UKHSA Public Advisory Group

Independent Advisory Group
Summary Notes for 10th May 2021 Meeting

Attendees: Independent Advisory Group (IAG)	
Michael Burgess, (Chair) Professor Biomedical Ethics, University of British Columbia	Mahlet (Milly) Zimeta - Head of Public Policy at the Open Data Institute
Renate Samson - Principal Policy Advisor at Which?	

Note this was an additional meeting at short notice. Due to this, some of the IAG members were unable to attend and sent their comments via email.

Apologies from

- Hetan Shah, Chief Executive, The British Academy
- Mehrunisha Suleman - Senior Research Fellow at Health Foundation
- Paul Plant, Deputy Director, Public Health England (London region)
- Abigail Gallop - Principal Policy Adviser at Local Government Association

Attendees: Project team	
Amy Darlington, Director, ICHP	Mark Kewley, Director, ICHP
Michelle Mackie, Research Director, Ipsos MORI	Abeer Itrakjy, Associate Director, ICHP
Suzannah Lansdell, Associate, Involve	

Apologies from

- Simon Burall, Senior Associate, Involve

Attendees: UKHSA team	
Ben Stimson – Chief Customer Officer, UK HSA	Jason Caplin, Products Director, UK HSA
Alisha Khan, Private Office, UK HSA	Ije Jombo-ofo, Project Manager PAG, UK HSA

1. Review of summary notes from last meeting

A request was made that notes from any conversations outside of IAG meetings between IAG members, UKHSA and the Consortium were noted as part of IAG meeting Summary Notes. See the Appendix for notes of a meeting that took place between an IAG member, UKHSA and the Consortium after the previous IAG meeting. Other than this the group were happy for the notes to be published.

2. Terms of Reference (ToR)

A comment was made that the language in the ToR indicated the IAG had more agency than they actually do and it was suggested to revisit some of the language in the ToR to reflect the advisory and supportive role the IAG hold. Further another member asked that additional meetings, such as this one, were noted to be so in the ToR as some IAG members were not able to attend last minute. Based on these changes the group were happy to sign off and publish the ToR.

3. Review of design outline

A discussion outline (see appendix) was sent to the IAG ahead of the meeting. The following themes were reflected via email or during the IAG meeting.

- **Confusion over overarching question**

  A number of IAG members shared that they were unclear how the overarching question (re: demonstrating trustworthiness) relates to the specific content being discussed as there may be many more reasons (other than lack of trust) as to why people might not engage in the various interventions; it was felt that the current document unhelpfully makes an implicit assumption that compliance directly relates to trust. Some members helpfully reflected that there are a number of different lenses through which to explore the issues: trustworthiness, compliance, acceptability and utility – and that these are not linear; people can experience multiple positions when approaching an issue, and often these are contradictory and very subjective. In the workshops it will be important to not use these different lenses interchangeably as they do not mean the same thing. It was also suggested that it would help to define these concepts with the PAG as different people may interpret the terms in a different way which will confuse the outputs.

  Further, a number of members felt that the question should not be about how to *demonstrate* trustworthiness but rather exploring (among other things) what are the *conditions that create trustworthiness* (see related themes on framing and balance and authenticity).

- **Concerns over level of ground to be covered**

  A number of members expressed concerns around how much would be covered across the five workshops; questioning if there would be enough time to explore the complex issues in depth without overwhelming the participants. It was also raised that marginalised voices, minority perspectives and those that may need narratives, or careful articulation, will not be easily accommodated in larger groups. A suggestion would be to divide the groups thematically into smaller groups to allow longer amounts of time on each topic.

One member suggested that the group could be split into three groups each focused on one particular policy area e.g. wastewater testing, which would allow more time for discussion on each topic as the whole group wouldn't discuss all topics. Whilst a really welcomed suggestion, it was explained that this has limitations too as it reduces the diversity of views in each of the discussions, and further as the final conclusions are likely to pull across all topics all participants need to be part of discussion on each of the policy areas. It was raised as to whether information could be shared between sessions and this could be an option through the community engagement platform.

It was noted that the learning curve for PAG around the limitations and possibilities of data and digital technology might be challenging because of existing misrepresentations in popular culture. The Consortium will need to take this into account when designing the content for the workshops.

