



THE RADYR AND MORGANSTOWN ASSOCIATION



GENERAL MEETING

Via Zoom on Monday 1st February 2021 at 7.30pm

Present: David Silver (Chair), Nick Hawkins (Secretary), David Cargill (Treasurer), Allan Cook, Ian Thomas, Cllrs Helen Lloyd Jones, Rod McKerlich, Clive Morgan & David Suthers, and 42 members.

Apologies: Tom Evans (Vice-Chair), Judith Marsh

Introduction

The Chairman welcomed everyone to the meeting, which was again being held electronically due to the COVID Pandemic. He mentioned that the meeting was being recorded and would be available to view shortly on the Community Website.

Simon Smail: 'Epidemics, Public Health and COVID'.

The Chairman introduced Emeritus Professor Simon Smail CBE. Professor Smail, a long term Radyr resident, had held many positions in the medical field including being Vice-Chair of Public Health Wales NHS Trust. His qualifications included FRCP, FRCGP, FRSPH, amongst others. He was also the 'Radio Doctor' for BBC Wales for 15 years. He noted that the talk would complement the earlier talk on COVID given by Professor Ron Eccles in August 2020.

Professor Simon Smail started his talk by reminding everyone that he had been retired many years so was not responsible for what had been going on over the last year or so! He also thought it was useful to understand the difference between a **Pandemic** (affecting all the people) and an **Endemic** (within the people) disease. With that in mind, he summarised a number of 'world diseases' over the years.

Bubonic Plague, an Endemic disease (i.e. it is still around), is bacterial based and has been known since the time of Homer. Caused by the spread of rats to humans by fleas, it has been a major cause of death over the centuries.

The Black Death caused a fever and killed about 30% of the population of Europe in the 14thC. Over 75M people died.

The Plague of London from 1665-66 killed about 25% of the population - over 100K people died.

The Cholera Pandemic started in Russia and raged from 1846-60. It was identified in London in 1854, but the cause was unknown. Several thousand people were infected and over 600 people died. Eventually the cause was traced by Dr John Snow to infected water in a street pump in Broad Street which, when shut off, stopped the spread. This led to the understanding that germs were the underlying agent, and the same conclusion was reached by Louis Pasteur and Robert Koch by 1865. Eventually, the spread of infection by distancing patients with a transmissible disease was well established by the 1880s.

The Spanish Flu Pandemic 1918-20 probably started in France but spread worldwide, infecting about 500M people (a third of the world's population). 50-100M people died (the most serious illness was in young men) and what we now recognise as the 'r' factor was around 2 - i.e. it was highly transmissible. Interestingly, Simon showed a picture of a public notice posted in Kingston, Ontario in 1919 providing virtually identical advice to the present COVID distancing rules. Additionally, he also mentioned the setting up of an 'Anti-Mask League' in San Francisco. The world has not learned... Flu has now become an annual phenomenon with quite typically up to 1M people being infected, but with less than 0.1% mortality.

Other significant diseases mentioned were the Polio epidemic around 1947-50; the HIV/AIDS pandemic in the 1980s; Ebola, identified in 1976 and with a high mortality rate; and SARS-Cov-1, which broke out in China in 2002 and very similar to the present COVID pandemic. In addition to all these are the 'non-communicable silent epidemics', such as high blood pressure, obesity and smoking.

Simon explained that all this was background to the need for Public Health Services. These services aim to improve matters by 'Health Improvement' (modifying people's behaviour via a better lifestyle and environment), and 'Health Protection' (preventing and mitigating the effects of infectious diseases and environmental threats). Health Improvement people tend to be nurses, doctors,

psychologists etc, and Health Protection people tend to be statisticians, epidemiologists, economists, etc. The two groups often see things differently - which gives Governments a problem with receiving conflicting advice.

In Wales, the 'Health Promotion Authority' was set up in the 70s & 80s to provide health improvement programmes, such as 'Heartbeat Wales' and the 'Welsh Aids Campaign', the key theme being 'don't die of ignorance'. Public Health Wales is a Wales-wide NHS trust funded by 1.4% of the NHS Wales budget. It has formal links with the World Health Organisation and monthly meetings with the Health Minister. Sadly, this is not the case in England, where an equivalent body was established in 2013 but was increasingly stripped of funding by successive governments. This is now being replaced by a new body in 2021 formed out of the remains of the NHS 'Test & Trace' initiative which has a current budget of £22bn (against the Public Health England budget of £2bn).

Simon then turned his attention to COVID-19. What had gone well and what badly? The good news was that the virus structure had been identified rapidly, epidemiological data had been collected worldwide, vaccines had been developed, strict isolation measures had been implemented in some countries (e.g. New Zealand) and drugs trialled that might help those admitted to hospital. (Taking 10mcgm of Vitamin D is a good idea, especially in winter.) Some things had not gone well. It was not appreciated that many people with the disease would be asymptomatic (30-50% of all cases) with those about to go down with it very infectious. Social distancing discipline had been poor, as was the procurement of PPE stocks. There had been considerable physical and psychological drain on healthcare staff. The national Test & Trace system, with that £22bn budget, had been ineffective and should have been managed locally. Testing had been late and badly organised, with too much emphasis and money spent on ineffective tests. £1bn had been spent on the 'lateral flow test' which produces quick but very poor results.

