Long COVID Oversight Board minutes

Name Redacted

Attendees: **DHSC** - Elin Jones (EJ) (Chair), Adam McMordie (AM) (Deputy Chair), Name Redacted), NR (Secretariat), NR (PM), Mike Batley (MB), Fiona Walshe (FW), Name Redacted Charlotte Taylor (CT), Name Redacted Dorian Kennedy (DK), William Vineall (WV). **NHSEI –** Name Redacted

Name Redacted

Apologies Name Redacted), Tabitha Jay, Aidan Fowler (**DHSC**)

Item 1	**Welcome and Introductions**
	EJ thanked colleagues for attending and for their involvement in the Long COVID space up until now. **EJ** welcomed the group and led introductions.
Item 2	**Context:**
	EJ flagged that this was the first meeting of the Oversight Board, but ministerial roundtables had been taking place for approximately 6 months chaired by Lord Bethell. She explained that there was a ministerial aim for the UK to be world leading on Long COVID. **ES** provided a brief contextual update on the Long COVID policy space noting that on the health care provision side, NHSEI had recently published a new 10 Point Plan and had announced an additional £100m of funding.
Item 3	**Terms of reference:**
	ES set out that the policy team felt there was a need for a forum for discussion and challenge outside of the more open roundtables or NHS taskforce meetings. The team had looked at a number of models including 50,000 nurses but felt an oversight board with light-touch governance arrangements would be an appropriate model. ES noted it was important there was a forum to bring together whole system activity. **ES** took the group through the terms of reference **MB** noted that there were already accountability lines in the research space through the CMO and other channels and asked if the line relating to be research could be amended. The group discussed whether there were missing organisations. It was felt that there were gaps relating to workforce (Health Education England) and children's social services. The ONS might also be a useful organisation to include. **AM** noted it would be useful to understand the governance arrangements in other organisations (acknowledging It was early days for some departments). **EJ** confirmed that the TOR had been signed off subject to making the revisions discussed. **Action:** DHSC Long COVID policy team to make relevant changes

Item 4	Overview of Activity
	FG gave an overview of NICE activity. NICE had been tasked by NHSEI as part of 5 Point Plan to produce a case definition for Long COVID as well as treatment guidelines (which were published in December). FG explained that the guidelines were being reviewed as evidence emerges. NICE was continuing to work closely with research groups and recommendations were based on practitioner consensus. It was felt that there were some current gaps and room for future development linked to treatments, rehabilitation, children as well as case definition. FG explained that the expert panel was due to meet next and another guideline on managing acute COVID was also being produced. **AS** gave an overview of PHE activity. AS explained that PHE was working to set up Long COVID surveillance but it had been taking time. PHE was also providing clinical input to the ONS, supporting the NHS Taskforce as well as the NHS at a regional level and working closely with local government. AS noted the work of the behavioural insights team around communications and hoped to be able to share with the group as it would be important for Long COVID communications to be consistent. **DK** asked whether there was good evidence on Long COVID in children and other underrepresented groups. **AS** noted that data from the CloCk study (on children) should come out soon. **CH** also fagged that there could be differences between patient and clinical views on prevalence and that the CloCK study should provide additional clarity. **Action: AS** to check if can share work from the behavioural insights team. **CH** gave an overview of NHSEI activity. The NHS had focused on ensuring people could get access to treatment. NHSEI published a 5 Point Plan in October and recently published the Long COVID plan for 2021/22 including additional funding of £100m (taking total funding for this year to £124) which would support rehabilitation, establish paediatric hubs and provide additional funding to general practice. **CH** noted that there were dependencies linked to workforce and training. Research on treatments was also vital. **ES** asked about dependencies linked to broader social policy like sick pay etc. **CH** noted that these issues weren't dependencies for NHSEI in delivering their services but were important for patients. **HH** outlined two broad themes from a DFE perspective. Firstly, it would be helpful to understand the scale of Long COVID in children and young people and how Long COVID might affect the JVCI decision-making process in relation to vaccination for children. Secondly, workforce. It would be helpful to understand what can be communicated around supporting staff and DFE would need to be guided on health implications. **JK** gave an update from the Joint Work and Health Unit. JK had been working with the DHSC Long COVID policy team. There could be scope to consider whether interventions might be targeted to people with Long COVID group but the evidence base was not there yet. JK explained that employers had existing responsibilities around reasonable adjustments.
Item 5	**Developing a Long COVID narrative**
	ES gave a brief overview on developing a Long COVID narrative. She explained that there was a gap on the broader Government view of Long COVID and how

	that was being communicated. To date, communication had been quite reactive other than set-piece announcements around research. The media presentation of Long COVID could be quite alarming and was often negative. ES felt there was scope to talk more about recovery, to improve signposting and increase public. confidence in the public support that is available. ES felt that the content on the Government website could be more comprehensive. The narrative should be anchored with NHS recovery and the COVID battle plan. **AS** noted that PHE had updated the Gov.uk page to signpost to other sources. She also advised that the RCGP and Royal Colleges would be important stakeholders in developing a communications strategy and providing public confidence. **CH** noted that on information, support for patients was important but any public information campaign would need to be carefully managed to ensure the NHS could manage patient flow. **HH** noted that educational settings would not yet be equipped to relay key messages about Long COVID without expertise and leadership from within the health sector.
Item 6	**AOB:**
	ES asked the group if there were issues members would like to discuss at future forums. **HH** noted that it would be useful to discuss children before September and the return to school. **JK** suggested it would be helpful to discuss public and private sector employer responsibilities. **Action:** Attendees to send ideas for future discussion items through to the Secretariat.
	Next steps and close • The next meeting is scheduled for 20 July.