South Tyneside Partnership

Health and Wellbeing Board

Date: 28 May 2026

Men's Health National Strategy 2025-2035

Report of Tom Hall, Director of Public Health

Why Has this Report Come to the Health and Wellbeing Board?

1. This report provides an overview of the first-ever National Men's Health Strategy, which sets out a 10-year vision to improve outcomes for men and boys. The strategy was launched in November 2025.

2. In January 2026, the Council tabled a motion recognising the strategy and its vision, and highlighting the stark inequalities faced by men. The motion aimed to respond to the government's strategy by outlining South Tyneside's current position and proposing key actions for the future.

3. This report therefore summarises the vision and key priorities of the national strategy, what this means for men, boys and services in South Tyneside, and the actions that should be taken locally.

4. The Board is asked to note the report and provide support and commitment to action across the life course to tackle both physical and mental health, while also addressing the wider determinants of health.

Which Outcome is this Linked to Within the Health and Wellbeing Strategy and How?

5. This is linked to outcomes relating to good mental wellbeing and social connectivity across the life course, the fair delivery of services, and public involvement and community engagement.

How Does This Report Contribute to the Cross Cutting Theme(s)?

6. This report contributes to reducing avoidable differences in health, tackling health inequalities, improving services, improving mental health and wellbeing, and building on existing work in this area.

National Men's Health Strategy – Key Summary

7. The National Men's Health Strategy is the first of its kind, setting out a 10-year vision to address stark inequalities and improve outcomes for men and boys. On average, men still die around four years earlier than women, and this gap increases with deprivation, reaching up to 10 years in the most deprived communities. The leading cause of death in men under 50 is suicide. Men are also more likely to engage in higher-risk behaviours such as drug use, alcohol use and smoking, and are less likely to seek support and treatment.

8. The overall vision of the strategy is to improve the health of men and boys in England and reduce inequalities. It aims to achieve this through a life-course approach that gives equal attention to physical and mental health, while highlighting the importance of the wider determinants of health and their impact on wellbeing.

9. The strategy includes six main areas for action:
    a. Improving access to services by offering support tailored to men's needs and using community-based and digital approaches.
    b. Supporting healthier behaviours by focusing on alcohol and drug misuse, gambling-related harm and smoking cessation, as well as working with groups of high-risk men through targeted interventions.
    c. Creating healthier workplaces and environments by focusing on male-dominated workforces, increasing uptake of workplace health initiatives such as NHS Health Checks, and supporting those with long-term conditions.
    d. Strengthening community and social support by reducing isolation, building stronger family connections, and using partnerships to engage men, including through sport.
    e. Addressing stigma and masculinity norms by breaking down barriers that prevent men from seeking help and normalising conversations about health, particularly mental health.
    f. Improving data, intelligence and accountability by understanding what works, identifying where further insight is needed, and ensuring the local system responds to the evidence and the needs of men and boys.

10. The strategy also identifies several priority health issues for action, including cardiovascular disease (CVD), cancer, mental health and suicide prevention, health-related harms such as alcohol and gambling, late diagnosis, and low uptake of routine screening. Across all priority areas and conditions, there is a strong emphasis on tackling health inequalities, as men and boys from deprived communities are more likely to experience poor health earlier, be at greater risk of harm, and die younger than their more affluent peers.

11. The strategy also recognises that the behaviours shaped earlier in life are likely to continue into adulthood. Therefore, a focus on boys and young men aged 11 to 25 is an important part of the prevention approach. This includes recognising boys and young men within the starting well agenda, ensuring that fathers are recognised as important figures within families, and offering bespoke interventions to help them engage in their child's development and influence life choices and behaviours as children move into adolescence and young adulthood. There is also a particular focus on school-based activity to build resilience, address masculinity norms, and promote healthy relationships.

