

UKHSA Advisory Board

Title of paper	Progress update on the Health Equity for Health Security Strategy and future strategic approach to health equity in UKHSA
Date	8 July 2025
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1. Purpose of the paper

- 1.1. The purpose of the paper is to update on progress in building capability and capacity to deliver more equitable health security outcomes through the Health Equity for Health Security strategy (2023 to 2026), and sets out what impact we aim to achieve in the strategy's final year. UKHSA is also now in the process of setting the agency's strategic direction from 2026-2029. Looking ahead, we propose six key building blocks that should underpin our future ambition and strategies to enhance UKHSA's impacts in health equity for health protection.

2. Recommendations

- 2.1. The Advisory Board is asked to
 1. **NOTE** – achievements to date in delivering the Health Equity for Health Security Strategy
 2. **NOTE** – priority areas for focus in delivering the final year of the Health Equity for Health Security Strategy
 3. **COMMENT** – on the six building blocks that could maximise impact for health equity in health protection in future UKHSA strategies

3. Health Equity in Health Security Strategy – what have we achieved so far?

- 3.1. The COVID-19 pandemic was a reminder of the entrenched and deep nature of health inequalities and the systemic nature of these. In 2023, UKHSA published its Health Equity for Health Security Strategy. The ambition of the strategy focused on building strong health equity foundations for the new Agency. It aimed to create an enabling environment, culturally and operationally, to support UKHSA in delivering its overarching strategic goal of more equitable health security outcomes through the other Strategic Priorities set out in UKHSA's corporate strategy; to influence and advocate across the system and to embed health equity into the DNA of the organisation. To achieve this, the strategy was centred around four key pillars:
 1. Science and data;
 2. People and place;
 3. Partnerships; and,
 4. Culture.

A roadmap (annex A) was developed to identify high level milestones, ensuring we built solid and sustainable foundations for the future. The roadmap is underpinned by annual action plans, progress is overseen by UKHSA's Health Equity Board and reported

regularly to the Equalities Ethics and Communities sub-committee of the Advisory Board.

- 3.2. **Year 1** of the Health Equity for Health Security Strategy roadmap focused on getting the basics right, including developing guidance, training and tools to both increase our staff's understanding of the CORE20PLUS framework, which UKHSA adopted to align with the NHS; embed health equity within their work; and establish our commitment to addressing health equity across the health system. Key highlights from Y1 include:
1. Published and disseminated [a technical report on inequalities in emergency hospital admission rates for influenza and COVID-19](#), which was widely used by national, regional and local stakeholders to support winter planning and develop targeted preventative interventions to reduce inequalities
 2. Provided e-learning through UKHSA All Hands on the Public Sector Equality Duty to 1400 staff, and published **UKHSA's first Public Sector Equality Duty report** to deliver against our 2022-23 equality objectives
 3. Co-chaired the '[Health in Prisons and Places of Detention](#)' conference with the World Health Organization (WHO), hosting **163 participants from 30 countries** to share lessons and develop [international principles for infectious disease resilience](#). To further support the implementation, WHO and UKHSA have developed a [toolkit](#), which has been accessed by 124 users.
 4. Led **evidence mapping of the health effects of climate change** on CORE20PLUS populations, publishing the mapping on gov.uk and informing future research prioritisation
- 3.3. The work done in **Year 2** focused on establishing and consolidating relationships in the health and public health sector and with other government departments, and using our data, science expertise and insights to inform our own response to infectious disease as well as influencing across the system. We have contributed to the implementation of cross-government initiatives, including feeding qualitative evidence of inclusive approaches to health protection for inclusion health populations into the development of the ten-year plan; leading further development of the multi-stakeholder [Adverse Weather Health Plan](#) to build resilience against the health effects of climate change including for CORE20PLUS populations; and partnering with DHSC, Home Office, NHS England and the Voluntary, Community, Faith and Social Enterprise (VCSFE) to deliver health protection for people arriving in small boats. We also continued to build staff awareness on how to embed health equity and meet our legal duties through the development of new resources and tools. This includes publishing internal translations and accessibility minimum standards that require public facing guidance to consider and meet the needs of the intended audience, and ensures a consistent approach to translations across external content. A health equity in incident response toolkit has also been developed for UKHSA staff to ensure consideration of CORE20PLUS populations at the outset, and in response to, an outbreak.
- 3.4. Some of our key successes working with partners and communities in Year 2 include:
1. Led the **health equity response within the mpox incident**, ensuring that the needs of populations and settings most at risk of mpox were reflected in UKHSA, and other government departments, response and guidance. This was informed by dialogue with the VCSFE sector and our own staff networks.

