COUNCIL UPDATE 8.2026

CYCLING ROUTE REPTON TO TOWN CENTRE

Changes to the road layout to improve cycling were discussed by Councillors on 31st July, these include (***but no firm plans emerged***):

- A ban on pavement parking between West Street and Apsley Street and removing the traffic lane between West Street and Apsley Street for the County Square car park were discussed. The resulting space created can then be used by people walking and cycling.
- Two new bus gates on Elwick Road were considered to reduce traffic flows on Elwick Road.
- Vehicle limitations on Bank Street from Elwick to Tufton was discussed as a benefit for walking and cycling opportunities but Bank Street is used to access Vicarage Lane Car Park alongside Church Road, it would result in much more traffic using Church Road.
- Lighting on Gasworks Lane and in the tunnel would improve the perception of safety at night.

Significant engagement is required before any of these are taken forward (except lighting).

MONEY AND MENTAL HEALTH PROJECT

An overview of the Money and Mental Health Project, which supports people experiencing financial difficulties alongside mental health challenges was given at the Better Mental Health Network on 4th August.

There is a close relationship between financial hardship and mental wellbeing. The project offers specialist advice and support relating to debt, benefits,

income maximisation and financial difficulties with support tailored to the individual, recognising that mental health challenges can affect a person's ability to manage finances, engage with creditors and access support services. Details at https://maps.org.uk/en#

ECONOMIC ABUSE

Economic abuse is coercive control when abusers (often family members) restrict, exploit or sabotage a victim's financial resources (property or pensions) to create dependency and maintain power over the victim. In pensions this involves coercing victims to withdraw savings, change beneficiaries, intercept contributions etc. I am a pension trustee, and we are trained to recognise warning signs and signpost members to support.

Economic abuse is rising due to cost-of-living crisis, increased later-life divorces and aging population. 40% of UK adults may have experienced economic abuse, 39% (47% of women – that's 4.1m women; 33% of men) of which are spouses. In value terms that's £16bn a year.

The signs are sudden changes to contact/payment/beneficiary details, non-standard and multiple withdrawals in a short period of time with the pension scheme member unable to explain why. Signs of cognitive decline or unable/willing to speak freely are warning signs. Help is available from these charities, Surviving Economic Abuse (survivingeconomicabuse.org 0808 196 8845) and Hourglass (wearehourglass.org 0808 808 8141).

Signs to look out for pensioners:

- You're contacted out of the blue
- The returns sound too good to be true
- You're offered early access to your pension
- You're encouraged to invest in unusual or unfamiliar assets
- You're asked to move or withdraw money
- You feel pressured to act quickly

HYPER ACUTE STROKE UNIT

Building work preparations are due to start shortly on the new hyper acute stroke unit (HASU) at WHH.

The NHS Kent and Medway stroke transformation programme for three HASUs in the county has led to units opening in Dartford and Maidstone, with the unit at Ashford being built as a second phase. East Kent Hospital Trust is relocating its stroke services from Canterbury to deliver a new purpose-built WHH unit which includes 54-beds over two floors, with a designated scanner, therapy areas, clinic rooms and staff rest facilities.

The full business case was agreed in November 2025, and the planning application was agreed in June 2026. Approval was also given to recruit additional nurses, therapists and support staff so the service can run efficiently and meet national guidelines for patient care.

Some preliminary enabling work has already started at the site and the project got underway with the removal and safe storage of the William Harvey statue, near the emergency department, which was donated by the construction company that built the hospital in 1978. It has been carefully removed and stored by specialists until it can be relocated to a position close to the main entrance, when the building work is complete in 2028.

The area in front of the emergency department will be boarded up so work can begin on diversion of utility services and deconstruction of some parts of the canopy, to enable construction to begin later this year. This will not affect how people access the emergency department.

Some existing patient parking near the emergency department will initially be affected but more spaces – including disabled spaces – are being opened so there will be no overall loss to the site. However, this will cause some disruption.

