

STATES OF JERSEY
PLANNING AND BUILDING (JERSEY) LAW
PLANNING AND BUILDING (PUBLIC INQUIRIES)
(JERSEY) ORDER 2008 (as amended 2015)

PUBLIC INQUIRY

PROPOSED NEW HOSPITAL - OVERDALE SITE,
WESTMOUNT ROAD, ST. HELIER, JERSEY

PLANNING APPLICATION REFERENCE P/2021/1670

PROPOSAL: Construct new hospital and associated buildings including mental health centre, energy centre, knowledge centre, multi-storey car park, surface level parking and landscaping. Demolish existing buildings, to include all buildings on the existing Overdale Hospital Site, Mulcaster House (Jersey Water), the former Jersey Electricity sub-station in Victoria Park, La Chapelle de St. Luc, Thorpe Cottage, Briez Izel, 1 Castle View, 5 Castle View, 1 Hillcrest, part of driveway, raised planter and strip of land at entrance to Hill Crest and Castle View, Mont Martin Cottage and two outbuildings, L'Amyerie, 1 – 3 Westmount Terrace, Berkeley Rise, Westmount House, Folly Field, part of the garden of Camden, and Jersey Bowling Club. Reconfigure and landscape Westmount Road, including People's Park, Lower Park, Westmount Gardens and Victoria Park, including changes to the playground and Petanque Courts in conjunction with associated alterations to the highway network. 3D Model available.

REPORT TO THE MINISTER FOR THE ENVIRONMENT

by

Mr Philip Staddon BSc, Dip, MBA, MRTPI

An Independent Inspector appointed under Article 3

16 MAY 2022

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EXECUTIVE SUMMARY

Background

In April 2022, I conducted a Public Inquiry into a planning application for a proposal to construct a new general hospital campus at the Overdale site on Westmount Road in St Helier.

It is a matter of public record that the new hospital project represents the biggest ever public infrastructure project embarked on by the States. It is a major, complex and costly project which is intended to serve the Island's needs for decades to come.

The project to deliver the new hospital has been dogged with difficulties, contention and delays. That recent history has included public inquiries, held in 2017 and 2018, in respect of two different 'outline' planning application schemes, each premised on building a new larger hospital in and around the existing hospital site at Gloucester Street in St Helier.

Both of those schemes were contentious, with a significant number of objectors, and became politically charged, with ongoing questioning about whether the 'right site' was being pursued.

The respective Ministers decided to refuse permission for both schemes, due to identified significant conflicts with the then Island Plan 2011 (Revised 2014). Those conflicts concerned the design and scale of the proposals and the resultant negative townscape and visual impacts, serious harm to living conditions of neighbouring residents, and harm to designated heritage assets, including the impact on the immediate setting of the Grade 1 Listed General Hospital building.

The current scheme is therefore the third planning application for a new hospital proposal. However, its consideration differs significantly from earlier proposals in a number of important respects.

First, it relates to an entirely different site at Overdale, which raises an entirely new set of locational and environmental factors to consider in the planning assessment.

Second, the States Assembly has resolved that the Overdale site is the 'right site' and has chosen it as the location for the new hospital and it has also supported the principle of the related proposal for the road access improvements.

Third, the application is submitted with full details, rather than as an 'outline' application, which gives certainty and precision to the development proposed.

Fourth, the application was submitted at a time when the Island Plan 2011 (Revised 2014) was in the process of being replaced by the new Bridging Island Plan 2022 (BIP). The BIP was adopted in March 2022, shortly before the Inquiry opened, and the application therefore falls to be considered and determined under its policies.

Fifth, the BIP endorses the Overdale site selection and includes policy CI3, which affords 'the highest level of priority' to the development of the new hospital on this site, subject to a set of criteria.

The Overdale site

The application site covers a large area extending to some 13 hectares. The principal part of the site comprises the existing Overdale hospital on the upper part of Westmount Road and two fields to the east of Westmount Road. The main site lies on an escarpment which frames the west side of the town centre of St Helier.

The site includes some residential properties in the vicinity, most of Westmount Road itself and adjacent land, Jersey Bowling Club (JBC), part of People's Park, Peirson Road/St Aubin's Road (and associated road junctions), Westmount Gardens, Lower Park and Victoria Park to the south and southeast. It also includes Val André, a wooded sloping landscape, to the west. The red lined site area also includes two outlying areas around highway junctions at Gloucester Street (A9)/The Parade and Tower Road/St John's Road.

The application proposal

The application seeks planning permission to develop a general hospital complex comprising five large buildings set within a landscaped campus and accessed by a re-engineered and realigned Westmount Road.

The largest building would be sited broadly on the existing Overdale hospital site and would house the main general hospital functions including the emergency department, operating theatres, and inpatient and outpatient accommodation and services. It would be an extremely large and tall building and very much of a modern hospital scale and of a contemporary design.

The other buildings are smaller and lower in scale and height and include a multi-storey car park and a mental health centre on the east side of the realigned Westmount Road, and an energy centre and an office building ('knowledge centre') to the north of the main hospital block.

The areas around and between these five buildings would include surface car parking, open space and landscaping.

The proposal entails significant engineering works to widen and re-engineer Westmount Road to provide improved vehicular, pedestrian and cycle access to the proposed hospital. It also includes a range of other highway works, including road widening, which will result in the loss of car parking within People's Park.

The application is supported by a significant body of plans, documents and reports. These include a site masterplan, architectural drawings for all of the proposed buildings and their layouts, engineering drawings for the highway works, and landscape drawings showing the proposed hard and soft landscaping details. The documents include a Design and Access Statement, a Planning Statement, a Statement of Community Participation, a Public Arts Strategy Statement, a Sustainability Strategy, a BREEAM (building performance) report, and survey reports of existing buildings.

The application includes an Environmental Impact Statement. This provides the applicant's detailed assessments covering: traffic and transport; noise and vibration; air quality; water resources; ground conditions; ecology; landscape and visual impacts; socio-economics; health and wellbeing; minerals and waste; climate change; heritage and archaeology; wind; and daylight effects.

The Inquiry

I held the Inquiry over 5 days starting on 4 April and concluding on 8 April 2022. Its purpose was to provide an open and transparent process to understand, scrutinise and appraise all aspects of the application proposal from a planning perspective, in order to provide the Minister with an impartial and informed report and recommendation. The Inquiry provided the opportunity for the applicant to make its case for the application proposal and for the planning authority, highway authority, other regulatory functions, and interested parties to contribute with their evidence and views.

Through the Inquiry process, I heard evidence, in writing and in person, from the applicant's team, the States' officers responsible for planning, the historic environment, transport, environmental health, landscape, natural environment, land controls, drainage and waste, and from a wide range of interested parties.

Interested parties submitted well over a hundred written representations and a good number attended the Inquiry sessions, the majority opposing the development and expressing concerns about its impacts. I held an open evening session on 6 April 2022, which was attended by a significant number of interested parties, including clinicians who spoke in support of the proposal. I have reviewed an inordinate amount of complex and wide-ranging information in making my assessment.

Legal framework

The legal framework for considering any planning application in Jersey is set by the Planning and Building (Jersey) Law 2002 (as amended). The law adopts a 'plan-led' system whereby the Island Plan, produced through an open and participative process and thereafter adopted, takes primacy in decision making. The current Island Plan is the BIP.

There is a general presumption that development which is in accordance with the Plan will be permitted and development that is inconsistent with the Plan will normally be refused. Making an assessment of whether a development proposal is in accordance with the BIP or inconsistent with it can often involve complicated and balanced judgments. This is particularly so with major and complex developments and even more so with this application proposal, being for the largest and most significant public infrastructure project in a generation.

Sometimes policies can appear to pull in different directions, whereby satisfying one policy creates a tension with another. This is not a fault with the system, but simply a product of a highly sophisticated development plan, which seeks to control and influence a wide range of different aspects of proposed development, in the interests of the principles of sustainable development. UK case law¹ has established that a proposal does not have to accord with every single policy contained in the development plan, but the key test is whether it accords with the plan when considered as a whole. Jersey case law² has similarly established that the Island Plan needs to be looked at 'holistically'.

Under Jersey law, should the assessment find that a proposal is inconsistent with the Island Plan, the decision maker does have the discretion to depart from its

¹ City of Edinburgh Council v. Secretary of State for Scotland and Others [1997].

² Therin v Minister for Planning and Environment [2018] JRC098.

provisions if there is 'sufficient justification'³. What constitutes a sufficient justification is not defined in law or set out in guidance and is therefore a matter for the decision maker.

Summary findings

My assessment has reached the following key findings:

1. The proposal accords 'in principle' with the BIP spatial strategy as set out in policies SP1(1), SP2 and CI3, which individually and collectively direct the new hospital development to this site. This is a very weighty 'in principle' factor in favour of the proposal and confirms that, in planning terms, the proposed hospital is in the right location and on the right site.
2. The need to provide the new hospital is confirmed by a substantial body of evidence. Demand is growing, whilst existing buildings and facilities are inadequate, deteriorating and unable to meet future demands. The current situation is creating increasing strain and risks to patients and staff, and the need for the new hospital is now urgent and time critical. These are significant and weighty planning considerations.
3. The evidenced need for the new hospital translates into a requirement for a substantial amount of building floorspace. There is a mature body of evidence which supports the broad quantum of floorspace of circa 70,000 square metres included in this proposal. Evidence has been provided to demonstrate that space demands have been consistently challenged through the design process to ensure that the proposal was the right size, accommodating all of the functional needs, allowing for future flexibility and growth, whilst not being oversized and wasteful.
4. The large floorspace quantum required creates significant and inescapable design challenges, particularly given the hilltop location of the site, the Green Zone and Green Backdrop Zone planning designations on parts of the site, heritage assets within and outside of the site, and the proximity of residential neighbouring properties. These are not new issues and constraints, and they were in place when the Overdale site was selected as the right site and subsequently confirmed through the adoption of the BIP, which establishes the highest level of priority to delivering the hospital here, through its policy CI3.
5. Working to deliver the functional brief and its floorspace requirement, the applicant has demonstrated that an extremely thorough and creative exploration of site strategy options has been undertaken. All of those options entailed one very large and high main hospital building. The applicant has further evidenced that its chosen site strategy option performed better than others by a considerable margin. The applicant has also evidenced in some detail how it has evolved and finessed the design of the main new hospital proposal, and the other campus buildings, to achieve the best design which meets the functional brief and responds, as best it can, to the constraints and opportunities of the site. The result is an undisputedly high quality healthcare campus, with contemporary buildings in an attractive landscaped setting, which would enable patients and people

³ Article 19 of Planning and Building (Jersey) Law 2002 (as amended).

within the hospital building to enjoy a very pleasant, indeed quite stunning, environment and panoramic views out to sea.

6. Whilst achieving the best design option relative to the needs of the hospital and the land available, and thereby satisfying criterion b) of policy CI3, it raises conflicts and tensions with other design and landscape policies. The proposed main hospital building would change the townscape of St Helier, and introduce the largest and most elevated building in the Island, which would never be fully screened by trees and landscaping and would form a new landmark building. This would conflict with policy GD7, as it involves a tall building which would be substantially above the guidance height in this urban character area, although it must be recognised that all other tested design options would similarly conflict with this policy, and there is a tension between it and the allocation of the site for the new hospital, under policy CI3. It would also conflict with the objective of policy GD8, which seeks to restrain development within the Green Backdrop Zone and it will cause harm, although the overall benefit to the community would be very substantial, allowing the proposal to be considered as an exception under GD8(2). It also conflicts with the objective of policy GD9, as it will harm 'skyline, views and vistas', including distant views from some of Jersey's iconic locations, such as Elizabeth Castle and Fort Regent; that harm can only be accepted under GD9 by being demonstrably outweighed by the public and community benefits of the proposal. Similarly, it would also adversely affect landscape and seascape character areas to some degree, in conflict with the purpose of policy NE3, and it must rely on the policy's exception provisions to attain compliance. I assess that none of these adverse effects and policy conflicts and tensions are surprising. They are a direct product of the site allocation and the delivery of the required amount of building floorspace necessary to provide the hospital. The proposal will also change the character, identity and sense of place of the wider area around the site, although I consider that this change would not result in unacceptable harm, and CI3(a) is satisfied, and it could successfully comply with the main policy principles of SP3 and SP4, concerning placemaking and protecting and promoting Island identity.
7. For such a major proposal, I assess that it fares reasonably well in terms of likely amenity impacts. This is a product of a large site which enables the buildings, one of which is very large and tall indeed, to be accommodated in a layout which includes plenty of space around them. The sheer scale and height of the main building is such that it cannot avoid some effects, particularly in terms of the wider aspect enjoyed from some properties. There are also some quite dramatic localised changes for occupants of some properties, which would see neighbouring homes disappear and a new roadside context being established, with a large hospital building in their vicinity. Whilst I consider that some of these effects are undoubtedly harmful, and I am sure unwelcome by some of those most affected, they do not cross the policy thresholds of unreasonableness or serious unacceptable harm, given the context of the BIP site allocation to build a new hospital and subject to suitable safeguarding planning conditions covering landscaping, boundary treatments, changes to land levels, and noise. I find that the proposal would accord with the amenity protection requirements of policies GD1 and CI3.

8. The proposal would harm heritage. The applicant has undertaken appropriate assessments of the archaeological potential and, subject to mitigation which can be secured by a planning condition, policy HE5 would be complied with. The proposal would entail the demolition of two Listed buildings, some losses of Listed parkland areas and adverse impacts on Listed buildings and places, including the wider settings of some of Jersey's grade 1 listed, and most iconic, heritage sites. It will affect Elizabeth Castle, Fort Regent and St Aubin's Fort. In each case, the proposed main hospital building will be a considerable distance from the heritage assets, but the scale of the building and its elevated position means that it will form a new large landmark building within the wider setting of these historic sites. Whilst the effects are unwelcome from a heritage perspective, they are sufficiently distanced to not be calamitous. These harmful effects on Jersey's heritage can only be justified by the exceptional circumstances arising from the public interest benefit of delivering the new hospital on its planned site. This satisfies policy HE1.
9. On transport and accessibility matters, I find the proposal to be acceptable. The applicant has undertaken appropriate assessments of baseline conditions, traffic demand and modelling of highway impacts. In transport and accessibility terms, the Westmount Road proposal and associated active travel corridor are appropriate and justified. The evidence indicates that the proposal will not result in any undue highway capacity or highway safety issues. The Westmount Road/active travel route, along with other measures, will deliver significant and necessary improvements to the site's accessibility, such that the new hospital would be genuinely accessible by a choice of transport modes. The proposal's approach to parking to serve the hospital is well evidenced and strikes the right balance between providing what is operationally necessary and the imperative of encouraging the greater use of sustainable transport modes. The loss of town centre parking is acceptable in planning policy terms, but raises issues that will need to be managed. The implementation of a robust travel plan is critical to secure sustainable travel patterns. Subject to appropriate planning conditions and obligations, the proposal accords with BIP policies TT1, TT2, TT3, TT4, GD6(4), CI3c.1 and, in so far as it relates to transport matters, SP1.
10. With regard to natural environment and landscape design considerations, the proposal performs well. Ecological matters have been properly assessed and impacts can be mitigated by planning conditions. The scheme would deliver some impressive biodiversity net gains. Whilst some trees would need to be removed, most are poorer specimens and there would be a very significant net increase in the tree stock within the site (circa 700). The landscape scheme is extremely well conceived and of a high quality. I assess that the proposal would comply with policies NE1, NE2 and GD6(6) and, in so far as it relates to the landscape and green infrastructure proposals, with policies SP1(8), SP3(3), SP5 and GD8(1e).
11. The proposal would result in the loss of 14 homes, all of which appear to be in good condition. Whilst the loss of housing is implied in the supporting text to policy CI3, policy H3 places a protection on homes, unless stated exceptions are met, which do not apply in this case. As a result, the proposal conflicts with policy H3.

12. In addition to the loss of 14 homes, all of the existing hospital buildings, Mulcaster House, the bowls club and a range of other structures would need to be demolished. Whilst many of these buildings are in poor condition, others are not and are capable of continued use and occupation if the hospital project did not proceed. Policy GD5 rightly guards against unnecessary demolition of buildings in the interests of minimising waste, reducing building obsolescence, increasing building longevity, and making best use of their embodied carbon. However, the policy allows exceptions and these apply in this case, as it is not practical to keep the buildings and deliver the hospital, and the proposal will deliver sustainability, aesthetic and practical benefits. I find no conflict with policy GD5.
13. The proposal would involve built development on two fields which are currently designated as Green Zone. This would conflict with the fifth paragraph of policy SP2, as it would not involve development that requires a countryside location. However, the fields are surrounded by the built-up area and there are other policies, including policy CI3, pulling in a different direction. Notwithstanding these other policies, there is conflict with one element of policy SP2.
14. On a related note, the proposal involves some tension with the policy ERE1 presumption against the loss of agricultural land but, at the same time, it would satisfy the exceptional circumstances provision, given that the CI3 allocation confirms that the new hospital is appropriate to this location.
15. The proposal would result in a modest loss of areas of protected open spaces. However, when judged against policy CI7, the delivery of the new hospital is an exceptional circumstance and it is of a greater community benefit than the modest losses of open space. Moreover, the proposal will deliver substantially more new open space than that lost. The proposal therefore satisfies the exceptional requirements and policy CI7 is complied with.
16. The proposal would result in the loss of a longstanding and valued bowls club, without which the improved road/active travel corridor could not be delivered. Whilst BIP policy CI5 affords protection to existing sports, leisure and cultural facilities, it is caveated by the word 'normally'. I consider that the provision of the new hospital is not a normal event and that relocation of the club to another site, as proposed by the applicant, would be an appropriate response within the intent and objective of the policy. Subject to a suitable and timely relocation of the bowls club being secured by a legal agreement, there would be no conflict with policy CI5.
17. In terms of the sustainability of the proposed buildings and energy use, the required 'very good' BREEAM standard would be met and may be exceeded, and an energy reduction target, in line with policy, would be in place. Subject to suitable planning conditions, the proposal would meet the BIP policies ME1 and ME2. Subject to appropriate planning conditions, including a requirement for a whole life cycle carbon assessment to a recognised industry methodology, I consider that, as far as it is reasonably able to, the proposal addresses the sustainability requirements of policies SP1, SP3(2) and GD6(8).
18. The proposed development will generate a substantial amount of waste. Whilst that might be an unavoidable consequence arising from delivering a

new hospital, it raises significant waste management implications. The current body of evidence gives some cause for concern that measures are not yet fully in place to manage the waste streams in addition to existing demands. A detailed and robust site waste management plan is required to address these matters and this can be secured by a suitable planning condition. This would satisfy the requirement of BIP policy WER1. Any land contamination issues can be similarly addressed by planning conditions.

19. Flood risk and drainage matters have been appropriately addressed and, subject to planning conditions and obligations, the proposal would comply with BIP policies WER2, WER6 and WER7.
20. On other planning matters, the applicant has evidenced an appropriate programme of community participation and policy GD2 is satisfied. The applicant has also assessed socio-economic impacts and there are none that I regard would be so adverse that would justify withholding permission. Wind and microclimate effects have been properly assessed and, subject to a mitigation measure at one entrance, these would be acceptable. Crime prevention and community safety has been properly assessed and incorporated into the design, such that it will create a safe and attractive environment, which accords with the requirements of BIP policies GD6(5) and SP7 (sixth bullet point).
21. I assess that this major development project would, through its demolition and construction phases, result in widespread and protracted impacts on neighbouring homes and uses, businesses, the local road network and the wider area. These are the inevitable consequences of a major construction project in a built-up area, but they are not, in my view, matters that could reasonably lead to permission being withheld. They are matters that require appropriate demolition and construction management plans, which can be secured by suitable planning conditions.
22. Should the Minister be minded to grant planning permission, the imposition of a set of planning conditions and the requirement for a Planning Obligations Agreement would be necessary and reasonable to control the development and to secure required mitigations.

Planning balance and conclusions

Bringing all of the above findings together requires a complex judgment about the overall planning balance. This requires an assessment against the BIP as a whole.

The harm that will arise from this proposal is notably in terms of the substantial scale of a 'landmark' building that will result, permanently changing the townscape, the skyline, and the Green Backdrop Zone; resultant impacts on landscape and seascape character areas; the loss of heritage and harm to the settings of Listed buildings and places, including changing the wider and distant background settings of some of Jersey's iconic heritage sites; and the loss of agricultural land, homes and other buildings, some of which are sound and in good condition.

However, weighing heavily in favour of the proposal, there is significant compliance with a wide raft of strategic and other BIP planning policies. My assessment leads me to the conclusion that the vast majority of BIP policies are complied with, most in full and some by exception, whereby the identified harm

is demonstrably outweighed by the public and community benefit arising from the proposal. There are a smaller number of clear policy conflicts.

Importantly, the proposal would deliver the much needed new hospital in line with policy CI3 which has been afforded the highest level of priority. I have assessed that, subject to planning conditions and obligations, all of the policy CI3 criteria have been met and that the proposal would deliver an undisputedly high quality healthcare campus, with contemporary buildings in an attractive landscaped setting, which would enable patients, visitors and staff to enjoy a very high quality environment.

In my overall assessment I find that the positives, in terms of policy compliance and major public benefits, outweigh the harms and policy tensions. I do not understate or downplay the harms and tensions against some policies, and I respect the views of those that have expressed opposition to the scheme, and have presented good arguments and evidence. However, this is a plan-led development and the plan-led conclusion of my assessment is not without consequence. It is a fact that a CI3 compliant development proposal was always likely to have the adverse effects and impacts that I have identified, given the nature of this once in a generation development proposal.

Accepting the importance and imperative of delivering the hospital on this allocated site, the key overarching test is whether the application proposal represents the very best proposal in planning terms when considered 'in the round'. My conclusion is that it does and that, when considered against the BIP holistically, and notwithstanding some acknowledged and identified tensions with certain policies, it accords with the plan as a whole.

I recommend that the Minister grants planning permission, subject to recommended planning conditions and to the applicant entering a Planning Obligations Agreement.

Philip Staddon BSc, Dip, MBA, MRTPI

16 May 2022

INTRODUCTION

Background

1. My name is Philip Staddon. I am an independent Planning Inspector appointed by Jersey's Minister for the Environment. I am a chartered town planner with over 35 years' relevant experience across the planning and development industry in both public and private sector roles. In Jersey, I have worked as a Planning Inspector since 2015 and undertaken a number of complex Hearings and Public Inquiries.
2. The Minister has asked me to conduct a Public Inquiry to assess the planning application to build a new general hospital at the Overdale site in St Helier, lodged under reference P/2021/1670. The application was submitted and validated in November 2021. It seeks planning permission to develop a general hospital complex comprising 5 large buildings set within a landscaped campus and accessed by a re-engineered and realigned Westmount Road. The site includes all of the existing Overdale hospital estate, fields and properties on the east side of the existing Westmount Road and areas of highway and public land.
3. It is a matter of public record that the new hospital project represents the biggest ever public infrastructure embarked on by the States. It is a major, complex and costly project which is intended to serve the Island's needs for decades to come. It is also a matter of public record that the project to deliver the new hospital has been dogged with difficulties and contention.
4. The earlier chapters have included Public Inquiries, in 2017 and 2018, which I held in respect of 2 different 'Outline' planning application schemes⁴, each premised on building a new hospital complex in and around the vicinity of the existing hospital at Gloucester Street in St Helier. Both of those earlier schemes were locally contentious, with a significant number of objectors, and each became politically charged, with ongoing questioning about whether the 'right site' was being pursued. Indeed, as part of the second Inquiry, I was asked, through extended terms of reference, to consider the issue of alternative sites and that included a high-level assessment of the Overdale location, which is the focus of this current application.
5. The respective Ministers decided⁵ to refuse both of those earlier Gloucester Street focused schemes, due to identified significant conflicts with the Revised Island Plan 2011 (RIP). Those conflicts concerned design and negative townscape impacts, unreasonable harm to living conditions of neighbouring residents, and serious harm to designated heritage assets,

⁴ Planning application reference numbers PP/2017/0990 and PP/2018/0507 respectively.

⁵ Ministerial Decisions MD-PE-2018-0004 and MD-PE-2019-0004 respectively.

including the impact on the immediate setting of the grade 1 Listed General Hospital building.

6. The current scheme is therefore the third planning application for a new hospital proposal in Jersey. This application differs from the failed earlier proposals in a number of important respects.
7. First, it relates to an entirely different site, at Overdale, which, whilst part is already an established hospital use, raises an entirely new set of locational and environmental factors to consider in the planning assessment.
8. Second, the States has resolved that the Overdale site is the 'right site' and has chosen it as the location for the new hospital.
9. Third, the application was submitted at a time when the RIP was in the process of being replaced by the new Bridging Island Plan (BIP). The BIP endorses the Overdale site selection and includes a policy (CI3) which affords 'the highest level of priority' to the development of the new hospital at the Overdale site, subject to compliance with a set of criteria. The BIP was adopted shortly before I opened the Inquiry and became the statutory development plan under which the new hospital application must be assessed and determined.
10. Fourth, the application is submitted in 'Full' (rather than in Outline) which gives certainty and precision to the development proposed.

Terms of Reference and Scope of the Inquiry

11. The Minister for the Environment decided to call this Public Inquiry on 26 November 2021⁶. His stated reasons were:

In accordance with Article 12(1)(a) of the Planning and Building (Jersey) Law 2002, as amended, the Minister is satisfied that if the proposed development would be likely to have a significant effect on the interests of the whole or a substantial part of the population of Jersey. Additionally, in accordance with Article 12(b) of the Law, that the proposed development, were it to be carried out, would be a departure (other than an insubstantial one) from the 2011 Island Plan (revised 2014).
12. The Law prescribes that, in such circumstances, the Minister shall not determine the application "*unless and until a public inquiry has been held concerning the application.*"⁷ That is to say, this Inquiry must be held

⁶ Ministerial Decision MD-PE-2021-0079 [Inquiry Document INQ1].

⁷ Article 12(2) of Planning and Building (Jersey) Law 2002 (as amended).

before the application can be determined. The Minister must also take into account representations made at the Inquiry⁸.

13. The terms of reference for the Inquiry into this application were set out in the Minister's letter to me dated of 8 December 2021⁹. This defined 4 clear requirements:

1. *The production and public announcement of a timetable, adhering to the requirements of the Planning and Building (Public Inquiries) (Jersey) Order 2008, as soon as is reasonably practical.*
2. *The consideration of the planning application under the policies of the Bridging Island Plan, which is currently in draft, and expected to be have been debated and adopted, in some form, by the States Assembly by 25 March 2022.*
3. *In accordance with the decision of the States Assembly (P.123/2020), the consideration of the planning application should only be with regard to this scheme and its associated sites at Overdale.*
4. *The delivery of a written report, summarising the planning issues and containing your recommendation for a decision on the application, by 13 May 2022.*

14. It is important that I record that my remit is limited to planning considerations within these stated terms of reference. In particular, although submissions have been made on these matters, I am not examining alternative sites or 'twin site' alternatives; the merits of the States Assembly decision to select the Overdale site; the political and scrutiny processes concerning that decision; and value for money/financial considerations, beyond indirect considerations such as matters concerning sustainability, energy, building performance etc. It is also appropriate to record that my role and remit does not extend to negotiating changes or amendments to the scheme, and is based solely on the scheme before me as submitted.

The Inquiry

15. I held the formal Inquiry sessions over five days, opening on Monday 4 April 2022 and closing on Friday 8 April 2022. The Inquiry was held at the St Paul's Centre in St Helier. It included an open 'plenary' evening session on Wednesday 6 April 2022. In addition to those appearing in person, I have reviewed and considered a significant volume of written representations, all of which are listed in, and can be accessed through, the Inquiry's electronic document lists.

⁸ Article 12(3) of Planning and Building (Jersey) Law 2002 (as amended).

⁹ Deputy J. Young's letter to Mr. P. Staddon dated 8 December 2021 [Inquiry Document INQ2].

16. I would like to record my thanks to all participants for their contributions at the Inquiry and to those that made written representations. As I have found in earlier inquiries and planning hearings in Jersey, evidence is given respectfully, intelligently, and often with great insight and local expertise. This has assisted greatly my understanding and assessment of the main issues and enabled me to reach informed evidence based conclusions and recommendations.
17. I also record my thanks to the Inquiry Programme Officer who did an excellent job in managing the programme and the very large volume of material and participants, often at very short notice. I would further like to thank the St Paul's Centre for providing such a welcoming venue for the Inquiry and to the events company Delta, for their skill and expertise in managing the complex array of technology in terms of live streaming, remote participation, the sound system, and the display of material.

Site inspections

18. I made numerous inspections of the application site and the surrounding area over a number of months. I had previously undertaken a comprehensive site inspection of the existing Overdale hospital site in 2018. On Saturday 2 April 2022, I undertook inspections from homes and gardens, at the request of interested parties. I have been driven to the site, walked to the site (many times) and cycled to the site. I have visited and viewed the site from numerous outlying locations including Elizabeth Castle, Fort Regent, St Aubin, Noirmont Point and Surville Cemetery.

Report structure

19. In terms of the structure of this report, I begin by addressing some preliminary and procedural matters. I then describe the application site, the application proposal and the relevant planning history. I then explore the legislative and planning policy frameworks, including an overview of the relevant, recently adopted BIP policies. I then summarise the cases made by the applicant, the planning authority¹⁰ officers and the many interested parties who have contributed to this Inquiry.
20. My report then explores the main issues that I have identified. These broadly follow the thematic sessions set out in the Inquiry programme, but I have made some adjustments and refinements to ensure a comprehensive and legible account. Where relevant and appropriate, I have made reference to key evidence documents and representations. However, it would be unrealistic to reference every single document and

¹⁰ For clarity and ease of reference, I have used the term 'planning authority' to cover the evidence and regulatory planning functions of officers from the States department of Infrastructure, Housing and Environment.

representation, and the absence of a reference to any specific document does not mean that I have not considered it. Indeed, I have endeavoured to read and assess every single document and submission placed before me.

21. The main issues explored are
 1. Broad principle and spatial strategy
 2. Need
 3. Design and landscape and visual impacts
 4. Amenity impacts
 5. Heritage
 6. Transport
 7. Natural environment and landscape design
 8. Loss of housing
 9. Demolition of existing buildings
 10. Development within the Green Zone
 11. Loss of agricultural land
 12. Protected open spaces
 13. Loss of bowls club
 14. Sustainability and BREEAM
 15. Waste minimisation
 16. Flood risk and drainage
 17. Other planning matters
 - Community participation
 - Socio-economic impacts
 - Wind
 - Crime
 - Ground conditions
 - Cumulative effects
 18. Demolition and construction impacts
 19. Planning conditions and agreements

22. My report then provides my overarching assessment and my formal recommendations to the Minister.

PROCEDURAL AND PRELIMINARY MATTERS

The Order

23. This Inquiry has been conducted in accordance with the provisions and procedures laid down in the Planning and Building (Public Inquiries) (Jersey) Order 2008. This Order sets out my functions and powers and the rules concerning announcements, submissions to the Inquiry, its timetable and other related matters.

Pre-Inquiry Meeting

24. In accordance with Article 8 of the Order, I held a Pre-Inquiry Meeting (PIM) on 18 February 2022. The purpose of such a meeting is purely procedural in nature and intended to make preparations to ensure that the Inquiry runs smoothly and efficiently. The agenda¹¹ and notes¹² of that meeting are available through the Inquiry document library. Some of the procedural matters that arose through that meeting are addressed below.

The timing of the Bridging Island Plan examination, debates, amendment and adoption

25. Planning applications must be assessed against the Island Plan legally in place at the time. The new hospital application was submitted at a time when the RIP 2014 was the statutory plan. However, it was at the end of its tenure and the BIP had been prepared and was the subject of extensive public consultation and an examination process, which concluded with the issue of the examining Inspectors' report dated 25 January 2022. Following the States Assembly's debates and amendments in March 2022, the BIP became the statutory Island Plan on 25 March 2022. A copy of the adopted policies was made available before the Inquiry opened.
26. A number of representations have claimed that the timing of the Inquiry, soon after the adoption of the BIP, is unfair. They submit that the timetable for Statements of Case and Proofs of Evidence meant that these had to be prepared before the BIP had emerged from the States Assembly amendments debates, and prior to a final 'adoption version' of the BIP being published.
27. Whilst noting these concerns, the transition from one development plan to a new one is not an unusual event in plan-led systems. Indeed, it is a predictable event and new plans have a long lead-in time and are subject to extensive public consultation. The BIP carries forward significant common ground from the RIP, in terms of its planning strategy, focus on sustainable development, and a suite of environmental protection and

¹¹ Inquiry Document INQ5 – Inspector's Note and Agenda for the Pre-Inquiry Meeting.

¹² Inquiry Document INQ10 – Notes of the Pre-Inquiry Meeting.

development management policies. This is unsurprising given its relatively short lifespan of three years.

28. One of the key differences is the BIP's allocation of the Overdale site for the new hospital development and the associated policy CI3, which affords its delivery the highest priority subject to stated criteria. These matters were considered by the panel of Inspectors examining the BIP who endorsed the policy and considered it to be sound and appropriate, and the policy has been subsequently adopted, with some minor amendment and addition to its wording. Some other policies, including those relating to tall building proposals and those affecting heritage assets were also subject to some amendment.
29. The transition from the RIP to the BIP inevitably brings with it some complications and messiness, around the point of transition and the settling in of a new suite of policies. In the light of this, I invited all parties, if they wished, to make any further written submissions to me on any amended BIP policy wording, with a deadline of 22 April 2022.
30. Given the transparency of the BIP examination and adoption process, the examining Inspectors' findings on the most relevant policies, and the facility that I have allowed for ongoing submissions to the Inquiry, I do not consider that any undue issues of unfairness or prejudice arise.

The development description and the demolition of existing buildings

31. The description of the development that appears on the application form, and under which the application was initially publicised, included a reference to another planning application. Specifically, it stated that part of the proposed development involved "*Demolish existing buildings, not covered by application P/2021/1398...*". In my view, this was a rather odd element of the description and has resulted in some confusion.
32. The application P/2021/1398 sought permission to demolish all buildings and structures on the existing Overdale hospital site. I understand that it was submitted ahead of the main application, in the hope that site preparation works could be advanced more quickly.
33. However, the P/2021/1398 reference does not feature in other key application documents, including the covering letter (CD1.1) and the Planning Statement (CD1.3), which includes a number of clear references¹³ to the demolition of all buildings on the existing hospital site. Moreover, the Planning Statement contains an appendix¹⁴, which includes a demolition plan and itemised photographic records of all of the Overdale hospital buildings proposed to be demolished.

¹³ Planning Statement – paragraphs 4.4 and 6.3.

¹⁴ Planning Statement – Appendix 6.

34. The proposal is 'prescribed development' under the Planning and Building (Environmental Impact) (Jersey) Order 2006. Schedule 2 of that Order requires an Environmental Impact Statement (EIS) to include a description of the development. The submitted EIS includes such a clear description¹⁵ in its chapter 3 which does not include any reference to P/2021/1398 and refers to the '*redevelopment of Overdale hospital and adjacent land...*'. It makes plain¹⁶ that all of the existing Overdale hospital buildings would be demolished and even includes a table setting out a timetable¹⁷ for the demolition works. This is further reinforced in EIS Figure 3.2, which is a 'building demolition plan' that very clearly shows all buildings proposed to be demolished both on the Overdale hospital site and within the wider red lined application area. Moreover, the large body of plans and drawings, which form a substantive part of the duly made application, clearly confirm beyond any doubt that the existing Overdale hospital buildings are all proposed to be demolished and replaced by the new development.
35. Jersey's Planning Committee resolved to refuse the P/2021/1398 application at its meeting on 3 February 2022, and confirmed that decision at its meeting on 10 March 2022. An appeal has subsequently been lodged.
36. In the light of the 3 February 2022 decision, the applicant issued a letter (INQ6) clarifying that, irrespective of the stated description and the outcome of P/2021/1398, the current application includes the demolition of all buildings on the Overdale hospital site. That view was endorsed by the planning authority's officers. A number of representations from interested parties were submitted on this matter expressing their concerns, and some suggesting that the Inquiry should be delayed.
37. These matters were initially discussed at the PIM. Whilst noting concerns expressed by some, it is abundantly clear that the current application proposal before me would involve the demolition of all buildings on the existing Overdale hospital site. Indeed, that would be rather obvious to anyone viewing the plans and documents, for the reasons I have set out above.
38. However, in the interests of clarity, the applicant and the planning authority indicated at the PIM that they would work to agree an updated clarified description, and that this would be re-advertised. This was subsequently actioned and a notice was published in the online Jersey Gazette and in the Jersey Evening Post on 21 February 2022. Updated site notices were displayed on 22 February 2022. At the PIM, I made clear that, as this remains a 'live' application, anyone who wished to make further

¹⁵ EIS chapter 3 page 2 – 5 italicized description text.

