UK Health
Security
Agency

Health Equity for Health Security Strategy

2023 to 2026

About UKHSA

The UK Health Security Agency (UKHSA) prepares for and responds to infectious diseases, and environmental hazards, to keep all our communities safe, save lives and protect livelihoods.

We provide scientific and operational leadership working with local, national and international partners to protect the public's health and build the nation's health security capability.

UKHSA is an executive agency, sponsored by the [Department of Health and Social Care](#) (DHSC).

For most of UKHSA's work, our remit covers England as health protection is largely a devolved policy area. We hold some UK-wide responsibilities on reserved matters where the UK government has retained policy responsibility.

UKHSA recognises the cross-border nature of health threats and health inequalities and works in close partnership with the devolved governments on common challenges.

Contents

Foreword

The UK Health Security Agency has a mission to protect every person in every community. Yet, as we saw with the COVID-19 pandemic, we experience every winter, and we continue to see evidenced across data on health inequalities, some people and places invariably experience a greater impact from the external hazards to health that we face.

The Health Equity for Health Security Strategy was developed to support UKHSA's goal to achieve more equitable outcomes. Launched internally in 2023, it reflects UKHSA's position as a new organisation and outlines a roadmap to build the agency's capacity and capability in delivering better health outcomes for people who experience health inequalities. The roadmap also contributes to the work of our partners in addressing health inequalities: ensuring that we are equipping our national, regional and local partners with the right data, evidence, and advice to effect positive change.

UKHSA has a key role to play not only in reducing health inequalities experienced from infectious diseases and environmental hazards, but also in preventing these hazards from further exacerbating wider health inequalities. We want to maximise the use of our science, data and public health advice to reduce health inequalities and improve health outcomes for all.

We will be working with our local, regional and national partners to refresh and launch our next steps in 2026, outlining how we will contribute to cross-system efforts to improve people's chances of living well for longer and contribute to government ambitions.

Dame Jenny Harries

Chief Executive, UKHSA

Health Equity at UKHSA

The [UK Health Security Agency (UKHSA)](#) prevents, prepares for and responds to infectious diseases, and environmental hazards, to keep all our communities safe, save lives and protect livelihoods.

The risk of exposure to a health hazard, and susceptibility to poor outcomes when exposed is unequal across communities and geographies, creating widening gaps in [healthy life expectancy](#). [Health equity](#) is described as 'the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically, or geographically'. The COVID-19 pandemic shone a spotlight on these inequalities and identified the importance of considering the impact of individual, social and clinical risk factors, and wider determinants as we prepare for, prevent, and respond to health threats (Figure1). Therefore, in our [strategic plan](#), UKHSA has set a cross cutting goal to 'achieve more equitable outcomes'.

