

MINUTES
HEALTH IN DACORUM
14 DECEMBER 2022

Present:

Members:

Councillors: Beauchamp
Bhinder (Chairman)
Guest (Vice-
Chairman)
Maddern
Sinha

Also Attendance:

Edie Glatter Dacorum Patients Group
Kevin Minier Dacorum Patients Group
Jim McManus Hertfordshire County Council

J Webb, Member Support Officer (Minutes)

The meeting began at 7.30 pm

1 **MINUTES**

The minutes of the previous meeting were approved as an accurate record.

With reference to item 6 on the minutes, EGlatter enquired whether there was any progress on development of a document outlining the vision for the future of Hemel Hempstead Hospital (“HHH”) and expressed concern that the projections for the hospital had been downgraded, elements of the building itself remained substandard, and the replacement MRI scanner would be relocated to St Albans, leaving HHH with inferior facilities compared to St Albans and Watford.

Cllr Bhinder confirmed that the document brief was to create a vision for the hospital, focusing on desirable objectives for its future. Notwithstanding this, it was agreed that the latest version of the document would be circulated to Committee members for review and feedback.

ACTION: Jwebb to circulate updated vision for the future of Hemel Hempstead Hospital to Committee members.

2. APOLOGIES FOR ABSENCE

Cllr Johnson
Cllr Hollinghurst
Cllr Allen

3 DECLARATIONS OF INTEREST

There were no declarations on interest

4 PUBLIC PARTICIPATION

There was no public participation.

5 COVID- 19 UPDATE

The meeting welcomed Jim McManus, Director of Public Health at Hertfordshire County Council, to present an update on the latest figures relating to Covid-19 for the Dacorum borough. Key points were noted as follows:

-Following a surge in cases in July 2022, the number of cases in the Hertfordshire region had significantly declined. Case rates had peaked during the summer, particularly in young children and young people, as more people gathered socially during the summer months. The over-60s had also seen a surge in cases.

-Some new infections had been reported, together with a small percentage of people (10-12%) reportedly being reinfected having previously had the virus. The number of deaths and mechanical ventilation beds required had now decreased to single figures.

-In terms of vaccinations, 938,000 people had received their first dose and over half the population had received over three doses of the vaccine. Take-up had been strong amongst those who were eligible.

-Emergency attendances had increased, albeit this was attributed to respiratory viruses other than Covid. Whilst Covid remained prevalent, most symptoms were not resulting in hospital admissions.

-Overall, residual immunity was strong due to vaccinations and infections, with the majority of people having been exposed to the virus. Following the cessation of

mandatory preventative measures, the general population was now being affected by other infections.

EGlatter enquired which age groups were entitled to have a flu vaccination. JMcManus confirmed that this was available for people aged 50 and over, anyone under 50 who was classed as eligible (e.g. Suffering from ailments such as asthma and diabetes), and to all primary school children via a nasal spray. The pneumococcal vaccine was also available to anyone over 65 to protect them against pneumonia and could be administered at pharmacies. Equally, anyone wishing to remain cautious could continue to protect themselves by wearing a facemask in crowded areas, sanitising their hands, and ensuring rooms were well ventilated.

Cllr Beauchamp requested copies of the graphs presented for the Committee. It was agreed that the graphs and links to the live websites would be circulated to members for information.

KMinier asked whether any further information was available as to who was more susceptible to long Covid, and what treatments were available for this. JMcManus confirmed that a detailed summary of long Covid was available on the British Heart Foundation website, but essentially this covered a number of different after-effects following a Covid infection, including brain fog, memory issues, headaches, muscle fatigue and heart pains. Treatments included a GP referral for an overall assessment, followed by prescribed physiotherapy, pain management, physical activity or in some cases a Covid vaccine. Patients may also be referred to heart and diabetes specialists.

Cllr Guest reported that she administered flu vaccines as part of her pharmacist work and queried why these were being given to some people aged between 50 to 64. JMcManus stated that there was a higher risk profile of cardiovascular issues amongst 50-64-year-olds, and UK JCVI had adopted a more protective stance in some cases for this age group to ultimately reduce the amount of NHS care required.

Cllr Guest also enquired as to the reported shortages of antibiotics for Strep A infections in community pharmacies. JMcManus stated that, whilst there had been no shortage of stockpiles, there had been some wider supply chain issues across the country, particularly relating to liquid penicillin for children. The largest shortages in Hertfordshire were currently in Watford. Cllr Maddern added that some manufacturers had significantly raised their prices from £1 to £12 a bottle, and national pharmaceutical bodies were unable to prevent this.

Cllr Bhinder asked whether immune systems were benefiting from increased social interaction following periods of isolation and lockdown. JMcManus stated that the immune system had some memory of previous infections, but cold and flu viruses

were constantly mutating, and the immune system would react differently to new virus strains.

The Committee thanks JMcManus for attending and for his insightful presentation.

JMcManus left the meeting.

ACTION: JWebb to circulate the presentation graphs and links to the relevant websites for the latest Covid numbers.

6 WARD ISSUES

Cllr Beauchamp reported two incidents in which NHS bed pressures on wards had resulted in patients being discharged to hotel accommodation with no aftercare package. The bill for the accommodation and any ongoing care had been charged to Dacorum Borough Council (DBC). One patient had experienced a fall following their discharge and was assisted by hotel staff. Hertfordshire's Clinical Commissioning Group (CCG) had been unaware of these cases.

The Committee expressed concern that CCG had no knowledge of this, and it was agreed to approach DBC housing sector in the first instance to make further enquiries into this situation.

Following discussion at the last meeting, Cllr Guest confirmed that she had yet to investigate the closure of Boxmoor and Gatebridge branch surgeries and agreed to report back at the next meeting.

ACTION: JWebb to contact DBC housing department to enquire about patients being discharged to hotel accommodation.

ACTION: Cllr Guest to investigate the closure of Boxmoor and Gatebridge surgeries and report back to the next meeting.

7 COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT

Cllr Beauchamp confirmed that a report would be provided once the minutes from the Committee had been circulated.

8

COUNTY COUNCIL ADULT CARE SERVICES REPORT

The report was noted.

9

WORK PROGRAMME

Cllr Bhinder confirmed that focus for forthcoming meetings would be on the vision for the future of Hemel Hempstead Hospital.

Cllr Beauchamp confirmed that the Integrated Care Board had now taken over from the CCG and agreed to circulate a presentation from their recent Board meeting outlining the purpose and structure of their programme.

It was also suggested that representatives from the Board be invited to present at a Committee meeting on their strategic plans before these were released in April 2023, with a view to developing a positive relationship with this forum.

KMinier reported that significant work was underway on a new community mental health transformation programme, together with provision of additional resource in Private Care Networks. This work was previously led by Dr Fernandes, and it was agreed that JWebb would contact him to establish who was leading this work going forward.

Cllr Beauchamp also undertook to email West Herts Hospital Trust to ascertain whether they would be sending a representative to future meetings.

ACTION: JWebb to contact the relevant people to invite representative from the Integrated Care board to attend the next meeting.

ACTION: JWebb to contact Dr Fernandes to establish who is leading the community mental health transformation work going forward.

ACTION: Cllr Beauchamp to email West Herts Hospital Trust to establish if they would be sending a representative to future meetings.

The Meeting ended at 9.00 pm