¹⁶ EIS – 3.10

¹⁷ EIS – 3.11.1

representations on these matters ahead of the Inquiry, was welcome to do so.

39. Whilst this process did largely resolve any possible confusion, it did not in my view fully address the issue, as the advertised description still retained the rogue reference to P/2021/1398. This is confusing and at odds with the clarification note inserted below the description, which makes plain that all buildings are to be demolished. Furthermore, the clarification note also refers to the 'redevelopment' of fields which have clearly not previously been developed and that somewhat odd reference has no place in an accurate development proposal description.
40. On the Friday afternoon before the Inquiry was due to open, an interested party, Advocate Graham Boxall, emailed the programme officer with an attached Counsel's opinion, concerning these matters. In essence, it argued that the applicant cannot legally amend the application as he would wish and include matters previously excluded and it makes reference to the guidance¹⁸ in respect of when a 'revised plans' application is required. The opinion is provided by Mr Zwart, the Counsel who represented the applicants at the first 2 hospital public inquiries. I accepted the submissions from Advocate Boxall and the Counsel opinion as Inquiry documents (DOC5 and DOC5a) and allowed other parties an opportunity to make written submission to me on the matter by 22 April 2022.
41. I subsequently received a Counsel's opinion prepared by Mr Atkinson (PINQ6) on behalf of 'the Government of Jersey', which rebuts Mr Zwart's opinion. An interested party also responded, supporting Mr Zwart's contention (INQ5). Friends of Our New Hospital also submitted an updated opinion from Mr Zwart (PINQ11) which restates his earlier opinions and accuses me of misdirecting myself on the scope of the current application.
42. Having considered this matter and the related submissions, I have reached the following conclusions. First, the applicant and planning authority got themselves into an unnecessary muddle over elements of the description that appeared in the application form, which did not reflect the wider duly made application content; the reasons for this are unclear to me. Second, they then created another, albeit lesser, muddle in their attempts to clarify the first muddle. Third, the 'duly made' application cannot be construed as just the text in the development description box of the application form; the duly made application is the entire application read as a whole. Fourth, the duly made application, through its plans, documents and EIS, makes abundantly clear that all of the Overdale hospital buildings (and other

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buildings) are to be demolished as part of the proposal and no other reasonable interpretation could be reached. Fifth, the revised plans guidance has little, if any, relevance, as that relates to proposed changes to an already permitted scheme, which is not the case here. Sixth, whilst it is usual to accept and use the development description provided on the application form, where it contains elements that are wrong or misleading, these are capable of being corrected and clarified prior to a decision being made, and indeed the States published guidance says that descriptions may be changed¹⁹.

43. Bringing all of these conclusions together, leads me to the view that that the development description should be further refined for the purposes of precision and clarity of the duly made application proposal, prior to any decision being made. Specifically, the description should be amended to remove any reference to P/2021/1398, as that has no relevance to the development applied for, and the odd reference to 'redevelopment' of fields should be removed. These matters can be tidied up by some simple edits and by incorporating the intent of the 'clarification note' into the main body of the description. I do not consider further publicity is required and I do not believe any issues of fairness arise by adopting a more precise and accurate development description at this stage, as there is no change to the substantive development proposal for which permission is sought.
44. I recommend that the following description should be employed on any decision documentation and I have used it on the cover to this report.

PROPOSAL: Construct new hospital and associated buildings including mental health centre, energy centre, knowledge centre, multi-storey car park, surface level parking and landscaping. Demolish existing buildings, to include all buildings on the existing Overdale Hospital Site, Mulcaster House (Jersey Water), the former Jersey Electricity sub-station in Victoria Park, La Chapelle de St. Luc, Thorpe Cottage, Briez Izel, 1 Castle View, 5 Castle View, 1 Hillcrest, part of driveway, raised planter and strip of land at entrance to Hill Crest and Castle View, Mont Martin Cottage and two outbuildings, L'Amyerie, 1 - 3 Westmount Terrace, Berkeley Rise, Westmount House, Folly Field, part of the garden of Camden, and Jersey Bowling Club. Reconfigure and landscape Westmount Road, including People's Park, Lower Park, Westmount Gardens and Victoria Park, including changes to the playground and Petanque Courts in conjunction with associated alterations to the highway network. 3D Model available.

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45. Given some of the content of the updated opinion of Mr Zwart, implying potential legal challenge of any decision made at odds with his advice, the Minister may wish to seek the advice of the Attorney General prior to making a decision. However, for the reasons I have set out above, I do not believe that I have misdirected myself on this matter. It also appears that Mr Atkinson holds a similar view.

Site ownership and acquisition

46. The majority of the application site has been acquired by the applicant. However, several private owners, who have not agreed to sell their land, did not confirm their approval of the application prior to its submission. Article 9(4) of the Planning and Building (Jersey) Law 2002 enables the Minister to accept an application for consideration, without the certification of all the owners, if the Minister is satisfied that to do so would be in the public interest. On 23 November 2021 the Minister decided²⁰ that it was in the public interest that the application be considered without certification from all owners within the site area.

Conflicts of interest and public perception issues

47. The nature of the new hospital application, as an extremely major public infrastructure project, combined with the Island's structure and governance of its civil service functions, inevitably results in some potential for perceived conflicts of interest.
48. The applicant is the Director General for Infrastructure, Housing and Environment. However, the planning authority, highway authority and some other regulatory and consultee functions also sit within his large service portfolio. There is therefore scope for the perception that the applicant's influence may be felt, either directly or otherwise, by those in regulatory and advisory functions within his department. Put simply, planning, highways and other officers are making assessments, and giving evidence to the Inquiry, on the boss's application.
49. It is also the case that the applicant will inevitably be the Minister's most senior, and undoubtedly highly respected, advisor on many matters concerning the ministerial environment portfolio. In the run up to this Inquiry, I have noted media coverage concerning the planning authority officers' stance in opposition to the application, and their pre-application advice before that, and the applicant's intention to make its case in the light of that officer opposition.
50. These are matters that may be largely inescapable in current governance structures, but they are less than ideal in terms of the arena of public perceptions. Whilst these are not matters that impact directly on my

²⁰ Ministerial Decision MD-PE-2021-0078.

assessment of the planning merits of the application, it is nonetheless important that I record them. It is also important I record that I found no evidence, hint, or suggestion, that any officers felt pressured to form a particular view. Professional evidence and views appeared to be given without fear or favour. The fact that a number of officers expressed professional views in opposition, in part or in whole, to the application proposal, appears to confirm my observation.

51. Moreover, there are safeguards through this Inquiry process, which has been conducted independently and impartially. In that regard, I can record that I have been able to conduct my role with complete freedom and without interference. There have been no secret briefings, lobbying or instructions, seeking to influence a particular outcome or recommendation. My assessments and findings are my true and professional opinions arrived at after assessing the application, evidence and representations, over a period of some 5 months.
52. I have also noted a view expressed by some interested parties that an engineering firm engaged by the applicant was conflicted, as it had also undertaken consultancy work on the BIP. I do not consider that there are any reasons why engineering expertise from that firm should not be used to support the application and I note that the planning authority has not raised any concern.

Amended plans, correction or errata and additional information

53. On 4 March 2022, the applicant issued some updated and corrected documents and plans, along with some further information on discrete matters (biodiversity, disability design and access, and details concerning a concrete batching plant for the construction project). None of these matters entail any significant change to the application proposal.

Terminology of regulatory functions

54. Due to some of the above complexities, I have adopted the terms 'planning authority', 'highway authority', 'drainage authority' and 'waste authority' throughout the Inquiry and in this report. This helps to define the regulatory function with clarity and assist legibility and understanding, particularly for members of the public. I am aware that the 'highway authority' function is split between parishes and the States, but for the purposes of the planning application consideration, it is appropriate to use the generic term.

The 'live' application

55. It is important to appreciate that the Inquiry has been considering a 'live' planning application. It does not relate to a planning appeal where a

decision has already been made. It is equally important to appreciate that the application is for an extremely major and complex development.

56. Notwithstanding the timetable for the submissions of Statements of Case and Proofs of Evidence, I have not sought to prevent later submissions from interested parties, although I set a cut-off date of 22 April 2022. In writing this report, I have considered all of the evidence before me up to that date.

Statements of Common Ground

57. A statement of common ground is a written statement containing factual information about the proposal which the applicant and the planning authority do not dispute. These can save time and enable the Inquiry to probe the key issues, questions and differences of view.
58. In this case, three statements of common ground have been produced; the first covering planning matters (INQ11), the second addressing highway matters (INQ12) and the third covering crime and wind effects (INQ14). The documents are well written and helpful to the Inquiry. However, whilst establishing the common ground between the main parties is important, that common ground is not necessarily shared by others who have submitted evidence to this Inquiry.

THE APPLICATION SITE

59. The application area is defined by a red line on the Site Location Plan (CD2.1). The following description of the application site is largely based on that found within section 1 of the Statement of Common Ground (INQ11) which I have edited, reordered and added to, where appropriate.
60. The application site covers an area of approximately 13 hectares. The principal part of the site comprises the existing Overdale Hospital on the upper part of Westmount Road, taking in part of the Jersey Water site (and buildings) in its northern part and two fields to the east of Westmount Road. The main site lies on an escarpment which frames the west side of the town centre of St Helier. The majority of the site is within the designated St Helier built-up area.
61. The site includes some residential properties in the vicinity, most of Westmount Road itself and adjacent land, Jersey Bowling Club (JBC), part of The People's Park, Peirson Road/St Aubin's Road (and associated road junctions), Westmount Gardens, Lower Park and Victoria Park to the south and southeast. It also includes Le Val André, a wooded sloping landscape, to the west. The red lined site also includes two outlying areas around highway junctions at Gloucester Street (A9)/The Parade and Tower Road/St John's Road.
62. Westmount Road currently runs through the site on an incline, rising up from the town centre and Peirson Road and snaking upwards along the escarpment, through a sharp hairpin turn, and then straightening in a roughly north-eastward direction for a length of about 0.5 kilometres, terminating at a T junction with Tower Road at its most northerly point.
63. The offices of Jersey Water, the Island's water utility company, are within the northern part of the site, and its two covered reservoirs and a communications tower (to the east of its offices) are located just outside the red lined area. South of that, but outside of the site boundary, is the crematorium and its gardens. Immediately south of that and adjacent to Westmount Road, is *Thorpe Cottage*, a Listed dwelling with a large walled front garden. To the rear (west) of the crematorium is a small disused Chapel named La Chapelle de St. Luc.
64. The site includes all of the existing Overdale Hospital buildings and grounds which are all located on the west side of Westmount Road. This part of the site comprises a collection of low-rise healthcare and ancillary buildings of different ages and styles, set within open spaces and parking and connected by internal roads and walkways. A good number of the buildings are in poor condition and parts of the site are derelict. The larger and more recently constructed buildings are those closest to Westmount Road and

include the Westmount Centre (the main hospital building constructed in 2004), the Poplars Day Centre and the William Knott Centre.

65. To the east of Westmount Road, the site includes two agricultural fields, although they have four field reference numbers (Fields H1550/ H1550A, H1551 and H1552). *Mont Martin*, a two-storey detached residential dwelling, with associated outbuildings, is located within Field H1550 and appears to be in poor condition. Between the 2 fields there is a cluster of residential properties, including a Listed villa named *Briez Izel*. To the south of the fields there is another cluster of residential properties which includes a row alongside Westmount Road within the site, and a dwelling to the east of these, just outside the red lined area.
66. The southern section of Westmount Road, parts of Peirson Road and St Aubin's Road, Westmount Gardens and Victoria Park are within the site, along with land accommodating other residential properties and Jersey Bowling Club's (JBC) clubhouse, bowling green and car park. On its northern corner, the footpath adjacent to People's Park via a pergola and the play area is bisected by the Road, before leading steeply upward to the northern part of Westmount Road. There are also steps between the hairpin bend of the Road and People's Park, to the southwest of the JBC.
67. The western part of the site (to the west of Westmount Road) comprises the wooded valley, Le Val André, which is also accessible from a footpath from the Westmount Road hairpin via Westmount Gardens.
68. There are parts of four Listed places within the site: People's Park (grade 3 Listed), Westmount Gardens (including an electricity substation excluded from the Listing), Lower Park (grade 3 Listed) and Victoria Park (grade 3 Listed).
69. Outside of the site, residential properties lie to the north, along with part of the Jersey Water works and the Listed Mont à l'Abbé Cemetery. Beyond that to the north-west is New Mont à l'Abbé Cemetery (its wall being Listed) on Tower Road and St Helier centre to the east. Other designated heritage assets that sit adjacent to the site include 3 – 29 Peirson Road (19 Listed buildings), 1 – 5 New Park Villas, 1 – 2 Park Place, properties on Westmount Road (7 Listed buildings).
70. People's Park is located to the south of the main area of the site. Beyond that is the Waterfront and to the southwest is Westmount Gardens, which includes an electricity substation, La Route de St Aubin and Victoria Avenue. The Listed George V Cottage Homes are located at the western edge of Le Val André and the wider area is rather built-up, with residential dwellings and a mix of other uses. There are several other heritage assets in the wider context of the site, including Elizabeth Castle and Fort Regent.

PLANNING HISTORY AND RELATED APPLICATIONS

Planning history within the application area

71. Given the size of the application site and the range of healthcare, residential and other land uses within it, there is an extensive history of planning applications. Most of these are of no direct relevance to the current application, but a list of records from the planning register is included as Appendix 1 to the Statement of Common Ground (INQ11).

Earlier hospital applications

72. Of some relevance to the current proposal are the two earlier Outline planning applications for new hospital proposals (references PP/2017/0990 and PP/2018/0507), which were the subject of Public Inquiries in 2017 and 2018.
73. They each relate to different proposals in a different location and under an earlier Island Plan policy regime. However, parts of their evidence base, and indeed some of my findings, which have been quoted by parties in the current Inquiry, have some relevance.
74. For example, the evidence on 'need' for the new hospital and the likely quantum of floorspace required to deliver it, is now mature and well tested and, for this current Inquiry, the evidence largely concerns updating and supplementing the case already made.
75. Both earlier applications also serve to remind how complicated and challenging it is in planning terms to accommodate the clinical brief for a new hospital within the constraints of a wide suite of protective planning policies.
76. Also relevant are my high-level findings²¹ set out in my second Inquiry report concerning alternatives sites (to the Gloucester Street site). With regard to the Overdale site, I identified significant challenges with the then Island Plan. I also assessed that there was no perfect site, but that there were alternatives to Gloucester Street, including the Overdale option, which could deliver the hospital project with different environmental effects and consequences²².

Enabling application – demolition of Overdale hospital buildings

77. Earlier in this report, I made reference to a planning application (reference number P/2021/1398) which was submitted in October 2021 and sought permission for '*Complete demolition and site clearance of the existing*

²¹ Paragraph 365 - Inspector's Report dated 10 December 2018 - Reference PP/2018/0507.

²² Paragraphs 371 - 374 - Inspector's Report dated 10 December 2018 - Reference PP/2018/0507.

buildings and built structures on site.' which had been submitted with the intention of advancing the site clearance works ahead of the decision on the current application.

78. I understand that planning authority officers recommended that permission be granted subject to conditions, including a condition that would prevent demolition of the newer serviceable building, in advance of an approval of the main new hospital application. However, the Planning Committee refused the application on grounds of sustainability, as it involved the loss of buildings that could be reused, and adverse impacts on the amenities of the occupiers of the retained hospital buildings. An appeal has been lodged against that refusal decision.

Enabling application – relocation of existing Overdale hospital services

79. As a temporary expedient during which the existing Overdale hospital building would be demolished and the new hospital is built, it is intended to re-provide some of the existing services at the former Les Quennevais School.
80. On 9 December 2021, planning permission was granted (reference number P/2021/1139) for: *'Change of use of former Les Quennevais School from educational use to Class K – medical facility. Construct main entrance canopy to South elevation. Remove portacabin to South-West of site. Create parking and two access roads for the residential units located off Le Clos des Sables.'*

THE APPLICATION PROPOSAL

81. The application seeks detailed planning permission to clear the site of all existing buildings and develop a new hospital within a landscaped health campus.
82. The existing buildings located within the application site, which would be demolished, are listed below:

Jersey Water, Mulcaster House, Westmount Road, JE1 1DG

Mont Martin Cottage and associated garage building (located in Field H1550)

Outbuilding 1 (located in Field H1550)

Outbuilding 2 (located in Field H1550)

Thorpe Cottage, Westmount Road, JE2 3LP [Listed building]

Briez Izel, 2 Westmount Road, JE2 3PG [Listed building]

L'Amyerie

1 – 3 Westmount Terrace and associated triple garage building

Berkeley Rise (also known as Bahia-Blanca)

Westmount House (also known as Orphir Villa)

Folly Field and associated garage building (also known as Otani)

Overdale Hospital buildings: Westmount Centre; Poplars Day Centre; William Knott Centre; Administration 1 Offices; OT Store; Kitchens; Jessie Scott building; McKinstry building; Secker House; Carpenters Workshop; Substation; The Lodge; Porters Lodge; Administration 2 Child Development Centre; Administration 3 Psychology; Chapelle de St. Luc; Former Laundry and Boiler House; Hearing Resource Centre; Eva Wilson and Diabetic Centre; Covered Walkway.

Jersey Bowls Club, Westmount Rd

1 Hillcrest

Camden (part of garden – the residential building is to be retained)

1 Castle View

5 Castle View

Part of driveway, raised planter and strip of land at entrance to Hill Crest and Castle View

Former substation – Victoria Park

83. The proposal entails five large buildings, which are briefly summarised below. More detailed descriptions are contained within the Design and Access Statement (CD1.4).

The main hospital building

84. The largest building would be sited on the existing Overdale (hospital) site and would house the main general hospital functions, including the emergency department, operating theatres, and inpatient and outpatient accommodation and services. A post Inquiry note (PINQ3) confirms that the new hospital would have capacity for a total of 451 bed spaces (267 beds plus 184 therapeutic bed spaces) with some flexibility for additional beds on the 4th floor if required.
85. It would be a very large and tall building and very much of a modern hospital scale. It would consist of five storeys above ground, with the upper floors set back, plus one partial basement storey, with an overall maximum height of some 32.9 metres²³. Its longest length would be about 185 metres and it would have a width of about 100 metres. The ground floor footprint is stated as being 17,021 square metres and the gross floorspace for the whole building would be 61,629 square metres.
86. The main public entrance would be on the east side of the building facing towards the realigned Westmount Road. Accident and emergency access would be via a separate route on the north side of the building. There would also be access from the west of the building leading to the proposed gardens/landscaped grounds. The design of the building is contemporary, with a strong horizontal emphasis and a striking entrance feature.

The energy centre

87. The energy centre would be located immediately to the north of the main clinical building. It would house the plant to serve the hospital in terms of electrical supply and distribution, backup generators, heating and cooling, and medical gasses. The hospital would be all electric. The energy centre building would have a footprint of 1,812 square metres and a maximum height of 9.5 metres. It would be of a simple industrial style design.

The knowledge centre

88. To the north of the energy centre, and on the part of the site previously occupied by Jersey Water, it is proposed to build a two storey office building described as the 'knowledge centre', which would provide training and education facilities for clinical staff, along with staff welfare facilities. It would have a maximum height of 15.9 metres, although for the most part it would be about 10 metres high.

²³ EIS Table 3.1

89. The building footprint would be 1,143 square metres, with a total floorspace of 2,742 square metres.

The mental health centre

90. The mental health centre would be a single storey building (with an upper part plant area) located to the north-east of the site. It would provide mental health services to both day and inpatients. It would have a floorspace of around 2,974 square metres and a maximum height of 8.5 metres (the upper plant level).

The multi-storey car park and surface car park

91. The fifth proposed building would be a multi-storey car park situated between the mental health centre and the main hospital building. It would provide 300 spaces across 8 half decks, with a maximum height of 15.4 metres.
92. A surface car park comprising 139 spaces is proposed to the north of the multi-storey car park. Along with smaller car parks adjacent to the main hospital block, and at the proposed knowledge centre, the total number of parking spaces would be around 550.

Westmount Road proposals

93. A key element of the proposal entails significant engineering works to widen and re-engineer Westmount Road, to provide better vehicular, pedestrian and cycle access to the proposed hospital. It also includes a range of other highway works, including road widening, which will result in the loss of car parking within People's Park.

The application documentation

94. The application is supported by a significant body of plans, documents and reports.
95. The plans include a full set of architectural drawings detailing each of the proposed buildings (floorplans, elevations and sections) and the site layout; a full set of landscape plans; and a set of detailed engineering drawings.
96. The documents and reports include: a Planning Statement; a Design and Access Statement (including a crime impact statement); a Community Participation Statement; an Arts Strategy; a Sustainability Report; a BREEAM report; a condition survey of buildings to be demolished; and a photographic survey of buildings to be demolished.
97. The Environmental Impact Statement (EIS) is a key document which sets out the applicant's assessment of the construction and operational impacts

on a wide range of environmental matters. These include traffic and transport; noise and vibration; air quality; water resources and flood risk; ground conditions; biodiversity; landscape and visual impact; socio-economics; health and wellbeing; materials and waste; climate change; archaeology and heritage; wind; daylight; and cumulative effects.

98. The fully itemised list of the application content is set out in the Inquiry's Core Documents list.

LEGISLATION AND POLICY

The Law

99. The Planning and Building (Jersey) Law 2002 (as amended) provides the legal framework for the operation of the planning system in Jersey. In essence, it adopts a 'plan-led' system where a development plan, 'The Island Plan', produced through an open and participative process and thereafter adopted, takes primacy in decision making. There is a general legal presumption that development in accordance with the Island Plan will be permitted and development that is inconsistent with the Plan will normally be refused.
100. Making an assessment of whether a development proposal is in accordance with the Island Plan, or inconsistent with it, can often involve complicated and balanced judgments. This is particularly so with major and complex developments and even more so with this application proposal, being for the largest and most significant public infrastructure project in a generation.
101. Sometimes policies can appear to pull in different directions, whereby satisfying one policy creates a tension with another. This is not a fault with the Plan, but simply a product of a highly sophisticated development plan, which seeks to control and influence a wide range of different aspects of proposed development, in the interests of the principles of sustainable development.
102. UK case law²⁴ has established that a proposal does not have to accord with every single policy contained in the development plan, but the key test is whether it accords with the plan when considered as a whole. Jersey case law²⁵ has similarly established that the Island Plan needs to be looked at holistically.
103. Under Jersey law, should the overall assessment find that a proposal is inconsistent with the Island Plan, the decision maker is not automatically required to refuse the application. The law allows the decision maker to depart from the Plan if there is 'sufficient justification'²⁶ for overriding its provisions. That is to say, there is some discretion for decision makers, but any inconsistencies (with the Plan) have to be justified. What constitutes a sufficient justification is not defined in law, or set out in guidance, and is therefore a matter for the decision maker.

²⁴ City of Edinburgh Council v. Secretary of State for Scotland and Others [1997].

²⁵ Therin v Minister for Planning and Environment [2018] JRC098.

²⁶ Article 19 of Planning and Building (Jersey) Law 2002 (as amended).

The Bridging Island Plan (Adopted March 2022)

104. At the time the application was submitted, the relevant plan was the 2011 Island Plan (Revised 2014), but this was at the end of its tenure and a new plan, the BIP, had been prepared, consulted on and was the subject of an independent examination process by a panel of Inspectors. Following the issue of the Inspectors' report in January 2022, and amendments debates within the States Assembly, the BIP was adopted on 25 March 2022. On adoption, the BIP immediately became the statutory development plan for Jersey.
105. The BIP has been produced as a shorter term (3 year) 'bridging' plan rather than the usual 10 year plan period. This is a response to exceptional circumstances arising from the Covid-19 pandemic and Britain's exit from the European Union. As a result of its nature, the BIP carries forward significant common ground, in terms of strategy and environmental protection, to the plan it replaces. However, there are changes to policies wording and emphasis and, as I noted earlier, a site allocation for the hospital development at Overdale, and an associated policy (CI3) which affords its delivery the 'highest level of priority'.
106. I have set out below, in shorthand form, the list of key BIP policies that are relevant to the consideration of the application proposal. I explore the policies' wording and specific requirements in more depth in the thematic assessments where appropriate.

Relevant BIP policies

SP1 – Responding to climate change

SP2 – Spatial strategy

SP3 – Placemaking

SP4 – Protecting and promoting Island identity

SP5 – Protecting and improving the natural environment

SP6 – Sustainable Island economy

SP7 – Planning for community needs

PL1 – Development in Town

PL2 – Les Quennevais

PL5 – Countryside, coast and marine environment

GD1 – Managing the health and wellbeing impact of new development

GD2 – Community participation in large-scale development proposals

- GD3 – Planning obligation agreements
- GD5 – Demolition and replacement of buildings
- GD6 – Design quality
- GD7 – Tall buildings
- GD8 – Green backdrop zone
- GD9 – Skyline, views and vistas
- GD10 – Percent for art
- NE1 – Protection and improvement of biodiversity and geodiversity
- NE2 – Green infrastructure and networks
- NE3 – Landscape and seascape character
- HE1 – Protecting Listed buildings and places, and their settings
- HE5 – Conservation of archaeological heritage
- ERE1 – Protection of agricultural land
- H3 – Provision of homes
- ME1 – 20% reduction in target energy rate for large-scale developments
- ME2 – BREEAM rating for new larger scale non-residential buildings
- CI2 – Healthcare facilities
- CI3 – Our Hospital and associated sites and infrastructure
- CI5 – Sports, leisure and cultural facilities
- CI6 – Provision and enhancement of open space
- CI7 – Protected open space
- TT1 – Integrated safe and inclusive travel
- TT2 – Active travel
- TT 3 – Bus service improvement
- TT4 – Provision of off-street parking
- WER1 – Waste minimisation
- WER2 – Managing flood risk

WER6 – Surface water drainage

WER7 – Foul sewerage

UI3 – Supply and use of water

107. In addition to the policies, some of the BIP evidence base documents are relevant to this Inquiry, and have been referred to in evidence. The most notable are:

Jersey Integrated Landscape and Seascape Character Assessment (May 2020) (CD16.5)

St Helier Urban Character Appraisal: Review 2021(March 2021) (CD16.2)

Infrastructure Capacity Study (December 2020) (CD16.4)

Strategic Flood Risk Assessment (April 2021) (CD16.1)

St Helier Public Realm and Movement Strategy Stage 3 Report (March 2021) (CD16.3)

Supplementary Planning Guidance

108. In addition to the Island Plan, the Law²⁷ allows the Minister to publish 'guidance' and this, where relevant, must be taken into account when considering planning applications. There is a wide range of such Supplementary Planning Guidance (SPG) in Jersey. Its purpose is to provide assistance and information on policy considerations under the Island Plan, as well as guidance on how to make planning applications.
109. Although the suite of SPG documents predates the BIP's preparation and adoption, most remain relevant and useful in guiding planning assessments and decision making. I consider the most relevant documents to be:
- Our Hospital Supplementary Guidance: Advice Note (May 2020)
 - Advice Note: Bats Buildings and The Law
 - Practice Note 21: The Jersey Architecture Commission (April 2014)
 - Advice Note – Site Waste Management Plans (2013)
 - Design Guidance for St Helier (January 2013)
 - Planning Advice Note No.4 – Design Statements (2006)
 - Advice Note No.2 Development of Potentially Contaminated Land (2005)

²⁷ Article 6 of Planning and Building (Jersey) Law 2002 (as amended)

- Supplementary Planning Guidance Note 1: Archaeology and Planning (January 2008)
- Managing Change in Historic Buildings (June 2008)
- Supplementary Planning Guidance Note 18: Crime Impact Statements (March 2012)

BRIEF SUMMARIES OF THE CASES MADE BY THE APPLICANT, THE STATES PLANNING OFFICERS AND INTERESTED PARTIES

The Applicant's Case

110. In addition to the application plans and documents, the applicant has provided a Statement of Case (SOC1) and 10 Proofs of Evidence. The contributors were: Mr Furlonger (Planning APP/1); Mr Featherstone (Design APP/2); Ms Naylor (Clinical Need APP/3); Ms Knight (Landscape and Visual APP/4); Mr Mattinson (Landscape Design APP/5); Mr Shepherd (Ecology APP/6); Mr Bee, (Heritage APP/7); Mr Welch (Highways and Transportation APP/8); Mr Slater (Sustainability APP/9); and Mr Fernie, (Demolition & Construction APP/10).

111. In closing submissions, the applicant's Counsel provided a summary of its case (PINQ9a) and a full closing submission statement is also included (PINQ9). The summary closing case is reproduced (with a few minor typographical edits) below:

1. Jersey has a plan-led system. The very recently adopted Bridging Island Plan ('BIP') must be given full weight and in particular the site and project-specific Policy CI3.

2. The need for the development is not in dispute, has been recognised since 2012 and is acknowledged in the BIP. Over the years, the need has worsened and reached a critical point and should be given very significant weight in the planning balance.

3. Whilst the Island's Chief Nurse, Rose Naylor, was cautious not to be too candid about the daily realities that the crumbling infrastructure has to patient outcomes, it was clear – not least from the public speaker clinicians who came to the inquiry wholly independently from the Applicant – that the current state of the buildings (the newest of which are 60 years old and some date back to the 1700s) is not merely a nuisance, but those buildings are wholly unfit to provide modern healthcare, including the privacy and dignity of the patient and a supportive working environment for staff. The access arrangements for the Ambulance Service are similarly inadequate and, frankly, dangerous. The need is not self-inflicted and the buildings have gone beyond any acceptable state of repair. "The time is now", in Professor Handa's words, and as is reflected in the BIP's aim to meet the island's long term health needs through the delivery of 'Our Hospital'.

4. The functional brief has been developed with an extremely high level of stakeholder engagement (including 147 clinical user groups and over 800 attendances). It is absolutely not however a 'wish list' dreamt up by staff full of 'nice to haves'. The brief was consistently challenged by the architects, by Professor Handa and by other external consultants. Mr Le Gresley, the Government's Head of Development and Land, accepted that the Applicant had been "tough on itself" in developing the brief and the

Planning Department were so confident it was robust that they did not feel the need to independently test it. The Friends of Our New Hospital also made clear that they were not suggesting that the hospital should be smaller.

5. Similarly, the single-site approach is critical to provide economies of scale, efficiencies in staff time which would otherwise be spent travelling, and allows for parity and integration between physical and mental health. Training and continuing professional development can go hand in hand with practice. Policy CI3 is predicated on this being a single-site hospital scheme.

6. In summary, the functional brief and the need to translate that into c. 70,000 square metres at Overdale is not in any real dispute. That is not what this inquiry is here to determine. The BIP policies were formulated and adopted in full knowledge of the size requirements for the hospital and indeed the supporting text states: "After an extensive evaluation of alternative site options, the States Assembly has selected the existing Overdale Hospital site, together with some additional land that is required, in order to meet the anticipated spatial requirements of the development as the site for Our Hospital".

7. This leads on to Mr Featherstone's $a + b = c$; (a) being the Overdale site, (b) being the functional brief and its translation into 70,000 square meters of spatial requirement and (c) being the resulting volume of the buildings. The designated Overdale site is 60m above sea level on an undulating plateau sitting above the escarpment. It is currently developed with hospital buildings and visible from the surrounding area. Any development there, and certainly development for any form of hospital, will be visible; that is a given and was a deliberate choice of the States Assembly when the site was allocated. This is therefore unashamedly not a building to be screened or hidden. It is indeed designed to be a public landmark, the largest civic building on Jersey, and one of which Jersey can be proud. The existing General Hospital is described as a 'landmark building' in the St Helier Urban Design Guide Update, March 2021, and there is no reason why the Our Hospital building would not attain the status as a key landmark building on the island over time, just as other prominent buildings e.g. Fort Regent have. Indeed, the Constable of St. Helier described his experience at Oxford of looking up at the John Radcliffe Infirmary and finding it a beacon of hope and reassurance. Why shouldn't Jersey's world class facility not similarly stand proudly as a positive symbol for this Island? More to the point, this is exactly what Policy CI3 envisages.

8. Mr Featherstone demonstrated that the proposed development "represents the best design option relative to the needs of the hospital and the land available" (CI3 (b)). The scheme meets the functional brief and, bar some questions of clarification about bed-spaces, there was no real challenge to the design in terms of delivering clinical excellence in a proportionate, flexible and sustainable way. This is in stark contrast to previous failed schemes. Indeed with the huge international experience that Llewelyn Davies Architects brings with over 250 hospitals designed

internationally, this is the "best possible design" within the allocated site and functional brief requirements.

9. It is also not in dispute that the Overdale site itself is an outstanding location for a hospital, allowing patients, staff and visitors to enjoy panoramic views of the island and the sea. This environment will support recovery and wellness. 'Putting the patient first', the upper exposed floors of the main building are planned for in-patient bedrooms; not for plant and equipment. The buildings themselves and the landscaped surroundings will help patients to get better.

10. The design has responded to the needs of the site. There is ample access to open green space, including for mental health patients and children. The benefits to users of the hospital from the way the design responds to the site's prominence and natural features, connecting the community to an enhanced Val André, should be given very significant weight. So too should the benefits for ecology and trees with an unusually high (30%) Biodiversity Net Gain across the site (and 40% for hedgerows). The set-back from residential properties and landscaping provides the maximum achievable mitigation to residential amenity. There will be no resulting serious, unacceptable harm to neighbours. The whole of the plateau is made available for sunny, public gardens not only for the hospital but for everyone in Jersey. Unlike mainland UK hospitals where security concerns can limit public enjoyment of the site, the hospital in Jersey will be a place for all, and an asset for the whole community.

11. Turning then to the position from elsewhere on the Island: The new hospital will be a real change to the skyline, but the CI3 policy is explicit in balancing the desirability of a new hospital on the site with the visual impacts, heritage impacts and the impacts on local amenity around Overdale and giving the highest priority to the hospital unless those impacts are not only unacceptable in the general sense, but seriously so. As Mr Le Gresley said, this is a subtle, but important distinction between Policy CI3 and the general design policies. Some views may well cause a bystander to notice very significant change and it may well, rightly, be that no flat or office development would reasonably be permitted in the same form on the top of a hill. But this is a hospital: it has to be a certain size, and Overdale is the site for it. Suggestions that it looks like an "insecticide or car factory" by Advocate Scholefield from Save Jerseys Heritage, who is not a design or heritage expert, are sensationalist hyperbole. It looks like a well designed, visually attractive, landmark public building.

12. Similarly, development of this extent will of course challenge the immediate suburban context of Overdale. Any new hospital of this size at Overdale will do that. Houses will be lost including two with a lower grade of listing (although it is agreed that there is no overall net loss of housing on the Island) and surrounding residents will have to adjust to increased traffic conditions and a different environment. Those demerits are unavoidable and do not justify refusal of permission for the scheme. This is a major scheme of strategic importance. It is inevitable that some residents would prefer it not to be built, but a new hospital is squarely in Jersey's public interest. Policy C13 foresees these impacts, and in adopting

the policy, the States of Jersey made an explicit decision that the scheme is in the Island's best interests.

13. The Applicant has assembled a world-class team to ensure that all effects are mitigated to the highest degree and the development is brought forward in the most sustainable way. This is an extremely high-quality scheme from top to bottom. It must be seen to represent the "best design" achievable with all of the necessary mitigation and compensatory measures. I won't go into technical detail today. However, the Applicant's case is that the other BIP policies as a whole are complied with, as is CI3(c).

14. Returning to Professor Handa's words, "the time is now". This is an excellent scheme that will give Jersey a world class hospital and a new architectural landmark. If the scheme is rejected, the delays by themselves will cause very serious health and economic harm to the Island. No responsible decision-maker would allow that to happen.

The Planning Authority Officers' Case

112. The planning authority officers' Statement of Case (SOC2) made clear that it had been prepared by officers of the department and it did not necessarily reflect the views of the members of the Planning Committee or the Minister, none of whom have had any involvement in its preparation and none of whom have had any sight of its content prior to the release to the Inquiry.

113. Proofs of Evidence were provided by a range of planning and other officers on specialist matters. The contributors were: Mr Jones (planning application case officer – PA/1); Ms Ingle (Historic Environment PA/4); Mr Surcouf (Natural Environment PA/2); Mr Woodhall (Land Resource Management PA/3); Mr Bowditch (Environmental Health PA/5); Mr Labey (Landscape PA/6); Mr Downie (Liquid waste PA/8); and Mr Rive (Solid Waste PA/9).

