Using the 5R Framework to implement England's Men's Health Strategy

A practical checklist for health systems, places, and local authorities

Purpose of this checklist

England's Men's Health Strategy sets out an ambitious vision, but relies on local systems to turn intent into delivery. This checklist provides a simple, applied way for health systems to respond using the 5R framework. It is designed for immediate use in ICB delivery plans, place-based commissioning intentions, local authority public health planning, and provider improvement programmes.

The men's health strategy is not just about new pilots or extra activity. It is about fixing how existing systems work for men, especially those experiencing the worst outcomes.

The implementation challenge

Men's poorer health outcomes are not primarily a problem of individual motivation or attitudes. They are predominantly a result of how services are designed, accessed, and experienced. Systems tend to:

- **Rely on passive access models.**
- **Use data that obscures male inequalities.**
- **Offer pathways poorly aligned with men's lives and work.**
- **Lose men early, with little follow up or learning.**

The 5R framework provides a practical structure for addressing these system failures.

What systems should do now – five priority actions aligned to the 5Rs

Use this checklist to set priorities and define actions. Focus on one or two Rs in each planning cycle.

Systems may wish to consider whether a focused men's health strategy, or equivalent delivery plan, would help coordinate action across health, public health, and community partners within their footprint.

1. RESEARCH

AIM: USE DATA TO MAKE MALE INEQUALITIES VISIBLE AND ACTIONABLE

- ☑ Disaggregate routine data (e.g. primary care, secondary care, mental health) by sex to examine patterns of access, uptake, dropout, and outcomes.
- ☑ Analyse data by age, deprivation, ethnicity, and place to identify men facing the greatest disadvantage.
- ☑ Translate findings into explicit improvement objectives for men.
- 👍 Good looks like: men's access, outcomes and dropout are visible by pathway and reviewed quarterly with actions.

2.REACH

AIM: MOVE FROM PASSIVE ACCESS TO PROACTIVE SYSTEM ENGAGEMENT

- ☑ Review how men currently encounter services, including referral routes, appointment systems, and entry points.
- ☑ Deliver outreach through non-clinical settings men already use and trust, such as workplaces, community organisations, sports, or social spaces.
- ☑ Embed expectations for proactive service reach within commissioning and service specifications.
- 👍 Good looks like: at least one proactive entry route per priority condition, not reliant on men initiating contact.

3.RESPOND

AIM: ENSURE SERVICES FIT MEN'S LIVES AND REALITIES

- ☑ Review appointment times, modes of contact, language, and follow up to ensure fit with men's working patterns and caregiving roles.
- ☑ Equip provider workforces to work in gender responsive ways, including recognising how distress may present differently in men.
- ☑ Design services that reflect cultural diversity and intersecting disadvantage, avoiding assumption of a uniform male experience.
- 👍 Good looks like: access fits working lives and staff recognise male patterned need without stereotyping.

4.RETAIN

AIM: TREAT DISENGAGEMENT AS A SYSTEM FAILURE, NOT AN INDIVIDUAL ONE

- ☑ Require contracts to include routine monitoring of disengagement and dropout, with evidence of learning and action to improve retention among men.
- ☑ Build active and predictable follow up and easy re-entry into care pathways rather than relying on men to re-engage.
- ☑ Commission continuity and relational contact as core features of care within service specifications.
- 👍 Good looks like: Dropout triggers follow up, easy re-entry, and accountability for retention and continuity.

5.RELATIONAL

AIM: EMBED MEN'S HEALTH WITHIN EQUITY, FAMILY, AND COMMUNITY CONTEXTS

- ☑ Frame men's health priorities as benefiting families, communities, and wider equity goals, not men in isolation.
- ☑ Ensure policies and strategies consider men not only as patients, but as fathers, partners, carers, and workers whose health affects others.
- ☑ Work with local VCSE organisations, employers, and community anchors as delivery partners, not peripheral stakeholders, particularly where trust and access are weakest.
- 👍 Good looks like: men's health framed as equity and community benefit, with VCSE and employers as partners.

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Reference: Galdas, P.M., Seidler, Z.E. and Oliffe, J.L., 2025. Designing men's health policy: the 5R Framework. *The Lancet Public Health, 10*(10), pp.e848-e85