Figure 1. This diagram represents how different determinants may overlap to contribute to an individual, community or group experiencing health inequalities. Source: Dahlgren and Whitehead, 2021.
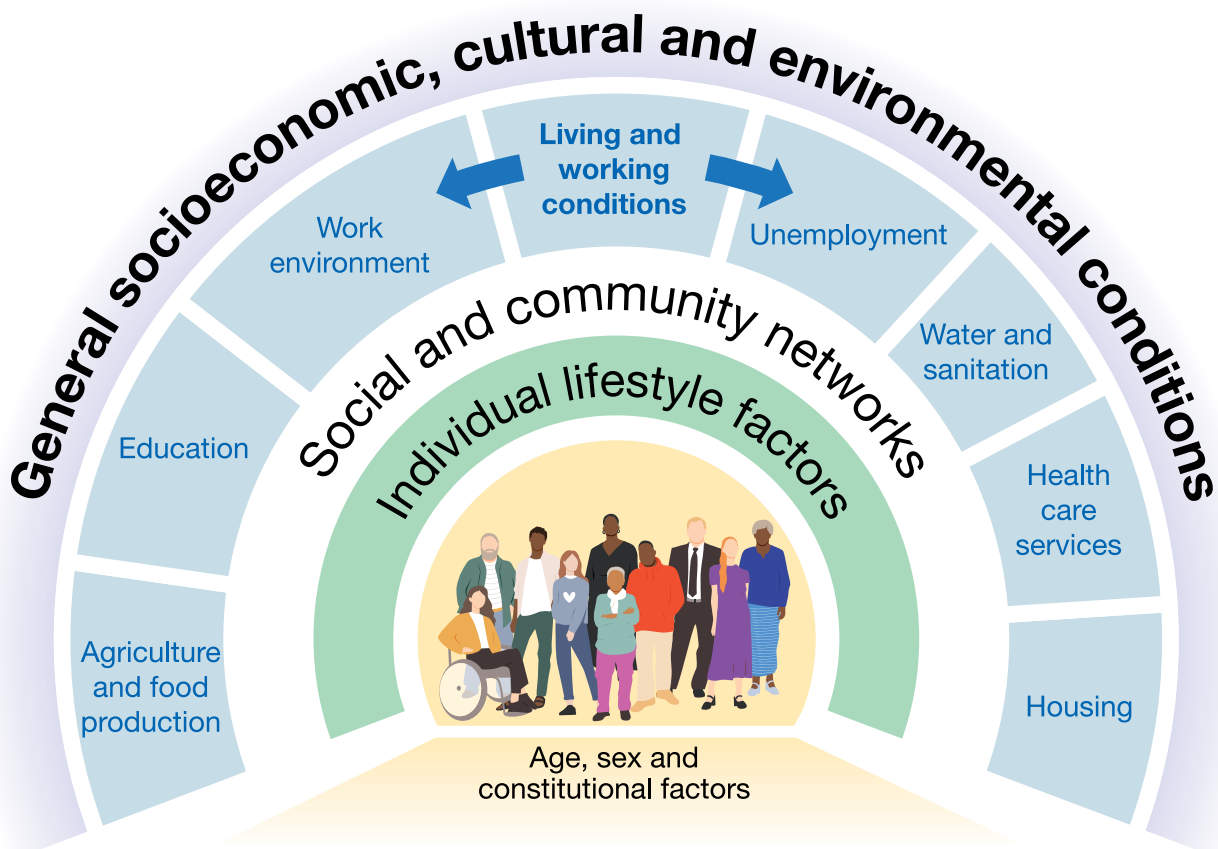
Achieving more equitable outcomes will ensure UKHSA can deliver its mission to protect every person in every community and support the Government's goal to improve people's chances of living well for longer. By focusing action on communities where current approaches have been less effective and delivering evidence-based efficient services that are tailored to benefit those at highest risk, UKHSA will strengthen its contribution to cross government efforts to:

- halve the gap in healthy life expectancy between the richest and poorest areas of England
- meet targets for eliminating the harmful effect of diseases, including HIV, Hepatitis, and TB
- increase uptake of effective prevention strategies, including supporting the NHS Vaccination strategy
- prepare for future pandemics, building on the learnings from COVID-19 to ensure communities are resilient and that addressing health inequalities is at the heart of our approach
- provide evidence and data to inform partners about the impact of social determinants of health on health security

The 2023 to 2026 Health Equity for Health Security Strategy sets UKHSA's roadmap for creating an enabling environment to deliver effective and efficient health security to our population and achieve our cross-cutting goal to deliver more equitable health security outcomes.