114. Some of the concerns and issues set out in the initial Statement of Case, and individual proofs, were addressed in the course of the Inquiry. As a result, Mr Jones' submissions in closing and on the 'planning balance' provide a useful summary of officers' outstanding concerns and the department's conclusions. He makes 18 numbered points:

1. As set out in our Proof of Evidence, the department accepts that there are many positive benefits delivered by this proposal. We have heard from the applicant, the Chief Nurse, Professor Handa and many clinicians of the dire need for new health facilities. The case for need has been made. This is a material planning consideration and carries significant weight.

2. The location of the site – within the Town of St. Helier - is also accepted as sustainable, within the terms of the Bridging Island Plan (BIP).

3. There are no significant issues between the applicant in terms of sustainability, transport, landscape and waste. The application performs well against these BIP policies.

4. As discussed during Session 7, the proposal also achieves other benefits, such as a significant investment in public art.

5. The department has also been pleased to note the applicant working on some of the issues which were previously of concern to the department – the housing argument has now been made and is accepted. A planning application for the replacement of the Bowls Club has now been submitted to the department for assessment – although the delivery of this remains uncertain. And there are the makings of a surface water drainage solution in hand.

6. However, there are areas where the proposal performs less well. Some of these are minor and have been acknowledged as such during this Inquiry. These fall into 3 categories. First, in some cases, there is a breach of policy which cannot be avoided (such as in the loss of agricultural land). Second, there are other cases where there is a breach of policy, which is then mitigated by the scheme (for example, on the loss and re-provision of Protected Open Space). These two cases are material planning considerations in their own right but are accepted by the department as minor breaches of little weight and, either on their own or taken together, would not come near to challenging the weight of evidence presented by the applicant on 'Need'.

7. Then there is a third category – Policies of the BIP which are seriously breached. Here, the department recalls the evidence given by witnesses in relation to heritage, design, and landscape and visual impact – essentially the suite of policies including HE1 and GD6 – GD9.

8. Adverse effects were acknowledged across this range of policies and it is the department's case that these effects are severe.

9. Taking these impacts in turn, for HE1, there is a loss of heritage fabric, there is harm to the setting of local heritage assets and there is also harm to the setting of the town and more distant heritage assets, such as the castles. On all counts, the harm is not minor, nor is it moderate, it is significant.

10. On design – policy GD6 – the new development does not contribute positively to the distinctiveness of the built environment, landscape and wider setting. It would not fit into the character of the area. The proposal is a significant imposition on the site in which it sits.

11. Further, the design of the proposed development is unremitting. A proposed building which brings no local distinctiveness (as required by Policy SP 3 – Placemaking), which is unbroken along its southern façade and which so changes the character of this part of Westmount that it would be unrecognisable. GD6 is simply not met.

12. Turning to policy GD7 – Tall Buildings, the department has further concerns. We know that the suggested height limit within Area 10 of the St. Helier Urban Character Appraisal is breached – 15 metres is suggested; 31 metres is proposed. Nor does the application meet the other tests of the policy.

13. On policy GD8 – Green Backdrop Zone – the aim is to avoid prominent development within that more sensitive area. This scheme does the opposite – it introduces a large and prominent development to this area.

14. Similarly for policy GD9 – skyline, views and vistas. Here, the policy, in a similar manner to GD8, seeks to protect important vistas and strategic views. And again, it has been demonstrated that these features are not protected or enhanced, but seriously harmed.

15. Interestingly, the requirements of both GD8 and GD9 are tempered for those developments which deliver 'an overall benefit to the community which demonstrably outweigh the adverse effects or harm'. Here we start to get to the nub of the issue – how we balance the good and bad effects of the proposed development.

16. We are further informed by policy CI3, which designates the Overdale site for Our Hospital. This policy affords such a development the highest level of priority. But it is not a free pass – even here, the effect of designating the site is tempered by the 3 criteria. Essentially, the scheme must not cause serious, unacceptable harm to the character or amenity of the area. Second, that the scheme represents the best design solution relative to the needs of the hospital and the land available. Finally, that the proposal's effect are mitigated as far as reasonably practicable.

17. On this point, having taken all of the impacts into consideration, the department (and the applicant) assesses the scheme to cause harm. Not only that, but the level of harm is not minor – it is held to be serious and in our judgement, it is unacceptable. Second, for reasons explained earlier, the design is not the best solution available within the parameters. And third, not all mitigations of the effects of the scheme have been adequately explained or delivered.

18. The Planning Balance. Taking us back to the beginning of this summary, the department acknowledged the benefits of the scheme and described them as material planning considerations carrying significant weight. Opposing this, there are some minor policy breaches which, taken on their own, would not come close to outweighing the benefits of the scheme. But there are also far more serious concerns on a wide range of BIP policies. Namely HE1, GD6 – 9 and CI3. These cannot be taken individually and they cannot be mitigated. The department considers that it is the aggregation of these negative impacts which are so great as to outweigh even the identified benefits.

Highway Authority Officer's Case

115. Mr Hayward provided a Statement of Case (SOC3) and a Proof of Evidence (PA/7) on transport matters. His evidence at the Inquiry confirmed substantial, if not complete, agreement with the applicant, which is captured in the transport and highways Statement of Common Ground (INQ12).
116. In essence, he confirms that he considers the application to be acceptable in terms of appropriate consultation; the transport study area; traffic data, trip generation and modelling; the active travel route and Westmount Road proposals; junction works and mitigations; bus travel measures; parking provision within the scheme; loss of town centre parking; and pedestrian and cycling measures and mitigations. There are a range of matters where planning conditions and obligations are required and these are discussed in more detail in the transport section of this report. However, subject to these measures, the highway authority has no objections to the application proposal.

Interested parties' cases who submitted Proofs of Evidence

117. A total of nine other parties submitted Proofs of Evidence. I provide a brief summary below. The order they appear is purely that on the Inquiry document list and does not indicate any ranking.

Save Jersey's Heritage (SJH/1)

118. Save Jersey's Heritage states that the proposed new hospital will be the largest building in Jersey, in the most prominent of positions, viewable from many parts of the Island and that it fails numerous policies in the BIP. It says that never has a planning application in Jersey had such a large impact on so many areas *outside* the immediate development site and the 'collateral damage' will be felt in 5 places: agricultural land on the east side of Westmount Road; Westmount (Hangman's Hill, Mont Patibulaire); Westmount Gardens; The People's Park; and Peirson Road/St Aubin's Road/Victoria Park. It sets out its objections in terms of harm to visible and invisible heritage, and conflict with planning and historic building law and policy.

Friends of Our New Hospital (FONH/1)

119. The Friends of Our New Hospital (FONH) is a non-profit group which says that it supports the requirement for a new General hospital built in the right location, in the right time, at an affordable cost, providing the best level and skills of service, and accessible for all. However, it submits that the current proposal fails to meet these objectives. FONH submits that the application conflicts with a wide range of policies including SP1, SP3, SP4, SP5, SP7, PL5, GD1, GD2, GD5, GD6, GD7, GD8, GD9 and CI3. FONH

concludes that, notwithstanding the urgent and accepted need for a new hospital, policy CI3 should not override sensible and practicable planning legislation. It says that the Planning Inspector has an obligation to reject the application and that to do otherwise would not only ignore the sensible requirements of the BIP, less policy CI3, and the associated history of planning laws in Jersey, but would also ignore the vibrant independent Jersey style of architecture and scale that makes Jersey unique and separate today.

Ms J Blakeley, Sustainable Jersey Group (SJG1 and OR1)

120. Ms Blakeley's evidence includes a detailed pictorial resume of buildings and places in the area. She posed the question of whether the proposal fitted with the Overdale site and St Helier, and submitted that the box design of the proposal and the sheer height do not nestle into the landscape, as the existing hospital manages to achieve. She says that the main hospital would be '*a hugely larger building than the neighbouring 2-3 storey residential buildings and in no way does it connect with its landscape to achieve the recuperative and healing qualities of biophyllic hospital design.*' She also questions the accuracy of some of the images and plans.

Liberate (LIBE/1)

121. Liberate is a charity that assists organisations in the Channel Islands with improving the accessibility of their premises and provides training to employees on disability inclusion. Liberate has reviewed the planning application with regard to disability access and considers that, whilst some consideration of people with disabilities is evident, it falls short of the 'world class' facility that has been championed in the media. Liberate sets out a number of areas of concern and identifies scope for improvement with regard to car parking, entrances, the foyer, doors, single bed wards, and wheelchair accessibility in the knowledge centre.

Mr J Baker (BAKE/1)

122. Mr Baker's proof raises a wide range of concerns about the application. These include: the lack of a green travel plan and workplace travel plan²⁸; that good and useable buildings would now have to be retained following the refusal of P/2021/1398; loss of parking around People's Park and adjacent areas; loss of trees and biodiversity; loss of good quality homes; loss of parking for the crematorium; overbearing impact of oversized buildings; harm to the Green Backdrop Zone; the new road proposal is overbearing and unnecessary; development on green fields; insufficient

²⁸ At the Inquiry it was clarified that the application does include a Framework Travel Plan and such matters could be controlled by planning conditions and obligations.

consultation with the community and the Parish of St Helier Roads Committee; and overall conflict with Island Plan policies.

Mr M de la Haye OBE (HAYE/1)

123. Mr de la Haye sets out a detailed case in opposition to the proposal. The first part of his case asserts that the proposal would not be in accordance with the BIP and he cites conflicts with policy GD8 (Green Backdrop Zone) and GD9 (skyline, views and vistas) and contends that the proposal would cause very serious harm to the character and amenities of the area, and impact upon the crematorium. He further objects on grounds of loss of Green Zone agricultural land, the demolition of sound buildings, including Listed buildings. He further submits that when Overdale was selected, the design of the development was then unknown and that the chosen site is manifestly unsuitable. He concludes that the planning balance must fall in favour of refusal.

Mr C McCarthy (MCC/1)

124. Mr McCarthy sets out a wide range of criticisms and objections relating to the application. He contends that it is an inadequate, misleading and false planning application and that the EIS is flawed; that no health impact assessment had been undertaken in accordance with NHS best practice; that no children's impact assessment has been undertaken; the application does not include an agreed zero carbon strategy; and that the application is not informed by Jersey Architecture Commission's (JAC) reviews. He also makes a number of allegations about the governance and management of regulatory functions.

Ms M Venturini (VENT/1)

125. Ms Venturini contends that the proposal does not accord with the Island Plan and should be turned down. Her wide-ranging objections and concerns relate to: the road proposal, loss of the bowling club, heritage and the demolition of homes, including the total destruction of Westmount Terrace, impact on the crematorium, loss of fields, impact on Mont à l'Abbé cemeteries, traffic implications, 'large monolithic block' which does not make the most of the site. She further contends that it is the wrong design and other possible designs could make use of the terraces sloping towards the west, and that demolition of the existing buildings is unsustainable.

Ms B Ward (WARD/1)

126. Ms Ward objects to the proposal on grounds including: the design and visual impact which is a 'monster sitting on top of a windy scarp'; harm to heritage; amenity impacts; transport and access and considers the road proposal to be 'just ludicrous'; and demolition and construction impacts. Ms Ward concludes that the application should be rejected and suggests a two

site alternative proposal, with Overdale developed for non-acute services and retaining the existing General Hospital for acute and emergency services.

Other parties who submitted statements of case (but not Proofs)

National Trust for Jersey (SOC4)

127. Its representations set out 6 concerns. First, that the project has been rushed. Second, the proposal does not comply with the guidance and evidence supporting the BIP. Third, it contravenes policy SP1 as it does not use resources in a manner appropriate to climate change. Fourth, it would result in the loss of and damage to Listed buildings and places. Fifth, the effects on the natural environment need further consideration. Sixth, the plans have not responded to public concerns about the Westmount Road proposal.

Société Jersiaise (SOC5)

128. The Société Jersiaise makes preliminary comments that as the BIP had not been adopted (at the time of writing) the policy framework was uncertain, that the scale and spread of the proposal is greater than originally envisaged, and that the proposal raises conflict between policies that have to be reconciled. It questions the Westmount Road proposals due to their impact on Westmount, its heritage and character. It is concerned about loss of Listed buildings and non-listed heritage assets, including Gallows Hill and endorses the concerns of Ms Ingle in her consultation response (CR5a and CR5b). It is concerned about the design of an 'enormous building' which it says will become a dominating feature in long distance views from St Aubin, Elizabeth Castle and Fort Regent/Mont de la Ville and states that the impact will be harmful and irreversible. It does not consider that the proposal achieves the exemplary architectural and environmental standards necessary and endorses the views of the JAC. It concludes that the proposal is in direct conflict with policies SP4, HE1, GD5, GD7 and GD9 and that policy HE5 is engaged with regard to archaeological protection.

Deputy Gardiner (SOC6 and SO6a)

129. Raises a range of concerns, beginning with the view that the BIP amendment and adoption process has insufficient regard for due process. One of her main concerns relates to transport arrangements and that the 'do nothing' testing scenario only scored marginally lower than the preferred access and that this has not been justified, along with wider road safety concerns. Further concerns are expressed with regard to the height and scale of the buildings in breach of policies GD8 and GD7. Further issues are raised concerning site selection [which are outside the scope of this Inquiry], and policy CI3, as the impact upon immediate neighbours will

be dramatic and will cause unacceptable harm, and that the development does not include details of necessary mitigation and/or compensatory measures.

J Barnes (SOC9)

130. Considers it to be the most unsustainable project which is profligate in terms of cost, the burden of debt, the land take required including homes, agricultural fields and existing buildings. The scale of the buildings is huge and the location remote from the town centre. States that the application should be rejected.

Ms M-L Backhurst (SOC10)

131. Objects to the application. She recounts the history of environmental protection in Jersey and says that protective measures, including the Green Zone, should be sacrosanct. This application completely disregards any understanding of the visual impact which will be enormously damaging to the beauty of St Aubin's Bay, and the historic towns of St Helier and St Aubin. The visitor to Jersey will be shocked by the size of the building (and the new road and ancillary buildings) in such a prominent position as they will be particularly visible from the sea and from aircraft. Other objections raised are the destruction of Listed buildings and detrimental effect on others; damage to the natural environment; concerns about rainwater run-off and drainage; noise from the generator and other plant will badly affect the neighbourhood, as well as traffic and ambulance noise; light pollution; blocking sunlight to the crematorium rose garden; lack of climate change measures; unnecessary demolition of existing buildings, including hospital buildings and housing; poor design and a blot on the landscape; loss of agricultural land; the amenities of the neighbourhood will be badly damaged; and increased traffic and potential parking problems will cause difficulties.

Ms S La Ruez (SOC12)

132. Objects. Significant changes to Westmount Road would have a huge cost environmentally and financially and underline that Overdale is the wrong site. Destruction of hundreds of trees, a number of road banks and the ancient Jersey Bowling Club, as well as the loss of good agricultural land, it would also mean the demolition of recently built homes and recently-constructed buildings on the Overdale site, including Samarès Ward. The demolition of these properties would clearly be against policy on sustainability. Quotes my high-level findings about the Overdale site from my 2018 (second Inquiry) report. Believes that the two-centre hospital option should be looked at again. It would save a huge amount of money, would save existing buildings at Overdale and would save Westmount.

A Mason (SOC13)

133. Lives in a property that would be affected by neighbouring demolition of homes. Considers that the proposal would have unreasonable impacts in terms of privacy, loss of light, noise, vibration, dust and traffic safety. Also considers that supplementary planning guidance has not been followed with regard to these matters.

C Dukes (SOC15)

134. Draws attention to the 3 reasons for rejecting the last Gloucester Street hospital application. Contends that the current proposal will be of enormous proportions that will dominate the horizon and contravenes policies GD9, GD7 and GD8 and will take away agricultural fields contrary to policy ERE1. Numerous heritage assets will be lost. The road proposal has serious implications for the entire topography and there will be serious impact on trees and biodiversity. Objects to the loss of homes, existing buildings and loss of parking in the People's Park area.

First Tower Community Association (SOC16)

135. The Association sets out in some detail its traffic impact concerns and its view that members of the Roads Committee consider the road proposal to be absurd, in terms of cost, obliterating a 110 year old bowls club, demolishing houses and destroying an attractive archway of flowers. It considers there are alternatives to the road proposal including one way, or signalised, and either option tested on a trial basis. It also quotes my high-level findings²⁹ about the accessibility of the Overdale site and its likely significant visual impact from my 2018 (second Inquiry) report.

D R Pirouet (SOC19)

136. Opposes the development due to conflict with policies GD9 (skyline, views and vistas), GD7 (tall buildings), GD5 (demolition and replacement of buildings), GD6 (design quality), SP4 and HE1 and harm to town character; and CI3 as there will be serious harm to the community. The proposal breaches planning laws and policies and should be refused.

J Lowery (SOC20)

137. The proposal is far too large and tall and out of keeping with the surrounding area. It will cause serious unacceptable harm to the character and amenity of the entire area. It is the wrong location. Listed buildings should not be demolished to make way for a car park.

²⁹ Paragraph 365 - Inspector's Report dated 10 December 2018 - Reference PP/2018/0507.

Other representations from interested parties

138. In addition to those that submitted Statements of Case and Proofs of Evidence, a body of further representations have been received. There are a total of 108 contributors (referenced C1 through to C108), some making multiple submissions and some also having sent in Statements of Case and Proofs of Evidence. There are also 5 late comments (referenced LC1 – LC5)
139. The representations cover a very wide range of issues, although the overwhelming majority are made in opposition to the scheme or expressing concerns about it. I have set out below, in no particular order or ranking, some of the main grounds stated by these interested parties.

Objection grounds

- It is the wrong site, wrong project, wrong place
- Misconceived and universally opposed
- The main building would be too big and overbearing and will dominate the skyline, it will loom over the town, it would be a monster of a building and out of character
- Privacy effects of overlooking of flats from proposed viewing platform on Westmount Road
- Too much parking
- Not enough parking
- 'Superhighway' road proposal will destroy Westmount including trees, wildlife, the bowls club and homes and has not been justified and there are alternatives to the road proposal
- Site will still be uninviting for pedestrians and cyclists
- Traffic impacts including congestion and road safety concerns
- Impact on businesses of traffic and parking proposals
- Loss of housing when facing a housing crisis
- Demolition of existing serviceable hospital buildings is unsustainable
- Tower Road junction restrictions are unacceptable and the detour for residents is very lengthy and it would also lead to turning movements in nearby streets
- Loss of historic buildings and harm to heritage
- Impact on People's Park

- Noise and disturbance to local residents
- Loss of light and privacy to existing homes
- Loss of trees and harm to wildlife
- Development in Green Zone and Green Backdrop Zone
- Loss of good farming land
- Drawings and application documents overwhelming and difficult to understand
- Objection to the loss of the Samarès Ward
- Light pollution
- Design needs improvements for people with disabilities
- Disturbance from deliveries
- Impact on the crematorium and memorial gardens
- Consultation process and people not listened to
- Contrary to BIP policies GD1, GD5, GD6, GD7, GD8 and GD9
- Construction impacts
- Poor design
- Absence of sustainability in the design
- Exposed location could result in high energy and maintenance costs
- Amount of waste generated
- Object to the clarification of the development description as no one else would be allowed to do that
- Ridiculous vanity project – there are better sites

Support grounds

- Whilst large and will impact on the environment, the benefits to the community outweigh this
- Don't delay, costs will rise and healthcare will be affected
- Overdale is the only deliverable option
- Site chosen by the people through the BIP
- Further delay will mean more cost

CONSULTATION RESPONSES

140. The following bodies made consultation responses on the application:

IHE Transport

IHE Drainage

IHE Solid Waste

IHE Parks and Gardens

IHE Environmental Land Control

IHE Pollution Control

Environmental Protection

Environmental Health

Natural Environment Team/Land Resource Management

Jersey Fire and Rescue Service

Historic Environment Team

Parish of St Helier

Rural Economy Team

Jersey Architecture Commission

Chief Ambulance Officer

The following consultees did not respond: Jersey Farmers Union, Police Crime Reduction, Strategy and Innovation, Jersey Water.

141. A specialist consultee is the Jersey Architecture Commission (JAC), an advisory group set up to provide independent, expert advice and guidance on major and sensitive developments in Jersey. The JAC notes cover 7 sessions over the period 31 July 2020 to 5 November 2021. The notes from these meetings are included in the Inquiry documents list (CR3a through to CR3g) and also appear as appendix B to Mr Jones' proof.

142. I have considered these responses in my assessment of the application and incorporated the gist of consultee's responses where appropriate.

MAIN ISSUE 1 – BROAD PLANNING PRINCIPLE AND SPATIAL STRATEGY

143. It is important to begin any planning assessment by undertaking a high-level assessment of the 'planning principle' of a development proposal. This relates to considerations of the BIP spatial strategy and its site allocations. In simple terms, is the proposed development in the right place?
144. This is a straightforward and uncontentious matter in this case. The Statement of Common Ground (INQ11) confirms that the large majority of the site falls within the designated Built-up Area, where policy SP2 seeks to focus the Island's development needs. Whilst the fields (H1550, H1550A, H1551 and H1552) are outside the Built-up Area, they are entirely surrounded by it and in a similarly sustainable location relative to the spatial strategy. Moreover, the allocation of the 'Our Hospital Development Site' on the BIP proposals map, and its associated policy CI3, which affords the highest level of priority to delivering the new hospital within it, confirms that the proposal is acceptable in principle in terms of the spatial strategy.
145. I have noted submissions from interested parties expressing views that this is the wrong site for the new hospital and that alternatives, or that a two (or more) sites option, should be pursued. Whilst I respect those views, they are at odds with the adopted BIP, which directs the new hospital development, as a single entity, to this site.
146. It is important to note here that the Inspectors who examined the BIP stated that it was "*entirely appropriate for a high level strategic plan to allocate land uses of various sorts to particular sites*"³⁰. The Inspectors' further assessed that the new hospital "*...is clearly of strategic importance for the island and a firm decision has been taken by the States Assembly to locate the new hospital at Overdale. It would be perverse for the DBIP to ignore that decision. It is appreciated that there has been much criticism of the decision to locate the new hospital at Overdale - including the Future Hospital Review Panel Report on the selection process. However, the Hansard record of the States' debate on 17 November 2020 records a full and comprehensive explanation by the Deputy Chief Minister of the decision relating to the hospital. It was explained that the Hospital Political Oversight Group had set out to identify the most appropriate site. A thorough site selection process was developed and applied to a comprehensive list of possible sites. Selection criteria were agreed by health care professionals, clinicians, a citizens' panel and technical*

³⁰ Paragraph 6.4 Inspectors' Report to the Minister for the Environment dated 25 January 2022 (CD17.1).

*advisors. The explanation also dealt with why Warwick Farm and St Saviour's Hospital did not progress to the final shortlist of sites.*³¹

147. The Statement of Common Ground (INQ11) sets out the main parties' agreement that, in principle, the proposal is acceptable in terms of the BIP spatial strategy.
148. There is a policy interpretation peculiarity regarding the fifth paragraph of policy SP2 relating to development within the countryside and the Green Zone designation, which the BIP maintains on the open fields part of the site. I address that under main issue 10, rather than complicating my high-level spatial strategy assessment here.

Main issue 1 – conclusion

149. On this main issue, I conclude that the proposal accords with the BIP spatial strategy as set out in policies SP1(1), SP2 and CI3, which individually and collectively direct the new hospital development to this site. These are very weighty 'in principle' factors in favour of the proposal.

³¹ Paragraph 6.5 Inspectors' Report to the Minister for the Environment dated 25 January 2022 (CD17.1).

MAIN ISSUE 2 – THE NEED FOR THE DEVELOPMENT

150. The Inquiry explored high-level matters concerning the 'case' for the proposal in terms of the Island's need for a new hospital. In many respects, this main issue has been well trailed, and is supported by a significant body of evidence dating back 10 years to Proposition P.82/2012 *Health and Social Services: A New Way Forward*.
151. In the first and second Public Inquiries, I heard evidence from expert witnesses covering the strategic context of demand and capacity characteristics of the Island based general hospital; the health profile of the Island's community; the projected increase in Jersey's population and the generally ageing demographics, all of which place growing and unsustainable demands on the existing hospital service; the operational difficulties arising from the existing general hospital estate, which has evolved in a piecemeal manner over the decades, with much of it in poor condition, inefficient and requiring considerable investment, as confirmed in a 2015 'six facet survey'; and staff recruitment and retention issues.
152. I have also previously heard evidence on the future care model, which places the new hospital as one element of a broader, system-wide reform of the way that the Island approaches the delivery of health and social care. Put simply, a new bigger and better hospital alone cannot address the future healthcare demands of the Island. That evidence explained that systemic change is required, which involves moving away from an old model, built around pathologies, to the new model, based around establishing pathways to services to meet patients' increasingly complex needs.
153. It is therefore quite understandable that the applicant has, in its Statement of Case (SOC1), sought to highlight my December 2018 findings that the need for the new hospital was '*undisputed*' and '*a material and weighty planning consideration*'³². Those conclusions remain unchanged and, indeed, the applicant submits that matters have deteriorated to the point there are now "*real problems delivering care on a day-to-day basis and there is a material risk that this could lead to critical incidents in terms of patient safety.*"³³
154. In the context of this well established and widely accepted conclusion on need, the applicant's detailed evidence was essentially an update. It is set out in Chapter 2 of the Planning Statement (CD1.3) and in the Proof of Evidence of Ms Rose Naylor, Jersey's Chief Nurse (APP/3).
155. There are a number of key update findings from Ms Naylor's evidence.

³² Paragraph 378 – Inspector's Report to the Minister for the Environment – Reference PP/2018/0507.

³³ Applicant's Statement of Case paragraph 8.

156. First, a follow up 'six facet survey' in 2019 has confirmed a continuing decline in the existing hospital buildings' condition, with an increasing risk of building failure and risks to service provision. Her evidence paints a bleak and worsening picture of operating health services under a range of increasing building condition related challenges.
157. Second, she sets out the proposal to co-locate mental health services, including inpatients, to the proposed new hospital campus. She explains how this is driven by the patient experience and addressing clinical and operational risks.
158. Third, Ms Naylor explains how the existing Overdale hospital and Five Oaks Theatre Sterile Supply Unit are impacted. At Overdale, the delays in delivering the new hospital have meant that it has deteriorated and about half the buildings are old and derelict, and the main newer building, the Westmount Centre, has a range of issues including failing and poor ventilation control, air handling and water systems, no piped medical gases and inadequate floor to ceiling heights for modern servicing requirements. The Five Oaks facility is compromised by being off-site and much of its equipment is nearing the end of its life.
159. Fourth, her evidence catalogues a long list of clinical issues and limitations that affect staff and care delivery on a daily basis. These include lack of flexibility of the buildings; lack of clinical adjacencies, including having to move patients through public areas; infection control; poor patient flows; outdated open bed bays; limited side rooms; challenges of bed management; split site issues meaning clinicians need to move between different buildings; a dated and constrained emergency department; no parent accommodation on the children's ward; CT machines housed in temporary buildings; limited and poor training facilities; and lack of staff rest areas. She explains that to re-provide all of the existing services to modern standards would need a 43% increase in space.
160. Fifth, Ms Naylor provides a helpful summary of how the Functional Brief was developed through a simulation model and that it includes a requirement that all buildings are designed flexibly to assist with service expansion or a change of clinical requirements in the future, as healthcare technologies evolve.
161. Sixth, her evidence explains how a wide range of staff from Health and Community Services (HCS) were involved in the design process. This included 147 Clinical User Groups to date, with 20 different groupings, and over 804 clinical attendances.
162. Seventh, she lists the benefits for patients, visitors and staff that will arise from the new hospital. For patients, these benefits will include privacy from increased single rooms (73% of beds); onward rehabilitation gyms; fully

digitally enabled facilities with TV at all beds; on campus mental health services; tranquil landscaped gardens; light and airy environment; and increased maternity services. For visitors, benefits include dedicated parking, easy wayfinding around the campus, privacy, and access to food and drink. Staff benefits would be widespread, arising from a much improved modern and efficient healthcare workplace, with training facilities and opportunities, rest facilities etc.

163. At the Inquiry, I also heard evidence from a range of clinicians and health workers. These included submissions from the project's medical director, Professor Handa, and a number of consultants. Collectively, they painted a clear and bleak picture of the failings in the existing building stock, which was beyond repair, and that there was an urgency to build the proposed hospital, to avoid risks to patients and to provide the quality of healthcare appropriate to modern day Jersey.
164. I also heard submissions from others arguing that a lack of proper maintenance of the existing stock was the main reason for the current problems. However, the significant body of evidence indicates that the failings of the existing building stock are far more deeply rooted and profound. In short, the buildings are no longer fit for purpose, and the delivery of high quality modern healthcare is being frustrated and stymied.

Main issue 2 – conclusion

165. The case for the provision of a new hospital in Jersey is well evidenced. Demand is growing, whilst existing buildings and facilities are inadequate, deteriorating and unable to meet future demands. A new hospital facility, as part of a wider healthcare and social services transformation, is needed and that need is of significant importance to Jersey.
166. Ms Naylor's evidence was informative and provides a useful update which confirms and strengthens my earlier findings that the need for the new hospital is undisputed and a material and significantly weighty planning consideration. Indeed, the latest evidence indicates that the provision of the new hospital is now urgent and time critical and the current situation is creating increasing strain and risks to patients and staff.
167. It is important to note that there has been no real challenge to the applicant's evidence on need for the new hospital. The 'need', and the 'functional brief' that was developed to address it, is clearly directly linked to the quantum of floorspace necessary to be housed within new buildings.

MAIN ISSUE 3 – THE PROPOSED DESIGN AND ITS LANDSCAPE AND VISUAL IMPACTS

168. The assessment of 'design' is clearly a very wide-ranging one and involves a degree of subjectivity around what constitutes good design and how the impacts of the selected design should be assessed. It also has links with a number of other main issues, including impacts in respect of amenity, landscape, and the natural and historic environment.
169. The issue of design has, understandably, been the source of much attention and debate in this Inquiry. Put simply, there are two opposing schools of thought. The applicant submits that the design, driven by the functional brief, has responded well to the constraints and opportunities of the site to produce a high quality design which will become a landmark. Others, including the planning authority officers, submit that the design of the main block is simply too big and bulky to sit comfortably on the hilltop site and that it would cause serious harm.
170. In some quarters, the design has been the focus of very negative remarks, including the Save Jersey's Heritage representative describing the proposal as a 'monster' and that it could be mistaken for an insecticide factory. The Jersey Architecture Commission has also, in its most recent notes³⁴, expressed *'disappointment about the lack of coordination of inputs as there appears to be a late appreciation of the landscape and limited evidence of the integration between disciplines.'*
171. Set against those negative views, I am mindful that the applicant's appointed architectural practice has substantial experience in healthcare architecture over decades, and that Mr Featherstone himself states that he has worked on over 30 hospital projects. Whilst this does not mean that everything the practice designs should receive planning approval, I must give appropriate weight to the specialist expertise that has been employed.
172. Whilst noting and respecting the differing views of many contributors, my task is to provide a focused assessment of design matters against the relevant BIP policies. As a result, I begin my design analysis by summarising the key policies and then outline the key application and Inquiry documents and evidence. I then explore a range of design related themes covering 'amount'; the testing of design site strategy options; the architectural approach and refinement of the chosen option; compliance with CI3(b) 'the best design option'; policy GD7 on tall buildings; policy GD8 on the Green Backdrop Zone; the visual, townscape and landscape impacts, and policy GD9 and NE3 considerations; and policy GD10 concerning public art. I then discuss my findings and draw conclusions on

³⁴ Jersey Architecture Commission – Notes of 5 November 2021 review meeting (CD3a).

this wide-ranging main issue, including the higher level strategic policies of SP3 (placemaking) and SP4 (Island identity).

The key BIP policies

173. Policy CI3 addresses 'our hospital and associated sites and infrastructure'. Whilst affording the highest level of priority to the development of the new hospital on the designated site, the policy includes criteria which have to be satisfied. These criteria have design implications. Criterion a) says the proposal should not be considered *'to cause serious, unacceptable harm to the character and amenity of the wider area...'*. Criterion b) requires it to be *'...demonstrated that the proposed development represents the best design option relative to the needs of the hospital and the land available...'*. Criterion c) requires the proposal to include details of *'all necessary mitigation and/or compensatory measures that are required to manage the impact of the development, as far as reasonably practicable...'*.
174. Strategic policy SP3 addresses 'placemaking'. It says that all development must reflect and enhance the unique character and function of the place where it is located, and that it must contribute to the creation of aesthetically pleasing, safe and durable places that positively influence community health and well-being outcomes. It continues by stating that proposals will be supported where they meet stated criteria. These include, amongst other matters, being responsive to their context and sense of place; being environmentally responsible and sustainable; providing green infrastructure; achieving a high standard of accessible and inclusive design; and making provision for all modes of travel and supporting active travel choices.
175. Strategic policy SP4 gives a 'high priority' to 'protecting and promoting Island identity' by ensuring that, amongst other matters, all development should protect or improve the historic environment; respect the landscape, seascape or townscape character of the area in which it is proposed to be located and make a positive contribution to the local character and distinctiveness of a place; and, where appropriate, include the provision of public art.
176. Policy GD6 addresses 'design quality'. It states that *'a high quality of design that conserves, protects and contributes positively to the distinctiveness of the built environment, landscape and wider setting will be sought in all developments, in accord with the principles of good design'*. It then sets out a list of key principles, which include the relationship to the existing character and form of the area; the use of materials; impacts on neighbouring uses; integration with the existing area; designing out crime; protection and enhancement of green infrastructure; operational usability; and the sustainable use of resources.

177. Policy GD7 sets out the approach to 'tall buildings', which are defined as those being two or more storeys above the prevailing contextual height or over 18m (or four-six storeys) high. It says that such building proposals will only be supported subject to meeting a set of criteria. These include: being well located and relating well to its context, which should be considered relative to the St Helier Urban Character Appraisal (2021) building height guidance; not unacceptably harming longer views and context at street level; incorporating the highest standards of architecture and materials; including ground floor activities that provide a positive relationship to the surrounding streets, and public realm; not adversely affecting the locality in terms of microclimate, wind turbulence, overshadowing, noise, reflected glare, privacy and amenity of surrounding buildings; contributing to improving the permeability of the site and wider area; and that its height can be fully justified in a design statement. The site lies within character area 10 'town edges and slopes' where the policy's associated height guidance³⁵ is 'up to 6 storeys' generally but, on the ridgeline, not taller than 15 metres high or 3 storeys.
178. Policy GD8 addresses the Green Backdrop Zone which is defined on the proposals map and covers part of the escarpment around the east, south and west of the Island, which is prominent in views from the coast and the sea. The policy seeks to restrain development in this area, by limiting the extension or replacement of existing buildings through a set of criteria and not supporting other forms of development except where it, a) does not result in the net loss of green infrastructure or adversely affect the landscape character of the Green Backdrop Zone; or b) the overall benefit to the community of the proposal demonstrably outweighs the harm.
179. Policy GD9 covers 'skyline, views, and vistas' and states that these must be protected and enhanced. It further states that any development that will lead to adverse impacts will not be supported, except where the overall benefit to the community of the proposal demonstrably outweighs the adverse effects of any harm.
180. Policy GD10 sets out the 'percent for art' requirement for larger development proposals.
181. Policy NE3 requires new development to protect or improve landscape and seascape character. It affords the highest level of protection to the Protected Coastal Area (PCA) and the Coastal National Park (CNP). It says that proposals that do not protect or improve landscape/seascape character will not be supported unless they meet a range of criteria including being demonstrably necessary; there being no reasonable alternative; that harm has been avoided, mitigated and reduced as far as reasonably practicable; and that the public benefit of the proposal

³⁵ Bridging Island Plan – Table GD1.

outweighs the harm to the landscape and seascape character and where the nature of that benefit to the public is clear, direct, and evidenced.

182. The St Helier Urban Character Appraisal: Review 2021 (CD16.2) and the Jersey Integrated Landscape and Seascape Character Assessment (May 2020) (CD16.5) are relevant supplementary documents which assist in assessing a proposal's consistency with certain BIP policies.
183. It is worth noting here that this suite of design policies do not necessarily pull in the same direction. Indeed, there is a tension between policy CI3 and some of the other policies, as hospital scale buildings are always likely to challenge 'general' policies and NE3, which seek to protect and steer designs to 'fit in' with an area's existing character and context, which in this case is rather suburban and low density.

