), and recognition of the knowledge and skills required to support behaviour change.

4.11. The nursing profession plays an essential role in advancing public health and prevention. Nursing staff provide holistic care, understanding individuals within the context of their lives, families, and communities. When given adequate time and resources, nursing staff can identify specific risks and proactively engage wider services to address the wider determinants of health. This is prevention in action, with meaningful and lasting impact.

**The RCN identified the following key themes from RCN members regarding suggestions as to how to improve health-positive behaviours among men and boys**

- **Male-friendly service delivery:** Offer health checks and interventions in familiar, informal settings (e.g. workplaces, gyms, barbershops, sports clubs).
- **Early education and school-based interventions:** Embed emotional literacy, consent, and health education from a young age, supported by school nurses.
- **Peer-led and community-based programmes:** Use role models and lived experience to promote behaviour change and reduce stigma.



- **Tailored health promotion campaigns:** Use relatable language and male-targeted messaging via digital platforms and influencers.
- **Structural and policy reform:** Tackle the root causes of poor health through strategies that address poverty, discrimination, and lack of access.
- **Mental health integration:** Normalise emotional wellbeing as part of routine care and embed support in settings men trust.
- **Fatherhood and caregiving support:** Provide specific pathways for men during antenatal/postnatal periods to address their physical and psychological health.
- **CPD and training for healthcare professionals:** Equip frontline staff with trauma-informed, gender-sensitive skills to support male engagement.

### *5. Improving outcomes for health conditions that typically, disproportionately or differently affect men*

*Please upload your contribution of data, research and other reports relevant to this topic of men's health: improving outcomes for health conditions that typically, disproportionately or differently affect men.*

*We are particularly interested in:*

- *your suggestions for improving health outcomes for men and boys, such as on mental health and suicide prevention, cancer and cardiovascular disease*
- *your views as to what extent services in these areas are currently meeting the needs of men your suggestions as to how services for health conditions that affect men can be improved to better meet their needs*
- *any gaps in data or evidence on these areas*

*Please draw upon sex-related health inequalities in your response where possible.*

*Do not include any personal information in your response.*

## **Men's health in England**

- 5.1. In England, men have a lower life expectancy than women and face higher risks of premature death. They are twice as likely as women to die early from cardiovascular disease, lung cancer, liver disease, and accidental

causes. Additionally, approximately 75% of all suicides are among men<sup>xviii</sup>. Globally, men are at least twice as likely than women to die by suicide and over 40% more likely to die from cancer<sup>xix</sup>.

5.2. By 2040, approximately 9.1 million people, around one in five adults in England, are expected to be living with a major illness. This represents an increase of 2.5 million people compared to 2019<sup>xx</sup>.

5.3. RCN members shared numerous examples of health conditions that disproportionately or differently affect men, some of which are outlined below. In some cases, these conditions are further compounded by additional health inequalities.

5.3.1. The LeDeR Annual Report, 2022, found that people with learning disabilities die around 30 years younger than the rest of the population, and men were 22% more likely to die from an avoidable cause<sup>xxi</sup>.

5.3.2. Taking a broader view beyond England, US research found that men are three times more likely to die from traumatic brain injury<sup>xxii</sup> and 40% more likely to experience a brain injury<sup>xxiii</sup>.

5.3.3. Research published in 2018 found that male veterans were more likely to report probable mental health problems than male non-veterans of the same age, but found no significant difference between female veterans and female non-veterans of the same age<sup>xxiv</sup>.

5.3.4. "South Asian and Black men face additional challenges, including poorer access to culturally competent healthcare, higher cardiovascular risks, and language barriers that reduce screening uptake. For example, South Asian men are up to 50% more likely to die prematurely from heart disease<sup>xxv</sup>."

5.3.5. RCN members raised concerns about the suicide rate for men and the mental health of young men. Data from 2023 showed the male suicide rate was 17.4 per 100,000 compared to a female suicide rate of 5.7 per 100,000<sup>xxvi</sup>.

5.3.6. "Too many men in England are suffering and often suffering in silence. Beneath the surface of "coping" lies an epidemic of isolation, anxiety, undiagnosed depression, avoidant help-seeking, and culturally

embedded stigma.... We cannot afford to keep treating men's health as a fringe issue. This must become a national priority rooted in humanity and justice.”