Why this matters

By identifying and tailoring interventions for those most at risk to reduce avoidable harm and improve health outcomes, UKHSA will contribute to efforts to:
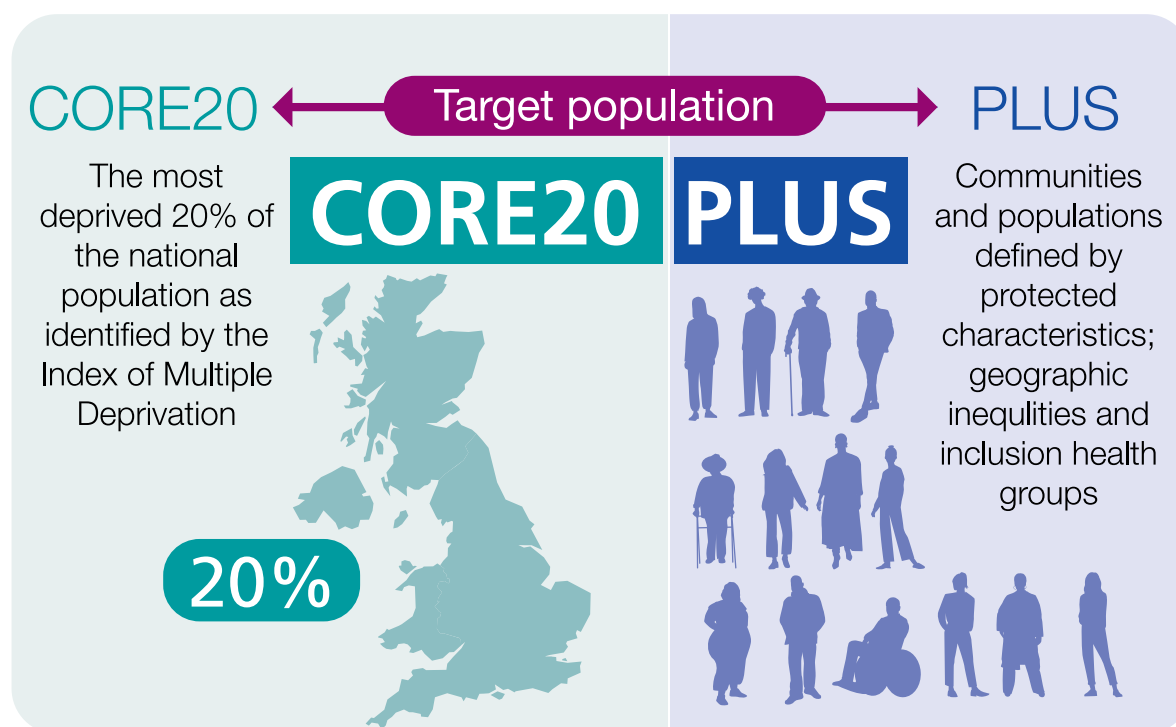
- **reduce the gap and improve healthy life expectancy**: Health inequalities in health security are pervasive and result in disproportionate morbidity and mortality rates in some communities. For example, it is estimated that inclusion health groups are more likely to die as a result of an infectious disease compared to the general population. This is also the case for environmental hazards, for example air pollution is associated with deprivation and geographical inequalities, further exacerbating existing inequalities in healthy life expectancy. Uptake of preventative measures to improve healthy life expectancy also vary by community and place. For example, there are inequalities in vaccination uptake by ethnicity deprivation and geography; coverage being lower in the most deprived, in some, but not all minority ethnic groups, and in some regions of England. Many of these differences are similar across vaccines and there is evidence that the gap is widening. The case for addressing health equity, whether from an economic or social justice perspective is compelling. Identifying and addressing the disproportionate exposure to, or poor outcomes from, external hazards to health will contribute to improving the overall levels of healthy life expectancy and reducing inequalities across communities

- **contribute to UK elimination plans**: The UK Government are committed to the elimination of HIV, Hepatitis and TB. To achieve this, we will need to focus on reducing the incidence of infection within groups who experience a disproportionate burden of each disease. For example, in 2022, the rate of TB was 13.5 per 100,000 in the 10% of the population living in the most deprived areas compared with only 2.6 per 100,000 in the 10% of the population living in the least deprived areas; and over 85% of people with hepatitis C have a current, recent or past drug injecting history. Inequalities in access to prevention, testing and treatment measures must also be addressed, requiring strong data around the implementation and uptake of targeted approaches. Delivering tailored approaches that benefit communities most at risk will not only accelerate progress towards elimination targets but also ensure that the healthcare costs associated with not meeting these are averted