Application documents and Inquiry evidence

184. As the application is submitted in 'full', it includes a significant volume of material on design related matters. There are approaching 200 plans and drawings detailing the proposed buildings, landscaping proposal and engineering works. There is also a substantial Design and Access Statement (CD1.4a and CD1.4b) which includes sections covering the site context, evolution of the masterplan, access and movement, the landscape approach and design, heritage and the architectural approach, chapters on each of the main buildings, and a crime impact statement. There are also separate documents setting out a Public Arts Strategy Statement (CD1.7) and a Sustainability Strategy (CD1.13).
185. The EIS is also relevant to design considerations and, in particular, its chapter 10, which sets out the applicant's landscape and visual impact assessment (LVIA) (CD10.10.1, CD10.10.2 and CD10.10.3) of the proposal. This includes a set of photomontage images from a series of numbered viewpoints, which assist in assessing landscape, townscape and visual impacts.
186. At the Inquiry, Mr Featherstone (APP/2 and APP/2a) and Ms Knight (APP/4 and APP/4a) submitted detailed Proofs of Evidence on design and landscape and visual impacts, respectively, and both made appearances (Ms Knight remotely) at the Inquiry. Mr Jones' (PA/1) and Ms Ingle's (PA/4) Proofs of Evidence cover these matters from the planning authority's perspective and both appeared at the Inquiry.
187. Others who gave evidence at the Inquiry on these matters included Ms J Blakeley and Ms A Howell of Sustainable Jersey Group (SJG/1); Mr V Tanner Daly of Liberate (LIBE/1 and C71 and C71a); Friends of Our New Hospital (FONH/1, FONH/1a and FONH/1b); Save Jersey's Heritage (SJH/1); Mr M de la Haye (SOC11); Mr J Baker (BAKE/1); Mr C McCarthy

(MCC/1); Ms M Venturini (VENT/1); and Ms B Ward (WARD/1). There were many other contributors that addressed, or at least touched on, design issues, that it is impractical to list in full. However, I have taken into account the wide range of Statements of Case and representations from interested parties that have been submitted and those contributions made in the Inquiry sessions.

Design review process – Jersey Architecture Commission (JAC)

188. I have considered the notes from the JAC. The JAC notes cover 7 sessions over the period 31 July 2020 to 5 November 2021. The notes from these meetings are included on the Inquiry Documents List (CR3a through to CR3g) and also appear as appendix B to Mr Jones' proof.
189. It was explained to me at the Inquiry that the JAC has acted as a 'critical friend' in questioning and challenging the design approach as it iterated over time. Its most recent assessment in November 2021, just prior to the application submission, expresses some reservations. Mr Jones summarises this in his proof as follows:

Having reviewed the submission, the JAC was of the view that there was a 'disappointment about the lack of coordination of inputs as there appears to be a late appreciation of the landscape and limited evidence of the integration between disciplines'. The JAC considers that the evolution of the scheme is essentially a story that starts with topography and concludes with the skyline and using this to inspire how the concept integrates and contributes to the setting is fundamental to a scheme's success. Therefore, the JAC urged the (Hospital) team to take an overview of where the scheme is going (i.e., the big picture) and develop a more convincing integrated design narrative supported with concept diagrams.

190. The JAC did not give evidence at the Inquiry. I have noted that its commissioners, whilst eminent in their fields, did not include a specialist hospital architect. I have also noted some concerns expressed about the limitation in terms of site visiting by the commissioners, and the use of virtual meetings.
191. I have considered the JAC notes and the above matters, and weighed them accordingly in making my assessment.

Amount

192. The evidence on 'need' establishes beyond any doubt that providing a new general hospital to serve the Island's population will necessitate a substantial amount of building floorspace. Whilst there will always be permutations that could adjust and fine tune that 'amount', there is a mature body of evidence to indicate that the main hospital building needs to have a floorspace of well over 60,000 square metres.

193. The last Gloucester Street scheme was 63,400 square metres. This current application includes a main hospital building of comparable size, being 61,485 square metres floorspace³⁶. However, the proposal includes additional buildings comprising an energy centre (2,889 square metres), a mental health block (2,901 square metres), a knowledge centre (2,638 square metres) plus a multi-storey car park, giving a total floorspace of 69,913 square metres. Whilst noting and agreeing with Mr Le Gresley's (for the planning authority) observation at the Inquiry that the earlier 2 schemes were not directly comparable, I do think the floorspace figures confirm the approximate quantum of development needed to provide the required new hospital.
194. The evidence before me, including the Design and Access Statement, the Proofs of Evidence of Ms Naylor and Mr Featherstone and the contributions from Professor Handa, satisfy me that the quantum of development currently proposed is appropriate and necessary to deliver the new hospital.
195. This is an important point because the BIP directs 'the new hospital'³⁷ to the allocated Overdale site. It is a fundamental design issue, as the design process has to set about accommodating that amount of floorspace in the best way, within the constraints and opportunities presented by the site.
196. Seeking to accommodate such a large floorspace quantum, indeed the biggest ever modern building complex in Jersey, raises inevitable design challenges in terms of reconciling the demands of the internal (clinical/functional brief) and external (environmental and visual) drivers and constraints. The very nature of the allocated hospital site, being elevated above the town on the top of Westmount, makes visual and landscape impacts inescapable.
197. This was a matter that I noted³⁸ in 2018 when I carried out my high-level review of alternative sites as part of the second Inquiry, although I also assessed that there was no perfect site and each site would bring with it different environmental impacts. The selection of the Overdale site and its allocation in the BIP has been made within that context.

Testing of design site strategy options

198. The applicant's Design and Access Statement (CD1.4a and CD1.4b) is a very comprehensive and thorough document that explains the design thinking and iterative process that has led to the submitted application proposal. Its chapter 5, along with Mr Featherstone's Proof of Evidence

³⁶ Temple letter 4 March 2022 – CD19.1

³⁷ Emphasis added to the wording that appears in the first line of BIP policy CI3.

³⁸ Planning application PP/2018/0507 – paragraph 365 of the Inspector's Report dated 10 December 2018.

(APP/2), provides a clear and comprehensive explanation of the design iteration process.

199. Faced with accommodating the required quantum of floorspace, it explains how several site strategies were initially identified and subsequently consolidated into five generic design options (A to E) which were then evaluated against a range of project and technical criteria. Four of the options (A – D) involved different permutations focusing the main building on the existing Overdale hospital site and a fifth, more radical option, tested the concept of placing it on the fields to the east of Westmount Road.
200. Option D was assessed to perform better than the other options by a considerable margin³⁹, scoring 108.5 points, compared to the second placed Option C at 93.5 points, third placed Option E at 93 points, fourth placed Option A at 90 points and last was Option B at 86 points. Whilst scoring the highest overall, Option D was not the highest scoring under 'height and visual impact' (scoring 2 out of 5) and 'planning policy challenges' (2.5 out of 5).
201. The Design and Access Statement then explains how the masterplan was evolved and refined through no less than six different iterations leading to the RIBA stage 3 design. At each point, it explains the changes and refinements and responses to feedback, including that from the JAC and through pre-application advice received from the planning authority's officers.
202. Whilst I am aware that some, including the JAC, may prefer the Option A site strategy design (the 'fingers scheme'), as it would be less impactful, it scored poorly overall. I find that the applicant's evidence is well grounded and that the broad site strategy option selected has been demonstrated to be the best option relative to the needs of the hospital and the land available.

Architectural approach and refinement

203. Chapter 12 of the Design and Access Statement sets out the architectural approach and contains a resume of planning policies; an explanation of the clinical planning strategy, including functional adjacencies and internal process flows; a summary of the involvement of the JAC; stakeholder visioning exercises; the 'salutogenic' approach, where design contributes to well-being and a healing environment; and an analysis of local context and Jersey precedents.
204. It draws this analysis together with a statement setting out the architectural philosophy which says that '*the hospital will be a gathering*

³⁹ The assessment matrix can be found on page 28 of the Design and Access Statement (CD1.4a).

place on a hill, where people come to be healed, to be cared for within a safe place. It further states that *'unlike some of the great structures of Jersey's past, its historic fortresses and castle, the hospital will welcome rather than defend'* and speaks of its *'civic presence'* and that it will be *'a public symbol of Jersey's commitment to healthcare and wellbeing for the 21st century.'* It then explains the campus approach and the importance of containing the primary clinical facilities within one building, whilst placing supporting functions of training, mental health facilities and car parking in nearby buildings.

205. Chapter 13 is a significant part of the document, covering almost 100 pages and it explains the design of the main hospital, based on Option D, and how it has evolved and changed through the design stages. It records some quite significant changes between the RIBA stage 2 and stage 3, notably in terms of responding to concerns about height and mass by deleting a 'curvilinear' roof form and replacing it with a flat roof, and through setbacks and articulation of the blocks to reduce its impact. The photomontage images⁴⁰ comparing the RIBA stage 2 and 3 designs, do evidence that the stage 3 design, whilst still a very large building, is noticeably less strident and imposing than the stage 2 version.
206. Chapters 14, 15 and 16 explain the design approach adopted for the mental health centre, knowledge centre and the multi-storey car park.
207. Whilst appreciating that the design, notably of the main hospital building, is not supported by some, I do consider that, from an evidential viewpoint, the applicant has undertaken a significant, thorough and sound design process, which has included challenge, consultation and not inconsiderable changes to evolve and refine the design.

Policy CI3(b) – the best design option?

208. This is a useful point to make a partial assessment against policy CI3, specifically with respect to its criterion (b) which requires a demonstration that the proposed development represents the best design option relative to the needs of the hospital and the land available.
209. Whilst I am mindful that some parties object to the end product, I have seen no convincing evidence to suggest that the applicant's demonstration is flawed, that there is a design alternative, or that they may have 'missed a trick'.
210. Rather, the opposition appears to focus on the design that emerges as a consequence of accommodating the quantum of floorspace necessary to provide the new hospital, but that is a different matter. If the starting point is to select the best design option for the hospital, it must be judged on

⁴⁰ Design and Access Statement pages 261 - 262 (CD1.4).

that basis and not on the basis of a comparison with a design exercise for a substantially lesser amount of floorspace, which would no doubt lessen objections, including those from the planning authority's officers, but would not deliver the new hospital required and planned for in the BIP.

211. Based on the evidence before me, I am satisfied that the applicant has demonstrated that the proposal represents the best design option relative to the needs of the hospital and the land available. I assess that criterion (b) of policy CI3 has been satisfied.

Policy GD7 – Tall buildings

212. The proposed main hospital building would clearly constitute a 'tall building' under policy GD7, as it would be substantially above the 18 metre threshold height.
213. The policy's first criteria for an acceptable tall building proposal is that it should be well-located and relate well to the form, proportion, composition, scale and character of surrounding buildings and its height is appropriate to the townscape character of the area. It states that this should be considered relative to the St Helier Urban Character Appraisal (2021) building height guidance.
214. The guidance identifies the site as being within character area 10, where a 15 metre height limit is stated for developments on the ridgeline. With elements of the building being more than twice the recommended height, the first criterion is not satisfied and there is a clear breach of the policy.
215. However, it is important to note that all of the generic design options (Options A – E) involved a similar scale of building (4 – 5 clinical storeys). I also note that even by omitting the higher elements of the proposal (the third and fourth floor), the building would still exceed the 15 metre guideline height.
216. There is therefore a clear tension between the CI3 allocation of the site for the new hospital and GD7 which, if forcefully applied, would have the effect of negating the CI3 hospital allocation to which the BIP affords the highest level of priority.

Policy GD8 – Green Backdrop Zone

217. The existing Overdale hospital site falls within the Green Backdrop Zone, where policy GD8 seeks to restrain development. The policy's supporting narrative explains that the zone is part of the landscaped escarpment and the backdrop and setting to St Helier (and other places) which is important for the character of these areas, and for the enjoyment of views from the sea, the beach, and along the coast, and from within the built environment. It further states that the skyline of the escarpment is

particularly important and any development which breaks the skyline becomes very prominent.

218. There is a fundamental conflict between the objective of GD8 and the hospital allocation under CI3, and I am aware that the BIP examining Inspectors did question whether the zone should remain in place.
219. However, whilst the proposed large scale and tall, skyline breaking main building would fundamentally conflict with the main GD8 purpose, the policy does include an exception (GD8 2b) to its development restraint presumption, where the overall benefit to the community of the proposal demonstrably outweighs the harm. Clearly, the overall benefit to the community of the proposal would be very substantial, although the exceedance of what the policy would normally allow in the Green Backdrop Zone (without an exception case) is not insignificant, and falls to be weighed in the planning balance.

The applicant's Landscape and Visual Impact Assessment (LVIA)

220. So far, I establish that whilst the application proposal has successfully demonstrated that it is the best design option under policy CI3(b), it is in conflict with the BIP tall buildings policy GD7 and with the purpose of policy GD8, which seeks to restrain development in the Green Backdrop Zone. That leads to an assessment of the wider visual, townscape and landscape impacts, which links to a number of other policies including GD9, NE3, GD6, SP3, and SP4.
221. There is no escaping the fact that the scale and height of the hospital, combined with its elevated hilltop site, mean that it will have significant visual, townscape and landscape impacts.
222. The applicant's LVIA assesses these impacts. It was produced by Ms Knight and is further explained in her Proof of Evidence (APP/4). It was undertaken using an accepted methodology⁴¹ to define the study area, establish significance criteria, and then undertake assessments of the proposal's impacts. It reviews the landscape character of the area, drawing on the St Helier Urban Character Appraisal (2021) and the Jersey Integrated Landscape and Seascape Character Assessment (2020).
223. The LVIA then defines a range of visual receptors, which include locations close to the site, St Helier town centre and wider locations, including the waterfront and other coastal locations. It then assesses effects on landscape character, visual effects and designated landscapes, i.e. the Coastal National Park (CNP). The LVIA includes a good range of calibrated photomontage images from a series of key viewpoints, which are very helpful in assessing impacts.

⁴¹ The LVIA methodology is set out in CD10.10.3.

224. Although there is an established professional discipline to the production of an LVIA, the actual assessments of impacts are inevitably subjective. Drawing on the LVIA and the evidence of Ms Knight, the evidence of Mr Jones and Ms Ingle for the planning authority, and the many interested parties that have made submissions, I have set out my assessments below of (i) visual impacts (ii) townscape impacts and the 'landmark' notion (iii) landscape and seascape impacts and (iv) impact on the Coastal National Park. I then look at impact on the character of the wider area and public art matters, before reaching conclusions.

(i) Visual impacts

225. The LVIA's assessment of visual impacts concerns views from streets and public places in locations near to the site and in the surrounding area, including more remote viewpoints. It is focused on the inevitably subjective concept of 'visual amenity' as experienced by people.
226. It is perhaps understandable that attention, particularly from objectors, has focused on some of the more dramatic visual impacts, notably the photomontages from Elizabeth Castle and Fort Regent, but it is important that I give a rounded summary on the impacts.
227. In close proximity to the site, including views from Westmount Road, Westmount Court, Castle View, Hillcrest, Tower Road, Mashobra Park, Jersey Crematorium and Mont à l'Abbé Cemetery, there will be a significant change in views experienced from these locations. This change would arise from the large scale and height of the main hospital building which would replace portions of views currently seen as sky and trees. The LVIA assesses these effects as 'major-moderate, adverse'. This should not be confused with residential amenity impacts, which I consider separately, but it does evidence the change in visual impact that will be experienced locally. That said, such effects are an inescapable consequence of introducing the required scale of the main hospital building on this site. I do not consider that the other proposed buildings, which are of a much lesser scale and height, would create significant visual impacts in the vicinity of the site.
228. From within St Helier town centre, the hospital would not be visible from most viewpoints and, indeed, most people going about their business in the town centre would not be aware of its presence and the LVIA assesses the magnitude of impact as negligible.
229. It is only in limited town centre locations that views of the building would be possible. One notable location is The Parade, where the photomontage of viewpoint 17 (in document CD10.10.2), shows a view of the east corner of the building, including its inset higher floor levels, rising above the edge of the scarp. The LVIA assesses this as a 'moderate, adverse' effect. Whilst

noticeable and appearing large, it would be a partial view and would not dominate the view which is essentially framed by the surrounding townscape in nearer proximity to the viewer. Similar effects are assessed for People's Park, although a photomontage from the Park itself is not provided.

230. There are similar effects when viewed from the Esplanade. Viewpoint 4 is from West Park Kiosk, opposite the Grand Jersey Hotel. From here the photomontage shows how some of the higher parts of the hospital would rise above the outline of the hill to the left of the hotel. Due to the setback, it would not appear higher in view than the tops of the front line of dwellings at Westmount Court that face the bay. Again, the LVIA assesses a 'moderate, adverse' effect. It would be notable and large and would break the skyline more forcibly than the existing hilltop dwellings currently do, but it would not be unduly domineering in this view.
231. From the elevated view of Almorah Crescent in the north of St Helier, the viewpoint 12 photomontage demonstrates that only a very small part of the building would appear behind trees in a distant view. The visual effect is negligible in my assessment.
232. Further inland on the interior plateau, the viewpoint 14 photomontage shows the view from Surville Cemetery. From here the upper parts of the hospital would be visible in the distance, rising above the skyline formed by existing vegetation and buildings. When I visited this location, I noted that it is actually quite hard to locate the gap viewpoint used for the photomontage and, in many locations the view is obscured by mature trees and vegetation. The LVIA assesses a 'small scale and adverse' impact. I concur.
233. The more dramatic and significant visual impacts would be from the south, from elevated viewpoints to the east, and from the west.
234. From the south, viewpoint 3 is from Elizabeth Castle. When you stand on the Castle slipway and look back towards St Helier, you see three distinct elements. To the left (east) is the deep ribbon of development around the bay which is generally low rise and sits below the skyline formed by trees, with the odd building, in the distance. In the centre is Westmount, which rises steeply as a wooded hillside and levels out on top, where existing built development is quite visible and defines the skyline (in the vicinity of the site), and then drops down again by People's Park. The third element, to the right is the town centre and the foreground is dominated by a number of large recti-linear blocks: the West Park Apartments, a large modern white block; the Grand Jersey, a large but traditionally styled hotel with five front gables; the Royal Bank of Canada building, a modern office block; and the Radisson Blu Hotel, a large and imposing modern hotel.

There are other buildings in the view, but these four are the main foreground features.

235. The viewpoint 3 photomontage of the scheme demonstrates the significant change that would arise. Although the top of Westmount is already developed, the buildings are of a relatively suburban scale and proportions, and are recessive in comparison to the large town centre buildings to the west, and the denser band of development to the east. By contrast, the proposal would place a very large, wide and tall building on the hilltop, such that it would appear as an additional large building block in the view, and it would be a prominent one, i.e., it would be hard to not notice it. In this view, the large and high entrance feature is noticeable. The LVIA assesses the impact on this view as 'moderate adverse', although I think this underplays the impact and 'major-moderate adverse' would be more accurate, given the magnitude of the change and its significance in terms of the view.
236. From the east, the elevated viewpoint of Fort Regent would witness another significant visual impact. Standing at the entrance to Fort Regent (at the top of the steps), there are expansive views in a north-westerly direction, across the rooftops of the town centre. Westmount is clearly visible as the 'bookend' to the west of the town centre, with its wooded slope rising up with a visible zone of built development on its upper level. You can actually discern the component buildings, including Ocean Apartments, Castle View, Hillcrest and some of the existing Overdale hospital buildings. The viewpoint 9 photomontage shows the significant change in view that would arise. The top of Westmount would be dominated by an expansive and tall dense building block. Whilst this view does illustrate how the steps in the building do take some reference from the topography, the building would sit well above the skyline and redefine it. The multi-storey car park and the top of the mental health centre would also be visible in this view, but these would not be dominant features. The LVIA assesses these impacts as 'moderate-adverse' and whilst I agree with that assessment, I do think it is towards the upper end of the categorisation, i.e., heading towards 'major adverse'.
237. Moving to the west, the viewpoint 2 photomontage shows the visual impact from 'layby 4' on Victoria Avenue. From this location the upper parts of the main block would rise above the tree canopies that currently define the skyline. Whilst the escarpment itself has the effect of screening the greater part of the building in this view, the building would be quite noticeable and large, but its profile, whilst higher and clearly urban in character, does not unduly jar in this view. Similar impacts are seen from St Andrew's Road in the viewpoint 16 photomontage, with the highest part of the proposed main block rising just above the treeline. Similar impacts will be seen

further out in the First Tower locality. The LVIA assesses these impacts as 'moderate adverse'. I agree.

238. Moving further west to the far side of the bay, viewpoint 6 is from the Boathouse restaurant at St Aubin. The existing view is a wide panorama of the bay and the settlement. Westmount is clearly visible, as is the development that sits on top of it. The photomontage shows that the hospital buildings would rise notably above the existing wooded scarp and would be seen as interrupting the skyline. This is quite a distant view, being well over 2 miles, but it would be noticeable on a clear day as a large and urban intervention on top of the scarp. In the panorama view, it would be seen in the context of large buildings to the east, but these are sited at a much lower level, meaning that the elevated hospital would appear as a dominant building in this distant view. I agree with the LVIA's 'moderate adverse' assessment.
239. From Noirmont Point, there are similar, although lesser, impacts and these are shown in the viewpoint 13 photomontage. When I visited this location, it was quite apparent to me that the main views enjoyed by visitors are out to sea to the south and to Portelet Bay to the north-west. I was the only visitor looking back towards St Helier. However, from the battery sites and the footpaths, there is an elevated and expansive view of the town and its wider context. The main hospital building would be discernible in this wider view and it would be seen to break the skyline, although not as noticeably as from viewpoint 6. It would be a distant view, being some 2.8 miles away, and it would be seen in the context of other distant large buildings and structures, including the incinerator tower at La Collette and the domed roof at Fort Regent, both of which break the skyline. Although outside the viewpoint 13 image, the context would also include the 4 tower blocks at Le Marais in St Clement, which are quite noticeable and, being in a low-lying part of the Island, significantly break the skyline. The LVIA assesses the impact from Noirmont Point as being 'slight, adverse' and I agree.

(ii) Townscape impact and the 'landmark' notion

240. There are no significant townscape impacts arising from the proposed energy centre, the knowledge centre, the multi-storey car park and the mental health centre. The scale, design and layout of these buildings are either well below or broadly in accordance with the height guidance for buildings in Urban Character Area 10 (UCA 10), as identified in the St Helier Urban Character Appraisal: Review 2021 (CD16.2).
241. However, although the site is largely within the defined built-up area, the main hospital building proposal would significantly change this part of the St Helier townscape. The existing escarpment forms the western bookend to St Helier town centre, rising well above it and the rooftops of buildings,

large and small. Although Westmount is topped with existing buildings, and they do break the skyline, they are relatively modest in scale and softened by trees and planting.

242. The LVIA assesses the effects of the proposal on the St Helier townscape character of various UCAs (as defined in CD16.2). Understandably the greatest effects are within UCA 10 (Town Centre Edges and Slopes) where the site is situated where a 'major-moderate, adverse' effect is assessed. Further out, UCA 7 (The Parade and Esplanade) is assessed as 'moderate adverse'; UCA 1 (West Esplanade and Elizabeth Castle) and UCA 4 (Fort Regent) are both considered to experience 'moderate adverse' effects; and UCA 6 (New Waterfront) is assessed as having a 'slight adverse' effect. I concur with these assessments.
243. The key townscape issue is that the main hospital block would be of an unprecedented scale. It would be Jersey's largest modern building and set on an elevated site some 60 metres above sea level. The western townscape does not currently include any building of comparable scale and prominence. In many senses, this is a direct result of allocating a hilltop site to accommodate the new hospital, and the scale and nature of buildings that are required to deliver it.
244. Some parallels have been drawn with Fort Regent, which rises dominantly above the south of the town centre, its appearance defined by its granite fortification walls and its modern curved white roof. I asked for comparable heights and it has been confirmed to me in a note (PINQ2) that the Fort Regent ground level is some 16 metres lower than the main part of the application site. This means that, in terms of roof height above sea level, the main hospital building would be about 13 metres higher (87.97 metres above datum level, compared to Fort Regent's 75 metres). As a result, the hospital would be notably higher and more prominent in the wider townscape, particularly when seen from the south, including the sea approaches within the PCA. From that direction, its widest (south) elevation would be in view, with its contemporary style and strong horizontal elevational design emphasis, presenting itself as a prominent built feature, sitting above the town.
245. It is quite apparent to me that a hospital building of the size required to meet the evidenced need cannot neatly 'fit', or meld itself into the existing townscape, as the suite of 'GD' policies and NE3 would steer it. The size, scale and functioning of the hospital, including clinical adjacencies and the imperative of having the majority of clinical functions under one roof, makes it a 'one off' and, indeed, a once in a generation development entity.
246. The applicant has made the case that the proposed hospital should be seen as a 'landmark' and not a building that could or should be hidden away. In

closing submissions, Counsel for the applicant noted that the Constable of St Helier described his experience at Oxford of looking up at the John Radcliffe Infirmary and finding it to be a beacon of hope and reassurance. She stated that there is no reason why Jersey's world class hospital facility should not similarly stand proudly, as a positive symbol for the Island and contended that this is exactly what policy CI3 envisages.

247. Attention has also been drawn to the fact that 'landmark' buildings are identified as a feature of UCA 10 in the St Helier Urban Character Appraisal: Review 2021 (CD16.2). One of those so identified is the existing hospital at Gloucester Street/The Parade.
248. The Chambers Dictionary defines the term 'landmark' as '*any conspicuous object on land marking a locality or serving as a guide.*' Given the nature of the application site, being elevated above the town centre, along with the large-scale nature of the development allocation, i.e. a hospital, the proposal cannot fail to become a landmark. Whilst that may not have been the main driver of the design approach, it will certainly be the result.
249. The key to success is architectural quality, and whether that leads to it being seen, in time, as a good 'hope and reassurance' landmark, or a poor 'planning gaffe' landmark. I agree with the applicant that policy CI3 suggests the former, but that does not equate to a 'switching off' of the safeguarding 'GD' policies, which seek to protect against the latter.

Landscape and Seascape Character Impacts

250. The LVIA assesses the effects of the proposal on a number of the Landscape or Seascape Character Areas as defined in the Jersey Integrated Landscape and Seascape Character Assessment 2020 (CD16.5). In area 'G3: St Aubin's Bay' a 'moderate adverse' impact is assessed, with lesser impacts in area 'C2: St Aubin's Bay Escarpment' (slight adverse); A2: South-West Headland (minimal/neutral); 'E4: Southern Plateau and Ridges Farmland' (minimal, adverse); and 'I2: South East Shallow Sea' (slight, adverse).
251. These assessments are considered to be reasonable and sound evidence.

CNP

252. The CNP is a designated landscape, although it is a considerable distance from the application site. The LVIA assesses a 'minimal adverse' effect. I agree and I do not consider that the proposal would have any tangible effect on the purposes of the CNP designation in terms of its natural beauty, wildlife and cultural heritage, or on opportunities for the understanding and enjoyment of its special qualities.

Character of the wider area

253. In addition to landscape and townscape character impacts, it is also necessary to consider the more general 'character' of the Overdale area. Policy CI3(a) states that the proposal must not cause '*serious, unacceptable harm to the character...of the wider area*'. This is a different test to the strategic policy SP3 approach to 'placemaking', which says that all development must reflect and enhance the unique character and function of the place where it is located, and strategic policy SP4's approach to 'protecting and promoting island identity'.
254. The existing character of the area is largely suburban, mature, low density and low rise, interspersed with trees and open spaces, including the cemeteries and the two fields. It is a mix of residential, institutional and other uses with houses, bungalows and an apartment complex, sitting alongside the existing Overdale hospital complex of largely low scale and undistinguished buildings, the crematorium, and the former Jersey Water offices. It has an attractive and mature feel, and on my many visits, a general quiet environment, away from the noise and activity of the town centre below it to the east.
255. The proposal will change this character, identity and sense of place of the wider area around the site. It would significantly intensify and concentrate the Island's primary healthcare functions on to this site, introduce a very large main hospital building and other buildings, to create a modern healthcare campus. It would realign Westmount Road, lead to the demolition of homes, including 2 Listed buildings and remove all of the existing buildings and structures on the site. These changes have a direct impact on the general character and sense of place.
256. It would be a significant change, but change in itself is not the same as unacceptable harm. The change would be a direct consequence of the site allocation and is therefore plan-led. The design approach, which includes a layout that avoids new buildings being close to boundaries, maintains the wooded valley, and includes extensive landscaping and open spaces, helps to manage and moderate that change. I do not consider that it would cross the threshold of 'serious, unacceptable harm' and therefore criterion a) of policy CI3 is satisfied. I also consider that it could successfully comply with the main policy principles of policies SP3 and SP4 concerning placemaking and Island identity.

Public art

257. On larger development schemes, BIP policy GD10 requires a contribution to public art of approximately 1% of total construction costs. It says that all public art proposals must be appropriate to the setting and scale of the

surrounding area, enhancing the quality of place and contributing to local distinctiveness and cultural identity.

258. The application is supported by a Public Arts Strategy Statement (CD1.7), which explains the value of integrating art into the healthcare system and that art in hospitals should provide nourishment for the soul, and offer comfort, distraction and inspiration. The strategy sets out its aims for the hospital including creating a welcoming, healing environment; reflecting Jersey's unique heritage; consulting and collaborating with stakeholders; encouraging participation for patients, family, visitors and staff; contributing to wayfinding around the site; and promoting diversity and equality. I consider that the statement provides a well grounded framework to guide the delivery of art within the development.
259. The applicant is in agreement with the GD10 policy requirement and, subject to an appropriate planning condition to secure its implementation, GD10 is fully complied with.

Main issue 3 – discussion and conclusions

260. The large floorspace quantum required to deliver the new hospital creates significant and inescapable design challenges, particularly given the hilltop location of the site, the Green Zone and Green Backdrop Zone planning designations, heritage assets within and around the site, visibility from landscape and seascape character areas, and the proximity of residential neighbouring properties.
261. These are not new issues and constraints, and they were in place when the Overdale site was selected, and subsequently confirmed through the adoption of the BIP, as the site for the new hospital. Whilst policy CI3 establishes the highest level of priority to delivering the hospital here, the policy itself contains clear design related requirements that must be met. It also does not provide a 'trump card' or 'free pass' to avoid compliance with other policies, even when there is apparent conflict. It leads to a very complex planning judgement on this main issue.
262. In terms of policy CI3, I assess that the proposal has satisfied its key design requirements. Working to deliver the functional brief and its floorspace requirement, the applicant has demonstrated that an extremely thorough and creative exploration of site strategy options has been undertaken. All of those options entailed one very large and tall main hospital building. The applicant has further evidenced that its chosen site strategy option performed better than others by a considerable margin.
263. The applicant has also evidenced in some detail how it has evolved and finessed the design of the main new hospital proposal, and the other campus buildings, to achieve the best design which meets the functional

brief and responds, as best it can, to the constraints and opportunities of the site. This satisfies criterion (b) of policy CI3.

264. The result is an undisputedly high quality healthcare campus proposal, with contemporary buildings set in an attractive landscaped setting, with patients and people within the hospital building able to enjoy an unusually pleasant, indeed quite stunning, environment and panoramic views.
265. Whilst achieving the best design option relative to the needs of the hospital and the land available, and thereby satisfying criterion (b) of policy CI3, it raises challenges and conflicts with other policies.
266. The proposal conflicts with policy GD7, as it involves a tall building which would be substantially above the guidance height in this character area, although it must be recognised that all other tested design options would similarly conflict with this policy, and there is a tension between it and the allocation of the site for the new hospital, under policy CI3.
267. The proposal also conflicts with the objective of policy GD8, which seeks to restrain development within the Green Backdrop Zone and it will cause harm, although the overall benefit to the community of the proposal would be very substantial, allowing the proposal to be considered as an exception under GD8(2). It also conflicts with the objective of policy GD9, as it will harm 'skyline, views and vistas', which the policy says must be protected or enhanced; there will be harm caused in near and more distant views, including from some of Jersey's iconic heritage sites, namely Elizabeth Castle and Fort Regent. Again, the proposal must rely on its substantial community benefits to claim the exemption under policy GD9.
268. The proposed main hospital will change the townscape of St Helier, and introduce the largest and most elevated building in the Island, which will never be fully screened by trees and landscaping and would form a large landmark building. There would also be adverse impacts on some of the Island's landscape and seascape character areas, although the impacts are generally limited and I assess no undue impact on the CNP. The adverse effects conflict with policy NE3's main purpose of protecting and improving landscape and seascape character, but I am satisfied that the policy's exception criteria are met, including that the public benefit of the proposal, which is clear, direct and evidenced, would outweigh that harm.
269. None of these effects are surprising and they are a direct product of the site allocation and the delivery of the required amount of hospital floorspace.
270. Turning to the broader consideration of placemaking under policy SP3 and protecting and promoting Island identity under policy SP4, the hospital cannot possibly reflect precisely the character and function of the place

where it would be located. The establishment of the health campus will introduce notable change to the local character that will be felt and experienced. The 'landmark' hospital building will change identity and character, especially within this part of the Island. However, that change is plan-led and not unacceptable in my judgement. It will contribute to a new sense of place through its creation of an aesthetically pleasing, safe and durable place that will positively influence community health and well-being outcomes. I am therefore satisfied that the proposal would not unacceptably harm the character of the area, which is the policy test set out in CI3 criterion (a). I also consider that, whilst the change that will arise from the new hospital cannot possibly maintain the existing character and sense of place, it can make the change positively, and in accordance with the key policy principles of placemaking and protecting Island identity, as set out in policies SP3 and SP4 respectively.

271. In conclusion, on this main issue I assess that the proposal accords with the design requirements of policy CI3 and the public art requirements of policy GD10. However, it will cause harm in terms of visual, townscape and landscape and seascape impacts arising from the size and scale of the new building proposed in a prominent, elevated, location. This creates a conflict with policy GD7. It also conflicts with the primary purposes of GD8, GD9 and NE3, although in each case the exception provisions are satisfied, as I consider that the identified and evidenced harm is demonstrably outweighed by the public and community benefits of the proposal. That said, such conflicts and tensions would also arise with all other realistic design permutations to deliver the new hospital on this site. Whilst acknowledging the evidenced harm, I am satisfied that, working within the functional brief, the proposal is the best option and accords with the high standards of design, positive placemaking and promotion of Island identity, required by the most relevant and important principles of policies GD6 (design quality), SP3 (placemaking) and SP4 (protecting and promoting Island identity). Only the profound importance of the delivery of the new hospital, and the highest level of priority afforded to it by policy CI3, enables me to reach a finely balanced favourable policy assessment conclusion on design and associated impact matters.

MAIN ISSUE 4 – AMENITY IMPACTS

272. There are neighbouring residential properties situated to the north, east and south of the main application site area. There is also a dwelling within the application site which is to be retained with a reduced garden. The effects of the proposal on these homes, in terms of impacts on the living conditions that residents might expect to enjoy, need to be carefully assessed. There is a further and separate amenity consideration in respect of the neighbouring use of the crematorium.

Key policies

273. The main BIP policy to consider is GD1, which states that all development proposals must be considered in relation to their potential health, well-being and wider amenity impacts. It continues by stating that new development will only be supported where it will not unreasonably harm the amenities of occupants and neighbouring uses, including those of nearby residents. It then lists a number of factors to be considered which are: overbearing or oppressive enclosure; privacy; levels of sunlight and daylight; and adverse effects of emissions of light, noise, vibration, dust, odour, fumes, electro-magnetic fields, effluent or other emissions.
274. Policy CI3 (the new hospital policy) repeats the requirement to comply with GD1 under its criterion c.(ii) and makes specific reference to addressing the issue of privacy for neighbouring properties. It also states under its criterion a. that the proposal should not be considered to cause 'serious, unacceptable harm' to amenity.
275. GD1 carries forward from the last Island Plan the similar benchmark that a new development must not have 'unreasonable' impacts on existing amenities that owners and occupiers 'might expect to enjoy'.
276. It is important to recognise that the required policy assessments are context specific and are mediated by reasonable expectation in that context. In this case, the context must take into account the fact that there is already an established hospital within the site. In my view, it must also take full account of the fact that neighbouring properties lie in proximity to a site that the States Assembly has selected for the (much larger) new hospital development, and that is reflected in the adopted BIP. That inevitably means that some quite considerable change in context and living conditions is inevitable.

Key documents and evidence

277. Chapter 28 of the applicant's Planning Statement (CD1.3) addresses amenity impacts, albeit the coverage is quite brief and does not address relationships between the proposals and specific neighbouring properties.

Chapter 12 of the EIS (CD10.12.1) addresses health and wellbeing impacts and chapter 17 assesses daylight impacts.