- **This isn't just a national issue**

    A number of members encouraged that the information provided to participants wasn't just through the lens of a national perspective but also included local perspectives as well, particularly with regards to contract tracing and self-isolation where local government teams are heavily involved in the delivery of these interventions. Presenting local examples may change the participants perception of issues such as data privacy and trust and it brings the issue closer to home. It was agreed this was very important and that local government colleagues should not only feed into the development of workshop materials but also, if possible, be present at the workshops themselves to share local perspectives and answer participant questions. UKHSA will provide contacts to relevant local government teams.

- **Relevance beyond UKHSA**

    One member highlighted that many of the conclusions developed by the PAG could reach beyond UKHSA's sphere of control to implement. E.g., the treasury in relation to support for self-isolation. Whilst UKHSA (formerly T&T) commissioned this work there will be relevance to other departments and therefore the findings will be shared.

- **Language and phraseology**

    Many members reflected that some of the language used in the skeleton document was confusing and / or not appropriate for the public. The Consortium explained that this is an internally facing document, aimed at reflecting back to the commissioner (UKHSA) the key areas of focus that were highlighted as important during the various internal discussions and that the next stage would involve translating these questions into public facing questions, materials and discussion prompts, however, consortium members thanked the IAG for the reflections on language as the specific suggestions are very helpful when drafting public facing materials.

- **Ordering of topics, cohesiveness, and clarity over outputs**

    One member reflected that the proposed ordering of topics did not feel intuitive; it should start with testing then all else should follow form that e.g., contact tracing, self-isolation etc. More broadly, the document did not feel cohesive, and it wasn't clear what is at stake and what the desired outputs are. Clarity of outputs was also raised by another member with a request to be more explicit about where this process is trying to get to e.g., is this

about generating some general insights or about designing policy. Building on this point it was suggested to consider the outputs from the PAG as 'points to consider' rather than 'recommendations' as this felt like a more realistic end point given the exploratory nature of the topics to be deliberated, the time available for the deliberation and the fact that it will be a virtual PAG.

Points were raised reflecting on the final workshop and how this will be used to pull together all the insights from the PAG. The final workshop aims to bring together all the insights gathered from the different groups over the previous four workshop and provides an opportunity to playback the findings and ratify them with all the PAG participants as a whole to ensure that the final report accurately reflects the discussions that have been had.

- **Framing of key questions**

  Members of the group raised that some of the key questions in the document will be difficult for the PAG to answer and indeed would be difficult for experts to answer. It was suggested to consider using the themes of governance and transparency to frame the questions within each workshop which will allow the PAG to revisit and consider these important themes as their knowledge increases throughout each workshop. It was also suggested to consider adding a third key theme, equity.

- **Balance and authenticity of materials**

  Members reflected on the challenges related to this PAG in view of the fact that people may have different views on interventions depending on the situation they are in at the time, for example, someone may be more willing to accept an app tracking them if it means they can move around freely. This will affect the way scenarios are presented and it was advised that scenarios should focus on values and trade-offs within real world examples allowing PAG members to consider all perspectives before forming an opinion.

  Members also reflected that when developing case studies and scenarios it is really important that these are balanced, fair and don't emphasise potential existing stereotypes e.g. 'a campaigner'. A suggestion was made to include a hypothetical case study of someone with direct or indirect experience of a stigmatised and sometimes misunderstood medical condition - such as HIV+, cancer, or some mental health conditions. This will help to expose the PAG to considerations around testing and privacy. Further, it was advised to include international examples of digital and non-digital approaches to illustrate the different ways of mobilising the interventions.

  Further, in providing information, for example about data use, it is important that the information share is honest, open and complete; this cannot sugar coat or hide anything, although members recognised that this would need to be balanced with the need to ensure that the appropriate level information was provided so not to overwhelm people.

4. Next steps

The Consortium will take the IAG feedback, share with UKHSA and produce a revised discussion guide. This will then be used as the basis to develop materials and stimulus for the PAG workshops. The IAG will receive a large deck with the draft materials and stimulus ahead of the next meeting which is on Tuesday 1st June at 18:30. This meeting will focus on reviewing the materials. Following the IAG meeting, the materials will be

updated and sent to PAG members. The ToR and the notes from the previous meeting will be updated and published.

Feedback on how IAG comment will be used

Following the IAG meeting, the Consortium and UKHSA met to review the feedback from the IAG. The following note details some of the feedback from that meeting that are in response to the points raised by the IAG.

The Skeleton Discussion Guide (appendix) that the IAG were asked to review was intended to demonstrate the process of the deliberative dialogue and the suggested content for the PAG workshops. This is an internal, not public facing document to enable consideration of the questions that will need to be answered by policymakers involved in the process.

