

**To:** Tunbridge Wells Joint Transportation Board

**By:** Tim Read, Head of Transportation, KCC

David Candlin, Head of Economic Development and  
Regeneration, TWBC

**Date:** 27 February 2012

**Subject:** Buses to Tunbridge Wells Hospital

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**Summary:** This report does not contain the views of Tunbridge Wells Borough Council (TWBC) as Local Planning Authority. These will be set out in a future report to be presented to the TWBC Joint Area Planning Committee. The intended outcome of this report is that the view of the Joint Transport Board as to the nature of the long term public transport provision to the Tunbridge Wells Hospital will inform the KCC Cabinet Member for Environment, Highways and Waste and assist in the formulation of the KCC response to TWBC on the current planning application.

The opening of the new Tunbridge Wells hospital run by the Maidstone and Tunbridge Wells NHS Trust was completed in September 2011. Planning permission for the new hospital was granted by TWBC subject to a condition which required the NHS Trust to facilitate access to the Pembury site by bus for a period of at least five years with four specific routes being identified. The NHS has applied to TWBC for the removal of this condition subject to the completion of a S106 legal agreement securing a contribution towards provision of bus services to the majority of destinations outlined in condition 29. The NHS has fully funded interim bus services, which with the assistance of KCC are operating in accordance with this. However, these will end on the 13<sup>th</sup> May unless a further agreement is reached. It is considered by KCC Officers that the NHS should provide the interim services in the longer term, along with enhancements to Community Transport services to provide direct access to the hospital from the rural hinterlands and to those who are unable to use conventional public transport services. It is essential that the situation be resolved expediently to ensure that the NHS Trust provide adequate sustainable access to the Tunbridge Wells hospital.

# 1 Introduction

- 1.1 The new Tunbridge Wells hospital opened on 21<sup>st</sup> September 2011 in Pembury. The hospital, which was delivered by the Maidstone and Tunbridge Wells NHS Trust (the NHS Trust), has replaced the Kent and Sussex hospital in Tunbridge Wells town centre and some services have also been transferred to the new site from Maidstone Hospital.
- 1.2 The new Tunbridge Wells hospital is in an out of town location and has limited access by modes other than the private car. When planning permission for the hospital was given TWBC and KCC ensured that significant enhancements to the local public transport network on four specified service routes to the hospital were secured for a period of no less than five years. This was done through condition 29 of the planning permission, the details of which are set out below:

*29. No part of the development hereby permitted shall be occupied until a Bus Plan in accordance with condition 28, to facilitate access to the site by buses for staff, patients and visitors to the hospital has been submitted to and approved in writing by the Local Planning Authority, in consultation with the Highway Agency and Kent County Council. The Bus Plan shall include the following matters:*

*(a) Buses serving the site shall including:*

*(i) A service to and from Tunbridge Wells town centre, calling at Pembury Road, Tunbridge Wells Station, High Brooms and Longfield Road, at an average frequency of 3 buses per hour,*

*(ii) A service to and from Tonbridge town centre, calling at Tonbridge Station and Tonbridge High Street, including Hadlow, West Malling and Borough Green at an average frequency of 2 buses per hour,*

*(iii) A service to and from Crowborough town centre, calling at Tunbridge Wells station, at a frequency of 1 bus per hour, and*

*(iv) A service to and from Maidstone Town Centre, calling at Paddock Wood and Maidstone, at a frequency of 1 bus per hour.*

*(b) Details of routes, stops and service frequencies (the service shall generally operate between 0600hrs and 2300hrs on every day throughout the year although frequencies could be reduced on Public Holidays and in the evenings).*

*(c) The start of the services shall coincide with the opening of the hospital and will run for a period of at least 5 years thereafter.*

*(Note: this requirement was amended by TWBC application ref 10/02250 such that the start of the services became due on completion of occupation)*

*(d) The Bus Plan shall provide for monitoring and annual review of the effectiveness of the services and for variation thereof, subject to written agreement with the Local Planning Authority.*

*Reason: To provide suitable traffic management policies which aim to reduce the use of the private car in accordance with Policy TP1 of the Local Plan.*

- 1.3 In June 2011, the NHS Trust applied to TWBC to remove condition 29 subject to the signing of a Section 106 agreement, which commits them to provide a fixed amount of funding towards the provision of bus services to the majority of destinations outlined in condition 29 over a five year period. However, a formal objection to the reduced level of service, concerns over access to the hospital from rural areas and the outstanding submission of supporting information from the applicant has delayed determination of the application.
- 1.4 This report outlines short term bus service provision and sets out a proposal for bus service enhancements to be provided in the longer term.