- **protect public services**: Inequalities in the exposure to external hazards to health can have a significant impact on public services such as health and social care. For example, In the 2022/23 winter period, emergency influenza admission rates were 2.6 times higher for people living in the most deprived areas compared to the least deprived, and for COVID-19, the difference was 2.1. This meant that for flu, an average of 6 more people per 100,000 from the most deprived areas were admitted to hospital each month than those from the least deprived areas. By taking action to better protect disproportionately impacted groups from hazards to health, we can help to reduce pressure on health and social care services

Who experiences health inequalities?

The CORE20PLUS framework

To achieve more equitable health security outcomes, we need to understand who is at highest risk of unequal outcomes and why, to put in place effective approaches that protect people and communities from external hazards to their health. UKHSA has adopted the NHS England CORE20PLUS framework to inform action to reduce inequalities at a national, regional and local level. The framework provides a structured way to routinely consider people and communities who are more likely to experience inequalities in health security and may benefit from tailored and targeted interventions.

Figure 2 The 'CORE 20 PLUS' framework.

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation

Target population

CORE20 PLUS

20%

PLUS

Communities and populations defined by protected characteristics; geographic inequlities and inclusion health groups

The CORE20 is the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD) – this has seven domains with indicators accounting for a wide range of social factors.

The PLUS groups should be determined at a local level as those known to experience inequalities in health security. Typically, this will include some people with protected characteristics[1], people with long term health conditions, people receiving social care, and inclusion health groups. Inclusion health is an approach to addressing extreme health inequalities in a range of people and communities who are socially excluded. These groups typically experience very poor health including high risk of infection, stigma and discrimination, poor access to, and experience of, healthcare and other services. For example, people experiencing homelessness, people with drug and alcohol dependence, asylum seekers, refugees and undocumented migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and other socially excluded groups.

While we often consider populations or groups in categories, every person will have multiple characteristics and experiences that can exacerbate health inequalities. UKHSA use CORE20PLUS as a lens through which to identify population groups who face the greatest risk, leveraging knowledge of the local area, health hazards, and how vulnerabilities interact with each other to exacerbate the impact of a health security hazard or ability to attain benefit from an intervention.

1 Protected characteristics are the characteristics that are protected by the Equality Act 2010. They are: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Our vision for Health Equity for Health Security

The Health Equity for Health Security Strategy sets out a vision to improve health security outcomes by reducing avoidable harm for people and places most at risk from external hazards to health.

The strategy is aligned to the UKHSA Strategic plan and supports delivery of the 3 goals to:

Prepare: UKHSA has the data, science, and relationships in place to identify where health hazards are emerging, understand the likely impacts on different population groups, and build resilience to these through targeted approaches.

Respond: UKHSA is trusted by all communities to translate our data, science and insights into practical actions that respond to health security hazards in a way that meets the needs of communities and addresses health inequalities.

Build: UKHSA is a system leader for health equity and health security and will share data, evidence, learning and evaluation from our approaches with communities, departments across government, and partners at a local, regional and national level.

It sets out a roadmap for creating the enabling environment required to achieve more equitable outcomes across UKHSA's six strategic priority areas, delivered through annual strategic action plans.

Delivering our areas of focus

The Health Equity strategy identifies four key areas to build capacity, capability and create an enabling environment to support health equity as our core business. These areas are:

- **science and data**: increasing visibility of all communities in our evidence and data to equip our workforce and our partners to be able to identify individuals and communities at most risk of health protection inequalities and the most effective interventions to address this

- **people and place**: building the evidence on the effectiveness of approaches that prevent and address multiple health hazards in populations, places and settings that experience health inequalities

- **partnerships**: working with communities, across the health system, local and national government, academia, and the private sector to deliver health equity for health security

- **culture**: ensuring our workforce fulfils our equality objectives to meet the Public Sector Equality Duty and support the Secretary of State to meet his duty to tackle health inequalities, and that UKHSA builds a diverse workforce equipped with the capacity and capability to achieve more equitable health security outcomes.

