

KENT COUNTY COUNCIL

SCRUTINY COMMITTEE

MINUTES of a meeting of the Scrutiny Committee held Online on Thursday, 10 December 2020.

PRESENT: Mr A Booth (Chairman), Mr J Wright (Vice-Chairman), Mr M A C Balfour, Mr P V Barrington-King, Mrs P M Beresford, Mrs R Binks, Mr R H Bird, Mr G Cooke, Mrs T Dean, MBE, Mr D Farrell, Mr R C Love, OBE and Dr L Sullivan

ALSO PRESENT: Mr R W Gough, Mr P J Oakford and Mrs C Bell

IN ATTENDANCE: Mr B Watts (General Counsel) and Mrs A Taylor (Scrutiny Research Officer)

UNRESTRICTED ITEMS

21. Covid - 19 Policy Decisions Discussion

(Item C1)

Mr R Gough, Leader of Kent County Council; Mr P Oakford, Deputy Leader and Cabinet Member for Finance, Corporate and Traded Services and Mrs C Bell, Cabinet Member for Adult Social Care and Public Health were in attendance for this item.

1. The Chairman introduced the Leader, Deputy Leader and Cabinet Member for Adult Social Care and Public Health and invited them individually to provide verbal overviews of their decisions taken and portfolio developments during the pandemic.
2. Mrs Bell outlined the public health developments which had occurred since the Director of Public Health's update at Cabinet, 30 November and noted the swift pace of change. She confirmed that there had been close and successful cooperation between KCC and care providers.
3. Mr Gough confirmed that Kent council leaders had met weekly to discuss Covid-19 specifically. He noted further that there had been a significant increase in Covid-19 cases across Kent during and following the second national lockdown and that rates were uncomfortably high and widespread.
4. Mr Oakford gave an overview of the central government Covid-19 grant funds received by the County Council. He confirmed that funding had been received under differing conditions which had included ringfenced and un-ringfenced grants as well as grants taken on behalf of care and other service providers. He confirmed that grants to the value of £176m had been received, £142m of which had been for direct use by KCC.
5. Mr Oakford noted that investments had been made in digital infrastructure and cited the adaption of working practices across the organisation, as a result of the pandemic, as the grounds for investment. Miscellaneous additional costs

to the County Council which included school and mortuary costs were detailed.

6. The Chairman asked Mr Oakford whether strategies had been developed to reduce operational business costs whilst retaining quality and innovative services. Mr Oakford confirmed that a centralisation of performance analytics across the authority had begun and that a strategy to streamline legal advice had been researched. Mr Oakford reassured the committee that the upmost caution would be taken to uphold the quality of services, especially when related to vulnerable people.
7. Mrs Bell was asked whether there had been new channels of cooperation and inter-service work with health partners in Kent. She confirmed that Adult Social Care and Public Health had worked closely with all Kent NHS Trusts throughout the pandemic and cited cooperation with the Kent Community Health NHS Foundation Trust on the redesigned hospital discharge process as an example.
8. Mr Gough was asked how KCC had worked with other local partners during the pandemic and what measures had been implemented or considered to support town centres across the county. He noted that, alongside the cooperation with districts laid out in his opening remarks, KCC had strengthened ties with Kent's universities and that Covid-19 rates amongst university students had been lower than originally anticipated. Mr Gough affirmed that support for town centres would manifest in cooperation with local districts and future infrastructure propositions which would consider housing infrastructure and the redevelopment of office space where necessary.
9. A Member asked what could be done to improve public health messaging and to what extent there were pressures on hospitals in Kent. Mr Gough affirmed that there were significant pressures on Kent's health system as a result of the high infection and case rates. He noted that the NHS were responsible for their own public communications and that public perception needed to be considered when providing key public health information. Mrs Bell added that a public understanding of the grounds for social restrictions was necessary for compliance. She noted that her understanding of the hospital situation was that hospitals had been extremely busy, not necessarily due to Covid, but on account of the effort to ensure services, which included elective surgery, were maintained to as great an extent as possible.
10. A Member asked what lessons had been learnt from the first national lockdown and how changes since that time had caused high case numbers in Kent. Mrs Bell identified schools remaining open as the foremost difference since the initial lockdown and acknowledged that the change may have contributed to an extent to the increase in case numbers across Kent. Mrs Bell noted that public complacency in the community may have also been a factor in the rate increase.

11. Mrs Bell was asked to outline Kent's daily death and infection rates as well as the target rates required for Kent to enter Tier 2 local restrictions. She confirmed the target rate required and attested that the Covid-19 vaccination programme was the clear way out of high local infection and death rates. Mrs Bell reminded the committee that mass testing was due to start the following week and that the first vaccinations in Kent had been delivered.
12. It was commented by a Member of the committee that care and consideration be taken when circulating information on Covid-19 vaccines and vaccinations plans, to prevent public confusion.
13. A Member asked Mrs Bell what the greatest obstacle had been when working with the NHS on adult social care. She informed the committee that the greatest challenge had been managing hospital to social care transfers during the initial phase of the pandemic.
14. It was noted by a Member that a lack of public understanding of the pandemic remained and that they had been dissatisfied with the length of time it had taken to implement mass testing. Mr Gough confirmed that KCC had pressured central government on mass testing and had made a formal request for military logistical support.
15. It was asked whether authoritative data on hospitalisation and bed occupancy rates in Kent were available and whether there was a timetable for the vaccination programme. Mrs Bell noted that hospitalisation figures were held by and the responsibility of the NHS rather than KCC Public Health, she agreed to enquire regarding authoritative hospitalisation data. Mrs Bell confirmed that there was no overall vaccination timetable, she highlighted the vaccination priority list as the framework for its rollout and undertook to share information with colleagues on the vaccination programme as soon as it was available. Mr Gough emphasized that understanding the roles of KCC Public Health and the NHS were important to effective public messaging and compliance.
16. A Member commented that a constant development of Kent's public communications regarding Covid-19 statistics, advice and guidance should be considered to maintain higher levels of public awareness and engagement.
17. The Chairman thanked the Leader, Deputy Leader and Cabinet Member for their attendance.

RESOLVED that the Scrutiny Committee note the report.