5.3.7. In 2019 a review found that people from black and minority ethnic communities experience a wide number of inequalities related to mental health. This ranges from particular communities having a higher risk of being detained in secure institutions to more general difficulties for all people from black and minority ethnic communities in accessing appropriate care and support for their mental health needs<sup>xxvii</sup>.

### **Improving outcomes for health conditions**

5.4. Improving health outcomes for men and boys requires a focused, gender-sensitive approach that acknowledges the unique barriers they face in accessing and engaging with healthcare<sup>xxviii</sup>. From a nursing perspective, the role of nursing staff is central in prevention, early intervention, education, and continuity of care. This is particularly true in the areas of mental health, suicide prevention, cancer, and cardiovascular disease — conditions that disproportionately affect men and boys and are often complicated by social, cultural, and structural challenges.

5.5. In the area of mental health and suicide prevention, nursing staff can play a pivotal role in addressing the stigma that often prevents men from seeking help. Nursing staff in primary care and emergency departments are often the first point of contact and should be trained to recognise these indirect presentations of mental health issues. Incorporating routine mental health screenings into general health assessments can help identify men at risk earlier. Furthermore, creating male-friendly mental health services — such as drop-in clinics, peer-led support groups, or telehealth options — can improve accessibility. Nursing staff can also engage in mental health promotion within schools and community groups, helping boys from a young age develop emotional literacy and resilience. Trauma-informed care should be a core component of nursing practice, particularly when working with high-risk populations.

5.6. Cancer is another critical area where nursing staff can make a difference. RCN members shared that some men delay seeking medical attention for symptoms of prostate, testicular, or bowel cancer due to embarrassment,

lack of awareness, or fear. Nursing-led health promotion initiatives can demystify cancer screening and emphasise the importance of early detection. Community-based outreach, such as health talks at men's sheds, sports clubs, or workplaces, can be particularly effective in reaching men who are less likely to attend traditional clinics<sup>xxix</sup>. Nursing staff are also well-placed to provide one-on-one education. In oncology settings, nursing staff play a critical role in supporting men through diagnosis, treatment, and follow-up, helping to reduce drop-out rates and improve long-term outcomes.

- 5.7. Cardiovascular disease remains a leading cause of death among men, often exacerbated by modifiable risk factors such as smoking, obesity, poor diet, and physical inactivity<sup>xxx</sup>. Nursing staff can lead workplace wellness programs that provide accessible blood pressure and cholesterol checks, smoking cessation support, and health coaching tailored to men's needs. In rural and underserved areas, nurse-led clinics offer a valuable model of care by improving access to cardiovascular risk assessment and management.
- 5.8. Cross-cutting strategies are essential to ensure sustained improvement in men's health. Nursing staff should be equipped through education and training to recognise the unique health patterns and behaviours of men and boys. This includes understanding how masculine norms can discourage help-seeking or emotional expression and adapting communication strategies accordingly. Furthermore, community and school nurses are in a unique position to influence boys from a young age – promoting healthy behaviours, emotional self-regulation, and positive identity development, all of which contribute to better long-term outcomes.
- 5.9. In summary, nursing staff are uniquely positioned to lead improvements in the health of men and boys. By adopting gender-sensitive approaches, promoting early intervention, and creating accessible and culturally appropriate care environments, nursing staff can make a significant impact on reducing the burden of ill health.

## Current service provision

- 5.10. Current service provision for men and boys' health can vary significantly across regions. Although some excellent initiatives have emerged — such as men's health clinics, school-based mental health programs, and workplace screening efforts — these can be fragmented, underfunded, or not widely implemented. Mainstream services frequently remain reactive rather than preventative, and some fail to address the specific ways that men and boys interact with healthcare. RCN members report that they frequently encounter men who present late in the disease process or only seek help during a crisis, such as a cardiac event or mental health emergency. This highlights the need for a shift toward earlier engagement, community outreach, and ongoing nurse-led support models.
- 5.11. The nursing workforce is essential in driving this change. Nursing staff are trusted<sup>xxxi</sup>, accessible professionals who are well-positioned to lead a shift toward more proactive, inclusive, and male-friendly health services. Investment in nursing roles including practitioner roles, clinical nurse specialists, and community-based nurses can help expand the reach of services and close existing care gaps, particularly in rural and remote areas where access is limited. There are already many great examples to build upon.
- 5.12. Expanding and scaling up such programs requires not only policy support and funding but also workforce planning that ensures nursing staff have the resources, training, and support necessary to innovate in their practice. With a strategic and supported approach, nursing staff can be at the forefront of transforming men's and boys' health — bridging the gap between current service limitations and the potential for meaningful, lasting impact.

