

Tuesday 13th July 2021

**Annual General Meeting**  
Virtual via Zoom

**Present:**

**HwH Board:** Eve Atkins, Alan Bellinger, Meg Carter, Brian Gunson, Sundera Kumara-Moorthy, Steve Palmer, Jayne Taylor, Michael Taylor

**HwH Executive Team:** Natasha Austin, Geoff Brown, Jane Brown, Nuray Ercan, Susan Lee, Alice Lovell, Natalie Stone, Priya Vaithilingam, Jo Wilkinson

**Attendees:** Mercy Bwomono (Community Development Action), Michael Carn (Upper Lea Valley Patient Liaison Network Chair), Stephen Crow (Viewpoint), Brenda Davies (HwH Volunteer), Naomi Duncan (Community Development Action), Neil Harding (Bradshaw Johnson), Ted Maddex (HCC Commissioner), Jeff Solomons (HwH Volunteer), Colin Stodel (HwH Volunteer)

**Apologies:** Kenneth Appel, Chloe Carson, Michelle Edgar, Angela Fox, Sweenie Gunasekera

**1. Welcome and apologies**

Steve welcomed everyone to Healthwatch Hertfordshire's AGM. Apologies as above were noted.

**2. Sign off of minutes of 21<sup>st</sup> July 2020**

Steve asked for any amendments or corrections to the minutes - none were raised. It was noted that the minutes of 21<sup>st</sup> July 2020 meeting were agreed as an accurate record and signed off.

**3. Highlights of the year**

Geoff talked to his presentation slides highlighting achievements and challenges from throughout the year, drawing attendees attention to our recently published Annual Report.

Please see Geoff's 'Highlights of the year' presentation for more information.

Geoff thanked everyone for attending the AGM and also gave thanks to volunteers who, despite the pandemic and it being an exceptional year, still managed to do some volunteering activity.

Geoff highlighted that it has been a difficult year and gave credit to the team and to the Board for what they have achieved and the way they have kept us moving forward.

Steve commented that it has been a surprise that the pandemic has caused such issues within dentistry. The work we have been doing within this area and what we have been hearing from the public has highlighted that it is a real issue across Hertfordshire. Geoff responded to say that dentistry is as big an issue as being faced by any other part of the NHS. The current model is challenged financially and there has not been investment in dentistry for some years. Some dentists now only provide private healthcare, so increasingly people are using this if they can afford it, but that impacts on the quality of NHS dentistry. However, for the first time there is a recognition that the model for dentistry is not robust and that something has to be done. We know that locally the Integrated Care System is looking models and investment. Jane added that we are attending an NHSE dentistry webinar this week. We are also meeting with other local Healthwatch and the Local Dental Committee on long term conditions connected with dentistry. As with all professions there is also a shortage of staff, so this will also need addressing.

**4. Receiving the Annual Accounts and review**

As company secretary Nuray highlighted that Bradshaw Johnson have prepared our Annual Accounts and handed over Healthwatch Hertfordshire's Treasurer Alan Bellinger to give an overview of the accounts.

Alan commented that it was an interesting year as the pandemic meant remote working. He highlighted that we have kept up payments for our office premises and not built up any arrears. We have invested in technology within the year to further support remote working. There have been significant operational savings made which has meant that we ended the year in a strong position with only a small deficit, where we used reserves to balance this. Alan concluded that overall the accounts are in a very healthy state given that resilience was needed.

Neil Harding of Bradshaw Johnson commented that the accounts look really healthy and recommended them to be accepted. He thanked all the staff at Healthwatch for helping him prepare these and Steve thanked Natalie for her preparation also.

Alan recommended that the annual accounts be accepted and signed off. Steve took a formal vote and the Board signed off and approved the Annual Accounts.

**5. Important business notified to the Chair before the start of the meeting**

Steve confirmed that there was no other business notified to him.

**6. Exit and recovery; learning from the pandemic and long term challenges**

Steve introduced and welcomed Jim to the AGM and he talked through his presentation.

Please see Jim's 'Exit and recovery' presentation for more information.

The following questions we raised and Jim's answers are noted:

Qn: Do you see any form herd immunity against the virus, particularly since it keeps altering?

A: No, not yet other than what might be being induced by the vaccination. The more the virus spreads, the more variants there will be, and some variants are really good at reinfecting people who have already been infected. The idea of natural immunity with some viruses can work but it does not work for coronavirus. Population immunity from vaccination is much better rather than natural infection with this virus.

Qn: Would this premise only hold true if we are a sealed community/isolated from the rest of the world or can population immunity work while we are part of the world?

A: Globally and internationally, there are two ways of responding: firstly if we cut our borders completely, stopped immigration/emigration and vaccinated ourselves we could probably get population immunity however this has never happened and we put in border controls too late. This leaves us with the only other alternative which is global solidarity - that nobody is safe until all are safe, which is the World Health Organisations view.

We know that we had pandemics in 1918 and 1957. In 2002 we had SARS and in 2009 we had swine flu, in 2012/13 we had MERS, in 2014 we had Ebola and now the Coronavirus in 2019. Global epidemics, emerging from animal territories are increasing in frequency and are now every five to ten years, rather than every 30 years as we had with flu previously.

Qn: Re immune suppression - we've been hearing from people who can not get antibody tests to confirm the level of their immunity. Is anything being done to get antibody tests for this group of people?