The background is that there is increasing stroke call-to hospital times (mean time 1hr;32min vs. target 1hr;27) within SECAmb. A deep dive is being undertaken to understand the increase in time for stroke patients receiving care aligned to the strategy of reducing the time to specialist treatment for patients having a stoke.

OPERATION BROCK

A £40m investment at the Port of Dover is expected to ease traffic congestion by creating additional space for lorry queuing and border processing within the port. The Dover Border Access Improvement Project will convert a former cargo terminal into a holding area, reducing reliance on Operation Brock and Dover Tap during Channel disruption. Funded by the port and the Department for Transport, the scheme is expected to improve traffic flow on the M20 and A20, benefiting residents and businesses across east Kent.

SUICIDE PREVENTION BENCH

We discussed at Kennington Town Council on 5th August a proposal to instal a Suicide Prevention Bench at Spearpoint. These benches are designed to help promote mental health awareness. It would be delivered in partnership with Legend on the Bench, a charity dedicated to creating benches that encourage people to sit, talk and remember that help is always available.

The project aims to provide a permanent place where people can connect, reflect and start conversations that could save lives. It is intended to help promote mental health awareness and help save lives from suicide, also to provide a place to remember those who have sadly lost their lives to suicide. It will provide a place to rest and serve as a beacon of hope, with plans for it to be illuminated at night as a visible reminder that no one is alone.

The bench will have QR codes and telephone numbers to contact of four organisations they can contact for mental health support including the Samaritans and Batton and Hope. The light is a small, illuminated panel with details of organisations to contact.

The Bench is expected to signpost proposed enhanced mental health crisis assessment and care linked to QEQM and WHH giving people in crisis fast, same-day specialist care. These are facilities where mental health specialists work alongside GPs, councils, charities and families, and provide direct links to housing and employment support. They will build on existing services, including Safe Havens, mental health crisis teams and specialist mental health support within emergency departments. The development will help create a more joined-up pathway through which people experiencing a mental health crisis can be rapidly assessed and directed to the most appropriate support. Depending on an individual's needs, this may include crisis assessment and brief intervention, support through a Safe Haven, intensive home treatment, community follow-up or care within an emergency department or hospital setting.

Demand for mental health services have risen with one in five experiencing a mental health condition each year.

PATIENT CARE AT WHH

I had a meeting with the Chair of EKHUFT on 11th August about concerns that have been raised about care given at WHH.

The issue is around inconsistent delivery of hydration & food, delays on giving timely regular medication, securing discharge prescriptions and communicating test results. Workloads for staff at the WHH and failure to have adequate staff numbers have a disproportionate impact on these patient welfare issues. Only 75% of workforce required by the NHSE staffing model are typically present during weekdays (50% at weekends); which causes delays on treatment and impacts patient welfare.

Other points raised included that teams do not work together and poor communication between specialist teams; this increases the time it takes to

secure specialist services including MRIs. I raised concerns about the time taken by staff on “form filling and paperwork” which is taking medical staff away from patient care.

The Chair accepted that this was not acceptable and explained that the Board has a programme of increasing individual accountability for basic care provision on Wards.

The concerns that I raised, are not new and have been raised elsewhere by my fellow governors. I will monitor improvement.

SOUTHEAST COAST AMBULANCE SERVICE (SECAmb)

Governors had a briefing on progress on delivering “Virtual Care” by the SECAmb on 13th August.

Virtual Care model means more patients reaching the right care earlier – resulting in better outcomes for patients, protecting emergency capacity at acute hospitals and a stronger and attractive workforce offer. Virtual Care is often called “Hear and Treat” - as opposed to “See and Treat”.