Further detail is provided on each of these areas on the following pages.

Building our science and data capability

Where we are: UKHSA is building our capability to routinely identify people and places most at risk of health protection inequalities in our data. This will enable UKHSA and its partners to target and tailor our interventions and monitor inequalities over time. We have highlighted the burden of disease on inclusion health groups - including those with social risk factors in the Tuberculosis in England report, and the Shooting up report which summarises infections and other injecting-related harms among people who inject drugs in the UK. Some, but not all of our routine surveillance reports include disaggregation by ethnicity, deprivation and other protected characteristics. Increasing the number of surveillance reports that disaggregate data in this way will ensure we can work with our partners to identify and address the drivers of health inequalities and monitor progress towards more equitable outcomes.

How we want to go further: UKHSA has committed to increasing the number of annualised reports that disaggregate by ethnicity and deprivation; and, through our UKHSA science strategy, and partnerships with academia such as the Health Protection Research Units, are identifying and addressing evidence gaps for CORE20PLUS populations. With partners, we want to build data systems and appropriate governance that will allow us to appropriately identify different population groups and geographies. By working to enable data linkage across organisations; and sharing learning on new approaches for analysis, we can increase our understanding of health protection inequalities and what interventions work, to inform action.
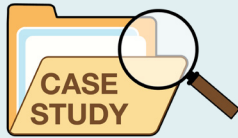
Winter inequalities technical report

UKHSA tracked the impact of the 2022 to 2023 winter period on emergency hospital admissions for influenza and COVID-19. The report identified differential impact by ethnicity and deprivation and has been used by UKHSA and health system partners, to tailor approaches, including informing future targeted vaccination campaigns.
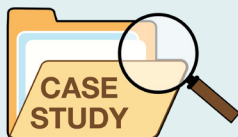
The Adverse Weather and Health Plan equity review

The UKHSA Adverse Weather and Health Plan Equity Review draws together available evidence on inequalities in exposure to, and outcomes of extreme heat and extreme cold weather events for populations included in the CORE20PLUS framework. The report is being used to identify further action required across partners to strengthen preparedness for extreme weather events and ensure response interventions benefit those who are at most risk.

Creating a people and place approach

Where we are: UKHSA works across Government, with NHSE and with communities to build the evidence on what works, taking a 'people and place' approach. We cocreate accessible and effective guidance, communications, and models of prevention and care to address health security needs and pilot these to determine effectiveness, including cost effectiveness. We take this approach in the way we deliver our services, identifying opportunities to address multiple health security needs at once. We evaluate and share our findings to generate commitment to evidence based integrated and person-centred approaches that protect people from hazards to health and address health inequalities.

How we want to go further: By working in partnership, partners across the health system, local government, and communities can combine evidence and insights and collaborate to co-create and deliver tailored and integrated prevention, testing and treatment models of care. This can include identifying opportunities for integration, sharing evidence of effective approaches, and commissioning new approaches for specific populations and places based on the emerging evidence. In addition, we will take a person-centred approach to strengthen our communications and guidance, making sure these meet the needs of our communities by improving accessibility and where appropriate, encouraging coproduction.
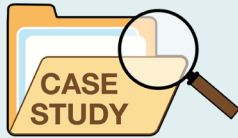
Biobehavioural surveys conducted across prisons and places of detention

CASE STUDY

Inclusion Health groups, including people in prisons and places of detention (PPDs), are disproportionately impacted by infectious diseases. UKHSA funded a multi-pathogen testing pilot in PPDs to better understand prevalence of infection. Testing took place across four prisons and two Immigration Removal Centres (IRCs) for latent and active TB, blood-borne viruses and syphilis. The work adds further evidence on the burden of disease and the effectiveness of different screening approaches. These findings will inform how we and our partners plan and deliver effective health security interventions.
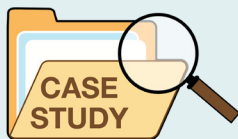
Health Equity Learning Event