## ***6. Men's access, engagement and experience of the health service***

*Please upload your contribution of data, research and other reports relevant to this topic of men's health: improving men's access, engagement and experience of the health service.*

*We are particularly interested in:*

- *examples of solutions that have improved men's engagement and experience of healthcare services*
- *recommendations for how healthcare services can improve how they engage men and the experience they offer*

- any gaps in data or evidence

*Please draw upon sex-related health inequalities in your response where possible.*

*Do not include any personal information in your response.*

## **Solutions that have improved men's engagement and experience**

6.1. RCN members shared many examples of solutions that have improved men's engagement and experience of healthcare services. To summarise, they included:

- **Community-based outreach** in trusted spaces such as barbershops<sup>xxxii</sup>, Men's Sheds<sup>xxxiii</sup>, sports clubs, pubs, and faith centres, which reduced stigma and improved access. Nursing staff are often involved in developing and delivering these initiatives or work closely alongside community partners to ensure effectiveness.
- **Workplace health initiatives** in male-dominated industries, offering cardiovascular checks, mental health support, and smoking cessation tailored to working patterns, with nurses playing a key role in coordination and delivery.
- **Male health hubs and one-stop clinics**, providing integrated care (e.g., mental, sexual, and cancer screening) in a single accessible location, with nursing professionals central to multidisciplinary teams.
- **Digital and telehealth tools**, that provide convenient, anonymous, and stigma-free mental and physical health support, often supported and monitored by nursing staff.
- **Sport-based and peer-led programmes** like Football Fans in Training<sup>xxxiv</sup>, which use shared interests and camaraderie to promote health behaviour change, with nurses facilitating health education and support.
- **Father-inclusive perinatal services** that support men's transition to parenthood and mental wellbeing, often led or supported by specialist nursing roles.
- **Culturally tailored outreach** initiatives such as 'jollof nights' and barbershop partnerships<sup>xxxv</sup> that engage men from ethnic minority backgrounds.

- **Pop-up clinics** in male-dominated spaces like gyms, betting shops, and job centres, improving access in underserved communities, frequently staffed or supported by nurses.
- **Creative and informal communication approaches**, including humour, simplicity, and peer voices, which resonate more effectively with many men, often designed and delivered with nursing insight.
- **Roadshows, workplace engagement, and training workshops**: As part of its commitment to tackling cancer and health inequalities, Cancer Research UK delivers targeted cancer awareness activity in underserved communities and workplaces across the UK. These initiatives are led and staffed by nurses and include the Cancer Awareness Roadshow, Cancer Awareness in the Workplace programme, and Talk Cancer – a cancer awareness training programme<sup>xxxvi</sup>.

## Recommendations for how healthcare services can improve

6.2. RCN members shared recommendations for how healthcare services can improve how they engage men and enhance their experience. To summarise, these include proposals and strategic suggestions that may require scaling, further implementation, or additional resourcing:

### Accessibility & Delivery Models

- Extend clinic hours, including evening, weekend, walk-in, and 24/7 options.
- Provide men's clinics in public and accessible venues (e.g. shopping centres).
- Deliver services in male-friendly locations (e.g. sports venues, gyms, pubs, golf clubs).
- Offer anonymous, non-judgemental entry points to care.
- Use a relaxed, informal communication style, incorporating humour where appropriate.
- Increase availability of virtual appointments to suit working men.
- Bring services into spaces frequented by isolated or housebound men.

### **Service Design & Co-Production**

- Co-design services with men, especially from underrepresented groups (e.g. Black men, LGBTQ+ men, disabled men).
- Use participatory quality improvement (QI) methods to develop relevant care models.
- Tailor interventions to male psychological and cultural framing — focusing on performance, simplicity, and relatability rather than clinical formality.
- Avoid overly serious or medicalised language; use peer-led or informal styles where effective.