2. **Published data and evidence on where health inequalities are greatest and for whom** through the [Health Inequalities in Health Protection Report](#). The report was developed to increase wider awareness across the health system of the impact of health inequalities in health protection and to support action at local and regional systems.
 3. Submitted evidence to the Joint Committee on Vaccination and Immunisation (JCVI) to present the rationale for universal Influenza, *Streptococcus pneumoniae* and Covid-19 vaccination of rough sleepers and those in hostel accommodation. This has resulted in a **JCVI recommendation for an offer of influenza and pneumococcal vaccination for people experiencing homelessness** with the potential to impact 50,000-60,000 at risk individuals per year.
 4. **Raised awareness of measles and tuberculosis (TB) in prisons and places of detention** through two six-month radio campaigns broadcasted to over 100 prisons in England and Wales in collaboration with National Prison Radio (NPR). Following evaluation, 44% had heard the TB campaign on the radio and 83% felt they were more likely to seek support for TB.
 5. Following work on the diphtheria outbreak in 2022, a **new National Partnership Agreement was signed** between the Home Office, UKHSA, NHSE and DHSC to strengthen joint working in the asylum seeker system and better management of infectious diseases and health risks.
- 3.5. To deliver on the first two years of the Health Equity for Health Security Strategy, UKHSA is working in partnership at a national level with NHS England and DHSC, as well as a range of other government departments, including the Home Office, Ministry of Housing and Local Government, HMPPS and the Department of Education. UKHSA also works with the VCSE sector representing communities identified through the CORE20PLUS framework to ensure lived and learnt experience shapes our work. This has included engaging with the VCSE Health and Wellbeing Alliance, run in partnership with DHSC and NHSE; and directly with organisations who represent communities that experience inequalities. Regionally, UKHSA works closely with local authorities and Integrated Care Boards (ICBs) to address inequalities through their work and support place and population-based interventions that are specific to the community context, such as targeted vaccination days in response to local outbreaks.
4. **What do we want to achieve in year 3 of the strategy?**
- 4.1. Our action plan for **Year 3**, reflected in the agency's annual business plan, is focused on cementing our role as a system leader in health equity for health security and continuing to embed health equity in our core organisational activity. This includes working collaboratively with other parts of government to inform the development of future health strategies, enhancing our data infrastructure, and working with parts of the organisation (such as the commercial and pandemic preparedness teams) to spearhead new, innovative and impactful work on health equity.
 - 4.2. Priority areas for this year are:
 1. **Improving data infrastructure, standards and methodologies around collection, analysis and reporting across the agency.** The organisation has committed to strengthening routine reporting against deprivation and ethnicity in UKHSA annualised reports. In doing so we will be able to better inform and prioritise evidence-based action for UKHSA and its partners in addressing inequalities and delivering improved health outcomes.

2. **Establishing the Health Equity in Health Protection Initiative (HEHPI).** To make a real difference in health equity for health protection, we need to fast track how data and evidence are used and communicated by the health system to better inform policy and practice. HEHPI is a new partnership approach that will facilitate this way of working through system leadership and:
 - An online platform to equip partners with evidence-based methods to deliver health equity for health protection
 - A community of practice that connects people and organisations to share ideas and guides future research.
 - A new way of communicating that highlights important new findings at the right time to influence decisions and show how they can make a difference.
3. **Embedding health equity into pandemic preparedness** to ensure learning from the COVID19 pandemic and other outbreaks is incorporated into the way we prepare for and respond to future pandemics. This will inform the cross-government pandemic preparedness strategy and be tested as part of Exercise Pegasus in the autumn.
4. **Strengthen UKHSA's approach to health equity through our commercial arrangements,** including leveraging social value provisions in our contracts to drive action and deliver population impact.