CASE STUDY

In February 2024, UKHSA held its first pan-regional learning event on Health Equity and Inclusion Health in Birmingham. The event brought together UKHSA staff with people with lived experience and voluntary and community sector organisations (VCSEs). The session with people with lived experience showed the value of co-production in helping UKHSA deliver its core mission.

'It is about creating positive experiences together with people who have often had really negative experiences with health' (Stan Burridge, Expert Focus)

Strengthening partnerships for health equity

**Where are we now**: UKHSA works in close partnership with health agencies, other government departments, local government, industry, academia, and community groups across a local, regional and national level to deliver health protection and improve services for specific populations. For example, we are a co-signatory on the National Partnership Agreement to improve the quality of healthcare services for people in prison and support the Section 7A agreement on NHS commissioned/delivered public health services, between DHSC, NHSE and UKHSA. Our Regional teams work with partners across the local system, including supporting Directors of Public Health to meet their duties to protect local people's health. We also partner with the voluntary and community sector, including co-delivering the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance, and working directly with community organisations. For example, in response to the 2022 Mpox outbreak UKHSA launched a sexual health outreach and engagement fund to support the VCSE working with underserved LGBT+ populations to improve access to care.

How we want to go further: We want to continue work with our partners including government and the NHS at national, regional and local levels and communities to co-design, deliver and evaluate innovative approaches to address health inequalities. We also want to go further in our partnerships with communities, ensuring that we have an equitable approach for engagement at national and local levels and that insights provided by communities are shared across the health system. Finally, we will build our academic and commercial partnerships, identifying opportunities to collaborate to achieve health equity.

Tackling TB in inclusion health groups toolkit

CASE STUDY
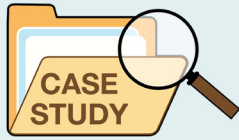
UKHSA worked with partners across the system, including TB nurses, health agencies, and the voluntary and community sector to develop the 'Tackling TB in inclusion health groups toolkit'. This toolkit brings together examples of best practice, tools and resources that promote a holistic and integrated approach for people experiencing social exclusion. The toolkit is being used by partners at local, regional, and national level to inform prevention, testing and treatment and will be expanded over time to inform integrated multi-pathogen approaches.
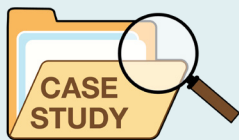
Production of measles resources

CASE STUDY

In response to an increase in the number of cases of measles in England, UKHSA designed several resources to meet the needs of different population groups at higher risk. This included developing resources aimed at staff, detainees and visitors to secure settings, and a guide for the management of measles in asylum seeker accommodation settings. In addition, UKHSA worked with several voluntary and community sector organisations (VCSE) and people with lived experience of social exclusion to develop an accessible resource for use in an outbreak.

Creating a culture to prioritise health equity

Where we are: The achievements of UKHSA are made possible by the talents of our multi-disciplinary workforce and living our UKHSA values – impactful, insightful and inclusive. Having a diverse workforce that reflects the society we serve will enable us to create effective and innovative solutions to best meet the needs of different population groups and settings. We have improved the way we monitor the diversity of our workforce, creating a diversity and inclusion workforce dashboard. We are developing tailored training approaches that meet the needs of the varying professions represented within UKHSA. UKHSA has established and maintained 12 staff networks, all supported by their own executive committee champion.