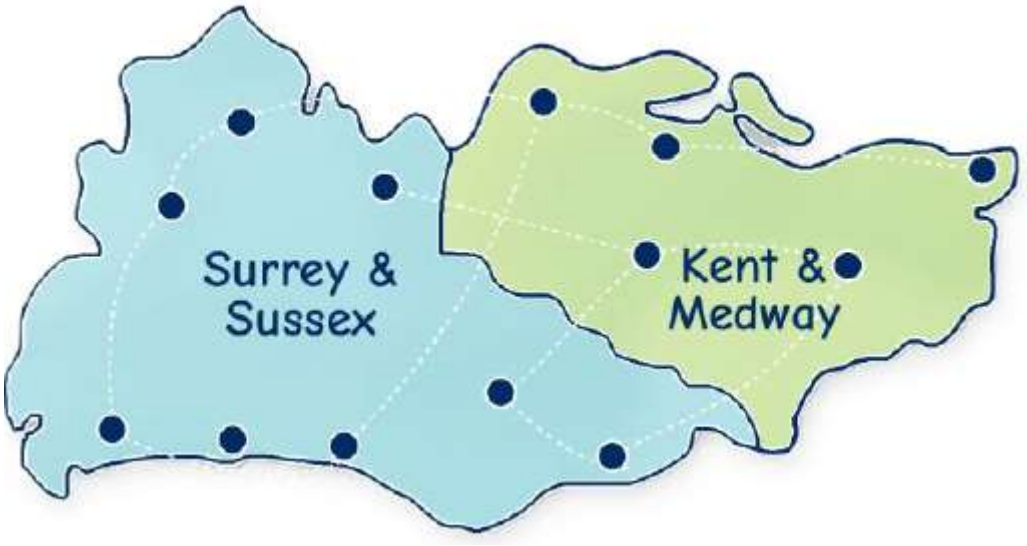
55% of consultations with patients outside those at risk to life are planned to be delivered virtually meaning fewer avoidable dispatches of ambulances and clear clinical routes for patients who do not need an emergency ambulance. Initially virtual care will be over the phone, but video calls use will increase over time.

It also means that the ambulance may not take the patient to the Emergency Department, but it means they could go to Urgent Treatment Centre, GP, Urgent Community Response, Same Day Emergency Care, Mental Health

Services, Primary Care by a non-emergency ambulance or relative. There are a lot of local authorities over the region which may deal with frailty team dealing with falls (or fall prevention). One of the biggest problems is the lack of places for the Ambulance Service to take to within local authority adult and children social care and the criteria under which the local authority will take the patient; this will be more complex when the number of local authorities increases.

This requires estates review to ensure clinical centres are ready to accept the number of staff who will be delivering virtual staff. It will include co-working and co-location arrangements supporting integrated clinical service. Job descriptions for the new virtual care careers re being developed followed by recruitment and redeployment of those with skills within virtual care. Target date is March 2027. It is essential that the time between call and speaking to medical professionals is as quick as possible.

Current SECAmb “Make Ready” Centres are shown; the estate review will identify where Multidisciplinary Clinical Assessment Centres are to be located. In Kent it is likely to be at the 999/111 Emergency Operations Centre in Medway. It is unlikely that the virtual care staff for Kent will be based for 100% of their time in Medway; the intention is that while oversight will be given from Medway, they will still work from their current location.



COMMNITY ENGAGEMENT UNDER THE NEW PLANNING PROCESS

The planning system is undergoing significant change. The NPPF sets out the government's planning policies for England and how they should inform local plans and decisions on development proposals. The substantially revised framework focuses on accelerating housing delivery, supporting economic growth and creating sustainable places. Key changes include a stronger presumption in favour of sustainable development, greater support

for housing and mixed-use development in well-connected locations, including around railway stations, and more emphasis on higher-density development within settlements where appropriate. The framework also strengthens support for renewable and low-carbon energy. It also introduces a more structured approach to Green Belt and grey belt development.

There are long-standing challenges within the planning system to deliver more homes. However, development must be accompanied by the roads, schools, healthcare, public transport, green spaces and other facilities needed to create thriving communities. Greater consistency and certainty can support growth, but this must not come at the expense of meaningful local involvement.