278. Section 11 of Mr Jones' Proof of Evidence (PA/1) for the planning authority, sets out his concerns about amenity impacts on specific properties.
279. To assist the Inquiry session on amenity impacts, the applicant produced a set of annotated plans (DOC/4) which includes key distances and measurements between the closest neighbouring properties and the main elements of the proposal. Its factual content was agreed by the planning authority.
280. I now explore the amenity impacts with regard to specific properties.

George V Cottages

281. I have considered representations from a resident of one of these cottages, which are arranged around a cul-de-sac, accessed from St Aubin's Road. They are to the west of the proposed site of the main hospital building, and separated from it by a dense tract of hillside woodland.
282. The northernmost of the cottages would be able to glimpse some elements of the proposed development (mainly the relatively modest scaled energy centre), when looking north-eastwards up Le Val André. However, it would be a considerable distance away and not at all overbearing.
283. Those properties also experience some degree of existing overlooking effects on their gardens from recreational walking activities along the elevated adjacent woodland, i.e., walkers can see down into parts of the garden areas. I have assessed whether the development might result in some increased recreational activity and privacy impacts, but consider that the main focus of hospital generated recreational activity will likely be on the higher ground closer to the buildings, where the more formalised landscaped areas are proposed.
284. I assess that there will be no unreasonable impacts and policies GD1 and CI3c(ii) are satisfied.

West Park Apartments

285. I have considered representations concerning overlooking from the proposed viewing platform adjacent to the realigned hairpin bend on Westmount Road to the apartments below. However, there are existing clear views to the rear of these apartments from the existing footway and viewing area. Moreover, the eye is drawn to the impressive panorama view of the bay and Elizabeth Castle, rather than downwards to the rear elevation of the apartments building. I assess that there will be no unreasonable privacy impacts and policy GD1 and CI3c(ii) are satisfied.

Camden, Rockferry and Ponderosa

286. These three detached dwellings are served by a private drive from Westmount Road and lie to the south of the proposed main hospital building. All three dwellings would experience quite a significant change in outlook to the north, as the existing relatively domestic scale buildings would be replaced by a much larger and taller single building. The impacts are slightly different in each case.

Camden

287. *Camden* is a large rather sprawling bungalow with garaging, which is now owned by the applicant and is included within the application area. Part of its garden would be absorbed into the hospital site. However, the retained curtilage is sufficient, in my view, to maintain a reasonable amount of private amenity space to serve the dwelling. The distance between the proposed main hospital building and the north face of *Camden* (which does contain windows) is 49 metres to the ground floor and 54 metres to the setback upper levels. Landscaping is proposed in the intervening space, including tree planting.
288. In terms of the GD1 considerations, there can be no escaping that *Camden* occupiers would be exposed to quite a dramatic change in views to the north. However, a change in view does not necessarily equate to an unreasonable amenity impact. Whilst the new building would be very large and tall, there would be a reasonable degree of separation and the proposed landscaping will soften and, to some extent, screen the new building.
289. There will also be direct inter-visibility, but the window to window distances are sufficient to avoid unduly intrusive effects, although there will likely be some perceived effect of overlooking, just by virtue of the scale and numbers of the horizontal rows of windows at various levels. That said, the southerly and westerly aspects and garden areas of the property, which I consider to be more significant in terms of its amenity (than its northerly facing its parking area) would remain reasonably private and pleasant.
290. The applicant's daylight study did identify some loss of daylight to one window on the north elevation⁴² of *Camden*, but it was assessed as a minor adverse impact and I share that view. With regard to emissions, planning conditions and other regulatory regimes can control noise, light and other matters to maintain reasonable levels of amenity.
291. Overall, I assess that *Camden* occupants would be subjected to some noticeable change in their northerly aspect. This would somewhat diminish existing levels of amenity. However, in the context of the existing dwelling

⁴² Receptor 191 is one of 7 receptors assessed at *Camden* in the Daylight Analysis (CD10.17.2).

being within and adjacent⁴³ to the site allocated for the new hospital, I consider that the separating distances, intervening landscaping (existing and proposed), are sufficient to ensure that the proposal would not breach the threshold of being unreasonable in terms of amenity impacts. The property would remain entirely liveable and occupants would enjoy good standards of amenity. Policy GD1 and CI3c(ii) are therefore satisfied.

Rockferry

292. *Rockferry* is the dwelling to the east of *Camden* and it is sited towards the front of its plot, adjacent to the private drive. The application site red line runs along the north side of the drive and includes an existing landscape strip with a hedgerow. There are a few windows in the front of the dwelling facing the application site and it enjoys an enclosed south facing garden to the rear.
293. The effects on the living conditions of *Rockferry* would be similar to that in respect of *Camden*. Northerly views would be quite dramatically changed by the scale of the proposed new main hospital. It would be separated by a horizontal distance of around 50 metres and the intervening space is proposed to be heavily landscaped, which will help to soften and filter the views, although landscaping will clearly not fully screen the proposed building.
294. As with *Camden*, there will be inter-visibility between the dwelling and the windows in the proposed hospital, although views will be screened by landscaping at the lower levels and be over a distance of around 60 metres (window to window) to the higher setback inpatient wards. The property's southerly aspects and rear garden area would remain reasonably private and pleasant. The applicant's daylight study did not identify any significant loss of sunlight or daylight in respect of *Rockferry*.
295. I assess that whilst *Rockferry* occupants would experience some diminution in living standards, it would not, in the circumstances, be unreasonable in planning terms and occupants would still enjoy good standards of amenity. Policies GD1 and CI3c(ii) are satisfied.

Ponderosa

296. *Ponderosa* is the neighbour to *Rockferry* and is similarly sited with regard to the private drive, although it includes a parking area at the front. It is mainly a 1.5 storey building, although there is a two storey element at its eastern end. It does have some windows in its north elevation facing the site, including three small dormers. The property has a modest sized swimming pool in the south-west corner of its plot.

⁴³ Part of the existing garden of *Camden* is actually within the CI3 site allocation.

297. Although some of the effects on the living conditions of *Ponderosa* would be similar to that in respect of *Camden* and *Rockferry*, there would also be some differences.
298. The similarities would be the notable change in the aspect to the north where views would be quite dramatically changed, with areas currently seen as sky replaced by a large and tall hospital building. It would also be a similar distance away, with its dormer windows ranging from 53.2 metres (lower levels) to 58.6 metres (inset upper levels) away. Also, there was no identified undue loss of sunlight or daylight issues in the applicant's daylight study.
299. The main differences relate to the proposed treatment and use of the intervening space between the dwelling and the proposed main hospital building, and the sensitivity associated with the *Ponderosa's* pool/amenity area.
300. In this part of the site, a car park is proposed which will be in use by outpatients, although it would be separated by a landscape buffer between the north side of the private drive and the proposed parking spaces. Subject to appropriate landscaping, and its subsequent maintenance, I am satisfied that there is sufficient separation and screening to maintain appropriate standards of amenity for *Ponderosa* occupants and neighbouring residents.
301. Given that *Ponderosa's* main amenity space, including its pool, is to its west side, it is somewhat more sensitive to perceived overlooking from the proposed building. The distance from the pool area upwards to the (inset) upper floor windows of the proposed hospital would be well over 60 metres, and people within the upper levels would be much more likely to be looking outwards to the panoramic views to the south, rather than downwards. Nonetheless, occupants relaxing by the *Ponderosa* pool may perceive an overlooking effect and sense of eroded privacy.
302. These two issues are linked, as both can be largely mitigated by appropriate landscaping. The relevant landscape drawing (CD9.1r) shows existing trees retained, along with new tree planting with 'no-mow' grass ground cover. However, at the Inquiry, the applicant's witnesses indicated that there would be substantial understorey planting, which I consider would be necessary (rather than 'no mow' grass) to provide an appropriate buffer and also to prevent any short cut routes being created across private property.
303. Moreover, the drawing does show a good number of new trees in the area directly to the north of the *Ponderosa* pool, but there is no indication of species or size. With a careful choice of species, trees sizes and early planting, the trees have the potential to provide a useful privacy screen to

mitigate perceived overlooking. These refinements could be secured by a planning condition requiring more detailed landscaping schemes.

304. Subject to the imposition of such a planning condition, I assess that the amenity effects on residents of *Ponderosa* would not be unreasonable and that the requirements of policies GD1 and CI3c(ii) would be met.

Ocean Apartments

305. *Ocean Apartments* are located on the west side of Westmount Road and just to the south of *Ponderosa*. It comprises a substantial main block, which in its highest part includes 4 floors of accommodation, and a separate single storey block, *Ocean Cottage*. For the main block, the principal aspects (and most of the windows) are to the south and east, although there are some windows in the north elevation looking back towards the application site. The principal elevation of *Ocean Cottage* faces eastwards.
306. Given my findings on *Camden, Rockferry and Ponderosa*, and the greater separation distances involved with respect to *Ocean Apartments*, I do not consider that there would be any amenity impacts that would cross the unreasonable threshold. I assess that policies GD1 and CI3c(ii) would be complied with.

Westmount Court

307. Westmount Court comprises an enclave of over a dozen properties which are accessed by a private driveway, which runs through the grounds of *Ocean Apartments* and then forks into two private drives, around which the properties are grouped. I walked the length of these driveways and visited a number of the dwellings, most of which are sited with a broadly south-westerly aspect, enjoying the elevated views of the bay.
308. Whilst I have noted and taken account of the views of residents in this cluster of dwellings, and I do recognise that there will be some glimpsed views of a very large building some distance to the north, I do not consider that there will be any undue amenity impacts and policies GD1 and CI3c(ii) are satisfied.

Castle View/Hillcrest

309. The Castle View and Hillcrest developments are situated on the east side of Westmount Road, and more or less directly opposite *Ocean Apartments*.
310. Castle View comprises a relatively recent development of five detached dwellings, two being gable side on to Westmount Road and, behind these, three further houses arranged in a row, with their rear elevations having a south-easterly aspect with views over St Helier. Hillcrest is immediately to

the north of Castle View and comprises a modern development of 5 dwellings, grouped around a private drive.

311. The proposal would result in a dramatic change in this location. This is because Nos 1 and 5 Castle View dwellings and No 1 Hillcrest, being closest to the existing Westmount Road and within the application area, would be demolished to allow for the proposed widened and improved Westmount Road to serve the new hospital.
312. For the retained Castle View properties (Nos 2, 3 and 4), it would mean that they would no longer be tucked away behind existing properties, but would abut the (new) road boundary. It is proposed to define the boundary with a substantial stone clad wall, with trees and planting adjacent to it⁴⁴.
313. The closest property to the widened road would be No 4 Castle View, and Mr Jones, for the planning authority, considers the effect of the proposal on this property would be unreasonable.
314. I visited the property and I have looked very carefully at the potential impacts. This leads me to reach a number of findings. First, the change to the property would be quite profound and I can well understand that it would be unsettling and unwelcome to the occupants. Second, whilst the change is a substantial one, that does not necessarily equate to an unreasonable loss of amenity. Third, the resultant relationship between the dwelling and the proposed widened road (set 4.5 metres back from it) is not an altogether unusual one and, indeed, existing properties (to be demolished) are set behind high boundary walls and are close to the highway, although I recognise that it is not the widened road carrying the additional traffic flows to and from the proposed hospital. Fourth, the front (north-west) aspect of the house is hemmed in by the existing house (No 5), its garden retaining wall, fence and hedgerow above. Fifth, the proposal would actually result in improved light levels to the front of No 4. Sixth, the proposed wall and landscaping would be essential to maintaining a reasonable standard of amenity for occupants of No 4.
315. The situation with the neighbouring property to the north, No 3 Castle View, is further assisted by an increased distance from its front elevation to the proposed widened road.
316. The change arising from the loss of No 1 Hillcrest, on No 2 Hillcrest, is less dramatic as 10.6 metres of landscaped space would be provided between its side elevation and the road and the house itself.
317. Overall, whilst recognising the significant changes that will arise in this area and residents' understandable concerns, the evidence before me does not demonstrate that the post development state would be one of an

⁴⁴ See Design and Access Statement (CD1.4) pages 136 – 137 for summary proposals.

unreasonable loss of amenity to occupants. All of the retained dwellings would still enjoy a good standard of amenity. Subject to the careful execution of the boundary wall and landscaping proposals, and their future maintenance, I am satisfied that there will not be any unreasonable amenity impacts and that policies GD1 and CI3c(ii) are satisfied.

North of the application site – Mashobra Park/Tower Road and Mont Pelle

318. To the north of the site there is mature suburban development focused around Tower Road and Mashobra Park, which is typically of 1 – 2 storey in height with a variety of architectural styles from different eras. Most properties have gardens, which in the case of the dwellings on the south side of Mashobra Park (and adjoining the application site) are quite deep and sizeable. The site also shares a boundary with the Mont Pelle housing development to the west of Mashobra Park, although this is bounded by the wooded Le Val André and away from the proposed main building. There are a range of amenity matters to consider.
319. First, with regard to GD1(a), concerning effects of overbearing or oppressive enclosure, I have viewed the proposal from multiple locations including a number of mature gardens. For the properties that abut the part of the site where the knowledge centre is proposed, the relationship is comfortable, as the building would be of a relatively domestic height and sited well away from the site boundaries, with substantial areas of perimeter landscaping. Other properties on Mashobra Park will, in certain views, see elements of the proposed main building in the distance, but it is some distance away and heavily screened by existing trees and vegetation and not unacceptable in my opinion. A typical example is *Yeldon*, where the measured distances from its rear elevation to the closest part of the main hospital building would be 80.4 metres, and 96.2 metres to the inset upper floor parts. The distances for its neighbour, *St Catherine*, are 79.1 metres and 102.6 metres respectively.
320. Second, concerning GD1(b), I am satisfied that the combination of buildings siting, scale, heights and landscaping will not result in any undue privacy issues.
321. Third, with respect to sunlight and daylight, the applicant's study (CD10.17.1 and CD10.17.2) provides evidence that the proposal will not result in any notable adverse impacts.
322. Fourth, with regard to emissions, there could be the potential for service yard activities close to the garden boundaries to cause some noise and disturbance, particularly if it was undertaken early in the morning or late at night. However, evidence given at the Inquiry indicated that it would be primarily in use during normal daytime working hours and it is a relatively comfortable distance from the nearest house, being 54.9 metres from the

edge of the service yard to *Yeldon*⁴⁵, and is well screened. A planning condition could be imposed to control use of the service yard.

323. Subject to the implementation of the landscaping proposals and the imposition of safeguarding planning conditions, I am satisfied that none of the properties to the north of the main site will suffer any unreasonable amenity impacts. Policies GD1 and CI3c(ii) are satisfied.

East of the application site – Old St John’s Road/Ellora Estate

324. The proposed mental health centre would be located in the north-east corner of the site and the multi-storey car park would be located between it and the realigned Westmount Road. Beyond the eastern site boundary is a range of properties adjacent to the narrow Old St John’s Road. These include St Joseph’s Care Home (on the east side of the road) and residential properties on Old St John’s Road and Ellora Estate, which have plots which abut the application site.
325. The mental health centre is essentially a single storey building with an upper plant level and, as a result, it is of a relatively domestic height. Its proposed siting would maintain space between it, the site boundary and the existing dwellings to the east. Separation distances would be 16.1 metres to *Beehive*, 27.3 metres to *Hillcrest*, 23.3 metres to *No 7 Ellora*, and 27.1 metres to *Pinnacle*⁴⁶. I consider these distances, along with the proposed intervening landscaping, to be acceptable and will not result in any overbearing effects or oppressive enclosure.
326. Due to the modest scale of the mental health centre and car park buildings and their sitings, there are no undue impacts on daylight or sunlight for any residential properties. Subject to suitable landscaping and boundary treatments, there should be no issues concerning privacy in terms of potential window to window relationships.
327. Concerns have been expressed about overlooking and disturbance from the proposed multi-storey car park but it, and its access road, are a comfortable distance away from the nearest dwellings, with a mature hedge/tree screen in between. The measured distance between the car park building and the rear wall of *Fraemar* is 47.5 metres. There have also been concerns expressed about changes in levels in the apron of land just to the south of *Fraemar* and *Ellora West*, although this matter could be dealt with by a planning condition. Similarly, noise concerns about a generator/sprinkler tank building to the south of the mental health centre can be controlled by a planning condition.

⁴⁵ Inquiry document DOC4 page 17.

⁴⁶ All measurements taken from Inquiry document DOC4.

328. Overall, subject to safeguarding planning conditions covering landscaping, boundary treatments, land levels and noise, I am satisfied that none of these properties to the east of the main site will suffer any unreasonable amenity impacts and I find no conflict with policies GD1 and CI3c(ii).

The Crematorium

329. The GD1 amenity protections are not exclusive to residential neighbours, as the policy applies equally to 'neighbouring uses'. Clearly, the crematorium is a very specialised and sensitive use. Inquiry document DOC11d sets out the applicant's engagement with the service to date and evidences that it is alert to the issue and its sensitivity. Much of the concern will relate to service continuity during construction phases. There is no evidence before me to suggest that the operational phase of the proposed development would result in any unreasonable impacts for the crematorium use and the use of its gardens.

Ambulance sirens

330. Some concerns were expressed about ambulance sirens causing amenity issues for residents and users of the crematorium. At the Inquiry, Mr Gavey, the chief ambulance officer, explained that, whilst crews can use sirens, they are sensitive and sensible and only do so when necessary. He explained that the existing ambulance station is opposite residential accommodation and he has had no complaints about blue lights or sirens in 13 years.

Main issue 4 – conclusions

331. I conclude that for such a major development, the proposal fares reasonably well in terms of likely amenity impacts. This is a product of a large site and the design layout, which enables the buildings, one of which is very large and tall indeed, to be accommodated with plenty of space around them.
332. The sheer scale and height of the main building is such that it cannot avoid some effects, particularly in terms of the wider aspect enjoyed from some properties. There are also some quite dramatic localised changes for occupants of some properties, which will see neighbouring homes disappear and a new roadside context being established, with a large hospital building in their vicinity.
333. Whilst I consider that some of these effects are undoubtedly harmful, and I am sure unwelcome by those most affected, they do not cross the policy thresholds of unreasonableness or serious unacceptable harm, given the context of the BIP site allocation to build a new hospital and subject to suitable safeguarding planning conditions covering landscaping, boundary

treatments, land levels and noise. I find that the proposal would accord with the amenity protection requirements of policies GD1 and CI3c(ii).

MAIN ISSUE 5 – HERITAGE

334. Jersey has a rich and unique heritage. It also has strong heritage protections, through the law and the Listing of buildings and places, and through planning policies in successive Island Plans, which provide strong presumptions against development that may be harmful to above ground and below ground heritage. My attention has been drawn to the States of Jersey being a signatory to the Valetta and Granada Conventions⁴⁷ which underline the importance of its heritage protection regimes.
335. At the outset, it is fair to say that there is a general consensus between the planning authority, the applicant, and interested parties that the proposals will cause loss of some heritage assets, namely two Listed buildings, and harm to others. The key assessments concern quantifying that loss and harm, and whether it is justified in policy terms.

Key BIP policies and guidance

336. Policy SP4 gives a high priority to ‘protecting and promoting island identity’. It sets out a bullet point list of matters that the policy seeks to ensure, the first stating that: *all development should protect or improve the historic environment. Any development that affects a listed building and/or place, or conservation area, and their settings, will need to protect or improve the site or area and its setting, in accordance with its significance.*
337. Policy HE1 addresses ‘protecting listed buildings and places, and their settings’. It states that proposals that could affect a Listed building, or place, or its setting, must protect its special interest, and that all proposals should seek to improve the significance of Listed buildings and places. However, the policy does include an exception provision, which is an important consideration in this case; that part of the policy says:
- Proposals that do not protect a listed building or place, or its setting, will not be supported unless, and with regard to the comparative significance of the listed building or place or its setting, and the impact of proposed development on that significance:*
- a. the changes are demonstrably necessary either to meet an overriding public policy objective or need; and*
 - b. there is no reasonably practicable alternative means of delivering those proposals without harm to the heritage values of the listed building or place, or their settings; and*
 - c. that harm has been avoided, mitigated and reduced as far as reasonably practicable; and*

⁴⁷ The Valetta Convention (1969 and revised in 1992) for the protection of the archaeological heritage of Europe. The Granada Convention (1985) for the protection of the architectural heritage of Europe.

d. it has been demonstrated that the predicted public benefit outweighs the harm to the special interest of the building or place in its setting and where the nature of that benefit to the public is clear, direct, and evidenced.

It continues:

Where exceptionally, approval is given to demolish or substantially alter a listed building or place, a programme of recording and analysis, and archaeological excavation where relevant, will be required as part of the implementation of the scheme, together with publication of that record to an appropriate standard in the Historic Environment Record.

338. Policy HE5 covers the conservation of archaeological heritage. The policy has a similar construction to HE1 and states that proposals should conserve archaeological heritage and, proposals that do not, should only be allowed subject to meeting stated exception criteria. These include meeting an overriding public policy objective or need and there being no practicable alternative. The policy says that, where it is determined that the conservation of archaeological resources (preservation in situ) is not justified as the most appropriate course of action, then provision through the use of planning obligation agreements and/or planning conditions, must be made in respect of evaluation, recording, publication and deposition of finds.
339. Also relevant is the guidance contained in Supplementary Planning Guidance Note 1: Archaeology and Planning (January 2008) and Managing Change in Historic Buildings (June 2008).

Key documents and evidence

340. The applicant's detailed evidence on these matters is contained within Chapter 15 of the EIS (CD10.15.1, CD10.15.2, CD10.15.3, CD10.15.4), Chapter 20 of the Planning Statement (CD1.3), Chapter 11 of the Design and Access Statement (CD1.4b), an Archaeological Watching Brief on Geotechnical Test Pits and Archaeological Evaluation (CD11.1) and the Proof of Evidence of Mr Bee (APP/7). The Statement of Common Ground (INQ11) includes agreed positions on relevant heritage assets and archaeology.
341. The planning authority's expert is Ms Ingle and her written submissions are contained in the consultation responses from the Historic Environment Team (CR5a and CR5b) and her Proof of Evidence (PA/4).
342. Others who submitted detailed evidence and submission on heritage matters included Save Jersey's Heritage (SOC8 and SJH1), the National Trust for Jersey (SOC4), the Société Jersiaise (SOC5) and many individuals who typically expressed concern and opposition to the loss of Listed

buildings and the impact on others, including the historic associations connected with Westmount.

Archaeological heritage

343. There is an agreed position between the applicant and the planning authority on archaeological resources. This is captured in the statement of common ground⁴⁸ and its states:

At the time of submission of the Planning Application it was considered that there was potential for archaeological remains within the OHP Site, specifically, in the southern (H1551) and northern (H1550 and H1550A) fields; the latter being scheduled by Jersey Heritage as an Area of Archaeological Potential (AAP).

Three Written Schemes of Investigation were prepared to inform the Planning Application. These were for an archaeological watching brief on geotechnical works (May 2021), a Geophysical Survey (July 2021) and an archaeological trial trench evaluation within fields (H1550) and (H1551) (September 2021).

A report (SUMO August 2021) on the results of a Geophysical Survey of the two fields did not identify any anomalies of definite archaeological interest, despite the potential for prehistoric remains or features associated with a possible Neolithic megalithic monument in the northern field. A linear anomaly and adjoining sub-circular trends could be indicative of a ditch and connecting ring-ditches, though such an interpretation is tentative. Amorphous and linear bands associated with natural magnetic variations dominate the data across the site.

An Archaeological Watching Brief on Geotechnical Test Pits and Archaeological Evaluation Report (Pre-Construct Archaeology November 2021) detailed the results of the archaeological watching brief during the excavation of 13 geotechnical test pits from June to July 2021 and the excavation of twenty evaluation trenches in October and November 2021.

A number of features were found during the watching brief and evaluation. These included a semi-complete deliberately buried Bronze Age vessel and a curvilinear ditch. The latter contained two prehistoric pottery shards which may also be Bronze Age.

The evaluation and watching brief did not reveal any evidence of the lost Neolithic megalithic monument, such as substantial worked or placed stones.

⁴⁸ Paragraphs 18.1.1 – 18.1.7 of INQ11

Matters Agreed

It is agreed that further archaeological mitigation is carried out as a condition of planning permission.

344. In terms of policy HE5, the applicant has provided sufficient information to enable the significance of archaeological resources, and the proposal's impact upon them, to be assessed. I consider that any harm is justified by the policy's exception criteria, as the delivery of the hospital would meet an overriding public need, there is no practicable alternative, harm is avoided as far as is reasonable and mitigation can be secured by a planning condition and the public benefit of the proposal would clearly outweigh any harm.
345. Subject to the imposition of requirements through planning conditions, policy HE5 is complied with. It would also accord with Supplementary Planning Guidance Note 1: Archaeology and Planning (January 2008) and Managing Change in Historic Buildings (June 2008).

LISTED BUILDINGS AND PLACES WITHIN THE APPLICATION SITE

Demolition of Listed building – Thorpe Cottage (HE 1662)

346. *Thorpe Cottage* is within the application site and is situated on the west side of Westmount Road and just to the south of the crematorium garden.
347. It was Listed in 2013 for its architectural and historical special interest. The statement of significance contained in the listing states: "*unusual survival of mid-late 19th century cottage for smallholding with large walled enclosure to front. Historic character and some original features survive, principally the layout of central block and wings with various functions.*" Under Jersey's non-statutory grading system, it is assessed as Grade 3.
348. Mr Bee's evidence⁴⁹ states that the footprint of the main hospital building immediately abuts the southern wall of the barn attached to the cottage and could not be constructed in this location with the existing buildings in place. The proposal would entail the complete demolition and loss of this Listed building and its grounds. In its place would be a service road and parking (including disabled parking) on the north side of the proposed main hospital building, where the emergency access movements would occur.
349. Whilst the loss of any Listed building is a source of regret as heritage is an irreplaceable resource, there are exceptional circumstances where losses must be countenanced. This is reflected in policy HE1 and whilst I respect

⁴⁹ Paragraph 6.1 of APP/7

Ms Ingle's view that the public interest test has not been met, I do not agree with it. There is a link here to my findings on design, i.e. that the 'best design option'⁵⁰ is being pursued, as that leads me to the view that, when taking into account *Thorpe Cottage's* comparative significance, the loss is demonstrably necessary to meet an overriding public need (criteria a). It further leads me to assess that there is no reasonably practicable alternative (criteria b), that the harm could not be avoided (criteria c), and that the predicted public benefit of delivering the new hospital would outweigh the harm.

350. Subject to securing a programme of building recording, the demolition of *Thorpe Cottage* is justified by the evidence and would accord with the allowable exception under policy HE1.

Demolition of Listed building – Briez Izel (HE 07562)

351. *Briez Izel* is situated on the east side of Westmount Road and more or less opposite *Thorpe Cottage*. It is an attractive bay fronted villa which faces south. It is accessed by a drive from Westmount Road, which also serves a row of half a dozen properties to its east.
352. The villa was Listed in 2017 for its architectural and historical special interest. The statement of significance contained in the listing states: "*Late C19 villa, set in rural area overlooking St Helier*⁵¹, retaining historic character and contributing to streetscape value." Under Jersey's non-statutory grading system, it is assessed as Grade 4, i.e., the lowest grade.
353. The proposal would entail the complete demolition and loss of the Listed building and its grounds, along with the row of unlisted dwellings to its east. The cleared site of *Briez Izel* would be replaced by the realigned Westmount Road, which would run through the northern part of its plot, and part of the proposed parking/servicing area on the north side of the proposed main hospital building.
354. For the same reasons, I reach similar findings to those in respect of *Thorpe Cottage*. Subject to securing a programme of building recording, the demolition of *Briez Izel* is justified by the evidence and would accord with the allowable exception under policy HE1.

People's Park (HE1897)

355. *People's Park* is a Grade 3 Listed place. The Listing's statement of significance records: *a mid-late C19 naturalistic seaside public park and recreational space. It survives largely intact apart from the loss of the focal*

⁵⁰ The term used in policy CI3.

⁵¹ The orientation of the dwelling is such that the main aspect follows the alignment of Westmount Road towards St Aubin's Bay, rather than 'overlooking St Helier', the town being at a more oblique angle.

bandstand, although the site remains, and the southern corner of the park. A relatively simple design of the main period of public park construction, but of considerable significance in Jersey as an early public park forming part of an extensive ensemble of C19 public parks with Westmount Gardens and Victoria Park.

356. The Listed area covers the parkland bounded by St Aubin's Road to the south and Westmount Road to the north-east and west, but it excludes the bowls club⁵².
357. The proposal would impact on its north-western edge, as modest areas would be lost to accommodate the proposed realigned Westmount Road. The wider road and the associated structures would also create a more engineered and less natural edge and backdrop to this part of the park, although new planting is proposed within the area above (in the area within the widened road bend).
358. I do agree with Ms Ingle that this would amount to some loss and some harm to the Listed place. However, it would be modest and would not unduly denude its significance, or indeed its function, as the changes are peripheral to the main park, which would be largely unaffected.
359. I assess that given the necessity of the road proposal to serve the new hospital, and there being no evidence of a workable alternative, the harm can be readily justified under policy HE1's allowable exceptions, and I find no conflict with the policy.

*Victoria Park (HE1916), Westmount Gardens and Lower Park (HE1899)
grade 3 Listed places*

360. There are much lesser changes to these grade 3 Listed parks where small losses and adjustments would be required to accommodate the road realignment and associated works.
361. These are very minor changes and whilst any loss might be deemed harmful, it is very limited and does not in my view lessen the significance of these Listed places. Any harm is readily justified by the public interest test exception within policy HE1.

NON-DESIGNATED HERITAGE WITHIN THE APPLICATION SITE

362. There is a small redundant chapel known as 'Chapelle de St Luc' within the site, situated adjacent to the boundary wall with the crematorium. It is thought to date from the late nineteenth century. A Heritage Assessment Report, is included as an appendix to the applicant's Planning Statement (CD1.3); this concluded that the building's history did not justify statutory

⁵² See plan on page 44 (using the pdf page counter) of Ms Ingle's proof of evidence (PA/4).

listing. As the building is not of listable significance, policy HE1 is not engaged.

363. I have noted with interest, and taken account of, submissions concerning the history of Westmount itself, including the general location of the Battle of Jersey gathering forces in 1781, the general location of the gallows, and its role and use in the Second World War. The proposal does include some improvements to, and interpretation of, this more intangible heritage, and Ms Ingle's consultation response (CR5b) agrees that these would be 'positive interventions'.

HERITAGE ASSETS GRADED 2, 3 and 4 – OUTSIDE THE APPLICATION SITE

364. The Statement of Common Ground (INQ11) includes a list of heritage assets outside the site that are agreed to be relevant to the assessment of the application. The main consideration here relates to impact on setting and, to some extent at least, there are some links to considerations of visual impacts considered earlier in this report.
365. The Proofs of Evidence of both Mr Bee and Ms Ingle offer their helpful interpretations of 'setting', including references to case law, and there is no discernible difference of view. The BIP accompanying narrative to policy HE1 states that: *The setting of a listed building or place relates to its surroundings, and the way in which it is understood, appreciated and experienced by people within its context. Buildings and places were almost always placed and orientated deliberately, normally with reference to the surrounding topography, resources, landscape and other structures within the environment, and this is part of their heritage value. These relationships may change as buildings, places and their surroundings evolve over time. The setting of a listed building or place is not fixed and is consequently not defined in the schedule of a listed building or place.*
366. I have made assessments of the agreed list of heritage assets using the above understanding of 'setting'.

Mont à l'Abbé Cemetery (HE1176) grade 2 Listed place

367. Mont à l'Abbé Cemetery is a walled graveyard bounded by Tower Road to the north, St John's Road to the east (where there is its main entrance and its circa 1873 lodge), and Westmount Road to the west. To the south is the field where the mental health centre and main surface car park are proposed, with the multi-storey car park proposed beyond that.
368. The statement of significance reads: *A mid-C19 Victorian walled cemetery of the early Burial Board period in the UK, with many notable monuments and surviving planting. The design is notable and the cemetery survives intact, although the non-granite monuments are subject to weathering and decay. It is of considerable importance in Jersey.*

369. This is very fine heritage, reflected in its grade 2 Listing. The primary way in which it is understood, appreciated and experienced by people within its context is contained within its wall and that experience will be largely unaffected. However, there is a connection between the site and the currently open fields and views south to the sea and over the town, although these views are only possible from the southern part of the cemetery, as the land levels fall away to the north. From this southern margin, the proposal would interrupt those views and place development, albeit of a largely single storey height, within the cemetery's setting. I acknowledge that the scale of the proposed building and layout design of this part of the site, which incorporates a landscape belt to the south of the cemetery wall, are respectful, but there is, nonetheless, some tangible harm.
370. The effect will be moderate harm to the cemetery through the interruption of its (partial) sea view and some likely loss of its tranquillity through the introduction of a building, car park, and activity, within a modest distance of its southern wall. The harm is unwelcome, but not of a magnitude that would breach policy HE1, given the public interest of delivering the new hospital, the absence of any realistic alternative, and the fact that the design and layout does seek to minimise the impact.

New Mont à l'Abbé Cemetery grade 3 Listed place (HE 1244)

371. This later second 'new' walled cemetery lies to the north of Tower Road. The Listing relates to the '*impressive late Victorian dressed granite gateway and roadside wall to cemetery*'. The proposals would have a very minor/negligible impact on the significance and appreciation of this heritage. I find no conflict with policy HE1.

George V Cottage Homes grade 4 Listed building (HE1436)

372. This group of single storey 1930s almshouses is grade 4 Listed. Its significance relates to its attractive arts and crafts style design, materials and landscaped grounds. Most of the cottages will not have inter-visibility with the proposed buildings, as they will be screened by the wooded hillside. However, the northernmost cottages at the back of the group are more elevated and do have views up Le Val André, and some parts of the new buildings would be visible in the distance, seen between the trees. The overall effect will have a very minor effect on appreciation of their historic significance, and would not breach policy HE1, given the public interest of delivering the new hospital.

La Route de St Aubin (10 No grade 3 and 4 Listed buildings)

373. To the north-west of George V cottages, there are a number of Listed buildings. Upper parts of the main hospital would be visible from some

vantage points but the topography and Le Val André trees serve to screen most of the proposal. The effects are negligible and do not raise any conflict with policy HE1.

Nos 3 – 29 Peirson Road (19 No Grade 3 and 4 Listed buildings); Nos 1 – 5 New Park Villas and Nos 1 – 2 Park Place Westmount Road (7 No Grade 3 Listed buildings)

374. The majority of the buildings on the south side of Peirson Road are grade 3 and 4 Listed, along with a group on Westmount Road near to the eastern corner of People’s Park. These heritage assets will be subject to some minor setting changes as a result of the roadworks, along with some distant views of the top parts of the proposal. Subject to appropriate landscaping, these effects are minor and, in part at least, positive as the seemingly permanent row of parked car alongside the park would be removed. There is no conflict with policy HE1.

Almorah Crescent (Grade 1 listed buildings and Grade 2 place) and Victoria Crescent grade 2 Listed buildings and place

375. These are each very fine heritage assets about 0.5 kilometres to the east of the site and enjoying elevated positions within the built-up area. The proposals would be barely visible from most locations and any impact is negligible. There is no tension with policy HE1.

GRADE 1 HERITAGE – OUTSIDE THE APPLICATION SITE

Elizabeth Castle and Hermitage (HE1426) grade 1 Listed building

376. Under its grade 1 Listing, the significance of Elizabeth Castle is recorded as being *'in its long associations with the history of the States of Jersey and the conflicts between England, France and, latterly, Germany, which are reflected in its fabric, as well as its landscape contribution to St Aubin's Bay and the south coast of the island. The castle is a major monument, combining a great many unique archaeological and architectural features with its special historical significance'*. The geographical area covered by the Listing is extensive.
377. The Listing description records: *Originally founded as an Abbey in 1155, the castle site has undergone numerous and extensive alterations and incorporates examples of military architecture and associated structures from the Tudor period to the Second World War. The site now comprises an Upper Ward (containing upper and lower Keeps and associated buildings, including 2 examples of surviving 16th century houses), a Lower Ward (principally C18 barracks, magazines and storehouses set around a parade ground) and an Outer Ward - all connected by a series of gates. The whole is contained within defensive walls that incorporate various batteries, bastions and gun casemates. The Hermitage chapel is situated on a*

separate rocky outcrop reached via a breakwater. It is believed to have been occupied in the sixth century by the hermit Helibert - who later became St Helier - and a small chapel was built here in the twelfth century. At the base of the rock are the remains of a tri-apsidal chapel dating to the ninth or tenth century AD - the oldest ecclesiastical remains in Jersey and the Channel Islands.