Different countries had established different strategies for controlling Covid. These ranged from an 'exclusion strategy' (shut all the borders) to 'no-substantive strategy' (as exemplified by Donald Trump). Some countries are therefore on the cusp of returning to normal (e.g. New Zealand) whereas in others the virus is still rampant.

Simon examined how the virus had got established in the UK. Broadly, the first infections arrived from Italy, and then from Spain and France (people returning from holiday), and so on. Very little came directly from China. As things spread, new variants arrived, initially from Kent, but then South Africa and now Brazil. This is inevitable as all viruses mutate, with changes in both infectiousness and mortality. Vaccines are now available (he explained the various types) and will need to be modified to take account of the new variants. Amazingly, worldwide there are 79 vaccines in pre-clinical trials and another 163 in preclinical development. Generally, older people are being given the vaccines first.

Are we out of the woods yet? In a final slide, Professor Smail showed that 90% of those dying from Covid-19 have a pre-existing medical condition; it is estimated that 12% of the population of England have had the virus (10% in Wales); more than 25% of hospital doctors have been infected; and 50% of doctors working in ITU have symptoms of Post Traumatic Stress Disorder. So we still have a long way to go before normality returns. Holidays this year **may just be possible**.

The Chairman thanked Professor Smail for a most interesting presentation and invited questions. These included: 'how infectious are asymptomatic people' - the evidence is inconclusive although it is thought that those who are about to go down with the disease are much more infectious than those who have it but are symptomless; 'is there any evidence of the effectiveness of vaccinations in vulnerable people' - not known, statistics are still being gathered; 'how vulnerable are populations who have 'beaten' the virus by total isolation' - very and there is a race to get them vaccinated; 'will flu jabs be combined with Covid jabs in future' - very likely, but the problem remains of those countries where a high proportion of the population may refuse to be vaccinated (in France only 23% say they will agree to it) as this will allow the virus to develop further; 'are anti-retroviral drugs (e.g. for HIV etc) likely to be of use' - possibly, but the Coronavirus structure is different so they would need to be developed.

At the end of the question and answer session, the Chairman again thanked Professor Smail and noted that the traditional token of the Association's appreciation had already been delivered to him.

Minutes of the last meeting (16th October 2020) and matters arising

The minutes were accepted as a true record. There were no matters arising.

Treasurer's Report

The Treasurer reported that the Association's accounts for y/e 31st December 2020 had been prepared in draft prior to being audited. Everyone was aware that it had been a difficult year. However, with little or no activity, the Association managed to attract income in grants (from the R&MCC) and sponsorship (from Redrow and Plasdŵr) for the intended May Festival. These totalled £3680 and further sundry income gave a total of £3939. Expenditure was incurred for programme and raffle ticket printing of £1259. Insurance, Film night licences, Christmas trees and miscellaneous expenditure totalled £2249. The result was a surplus of Income over Expenditure of £1690.

The bank balance over the previous year had improved by £1476, which strengthened the balance sheet going forward into 2021 (which again looked problematic).

Our Festival charity, Tenovus Cancer Care, received £2573 from donations from the schools and WI. This was topped up at Christmas by a further £1000 in a bucket collection around the village with Santa's sleigh.

There were no questions.

Festival 2021

The Chairman reported that there had been a meeting of the Festival Committee. The background was that, although vaccinations had started, it was most unlikely that a proper May Festival would be possible. It had therefore been decided to hold a 'Mini-May Festival' (similar to last September's) from 1st-9th May, probably mainly on line. A lot had been learned from last year and there was a lot more time to plan for something better this May. Events already being considered were a Tenovus Quiz, Open Gardens and a Cookery demonstration. It was then hoped to run a much bigger event from 11th-25th September. The content would depend on the movement regulations at the time but, again, there was time to plan. Because of the immediacy of the planning, there would be no 'glossy brochure' this year, events would be publicised via local copies and the Festival Website. It had been agreed that the current charity, Tenovus Cancer Care, would continue until the end of the September Festival. The plan was for the charity to change to Headway Cardiff, covering both the Christmas event and the May Festival in 2022.

Zoom License

Ian Thomas reported that the Association had purchased a professional Zoom License for its own use, and also for other local R&M Groups. This had been done to help local groups to meet and prosper in the current difficult environment. Details about the scheme and how to access are on the Association's website - [follow this link](#).

Planning - Cardiff LDP

The Secretary reported that the current Cardiff Local Development Plan had been adopted on 28th January 2016 and was meant to run until 2026. Cardiff Council were now reviewing and revising the plan with the object of establishing a new plan to run from 2021-2036. The Association had had serious concerns about the process of building the 2016 plan and had joined with the R&MCC and other local bodies to try to make a difference. The group became known as the North West Cardiff Group (NWCG).

Cardiff Council had recently issued background papers defining the new process in which the Association is listed as a 'General Consultation Body'. The Association will continue to work with and assist the NWCG to add value to the LDP debate and also liaise with the R&MCC. If anyone would like further information, or is available to help with this process, they should contact the Secretary.

Any other business

Nothing raised

Next Meeting

The next meeting will be on Monday, 1st March starting at 19.30, again via Zoom. The speaker will be Simon Bradwick, and the topic "Living Taff - Mark your spot". Ian Thomas explained the background to the meeting. The River Taff flows through R&M and we are all involved with it, historically and currently. Simon will be talking about the stories about the river he has gathered so far, and will be seeking to gather yet more as a result of the talk. (*Secretary's note: [see also this article](#) on the Associations' website.*)