Health and Social Care Committee

House of Commons London SW1A 0AA
Tel: 020 7219 6182 Email: hsccom@parliament.uk
Website: www.parliament.uk/hsccom Twitter: @CommonsHealth

From Steve Brine MP

Letter by email

Rt Hon Victoria Atkins MP
Secretary of State for Health and Social Care

23 May 2024

Dear Secretary of State

Men's health: inquiry progress

Since last summer, the Health and Social Care Committee has been conducting an inquiry into the important – and hitherto neglected – issue of men's health. I am writing to you on behalf of the Committee, ahead of the dissolution of the 2019-24 Parliament, to provide the key findings of the Committee's inquiry and to make some recommendations for government to consider after the general election.

It is worth emphasising that the Committee had completed its evidence-taking and agreed its summary 'heads of report' in this inquiry just prior to the announcement of the 4 July election by the Prime Minister.

Men's health: key findings

Overall, we found that there have been some key gains over time for men's health as there have been for health overall. For example, the proportion of men living for five years after a prostate cancer diagnosis has increased from 37% in 1971-1972 to 88% for those diagnosed in 2016.[1] Similarly, since 1961 the age-standardised death rate from heart and circulatory diseases among men has declined by 75%.[2]

However, the evidence we received showed in recent years some of this progress has begun to reverse. In particular, following the covid-19 pandemic male life expectancy has fallen more sharply than female life expectancy; after peaking at 79.29 for males between 2017 and 2019, life expectancy has declined to 78.57 among men, a 0.91% reduction, compared to the 0.54% reduction for women.[3] In part this was due to men's increased vulnerability to severe disease and death as a result of covid-19, as well as higher rates of excess deaths among men during the pandemic from causes other than covid-19.[4] Moreover, headline life expectancy figures continue

[1] Cancer Research UK, 'Prostate cancer survival trends over time', Accessed 23 May 2024; NHS England, 'Cancer survival in England, cancers diagnosed 2016 to 2020, followed up to 2021', 16 February 2023
[2] British Heart Foundation, 'UK Factsheet, January 2024', Accessed 23 May 2024
[3] Office for National Statistics, 'National life tables – life expectancy in the UK: 2020 to 2022', 11 January 2024
[4] Alan White (IMH0069)

to hide significant inequalities: in Blackpool, Lancashire, male life expectancy is 73.4, compared to 83.7 in Hart, Hampshire.[5]

More action is needed on men's health: below we set out our findings in more detail and our recommendations for the Government.

Improving national leadership on men's health

Throughout our inquiry, we heard that there was a lack of focus on men's health issues and little comprehensive effort to try to address the root causes of poor men's health. Martin Tod, Chief Executive of the Men's Health Forum, told us that men's poor health was "hiding in plain sight":

> "Everybody knows that men die earlier. Everybody knows that men drink more. Everybody knows that men smoke more. Everybody knows that men are more likely to die of cancer and heart disease—yet nothing is done. That is why it is so important to have a men's health strategy."[6]

Several men's health organisations echoed this call for a men's health strategy, including the Men and Boys Coalition, the Mankind Initiative, the UK Men's Sheds Association, Global Action on Men's Health, and Men's Health Unlocked.[7]

The decision by the Government to appoint a Men's Health *Ambassador* was seen as a promising first step by our witnesses; we also welcome this planned appointment, though we note that it is only for 1-2 days per month for a 12-month initial term.[8] We hope that this appointment will be confirmed in the new Parliament. We note that, in contrast to the situation for women's health, there is no dedicated national clinical director for men's health within NHS England.

When she gave evidence to our inquiry, Maria Caulfield, DHSC Parliamentary Under Secretary of State, emphasised that the Government was focusing on implementing existing plans to address poor men's health, such as the suicide prevention strategy and diagnosing more prostate and lung cancers at an early stage.[9] We welcome this focus on action, as there is no time to waste in addressing the serious problems in men's health. Nevertheless, we agree with the Minister's own suggestion that there is a strategic gap in men's health – while welcome action being taken, there is no mechanism to bring work together across government where required.[10] We do not believe that the appointment of a Men's Health Ambassador, while welcome, is sufficient to address this gap.

We recommend that the Government publishes a men's health strategy to complement the women's health strategy and to co-ordinate action on key physical and mental health issues for men, with actions across NHS and other organisations to develop an integrated approach to men's health nationally and in the community. The strategy should be produced quickly by predominantly focusing on bringing together existing work that benefits men's health and setting strategic priorities for further action.

