UK Health Security Agency

Public views on how UKHSA and the vaccines industry work together | Oversight Group Meeting 01 - Minutes and actions

Date: 19.05.2026

Time: 11:00-13:00 BST

Location: MS Teams

Chair: Sarah Cunningham-Burley

Deputy Chair: Jacob Lant

Attendance

Oversight Group members

- Sarah Cunningham-Burley, Professor of Medical and Family Sociology and Co-Head of Centre for Biomedicine, Self and Society, The University of Edinburgh
- Jacob Lant, Chief Executive, National Voices
- Atiya Kamal, Professor in Health Psychology, Birmingham City University
- Brian Davies, Head of Health Insights and Policy, Meningitis Research Foundation
- Emma Wills, Researcher, The King's Fund
- Helen Stewart, Officer for Health Improvement, Royal College of Paediatrics and Child Health, The Royal College of Paediatrics and Child Health
- Helen Llewellyn, Health policy and public affairs consultant, ABPI
- Nick Mackie, Investment, Office of Life Sciences

UKHSA

- Lewis Wooding, Head of Insight, Behavioural Science and Insights Unit
- Julie Yates, Deputy Director Immunisation Programmes, Design, Implementation and Clinical Guidance
- Jamie Turner, Deputy Director, Vaccines & Countermeasures Enablement
- Robert Shooter, Commercial Strategy
- Clare X. Deahl, Insight Lead, Behavioural Science and Insights Unit, (Secretariat)
- Virginia Bertelli, Senior Insight Manager, Behavioural Science and Insights Unit (Secretariat)
- Lee Chan, Insight Lead, Behavioural Science and Insights Unit

Sciencewise

- Trupti Patel, Programme Lead
- Lucy Evans, Advisor

Thinks Insight & Strategy

- Anna McKeon, Managing Director, Dialogue
- Allie Jennings, Director

The Social Agency

- Dan Clay, Managing Partner
- Daniel Lemmon, Research Manager

Independent evaluator
- Sophie Reid

Apologies
- Helen Bedford, Professor of Children's Health, University College London
- Christina Ogunbote, Head of national partnerships, Medicines and Healthcare products Regulatory Agency
- Jess Turner, Professional Lead for Public Health, Royal College of Nursing
- Rini Jones, Senior Policy and Delivery Manager, NHS Race & Health Observatory

Oversight Group 01 Action log

No.	Action	Responsible	Timing
1.1	Provide comments on Terms of Reference (ToR)	All OG members	By 2 June 2026
1.2	Circulate final ToR following feedback	Secretariat	By end of June 2026
1.3	Review and return Declaration of Interest forms	All OG members	By 22 May 2026
1.4	Provide feedback on meeting minutes	All OG members	By 27 May 2026
1.5	Establish working groups	OG members and Chair	Ahead of next OG meeting
1.6	Share further reflections or comments on project approach and scope via email	All OG members	By 29 May 2026

Oversight Group 01 Meeting minutes

1. Welcome

1.1 Chair welcomed members to the meeting, all attendees introduced themselves and apologies were noted.

2. Terms of Reference

2.1 Chair noted that the Terms of Reference (ToR) had been circulated in advance and members were invited to share any comments or submit them by email.

3. Introduction to Sciencewise

3.1 Sciencewise provided an overview of the Sciencewise programme and its role in supporting public dialogue across government. Members were informed of the distinction between social science research and deliberative dialogue.

3.2 It was explained what the value of the public dialogue process is and what are the elements of the process, including the opportunity for Oversight Group members to set up separate working groups on specific topics that the dialogue will cover.

3.3 Members asked for clarification on the role and composition of working groups, including who may be involved and how they will operate. A high-level description was provided by Sciencewise, and it was noted that this would be covered later in the agenda.

3.4 Members asked for further detail on work undertaken to date, including any early workshops and stakeholder engagement activity. The project team noted that scoping review has been carried out, which had included stakeholder workshops and specialist interviews, and that the findings from the scoping review would be covered later in the agenda.