378. Earlier in this report, I assessed the visual impacts of the proposal from Elizabeth Castle. I reach similar views in terms of the magnitude of harm to the wider setting of this most important heritage asset. It would cause moderate harm as assessed in the EIS⁵³, although at the upper (worse) end of the moderate spectrum, to its wider setting. It is important to recognise that, whilst not underplaying that harm, it does very much relate to its wider background setting. It is, after all, about 1.5 kilometres⁵⁴ from the Castle slipway to the existing Overdale hospital site.
379. Whilst I agree with Mr Bee that the backdrop to the Castle, when viewed from the southwest, is already interrupted and the skyline broken, Ms Ingle is correct in pointing out its 'skyline breaking impact'. It would be a much larger and higher intervention on the skyline and it would be a visible feature of its wider setting. That said, for most people, the way in which the Castle is understood, appreciated and experienced would not change noticeably, particularly as the main experience of the Castle involves having your back to the town (and the application site). However, the return journey would include a large and conspicuous building breaking the skyline and appearing as a major new landmark, amongst the wider panorama of the lower lying town settlement.

St Aubin's Fort (BR0348) grade 1 Listed building

380. The Listing statement of significance records that: *St Aubin's Fort is one of Jersey's most important fortifications. It has been remodelled and updated periodically over the past 400 years and demonstrates the development of military architecture from the Tudor period to German WWII defences.*
381. Earlier I assessed the visual impacts of the proposal from St Aubin as 'moderate adverse'. This is a reasonable proxy for the impact on the setting of the Fort, albeit that the Fort is a little closer, but it is still well over 3 kilometres from the application site. I share the EIS assessment that the impact on the heritage setting would be 'moderate' as a result of the changed skyline due to the large hilltop building, although I think it is more towards the lower end of the moderate spectrum (approaching minor) due to the distance involved.

⁵³ EIS chapter 15 page 15-21.

⁵⁴ Measured using Google maps tool.

Fort Regent and South Hill Battery (HE1195/HE1917) grade 1 Listed building

382. Fort Regent and South Hill Battery is recoded as: *the only substantial, and best-preserved, late Georgian fort in the Channel Islands. It is a key part of the history of fortifications in Jersey and the development of defensive theory and design in the context of a changing military environment, particularly the threat of French invasion. The listing includes the area of the fort from the Glacis Field to the North-East Outworks and Signal Station, and the area of the South Hill Battery. The scarp area around the fort is included, as is the east ditch. The listing does not include post-1945 structures and features within the site. The 1974 Parade Ground roof is listed separately.* The parade ground roof is grade 2 Listed and recorded as an ambitious and ingenious solution and that the domed structure demonstrates innovation in technology, material and technique.
383. My earlier visual impact assessment from Fort Regent, agreed with the LVIA that it would have a 'moderate-adverse' effect, although I noted that I felt it would be towards the upper end of the categorisation, i.e., heading towards 'major adverse'. In terms of the heritage setting impact, I do not agree with the EIS 'low' impact assessment cited in its table 15.9 and feel that the impact is 'moderate'. The reason for this is because the scale and elevation of the main block would be quite conspicuous and would alter a view that has been largely uninterrupted through the life of the Fort. Moreover, whilst there is a separating distance of about 1.35 kilometres between the Fort and the site, the Fort's presence and dominance will be somewhat diminished by a more elevated and higher large building on the north-west side of the town centre.

Conclusion on grade 1 Listed heritage impacts

384. These three grade 1 Listed heritage assets are of the very finest in Jersey with the highest significance. They relate to Jersey's most iconic heritage which define the identity of Jersey, not just in the Island, but internationally.
385. The proposal would not cause any direct physical harm to these assets. It would also be a considerable distance away from each of them. However, the scale of the hospital proposal, combined with the elevated hilltop site it would be built on, means that there are inescapable impacts on their wider settings.
386. Given the highest status rightly afforded to these heritage assets, the default preferred position is of no change. However, the assets themselves have changed over their long histories and St Helier has also changed, quite dramatically in some respects, over the years. The Castle and the forts have watched over a changing townscape, with new buildings coming

and going, and even new land being created. There is no escaping the fact that, if the proposal were built, it would be a notable chapter of 21st century change, and that change would be permanent. From a strictly heritage perspective, I respect the views of Ms Ingle, Save Jersey's Heritage, the Société Jersiaise and many individuals that have expressed heritage related concerns. However, even with the reweighted calibration of HE1 that I must apply for these highest significance heritage assets, the impacts I have found are not so great that they would trigger an automatic refusal under policy HE1.

387. In the context of the site allocation for the new hospital and the highest level of priority attached to it, the identified harm, whilst undesirable, is demonstrably necessary to meet an overriding public need. There is no reasonably practicable alternative, and the predicted public benefit of delivering the new hospital would outweigh the harm in my assessment.

Main issue 5 – conclusions

388. On this main issue, I reach a number of findings.
389. First, the applicant has undertaken appropriate assessments of the archaeological potential and, subject to mitigation which can be secured by a planning condition, policy HE5 is complied with.
390. Second, the proposal would entail the demolition of two Listed buildings (grades 2 and 3) and some losses of parkland areas which are Listed places (grade 3). Whilst the demolition of the Listed buildings is a source of regret, as heritage is an irreplaceable resource, there are exceptional circumstances that justify the loss in this case. The public interest exception test is met, satisfying policy HE1.
391. Third, the proposal would have some adverse impact on the settings of grade 2, 3 and 4 Listed buildings and places. In most cases these are very limited effects, although the effect on the grade 2 Listed place, Mont à l'Abbé Cemetery, is moderate. In each case, the policy HE1 exception in the public interest is justified.
392. Fourth, the proposals will have adverse effects on the wider background settings of some of Jersey's grade 1 Listed, and most iconic, heritage sites. It will affect Elizabeth Castle, Fort Regent and St Aubin's Fort. In each case, the proposed main hospital building will be a considerable distance from the heritage assets, but the scale of the building and its elevated position means that it will form a new and large landmark building within the wider setting of these historic sites. Whilst the effects are unwelcome from a heritage perspective, they are sufficiently distanced not to be calamitous.

393. Overall, I find that the proposal would be harmful to heritage, but that this harm is outweighed by meeting the required public interest test set out in policy HE1. However, there remains a technical conflict with SP4 (first bullet point).

MAIN ISSUE 6 – TRANSPORT

394. Earlier in this report, I noted that transport matters and implications arising from the proposal had become common ground between the applicant and the highway authority and that, subject to planning conditions and obligations, the highway authority has no objections to the application proposal.
395. Whilst I must give weight to this agreed position, as captured in the transport Statement of Common Ground (INQ12), there are a lot of complex issues to consider and a not inconsiderable number of representations on transport and parking related matters. As a result, I will review the key evidence and issues and provide my assessment on each.

Key BIP policies

396. Policy SP1 sets out the approach to responding to climate change, which includes directing growth to areas of previously developed land, or locations which minimise the need to travel by private vehicle and which secure improvements to walking, cycling, public transport and active travel networks and promote the use of sustainable forms of transport.
397. Policy CI3, amongst other matters, requires the new hospital proposal to include details of all necessary mitigation and/or compensatory measures, as far as reasonably practicable, including, but not limited to '*considering the impact on the physical integrity and/or proper functioning of the arterial road network to and from the hospital with particular reference to the following roads – Tower Road, New St. John's Road, Old St. John's Road, Queen's Road; and the specific mitigation measures required where increased traffic will have ramifications on such infrastructure and surrounding neighbourhood...'*.
398. Policy SP3 (placemaking) includes requirements to make provision for all modes of transport in a way that prioritises and supports active travel choices, and where such provision is well-integrated.
399. Policy GD6(4) includes design requirements to achieve high standards of accessibility, including for those with disabilities, and provision for safe access, movement, and parking.
400. Policy TT1 addresses 'integrated safe and inclusive travel' and says that the contribution to safe and integrated travel will be a consideration in all development proposals. It sets out criteria to be met by proposals which include demonstrating that the development is safe, inclusive and accessible to all users and modes of transport. It must also be demonstrated that consideration has been given to the provision for the travel needs of children, elderly people and people with sensory or mobility impairments and other forms of disability, and the promotion of walking

and cycling in the design and use of the proposed development. It further states that development which compromises the physical integrity and/or proper functioning of the Island's highway network will not be supported. It also requires development which has the potential to generate significant amounts of movement to be supported by a transport assessment and a travel plan.

401. Policy TT2 addresses 'active travel' and seeks to make walking and cycling more attractive, especially for travelling to school and commuting, and requires development proposals to demonstrate that provision for walking and cycling has been prioritised in the design of proposals.
402. Policy TT3 addresses bus service improvement. It encourages development likely to generate significant movement within 400 metres of a bus route. It says that new development should provide appropriate infrastructure to support public transport and bus use, including the provision of direct and safe routes to bus stops that are accessible for all, and the provision of bus shelters and any associated infrastructure and technology.
403. Policy TT4 addresses the provision of off-street parking. It states that development that has the potential to generate vehicular movements, and a requirement for car and other forms of parking, will be supported only where it provides an appropriate level of accessible, secure and convenient off-street motor vehicle parking, that is well-integrated with the development, and which accords with adopted parking standards in terms of number, type, quality, security and accessibility, to meet all users' needs, with priority given to parking for people with mobility impairments. It also states that permanent new off-street parking in 'Town' will not be supported and the redevelopment of off-street parking provision will be encouraged and supported.

Key documents and evidence

404. Chapter 4 of the EIS (CD10.4.1) deals with Traffic and Transport matters and its appendix (CD10.4.2) is a weighty and comprehensive Traffic Assessment (the TA). There is also coverage in chapter 23 of the Planning Statement (CD1.3) and chapter 6 of the Design and Access Statement (CD1.4). There is a wide range of technical engineering drawings including for the Westmount Road proposals (CD8.2 – CD8.18) and swept path analyses (CD3.29a – CD3.37b).
405. Proofs of Evidence were provided by Mr Welch for the applicant (APP/8) and Mr Hayward for the highway authority (PA/7, PA/7a, and PA/7b). The Statement of Common Ground between these 2 parties is recorded in document INQ12.

406. I have also considered a significant body of evidence from interested parties and organisations on transport matters, including those from the Parish of St Helier Roads Committee, First Tower Community Association and Jersey Ambulance Service.

Baseline conditions

407. Chapter 3 of the TA includes a thorough analysis of baseline conditions. It defines a sensible study area and assesses the wider transport network. It looks in detail at existing pedestrian, cycle and public transport access, parking and road safety data.

408. With regard to parking, it surveys existing car parking and notes that the existing Overdale hospital has 158 spaces which are often at overcapacity, something I have observed over the years on my site inspections. It also looks at other car parks⁵⁵ serving the existing Gloucester Street hospital and found that most are fully occupied by mid-morning, and the parking available at People's Park and the Inn on the Park, tend to be full all day.

409. The TA's review of baseline conditions concludes with the following summary⁵⁶:

"The OHP site lies either side of Westmount Road in the Parish of St Helier (PoSH). It is set at the western extent of the St Helier Built-Up Area boundary. The existing transport network serving the site is not deemed to be sufficient to meet the access requirements for a general hospital without modifications and upgrade. Reasons for this include the following:

- *Existing footways near the site are single-sided, discontinuous and narrow;*
- *There are no cycle routes to the site with the closest segregated cycle route located on the A1 Esplanade;*
- *Existing topography of the site presents a barrier to some travelling by foot or cycle;*
- *There is only one hourly bus service that operates past the site; and*
- *The primary access route for vehicles is via Westmount Road which is not deemed to be appropriate to meet the access requirements for a general hospital.*

Significant improvements to the existing transport network are therefore anticipated to be required to meet the access requirements for a general hospital at Overdale..."

⁵⁵ Gloucester Street (staff), Newgate Street (staff and disabled) and Patriotic Street multi-storey car park (patient and staff).

⁵⁶ Traffic Assessment – paragraph 3.9 (CD10.4.2).

410. I agree with that baseline assessment. Indeed, these baseline accessibility conditions accord with my 2018 high level assessment⁵⁷ of the Overdale site.
411. Chapter 4 of the TA explores existing travel demand through surveys of pedestrians, cyclists and motor vehicle speed surveys (at 7 locations). Traffic surveys were conducted at 33 junctions and data collected between 18 May – 20 May 2021 for the peak travel periods 07:00 – 10:00 and 15:00 – 19:00. Whilst this may have been a slightly quieter period due to the effects of the Covid-19 pandemic, I am satisfied that it is reasonably representative of weekday network conditions. It also includes patient, staff and visitor travel survey findings (conducted in February – March 2021) which indicate a higher level of car use for Overdale, compared to the general hospital at Gloucester Street. This data is then used to define trip generation and distribution. This is soundly based evidence.

The Westmount Road and Active Travel Proposal

412. Section 5.5 of the TA explains that a comprehensive appraisal of various access options for the hospital was undertaken and this concluded that works to improve the horizontal and vertical alignment of Westmount Road would be the most appropriate option with regard to planning, operational risk and delivery.
413. The proposal to re-engineer and realign Westmount Road is quite significant. It includes the removal of the tight hairpin bend and its replacement with a curved bend with a much greater radius, the most significant re-engineering works being in the vicinity of the existing bowling club site, where the road would move towards People's Park. The road would be widened along its length to allow easier access to and from the site, including by emergency vehicles. It would include an active travel corridor for pedestrians and cyclists, which would provide a continuous route from the town centre. As well as providing that wider and continuous route, it would soften the gradient to approximately 1 in 10⁵⁸ (it is 1 in 7 in places⁵⁹).
414. This element of the proposal has proved to be controversial. Some interested parties have claimed it is not necessary or justified and is a waste of money, and that it would be destructive to trees, wildlife, heritage and the townscape. Objectors have dubbed it a 'superhighway' and some have claimed that it is being proposed to assist construction rather than as a necessity to serve the development.

⁵⁷ Paragraph 365 - Inspector's report - PP/2018/0507.

⁵⁸ Transport Assessment – section 5.5 page 34.

⁵⁹ Transport Assessment – section 3.6 page 14.

415. The proposed works are undoubtedly significant, but the baseline conditions are not suitable to serve the new hospital. General hospitals are, by their nature very significant trip generators, with complex round the clock movements associated with employees, patients, servicing, visitors and emergency services.
416. Whilst Overdale is already a long-standing hospital site, it has, even during its peak, been a relatively modest trip generator. The proposal would clearly increase and intensify trip and traffic activity at this site and on its approach roads. The new hospital needs to be genuinely accessible to the community it serves by a genuine choice of modes of travel, which are safe and pleasant to use. The existing access road and baseline conditions cannot fulfil these requirements.
417. I have listened to a range of ideas, some quite creative, concerning one way systems, traffic signals and even an elevated road on stilts avoiding Westmount. However, there is no evidence before me to demonstrate that these are genuinely workable alternatives. From a transport and accessibility perspective, the proposed road is appropriate and justified. It would, in fact, dramatically improve the accessibility of the site by a range of modes of travel, which was one of the major site impediments I identified in 2018. I will explore what this means for specific modes of travel later.

Network impacts and capacity/congestion

418. Chapter 7 of the TA assesses the effects of the proposal on highway capacity, using a combination of junction software modelling and a micro-simulation model. This modelling is agreed by the highway authority and the TA also includes a validation report (appendix K). It relates to 15 locations covering Victoria Avenue, Esplanade, St Aubin's Road, Tower Road, Westmount Road, Old St John's Road, St John's Road, Elizabeth Place, Queens Road and Gloucester Street.
419. The modelling predicts that, with mitigation measures applied, the AM peak journey times would be very similar to the existing baseline. In the PM peak, there are some delays but these are limited; 8 are less than 10 seconds, and the greatest is 81 seconds (St Aubin's Road Eastbound). Mr Welch and Mr Hayward appear to agree that these delays are most likely worst case and also that some of the delays for car drivers will be attributable to sustainable transport intervention.
420. The modelling is useful in quantifying the increase in traffic that will occur in the vicinity of the site. For example, on Westmount Road, just to the south of the site, the existing average weekday traffic (both directions combined), based on the survey, is reported as being 2,603 movements. With the scheme in place and mitigation applied, this almost doubles to

4,979 movements⁶⁰. Whilst there are no undue network capacity issues arising, it does help to quantify the change that will be introduced and that clearly has other implications, in respect of amenity and character, which I consider elsewhere in this report.

421. Subject to mitigation measures, there are no highway capacity reasons to withhold planning permission.

St Aubin's Road locality works

422. The application includes a comprehensive scheme of works at the St Aubin's Road junction and the surrounding junctions. This includes enhancements to the pedestrian and cycle infrastructure, bus lanes and a bus interchange facility and signal-controlled junctions. These works will improve connectivity to the new hospital site.

Tower Road/Westmount Road

423. One of the mitigation measures proposed as part of the scheme is to prohibit the left turn (westwards) from Westmount Road on to Tower Road and the right turn (southwards) from Tower Road on to Westmount Road. The ban would not apply to emergency vehicles.
424. The rationale for this is that the modelling indicated that Tower Road might become a rat run, used to bypass peak hour congestion and that it is not suitable for such additional traffic. This junction proposal has proved unpopular with local residents who have submitted that they would have to make a very long detour to access the hospital, and that motorists might just drive through and then find somewhere to turn and retrace their route. Some confusion has also arisen as the Parish of St Helier understood that the proposed prohibition had been dropped. A copy of a letter (DOC15) dated 10 January 2022 from Senator Farnham to Connétable Crowcroft was submitted to the Inquiry; it stated that the Political Oversight Group was supportive of allowing all movements at the junction, and suggested that the Roads Committee could formally request this change as part of its planning application response.
425. Having walked the route and noted its narrowness, lack of footways in parts and the location of First Tower School, I agree that, for safety reasons, it is not a road where significant additional traffic should be encouraged.
426. At the Inquiry Mr Welch felt that the extra time needed to undertake the turnaround and retrace manoeuvre (likely to be at Le Clos Vaze or Clubley Estate) would cancel out any time advantage. Mr Hayward also advised me that the junction prohibition would not, in itself, require planning

⁶⁰ Table 3.4 of Applicant Note on Traffic Flows Analysis (DOC16).

permission, but he did agree with my comment that without the proposed hospital development, such a measure would not be contemplated.

427. On balance, I do think the case is made on safety grounds, for the proposed changes to the junction and the ban on certain movements. However, should permission be granted and the scheme proceed, this is a matter that should be closely monitored and reviewed if necessary.

Parking provision within the scheme

428. The proposal entails a total of 550 car parking spaces to serve the scheme, with 175 spaces prioritised for patients and 375 for staff. Most of the spaces would be accommodated in the multi-storey car park (300 spaces) and surface car park (139) to the east of the realigned Westmount Road. There would also be smaller surface car parks immediately to the south (outpatients) and north (accident and emergency) of the main block, with a higher concentration of accessible spaces for disabled people. There would also be spaces to the rear of the knowledge centre.

429. The quantum of car parking is well evidenced and appropriate. The 175 patient parking number is informed by, and slightly exceeds the peak 10:00 am demand (which is 171). With regard to staff parking, the 'predict and provide' figure based on extrapolating existing patterns would be 655 spaces, but the travel survey evidence indicates that there is a significant cohort of staff that could travel by sustainable modes, and a robust Travel Plan could deliver this modal shift. The 375 staff parking figure does allow for all nightshift staff and those that need to travel by car during the day, which the applicant estimates to be around 370.

430. The applicant proposes a Parking Management Plan and this would include monitoring of on-street parking patterns and issues in the vicinity of the site in the first 2 years of operation. This could lead to the implementation of measures, such as residents' parking schemes, if problems arose.

Parking in the town centre

431. The proposal will result in the net loss of 98 spaces at People's Park and Inn on the Park and these spaces would not be replaced. There would also be the net loss of 12 residents' spaces on Westmount Road/People's Park, which the applicant says will be re-provided elsewhere. There is also a need to relocate 10 motor cycle parking spaces.
432. I agree with Mr Welch and Mr Hayward that the permanent loss of parking spaces accords with policy TT4 (and SP1). However, it will require some careful and sensitive management. A matter that was pointed out to me by Mr Baker, was that the parking alongside People's Park is relied upon by many tradespeople for weekend parking and, on the weekend after the Inquiry, I did observe a not inconsiderable number of vans and trade

vehicles. The applicant and Mr Hayward will no doubt consider these matters at the appropriate time.

Sustainable travel mode accessibility

Walking

433. The active travel corridor to the site, along with related improvements at St Aubin's Road and along People's Park, will make walking a realistic travel mode for many. It would still involve walking up a hill, but it would be a more relaxed, comfortable, safer and pleasant walk than the current journey. Whilst those with limited mobility may need to use other modes, for the majority of staff and visitors, walking to the new hospital from the town centre would be quite realistic.
434. The masterplan also includes a set of routes and connections between different elements of the campus⁶¹. Those routes appear to be legible, attractive and safe. Walking accessibility around the health campus would be generally very good.

Cycling

435. After the Inquiry, I took the opportunity to test the existing bike ride to the site. I used a touring bike and headed up from People's Park along the Westmount Road carriageway. I managed it without stopping, but it is a hard slog and requires a bike's lowest gear for much of the rise. It would not be a work commute of choice for most people.
436. However, with the proposed active travel route and a softer gradient, the journey would be much more appealing and realistic. Utilising an electrically assisted bike, which are now very commonplace in Jersey, would make the journey very easy indeed. The scheme includes a significant amount of cycle parking at various locations spread across the proposed campus. Cycling accessibility would be good.

Bus travel

437. The existing bus service is inadequate to serve a modern general hospital. The applicant recognises the importance of bus travel and aspires to achieve a 15 minute frequency daytime service. The bus access strategy contained within the TA is relatively brief and high level, but does highlight the provision of bus stops and routes within the site and other measures, including the proposed bus interchange at St Aubin's Road roundabout.
438. Subject to obligations and conditions to secure the delivery of appropriate bus services and infrastructure, daytime bus accessibility would be very good.

⁶¹ See Figure 27 of the Transport Assessment.

Emergency and patient transport service access

439. Emergency ambulances would access the hospital directly from Westmount Road. The scheme includes a layby with the capacity to accommodate four ambulances adjacent to the access to the Emergency Department, designed so ambulances do not need to reverse to enter or exit the bays. Another layby is proposed directly south of the main hospital for patient transport services, which has the capacity to accommodate up to four minibuses.
440. Mr Gavey, the chief ambulance officer, attended the Inquiry. He explained that the existing facilities at the current general hospital were poor and compromised and had resulted in incidents. He explained that he was supportive of the application and the road proposal, and that it would be quick and easy to get to and would deliver much better facilities for emergency ambulances and transport services.
441. The TA also includes a severe weather access strategy, e.g., snow and ice, which would ensure continuity of access.

Framework Travel Plan

442. Chapter 9 of the TA sets out a Framework Travel Plan (FTP), which is aimed at promoting sustainable transport. Whilst it addresses staff, patients and visitors, its primary focus is on staff, as it recognises that transport choices for some, especially patients, are often more constrained.
443. The FTP sets clear and measurable targets, the most significant being the reduction in the surveyed proportion of staff who drive cars to work from 57% to 34% by 2026 (when the hospital would open). The FTP explains the management of the operation through a travel plan co-ordinator and governance through a steering group.

Main issue 6 – conclusions

444. The applicant has undertaken appropriate assessments of baseline conditions, traffic demand and modelling of highway impacts. In transport and accessibility terms, the Westmount Road proposal and associated active travel corridor are appropriate and justified. The evidence indicates that the proposal will not result in any undue highway capacity or highway safety issues.
445. The Westmount Road/active travel route, along with other measures, will deliver significant and necessary improvements to accessibility to the site, such that the new hospital would be genuinely accessible by a choice of transport modes. The implementation of a robust travel plan is critical to secure sustainable travel patterns for the life of the development.

446. The proposal's approach to parking to serve the hospital is well evidenced and strikes the right balance between providing what is operationally necessary and the imperative of encouraging the greater use of sustainable transport modes. The loss of town centre parking is acceptable in planning policy terms, but raises issues that will need to be managed.
447. Subject to appropriate planning conditions and obligations, I conclude that the proposal accords with BIP policies TT1, TT2, TT3, TT4, GD6(4), CI3c.1 and, in so far as it relates to transport matters, SP1.

MAIN ISSUE 7 – NATURAL ENVIRONMENT AND LANDSCAPE DESIGN

Key BIP policies

448. Policy NE1 requires development to protect or improve biodiversity and geodiversity and, where possible, to deliver biodiversity net gain. It says that proposals that could affect biodiversity or geodiversity, but which do not protect or improve it, will not be supported unless a set of exception criteria are met. The exceptions are: that the changes are demonstrably necessary either to meet an overriding public policy objective or need, and that there is no reasonably practicable alternative means of doing so without harm and that harm is reduced to the minimum through appropriate avoidance, minimisation, mitigation and/or compensation measures; or that it has been demonstrated that the predicted public benefit outweighs the harm and where the nature of that benefit is clear, direct and evidenced.
449. Policy NE2 addresses green infrastructure and networks. It says that development must protect and improve existing green infrastructure assets, and contribute towards the delivery of new green infrastructure assets and wider green infrastructure networks by a range of measures, including retaining and improving existing green infrastructure, incorporating the provision of new green infrastructure, and ensuring green infrastructure assets are adequately protected. It states that the loss of protected, veteran, ancient and champion trees will not be supported except where they are dead, dying or dangerous. It continues by stating that any development that would have an adverse impact on existing green infrastructure assets will be required to demonstrate that the benefit will outweigh the harm and provide details of how the features will be protected as far as practicable, and/or mitigate their loss on-site, or will be otherwise compensated for.
450. Other relevant policies are SP1(8) and SP3(4) which seeks to protect, improve, and optimise the Island's green infrastructure; SP5 which seeks to protect and improve the natural environment; GD6(6) which requires green infrastructure to be an integral element of design; and GD8 which seeks to protect and enhance green infrastructure in the green backdrop zone.

Key documents and evidence

451. Chapter 9 of the EIS (CD10.9.1) addresses biodiversity and is supported by a set of figures (CD10.9.2) and appendices which include a number of assessments and surveys. The EIS also includes an Arboricultural Report (CD10.4a, CD10.4b and CD10.4c), which contains a tree survey and an arboricultural impact assessment. The application includes a landscape masterplan (CD9.3) and a significant number of landscape drawings

(CD9.1a through to CD9.2e) which cover individual sections of the site. Whilst these are comprehensive, they do not define species or planting densities, but use generic terms such as 'hedges', 'shrubs', 'feature tree' etc.

452. For the applicant, Proofs of Evidence were submitted by Mr Shepherd on ecology (APP/6) and Mr Mattinson on landscape design (APP/5). For the planning authority, I received Proofs from Mr Labey (PA/6) and Mr Woodhall (PA/3). Chapter 23 of the Statement of Common Ground records agreed positions on ecology and landscape between these main parties (INQ11).
453. I have considered a body or representations concerning the loss of trees, wildlife and impact on the natural environment.

Ecology

454. A significant number of ecological assessments and surveys have been undertaken since summer 2020, to establish the baseline conditions on the site. This work looks at statutory designated sites and finds no likely adverse effects on these. Mr Shepherd assesses that habitats within the site include a diverse range of common habitats which have local and parish importance. He records that the mixed woodland and parkland type habitats are largely being retained and the lost habitats are of low ecological importance. He says that the landscape scheme will include new habitat provision and the scheme will have an overall beneficial effect.
455. With regard to species, the studies have considered impacts on bats, red squirrels, birds, amphibians and reptiles. It concludes that the development will result in a small beneficial effect with mitigation, compensation and enhancement measures in place.
456. The biodiversity net gain (BNG) assessment estimates that the scheme will deliver a net gain for habitats of approximately 30% and a net gain of 40% for hedgerows.
457. The Statement of Common Ground says that the proposed impact of the development on species and habitats can be mitigated by conditions requiring a Species Protection Plan and Landscape Environmental Management Plan.

Trees

458. The Arboricultural Report records the loss of 166 individual trees and 36 groups of trees or hedges. About two thirds (115 and 29 groups) are on the existing Overdale hospital site, and the other third are in the Westmount Road and People's Park area (associated with the road

proposal). Of the 166 trees, 3 are category A, 42 are category B, and 121 are category C or category U.

459. Two trees on the existing hospital site have featured in a number of representations. The rather charming 'mushroom' oak would be retained, but the monkey puzzle tree would be removed.
460. The proposal would involve the net gain of around 700 trees, and some of these would be planted at quite a substantial size, as feature trees.

Landscape

461. The proposal includes a comprehensive and extensive landscaping scheme. Mr Mattinson's Proof concludes with the following:

I believe that my landscape design proposals have succeeded in capturing the essence of the Jersey's distinctive landscape and are fully integrated with the overall design approach across the Overdale Hospital site. The retention of Le Val André woodland and the preservation of numerous viewpoints as well as the creation of new views and the enhancement of existing footpath routes and creation of additional ones will bring significant benefits to the local community. My approach and design intent to create an overwhelmingly green campus into which the various hospital buildings will sit is entirely consistent with the objective of a landscape led masterplan, agreed by all the design team, which will maintain and strengthen the landscape setting and context ensuring that the landscape remains the dominant element and therefore will not harm the landscape character.

462. Mr Labey endorses and supports the landscape scheme, although he does stress the importance of delivering the scheme as a whole and maintaining it thereafter. He says it is very important that landscaping is not 'value engineered'.

Main issue 7 – conclusions

463. Ecological matters have been properly assessed and impacts can be mitigated by the requirements of planning conditions. The estimated BNG is significant and impressive.
464. The loss of trees is always an emotive subject. However, their removal is unavoidable if the scheme was to be delivered and the majority of the trees are poor. There would be a very significant net increase in the tree stock within the site (circa 700) and a good number of these could be specimen feature trees. I have also noted Mr Labey's enthusiasm for improving the species mix of trees, i.e., planting more appropriate native varieties. I have also taken into account his expert view that the trees

along People's Park, whilst popular, are heavily compromised by the car parking under their canopies.

465. The landscape scheme is one of the proposal's strengths. It is extremely well conceived and of a high quality and I don't disagree with Mr Mattinson's summary (quoted above). However, Mr Labey is correct in his assertion that a holistic approach and good maintenance are essential, and that this is not an area for cost cutting. It would also be important to control the next level of detail, as species choice, particularly of trees, is an important consideration. A planning condition could control detailed landscaping matters.
466. With regard to policy compliance, I assess that the proposal would comply with policies NE1, NE2 and GD6(6). In so far as it relates to the landscape and green infrastructure proposals, I also assess compliance with policies SP1(8), SP3(3), SP5 and GD8.

MAIN ISSUE 8 – LOSS OF HOUSING – POLICY H3

467. The applicant's Planning Statement (CD 1.3) states⁶² that the proposal would involve the loss of 12 residential properties. However, this number was clarified at the Inquiry and Mr Furlonger, for the applicant, confirmed that the actual number would be 14. The applicant's property condition report (CD1.11) assesses that most of the residential properties are in good or very good condition (the Hill Crest and Castle View properties being of very recent construction) and therefore capable of continued use.
468. BIP policy H3 addresses the provision of homes. The policy has two elements to it, the first making provision for the new supply 'up to 4,300' new homes, the second protecting the existing housing stock, by resisting proposals that would result in a net loss of housing units. The policy sets out two possible exceptions to its presumption against the net loss of housing units: the first is where the proposal would replace substandard accommodation with better homes, the second is where replacement homes would better meet the Island's housing needs.
469. Neither of the H3 exceptions apply, as the proposal is not replacing substandard homes or providing homes that would better meet the Island's needs. The proposal is therefore in conflict with policy H3.
470. During the Inquiry, the applicant produced a 'note on housing' (DOC7). This explained that the recently assessed supply of housing sites would exceed the assessed demand and, as a result, *'even with the very small percentage of housing stock to be lost as part of Our Hospital Project ('OHP'), sufficient housing land has been identified as being available, exceeding the demand within the plan period.'* The note goes on to provide a brief commentary on other government strategies that could further increase housing supply. Whilst I note these submissions, they do not secure the proposal's compliance with policy H3, which seeks to protect the existing finite housing stock unless the stated exceptions apply, which they do not in this case.
471. Mr Furlonger submits that the preamble to policy CI3⁶³ makes a clear reference to *'the loss of homes which are to be acquired and demolished'*. Whilst this is correct, it is not reflected in the H3 policy wording as an allowable extension. Moreover, some of the homes to be demolished are outside the allocated hospital site (No 1 Hill Crest and Nos 1 and 5 Castle View).
472. On this main issue, I conclude that the proposal would conflict with policy H3.

⁶² Paragraph 14.3 and Table 1 of the Planning Statement (CD1.3).

⁶³ Page 240 of the published Bridging Island Plan – text above policy CI3.

MAIN ISSUE 9 – DEMOLITION OF BUILDINGS – POLICY GD5

473. In addition to the 14 residential properties, the proposal would require the demolition of all of the existing hospital buildings, the former Jersey Water buildings, the bowls club buildings, and a range of other structures. These are shown on EIS Figure 3.2. For reasons explained earlier in this report, these proposed demolitions are part of the duly made application and fall under my consideration.

Key BIP policy

474. Policy GD5 addresses 'demolition and replacement of buildings'. It says that demolition and replacement of a building will only be supported where it is demonstrated that i) it is not appropriate in sustainability terms, and/or economically viable, to repair or refurbish it; ii) the proposed replacement building or part of a building represents a more sustainable use of land having regard to the density of existing and proposed development, overall carbon impact, waste generation, and the use and performance of materials and services; or iii) there exists a demonstrable aesthetic and practical benefit to replace over refurbishment.

475. Whilst I will focus this main issue on GD5, its purpose and underlying sustainability objective does link to other policies including SP1, SP3(2), and GD6(8).

Key documents and evidence

476. The applicant's Planning Statement (CD1.3) addresses the policy issues in section 12 and includes a range of relevant appendices; these include an existing buildings condition summary for the Overdale buildings (appendix 3); a demolition plan of existing buildings outside the existing Overdale hospital site (appendix 5); and a detailed document titled 'Demolition Phase Plan of Works' which sets out the intended sequence of demolition of the hospital buildings. The application includes a Property Condition Statement Report (CD1.11) and Photographic Survey (CD1.12) which covers buildings to be demolished outside the existing hospital grounds.

477. The Statement of Common Ground (INQ11) says⁶⁴: '*Demolition of the existing buildings and built structures within the existing Overdale hospital site form a part of this Planning Application. Their demolition and demolition of those other buildings and structures identified within the red line of the Planning Application is required to facilitate the new hospital.*'

478. I have considered the range of submissions from interested parties concerning demolition.

⁶⁴ Paragraph 11.1.2 of INQ11.

Main issue 9 – assessment and conclusion

479. The evidence confirms that many of the existing Overdale hospital buildings are in poor condition. However, some, including the larger and relatively modern Westmount Centre, Poplars Day Centre and William Knott Centre, are in reasonable or good condition. The evidence also confirms that all of the residential properties are in good condition.
480. However, it is clear to me that it would not be conceivable to deliver the new hospital, which is afforded the highest level of priority by policy CI3, by working around existing structures. Indeed, the notion of trying to bolt circa 60,000 square metres of new hospital floorspace onto the Westmount Centre would be unworkable.
481. It is always regrettable when relatively modern buildings are demolished without serving out their intended lifespan and policy GD5 rightly guards against this in the interests of minimising waste, reducing building obsolescence, increasing their longevity, and making best use of their embodied carbon.
482. Policy does allow exceptions and the planned provision of the new hospital would meet these. It would meet the first circumstance because it is not appropriate in sustainability terms, and/or economically viable, to repair or refurbish the buildings and, indeed, to do so would circumvent a planned development of strategic importance to the Island. It would, at least in part, address the second circumstance, because the proposed replacement buildings would be a more sustainable use of the site in terms of density and high performing buildings in terms of BREEAM rating and energy performance. It would meet the third circumstance as the delivery of the hospital would replace unremarkable buildings with aesthetically better and practically beneficial ones.
483. I am satisfied that the proposed demolition of buildings is justified and necessary and that it falls within the allowable exception under policy GD5.