## **2 Background**

- 2.1 The planning permission for the hospital contains the aforementioned condition 29 which requires that the NHS Trust provide a comprehensive network of specified bus services for a minimum period of five years. The gross cost of these services is estimated by KCC and commercial bus operators to be around £11m, which the NHS Trust considers to be unaffordable and unreasonable.
- 2.2 The NHS Trust formally applied to TWBC to change the existing planning condition in June 2011. The application proposed that a Section 106 agreement be signed between the NHS Trust, TWBC and KCC which would commit the NHS Trust to provide £2.1m over five years to KCC for the provision of bus services. It was proposed that this be used to provide services with a gross cost of around £3M, with the shortfall being made up by patronage growth. The application proposed that the services would be managed throughout the funding period by a management board made up of the three interested parties, who would approve changes to the services if there were likely to be any revenue shortfall.
- 2.3 Tonbridge and Malling Borough Council (TMBC) formally objected to the planning application because the proposal includes the omission of a direct service from West Malling, Borough Green and Wrotham. Following discussions between TWBC (not as Local Planning

Authority), TMBC, Sevenoaks District Council and the NHS Trust it was agreed to review the current proposals and to try to address the lack of direct services from the rural hinterlands through use of the voluntary transport sector. TWBC has confirmed to the NHS Trust that they will not enforce Condition 29 until the current planning application has been determined, and that they will not determine the application until all of the issues have been addressed.

- 2.4 In addition to the planning application relating to bus services, the NHS Trust has recently applied for planning permission to use part of the close-by Notcutts Garden Centre site for additional car parking for use by staff. Whilst the application is for short term car parking over the next four years, it should be noted that KCC's view is that any additional car parking provided on site will have an effect on the long term viability of all bus services to the hospital.

### **3 Short Term Service Provision**

- 3.1 When it became apparent that the situation could not be resolved before the new hospital opened the NHS approached KCC to seek help in providing enhancements to bus services on an interim basis. Following the completion of a contractual agreement between KCC and the NHS Trust, KCC secured the provision of high frequency services, acting as agents on behalf of the Trust. The NHS Trust is funding the provision of service 217, which commenced on 18<sup>th</sup> September and services 209 and 278 which commenced on 13<sup>th</sup> November for a fixed six month period. All costs are being met by the NHS Trust. The network of services that are currently providing access to the hospital are shown in Appendix A.
- 3.2 The interim services combined with existing services provide, on average, a ten minute frequency between Tunbridge Wells and the hospital and fifteen minute frequency between Tonbridge and the hospital, with a significantly discounted £2.50 return fare available from both town centres. A half hourly frequency is also provided between the hospital and Maidstone in the off peak. Despite the high frequency services being provided by a range of different operators, KCC have secured an agreement for return tickets to be accepted on all services.
- 3.3 Without further intervention or commitment from the NHS Trust, notice will be given on the contracts on 14<sup>th</sup> March, such that they will cease operation on 13<sup>th</sup> May 2012. It is therefore imperative that the situation be resolved urgently to ensure that sustainable access to the new hospital remains in place.

### **4 Progress towards a long term resolution**

- 4.1 In KCC's view, two issues need to be addressed to resolve the situation: the enhancements to bus services on a more permanent basis and any support required for community transport services. It is

essential that the situation be resolved expediently to ensure that the NHS Trust provide adequate sustainable access to the Tunbridge Wells hospital.

#### 4.2 Bus Services

KCC Officers consider that some of the services specified in Planning Condition 29 are very unlikely to be commercially sustainable at the end of the funding period and therefore do not represent good value for money. It is considered that the money could be better used to provide improvements to the bus network in the Tunbridge Wells area that provide for mass staff, patient and visitor movements and can deliver modal shift away from the private car. Ideally, direct services would be provided to the hospital from all rural areas, as well as other town destinations but this is not feasible within financial limitations and rural services are unlikely to become commercially viable by the end of the funding period, meaning that they will cease to operate.