3.5 Members reflected on the positioning of deliberative dialogue in relation to social science approaches, noting that social science perspectives (including sociological theory) can play an important role in informing dialogue design.

4. UKHSA context and project aims

4.1 UKHSA outlined the background and purpose of the project and intended impact.

4.2 Members were informed that the project aims to support UKHSA decision makers when collaborating with industry. This includes supporting co-design (with public and UKHSA) of outputs formulated to enable public views, including benefits and impacts on public trust, to inform current and future thinking.

4.3 Members asked for further clarity on the role of the Oversight Group in shaping the final outputs. The project team shared that this will be shaped by dialogue findings and there will be opportunities for Oversight Group members to contribute insight on how outputs can be translated into usable tools for consideration by decision makers. These outputs will be tested and refined through a usability testing phase, including feedback from dialogue participants.

4.4 Members asked for greater clarity on the types of decisions the dialogue is intended to inform, and how it will be used in practice. The project team clarified that the dialogue will focus on areas where public views may meaningfully inform decisions, and highlighted the importance of this transparency. For example, there are some areas where collaboration needs to happen but public views may influence how collaboration is implemented (e.g. use of social value in procurement).

4.5 Members reflected on the importance of ensuring outputs capture diverse and potentially conflicting public views, rather than implying consensus and clearly communicate nuances and trade-offs. It was noted that Sciencewise's approach to analysis and reporting explicitly focuses on identifying points of divergence, commonalities and red lines, rather than producing a single consensus view.

4.6 Members discussed the importance of maintaining an appropriate scope and level of focus for the dialogue, noting that while vaccine development and technologies are evolving, the dialogue should remain grounded in the National Immunisation Programme context to help to ensure outputs are actionable.

5. Overview of the programme of work

5.1 Thinks and The Social Agency presented the proposed dialogue approach. It was noted that the rationale for the design of the dialogue is based on collaboration, inclusion and deliberation.

It was explained that the dialogue has been designed to be inclusive, particularly of groups with lower vaccine uptake and lower trust, with a focus on co-design and feedback loops, including a Lived Experience Advisory and research Panel (LEAP). Thinks explained that the dialogue will take place in three locations, involving 90 participants in total. Two-thirds in each location will be recruited to be broadly reflective the general population, and one-third recruited from five priority enclave groups (mothers of young children, and people from Pakistani, Bangladeshi, Black African and Black Caribbean communities) amongst whom vaccine uptake is lower and/or trust is a significant barrier.

5.2 Members were informed that the dialogue will explore public understanding and perceptions of UKHSA collaboration with the vaccines industry and how different forms of collaboration may influence trust. The dialogue will also provide balanced perspectives on collaboration and its associated social and ethical implications.

5.3 Members were informed that scoping findings highlighted the importance of clearly defining where public input can be useful for informing decision-making as part of the dialogue, using a range of realistic examples to reflect different forms of collaboration, and exploring trust and acceptability as distinct concepts. Members were invited to provide input on whether the factors most likely to shape public views and trust had been appropriately prioritised, how key trade-offs and tensions should be presented, and any additional design elements needed to support a robust and useful framework.

5.4 Members discussed the importance of carefully considering who engages with participants with lower confidence in vaccination, noting that the approach and messenger may influence the responses received. Members highlighted that some participants may be reluctant to openly share their views, and approaches to measuring confidence and trust should therefore take into account the sensitivity and range of views of the topic.

5.5 Members emphasised the need for realistic and credible case studies to be used in the dialogue, including “edge cases” that test boundaries but remain grounded in plausible scenarios. The need for a clear articulation of the “why” behind collaboration, reflecting different perspectives was also discussed.

5.6 Members discussed the importance of recognising the diversity of vaccine confidence and behaviour, including variation across vaccines and population groups and ensuring that recruitment and analysis capture this nuance, rather than treating vaccine confidence as a single category. The project team clarified that validated measures will be used to identify different levels of vaccine confidence within the sample and the dialogue will explore how trust and views may vary across different vaccines and scenarios.