We acknowledge and thank the IAG for all the comments and feedback and note that the next iteration of materials will be public (PAG) facing and so will incorporate the IAG members suggestions on language and phraseology.

The overarching question posed to the PAG will be the question posed in the recruitment letter:

How can we live and work together safely given the current and any future viruses?

This will be explored via the themes outlined in the document, with a focus on transparency, acceptability and governance and the conditions of trust will come through in these discussions.

The comments raised around ensuring the local perspective is visible to the PAG through the presentations and case studies will be taken on board and further, we will ensure the PAG are briefed that some of the considerations and outputs from this process may not all fall within areas of policy that UKHSA have control over. In this case, we will share the outputs with the relevant government department.

Thank you to the IAG for feedback on the ordering of topics. We have considered how this could work however feel that starting with self-isolation enables the PAG to begin by considering the impact of testing on the individual enabling PAG members to consider the impact of their views as they progress through the workshops. The IAG also suggested to split the PAG into three cohorts to enable a deeper focus on a smaller number of topics. While we know that working in cohorts often works well, this process aims to bring together a set of overarching principles (rather than recommendations on policies) and so we believe ensuring the whole PAG have the opportunity to engage with all the content will enable more meaningful insights.

We acknowledge the point on principles for consideration, rather than recommendations, and will reflect this in our design along with the examples, feedback and suggestion regarding case studies. Suggestions for specific case studies are very welcome.

Appendix 1

Notes from call with IAG member, UKHSA and Consortium members following the previous IAG meeting.

- **Contact tracing**

    The IAG member suggested that we need to be clearer around whether the questions we have posed solely relate to digital contact tracing, or whether we are exploring these for manual/non-digital tracing too. The advice was that we should be considering both digital and non-digital contact tracing, exploring with the PAG the role of organisations and individuals on the ground (i.e. the role of community representatives). It was suggested to use examples of international case studies of both digital and non-digital approaches in exploring this.

- **Waste water testing and future applications:**

    The IAG member advised to start by asking more open questions around what the public would want from waste water testing in the future – for example how should the infrastructure be used going forward? What is important to people? Where are the red lines?

Appendix 2: UKHSA Public Advisory Group deliberative dialogue design outline

Context

The UKHSA's top priority is to minimise harm to public health by stopping the spread of COVID. It can do this in a number of different ways and to maximise its effectiveness it must engage and be transparent with the public. The overarching question for the work with the Public Advisory Group (PAG), is:

What could the UKHSA do to demonstrate trustworthiness, as it works with individuals and communities to keep people safe from further waves of COVID-19 infection?

The questions for the PAG aim to explore the conditions that need to be in place for the UKHSA to deliver effective services in stopping the spread of COVID-19, that are acceptable with, and are trusted by the public. These workshops will have policy specific lines of questioning, as follows:

- **Individual testing:** how do we ensure people continually engage with testing, for people with and without symptoms, particularly when perceived risk reduces i.e. due to the vaccine roll-out and for PCR testing following a positive lateral flow test?

- **Self-isolating:** how do we ensure 100% compliance with self-isolation requirements, including those who have been vaccinated i.e. VOC areas? Who should receive what support and compensation; how should this be managed in an equitable way?

- **Contact tracing:** what would need to be in place for those who test positive to feel comfortable sharing the personal details of their close contacts with UKHSA, in order to facilitate effective contact tracing? What would encourage people to use the app, what are people willing to share within the app and what conditions need to be in place for them to do so?

- **Test results:** who should have access to individuals' test results and how should they be used (venues, employers, the police)

- **Wastewater testing:** what would each layer of wastewater testing – in terms of granularity - mean for individuals and how do we achieve a reasonable balance between intrusiveness and public health goals? What needs to be in place for wastewater testing to feel trustworthy? And what support, concerns and red lines are there for potential future uses of wastewater testing e.g. monitoring pathogenic viruses?

The following key themes will be addressed throughout all policy-specific discussions:

☐ **Transparency** e.g. how much does the public want to know about how decisions are made regarding national and localised restrictions, or how data is used.
☐ **Governance** i.e. do the PAG think any additional safeguards are needed for the work of UKHSA to be trustworthy? This includes exploration around what it acceptable in the near vs. distant future and the context of acceptability e.g. prevalence of the virus.