5. Building blocks to shape the agency's future direction for health equity

- 5.1. The Health Equity for Health Security Strategy 2023-26 has laid solid foundations for the organisation to build on. UKHSA is now developing its Corporate Strategy for 2026-29 and work is underway to understand what UKHSA's future goals and targets should be for health equity. We have therefore outlined six key building blocks to help shape the strategic direction for health equity to ensure the next strategy is specific about UKHSA's ambitions for improving equitable health outcomes. These building blocks take account of the emerging strategic and system changes, the three shifts set out for health, and increase our ability to improve population-based outcomes.
1. **Continuing to build our data and evidence** – to better tackle inequalities in health protection, future strategies should be grounded in the strong data and evidence base we have developed over the past three years. Using our data and evidence more effectively will also support UKHSA better demonstrate the impact of its interventions and how these are creating population-level change.
 2. **Developing population-specific targets** – contributing to the Health Mission's goal to halve the gap in life expectancy between the richest and poorest regions in England, UKHSA should identify a few health security outcomes it wants to achieve for specific populations, using a people-and-place approach. Creating population-specific targets will also support UKHSA to move away from articulating its impact via outputs and case studies and instead focus on demonstrating the outcomes of its work.
 3. **Measuring the economic impact of our work** – we believe the ethical and epidemiological case for addressing health equity remains strong but economic evidence is weaker. By using high quality data and analysing cost effectiveness, we will support the health system to focus on the most valuable actions and demonstrate the economic benefit of these to policy makers. This includes showing how preventative interventions, like building resilience on the health effects of climate change, can contribute to the growth agenda as well as the health and opportunities missions.

4. **Harnessing local delivery and innovation to support national goals** - UKHSA should use its regional presence to identify and support the scale up of place-based innovation and best practice that contribute to the delivery of population specific targets within a nationally agreed framework. This will ensure we amplify the benefit of tackling some of the biggest health protection challenges in England, whilst enabling local and hyper-local solutions.
 5. **Scoping how technology can improve efficiency and effectiveness and how we manage possible risks** – as a science-based organisation, UKHSA is well placed to use new digital and technology advancements to support health equity. For example, scoping how artificial intelligence (AI) can identify inequalities in our data; create targeted messages for audiences; or better enable access to tailored advice during outbreaks and incidents. We also need to be mindful of potential for inherent bias in AI tools, digital exclusion and the power of social media to promote both information and dis-information,
 6. **Maximising UKHSA's role as an anchor organisation** – by developing and using key corporate strategies and tools across our enabling functions, UKHSA can continue to foster an inclusive workplace culture, place equity at the centre of decision making, and maximise opportunities to provide social value across its footprint. This includes working with communities to build trust, and progressing work with our commercial, contracting and estates functions to release social benefit and contribute to addressing health and socioeconomic inequalities.
- 5.2. Does the Advisory Board agree with, or have any comments on, the six building blocks outlined above? Should these be used to inform the development of UKHSA's future strategic approach to health equity? Are there other factors we should be considering?
- 5.3. Within the context of the NHS 10-year plan, imminent publication of the Health, Growth and Opportunities Missions, and wider health system change, does the Advisory Board have any recommendations on how UKHSA can best leverage these to ensure health equity in health protection is seen as a priority and achieve population impact?

Annexes

Annex A: Health Equity for Health Security 2023-2026 Roadmap

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Annex A: Health Equity for Health Security 2023-2026 Roadmap

The Health Equity for Health Security Strategy roadmap sets out milestones to track our progress in delivering the strategy from 2023-2026. By the end of the second year of the strategy in March 2025, six of the eight milestones on the three-year roadmap have been achieved.

