

MEETING NOTE

Meeting Name: Planning Obligations Advisory Group

Date: 10 December 2019

Time: 14:00 to 15:30

Location: OPDC, 169 Union Street, SE1 0LL

Attendees	
Claire O'Brien, OPDC (Chair) Katie Hunter, OPDC Clare Healy, OPDC Kevin Twomey, OPDC	David Cox, North West London CCGs Ciara Whelehan, London Borough of Brent

Apologies	
Tom Cardis (OPDC) Peter Farnham, OPDC Jasbir Sandhu (ODPC)	Matt Paterson, London Borough of Hammersmith and Fulham, David Scourfield (LB of Ealing)

Item	Action/ Note	Owner
Introductions		
1	Introductions were given.	
Agree minutes of previous meeting		
2	<p>Actions to be carried forward:</p> <p>Education contributions and funding</p> <ul style="list-style-type: none"> Draft education contributions S106 template to be prepared and circulated for review. S106 template to allow educational contributions to contribute to enhancing routes to existing schools to increase active travel. LBHF to provide details of priority schools within LBHF OPDC to assess against and reintroduce item at next POAG meeting OPDC to contact Ealing on questions raised in the discussion. <p>Open agreements on maintenance funds</p> <ul style="list-style-type: none"> OPDC to assess areas where agreements may be required and report to future POAG meeting 	<p>OPDC</p> <p>LBHF OPDC OPDC</p> <p>OPDC</p>
Arrangements for drawing down contributions from OPDC following approval of spend proposals		
3	As OPDC's Chief Financial Officer (CFO) was unable to attend the meeting, COB provided a brief overview of the proposed arrangements. The broad principle is that the spending body should fund the upfront cost of a project, and that this would be claimed	

	<p>back from OPDC retrospectively in the form of an invoice or similar manner. The project would still require a S106 Spend Proposal to be approved by OPDC's CFO prior to commencement.</p> <p>DC and KH noted that it would be difficult for the NHS to frontload spend and claim money back. This could stall potential projects which s106 contributions are intended to fund. DC noted that the retrospective funding for the CMH spend proposal is a unique situation and that it's rare that this is the case.</p> <p>CW noted that Brent would also have situations where they would not have funding for the upfront spend without drawing down s106 contributions.</p> <p>DC cited the potential for funding agreements for drawing down monies in advance of a project commencing. CW noted that in Brent there is a standard commissioning form which bodies such as TfL use to request s106 monies.</p> <ul style="list-style-type: none"> • Action: CW to send example of Brent's commissioning. <p>COB agreed to raise the concerns raised with OPDC's CFO. It was agreed that the item would be brought to the next meeting of the group, with a paper circulated in advance setting out the proposed approach. It was noted that there may need to be dialogue in advance of this paper being produced to help ensure an agreeable approach. KT noted that it may be helpful to include TfL in this dialogue.</p> <ul style="list-style-type: none"> • Action: Item to be added to next POAG meeting with briefing paper prepared in advance. 	<p>CW</p> <p>OPDC</p>
S106 Spend Proposal - Primary Care Capacity at Central Middlesex Hospital		
4	<p>KH took the group through the SSP for Primary Care Capacity at Central Middlesex Hospital. The SSP seeks to draw down healthcare contributions from the First Central development to reimburse Brent CCG for costs incurred in delivering new primary care capacity at Central Middlesex Hospital.</p> <p>In addition to points set out in the SSP, DC noted that accommodation within the NHS is hard to find therefore this was a unique opportunity and the CCG wanted to seize this opportunity to frontload support for early development at OPDC. Without the security of the s106 health contribution secured through the First Central development, Brent CCG would not have agreed to pre-fund the delivery of Park Royal Medical Practice. The NHS ETTF funding would likely have been redirected by the NHS to other locations or projects. KH noted that if space at CMH wasn't secured at that time, it would have been lost, as it would have incurred a cost to maintain as an underused asset.</p> <p>COB questioned if there is a risk of the space being utilised for uses other than primary care, which is what the s106 agreement requires the funding to be used for. DC noted that the NWL CCGs control and approve all uses out of CMH. If the London North West Healthcare NHS Trust were to propose other uses for the space, this would be resisted by the CCGs as the space has been identified for primary care.</p>	