A: This is a fraught issue as none of them have been licensed for widespread use as they all measure slightly different things. More effort has gone into antibody therapy. We need to address this issue and Jim will remind the Chief Medical Officer at his next meeting that this is still an issue.

Qn: We have an influenza vaccination period coming up - is there going to be any issue of people within the targeted groups getting this? It is another respiratory virus so is there any

evidence that shows that people who have had covid are more susceptible? Should we be pushing for people to have the vaccine?

A: Yes, Healthwatch should be pushing and asking the system for its plans on the roll-out of flu and covid booster vaccinations. It is likely that you will be offered the flu vaccine and the covid booster at the same time. It is almost certain that the covid booster this year will be Pfizer for everybody as Astra Zeneca cannot be given to younger people due to the risks. Next year it is likely that there will be a variety of boosters available.

There are various public health priorities for the winter: 1. children have been wearing face coverings but they are at risk of non-covid respiratory diseases and anticipate a peak, 2. as people stop washing their hands food poisoning cases will respond to normal - they have been very low, 3. as businesses re-open and if they do not flush their water systems adequately we risk a surge in legionella cases and Pontiac fever, 4. Flu and covid combining in the same person to create further variants.

Qn: What is long-covid and do we know why some people are affected and other are not?

A: There are six groups covid symptoms, in various severity. Some people will get it very mildly and others severely, similarly depending on the figures you look at, approximately 10% - 20% of people will get some enduring symptoms that persist more than 12 weeks after the illness. This will vary from something that looks like ME, weakening of heart muscle, induced diabetes, kidney issues, mental health challenges, exhaustion, neuro-psychological challenges - cognitive repair, impacts on the gut. It is a bit of a lottery and lot of people who have long covid benefit from having the covid vaccine. It is estimated that there are 40k in Hertfordshire with long-covid. Some people will recover and some will have it for a long period. Recovery can sometimes be spontaneous and within a matter of weeks and others are still living with it. We are still learning about long-covid.

Jim encouraged HwH to ask the ICS about a joined up pathway between NHS and other services including public health. He also encouraged the formation of self-help groups.

Qn: We have moved to virtual model over the past year. We would like to use other models of engagement moving forward but given that we are often talking to vulnerable people how do you see this going forward?

A: The best way to move forward is hybrid - so some things online and some face to face. Plan the face to face engagement in a way that is covid secure and assume that covid is circulating so sanitise hands on entry, ensure the room is well ventilated, invite people to wear face coverings inside. If people have been double vaccinated there may be fewer risks but if there are people who are immune compromised additional precautions will be needed. At HCC there are infection control nurses who HwH may wish to contact re risk assessments. Sometimes a meeting will be safe and at other times it will not, and this will partly depend on the fluctuation of the virus.

Qn: Self isolation is a hot topic and the importance of isolation if alerted via the app. This is also having an impact on the NHS in terms of staff absence - is there a balance to achieve?

A: There is a balance to achieve, but this is a very risky situation. For every one person infected self-isolates successfully they can avoid up to another 140 infections being caused. So if 10 people self-isolated, in a two week period 6,000 infections could potentially be avoided - it is really important. The NHS app was not designed for the Delta variant - the Delta variant is 60% more infectious than the Alpha variant so if it is too sensitive you end up with too many staff off sick and if its not sensitive enough you end up with staff infecting each other. The balance is a combination of testing, plus PPE, plus vaccination, plus discernment. For NHS staff it may be better done in the workplace than by the NHS app.

Qn: How are inequalities going to impact on the rethink phase and how can HwH best be involved?

A: This virus is not an equality infector and has infected the people who already bear the greatest burden of either low income or diseases. A report called 'Unequal pandemic, fairer recovery' by The Health Foundation and Association of Directors of Public Health (ADPH)

guidance alongside the Marmot Report gives us a manifesto. We have to systematically rewrite all our plans to tackle health / quality of life outcomes. We need to do progressively more for communities who have been most disadvantaged. HwH should hold all the statutory agencies account in Hertfordshire and ask how they are going to take action on these three reports.

Qn: A health worker at the Luton and Dunstable University Hospital L&D has been told to get a third covid vaccine in September - is this a booster and will other people be asked to get a third?

A: The booster is going to be offered to everybody who is eligible for a flu vaccine: health and social care front line staff, clinically and extremely vulnerable, 50+ and everybody who has underlying conditions such as asthma and diabetes.

Qn: Secondary school aged children cases are growing - should children be vaccinated?

A: The UK The Joint Committee on Vaccination and Immunisation JCVI will be making a decision about this soon. It has to be clear what the benefits and what the harms are to young people. If young people were to be eligible it would mean taking vaccine supply away from other countries who aren't getting them due to inequalities in global supply so this is a very finely balanced decision that needs to have an eye on world equality.

Qn: Do you have a view on the recommended way forward on vaccine passports?

A: The government did its review on its certification - the legal position is currently that businesses and employers can insist on vaccine certification but the government is not regulating it, which may result in inconsistencies.

Steve thanked Jim for such an interesting presentation and for answering so many questions. He thanked everyone for attending the Healthwatch Hertfordshire AGM, and asked everyone to take care and keep safe.

**NB: If you would like access to any of the presentations referred to within these minutes please email [info@healthwatchhertfordshire.co.uk](mailto:info@healthwatchhertfordshire.co.uk) stating the meeting date and presentation you would like to receive.**