Continued importance is placed on neighbourhood planning, which enables communities to shape the future of their areas and support locally led development. With greater pressure to increase housing delivery and prepare local plans more quickly, communities must still be given sufficient time and opportunity to participate effectively.

Parish and town councils are well placed to bring local knowledge, community priorities and a clear understanding of infrastructure needs into the planning process.

The new planning process will affect how communities engage with planning and where opportunities exist to influence future development. Effective engagement will increasingly depend on:

- Understanding planning policies and evidence.
- Engaging early in Local Plan preparation.
- Identifying infrastructure and environmental constraints. Evidence relating to matters such as highway safety, flooding, drainage, landscape character, heritage, biodiversity, water resource availability, infrastructure capacity and community facilities can assist decision makers and provide a stronger basis for influencing outcomes.
- Building evidence to support consultation responses.
- Representations should refer to the NPPF, adopted Local Plan policies, Neighbourhood Plan policies, Design Codes and other relevant planning guidance.

The greatest opportunity to influence the principle, location, scale and design of development is increasingly during Local Plan preparation, before site allocations and planning policies are finalised.

Reforms to planning committees, delegated decision making and appeals are intended to support faster decision making. A greater proportion of applications may be determined by planning officers, with planning

committees focusing on applications that meet defined criteria. Under the new framework, decisions on whether applications are referred to planning committees will be guided by nationally defined criteria. This represents a change from previous local arrangements, where individual councils had greater discretion over which applications could be referred for committee consideration.

FINBERRY – SOUTHERN LINK ROAD

The number of occupations at Finberry has recently exceeded 800, this is the trigger point for the Southern link Road (SLR between Swift and Rutledge) to open. Crest is in discussion with KCC Highways on several matters relating to road adoption (condition, road safety etc) at Finberry and the sequencing of activity required to adopt. The bottom line is that connection issues between the developments have not been forgotten and ABC will keep up with raising the importance of momentum. A major issue with road safety on the SLR is creating a safe crossing between Wagtail Walk and the play area north of Captains Wood; I doubt KCC Highways would consider adoption and opening up the SLR without the safe crossing (including a "teardrop" island) given the increased traffic the SLR would generate. For now, focus is on the Northern Link Road (The "Bus Link" for busses and Hackney cartridges only between Damara and Avocet) because of the potential to facilitate Stagecoach moving forward with a bus service into Finberry. I would expect Crest would like to show progress before any additional land is allocated for any Finberry extension by ABC or the successor council for development in March 2028.

CHANGES AT THE INLAND BORDER FACILITY (IBF)

There will be changes on the operations carried out at the IBF. The IBF was built as a government funded site as a temporary measure in 2020 as the Port of Dover / Eurotunnel did not have the infrastructure in place. It was opened in January 2021. However, with the grant of permanent planning consent in 2025, the IBF was expected to remain operational. It is therefore surprising to understand that the position has changed.

The government has announced that HMRC's facilities for customs checks at the IBF for start and end ***transit*** movements will transition to alternative locations provided by the Port of Dover and Getlink from early 2027. This must mean that the necessary infrastructure will be made available at the Port of Dover / Eurotunnel. In other words, from early 2027, facilities to start and end transit movements will no longer be provided at Sevington.

However, space is at a premium in Dover as demonstrated by the need to use the M20 to hold lorries at peak time as part of Operation Brock. The situation will be made worse if the Entry Exit System (ESS) is ever fully implemented by the EU. Assuming Dover / Eurotunnel are to establish and operate their own it

suggests that planning work must be underway for facilities capable of being deployed within 6 months.

Business will face additional complexities and delays in accessing the proposed infrastructure facilities in Dover or disruption from adopting “transit simplification process” at either their own or at their client’s location. It was expected that businesses would not face these complications when the DfT was granted permanent consent.

The community deserves clarification of the impact on the 950 Sevington jobs at the IBF and local traffic movements. We need to know what this means from DEFRA and ABC’s Port Health operations at Sevington – these are these being retained “until further notice”.

