

17 July 2026

Baroness Walmsley
Chair of Lords Childhood Vaccinations Committee
House of Lords
SW1A 0AA

Dear Baroness Walmsley,

I hope you are well.

Thank you again for the opportunity to give evidence to the committee last month on behalf of integrated care board leaders.

Further to the request from the committee on improving clarity and consistency of communications between UKHSA, NHS England and DHSC from the perspective of members, I have set out some thoughts below.

I think it is worth making clear – as I may have not done so in the session – this challenge is not solely a communications one, but rather a broader issue of governance and how the NHS England vaccination strategy sits with the work of local public health and UKHSA teams. This lack of clarity flows down into communications which provide specific information relating only to one part of the picture, rather than an integrated overview.

Some examples members have shared with us include:

- NHS England and UKHSA in particular use different language in their communications relating to local priorities. Examples include interchangeable use of terms like ‘eligible cohort’, ‘clinical risk group’ ‘immunosuppressed’ and ‘priority groups’ even though they don’t always refer to exactly the same populations.
- Many vaccination programmes begin with a joint DHSC/UKHSA/NHS England letter setting policy and eligibility. These are then followed later by NHS England letters that introduce further issues like uptake ambitions, reporting requirements and delivery milestones. This can create a perception that requirements have changed, when in reality the operational detail has simply been issued later. This is not always made clear.

These challenges are also felt in relation to building an understanding of the evolving landscape ahead of delegation of commissioning responsibility to ICBs from April 2027. ICB leaders tell us they need clarity on the following, to ensure clear governance and communications in future:

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- Currently, local UKHSA teams are only in touch with ICBs when there is an urgent localised outbreak. Working relationships are generally good locally, but it's unclear if this relationship will be expected to change to become a closer, 'business as usual' partnership with the delegation of commissioning responsibilities.
- There is uncertainty regarding the respective roles of ICBs, the Office for Pan-ICB commissioning (OPIC), and what will be the new DHSC National Vaccination Team once the NHS England – DHSC merger is complete.
- The National Vaccination Team currently has limited engagement with ICBs, other than one-way issuing of operational instructions for delivery. Some members want to see the National Vaccination Team engage directly with ICBs when they become the statutory bodies responsible for commissioning and system leadership, because OPIC itself won't be a statutory body with the power to make decisions.

In conclusion, members would like to see:

- Clearer articulation of organisational roles, responsibilities and decision-making authority, particularly for arrangements from April 2027.
- Greater consistency of language, terminology and messaging across organisations, particularly during periods of heightened operational pressure or when responding to public health incidents.
- More joined-up communications wherever possible, reducing the need for local leaders to reconcile differing messages (this should also be the case with reference to direct messages to the public.)
- Earlier alignment between national organisations before communications are issued, ensuring guidance is coherent, practical and consistent.

Ultimately, members want to have a clearer understanding of expectations relating to a system-wide vaccinations strategy, through a single coherent message, which they believe will ensure ICBs are well-equipped to commissioning vaccination services as effectively as possible from April 2027.

If we can assist the committee further as you produce your inquiry report, please don't hesitate to be in touch.

Best wishes,



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