Building on existing work, an important focus of the strategy should be to reduce obstacles to help-seeking among men, and considering the potential for the promotion of healthy masculinity to contribute to improved health outcomes for men. We heard that key barriers include a lack of

---

[5] Office for National Statistics, 'Life expectancy for local areas in England, Northern Ireland and Wales: between 2001 to 2003 and 2020 to 2022', 26 January 2024

[6] Q66

[7] Men and Boys Coalition (IMH0073); Mankind Initiative (IMH0048); UK Men's Sheds Association (IMH0034); Global Action on Men's Health (IMH0032); Men's Health Unlocked (IMH0101)

[8] Q80; Q175

[9] Q136

[10] Q152

services available outside of working hours and outside of traditional healthcare settings; continuing stigma around certain illnesses making help-seeking less likely; and a lack of trust in healthcare services.

Preventing more ill health among men

Our inquiry found that preventable risk factors are also more prevalent among men than women, setting them up for poorer health outcomes even before they become unwell. Smoking remains one of the leading preventable causes of premature death, emphasised by Dr Veena Raleigh, Senior Fellow of the King's Fund. Action on Smoking and Health reported that smoking rates are significantly higher among men than women, with more than 60% of deaths caused by smoking each year occurring among men.[11]

Written evidence from the Institute for Alcohol Studies also highlighted that men are significantly more likely to drink alcohol at higher risk levels than women, with higher hospitalisations and deaths from alcohol-related causes as a result.[12] The same patterns exist for the misuse of drugs and for gambling.[13]

Often, these differences are not being reflected in attempts to address the preventable causes of disease. In the case of obesity, for example, middle-age (45-54) men are much more likely to be overweight, yet are significantly less likely to be diagnosed and offered access to NHS weight-loss services.[14]

Minister Caulfield told us that focusing on prevention was one of the key areas being looked at by Men's Health Task and Finish Group, particularly given the disproportionate impact of preventable causes such as smoking on men's health.[15]

We welcome the focus on addressing preventable causes of illness by the Government's new Men's Health Task & Finish Group, as well as renewed action on key factors affecting men's health such as smoking. Preventing more ill-health among men across the lifespan should be a key priority in a men's health strategy, and the development of specific prevention policies and strategies should also consider men.

Improving the way the NHS treats men's health issues

We also heard that even when men are in contact with NHS services, they are provided care in a way that does not meet their needs as men.

For example, Diabetes UK reported the findings of a survey in 2022 which found that of those who had not had an appointment that year, 40% of men had had their appointments delayed or cancelled, compared to 32% of women.[16] As well as this, men make up only 45% of referrals to the NHS Diabetes Prevention Programme despite being disproportionately affected by diabetes.[17] Despite men's higher suicide levels, men are under-represented in mental health service provision with lower referrals through to talking therapies (1.2m females, 582k males).[18] Similarly, Prostate Cancer UK highlighted inequalities in early diagnosis for prostate cancer and stated that men

---

[11] Q92; Action on Smoking and Health (IMH0091)
[12] The Institute of Alcohol Studies (IMH0051)
[13] NHS England, 'Health Survey for England, 2021 part 2', 16 May 2023; MANUAL (IMH0067); Men's Health Forum (IMH0070)
[14] Alan White (IMH0069)
[15] Q136
[16] Diabetes UK (IMH0082)
[17] Diabetes UK (IMH0082)
[18] Alan White (IMH0069)

often face difficulties in being taken seriously when requesting a PSA blood test for possible prostate cancer.[19]

Men from different communities also face specific issues when accessing NHS care. For example, Anthony Davis, a counsellor, described how men from black and minority ethnic backgrounds, and Black men in particular, may end up in the criminal justice system due to mental ill health rather than the health service:

> *"Men are more likely to externalise symptoms around mental health […] Sometimes it may be picked up by the criminal justice system, so, as opposed to men who exhibit those symptoms getting help for depression or anxiety, they are often thrown into the criminal justice system. […] Sometimes they may be ignored or pushed to the side, and that breeds a lot of distrust in reaching out for services in the NHS. Sometimes, men who exhibit a lot of the [mental health] symptoms that I mentioned before – violence and aggression – are over-medicated and hospitalised. Among black men particularly, quite a large proportion are over-represented in secondary mental health services and psychiatric hospitals."*[20]

We also heard that there are specific for issues for men who are in contact with NHS antenatal and maternity services. While it is right that these services are predominantly focused on the health of mothers and their babies, we heard that the transition to fatherhood is currently a missed opportunity to engage men with their own health. While 90% of men are reportedly present during antenatal appointments and the birth of their child, both Jeremy Davies of the Fatherhood Institute and Karla Capstick of Small Steps Big Changes, an early years programme in Nottingham, reported that men often feel "invisible" within these services and do not receive any specific support.[21] The Minister acknowledged this gap, though she highlighted work being done to better support whole families going through baby loss.[22]

We recommend that a new men's health strategy should specifically consider the way that NHS services provide gender-responsive care for men, so that when men do overcome barriers to accessing services, they receive care that is reflective of their needs and does not minimise or dismiss their concerns, or gatekeep their access to support. A key part of this will be to ensure that professional education and training for healthcare staff better reflects the needs of men accessing healthcare.