Implications for South Tyneside

12. South Tyneside is among the 20% most deprived local authorities in England, with half of our residents living in the most deprived wards. Deprivation strongly correlates with poor health outcomes. Life expectancy at birth for men in South Tyneside was 76.6 years in 2022–23. This is significantly below the national average of 79.3 years. The gap between the most and least deprived communities is nine years.

13. In addition, South Tyneside has significantly higher rates of preventable mortality than the England average, particularly in relation to alcohol-related harm, smoking, obesity and CVD. Preventable early deaths remain a major concern, as many could be avoided through effective public health and primary prevention interventions.

14. Mental health indicators are particularly challenging in South Tyneside. Suicide rates are higher in deprived areas and are often linked to social isolation, unemployment and substance misuse. In South Tyneside, more than 80% of suicide deaths are among men, many of them aged 30 to 50.

15. A recent thematic review of suicides, undertaken in collaboration with the Coroner's Office, has identified many of the complex factors behind these deaths. It reflects the national priorities, including alcohol and drug use, gambling-related harm, mental health, and barriers to seeking help.

16. Health-related behaviours compound these issues. In South Tyneside, 31.1% of adults were obese, compared with 26.5% nationally. South Tyneside also has significantly higher rates of admission episodes for alcohol-specific conditions among men than the national rate, and many older men live with long-term conditions such as diabetes or heart disease.

What do we need to do locally?

17. To succeed in addressing men's health and reducing health inequalities, we need to actively engage men in their health and wellbeing, design services that respond to their needs, and provide safe and accessible approaches and spaces within communities where men live, work and socialise.

18. It is imperative that we adopt a preventative approach to the conditions that are causing men to die earlier, ensuring early identification, risk reduction and behaviour change.

19. Men in South Tyneside and the North East have experienced a legacy of economic inactivity and poor health. Providing opportunities through workplaces and industries to embed health interventions within everyday working life, job opportunities and skills development is therefore invaluable.

20. Mental health and suicide are key priorities for South Tyneside, as too many men are taking their own lives when this is preventable with the right support, connections and treatment. The local suicide prevention plan adopts a prevention and early intervention approach to reach men before the point of crisis, offering safe spaces to talk, meet other men and access support in a range of community settings, while normalising help-seeking.

21. However, if we are to empower men to seek help, it is equally important to address the factors that affect their health and wellbeing, such as where they live, poverty, housing

and employment. Our approach therefore also needs to adopt a place-based approach to prevention and early intervention.

22. We also know that some wards across the borough are more deprived than others, so we need to strengthen our understanding of the data, intelligence and opportunities to target support and services in order to narrow the gap and reduce health inequalities. We know that men in routine and manual occupations, unemployed men, older men, isolated men, and men living in the most deprived wards are key groups whom we need to engage, hear from and involve in co-designing the system response.

23. South Tyneside's Joint Health and Wellbeing Strategy (2024) sets out a whole-system approach to tackling health inequalities and focuses on wellbeing, social connectivity, public involvement and community engagement. The Board should consider how local action can address the health needs of men and boys and how this will contribute to the overall Health and Wellbeing Strategy.

Proposed Local Priorities for Action

24. The Board should consider the following areas:

    a. Develop a local South Tyneside Men's Health Action Plan.

    b. Adopt a prevention and early intervention approach to reduce premature death.

    c. Embed co-production, ensuring that men are involved and actively engaged.

    d. Consider community outreach models to reach high-risk groups of men in the most deprived areas of the borough.

    e. Focus on the key health conditions, with a strengthened emphasis on male mental health and suicide prevention.

    f. Use community venues, workplaces and sport to deliver key health interventions such as NHS Health Checks and smoking cessation support.

    g. Ensure that boys and young men are a key group within the action plan.

    h. Underpin the action plan with data, intelligence and evidence of impact and outcomes in order to monitor progress.

