

Minutes of NP Committee Meeting – 8pm 13 March in The Close.

Invited: Giles Baxter (Chair), Jerry Moscrop, Simon Russell, Glenn Pereira, Jaqi Mason, Debbie Croft, Chris Neill, Annette Godfrey,

Apologies: Dr Richard Lynch-Blosse, James Hammond, Laura Buxton

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Ser	Item	Action	Action By	Due Date
1	<p><u>Welcome (GB)</u></p> <p>Main purposes:</p> <ul style="list-style-type: none"> • Strategy review – do we have an overall approach to delivering the NP/CRTBOs on which we can agree? • Agree our approach for the 5 main areas of ‘homework’ relating primarily to CRTBOs which are: <ul style="list-style-type: none"> ○ Housing Need ○ Other needs: surgery, school ○ SODC Pre-Application meeting (Review of Interim Report) ○ Approach to Landowners ○ CLT Business Plan 			

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2	<p><u>Previous Minutes (GB)</u></p> <p>29 January:</p> <p>Post meeting email trail from the chairman:</p> <p>Email of 7 Feb: reflecting on the decisions taken at the 29th meeting and proposing a tranche approach to CRTBOs, starting with the two sites potentially agreed with SODC.</p> <p>Email of 11 Feb: proposed way ahead and '5 areas of homework':</p>	<p>Minutes agreed.</p> <p>Actions carried over:</p> <p>Written statement from the school outlining their requirement. Stated verbally as 'an additional assembly space'.</p> <p>DC to follow up with Dave Croft for Scouts and Sports Club</p> <p>GB to follow up with Penny Hill for Village Hall</p>	<p>DC</p> <p>DC</p> <p>GB</p>	
3	<p><u>Project plan (GB)</u></p> <p>As at 25 January</p> <p>Progress against Oneneillhomer project plan (GP)</p> <p>Payment of Invoices</p>	<p>Noted.</p> <p>Noted.</p> <p>JM confirmed OH invoice passed to PC for payment.</p>		

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4	<p><u>Strategy Review (GB)</u></p> <ul style="list-style-type: none"> • NP • CRtBO tranches • HNA, Surgery, School • SODC Pre-application meeting • Delivery Model (i.e. who leads and funds development on each site once CRtBOs approved) 	<p>Committee unanimously endorsed the strategic approach outlined in the strategy schematic at</p> <p>Summarised as ‘secure SODC’s offer on the two CRtBO sites first before considering any follow up tranches’.</p> <p>During the discussion, GP outlined his discussions with The Close. They wish to be part of the community, and wish to expand their services into CH, either in the form of Retirement Homes, or an Assisted Living model supported from The Close.</p> <p>GP agreed discuss what the numbers might need to look like to make viable, e.g., if they were to won retirement homes, how many units would be needed?</p>		

<p>5.</p>	<p><u>Homework 1: HNA (GP)</u></p>	<p>GP outlined his proposal to commission AECOM to conduct an HNA. There was considerable discussion and serious reservations expressed about whether an HNA was required or suitable, given that the methodology is designed to support a NP outside the Green Belt, and not suitable for CRtBOs within the Green Belt.</p> <p>The committee invited Glenn to explore the following with AECOM before commissioning the HNA:</p> <ul style="list-style-type: none"> • What is AECOM’s experience of producing HNAs for clients in the Green Belt? • Can AECOM demonstrate an understanding and relevance of Green Belt constraints? • Understand how their methodology is relevant to our particular context, namely 2 CRBOs. • That the HNA must help us decide on the appropriate mix of housing, given we are in a supply constrained environment. (Chairman’s afternote: i.e., if we can only get 15 houses, what should the mix be, or 20, or 25 etc) • Timescale – in time to inform our next round of discussions with SODC. <p>Action GP.</p> <p>The committee also decided that, should the AECOM offer not be suitable, some other way</p>		
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		would have to establish our desired mix of housing (i.e. 4 th bullet).		
6.	<u>Homework 2: other Needs (GB)</u> <ul style="list-style-type: none"> • Surgery (GB) • School (DC) 	<p>GB explained that the surgery had expressed their support in principle for the proposed site option. GP agreed to liaise with R L-B to understand their requirements in more detail, their business case, funding model, and approach to risk, principally that the design should be suitable for conversion to other uses in the event that the surgery was closed by the NHS at some point in the future.</p> <p>DC agreed to follow up formally on the school requirement.</p>		
7	<u>Homework 3: SODC Meeting (GB)</u>	<p>GB explained that the preliminary report had been sent to SODC who were treating it as a request for 'pre application' advice. GB to follow up with SODC once response received.</p>		
8	<u>Homework 4: Approach to Landowners (GB)</u>	<p>GB reminded everyone of the sensitivity.</p> <p>(Afternote. It has been confirmed that both sites are owned by the same landowner. An initial meeting was held with the landowner on 6 April, who seemed supportive. A copy of the preliminary report was sent, and is being considered by the landowner).</p>		
9	<u>Homework 5: CLT Business Plan (GM)</u>	GM and JH to lead. NH to assist if needed.		

<p>10.</p>	<p><u>AOB</u></p> <p>GM agreed to assume responsibility for tracking all income and expenditure, whether managed through the PC account or the CLT.</p> <p>GB agreed to review the PC accounts and produce an extract showing income and expenditure for the NP, as a start point for GM.</p> <p>(Afternote on grant funding.</p> <p>SODC £5000. It has transpired that we have never bid for the £5000 grant available from SODC for NPs. GB will submit bid (very simple process to SODC).</p> <p>Locality £9000. We have received and spent £6500. We can bid for the balance in this FY,</p> <p>There is a possibility of bidding for an additional grant from NP, amount TBC.</p> <p>We can bid for grants from Housing England to fund the CRTBOs, provided they are not deemed to be high risk. If SODC support us in their pre-application, then we will submit bids through the CLT)</p> <p><u>DONM (All)</u></p> <p>April meeting:</p> <p>May meeting:</p>	<p>GM</p> <p>GB (Action complete, 16/4)</p> <p>24 April</p> <p>22 May</p>		
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