In particular, building on learnings from their work on baby loss support for whole families, the Government and NHS England should develop guidance for how maternity services can proactively involve men in services as well as develop wider strategies for how to use fatherhood and early years as a moment of physical and emotional health activation for men.

The role of voluntary and community organisations

Throughout our inquiry, we heard about the value of engaging with men in the community to better support them to engage with their health. For example, Amy O'Connor from Movember described the importance of "[going] to where men are," via community-based support delivered in settings where men are more likely to be and to feel comfortable. Movember's Ahead of the Game programme, for example, engages young men with their physical and mental health by providing them with health training in collaboration with sport coaches.[23]

---

[19] Prostate Cancer UK (IMH0040)
[20] Q1
[21] Q120; Q121
[22] Q170
[23] Q53; Movember Foundation (IMH0049)

Similarly, Mind highlighted their Get Set to Go programme, a physical activity programme delivered in communities with sports partners, which has been successful in engaging with men who were not previously known to mental health services.[24] This echoes the evidence of Charlie Bethel, the Chief Executive of the UK Men's Sheds Association, who highlighted the importance of non-traditional settings and shared activities to encourage men to engage with each other and their health: "because there is that activity, that focus, that purpose. That is the environment where men will talk and open up a lot more."[25] Jason Yiannikkou, Director of System, Oversight and Integration at the Department of Health and Social Care, highlighted that this notion of health services meeting people where they are is a "fundamentally important strategic need" reflected in the major conditions strategy.[26]

There are many stark inequalities in men's health which we have heard about, such as the significantly increased risk of prostate cancer for Black men, and an increased risk of type 2 diabetes for South Asian and Black men.[27] We heard that community-based organisations can be particularly beneficial for men suffering from such inequalities. For example, Ceri Durham, Chief Executive of the east London-based Social Action for Health, told us about the impact of a community health day run by her organisation:

> "We recently ran a community health day and most of the people who came were men who work as refuse collectors, market traders or similar, who were not able to get access to a GP during normal working hours. We sent three people, on different days, straight to A&E, because their blood pressure readings were so high. […] Most of the men were Bangladeshi, which reflects our local population. […] We had bilingual staff there, and they were able to explain the tests and their importance, and signpost people appropriately."[28]

However, despite the valuable work being done by community organisations several witnesses told us that the sustainability of public funding for these organisations was uncertain, undermining their ability to provide reliable services to their communities and reducing the potential impact of their work. We note the recent commitment of funding by the DHSC to support suicide prevention in the community.[29] Nevertheless, given the importance of community-based care and support for men, the lack of sustainable funding over the medium and long-term is concerning.

It is welcome the forthcoming Major Conditions Strategy will focus on "meeting people where they are" and improving the way that communities affected by health inequalities are targeted for interventions in the NHS. We hope that this will specifically include men facing health inequalities. Health inequalities have various complex causes, so it will be important for a men's health strategy to set addressing inequalities as a priority to provide the basis for cross-government action in this area.

We recommend that the Government and NHS England increase the level of funding they make available for working with community-based organisations. In particular, the Government should consider mechanisms to make funding streams for community organisations more stable over the medium and long-term in order to allow organisations to build trust within their communities and widen their reach among men.

---

[24] Mind (IMH0047)
[25] Q24
[26] Q147
[27] Prostate Cancer UK (IMH0040); Diabetes UK (IMH0082)
[28] Q98
[29] Department of Health and Social Care, '£10 million to support suicide prevention', 4 March 2024

We welcome pilots of workplace health checks and recommend that the Government and NHS England continue to consider how to increase engagement with employers and better utilise the workplace as a setting where men can be better supported with their health, both through targeted health checks and preventative health care support.

We hope that the Government and Parliament from July 2024 onwards will reflect on the findings and recommendations we set out above and take the steps necessary to address men's health issues in the future.

We will publish this letter on the Committee's website on Tuesday 28 May, with notice to all relevant stakeholders.

Best wishes,

Steve Brine MP
Chair, Health and Social Care Committee