But DEFRA announced last year its intention to end SPS controls on EU goods, with implementation anticipated from June 2027. This was linked, at least in part, to the proposed UK-EU Summit initiated by then Prime Minister, Sir Keir Starmer. However, the summit was postponed, and no date has been confirmed. DEFRA advises that June 2027 remains the government's intended timeframe to end controls and is extremely ambitious given the scale of the changes involved assuming the UK biosecurity will continue to be protected.

ABC have written to Baroness Hayman, Alistair Campbell MP, and the Prime Minister seeking clarification on what assurances can be provided regarding SPS controls carried out by Ashford Port Health. This is particularly relevant considering the emerging disease risks and compliance issues; the Port Health team ensures that imported food products entering the UK meet the necessary standards to protect public health. In writing, they have highlighted the potential impact on local employment and the loss of valuable skills and expertise that could result from the removal of these functions from the IBF.

Separately (and maybe this will be affected by the closure of the IBF) KCC have submitted a scheme design to signalise J10A to National Highways for approval. This technical approval process will take several months to obtain agreement; once National Highways have approved the design, KCC will undertake a Section 6 Agreement (Highways Act 1980) which will allow them, as a Local Authority, to undertake the scheme on National Highway’s network.

ASSET TRANSFERS

A session was held on 24th August to discuss issues arising from transfers of assets. This is an important issue during Local Government Reorganisation (LGR); there is no guarantee that the successor authority’s use of assets will continue unchanged.

Principal Authorities “PA” (Unitary Authorities under LGR) are encouraged to be more strategic authorities meaning that lower tier authorities (Parish/town/local authorities “LA” councils) may become the main representatives of communities. Many prospective PA may seek to close community assets (e.g. public lavatories) or transfer them to the parish. Asset transfers may not be on the cards now, but many PAs may end up disposing of community assets when they have been set up. Detailed preparation is key for assets that the parish ***might like to acquire***; this includes the shadow Ashford town council.

Joint acquisitions may be considered if the asset is used by several LAs. Plans will need to be put in place for managing the asset such as community halls – a charity or Community Interest Company “CIC” may need to be set up. Professional advice may be required including legal, environmental and surveying so you know what is coming down the line; this will allow a budget to be set. It is essential to engage with the local community: let them know what you are doing and why – don’t treat the acquisition as a vanity project; the community may assist with the management. The LA needs the “power of competence” and a resolution should have been made by the full council; it last until the annual meeting after the four-year election cycle.

Income generating assets (e.g. car parks) need to be transferred at a commercial value (“***best consideration***”) where the value exceeds £2m. Income producing assets such have costs of maintenance and enforcement so may not generate ***net*** income. Auditors say you need to look at each asset on its merits. Best consideration is not normally required by the PA where the asset have economic, social or environmental wellbeing (“***wellbeing exemption***”).

PAs may not grasp that the LA (and their residents through the precept) have already paid for the asset over the years; there could be a misunderstanding over the starting point which may therefore be a nominal value, particularly where the wellbeing exemption to best consideration applies.

PAs must give reasons for declining an asset transfer.

Neighbourhood Area Committees (“NAC”) are not expected to be involved in asset transfers. NACs are more about community representation and partnership working between parishes, unitary councillors, education, police, fire etc.

Paul Bartlett - 0773 929 3502

Mersham, Sevington South and Finberry Ward, ABC
paul.bartlett@ashford.gov.uk
Grosvenor Hall Ward, Kennington Community Council
paul.bartlett@kenningtontowncouncil.gov.uk
Sevington Ward, Sevington with Finberry Parish Council
cllrbartlett@sevingtonwithfinberry-pc.gov.uk
Public Governor, Kent & Medway, Southeast Coast Ambulance Service
Paul.ABartlett@secamb.nhs.uk
Public Governor, Ashford, East Kent Hospitals
p.bartlett2@nhs.uk