### **Staff Training & Environment**

- Train healthcare professionals in gender-sensitive, trauma-informed, and stigma-aware care.
- Address unconscious bias and increase confidence in engaging men who express emotional distress.
- Improve staff knowledge on male-specific health issues.
- Create welcoming, inclusive environments that visibly support men's health.
- Train non-health professionals (e.g. barbers, community leaders, coaches) to provide basic interventions and signposting.

### **Communication & Media**

- Develop male-targeted campaigns using relatable figures — including influencers, community leaders, and sports personalities.
- Use culturally relevant and accessible platforms (e.g. WhatsApp, TikTok, YouTube).
- Frame health messages positively — focusing on strength, energy, and responsibility rather than vulnerability or illness alone.

6.3. Nursing staff play a vital role in delivering and sustaining many of these recommendations — from frontline engagement and health promotion to co-designing services and driving cultural change within healthcare



settings. Their trusted position in communities and across clinical environments makes them key to building relationships with men and encouraging earlier, more meaningful engagement with health services.

6.4. To fulfil this role effectively, nursing staff must be supported with appropriate CPD, adequate workforce capacity, and protected time to engage in outreach, training, and service improvement. Investing in nursing leadership and expertise is essential to ensure that men's health strategies are both impactful and sustainable.

### **Data & Research Gaps**

- Increase qualitative and longitudinal research into men's engagement with NHS services.
- Explore the health impact of caregiving roles on men.
- Address gaps in research on male survivors of domestic, sexual, or institutional abuse.
- Improve intersectional data collection (e.g. across ethnicity, sexuality, occupation, age).

### ***7. Final question: submitting further evidence***

*Is there anything else you would like to share as part of this call for evidence. This can be regarding any topic that relates either directly or indirectly to men's health.*

*You will be given the option to upload a file if you prefer.*

### **Men's health topics**

7.1. The RCN would like to acknowledge that whilst the topics that the RCN has selected as the 5 most important for the Men's *Health Strategy* to consider are:

- Access to services
- Heart disease and stroke
- Mental health (including stress and anxiety)
- Suicide prevention
- Other (please specify) Cancers

- There was also significant interest in topics including autism and neurodiversity (such as attention deficit hyperactivity disorder and dyslexia), fatherhood, healthy relationships, and health screening service.

### **Sex-related health inequalities**

7.2. Some RCN members have raised points about the wording in the DHSC survey, specifically the phrase: *“Please draw upon sex-related health inequalities in your response where possible.”* Referring to sex-related inequalities could inadvertently include individuals who were assigned male at birth but do not identify as men, including trans women who have undergone medical transition. This raises the risk of the Men’s Health Strategy being based solely on biological sex rather than gender identity, which may misalign with the intended focus on men’s health and an inclusive approach.

### **RCN Congress 2025**

7.3. At the 2025 RCN Congress, a key resolution debate was passed that centred on the urgent need to strengthen support for men's health and well-being, with a particular focus on mental health, domestic abuse, and suicide prevention. The discussion underscored the vital role nursing staff play in identifying men at risk and referring them to appropriate support services, especially within community settings. This aligns with a broader resolution passed at Congress, which condemned the ongoing lack of practical, psychological, and emotional support available to men experiencing domestic abuse.

### **Summary**

7.4. The RCN welcomes the development of a Men’s Health Strategy for England. It is essential to have the understanding and identify areas that can improve support for healthier behaviours, improve outcomes for health conditions that typically, disproportionately or differently affect men and improve men’s access, engagement and experience of healthcare services.

7.5. Reducing health inequalities, should be at the forefront of any efforts to improve health. The RCN believes that, in addition to a Men's Health Strategy for England, there should also be a cross-departmental national strategy for reducing health inequalities, including action to address the

wider determinants of health. If we are to meet the ambitions set out in the recently published Fit for the future: 10 Year Health Plan for England, we must take action beyond the boundaries of the health sector.