The following pages detail an outline for the five workshops available to address the above questions, following the below overarching format.

Didactic and discursive learning	Deliberative discussion			Recommendation forming
Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5
Building understanding of the PAG	**Individual testing & self-isolation**	**Contract tracing & sharing data**	**Wastewater testing**	**Building conclusions**
• Introduce the PAG to the process • Explore broad scope of the range of services provided by UKHSA and what its purpose is • Socialise the rationale for a continued focus on testing, tracing and self-isolation	• Explore more about individual testing & self-isolation, including in the context of variants of concern and enduring transmission • Engage with practical place-based scenario and set of case studies to surface issues, acceptability, and conditions of trustworthiness	• Explore more about contract tracing, including specific data sharing arrangements upon which the practice is reliant • Engage with practical place-based scenario and set of case studies to surface issues, acceptability, and conditions of trustworthiness	• Introduce and explore wastewater testing (group level testing), including specific examples of the (existing) use of this infrastructure • Engage with practical place-based scenario and set of case studies to surface issues, acceptability, and conditions of trustworthiness	• To ratify and develop the recommendations of the PAG, in the form of 'conditions of trustworthiness'

Workshop 1: Purpose of the UK Health Security Agency (Thursday 10th June 6-9pm)

Key objectives:

- to introduce PAG members to the process of the 5 workshops and ensure their understanding

- to introduce PAG members to the UKHSA and explain how NHS Test and Trace now sits within it

- to introduce PAG members and ensure their understanding of the key aspects of COVID-19 and managing pandemics, the purpose of testing, contact tracing, and self-isolation, and the mechanisms used to achieve the key objective of minimising harm by the testing and tracing (formerly NHS Test and Trace) part of the UKHSA.

Outputs:

- insights on how the PAG members view the purpose of testing and contact tracing and the UK Health Security Agency's (UKHSA) current practices i.e. the extent of buy-in to the need for the UKHSA service

- initial reactions to barriers and enablers of the mechanisms used by UKHSA to minimise harm

Materials:

- Presentation explaining the overall process of the five workshops for the PAG and this workshop

- Presentation (Dr Jenny Harries) introducing the UKHSA and how the input from the PAG will be used

- Presentation (Jonathan Van Tam) introducing viruses/COVID-19, and the role of testing and tracing (emphasising the UKHSA is trying to minimise: infection and enduring transmission, VOC's, new epidemics and lockdowns)

- Presentation (Dr Susan Hopkins) explaining key mechanisms used by UKHSA and other actors (vaccinations and NPIs, contact tracing, testing and self-isolation, local response to outbreaks)

- A FAQ document, supplemented the discussion guide, for facilitators to use with factually correct responses to likely questions, approved by the UKHSA legal and comms teams

- Stimuli showing key benefits/limitations, enablers/barriers to the mechanisms used e.g. self-isolation relies on ability and willingness (impacted by caring responsibilities, zero hour contracts, overcrowded housing etc), vaccination is not proven to be 100% effective yet plus

VOCs, and contact tracing relies on self-reporting of positive tests and contacts. Coupled with the use of a discussion guide for facilitators.

Key questions:

<u>What questions do you have for the expert speakers?</u>

What is your understanding of what NHS Test and Trace has been doing to date?

What do you/did you expect from UKHSA following the vaccine roll-out? Why?

How do you think UKHSA addresses barriers to the key mechanisms used to protect public health?

Workshop 2: Variants of Concern (VOC), Enduring Transmission (ET), testing and self-isolation (Saturday 12th June 10am-1pm)

Key objectives:

- to provide more detail to PAG members on how UKHSA approaches enduring transmission and variants of concern

- to provide more detail to PAG members on how UKHSA approaches testing and enabling self-isolation

- to frame equity, i.e. the disproportionate impacts of COVID-19 on some communities over others, as a key issue that the PAG will need to keep in mind throughout the process, working through the implications of testing, tracing and needing to self-isolate at an individual level

- insight into the conditions needed to encourage take-up of testing and self-isolation

Outputs:

- a better understanding of the types of questions the public might ask about the work of UKHSA in relation to VOCs and ET, providing insights for wider comms

- insights on how the PAG members view the current practices of UKHSA regarding equity, enabling testing and support for self-isolation

- initial conditions that need to be in place in order to encourage take-up of testing and self-isolation

Materials:

- Presentation (Paul Plant, PHE) explaining VOCs and areas of enduring transmission, in context with health inequalities and the challenges of equity in support for self-isolation provision (particularly within postcodes)

