

Ashford Borough Council - Decisions taken by the Cabinet on 13 June 2019

Minute No	Topic	Decision
36	Ashford's Approach to Health and Wellbeing	<p>The Portfolio Holder introduced the report which highlighted some of Ashford's activity during 2018/19 to improve the health and wellbeing of its residents. It also highlighted changes made in approach and the new priorities for delivery during 2019/20 and onwards. The report also sought to amend Ashford's constitution in order to enable effective partnership working at the Ashford Health and Wellbeing Partnership. She advised that the health and wellbeing of residents was a key priority of this Administration and the development of the Council's new Corporate Plan and to achieve their goals, working with partners would be crucial. She wanted to thank those who had worked in this area over the last year from the Council and, in particular, from partner organisations both locally and sub-regionally. The new Ashford Health and Wellbeing Partnership would focus on three key priority areas: - working together to ensure there was a fit for purpose health infrastructure in Ashford; continuing to be the vanguard of innovation - building on Ashford's fantastic One You model; and tackling health inequalities in the Borough.</p> <p>The Portfolio Holder said it was worth drawing particular attention to One You – Ashford's flagship response to health and wellbeing issues in the Borough. This continued to go from strength to strength, so much so that it had had to move premises much earlier than originally thought and she was delighted to announce that the new One You shop would be opening at the beginning of July. This would be a fantastic new community facility – free to access and for all to take advantage of. It would include an increased number of consultation rooms, kitchen facilities, practical learning, and exercise space and a family area, as well as a changing places toilet. This was all made possible by the financial investment of the last Administration and she encouraged everybody to visit and make use of the wide range of services delivered at the shop.</p> <p>In accordance with Procedure Rule 9.3 Mr Crompton, a local resident, had requested to speak on this item. He advised that he wanted to discuss the wellbeing of the most</p>

vulnerable sector of society – disabled and vulnerable people. Officers and Members would be aware that he had previously raised the issue of disabled adaptations to housing and Disabled Facilities Grants (DFGs). He referred to examples at other Local Authorities where this had not been dealt with properly and that Council had been forced to pay appellants compensation for discrimination and disadvantage suffered. This Council also had its own alternative process in place for dealing with Council tenants, and this placed it at risk of also being at odds with the statutory entitlement through Disabled Facilities Grants. He considered such problems would not exist if the Council treated people equally. He referred to an issue he had previously raised with the Council and not received a response to in that people had statutory entitlements. In 1990 mandatory grants were introduced by the Government, and DFG was the last one to remain mandatory. All an individual had to do was make a valid application and it became a statutory requirement, it was not a case of the Council having to cut other budgets as he had previously been advised. If people did not meet their statutory obligation of paying their Council Tax, the Council would prosecute and take them to court, so he considered disabled people should not treat this Council any differently if their applications were not honoured. In his view this was all about the Council treating people fairly and honouring their pledges to Council tenants, without forcing them to move because they could not have their homes adapted. Case law was very clear that “Local Housing Authorities were not entitled to take resources in to account in deciding whether or not approve a DFG for Section 23 purposes”. He also pointed to the Council’s policy of removing adaptations that they deemed no longer necessary and wondered where that left disabled residents?

The Leader said that when he took his position six years ago he had made it clear to the Housing department that adaptations to houses for disabled people was a high priority for him and he was less interested in renewing kitchens at regular intervals and would rather concentrate on the needs of disabled people in those homes. He had charged the Head of Housing to remedy that and reduce that waiting list, including both Council tenants and the general public. They had even funded an additional Occupational Therapist to assist KCC in removing a bottleneck and getting that backlog down.

The Head of Housing confirmed the Leader's comments and clarified that Housing Services had done a lot of work in this area. At that time, the waiting list was standing at around a 2/3 year wait for DFGs and a similar level or longer in certain cases for disabled adaptations to Council properties. They had also been asked to "level the playing field" regardless of whether they were from Council tenants or private individuals. Both the Council and the HRA invested more money into addressing those needs and she was pleased to say that they had reduced the position with most people now waiting for a period of 6/9 months from start to finish of the process and there was currently no-one on the DFG waiting list. It was also worth pointing out that the Council would not remove an adaptation that was still required by a disabled person. It may have to be replaced by an alternative if its useful life had ceased, but it would not be removed. She hoped this therefore demonstrated that the Council had significantly improved the situation and whilst there were financial rules around the funding for such adaptations through different channels, in her view the most important thing was that a Housing Authority actually delivered, and that is what this Authority had been doing. Both the Head of Housing and the new Portfolio Holder for Housing offered to meet Mr Crompton outside of the meeting to discuss this particular matter further if he so wished.

The Head of Community Safety and Wellbeing said that on the substance of the report, it was important to note that there was a massive work stream that the Council and partners would be undertaking on a wide range of health and wellbeing issues and she encouraged all Members to get involved and engaged in this agenda. She wanted to thank partners for the amazing amount of work they undertook to support this programme.

The Leader said he wanted to re-iterate that one of his highest priorities was to disabled and vulnerable people and to be a caring Authority. This Council had introduced a number of measures such as: - assisted waste collections; the Syrian refugee programme where Ashford had taken the most refugees in the country per head of population; dementia and autism friendly film screenings at the new cinema;

and working closely with the Ashford Access Group including now inviting them to be a member of the Ashford Strategic Delivery Board.

Resolved:

That

(i) the achievements made by the Ashford Health and Wellbeing Board in 2018/19 be noted.

(ii) the work undertaken by partners in 2018/19 to improve Ashford's response to local, sub-regional and regional health and wellbeing issues be noted and that this had resulted in the establishment of the Ashford Health and Wellbeing Partnership (AHWP) and the East Kent Health Improvement Partnership (EKHIP).

(iii) authority be delegated to the Head of Community Safety and Wellbeing to act as the Council's representative on the AHWP and the EKHIP, subject to consultation with the Portfolio Holder for Community Safety and Wellbeing as required. Decisions are likely to be around the priorities of the Groups, as well as activities to deliver them.

(iv) the action plans to deliver the priorities of the AHWP, and the fact that there may be future resource implications in delivery, be noted.