

Chair's brief

Long COVID Oversight Board

Meeting 1 – 22 June 2021, 14:00-16:00

Item No.		Lead/ Papers
1 (14:00-14:10)	<p><b>Welcome and introductions</b></p> <p><i>You may wish to:</i></p> <ul style="list-style-type: none"> <li>• <i>thank everyone for coming to this first meeting</i></li> <li>• <i>tender any apologies received</i></li> <li>• <i>remind everyone that this meeting will operate under Chatham House rules. All discussions are “official-sensitive” and should not be disclosed beyond the membership</i></li> <li>• <i>introduce Adam McMordie as Deputy Chair</i></li> <li>• <i>introduce Andrew Howarth (DHSC) as the secretariat</i></li> <li>• <i>invite those present to <u>briefly</u> introduce themselves and outline their interest/role in Long COVID [list of attendees is included at Annex A for information].</i></li> </ul>	Elin Jones Verbal
2 (14:10-14:15)	<p><b>Context:</b></p> <p><i>In this session, you may wish to:</i></p> <ul style="list-style-type: none"> <li>• <i>briefly outline the DHSC ambition to lead the world in developing and implementing a swift, evidence-based, patient-focused response to Long COVID.</i></li> <li>• <i>Note Long COVID is already increasing demand for healthcare services, shining a spotlight on services such as rehabilitation services.</i></li> <li>• <i>Note that Long COVID is not just a health issue. It has the potential for wider socio-economic impacts, eg affecting productivity due to absence from work, worsening inequalities and impacts on family life. Therefore we need a robust and co-ordinated approach across government. [if appropriate, you could here mention the wider rehabilitation/post-viral reablement work that is being scoped]</i></li> </ul>	Elin Jones Verbal
3 (14.15-14:25)	<p><b>Terms of Reference</b></p> <p>In this session, the DHSC team will seek approval of the proposed Terms of Reference, a draft of which was circulated with meeting invitations.</p> <p><i>You may wish to seek specific views on:</i></p> <ol style="list-style-type: none"> <li>1. <i>Membership of the group – are any organisations essential to an effective, co-ordinated response missing?</i></li> <li>2. <i>Purpose – is that sufficiently defined?</i></li> <li>3. <i>Scope – are any amendments required to roles and responsibilities?</i></li> </ol>	<div style="border: 1px dashed black; padding: 2px; display: inline-block;">NR</div> to introduce, then group discussion  Paper 01-00x – Draft Terms of Reference

	<p>4. <i>Timing of the review point</i></p> <p>If the discussion extends beyond the allotted time, you may wish to invite members to provide any further comments to the secretariat via email, and that we will table a revised TOR at the next meeting for formal approval.</p>	
<p>4 (14.25-15:25)</p>	<p><b>Overview of Activity</b></p> <p>As this is the first meeting of the Board, it will be useful if all organisations present can briefly set out what they are doing to address the issue of Long COVID, any “hot button” concerns, and known stakeholder views.</p> <p><i>You may wish to invite NHSEI to speak last; we expect they will have the most to say and wish to make sure that no-one is squeezed out due to time constraints.</i></p> <p><b>Latest finish time for this item 15:30</b></p>	<p>Elin Jones to introduce, then group discussion</p>
<p>X (15:30-15:50)</p>	<p><b>Developing a Long COVID narrative</b></p> <p>In this session, the DHSC team will discuss the immediate need to develop a positive and nuanced government narrative on Long COVID.</p> <p>UKG messaging to date has focused on the new and emerging nature of Long COVID, our investment in research to better understand the disease, and the operational response (assessment services and Your Covid Recovery).</p> <p>Media portrayal is mostly negative, featuring patient stories criticising access to assessment services, citing poor/differential patient experiences once seen and a lack of treatment options. More recently, stories are beginning to touch on wider implications such as financial support and loss of employment.</p> <p>We propose creating a more positive narrative that challenges some of the imbalances in the media and addresses misconceptions, eg that people with Long COVID will be permanently affected when in fact most people with Long COVID do go on to recover.</p> <p>However, Long COVID is more than just a health issue and therefore the narrative must also be more than just a health response. It should be anchored in the “build back better” cross-government narrative.</p> <p>There is however a gap in relation to a cross-government response to Long COVID, particularly on gov.uk We have learnt from the EU Exit comms work that people want one source of information which will signpost them to more detailed content according to their needs. One model might be a “collection” page which signposts to information from other public services, eg</p> <ul style="list-style-type: none"> <li>• what is already available to support people in or returning to work, such as occupational health and wellbeing offers,</li> </ul>	<p><b>NR</b> to introduce, then group discussion</p>

	<ul style="list-style-type: none"> <li>• the range of financial and welfare support available to those who are unable to work</li> <li>• advice for children and schools</li> </ul> <p>We are seeking agreement from the group for such a cross-government narrative, and their commitment to support its development.</p> <p><i>You may wish to:</i></p> <ul style="list-style-type: none"> <li>• <i>seek views on what other policy areas/public services should be included</i></li> <li>• <i>trial that there could be value in bringing this type of content into a strategy document or position paper that outlines the whole UKG response to Long COVID, even if we have limited opportunities for new policy announcements.</i></li> </ul>	
x (15.50-15:55)	<p><b>AOB</b></p> <p><i>Invite attendees to table any other business</i></p>	Elin Jones
x (15.55-16:00)	<p><b>Next Steps and close</b></p> <p><i>You may wish to:</i></p> <ul style="list-style-type: none"> <li>• <i>thank attendees for their contributions</i></li> <li>• <i>invite them to suggest hot topics/issues for discussion at the next (or future) meetings</i></li> <li>• <i>invite them to contact the secretariat if they have any questions following the meeting</i></li> </ul>	Elin Jones

Annex A - Confirmed Attendees

Adam McMordie

Mike Batley – SRE

Jean King - DHSC WHU

Fiona Walshe – Mental Health Policy

**NR** – NHS Workforce

Charlotte Taylor – Therapeutics Taskforce

**NR** DWP WHU

– NHSEI

Allison Streetly – PHE

**NR** NICE

Elkie Symes – No10

Louise Tinsley - HMT

**NR**

**NR**