- Stimuli showing pilots currently being delivered by UKHSA to address key issues in supporting self-isolation and encouraging take-up of testing and self-isolation compliance

- A discussion guide for facilitators to use, which guide them to gather how PAG members would feel in specific situations before moving onto case studies which enable consideration of wider experiences and circumstances

- A FAQ document, supplemented the discussion guide, for facilitators to use with factually correct responses to likely questions, approved by the UKHSA legal and comms teams

- Scenario (visual representation of a fictional place containing urban, suburban and rural areas and populations, with changing narratives on the situation). High-level examples for this workshop are:

- Focussing in on a disadvantaged urban area with a large outbreak of a new variant, case studies to include:

    - a single person working on a zero-hour contract living in a one-bed flat (working and living inside the area / working outside but living inside area / working inside but living outside area)

- A suburban town with enduring transmission, case studies to include:

    - a family with caring responsibilities to elderly parents, (not / living in overcrowded house)

    - a nursery school assistant who has recently been vaccinated so feels it is no longer necessary to self-test, so doesn't do so though there have been reported cases of virus among some parents.

Key questions:

<u>What questions do you have for the (circulating and can be called into rooms) expert speakers?</u>

How do we encourage people to engage with testing regardless of whether they have symptoms and/or have been vaccinated, particularly PCR testing following a positive lateral flow test? What conditions need to be in place so that people will engage with testing?

Who should receive what support and compensation to self-isolate? (if everyone, there are implications for the taxpayer, if only those who need it how do we define need?)

Workshop 3: Contact tracing and sharing data (Tuesday 15th June 6-9pm)

Key objectives:

- to provide more detail to PAG members on how UKHSA approaches contact tracing

- to provide more detail to PAG members on how UKHSA and other actors use test results and associated personal data

- insight into public understanding of contact tracing and how test results are shared

- insight into the conditions needed to enable the public to trust the tracing service

Outputs:

- a better understanding of the types of questions the public might ask about the work of UKHSA in relation to contact tracing and sharing test-related data, providing insights for wider comms

- insights on how the PAG members view the current practices of UKHSA regarding contact tracing and sharing test-related data

- initial conditions needed for increased trust in the tracing service and the public feeling comfortable to identify themselves to UKHSA

Materials:

- Presentation (Joanne xx – Director of Trace Operations) explaining how contact tracing works (including 'on the ground' community and telephone-based services) and how the app works, including how UKHSA interacts with other actors i.e. test-sites and venues

- Stimuli showing the impact and success of contact tracing and the barriers to a wider reach

- A discussion guide for facilitators to use, which guide them to gather how PAG members would feel in specific situations before moving onto case studies which enable consideration of wider experiences and circumstances

- A FAQ document, supplemented the discussion guide, for facilitators to use with factually correct responses to likely questions, approved by the UKHSA legal and comms teams

- Scenario (visual representation of a fictional place containing urban, suburban and rural areas and populations, with changing narratives on the situation). High-level examples for this workshop are:

  ▪ a disadvantaged inner-city area with a large outbreak of a new variant, case studies to include:

    − a friend of someone who has tenuous immigration status who does not want to report they have been in contact to the tracers

- – a campaigner who feels strongly about data privacy rights and regulation, who will engage with testing for their personal use but will not engage with tracers and sharing their data on the app

- ▪ a suburban town with enduring transmission, case studies to include:

  - – A cleaner who is contacted by the tracers to inform her that she has been in close contact with someone who has tested positive but ignores the request to self-isolate as she is suspicious about contact tracing and doesn't really believe in it. She also has a boss who will likely fire her if she takes more than two days off.

  - – A young professional who tests positive but does not want to inform his employer as he doesn't want his employer knowing that he has been mixing a lot with people from different households. He instead works from home and keeps quiet and feels better after a couple of days so goes into the office for an important client meeting.

Key questions:

<u>What questions do you have for the (circulating and can be called into rooms) expert speakers?</u>

What needs to be in place for the public to feel more comfortable engaging with the wider tracing service?

What, if anything, would need to be in place for the public to feel comfortable sharing the personal details of close contacts with UKHSA if you tested positive?

What would need to be in place so that more people use the app?

What would need to be in place so that people are comfortable identifying themselves to UKHSA in the app (given that services can be more tailored and targeted as the numbers of cases eases)?