What is already in place in South Tyneside

25. In South Tyneside, the following areas of focus are already established:

    a. A Family Hubs offer, including bespoke support for fathers such as the DadPad interactive tool and father-led programmes and interventions. Fathers play a key role in child development and the Healthy Child Programme, supported by our 0–19 service, including health visiting and school nursing.

b. A healthy relationships working group supports young men and women to understand what a healthy relationship is, when a relationship is unhealthy, and what support is available. Boys and young men are part of the solution to improving healthy relationships and reducing intimate partner harm. This forms part of the wider approach to domestic abuse and violence against women and girls, working with boys and men to be part of the change.

c. Workplaces are being used to improve health and wellbeing through the Better Health at Work Award programme, which provides a range of criteria for businesses to demonstrate how they will implement and embed health and wellbeing interventions within their core operations.

d. A suicide prevention plan and alliance are in place to address risk factors and work with services to increase the number of men accessing help for their mental health, implement the key learning from the thematic review, and deliver specific projects for those at risk of suicide or affected by suicide in order to prevent further harm.

e. A men's health project has been commissioned to address wellbeing, isolation and alcohol-related harm. The project aims to engage men experiencing poor mental health and isolation following bereavement, job loss or relationship breakdown, helping them connect with other men, build new relationships and seek advice and support earlier.

f. Stop smoking interventions are being delivered through workplaces and local community services to reach men, including those working in routine and manual occupations.

g. Existing service offers are being reviewed to assess how well they respond to men's health needs and to provide feedback and insight into barriers and challenges to accessing support, such as service times, locations, and workforce knowledge and understanding.

h. A health inequalities drop-in is in place, using a community venue to support people who are not currently accessing primary care or community health services such as dental care, wound management and screening. It helps to build confidence and resilience so that people can register with a GP, seek medical care and avoid hospital admissions where appropriate. The drop-in also provides support with housing, benefits and other wider issues that can affect health and wellbeing.

i. A loneliness and isolation plan is in place, bringing together a range of projects to tackle isolation and increase local community connections by creating opportunities for people to meet peers. Several services support men to come together through sport, friendship and shared interests.

What we are looking to do next

26. As part of our approach to preventative programmes such as smoking cessation, NHS Health Checks and alcohol brief interventions, we need to scale up targeted approaches for men, including bespoke campaigns aimed specifically at them.

27. We will develop a men's health dataset of key indicators and monitor these every six months and annually to gauge progress against our ambitions.

28. Building on the successful men's suicide prevention programme established in South Tyneside in 2025, our aim is to engage more men who are at risk of depression and suicide. Working with projects such as the Red Bench Project and Andy's Man Club is vital for outreach and engagement with men who are harder to reach.

29. Providing equitable outreach in deprived areas for cardiovascular screening, diabetes prevention and weight management will help to reduce health inequalities and engage men who are at risk. We will continue to work closely with our NHS partners, including primary care.

30. We will support local and national campaigns such as Men's Health Week, Dry January and other national initiatives. We will also work with the ICB and local organisations to strengthen partnership arrangements in this area.

31. We will maximise the use of places where men already are, such as sporting venues, Jobcentres, workplaces and community venues, to promote and offer support. This will help us create male-friendly environments in which men can engage safely, co-produce interventions, and provide insight and feedback on services and delivery models.

32. There are many local challenges to improving men's health. However, South Tyneside has a strong track record of improving services, partnership working and community engagement, and is well placed to respond. This is a further opportunity to address men's health systematically through coordinated partnership action, embedded within existing system infrastructure, including neighbourhood health and place-based approaches to wellbeing.

Recommendations

33. The Board is asked to agree the following recommendations:

    a. Agree to commit to a Men's Health Action Plan.

    b. Adopt a prevention and early intervention approach that is driven by data and evidence.
    c. Target men and boys in high-risk groups and priority ward areas.

    d. Use outreach, community engagement, and co-produced services and pathways to engage men and boys positively.

    e. Establish a multi-agency men's health steering group.