MAIN ISSUE 10 – DEVELOPMENT WITHIN THE GREEN ZONE

484. The fields on the east side of the existing Westmount Road are within the allocated hospital site. However, they are also identified as Green Zone on the proposals map. This seems to set up an unavoidable conflict within the BIP. On the one hand, the BIP through policy CI3, is giving the 'highest level of priority' to delivering the new hospital on a site that includes the fields. On the other hand, the BIP simultaneously imposes a Green Zone designation which, through policy SP2, only allows development where a countryside location is 'justified, appropriate and necessary'. Mr Jones, for the planning authority, adds that policy NE3 also applies and that proposals that do not protect or improve landscape character will not be supported.
485. At the Inquiry, Mr Furlonger described the CI3/Green Zone policy conflict as 'a bit odd'. I have to agree. However, I must assess the proposal on the policy wording as set out in the BIP. There is no other conclusion that I can reach, other than that the proposal technically conflicts with the fifth paragraph of policy SP2, as the hospital clearly does not require or justify a 'countryside' location.
486. Whilst I identify this technical conflict, some common sense is required in calibrating the weight that ought to be applied to it. In addition to the site's allocation for the Island's most significant single development project, the fields themselves are surrounded by the built-up area and they are wholly divorced from the countryside and this is highlighted in the BIP settlement strategy map⁶⁵, where the fields appear as small outliers surrounded on all sides by the 'primary centre'. It does not therefore reflect the typical characteristics of the Green Zone, which the BIP narrative says comprises 'the rural heartland of Jersey' where the landscape has a largely intact 'strongly rural' character⁶⁶.
487. On this main issue I conclude that the proposal, in so far as it involves development on the fields which are designated Green Zone, conflicts with the fifth paragraph of policy SP2, as it would not involve development that requires a countryside location. However, there are clearly other policies pulling in different directions and I return to this later when making my planning balance assessment.

⁶⁵ Figure SP1 on page 37 of the published Bridging Island Plan (March 2022).

⁶⁶ Pages 74 – 75 - Bridging Island Plan (March 2022).

MAIN ISSUE 11 – LOSS OF AGRICULTURAL LAND

488. Linked to Green Zone considerations is the issue of loss of agricultural land.
489. Mr Surcouf's evidence (PA/2), on behalf of the States Land Controls service, explains that the two fields are fertile and have a good aspect, making them suitable for potato growing. However, he explains that the fields are isolated within the built-up area, have no farm buildings, and do not form part of an agricultural unit. He further states that the proximity to housing creates issues in terms of spraying and fertiliser use. He states that the loss of these fields would have only a minor impact on any single farming business.
490. Similar assessments are found in the applicant's Planning Statement⁶⁷ (CD1.3) and in Mr Furlonger's Proof (APP/1).
491. Policy ERE 1 adopts a precautionary approach by seeking to resist the loss of agricultural land. However, it does allow for 'exceptional circumstances' where two sets of circumstances may apply.
492. The first is where the proposal will not lead to the loss of high-quality agricultural land, having regard to a number of factors. Whilst its isolation from other agricultural land, and its loss not affecting the viability of a farm holding, would satisfy some of these considerations, there is no escaping the fact that it would involve the loss of high quality agricultural land.
493. The second is where 'the nature of the proposed use genuinely necessitates and is appropriate to its proposed location.' Given that the fields are part of a site that has been allocated for the new hospital, I consider that this circumstance applies.
494. I am mindful that the policy's construction does create some ambiguity, as it does not include the words 'or' or 'and' between circumstances 1 and 2, so the decision maker is unclear as to whether either, or both, sets of tests must be met.
495. On this main issue, I therefore conclude that the proposal involves some tension with the policy ERE1 presumption against the loss of agricultural land but, at the same time, it would satisfy one of the exceptional circumstances provision, given that the CI3 allocation confirms that the new hospital is appropriate to this location.

⁶⁷ Chapter 22 – Planning Statement.

MAIN ISSUE 12 – PROTECTED OPEN SPACES

496. Policy CI7 addresses 'protected open space' and continues the protection, set out in successive Island Plans, of open spaces across the Island where they play a specific community, visual or environmental role. The policy states that the loss of protected open space will only be permitted in exceptional circumstances, where it can be demonstrated that: i) the proposed development is of a greater community benefit than the open space that currently exists and the proposal includes details of how the loss of open space will be managed or offset through appropriate, alternative means; ii) replacement space that is of the same or better extent, quality and accessibility will be provided as part of a wider plan; or iii) the proposed loss is otherwise very minor and will result in no serious impact on the adequacy, quality and accessibility of local open space.
497. There is actually a substantial amount of protected open space both within and around the site, as it encompasses the parks to the south, Le Val André, the crematorium, Mont a L'Abbé cemeteries and the scarp face behind the Westmount apartments.
498. There will be some losses of protected open space. At my request the applicant has produced a helpful annotated plan (PINQ1) which identifies the areas of loss and quantifies their size. In total, 5,656 square metres would be lost, the greatest part (3,221 square metres) being associated with the Westmount Road proposals (the bowling club is covered by the protected open space designation). There would be minor losses associated with the St Aubin's Road junction works (two areas amounting to 949 square metres combined); at the north-eastern tip of Le Val André (361 square metres); and to the south of the Mont à L'Abbé Cemetery wall (1,125 square metres) although much would remain open and green in the proposed scheme.
499. Overall, the losses would amount to about 10% of the total area of protected open space within the red lined boundary (5,656 square metres out of a total of 56,273 square metres). However, the proposal would also deliver 24,185 square metres of 'proposed open space', so there would be a net increase, albeit that the extra space would not enjoy protected status, unless it was so allocated in the next Island Plan, or a revision to the BIP.
500. When judged against CI7, I assess that the delivery of the new hospital is an exceptional circumstance and is of a greater community benefit than the modest losses of open space. I also consider that the replacement space more than compensates for that lost. I conclude that policy CI7 is satisfied.

MAIN ISSUE 13 – LOSS OF THE BOWLS CLUB

501. The Westmount Road realignment/re-engineering proposals would necessitate the wholesale loss of the existing Jersey Bowling Club, which comprises a bowling green, clubhouse and related facilities. The JBC's website states that it is the oldest club in the Channel Islands and that it has a bowling membership 'now close to 140'.
502. In the course of the Inquiry, a progress report (DOC8) was submitted which sets out IHE Property's summary of progress to relocate the club to an alternative site. A planning application has been submitted for a proposed replacement facility at Warwick Farm and it awaits consideration and a formal decision.
503. JBC is not an objector to the application. The president of the club attended the Inquiry and explained to me that the club was in its 110th year and that he would always put the interests of the club first. There clearly remain matters to be agreed and finalised concerning the alternative site.
504. I have noted and taken account of a number of representations opposing the loss of the bowls club and views that the club is part of the Island's heritage and should be protected.
505. In terms of the relevant BIP policies, policy CI5 affords protection to existing sports, leisure and cultural facilities and says that their redevelopment "*...will normally only be supported where it can be demonstrated that the use has become redundant and is otherwise surplus to wider community needs.*" Clearly this active and valued club is not redundant or surplus to the community's needs.
506. However, at the Inquiry, the applicant's Counsel drew my attention to the inclusion of the word 'normally' within the policy's wording, which does provide a degree of discretion. I do agree that the provision of the new hospital is not a 'normal' eventuality and that relocation to another site could be an appropriate response within the intent and objective of the policy in abnormal circumstances. As noted earlier, I am satisfied that the road proposal is necessary to provide a suitable access to the proposed hospital and that it could only be delivered by utilising the existing bowling club site.
507. On this main issue, subject to appropriate reasonable endeavours to secure a suitable and timely relocation of the bowling club, there would be no conflict with policy CI5.

MAIN ISSUE 14 – SUSTAINABILITY AND BREEAM

BIP policies

508. Policy ME1 sets a 20% reduction in the target energy rate for new development. It says that this should be demonstrated using the existing Jersey Standard Assessment Procedure (JSAP) calculator, or the Simplified Building Energy Model (SBEM) tool. It states that the reduction in the target energy rate will be secured by condition and will be tested for compliance at the point of the building bye-laws application being made.
509. Policy ME2 requires new major development to meet a BREEAM rating of 'very good' as a minimum. BREEAM stands for the Building Research Establishment's Environmental Assessment Method. It is a widely recognised sustainability rating scheme for the built environment and has contributed much to the strong focus in the UK on sustainability in building design, construction and use. BREEAM schemes are holistic and drive performance across a range of sustainability aspects, including climate resilience, energy performance and the embodied impacts of materials. Buildings are certified on a five-point scale of Pass, Good, Very Good, Excellent and Outstanding.
510. Other relevant policies are SP1 which addresses 'responding to climate change'; SP3(2) which requires development be environmentally responsible and sustainable; and GD6(8) which requires the sustainable use of resources.

Documents and evidence

511. The application is supported by a sustainability strategy (CD1.13) and a BREEAM Pre-Assessment Report (CD1.8). Mr Slater provided a Proof of Evidence (APP/9) on these matters and appeared at the Inquiry.
512. Chapter 14 of the EIS (CD10.14.1) addresses 'climate change'. It reviews legislation, policy and guidance; undertakes a baseline assessment of 'do nothing' (i.e., assuming business as usual without implementing the proposal); makes reasonable assumptions about construction practices and mitigations ('do something'); and then assesses effects. It also includes an appended 'Greenhouse Gas Assessment Climate Change Resilience Assessment' (CD10.14.2).
513. Section 19 of the Statement of Common Ground (INQ11) records the applicant's commitment to achieving BREEAM 'Very Good' as a minimum and its commitment to the operational energy target. It confirms that the

application is consistent with BIP policies ME1 and ME2⁶⁸ with regard to energy and sustainability.

Assessment

514. I have no reason to depart from the common ground position regarding BREEAM and energy reduction policy compliance. However, I have noted some representations stating that the applicant should be aiming higher than BREEAM 'Very Good', given the climate emergency and the scale of this major public sector project. Based on the evidence I have seen, there is a realistic prospect that the project, or at least component buildings, could achieve 'Excellent' ratings. I would, of course, encourage and fully support the exceedance of the policy requirements on both BREEAM and energy reduction and trust that the applicant will endeavour to do so.
515. In terms of broader sustainability principles, the submitted Sustainability Strategy (CD1.13), whilst high level, is a well grounded document, which sets out the project approach and targets with respect to 'energy and carbon', 'health and well-being', 'climate change and adaptability', 'water', 'socio-economic' and environmental 'certification'. The document recognises the importance of monitoring and tracking.
516. The conclusion of the EIS chapter 14 assessment is that *'the whole-life carbon emissions of the do-something scenario are estimated to be 44% less than that for the baseline scenario. Following implementation of appropriate mitigation, it is still predicted that there will be greenhouse gas emissions from the construction and operation of the site, and therefore remains a significant residual effect...'*
517. In my assessment, the delivery and operation of the new hospital in Jersey is always going to be a costly and resource intensive project, with a significant carbon footprint. This will include that arising from the loss of existing buildings and the significant materials, energy and resources required to deliver the scheme, with recycling and reuse being important, but only ever able to provide some offset. It will also include all of the operational and lifecycle costs. Whilst accepting this, the important point is to ensure that it is as good as it can realistically be, in terms of environmental responsibility and use of resources. This is where a whole life cycle carbon assessment can play an important role and this could be secured by a suitable planning condition.
518. From a policy perspective, the proposal would meet the BIP requirements in terms of energy use reduction and sustainability, as measured by BREEAM, and so policies ME1 and ME2 are satisfied. Subject to appropriate

⁶⁸ The Statement of Common Ground actually refers to policy ME3 but this arises from some renumbering of policies between the draft and final versions of the BIP.

planning conditions, including a requirement for a whole life cycle carbon assessment, to a recognised industry methodology, I consider that as far as it is able, the proposal addresses the sustainability requirements of policies SP1, SP3(2) and GD6(8).

MAIN ISSUE 15 – WASTE MINIMISATION

Key BIP policies

519. Policy WER1 addresses 'waste minimisation'. It says that to minimise the waste arising from demolition and construction activity, and to recycle, reuse and recover as much as possible of the generated waste materials in accordance with the waste hierarchy, development involving the demolition of substantial structures, or with the potential to generate significant quantities of waste material through construction activity, will only be supported where a satisfactory site waste management plan has been provided. It adds that the plan must include details of opportunities that have been taken to maximise on-site management of waste and that, on commencement of development, all waste transactions must be clearly recorded in the site waste management plan (SWMP) and be available for inspection. There is a supplementary planning advice note⁶⁹ which provides guidance on SWMPs.
520. Also relevant are policies SP1 (responding to climate change) and SP3(2) in respect of the requirement to be environmentally responsible and sustainable through the optimisation of the use of resources.

Key documents and inquiry evidence

521. Chapter 13 of the EIS addresses 'materials and waste' and its appendices include a SWMP (CD10.1.3.5) and a waste and materials calculation (CD10.13.2). The application also includes an Outline Construction Environmental Management Plan (CEMP) (CD10.1.3.4), which has a short section on waste management.
522. This topic is addressed in the Proofs of Evidence of Mr Fernie (APP/10) and Mr Furlonger (APP/1) for the applicant. For the planning and waste authority, the Proofs of Mr Jones (PA/1) and Mr Rive (PA/9) are relevant.
523. The Statement of Common Ground (INQ11) is also relevant as it includes an agreed position between the main parties.
524. An Update Note (DOC13), produced by the applicant and agreed with Mr Rive, was submitted to the Inquiry.

Assessment

525. Constructing the new hospital, the associated demolition of buildings, re-engineering of the road and remodelling of the wider site, including excavations for lower ground accommodation and lift shafts, has the potential to generate an extremely large volume of waste.

⁶⁹ States of Jersey - Supplementary Planning Guidance: advice note Site waste management plans September 2013.

526. Indeed, as a single project, it would be one of the most significant waste generators in the modern era. There is a planning imperative that (i) waste is minimised and (ii) waste storage and disposal is properly managed.
527. The EIS identifies three sources of waste arising from the construction of the proposal. Demolition waste is estimated to be circa 10,569 cubic metres, and over half of this is expected to be recyclable or recovered, leaving a residual waste amount of 4,517 cubic metres. By far the biggest waste stream would be from excavations, estimated to be 147,500 cubic metres of which 22,250 would be reused or recycled, leaving a residual waste amount of 125,250 cubic metres. Construction waste is estimated to result in a residual amount of 12,722 cubic metres. The combined total, after recycling, recovery and reuse of waste, would be 142,489 cubic metres (circa 147,888 tonnes).
528. La Collette is the only operational landfill site in Jersey. It is reaching the end of its lifespan and has very limited void capacity. The EIS estimates the capacity at 58,900 tonnes. Mr Rive's Proof offers a somewhat higher figure of 128,850 tonnes (as of January 2022) but says that by the year end this could be only 10,800. These figures appear to illustrate a major issue, i.e., that there is insufficient capacity to receive the quantities of waste that will arise from the development. The EIS accordingly assesses a 'very large detrimental effect' due to quantity of inert material going to landfill.
529. In their Proofs of Evidence both Mr Jones and Mr Rive raised concerns and questioned whether the level of excavation for basements (Mr Jones and Mr Rive) and, indeed, the road proposal, were necessary (Mr Rive), as they are the source of significant volumes of inert waste. The matter has clearly been the subject of ongoing discussion between the applicant and the waste authority, in the run up to the Inquiry, leading to the Statement of Common Ground (INQ11) and the issue of the Update Note (DOC13).
530. The Statement of Common Ground records⁷⁰:

The current status of the La Collette site waste facility is changing: though there is limited land at the site to accommodate waste, new recycling and processing facilities are being completed to facilitate increased washing of inert soils for re-use. Waste arisings that are received at La Collette will be processed and restoration material created for use elsewhere in the Island; the remainder of waste materials would go to other permitted private waste operators on Island, as for other developers.

The proposed Construction Environmental Management Plan (CEMP) and Site Waste Management Plan (SWMP), the performance of which would be

⁷⁰ Statement of Common Ground (INQ11) – chapter 24.

monitored as the scheme progressed, are sufficient to appropriately manage construction and waste impacts.

Matters Agreed

These matters can be resolved by way of planning conditions.

531. The update note (DOC13) includes the following statement:

There has been consultation with the Government of Jersey (GoJ) solid waste team with respect to the volume of excavated material from the project and how this is managed. Based on this, the project team would work closely with the GoJ solid waste team during the lifecycle of this project, to align the project waste management activities with the local capacities and opportunities.

This includes the potential to use the current stocks of materials in the recycling centre at La Collette for reuse in the early works packages of the project. It was also identified that La Gigoulande Quarry would be opening for use as a landfill site and the project team would consider this disposal route in their waste planning, when further information is available.

We note that this should have identified that in discussion with government bodies that it was identified that La Gigoulande Quarry would be coming on stream for use as a potential landfill site.

The project team has also been in discussions with the local contractor AAL regarding their new material washing facility which is capable of recycling circa 150,000 tonnes of excavated material a year. Although the full capacity cannot be committed to the Our Hospital contract, a working plan would be developed to enable the combined use of the excavated material stored on site and reused without having to be taken off site, space created at the early stages of the project in areas like enabling works and fill material for the new highways works.

532. I do not disagree that robust SWMP and CEMPs are the right vehicles for controlling these matters. However, I am concerned at the relatively scant detail contained in each of the documents and the general absence of volumes and targets, as many of the tables in the SWMP are not populated with data. Moreover, neither of the documents wrestle with how the 'elephant in the room' is to be dealt with, i.e., a significant volume of waste for which there is no currently available facility to accept and process.

533. The Statement of Common Ground and the update note are helpful in explaining the changing picture for waste management, with new reprocessing facilities coming on stream at La Collette, and other sites having the potential to provide landfill capacity. I also noted Mr Scate's contribution at the Inquiry that Jersey, as an Island, has a history of

finding solutions for these problems. However, there is a lack of certainty and clarity in terms of exactly how these facilities and solutions will assist, what volumes of materials they can receive, and what vehicle number, type and road routes will be used. This all needs to be captured and agreed in a robust and detailed SWMP before the major demolition and excavation works commence.

534. On this main issue, I conclude that the development will generate a substantial amount of waste and, whilst that might be an unavoidable necessity arising from delivering a new hospital, it raises significant waste management implications. The current body of evidence gives some cause for concern that measures are not fully in place to manage the waste streams. A detailed and robust SWMP is required before the major excavation works commence. This can be required by a suitable planning condition. This would satisfy the requirement of BIP policy WER1. Planning conditions can also address contaminated land issues.

MAIN ISSUE 16 – FLOOD RISK AND DRAINAGE

535. Given that the application is for a very major proposal, with substantial building floorspace and hard surfaces, it is important to establish that it is not at risk of flooding, that it will not cause flooding elsewhere and that appropriate surface water and foul drainage arrangements would be made.
536. The relevant BIP policies are WER2 (managing flood risk), WER6 (surface water drainage) and WER7 (foul sewerage).
537. Chapter 7 of the EIS (CD10.7.1) addresses Water Resources and includes as appendices a Flood Risk Assessment (FRA) (CD10.7.4) and a Drainage Strategy which was updated in March 2022 (CD10.7.3). A document summarising the drainage strategies for foul sewerage and surface water was also submitted during the Inquiry (DOC10). For the drainage authority, Mr Downie provided a Proof of Evidence (PA/8) and attended the Inquiry.
538. Some initial concerns of the drainage authority (relating to surface water) had been addressed in the run up to the Inquiry, and were captured in the Statement of Common Ground (chapter 25 of INQ11). As a result, I will confine my assessment to a brief review, and record the requirement for planning conditions and obligations, should the Minister be minded to grant permission for the scheme.

Flood risk

539. The FRA assessed flood sources to and from the development proposal in the context of the existing and proposed development. It assesses that the risk of all potential sources of flooding is considered to be 'at little or no risk of flooding.' It records that a Surface Water Drainage Strategy has been produced to manage the risk of surface water flooding.

Foul sewerage

540. Foul flows, based on comparable hospital developments, have been modelled. The strategy to serve the site, with a connection to the existing foul gravity sewer, demonstrates that flows can be satisfactorily accommodated and treated.

Surface water

541. Surface water flows have been modelled and can be satisfactorily drained, subject to off-site works. The West Park Surface Water Separation Scheme is an established drainage improvement project and it is at an advanced stage. Mr Downie advised me that he was confident the scheme would proceed. He further advised that the developer should be required to make a financial contribution towards the scheme on an apportionment basis, and that this could be secured within a Planning Obligations Agreement. He

further explained that this scheme would not just deal with the surface water drainage of the development but would also avoid (existing) surface water entering the foul sewer, which impacts on its capacity and pumping demands (and energy consumption), i.e., there would be an overall benefit.

542. At the Inquiry, I did make Mr Downie aware that residents had reported a recurring localised surface water flooding issue affecting the drive and front garden areas of properties to the south of the existing Overdale hospital buildings (*Camden, Rockferry and Ponderosa*), which I trust he and the applicant will explore, as detailed site drainage designs are progressed.

Conclusions

543. The evidence before me confirms that flood risk and drainage matters have been appropriately addressed and that, subject to planning conditions and obligations, the proposal would comply with BIP policies WER2, WER6 and WER7.

MAIN ISSUE 17 – OTHER PLANNING MATTERS

The Community participation

544. BIP policy GD2 addresses 'community participation in large-scale development proposals'. It requires such proposals to be subject to consultation with the community, prior to a planning application being made. It says that a community participation statement should be submitted as part of the proposal.
545. The application includes a Statement of Community Participation (CD1.10 and its appendices CD1.10a). It explains what engagement was undertaken, effectively over a year long period from October 2020 to October 2021, the consultation timeline, headlines of the feedback and some plans and tables indicating how the scheme was evolved in the light of that feedback.
546. The report also sets out⁷¹ some key facts and figures. These include 9,700 views of the virtual exhibition, 300 feedback forms, 1,600 email conversations, 80,000 newsletters, 30 community meetings, 3,000 letter drops, and 40 hours spent with impacted neighbours.
547. I have noted a number of concerns expressed by some, including close residents, who felt it was a 'box tick' consultation exercise. I have also listened to others who claim they were excluded from some of the consultation groups as they had a 'view' about the proposals.
548. At the Inquiry, I did ask Mr Furlonger why, in the light of the evidenced extensive consultation there were so few representations in support of the application proposal. He felt that was usual for planning applications, and that objectors are more likely to make submissions than supporters.
549. However, I must make my assessment on the submissions before me and that cannot be unduly influenced by weight of representation alone. Based on the evidence of community participation, policy GD2 is satisfied.

Socio-economic impacts

550. EIS chapter 11 (CD10.11.1) assesses socio-economic impacts. It looks at a wide range of issues, most of which would be felt within the construction phase. These include loss of homes, amenity impacts from construction activities, construction employment, demand for accommodation, supply chain and procurement opportunities, loss of business premises (Jersey Water), disruption to businesses within the hospital, loss of the bowling club, impact on People's Park and loss of agricultural land. Of all these effects, the only major adverse category relates to the loss of homes, as

⁷¹ Page 31 of CD1.10.

that cannot be mitigated (other than compensation and assistance to relocate). At the operational stage, it assesses that a 'major beneficial' effect would arise from the new hospital facilities.

Wind

551. Jersey can be a very windy place and a hilltop site is particularly exposed. Introducing very large buildings affects the natural wind flow and can result in some safety and comfort issues.
552. This is assessed using an accepted methodology (Lawson's comfort and safety criteria) in chapter 16 of the EIS (CD10.16.1). It establishes that the mitigation strategies incorporated within the massing and landscaping design results in adequate local shelter being created for most of the sensitive areas of the site. However, a single entrance in the southern elevation of the main hospital building would require local mitigation in the form of side screens. These findings are set out in the supplementary Statement of Common Ground (INQ14). The wind screening could be secured by a planning condition.

Crime

553. Chapter 17 of the Design and Access Statement (CD1.4) is a Crime Impact Statement. It explains how the proposal has been developed by community safety principles, with care taken in terms of planning access routes, spaces and entrances; ensuring passive surveillance of publicly accessible spaces; ensuring that places promote a sense of ownership and community responsibility; and physically protecting certain areas for safety and crime prevention, e.g., the service/delivery yard. The supplementary statement of common ground (INQ14) confirms this and records that there has been engagement with the States of Jersey Police to create a safe and secure working environment for staff, patients and visitors, whilst reducing the opportunity for crime.
554. In my assessment, the proposal would achieve a high standard of community safety and would, subject to good management and maintenance, feel a safe and attractive environment. It should also assist in resolving some apparent low level anti-social behaviour on the existing site, where redundant buildings and parts of the site currently seem to attract unwelcome attention. With regard to crime prevention and community safety matters, the proposal would accord with BIP policies GD6 (5) and SP7 (sixth bullet point).

Ground conditions

555. Chapter 8 of the EIS includes an assessment of ground conditions (geology, ground water and land contaminations) and this is supported by appendices including a geo-environmental/geo-technical desk based study

(CD10.8.3) and ground investigation reports (CD10.8.4). There are no assessed significant effects arising from the development, in terms of soil removal, groundwater, ground gas or leachate effects.

Cumulative effects

556. The EIS includes an assessment⁷² of cumulative environmental effects should the development be implemented at the same time as other known and committed projects. It assesses that, were all of the known projects to come forward at the same time, there may be 'a noticeable but intense increase in the amount of construction activity over a limited period'⁷³, but that the most likely scenario would be a staggered implementation of projects over the next 10 years or so, and that traffic management would be in place to assist with the effects of any overlaps. The availability of building materials and capacity for waste disposal is identified as a notable risk of a significant cumulative effect, if multiple projects were proceeding at the same time.

⁷² EIS Chapter 18

⁷³ EIS paragraph 18.4.1

MAIN ISSUE 18 – DEMOLITION AND CONSTRUCTION IMPACTS

557. Should the proposal be permitted, its implementation would represent a very large and protracted building project in a relatively suburban and quiet area. Demolition and construction activities, including the closure of Westmount Road, deliveries of materials and waste and the visual impact of a construction site, will all be felt by residents and users in the locality and beyond, where they are routes to and from the site.
558. The EIS includes a comprehensive set of assessments of construction impacts including those relating to air quality, noise and vibration, traffic, ground conditions, water resources, heritage, materials and waste and socio-economic impacts. These matters are also covered in Mr Fernie's Proof of Evidence (APP/10).
559. Any major construction project in an urban area will cause disruption, inconvenience, and impacts. In planning terms, these are not matters that would normally be pivotal to any decision to grant planning permission. Indeed, if that were to be the case, major infrastructure projects, and the wider public benefits they are designed to bring, would be forever frustrated.
560. However, there can be no doubt that the protracted construction period (4 years), the scale of the project, and the close proximity of some homes and uses, including the crematorium, will result in considerable disruption and inconvenience. The applicant's evidence does recognise these impacts, seeks to quantify them and points to appropriate mitigations.
561. The planning system's response to these issues can only ever be to require the developer to manage the implementation process in a responsible manner and to take steps to minimise and mitigate the impacts. These provisions must be complemented by the work of other agencies and regulatory bodies, including the environmental health and the highway authority functions.
562. Appropriate planning conditions could be imposed to secure the necessary management regimes.

MAIN ISSUE 19 – PLANNING CONDITIONS AND OBLIGATIONS

564. At the Inquiry, I explained to all parties that it is customary to hold a 'without prejudice' session on planning conditions and planning obligations. This ensures that, should the Minister decide to grant planning permission, there is a draft set of conditions and heads of terms for a Planning Obligations Agreement.

Draft Planning Conditions

565. The planning authority officers and the applicant have worked together to produce a draft conditions document, which was further refined following the Inquiry sessions with a second draft document produced (PINC10). I have considered the set of conditions set out in this document. Whilst I consider that it represents a good working draft, I have made some changes through edits, deletions, additions and reordering.

566. The edits largely concern ensuring the wording, requirements and timescales for submissions, are precise, clear and justified. The deletions relate to the suggested conditions requiring a highways agreement and the relocation of the bowls club, which are more appropriately addressed in a Planning Obligations Agreement. I have added a condition requiring detailed landscaping, as this is important in some locations where there is a need to provide effective screening for amenity reasons and where feature trees are proposed. I have also added a condition requiring a disability access audit. In terms of reordering, I have moved the 'Grampian' surface water drainage condition to the drainage section and made some edits to it. Each of the suggested conditions is accompanied by a reason for its imposition.

Planning Obligations Agreement

567. I consider that the following 'heads of terms' are appropriate and justified:

Jersey Bowls Club – an obligation to use reasonable endeavours to facilitate the timely and fully funded relocation of the club to an alternative site.

West Park Surface Water Separation Scheme – an obligation to make a proportionate financial contribution to the cost of implementing this scheme.

Highways Adoption – an obligation to secure the adaptation and adoption of any highway infrastructure required in mitigation of the impacts of the development.

Bus Strategy – infrastructure and financial subsidy (if required) to establish an appropriate service to and from the site.

Parking Strategy – infrastructure and funding of measures required to implement the agreed strategy.

Travel Plan – an obligation to secure the resourcing and implementation of the travel plan.

Post Implementation Review – an obligation to undertake a post implementation review, two years after opening of the hospital, to identify any ‘snagging’ issues, local highways, amenity, or other unforeseen impacts, and an obligation to resource and implement any identified fine tuning or additional measures required.

INSPECTOR'S FINDINGS AND RECOMMENDATIONS

Findings

568. The proposal accords with the BIP spatial strategy as set out in policies SP1(1), SP2 and CI3, which individually and collectively direct the new hospital development to this site. This is a very weighty 'in principle' factor in favour of the proposal and confirms that, in planning terms, the proposed hospital is in the right location and on the right site.
569. The need to provide the new hospital is confirmed by a substantial body of evidence. Demand is growing, whilst existing buildings and facilities are inadequate, deteriorating and unable to meet future demands. The current situation is creating increasing strain and risks to patients and staff, and the need for the new hospital is now urgent and time critical. These are significant and weighty planning considerations.
570. The evidenced need for the new hospital translates into a requirement for a substantial amount of building floorspace. There is a mature body of evidence which supports the broad quantum of floorspace of circa 70,000 square metres included in this proposal. Evidence has been provided to demonstrate that space demands have been consistently challenged through the design process, to ensure that the proposal was the right size, accommodating all of the functional needs, allowing for future flexibility and growth, whilst not being oversized and wasteful.
571. The large floorspace quantum required creates significant and inescapable design challenges, particularly given the hilltop location of the site, the Green Zone and Green Backdrop Zone planning designations on parts of the site, heritage assets within and outside of the site, and the proximity of residential neighbouring properties. These are not new issues and constraints, and they were in place when the Overdale site was selected as the chosen site and confirmed through the adoption of the BIP, which establishes the highest level of priority to delivering the hospital here, through its policy CI3.
572. Working to deliver the functional brief and its floorspace requirement, the applicant has demonstrated that an extremely thorough and creative exploration of site strategy options has been undertaken. All of those options entailed one very large and high main hospital building. The applicant has further evidenced that its chosen site strategy option performed better than others by a considerable margin. The applicant has also evidenced in some detail how it has evolved and finessed the design of the main new hospital proposal, and the other campus buildings, to achieve the best design, which meets the functional brief and responds, as best it can, to the constraints and opportunities of the site. The result is an undisputedly high quality healthcare campus, with contemporary buildings

set in an attractive landscaped setting, which would enable patients and people within the hospital buildings to enjoy a very pleasant, indeed quite stunning, environment and panoramic coastal views.

573. Whilst achieving the best design option relative to the needs of the hospital and the land available, and thereby satisfying criterion b) of policy CI3, it raises conflicts and tensions with other design and landscape policies. The proposed main hospital building would change the townscape of St Helier, and introduce the largest and most elevated building in the Island, which would never be fully screened by trees and landscaping and would form a new landmark building. This would conflict with policy GD7, as it involves a tall building which would be substantially above the guidance height in this urban character area, although it must be recognised that all other tested design options would similarly conflict with this policy, and there is a tension between it and the allocation of the site for the new hospital, under policy CI3. It would also conflict with the objective of policy GD8, which seeks to restrain development within the Green Backdrop Zone and it will cause harm, although the overall benefit to the community would be very substantial, allowing the proposal to be considered as an exception under GD8(2). It also conflicts with the objective of policy GD9, as it will harm 'skyline, views and vistas', including distant views from some of Jersey's iconic locations, such as Elizabeth Castle and Fort Regent; that harm can only be accepted under GD9 by being demonstrably outweighed by the public and community benefits of the proposal. Similarly, it would also adversely affect landscape and seascape character areas to some degree, in conflict with the purpose of policy NE3, and it must rely on the policy's exception provisions to attain compliance. I assess that none of these adverse effects and policy conflicts and tensions are surprising. They are a direct product of the site allocation and the delivery of the required amount of building floorspace necessary to provide the hospital. The proposal will also change the character, identity and sense of place of the wider area around the site, although I consider that this change would not result in unacceptable harm, and CI3(a) is satisfied, and it could successfully comply with the main policy principles of SP3 and SP4, concerning placemaking and protecting and promoting Island identity.
574. For such a major proposal, I assess that it fares reasonably well in terms of likely amenity impacts. This is a product of a large site which enables the buildings, one of which is very large and tall indeed, to be accommodated in a layout which includes plenty of space around them. The sheer scale and height of the main building is such that it cannot avoid some effects, particularly in terms of the wider aspect enjoyed from some properties. There are also some quite dramatic localised changes for occupants of some properties, which would see neighbouring homes disappear and a new roadside context being established, with a large hospital building in their vicinity. Whilst I consider that some of these effects are undoubtedly

harmful, and I am sure unwelcome by some of those most affected, they do not cross the policy thresholds of unreasonableness or serious unacceptable harm, given the context of the BIP site allocation to build a new hospital on this site, and subject to suitable safeguarding planning conditions covering landscaping, boundary treatments, changes in land levels, and noise. I find that the proposal would accord with the amenity protection requirements of policies GD1 and CI3c(ii).

575. The proposal would harm heritage. The applicant has undertaken appropriate assessments of the archaeological potential and, subject to mitigation which can be secured by a planning condition, policy HE5 would be complied with. The proposal would entail the demolition of two Listed buildings, some losses of Listed parkland areas and adverse impacts on Listed buildings and places, including the wider settings of some of Jersey's grade 1 Listed, and most iconic, heritage sites. It will affect Elizabeth Castle, Fort Regent and St Aubin's Fort. In each case, the proposed main hospital building will be a considerable distance from the heritage assets, but the scale of the building and its elevated position means that it will form a new large landmark building within the wider setting of these historic sites. Whilst the effects are unwelcome from a heritage perspective, they are sufficiently distanced to not be calamitous. These harmful effects on Jersey's heritage can only be justified by the exceptional circumstances arising from the public interest in delivering the new hospital on its planned site. This satisfies policy HE1.
576. On transport and accessibility matters, I find the proposal to be acceptable. The applicant has undertaken appropriate assessments of baseline conditions, traffic demand and modelling of highway impacts. In transport and accessibility terms, the Westmount Road proposal and associated active travel corridor are appropriate and justified. The evidence indicates that the proposal will not result in any undue highway capacity or highways safety issues. The Westmount Road/active travel route, along with other measures, will deliver significant and necessary improvements to the site's accessibility, such that the new hospital would be genuinely accessible by a choice of transport modes. The proposal's approach to parking to serve the hospital is well evidenced and strikes the right balance between providing what is operationally necessary and the imperative of encouraging the greater use of sustainable transport modes. The loss of town centre parking is acceptable in planning policy terms, but raises issues that will need to be managed. The implementation of a robust travel plan is critical to secure sustainable travel through the lifetime of the development. Subject to appropriate planning conditions and obligations, the proposal accords with BIP policies TT1, TT2, TT3, TT4, GD6(4), CI3c.1 and, in so far as it relates to transport matters, SP1.

577. With regard to natural environment and landscape design considerations, the proposal performs well. Ecological matters have been properly assessed and impacts can be mitigated by the requirements of planning conditions. The scheme would deliver some impressive biodiversity net gains. Whilst some trees would need to be removed, most are poorer specimens and there would be a very significant net increase in the tree stock within the site (circa 700). The landscape scheme is extremely well conceived and of a high quality. I assess that the proposal would comply with policies NE1, NE2 and GD6(6) and, in so far as it relates to the landscape and green infrastructure proposals, with policies SP1(8), SP3(3), SP5 and GD8(1e).
578. The proposal would result in the loss of 14 homes, all of which appear to be in good condition. Whilst the loss of housing is implied in the supporting text to policy CI3, policy H3 places a protection on homes, unless stated exceptions are met, which do not apply in this case. As a result, the proposal conflicts with policy H3.
579. In addition to the loss of 14 homes, all of the existing hospital buildings, Mulcaster House, the bowls club, and a range of other structures would need to be demolished. Whilst many of these buildings are in poor condition, others are not and are capable of continued use and occupation if the hospital project did not proceed. Policy GD5 rightly guards against unnecessary demolition of buildings in the interests of minimising waste, reducing building obsolescence, increasing their longevity, and making best use of their embodied carbon. However, the policy allows exceptions and these apply in this case, as it is not practical to keep the buildings and deliver the hospital, and the proposal will deliver certain sustainability benefits, including high performing buildings. I find no conflict with policy GD5.
580. The proposal would involve development on two fields which are currently designated as Green Zone. This would conflict with the fifth paragraph of policy SP2 (and arguably PL5), as it would not involve development that requires a countryside location. However, the fields are surrounded by the built-up area and there are other policies, including policy CI3, pulling in a different direction. Notwithstanding these other policies, there is conflict with one element of policy SP2.
581. On a related note, the proposal involves some tension with the policy ERE1 presumption against the loss of agricultural land but, at the same time, it would satisfy the exceptional circumstances provision, given that the CI3 allocation confirms that the new hospital is appropriate to this location.
582. The proposal would result in a modest loss of areas of protected open spaces. However, when judged against policy CI7, the delivery of the new hospital is an exceptional circumstance and it is of a greater community

benefit than the modest losses of open space. Moreover, the proposal will deliver substantially more new open space than that lost. The proposal therefore satisfies the exceptional requirements and policy CI7 is complied with.

