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210429 NP Examiners Queries



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Dear Deborah,

BENENDEN NEIGHBOURHOOD PLAN - EXAMINERS INITIAL QUERIES

Further to our recent conversation I have pleasure writing on behalf of my client the Benenden Healthcare Society to provide answers to the queries raised by the examiner in respect of the site allocations on my client's land. You have kindly forwarded across the examiners 'Initial Comments' document and I refer below to the specific paragraph numbers he has listed.

Policy SSP3 – Land at Benenden Hospital Paragraph 29

Can I be provided with a copy of the planning permission granted in 2012 which included consent for 24 houses. Can I be provided with a copy of the layout that was approved. I am assuming that is still an extant consent. Would that allow for the demolition of the Garland Wing without any further consents?

The extant planning permission for residential development on this site, which would include the demolition of the Garland Wing, was part of a wider Hybrid Planning Permission for expansion of the hospital site which was granted permission on 30th May 2013 under planning reference 12/03130/EIAMJ. This includes outline planning permission for 24 dwellings with all matters reserved for later consideration (Condition 6). Condition 9 requires Reserved Matters to be submitted before 10 years from the date of the planning permission.

Paragraph 30

Could the Borough Council or Savills, on behalf of the Hospital Trust, offer a view as to how many residential units could be created, through the conversion of the existing buildings on the site into residential? Is it agreed that the current use of the site would fall within Use Class C2? Are there any restrictions on the re- use of the buildings for purposes within that use class? Would it be possible to speculate, based on likely trip rates what the traffic generation from the site would be, if reused within the same use class and how would that compare with the traffic generated by the scale of residential use that the current allocation would provide? Has Kent County Council as Highway Authority offered any views on the traffic and highway implications of the East End allocations on the wider rural road network?

As part of our earlier due diligence on behalf of the society we undertook pre-application enquiries with both TWBC and Kent County Council Highways (KCC). A Highways Scoping Note was issued to KCC which included an assessment of highways movements the larger redevelopment scheme would generate over and above those generated from the extant outline planning permission for housing and the lawful uses on the remainder of the site. Part of the lawful uses included a hotel building called Peek Lodge, which was used by visitors to the hospital site, as well as the wider C2 use.

In terms of calculating the number of residential units which may be achieved if the existing buildings were converted, our clients architect has not previously been commissioned to undertake an assessment on this basis and as such we can only take a view based on the footprints of the buildings. Our best guess on this basis would be in the region of 40 to 50 dwellings, but it is far from clear whether a number of these could be readily converted.

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Paragraph 34

I would like who is best placed, whether it is the Parish Council, the Borough Council or Savills on behalf of the Benenden Healthcare Society, to elaborate on the discussions that have led to the inclusion, within the Local Plan draft allocation, which has resulted in a commitment which will allow the use, by residents of the hospital shop and café, and the provision of a minibus. Is the reference to provision of 50% of the residential uses, related to the 50% occupation on the south west quadrant only or the combined site? Why could these facilities not be provided to assist the early residents of the development on their land?

The society appreciates the requirement for residents to be able to utilise local facilities and is happy to facilitate that. This will be either by enabling the public use of facilities in the hospital or alternatively providing standalone facilities as part of the two development schemes on the north and south of Goddards Green Road. The unknown at this stage is principally one of infection control requirements as in these COVID times it cannot be guaranteed that the hospital facilities will be able to be open for all, but if they are not then there is no reason why these facilities cannot be designed in as an integral part of the wider development proposals. Clearly this is a detail which can be dealt with at the planning application stage, but the principal of this provision is understood and accepted.

In terms of the trigger when this facility should be made available, the above constraint would mean that it would make sense for the trigger to be at 60% of the overall development so that the best end solution can be agreed and planned appropriately.

In respect of the minibus the understood solution was that financial contribution towards the instigation and running of this bus route would be provided (via the S106 legal agreement) so that it could be operated and managed by a local body to enable uptake and long term viability to be assessed over an initial period of time.

I do hope the above responses are helpful and I would be pleased to provide further clarifications on behalf of my client if that would be of assistance.

Yours sincerely,



Guy Dixon MRTPI
Director