How we want to go further: We want to continue to expand and strengthen our training offer to UKHSA staff, to ensure all disciplines have the knowledge and capability to play their role in tackling health inequalities. UKHSA will develop further employment and development opportunities for people with lived experience of health inequalities and ensure that health equity is considered in all of our partnership relationships, including with our commercial partners. We will continue to convene cross-organisational networks to share learning and insight and strengthen our governance and assurance arrangements to ensure the impact of our products and services on health equity are assessed and mitigated against.
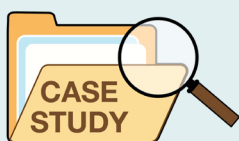
CASE STUDY
Launch of the accelerate diversity programme

UKHSA provide annual updates in the UKHSA Public Sector Equality Duty (PSED) report, setting out how UKHSA is meeting its duty on PSED. This includes reporting on the diversity of the workforce. As a result of a deep dive on recruitment data, UKHSA identified areas that needed further focus to create an inclusive workforce. In response we developed the 'Accelerate' scheme, for staff from ethnic minority backgrounds and/or with a disability to support them to maximise their leadership skills and capabilities. The scheme will not only ensure diverse perspectives at senior levels of the agency but will attract and inspire new talent from across the population to the health system.

The Health Equity for Health Security Roadmap

To achieve our health equity vision, we have developed a roadmap, supported by annual action plans, that sets out our intended impact across the four areas of focus. Below, we highlight a small selection of the milestones that we will deliver, with more detail provided in internal annual action plans.

Figure 3 Diagram illustrating the UKHSA health equity roadmap.

Science and data

People and place

Partnerships

Culture

2023

2024: Commitment made to improve disaggregation of data in annual reports

2024: Regional workshops held to establish partnerships for health equity

2024: Developing and evaluating tailored communications activity for underserved groups

2023: Accelerated leadership scheme to promote diversity

2024

2025

2025: New guidance is codesigned with people with lived experience

2025: Community Engagement toolkit launched

2026: Centre of expertise on health equity for health security launched to share evidence and insights

2026: Training and tools expanded to equip staff across all disciplines to deliver equitable outcomes

2026

Evidence and data on CORE20PLUS populations is available to inform and evaluate health security

Effective approaches for CORE20PLUS groups are identified and used to improve health security

Unequal outcomes are addressed in collaboration with local, regional and national partners, including our communities

UKHSA has a diverse workforce that has the capabilities to deliver equitable health security outcomes

2023

- accelerated leadership scheme to promote diversity (Culture)

2024

- commitment made to improve disaggregation of data in annual reports (Science and data)
- develop and evaluate tailored communications activity for underserved groups (People and place)
- regional workshops held to establish partnerships for health equity (Partnerships)

2025

- community engagement toolkit launched (Partnerships)
- new guidance is codesigned with people with lived experience (People and place)

2026

- training and tools expanded to equip staff across all disciplines to deliver equitable outcomes (Culture)
- Centre of expertise on health equity for health security launched to share evidence and insights (Science and data)

Delivering the annual strategic action plans will achieve the following impact:

Science and data: Evidence and data on CORE20PLUS population is available to inform and evaluate health security

People and place: Effective approaches for CORE20PLUS groups are identified and used to improve health security

Partnerships: Unequal outcomes are addressed in collaboration with local, regional, and national partners including our communities

Culture: UKHSA has a diverse workforce that has the capabilities to deliver equitable health security outcomes

Delivering the strategy

Governance

Delivery of the strategy and UKHSA's work to achieve more equitable outcomes is overseen by the UKHSA Health Equity Board. The annual action plan deliverables are also reported through our business plans and progress is tracked through the performance framework to our Executive Committee. The Equalities, Ethics and Communities Committee of the Advisory Board provides steer and challenge to the organisation in delivering more equitable outcomes.

Working with us

To deliver on the ambitions of this strategy and accelerate the progress made so far, we will continue to work more closely with a range of partners, including our health system partners, local and national government, the voluntary and community sector, academia and industry, and most importantly, the communities we serve. To work with us, or for more information, please contact: healthequityinclusionhealth@ukhsa.gov.uk

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339

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SUSTAINABLE DEVELOPMENT G⚫ALS