583. The proposal would result in the loss of a longstanding and valued bowls club, without which the road/active travel corridor could not be delivered. Whilst BIP policy CI5 affords protection to existing sports, leisure and cultural facilities, it is caveated by the word 'normally'. I consider that the provision of the new hospital is not a normal event and that relocation of the club to another site, as proposed by the applicant, would be an appropriate response within the intent and objective of the policy. Subject to a suitable and timely relocation of the bowls club being secured, there would be no conflict with policy CI5.
584. In terms of the sustainability of the proposed buildings and energy use, the required 'very good' BREEAM standard would be met and may be exceeded, and an energy reduction target, in line with policy, would be in place. Subject to suitable planning conditions, the proposal would meet the BIP policies ME1 and ME2. Subject to appropriate planning conditions, including a requirement for a whole life cycle carbon assessment to a recognised industry methodology, I consider that as far as it is reasonably able, the proposal addresses the sustainability requirements of policies SP1, SP3(2) and GD6(8).
585. The proposed development will generate a substantial amount of waste and, whilst that might be an unavoidable necessity arising from delivering a new hospital, it raises significant waste management implications. The current body of evidence gives some cause for concern that measures are not fully in place to manage the waste streams. A detailed and robust site waste management plan is required to address these matters and this can be secured by a suitable planning condition. This would satisfy the requirement of BIP policy WER1. Any land contamination issues can be similarly addressed by planning conditions.
586. Flood risk and drainage matters have been appropriately addressed and, subject to planning conditions and obligations, the proposal would comply with BIP policies WER2, WER6 and WER7.
587. On other planning matters, the applicant has evidenced an appropriate programme of community participation and policy GD2 is satisfied. The applicant has also assessed socio-economic impacts and there are none that I regard would justify withholding permission. Wind and microclimate effects have been properly assessed and, subject to a mitigation measure at one specific entrance, these would be acceptable. Crime prevention and community safety has been properly assessed and incorporated into the design, such that it will create a safe and attractive environment, which

accords with the requirements of BIP policies GD6 (5) and SP7 (sixth bullet point).

588. I assess that this major development project would, through its demolition and construction phases, result in widespread and protracted impacts on neighbouring homes, businesses, the local road network and the wider area. These are the inevitable consequences of a major construction project in a built-up area but they are not, in my view, matters that could reasonably lead to permission being withheld. They are matters that require appropriate demolition and construction management plans, which can be secured by suitable planning conditions.
589. Should the Minister be minded to grant planning permission, a set of planning conditions and a Planning Obligations Agreement would be necessary and reasonable to control the development and to secure required mitigations. This report includes a set of suggested conditions and the draft heads of terms of a legal agreement.

The planning balance

590. Bringing all of the above findings together requires a complex judgment to be made about the overall planning balance. This requires an assessment against the Island Plan as a whole.
591. In terms of policies complied with, the list is a long one. I assess that, subject to conditions and obligations, the proposal achieves full compliance with, or at least satisfies the most relevant requirements of, 'strategic' policies SP1, SP2⁷⁴, SP3, SP5, and SP7 and 'places' policy PL1. I also assess a high degree of compliance with the majority of the 'general' policies, namely GD1, GD2, GD3, GD5, GD6 and GD10. It accords with natural environment policies NE1 and NE2; archaeological heritage policy HE5; transport policies TT1, TT2, TT3, TT4; community infrastructure policies CI2 (healthcare facilities), the focal policy CI3 (our hospital and associated sites and infrastructure), CI5 (sports, leisure and cultural facilities) and CI6 (provision and enhancement of open space). The proposal would comply with policies ME1 and ME2 regarding energy consumption and reduction targets and the sustainability performance of the buildings. It would also accord with policies WER1 (waste minimisation), WER2 (flood risk), WER6 (surface water drainage), WER7 (foul sewerage) and UI3 (supply and use of water).
592. Policy complied with by exception are those where the proposal creates a tension with the primary purpose of the policy, but the policy wording construction allows for an exception, usually subject to meeting stated criteria. I assess that this applies to GD8(2) (Green Backdrop Zone); NE3

⁷⁴ Except the fifth paragraph of SP2

(landscape and seascape character); ERE1 (protection of agricultural land); GD9 (skyline, views and vistas); HE1 (protecting Listed buildings and places, and their settings); and CI7 (protected open space).

593. Policies where the proposal is assessed to involve direct conflicts and where the policy wording does not allow exceptions, or the exceptions do not apply, occur with respect to policies GD7 (tall buildings); H3 (provision of homes) and SP2 fifth paragraph (development in the countryside). There is also a conflict with elements of policy SP4 (protecting and promoting Island identity) as I have identified harm to heritage and to townscape, landscape and seascape, although other elements of the policy can be satisfied, including the provision of public art.
594. My assessment therefore leads me to the conclusion that the vast majority of BIP policies are complied with, most in full and some by exception, whereby the identified harm is demonstrably outweighed by the public and community benefit arising from the proposal. There are a smaller number of clear policy conflicts. The planning balance is more than just a numerical score sheet of policy compliance against policy conflicts, but it does demonstrate that the applicant has addressed a significant number of policy issues.
595. Whilst establishing that the numerical policy compliance baseline is an important first step, the key judgement comes in weighing the policy exceptions and conflicts, i.e., how far do they swing the balance in the other direction?
596. An important finding I have reached here is that the identified conflict with certain policies, and the need to rely on exception provisions for other policies, is largely a direct product of meeting the functional brief for the new hospital on the allocated site, i.e., some policy conflicts are inevitable and unavoidable. For example, on the one hand, the BIP includes the agricultural fields within the site allocated for the new hospital development, whilst on the other hand it maintains their Green Zone designation and the policy presumptions against their development (mainly through SP2 and ERE1). Similarly, the BIP narrative recognises the loss of homes as a result of the development, yet maintains policy H3 which presumes against such losses. Other examples occur with GD7 on tall buildings, NE3 on landscape and seascape character, and GD8 on the Green Backdrop Zone, where any realistic design of the new hospital will involve breaches of the building heights guidance, some harm to landscape character, and tension with the restraint on development normally employed in the Green Backdrop Zone. These are inescapable conflicts.
597. Whilst it would be easy to dismiss some of these matters as poor or quirky BIP drafting, I do not think that is the case. The fact that these policies are engaged, and not 'switched off' by the CI3 allocation, means that

important policy matters have to be considered in the round. Switching off the policies would not change the facts that a CI3 proposal will involve the loss of homes and buildings, development on fields and within the Green Backdrop Zone, and that a large and tall building on this elevated site will be impactful on views and the landscape.

598. However, what policy CI3 does is provide some important clarity and calibration on weighing the planning balance. The important point of clarity is its reference to the new hospital, not part of a hospital, or some long since discounted 'twin site' option. The important calibration is provided by it affording 'the highest level of priority' where the three sets of criteria are met. To my mind, the highest level of priority must mean that other policy conflicts and tensions are capable of being overridden, although it does not mean that the proposal is entitled to a 'free pass' to circumnavigate difficult policy requirements.
599. The harm that will arise from this proposal is notably in terms of the substantial scale of a 'landmark' building that will result, permanently changing the townscape, the skyline, and the Green Backdrop Zone; resultant impacts on landscape and seascape character areas; the loss of heritage and harm to the settings of Listed buildings and places, including changing the wider and distant background settings of some of Jersey's iconic heritage sites; and the loss of agricultural land, homes and other buildings, some of which are sound and in good condition.
600. However, weighing heavily in favour of the proposal there is significant compliance with a wide raft of strategic and other planning policies. Importantly, the proposal would deliver the much needed new hospital in line with BIP policy CI3, which has been afforded the highest level of priority. I have assessed that, subject to planning conditions and obligations, all of the policy CI3 criteria have been met and that the proposal would deliver an undisputedly high quality healthcare campus, with contemporary buildings in an attractive landscaped setting, which would enable patients, visitors and staff to enjoy a very high quality environment.
601. In my overall assessment I find that the positives, in terms of policy compliance and major public benefits, outweigh the harms and policy tensions. I do not understate or downplay the harms and tensions against some policies, and I respect the views of those that have expressed opposition to the scheme, and have presented good arguments and evidence. However, this is a plan-led development and the plan-led conclusion of my assessment is not without consequence. It is a fact that a CI3 compliant development proposal was always likely to have the effects and impacts that I have identified, given the nature of this once in a generation development proposal.

602. Accepting the importance and imperative of delivering the hospital on this allocated site, the key overarching test is whether the application proposal represents the very best in planning terms, when considered in the round. On the opening day of the Inquiry, Professor Handa, the project's clinical director made the assertion about the proposal that '*this is as good as it gets*'. The words resonated with me as my overarching sense check in conducting this Inquiry. Having completed my planning assessment, I have reached the same view.
603. My conclusion is that, when considered against the BIP holistically, and notwithstanding some acknowledged and identified tensions with certain policies, it accords with the plan as a whole. I recommend that the Minister grants planning permission, subject to the recommended planning conditions and to the applicant entering a Planning Obligations Agreement.

Formal recommendations

RECOMMENDATION A: That, in the interests of precision and clarity, the Minister adopts the following amended development description for application P/2021/1670 prior to a formal decision:

Construct new hospital and associated buildings including mental health centre, energy centre, knowledge centre, multi-storey car park, surface level parking and landscaping. Demolish existing buildings, to include all buildings on the existing Overdale Hospital Site, Mulcaster House (Jersey Water), the former Jersey Electricity sub-station in Victoria Park, La Chapelle de St. Luc, Thorpe Cottage, Briez Izel, 1 Castle View, 5 Castle View, 1 Hillcrest, part of driveway, raised planter and strip of land at entrance to Hill Crest and Castle View, Mont Martin Cottage and two outbuildings, L'Amyerie, 1 – 3 Westmount Terrace, Berkeley Rise, Westmount House, Folly Field, part of the garden of Camden, and Jersey Bowling Club. Reconfigure and landscape Westmount Road, including People's Park, Lower Park, Westmount Gardens and Victoria Park, including changes to the playground and Petanque Courts in conjunction with associated alterations to the highway network. 3D Model available.

RECOMMENDATION B: That the Minister grants planning permission for the application P/2021/1670 subject to (i) the applicant entering a Planning Obligations Agreement to secure the terms set out in summary in Schedule A to this report and (ii) the planning conditions set out in Schedule B to this report.

P. Staddon

SCHEDULE A – PLANNING OBLIGATIONS AGREEMENT – HEADS OF TERMS

- Jersey Bowls Club – an obligation to use reasonable endeavours to facilitate the timely and fully funded relocation of the JBC to an alternative site
- West Park Surface Water Separation Scheme – an obligation to make a proportionate financial contribution to the cost of implementing this scheme
- Highways Adoption – an obligation to secure the adaptation and adoption of any highway infrastructure required in mitigation of the impacts of the development.
- Bus Strategy – infrastructure and financial subsidy (if required) to establish an appropriate service to and from the site.
- Parking Strategy – infrastructure and funding of measures required to implement the agreed strategy.
- Travel Plan – an obligation to secure the resourcing and implementation of the travel plan.
- Post Implementation Review – an obligation to undertake a post implementation review (2 years after opening) to identify any 'snagging' issues, local highways, amenity, or other unforeseen impacts, and an obligation to resource and implement any identified fine tuning or additional measures required.

SCHEDULE B – RECOMMENDED DRAFT PLANNING CONDITIONS

Timing

1. Time Limit: The development shall commence within three years of the decision date.

Reason: In the interests of proper planning.

Compliance

2. The development hereby approved shall be carried out in accordance with the drawings and documents as set out in the schedule, agreed with the Department, which forms part of this permission.

Reason: To ensure that the development is carried out and completed in accordance with the details approved.

3. No external storage shall take place on the Service Yard, other than goods which are in transit, directly required for the normal operation of the hospital.

Reason: To safeguard the amenity of nearby residents in accordance with policy GD1 of the Bridging Island Plan (2022).

Phasing

4. A phasing plan for the whole development, including, but not limited to, the demolition of existing buildings and structures, construction of the hospital buildings, Westmount Road re-engineering works, and landscaping works, shall be submitted to and approved in writing by the Department before the commencement of the development. The Phasing Plan shall include details of the parts of the scheme to be developed within each phase of the development or part thereof. Any variations shall be agreed to in writing by the Department prior to the commencement of such work.

Reason: In the interests of proper planning and to secure the comprehensive phased development of the site in accordance with policy CI3 of the Bridging Island Plan (2022).

Play Equipment

5. Prior to the commencement of any works to the play park in People's Park, full details of the play equipment and means of enclosure shall be submitted to and approved in writing by the Department. The approved details shall be implemented in full prior to the first occupation of the approved development and thereafter retained as such.

Reason: To protect the visual amenities of the surrounding area, the character of the street scene and the amenities of nearby residents, in accordance with policies GD1 and CI8 of the Bridging Island Plan (2022).

Residential Amenity

6. Prior to the first installation of any operational plant, machinery or other noise generating equipment, details of noise attenuation and acoustic screens/louvres and calculations of noise emissions at source and at noise sensitive receivers, shall be submitted to and approved in writing by the Department. The plant, machinery or other equipment used on the site shall be installed and operated in such a way that the noise generated from the site shall be at least 5dBA below background noise levels, when measured in accordance with BS4142:2014. All agreed noise measures and performance levels shall be retained and maintained thereafter.

Reason: To protect the amenities of occupiers of neighbouring properties, in accordance with policy GD1 of the Bridging Island Plan (2022).

Waste and Recycling

7. Prior to the commencement of each phase of the development, details of the methods to reduce, recycle and reuse construction and demolition waste, shall be submitted to and approved in writing by the Department. The details shall be set out in a Site Waste Management Plan ('SWMP') which shall assess, quantify and propose a method for each material identified. It will also include any proposed temporary stockpiling, the location of disposal sites, details of the waste transfer vehicle types, frequency and timing of trips, and routes to and from the disposal sites. Thereafter, the SWMP shall be maintained as a living document and waste management shall be implemented in full accordance with the approved Waste Management Strategy. Any variations shall be agreed in writing by the Department prior to the commencement of such work.

Reason: To ensure that waste construction and demolition materials are minimised wherever possible, and where they do arise, that they are reused and recycled, so that the amount of waste to be transported is minimised, in accordance with policy WER1 of the Bridging Island Plan (2022).

8. Prior to occupation of any of the buildings hereby permitted, details of operational waste reduction and management arrangements, including storage, recycling and disposal, shall be submitted to, and approved in writing by the Department. All such measures as may be approved shall be implemented and maintained thereafter unless any variation is agreed in writing by the Department in advance of that variation coming into effect.

Reason: To ensure that operational waste is minimised wherever possible and appropriate, and where it does arise, that it is reused and recycled, so that the amount of waste is minimised, in accordance with policy WER1 of the Bridging Island Plan (2022).

Contamination

9. Following the commencement of the development of each phase, should any contamination not previously identified be found, the Department must be informed immediately. No further development shall be carried out (unless otherwise agreed in writing with the Department) until the levels of potential contaminants on the site have been investigated and any risks to human health or the wider environment assessed and mitigated.

Reason: To ensure the development does not have an adverse impact on public health or the wider environment, in accordance with policy GD1 of the Bridging Island Plan (2022).

10. No part of the final hospital scheme shall be occupied until a ground contamination completion report and contaminated land completion certificate demonstrating completion of the contamination mitigation works (where applicable) and the effectiveness of any required remediation set out in the approved scheme, is submitted to and approved in writing by the Department. Where required by the Department, the completion report shall also include a plan for longer-term monitoring of pollutant linkages, maintenance, and arrangements for contingency action and for the reporting of this to the Department.

Reason: To ensure the development does not have an adverse impact on public health or the wider environment, in accordance with policy GD1 of the Bridging Island Plan (2022).

BREEAM

11. The developer must ensure that:
- A) The Main Hospital, Mental Health Centre and Knowledge Centre buildings achieve a minimum BREEAM rating of 'Very Good'.
 - B) No work shall take place above ground floor slab level of any part of the development until evidence that the development is registered with the Building Research Establishment (BRE) against the BREEAM 2016 International scheme and Design Stage certificates confirm that the development will achieve a BREEAM rating of Very Good are submitted to and approved in writing by the Department to demonstrate compliance with part (A).

C) Within six months of occupation of any of the buildings, evidence shall be submitted in the form of a Post Construction certificate (provided by the BRE via the qualified assessor) to demonstrate full compliance with part (A) for that specific building.

Reason: To ensure that the development does not have an adverse impact on the environment, in accordance with policy ME2 of the Bridging Island Plan (2022).

Energy

12. Prior to their installation, details of renewable energy measures (kWh/year), and the amount of carbon offset (CO_{2e}) by those measures employed, shall be submitted to and approved in writing by the Department. The measures must demonstrate that they will outperform the target energy rate by at least 20% using the existing Jersey Standard Assessment Procedure (JSAP) calculator, or Simplified Building Energy Model (SBEM) tool. The approved measures shall be implemented in full and thereafter retained and maintained to achieve the stated level of performance.

Reason: To ensure the development has adequate renewable energy measures and in order to off-set the development's carbon emissions in accordance with policies SP1 and ME1 of the Bridging Island Plan (2022).

Whole Life Cycle Carbon

13. Other than site clearance and site preparation works, no building work shall be commenced until a whole life cycle carbon emissions assessment has been undertaken for the new hospital, submitted to the Department, and approved in writing by it. The assessment shall follow a nationally recognised methodology. (e.g., RICS Whole Life Cycle Carbon Assessment) in place at the time, and it shall establish the Hospital's likely carbon emissions over its lifetime, accounting for embodied carbon and any future potential carbon emissions, including benefits from reuse and recycling of building structures and materials and mitigation measures.

Reason: To ensure that the construction and operation of the development includes adequate measures for reducing lifetime carbon emissions, in accordance with policy SP1 of the Bridging Island Plan (2022).

Heritage

14. If hidden historic features are revealed during the course of works, they shall be retained in-situ until examined by the Department's authorised officer. Works shall be suspended in the relevant area of the building work and the Department notified immediately with a view to agreeing the appropriate action.

Reason: To ensure that special regard is paid to the interests of protecting the architectural and historical interest, character and integrity of the building or place in accordance with policies HE1, HE5 and SP4 of the Bridging Island Plan (2022).

15. Prior to the demolition of *Briez Izel, Thorpe Cottage* and *Chapelle de St. Luc*, a programme of recording and analysis, to be agreed with the Department, shall be submitted to and approved by the Department. The recording and analysis shall be carried out by a suitably qualified person as agreed by the Department and made available to Jersey's Historic Environment Record. That work shall be carried out in full accordance with the programme approved. Any variations shall be agreed to in writing by the Department prior to the commencement of such work.

Reason: To ensure that special regard is paid to the interests of protecting the architectural and historical interest, character and integrity of the building or place in accordance with policies HE1, HE5 and SP4 of the Bridging Island Plan (2022).

16. No part of the development hereby permitted shall be begun until a Project Design by a competent person for a phased programme of archaeological oversight has been submitted to and approved in writing by the Department. The Project Design once approved, shall be implemented. In the event that any significant archaeological finds are made, work shall cease in that area and the Department shall be notified immediately to allow for proper evaluation of any such finds and any further mitigation undertaken.

Reason: To ensure that special regard is paid to the interests of protecting the architectural and historical interest, character and integrity of the building or place in accordance with policies HE5 and SP4 of the Bridging Island Plan (2022).

17. No part of the development hereby permitted shall be begun until a Project Design by a competent person for detailed archaeological excavation, in accordance with the findings of the archaeological oversight, which will include a programme of controlled, intrusive fieldwork with defined research objectives to examine, record and interpret archaeological deposits, features and structures and have provision for post evaluation reporting, has been submitted to and approved in writing by the Department. Once approved in writing, shall be implemented at the applicant's expense. In the event that any significant archaeological finds are made, work shall cease in that area and the Department shall be notified immediately to allow for proper evaluation of any such finds and any further mitigation undertaken.

Reason: To ensure that special regard is paid to the interests of protecting the architectural and historical interest, character and integrity of the building or place in accordance with policies HE5 and SP4 of the Bridging Island Plan (2022).

18. The proposed heritage landscape enhancements shown on drawing OHP-LDA-ZZ-ZZ-DR-L-000341 PO4 shall be implemented prior to occupation of the development and maintained thereafter.

Reason: To ensure that special regard is paid to the interests of protecting the architectural and historical interest, character and integrity of the building or place in accordance with policies HE5 and SP4 of the Bridging Island Plan (2022).

Transport and Highways

19. No part of the development hereby approved shall be occupied until the means of vehicle, pedestrian and cycle access as indicated on the approved plans has been wholly constructed in accordance with the approved plans and shall thereafter be retained as such.

Reason: In the interests of highway safety, in accordance with policy TT1 of the Bridging Island Plan (2022).

20. A Demolition and Construction Traffic Management Plan must be scoped and approved by the Department prior to the commencement of the development. This will include, but not be restricted to, wheel washing facilities, restrictions relating to parking off-site, proposed hours of work and movement, HGV routes to and from the site and highways condition surveys before and after works.

Reason: To minimise the impact to the general travelling public in accordance with policies TT1 and GD1 of the Bridging Island Plan (2022).

21. A Bus Strategy related to the new hospital must be prepared by the applicant and submitted to and approved in writing by the Department 12 months prior to first occupation of any part of the development approved. This document should include, but not be restricted to, funding arrangements, bus interchange facilities and waiting infrastructure. The document will also need to identify bus service design, including timetabling, frequencies which shall include a 15 minute daytime frequency (Monday – Saturday), vehicle type, routing, and integration with the wider Island travel strategy.

Reason: To develop a culture of bus travel and encourage sustainable travel, in accordance with policies TT1 and SP1 of the Bridging Island Plan (2022).

22. A Parking Strategy must be prepared by the applicant and be submitted to and approved in writing by the Department. The Strategy shall include,

but shall not be limited to, the phasing approach, parking tariffs and restrictions, the strategy for displaced parking facilities, priority parking, parking for disabled people, and management for on and off-street parking.

Reason: To manage parking on site and give due consideration to those who require priority parking and to ensure that the development provides adequate provision for off-street parking and manoeuvring for users of the site, in the interests of highway safety, the general amenities of the area, and to promote sustainable patterns of travel, in accordance with policies GD1, TT1, TT2, TT4 and SP1 of the Bridging Island Plan (2022).

23. The development shall not be occupied until a site-wide travel plan is agreed with the Department and resourced for a minimum period of 10 years. The travel plan is to be based on the provisions set out within the submitted framework travel plan and shall include, but not be limited to, the modal split to be achieved and further mitigation measures against those modal split targets. The full scope of the travel plan must be agreed with the Department and implemented and monitored every 5 years thereafter.

Reason: In the interests of promoting sustainable patterns of development, in accordance with policy TT1 of the Bridging Island Plan (2022).

Landscape and Trees

24. A landscape phasing plan shall be submitted to and approved in writing by the Department before the commencement of each relevant phase.

Reason: In the interests of proper planning and to secure the comprehensive phased development of the site in accordance with policy CI3 of the Bridging Island Plan (2022).

25. Prior to commencement of the development of any phase, a detailed scheme of landscaping shall be submitted to and approved in writing by the Department. The scheme of landscaping shall provide details of the following; i) all existing trees, hedgerows and other plants, walls, fences and other features which it is proposed to retain on the site; ii) the position of all new trees and/or shrubs, this must include the species of plant(s)/tree(s) to be planted, their size, number and spacing and the means to be used to support and protect them; iii) other landscape treatments to be carried out including any excavation works, surfacing treatments, or means of enclosure; iv) the presence of any invasive plant species on site, and if present, a detailed method statement for the removal and long-term management/eradication of the species. Once agreed, the approved scheme shall be implemented in full and thereafter retained and maintained as such.

Reason: In the interest of the amenity of the area, the natural environment and to ensure that precise landscape details serve to protect the amenities of neighbouring uses in accordance with the requirements of policies GD1, NE1, NE2, NE3, SP4 and SP5 of the Bridging Island Plan (2022).

26. Prior to the occupation of the development, a Landscape Ecology Management Plan (LEMP) for an initial period of 10 years for all landscaped areas shall be submitted to and approved in writing by the Department, and following this, the plan shall be reviewed every 5 years. The LEMP shall include a schedule of details of the arrangements for its implementation and ongoing maintenance. The maintenance shall be continued in accordance with the approved schedule unless otherwise agreed in writing by the Department.

Reason: In the interest of the amenity of the area and to ensure the protection of wildlife and supporting habitat and secure opportunities for the enhancement of the nature conservation value of the site in accordance with the requirements of policies GD1, NE1, NE2, NE3, SP4 and SP5 of the Bridging Island Plan (2022).

27. Any tree felling, hedge removal or any clearance works should be undertaken between 1st October and 1st March in any calendar year, unless a qualified and competent person has confirmed to the Department that there are no nesting birds or other protected wildlife in any of the trees or hedgerows to be felled or removed 48 hours prior to removal.

Reason: To ensure the protection of any nesting birds and any recognised species in accordance with policies NE1 and SP5 of the Bridging Island Plan (2022).

28. No part of the development hereby permitted shall be begun until details for the protection all existing trees to be retained on site for the duration of the development works has been submitted to and approved in writing by the Department. The tree protection plan shall include details of: 1.) all protective fencing to be erected around each tree(s) and shall include details of the height of the fencing and distance from the tree trunk(s) or the crown spread. 2.) the appropriate handling of spoil/waste/storage of other materials generated during development works on site, to ensure the protection of all existing tree(s). 3. any excavations, including any trench for services or drains that may be in close proximity to existing trees. Once agreed, the tree protection plan shall be implemented in full and retained during development works unless otherwise agreed in writing with the Department.

Reason: To prevent trees on site from being damaged during building works in accordance with policies GD1, SP4, SP5, NE2 and NE3 of the Bridging Island Plan (2022).

29. Trees, shrubs, climbers, herbaceous, wildflower grasses and roof garden landscape planting shall be implemented in accordance with the approved phasing plan (Condition 4) as soon as practicable and prior to the first occupation of the relevant building following completion of the works. Any failures will be replaced annually as necessary, up to and including the fifth year after practical completion within 5 years. All shrubs, climbers, herbaceous, bulbs and roof garden planting including wildflower grasses shall be replaced annually as necessary up to and including the third anniversary of the original planting (36 months).

Reason: To ensure that the benefits of the approved landscaping scheme are carried out and completed, making a positive contribution to the amenities of the site in accordance with policies GD1, GD6, NE1, NE2, NE3, SP3, SP5, CI6 and CI7 of the Bridging Island Plan (2022).

30. Prior to commencement of the main construction works, details of any earthworks which involve changes to existing levels on the site shall be submitted to and approved in writing by the Department. These details shall include the proposed grading and mounding of land, including the levels and contours to be formed, showing the relationship of any new site levels to existing site levels and vegetation, and the placement of fill material on the site. The scheme shall be carried out in accordance with the approved details unless otherwise agreed in writing by the Department.

Reason: To ensure that the benefits of the approved landscaping scheme are carried out and completed, making a positive contribution to the amenities of the site in accordance with policies GD1, NE1, NE2, NE3 and SP5 of the Bridging Island Plan (2022).

Ecology

31. Species Protection Plans produced by a qualified and competent person and informed by appropriate updated surveys, shall be submitted to and approved in writing by the Department prior to the start of each phase of demolition and each phase of construction.

Reason: *To ensure the protection of any recognised species in accordance with policies NE1 and SP5 of the Bridging Island Plan (2022).*

32. The findings and required mitigation measures outlined in the submitted Species Protection Plan shall be implemented prior to the commencement of demolition, continued throughout the phases of development (where applicable) and thereafter retained as such. Any variations that may be required as a result of findings on site are to be agreed in writing by the Department prior to works being undertaken. If within 12 months of the date of this permission, planning permission has not been implemented for the new hospital facility on site, then an updated Species Protection Plan shall be submitted to the Department and approved in writing.

Reason: *To ensure the protection of all protected species in accordance with the requirements of policies SP5 and NE1 of the Bridging Island Plan (2022).*

Materials

33. Precise details of all materials to be used in the external finishes of buildings and hard surfacing materials shall be submitted to and approved in writing by the Department. The submitted details shall include specifications of materials, colours, performance details and manufacturer's warranties and a whole life maintenance strategy, and sample panels shall be erected at the site for inspection by the Department's officers. Such details of materials, and their maintenance strategy to retain a good appearance over time, as are approved, shall be implemented in full and thereafter retained and maintained as such.

Reason: To promote good design and to safeguard the character and appearance of the surrounding area over the lifetime of the building, in accordance with policies GD1, GD6 and SP4 of the Bridging Island Plan (2022).

34. Full details of any external screening of mechanical, electrical and plumbing equipment shall be submitted to and approved in writing by the Department prior to installation.

Reason: To promote good design and to safeguard the character and appearance of the surrounding area in accordance with policies GD1, GD6 and SP4 of the Bridging Island Plan (2022).

Art

35. Prior to the occupation of any part of the building, a detailed Public Art Strategy and Implementation Programme, based on the Public Arts Strategy Statement (12 November 2021) shall be submitted to and approved in writing by the Department. This shall be a live document which will allow ongoing public consultation, and which will allow the strategy to evolve over time, and enable the commissioning, design and implementation of artworks over time and within an agreed budget. Detailed proposals for external physical artwork installations shall be consulted on with the public, submitted to, and approved by the Department prior to their implementation on site. The contribution of public art shall approximately total 1% of total construction costs of the development.

Reason: To ensure compliance with policy GD10 of the Bridging Island Plan (2022).

External Lighting

36. Full details of the comprehensive external lighting and its operational management shall be submitted to and approved in writing by the Department prior to its first installation. The approved scheme shall be implemented in full.

Reason: To safeguard the amenities and privacy of the occupants of the adjoining properties in accordance with policy GD1 of the Bridging Island Plan (2022).

Memorial Fountain

37. Prior to commencement of demolition in the phase in which the Memorial Fountain to Ms Turner is located, full details of the means of relocating the memorial and its location, shall be submitted to and approved in writing by the Department. The approved details shall be implemented in full prior to the first occupation of the approved development and thereafter retained as such. It shall be maintained as a part of the hospital landscape.

Reason: To safeguard the existing memorial fountain to Ms Turner, currently located adjacent to the Westmount Centre and to accord with policies SP3 and SP4 of the Bridging Island Plan (2022).

Drainage

38. Unless otherwise agreed in writing with the Department, no part of the development hereby approved shall be occupied until the West Park Surface Water Separation Scheme drainage works have been completed.

Reason: To ensure that the property has adequate drainage and to prevent flooding in accordance with policy WER6 and WER7 of the Bridging Island Plan (2022).

39. Prior to commencement of demolition in any phase, a scheme indicating the permanent severing and capping of all surface water connections into the private foul sewer and consequently the public foul sewer network (with neither the temporary or permanent reinstatement of any surface water connection to the foul sewer network), shall be submitted to and approved in writing by the Department. In addition, all sewers should be adequately protected from demolition and all sewers and connections should be adequately protected from the ingress or any deleterious materials of substances. In addition, a scheme indicating materials processing and wash down facilities and how the private and/or public drainage infrastructure is isolated and protected from these areas shall be submitted to and approved in writing by the Department.

Reason: To safeguard existing drainage and to comply with policy WER7 of the Bridging Island Plan (2022).

40. A pre-demolition independent CCTV survey of the foul and surface water sewers downstream of the proposed development shall be completed with a copy provided to IHE Liquid Waste team.

Reason: To safeguard existing drainage from damage and to comply with policies WER6 and WER7 of the Bridging Island Plan (2022).

41. All existing drains, pipes, sewers and ancillary drainage infrastructure that will remain in use as permanent installations shall be independently inspected and air-tested, with damaged or leaking pipework replaced, relined or repaired.

Reason: To safeguard existing drainage from damage and to comply with policy WER7 of the Bridging Island Plan (2022).

42. A scheme indicating the proposed details for the connection of temporary site welfare facilities or other temporary site connections to the public sewer network (either direct or indirect connections) shall be submitted to and approved in writing by the Department prior to the connection of any temporary facilities.

Reason: To safeguard existing drainage from damage and to comply with policy WER7 of the Bridging Island Plan (2022).

Construction/ Environmental Management

43. Prior to the commencement of any of the development hereby approved, a full and detailed Demolition and Construction Environmental Management Plan (DCEMP) shall be submitted to and approved in writing by the Department. The DCEMP must include:
- i. An introduction consisting of a construction phase environmental management plan, definitions and abbreviations and project description and location;
 - ii. A description of management responsibilities;
 - iii. A description of the construction and demolition programme which identifies activities likely to cause high levels of noise or dust;
 - iv. Site working hours and a named person for residents to contact;
 - v. Detailed site logistics arrangements;
 - vi. Details regarding dust and noise mitigation measures to be deployed including identification of sensitive receptors and ongoing monitoring;

viii. Details of the hours of works and other measures to mitigate the impact of construction on the amenity of the area and safety of the highway network;

ix. Communication procedures with the Department and the local community regarding key construction issues; and

x. Operational details arising from the SWMP with regard to waste materials storage and their removal from the site.

The construction shall thereafter be carried out in accordance with the details and measures approved in the DCEMP for the related phase unless the written consent of the Department is received for any variation.

Reason: To ensure the safe and effective management of the construction project and to ensure that waste arisings are properly managed in accordance with policies TT1, GD1 and WER1 of the Bridging Island Plan (2022).

44. No noise should be audible beyond the site boundary outside those hours listed below:

- Monday to Friday between 0800 and 1800 hours
- Saturday between 0800 and 1300 hours
- No working Sundays or bank holidays

Any consent for working outside these hours will be given only after consultation with the Environmental Health Officer. Fourteen days' notice is normally required from the Contractor when seeking such consent.

Reason: In the interest of protecting residential amenity in accordance with policy GD1 of the Bridging Island Plan (2022).

Wind

45. Details of shelter screens for mitigation against wind effects next to the outpatient entrance on the south facade of the main building will be submitted to and approved in writing by the Department prior to their first installation.

Reason: To ensure no harm to the amenities of occupants in compliance with policy GD1 of the Bridging Island Plan (2022).

Delivery and Servicing Hours

46. A delivery and servicing plan detailing servicing arrangements including the location, times and frequency shall be submitted to and approved in writing by the Department prior to the first occupation of the building. The development shall be constructed and operated strictly in accordance with

the details approved and no change shall take place without the prior written consent of the Department.

Reason: In the interest of protecting residential amenity in accordance with policy GD1 of the Bridging Island Plan (2022).

Disabled access

47. Other than demolition and site clearance works, no building works shall commence until a Disabled Access Audit (DAA) of the proposal has been submitted to and approved in writing by the Department. The DAA shall include assessment and recommendations in respect of the proposal's measures for people with disabilities, including but not limited to parking, accessible routes around the health campus, public entrances and doorways. Should the DAA require any adjustments to the external works, accesses and entrances, these shall be detailed on drawings to be submitted alongside the DAA for the Department's approval.

Reason: to ensure that the needs of people with disabilities are addressed in accordance with policies GD1(2) and GD6(4).

Informatives

1. A photographic survey showing the condition of the footway and carriageway on the frontage of the development site and beyond the immediate frontage of the development site at Westmount Road, to include any junctions on the delivery route near the site, identified with the Department, should be undertaken, and submitted to the Department. After works are complete, a second survey should be submitted to the Department. Any defects and damage to the highway must be made good to standards specified by the Department following the works.
2. To the west side of Westmount Road, and south of Ocean Apartments, there is a length of exposed bank which is not protected by a wall and it includes some drainage pipes and outbuilding structures above. This appears to be outside of the application area, but will be immediately adjacent to the proposed active travel corridor. The applicant is advised to look at the safety implications that may arise and any measures that may be needed.