5.7 Members noted the importance of using inclusive and neutral language when describing participants and behaviours and being mindful of how terminology may shape discussion.

5.8 Members reflected on the value of including examples that capture both UK and global benefits of collaboration and tangible, practical scenarios to support discussion of trade-offs and factors which may be considered as part of decision making.

5.9 Members asked about plans to share findings back with participants and communities. The project team confirmed that participant outputs will be developed and findings shared following the dialogue.

5.10 Members highlighted the importance of ensuring that outputs are clearly translated into practical tools for decision-making and developed in a way that supports findings being used.

5.11 Members discussed the importance of clarity on how trust is defined and measured within the dialogue and ensuring flexibility in the design to respond to emerging findings and external developments over the course of the project.

5.12 Members shared additional reflections on potential gaps and opportunities within the design, including exploring whether there is scope to involve young people within the dialogue and considering inclusion of additional groups within enclave sampling, such as refugees and asylum seekers experiencing multiple disadvantage.

5.13 Members highlighted opportunities to strengthen the breadth of perspectives, including drawing on insights from patient groups already engaged with industry and considering the perspectives of individuals involved in clinical trials (e.g. phase 1 participants) as part of understanding collaboration and trust.

5.14 Members also noted the importance of ensuring transparency around longer-term impact, including whether and how findings could be used over time and exploring opportunities for ongoing engagement beyond the study, such as sharing updates on impact (e.g. via a website or follow-up communications).

6. Approach to evaluation

6.1 The independent evaluator presented the evaluation approach, including process evaluation in line with the Sciencewise Quality Framework and Guiding Principles, impact on the dialogue’s objectives and effectiveness of mechanisms to achieve impact.

6.2 Members asked for further clarity on metrics to be used for the process evaluation. It was clarified that the evaluation will primarily take a qualitative approach, drawing on multiple perspectives from participants and stakeholders, as well as observation.

6.3 Members asked how the evaluation would specifically understand the impact of co-design within the process. It was clarified that co-design will be considered as a distinct component of the process, including observation of LEAP group activities and engagement with members. This will assess the extent to which co-design has influenced discussion, outputs, and how outputs will be used over time.

6.4 Members suggested that there may be value in exploring opportunities for the co-design group to inform the evaluation approach itself.

7. Working groups

7.1 Chair introduced the option of establishing working groups to support the project between meetings and invited members to indicate their interest. Suggested areas included:

- equity;
- public benefit;
- role of industry in vaccine development.

7.2 Members suggested that there may be value in establishing a working group focused on influence and implementation, including how findings from the dialogue could support decision making, and how outputs are communicated and used after the project.

7.3 Members suggested broadening the ‘role of industry’ working group across the full vaccine lifecycle, noting its potential value in informing the development of stimulus materials at the design stage of the project.

7.4 Members asked how working groups would operate in practice. It was confirmed that working groups are flexible and may involve ad hoc sessions, workshops or roundtable discussions. Oversight Group members may invite additional experts, where helpful.

7.5 Members noted that early input from working groups could be particularly valuable in shaping the design phase of the dialogue. It was highlighted that working groups may also support longer-term impact - including considering how findings are used - and there may be value in staggering activity, with some groups (e.g. influence) potentially developing later in the project lifecycle.

8. Next steps

8.1 The Chair outlined next steps, including the need for members to complete a Declaration of Interest form, and to share any comments on the Terms of Reference with the Secretariat. It was also confirmed that meeting minutes would be shared with members for review and that they would have five working days from circulation to provide comments back to the Secretariat.

8.2 Members confirmed their agreement to share their contact details, to facilitate ongoing discussions.

8.3 Members were invited to provide further comments on the questions raised by the delivery team about project scope, following the meeting.

8.4 The next Oversight Group meeting is expected to take place in July and will focus on dialogue design.

9. Close

9.1 Chair thanked members for their contributions and closed the meeting.