7.6. Nursing represents the largest safety-critical profession within health and social care, supporting individuals, families and communities at every stage of life and across all care settings. The Government has committed to publishing a new 10-year NHS workforce plan later this year, to align with the 10 Year Plan for Health. This must be fully funded, and include the actions required to ensure that there is a sufficient, sustainable nursing workforce in place to deliver the ambitions of the 10-year plan and safe and effective care-including action to grow and sustain the domestic supply of nursing staff and to support retention. The skills and dedication of nursing staff are vital in supporting the health and wellbeing of the population, and we value the opportunity to be part of future solutions. Investing in the nursing workforce is an investment in the nation's health.

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- <sup>i</sup> [Inequalities In Men's Health: Why Are They Not Being Addressed? | The King's Fund](#)
  - <sup>ii</sup> [Major conditions strategy: case for change and our strategic framework - GOV.UK](#)
  - <sup>iii</sup> [Cancer mortality for common cancers | Cancer Research UK](#)
  - <sup>iv</sup> [Men's health](#)
  - <sup>v</sup> [Smoking profile for England: statistical commentary, October 2024 update - GOV.UK](#)
  - <sup>vi</sup> [Statistics on Alcohol: England - House of Commons Library](#)
  - <sup>vii</sup> [Health Survey for England 2022, Part 2: Data tables - NHS England Digital](#)
  - <sup>viii</sup> [Health Equity in England: The Marmot Review 10 Years On | The Health Foundation](#)
  - <sup>ix</sup> [Investing in the public health grant - The Health Foundation](#)
  - <sup>x</sup> [UK Poverty 2025: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation](#)
  - <sup>xi</sup> [Poverty And The Health And Care System: The Role Of Data And Partnership In Bringing Change | The King's Fund](#)
  - <sup>xii</sup> [Investing in the public health grant - The Health Foundation](#)
  - <sup>xiii</sup> [PHE Strategy 2020 to 2025 - GOV.UK](#)
  - <sup>xiv</sup> [Fit for the future: 10 Year Health Plan for England - executive summary \(accessible version\) - GOV.UK](#)
  - <sup>xv</sup> [The health and well-being of men in the WHO European Region: better health through a gender approach](#)
  - <sup>xvi</sup> [Investing more in prevention could deliver £11 billion return on investment | NHS Confederation](#)
  - <sup>xvii</sup> [Campaign for Social Science. The health of the people: How the social science can improve population health. 2017.](#)
  - <sup>xviii</sup> [Fingertips | Department of Health and Social Care](#)
  - <sup>xix</sup> [Annual Report 2023-24 Annual Reports - GLOBAL ACTION ON MEN'S HEALTH](#)
  - <sup>xx</sup> [Health in 2040: projected patterns of illness in England | The Health Foundation](#)
  - <sup>xxi</sup> [LeDeR report 2022 - King's College London](#)
  - <sup>xxii</sup> [Men more than three times as likely to die from a brain injury](#)
  - <sup>xxiii</sup> [Sex Differences in Traumatic Brain Injury: What We Know and What We Should Know - PMC](#)
  - <sup>xxiv</sup> [The mental health and treatment needs of UK ex-military personnel - King's College London](#)
  - <sup>xxv</sup> [Diabetes and cardiovascular risk in UK South Asians: an overview](#)
  - <sup>xxvi</sup> [Suicides in England and Wales - Office for National Statistics](#)
  - <sup>xxvii</sup> [Mental Health and Racial Disparities report - Race Equality Foundation](#)
  - <sup>xxviii</sup> [The health and well-being of men in the WHO European Region: better health through a gender approach](#)
  - <sup>xxix</sup> [Men's health: The lives of men in our communities | Local Government Association](#)
  - <sup>xxx</sup> [Fingertips | Department of Health and Social Care](#)
  - <sup>xxxi</sup> [British Journal of Nursing - We have the tools to raise our game](#)
  - <sup>xxxii</sup> [NHS England » NHS blood pressure checks at the barbers to prevent killer conditions](#)
  - <sup>xxxiii</sup> [Men's sheds as an alternative healthcare route? A qualitative study of the impact of Men's sheds on user's health improvement behaviours | BMC Public Health | Full Text](#)
  - <sup>xxxiv</sup> [NHS England » NHS Chief hails scheme to help footy fans to slim down](#)
  - <sup>xxxv</sup> [NHS England — London » Life-changing outcomes for 9 in 10 men who complete NHS Talking Therapies in London](#)
  - <sup>xxxvi</sup> [Awareness and Prevention | Cancer Research UK](#)