



## Neighbourhoods & Regeneration Strategic Partnership

### Minutes of the meeting held 27 November 2009

<b>Present :</b>	Cllr Peter Hiller (Chair) – Cabinet Member for Neighbourhood, Housing and Community Development
	Paul Phillipson – Executive Director of Operations, PCC
	Adrian Chapman – Head of Neighbourhoods, PCC
	Allison Conder – EEDA
	Karen Moody – Adult Learning & Skills Strategy Manager, PCC
	Karen Franklin - Ops - Head of Business Support Operations
	Claire Higgins – Cross Keys Homes
	Anthony Davis - Ops - Performance Manager – New Link
	Sue Mitchell – PCT
	Steve Welby - Community Safety Strategy Manager, PCC
	Anne Senior – Economic Participation Manager, PCC
	Mark Bennett-Tighe – Cambs Fire & Rescue
	Steve Bowyer – Opportunity Peterborough
	Julian Base - Head of Connected Care (Public Health)
	Karen Whatley - Project Manager, Recognition - PCC
	Lindsey Burrows – Howe - Voluntary Sector Reference Group
	Keith Jones - Citizens Advice Bureau
<b>Apologies:</b>	Chris Mackett – Probation Service
	John Cunningham – PCVS
	Jawaid Khan – Community Cohesion Manager
	Kevin Tighe - Head of Cultural Services
	Julie Rivett – Neighbourhoods and Community Engagement Manager, PCC
	Mark Birch – Police Service
	Red Gilchrist – GO East
	Richard Astle – Chief Executive, GPP

	Item	Action
1.	<p><b><u>Welcome &amp; Apologise</u></b></p> <p>The Chair (Cllr Peter Hiller) welcomed all to the Neighbourhoods &amp; Regeneration Strategic Partnership (NRSP) meeting. Apologies were advised.</p>	
2.	<p><b><u>Declaration of Interest</u></b></p> <p>Cllr Hillier asked those present to declare any interests – SM declared an interest in the Recognition project and LB advised an interest as applied for funding from the EP Programme, however, this was for Bridgegate and was attending the meeting as Chair for the Voluntary Bodies, which is a different role.</p>	

### 3. Economic Participation Programme – Anne Senior

- Recognition Project

AS presented a paper which provided an overview of the project, the recommendation from the independent appraisers and also the recommendation of the EP Team, it was noted that due to time constraints this project was not presented to the Sub-Group for recommendation but has come straight to the Board with the recommendation of the Economic Participation Programme team.

Cllr PH asked for confirmation as to where the project was in relation to the premises. KW advised that an offer has been made to the vendor subject to planning permission, for a long lease. It was also confirmed that the District Valuation was due at the end of the day (27 November). ACon asked what would happen should the amount offered by project be higher than the Valuation. KW advised that this would mean that the project would not be able to proceed. ACon confirmed that EEDA will not pay above market value.

KW advised that a lot of research had been put into which building should be progressed with in relation to the delivery of this project.

LB advised that the data used in the Independent Appraisal is out of date and therefore presents a risk, a lot of ground had been covered in the last 18 months. There needs to be an investment in getting back the trust of the stakeholders, LB has spoken to other stakeholders who hold a similar view.

LB emphasised that she was not saying that this is not achievable as the concept is fully supported – but, she did not want to see this being viewed as the “total answer” but rather as additionality to existing services.

JB, NHS lead on Service Delivery, advised that additionality enabled good practice, not total solution, but the premises meant partnership working.

JB also noted LB’s comment on stakeholders and confirmed that the project had been concentrating on the Capital element of the funding, but Stakeholder meetings will now be recommenced.

PP clarified with ACon the position that EEDA would not fund should the sale price be higher than the market value. ACon advised that this would need to be checked, as it would be setting a precedent.

LB stated that the external appraisers provided a good analysis of all the projects which should be recognised.

EP team recommendation is to approve subject to 6 caveats:

- Confirmation in writing from PCC or NHS Peterborough as to who is funding any shortfall of revenue/capital for this project
- District Valuers Report to establish the value for money for this project
- PCC Corporate Gateway approval for the project to proceed
- Approved Key Decision Notice/CSO Exemption
- Confirmation of Planning Permission

It was also agreed that an additional caveat should be added in recognition of the discussions held in the meeting:

- Confirmation of Stakeholders buy-in and approval

#### **Board Decision**

Members voted on the recommendations of the Economic Participation Programme team and were in agreement that the project should be approved subject to the satisfactory completion of the 6 caveats

- Confirmation in writing from PCC or NHS Peterborough as to who is funding any shortfall of revenue/capital for this project
- District Valuers Report to establish the value for money for this project
- PCC Corporate Gateway approval for the project to proceed
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Once these caveats have been fully satisfied a contract for delivery will be agreed with the project.

- Economic Participation Programme Investment Delivery Template 2010-11

AS introduced this item at the last meeting. She advised this document had been updated to take into consideration the approvals made at the last NRSP Board meeting. The document now needs to be reviewed and approved by NRSP Board members, before the report is presented to the GPP Board on 2 December 2009. Once approval received from both these Boards. the document will be sent to EEDA and this will be used to enable them to agree the funding for next year.

Board Decision

Approval of the Investment Delivery Template 2010-11 was approved by the Board.

4. **Solution Centre update - Consultation, Engagement and Empowerment**

Presentation delivered by Adrian Chapman. – *Community Engagement and Perception, Problem Definition Phase.*

The consultation will concentrate on the North West and then roll out across the rest of the City.

There are 5 stages of the process:

- Commission, Set-up & Planning
- Map the problem
- Create Solutions
- Implement Solutions
- Benefits Evaluation

The Solutions Centre group are due to create the solutions stage. The Group is a mixed range from across partners.

LB stated that it would be good to apply a similar model in relation to Drug and Alcohol problems – strength of partnership approach means reaching more places with a focus on engagement together, strong approach.

LB advised from the Voluntary Sector point of view, there are concerns in relation to Services/ Benefits as only procured on a year on year basis and therefore they feel they will be losers when they get to total places.

SB commented that on Growth overall this is really good approach

AC confirmed that the consultation will create a profile – what do we understand about our communities?

Have we responded to peoples surveys? If yes have we done what they wanted, or explained by we haven't, what makes people tick?

<p>If all drivers are considered then we can see what the problems are and identify solutions.</p> <p>LB asked if Service Groups have been consulted, AC confirmed that they have but was not sure if SUGAR has, Adrian to pick this up.</p> <p>PP asked if the poor media has also been picked up? AC confirmed that it had and Communications and Media are covered and Cuts across Sub Groups. Several maps have been produced.</p> <p>PP asked how the public should be dealt with differently in the community, eg – taking responsibility for own actions, like litter dropping.</p> <p>Engagement:</p> <p>Letter of Engagement – Post it notes against each area about what is going on. AC advised that there may need to be extra meetings of the NRSP Board to cover extra stages.</p>	AC
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