4.3 The service enhancements that have been provided in the short term are built upon the existing bus network in the area and deliver high frequency services linking the hospital to Tunbridge Wells and Tonbridge with additional services to Maidstone. Discounted fares make the services attractive and multi-operator ticketing allows easy interchange for those coming from other areas. The network of services that are currently providing access to the hospital are shown in Appendix 1.

4.4 Since services 209, 217 and 278 commenced operation they have carried approximately 23500 single passenger journeys, generating around £21,000 in additional revenue. This is an encouraging start, particularly when it is considered that the services have not been marketed to staff or the public, and there is very little knowledge of the services, frequency or discounted fares. Promotion of the services has not been undertaken due to their current temporary nature. Furthermore, the lack of certainty around their longer term future makes the services less attractive to regular users such as staff.

4.5 The gross cost of providing the services over 5 years is likely to be around £5M and with a net cost of £2.7M if there were no further growth in patronage and revenue. However, use of both the services and revenue are growing month on month. KCC and TWBC are both experiencing significant financial pressures and are therefore unable to provide any funding towards the service enhancements.

4.6 It is therefore considered by KCC that continuing the short term enhancements currently in operation is the most appropriate solution in the circumstances. The high frequency services are considered to maximise the opportunity to deliver modal shift away from the private car, reducing congestion around the hospital and maximising the likelihood of the services becoming commercially viable by the end of the funding period.

- 4.7 If the services are secured in the longer term, they will be marketed widely, with a 'Buses to Tunbridge Wells Hospital' leaflet produced and distributed, direct marketing to staff and information provided online and at bus stops and information points in town centres and NHS facilities. Further work will also be undertaken to promote and allow through ticketing, so that people travelling from areas that do not have direct services to the hospital, such as Sevenoaks, can purchase one ticket that allows them to interchange and access the high frequency services to access the hospital.
- 4.8 Community Transport Enhancements  
Whilst the enhancements to bus services described above are considered to be the most appropriate solution for mass staff, patient and visitor movements to and from the hospital, it is recognised that these services will not be suitable for everyone wishing to access the hospital.
- 4.9 The NHS Trust is pursuing the proposal to enhance community transport to serve rural areas. A forum of the NHS Trust and local Community Transport organisations, chaired by the Leader of TMBC Mark Worrall, is working to establish what enhancements can be made to Community Transport provision to provide direct access to the hospital for those who live in the rural hinterlands and those who are unable to use conventional public transport services. The NHS Trust is currently developing a proposal for enhancements to Community Transport. This is considered by KCC to be an essential part of the required mix of transport services providing access to the hospital, but any funding requirements, which are yet to be determined, need to be considered separately to the provision of bus services. It should also be noted that securing Community Transport Provision falls beyond the requirements of condition 29 as it currently stands.

## **5 Recommendation**

- 5.1 That the Joint Transportation Board is requested to consider the position as set out in this report and provide its view as to the nature of the long term public transport provision to the Tunbridge Wells Hospital. This view will inform the KCC Cabinet Member for Environment, Highways and Waste and assist in the formulation of the KCC response to TWBC on the current planning application.
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## **Appendices**

### **Appendix A**

The network of services currently providing access to the hospital.

### **Appendix B and Appendix C**

Representations from a member of the public and a Kent County Councillor giving their personal views. These are for the information of the Joint Transportation Board and will also be forwarded to the Local Planning Authority for consideration under the current planning application.

### **Important note**

Any further representations received will be circulated to Board members at the meeting and will also be forwarded to the Local Planning Authority.

## **Background Papers – recent related meetings**

Minutes of the Tunbridge Wells Public Transport Forum dated 11 January 2012

<http://www2.tunbridgewells.gov.uk/Default.aspx?page=1502>

Report to the Environment, Highways & Waste Policy Overview & Scrutiny Committee 12 January 2012

<http://democracy.kent.gov.uk/ieListDocuments.aspx?CId=529&MId=3968&Ver=4>