

Community Engagement Group – Disposal of AAH site

4.00-5.30pm Thursday 26 April 2018, St Roque Boardroom, AAH

In attendance:

Iain Graham
Andrew Milne
Ron Finlay
Stewart Adams
Goff Cantley
Alan Farningham
Sue Tritton
Helen Zealley
Tony Harris
Roger Kellett
Sofia Leonard
Nigel Ayton
Robin Harper

Representing:

Director of Capital planning and Projects, NHS Lothian
Project director, NHS Lothian
Lead Architect, NHS Lothian
Development Manager, NHS Lothian
Morningside Community Council
Town Planning Consultant
Grange Association/Grange Prestonfield Community Council
Merchiston Community Council
Grange Prestonfield Community Council
Grange Association
Grange Association
Grange Association/Marchmont Sciennes Community Council
Astley Ainslie Community Trust

Note of Meeting

Action

1.0 Introduction and Welcome

AM welcomed members to the Group and noted this fourth session was to provide an update on activities to date. IG and SA were introduced to the group.

1.1 Previous Minutes

Previous minutes were agreed as an accurate record.

1.2 Update on Phasing to Royal Edinburgh Campus

AM updated the group on revisions to the Masterplan delivery for Royal Edinburgh Campus, which have a direct impact on the disposal strategy for AAH.

1.3 Programme Impact on AAH Disposals

SA discussed the detail of potential disposal programme slippage due to clinical re-phasing at REH noting the following:

- Timeline slippage could be beneficial for community engagement
- Lessons learned from RHSC sale suggest earlier engagement with the community to allow consideration of community right to buy is beneficial.
- The indicative programme for disposal will be revisited to take cognisance of standard Govt led engagement policies.
- Workshops will be held to identify aspects of the sites & identify ideas
- A development brief is to be informed
- The marketing brief is potentially programmed for 2019 at the very earliest leaving at least 18 months for discussions with stakeholder groups
- Feedback from the group to NHSL on what it considers useful engagement would be welcome and felt to be beneficial.

The group discussed the reference to a development brief and AF noted the content of a previous email from MH of Hub SE regarding Masterplan intention. AF noted that if the Masterplan approach changes, this would be a different approach to the previously advised position. AF confirmed the commitment to engagement was welcome but noted the community would have confidence if a Masterplan was developed rather than a development brief.

SA noted the principles of engagement remain unchanged and the planning process is properly policed through the planning application process. SA went on to note that detailed examination is required which may affect the level of development but may not need full planning application, which will in turn guide a marketing process. A further planning process would then commence with an application prepared and submitted for consideration, by any successful developer. SA noted design, massing etc. must be addressed as part of any development and the appropriate consultation undertaken.

AM clarified the consideration of a move away from a full Masterplan is in response to the overall programme slippage caused by clinical priorities within the REH Masterplan and accordingly SA has been challenged to examine the strategy and provide a value for money solution to the public purse.

IG noted legislation has been updated and confirmed NHSL is committed to engagement. AF noted the commercial position had changed and agreed comfort was given in NHSL's commitment to consultation.

AF reiterated the value of having a document to give surety when developers take possession of the site and the Group would appreciate a position statement and framework methodology for taking matters forward.

SA confirmed that NHSL will be the client for a development brief and that this will cover the whole of the AAH site.

ST queried if the intention was to vacate 100% of the AAH site and to dispose of the AAH site in one lot and move to REH. AM confirmed this was the Board's intent.

2.0 Community Engagement

2.1 Feedback from Community on Public Meetings

The group noted discussions points for this section had been largely dealt with in the previous discussion. No further feedback was required at this time.

2.2 Information Sharing

RH from Astely Ainslie Community Trust was welcomed to the group and tabled a paper noting a vision for the site.

SA and RH discussed the architectural merit of the site and IG confirmed the NHSI commitment to engagement

RH confirmed he is interim chair of AACT while the body is formed. SA noted consistency of members in engagement is useful.

3.0 AOB

RK queried the model of engagement with consultants likely to be undertaken. SA suggested the community advise and feedback on preferences.

Date of next meeting

28 April 2018, St Roque Boardroom, AAH at 4pm

DRAFT