	<p>COB queried if there was a risk of the additional capacity of 8,600 being soaked up by “background” population growth outside of the OPDC area. DC noted that population growth is already resulting in use of the additional capacity, but is happy to write a note confirming that the NHS list will remain open for occupants of the First Central development. The CCGs would also be careful of catchments when adding new patients to lists and ensuring support for growth of the OPDC area. This project was prioritised by the CCGs as they want to support this growth and ensure that there isn’t additional pressure on facilities in neighbouring areas.</p> <p>It was noted that occupation of the First Central development is imminent, with final occupation likely in 2021 with a total of approximately 2,400 new residents. KH noted that the new facility should easily retain capacity from background growth until the First Central scheme is fully occupied.</p> <p>KT noted LBHF comments received by email querying if the LBHF CCG were consulted on the project. DC noted the project was led by the North West London Collaboration of CCGs, which incorporates the LBHF CCG.</p> <p>CW queried what future projects at CMH have been identified for the remaining First Central contribution. DC noted that some work still needs to be undertaken to identify specific projects.</p> <p>CH queried if staffing costs are accounted for in the costs for the new facility. DC noted that this is an operational cost which is covered by central funding, however there is a delay between a practice list size increasing and the practice income increasing of one financial quarter. DC also noted that improved facilities such as that at CMH help the NHS attract and retain staff.</p> <p>KH added that while the NHS would appreciate if s106 monies could be used to support operational costs, the current approach is to fund capital expenditure only.</p> <p>In light of the discussion, the group unanimously agreed to recommend the SSP for approval by OPDC’s CFO.</p> <ul style="list-style-type: none"> • Action: SSP to be brought forward to OPDCs CFO for approval, including a note of POAG’s discussion and recommendation. 	OPDC
Education Contributions – progress review		
5	<p>It was noted that there have been ongoing discussions between borough education officers following the previous discussion at the POAG, but that these have been paused to allow for input from senior management at each borough.</p> <p>KT provided an update on OPDC’s Social Infrastructure Needs Study (SINS) update. The SINS update was commissioned by OPDC following the recommendation in the draft Local Plan inspectors interim findings to remove the Cargiant site allocation, resulting in the loss of 5,000 homes from the Local Plan period. The SINS update is also assessing the impact of potential delays to the delivery of HS2 in OPDC’s development trajectory.</p>	

	<p>Initial work on the SINS update has identified that, using the same assumptions of the 2018 study, the identified surplus for primary school capacity in LBHF could theoretically support growth within OPDC for the entirety of the Local Plan period. It is recognised that further discussions are needed on how a surplus is managed in the long term.</p> <p>While OPDC had initially intended to finalise the update and consult on further modifications to the Local Plan prior to the new year, OPDC has since written to the Inspector suggesting a delay to this programme. This is in light of delays to the announcement of the HS2 review findings, and further discussions between OPDC and Cargiant on OPDC's HIF award and Phase 1A programme.</p> <p>KT noted that this delay allowed for further discussions with the boroughs on updated assumptions on school place capacity, including potential secondary level expansion. It was noted that additional information from Brent and Ealing would be especially beneficial, as currently no surplus capacity is assumed for either borough.</p> <p>Action: Education update to be added to agenda for next POAG meeting.</p> <p>KH noted the discussion at the previous POAG meeting that education contributions may be used for improving access to existing schools to increase active travel. COB noted that this is already being reflected in the draft of heads of terms for the Mitre Yard S73 S106 agreement.</p>	KT
Schedule of S106 Contributions		
6	<p>COB introduced OPDC's Schedule of S106 Contributions, noting that the only change from the previous schedule was additional payments for the LEVC scheme. CH queried if additional payments have been received on the First Central scheme prior to first occupation. COB and KT noted that they would check with colleagues and confirm.</p> <p>CH and KH noted that the healthcare contribution from the LEVC scheme has been identified as match funding to support OPDC's Park Royal Liveable Neighbourhoods bid.</p> <p>DC queried the use of flexible wording on the LEVC contribution compared to the specific wording for the First Central contribution. COB confirmed that this was due to the S106 pooling restrictions which were in place at the time of the First Central planning application, but which have since been removed. KH noted that the wording of healthcare contributions from First Central would allow other infrastructure to support primary care at CMH, including new equipment or IT support.</p> <p>CW noted that colleagues at Brent have identified education projects for spend of First Central and LEVC education contributions and will seek to bring SSPs to future POAG meetings.</p>	
AOB		
7	<p>COB noted that the POAG group membership, as set out in the Terms of Reference, needs to be updated. It was agreed that OPDC would circulate membership to boroughs and ask them to update their respective representatives/roles.</p> <ul style="list-style-type: none"> Action: OPDC to circulate POAG membership template 	KT

	<p>Date of next meeting: COB noted that while meetings are generally held quarterly, this may be too rigid an approach. It was suggested that the next meeting be diarised for mid-March but this may be delayed if substantive agenda items are not in place. Meetings can also be brought forward if deemed necessary. CW noted that it may be necessary to bring the next POAG meeting forward to discuss issues on education contributions.</p> <ul style="list-style-type: none"> • Action: Date of next meeting to be provisionally set for mid-March <p>CW noted that a meeting between Brent and OPDC would be useful prior to submission of Brent's draft Local Plan.</p> <ul style="list-style-type: none"> • Action: Discussion to be diarised. <p>DC queried the process for final approval of SSPs. COB outlined that a note of the group's discussion would be included in the SSP and brought to OPDC's CFO for final approval. COB will discuss the SSP for Primary Care Capacity at CMH with OPDC's CFO prior to bringing the final SSP for approval.</p>	<p>KT</p> <p>CW</p>
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