Who should have access to individuals' test results and what conditions need to be in place (venues, employers, the police)?

Workshop 4: wastewater testing (Saturday 19th June 10am-1pm)

Key objectives:

- to frame wastewater testing as an alternative or supplement to individual testing and explain how it works and who's involved, including the current infrastructure and how the data generated is used

- to provide more detail to PAG members on how UKHSA could potentially use wastewater testing at different levels of granularity

- insight into public understanding of wastewater testing and the conditions needed to enable the public to feel comfortable with current and potential levels of granularity to wastewater testing for COVID-19

- insight into the conditions needed to maintain public support when using the wastewater testing infrastructure for other purposes

Outputs:

- a better understanding of the types of questions the public might ask about the work of UKHSA in relation to wastewater testing, providing insights for wider comms

- insights on how the PAG members view the current practices of UKHSA regarding wastewater testing, including sample retention and data use

- initial conditions needed for the public to feel comfortable with different levels of granularity for wastewater testing for COVID-19

- initial conditions needed for the public to support other uses of the wastewater infrastructure

Materials:

- Presentation/s (Andrew Engeli) framing wastewater testing as an alternative to routine mass-testing, explaining how it works and the issues around different levels of granularity (used as appropriate alongside other mechanisms for monitoring prevalence of the virus); flagging implications for the areas signalled as high-risk (targeted comms, intensifying testing, initiating social distancing/self-isolation and mask wearing) and risks (confidence in accuracy reduces the more specific the level of granularity)

- A discussion guide for facilitators to use, which guide them to gather how PAG members would feel in specific situations before moving onto case studies which enable consideration of wider experiences and circumstances

- A FAQ document, supplemented the discussion guide, for facilitators to use with factually correct responses to likely questions, approved by the UKHSA legal and comms teams

- Scenarios (visual representation of a fictional place containing urban, suburban and rural areas and populations, with changing narratives on the situation). High-level examples for this workshop are:

- a disadvantaged inner-city area with a large outbreak of a new variant, and map of the area showing that wastewater testing signals VOCs disproportionately within certain local areas (i.e. those with built up housing and multiple occupancy households). Case studies to include:

  - a block of flats with a mix of different types of households (i.e. single parent with school aged children, key workers, overcrowded housing etc): signals of a VOC found in wastewater

- a suburban town with enduring transmission, case studies to include:

  - several streets in the same district of an area of enduring transmission: signals of virus found in the wastewater

  - a busy family with primary school aged children who are finding it difficult to use lateral flow tests several times a week due to the need to keep on top of ordering them, and the fact the children get very upset each time they have a swab test.

  - a care home: signals of virus found in the wastewater at nearby plant

- a rural area where there is minimal outbreak, case studies to include:

  - housing near a large factory (same catchment area): signals found of virus found in the wastewater

  - an anxious electrician who travels around the whole area and welcomes the wastewater monitoring in the area (particularly the inner-city areas) as he is very worried about going into people's houses and catching the virus.

Key questions:

What questions do you have for the (circulating and can be called into rooms) expert speakers?

What is an appropriate level of response where signals show evidence of the virus? i.e. surge testing (if so, should this be mandatory? Just the block of flats, street in question or surrounding areas too?); local comms to communicate the level of risk to the residents, and how they should social distance, wear masks, or even self-isolate?

What would need to be in place at each level of granularity (street, post-code, community level) for you to feel comfortable with wastewater testing, including transparency and communication?

Do you think this is a good use of resource i.e. is it worth the effort?

What do you want this to be used for in the future?

What would need to be in place regarding potential future use?

Workshop 5: Conditions of trustworthiness (Thursday 24th June 6-9pm)

Key objectives:

- to reach an agreed set of recommended 'conditions of trustworthiness' edited and supported by the PAG, to present to UKHSA for consideration in their policymaking, communication and outreach programmes going forward i.e. a clear understanding of the transparency requirements needed to build trust in the activities of the UKHSA

Outputs:

- set of agreed and supported conditions of trustworthiness i.e. that the PAG have a sense of ownership of, to be applied to current and future policy

Materials:

- Analysis and play back of previous discussions (i.e. across workshops 1-4), thematically organised under policy headings and/or themes borne out from the principles, values and red lines put forward by the PAG.

Key questions:

What is most important to you when considering how your data is used by UKHSA?

What is most important to you when considering how UKHSA might encourage people to engage with testing, tracing and self-isolation where necessary?