

PUBLIC INQUIRY
PROOF OF EVIDENCE

PP/2018/0507

**NEW GENERAL HOSPITAL,
GLOUCESTER STREET, ST HELIER**

OUTLINE APPLICATION: Demolish Stafford Hotel, Revere Hotel, 33-40 and 44 Kensington Place, including Sutherland Court, and parts of General Hospital / Peter Crill House, Gwyneth Huelin Wing, link block, lab block, engineering block and chimney, 1960's and 1980's block on the Parade, temporary theatre block and Westaway Court. Phased construction of new hospital buildings at the General Hospital site and at Westaway Court, refurbishment of the Granite Block for continued non-clinical hospital use, improvements and construction of one half-deck of parking to Patriotic Street Car Park, and all associated landscaping and public realm, highways and access, plant and infrastructure works.

Fixed Matters: Means of Access.

Reserved Matters (by parameter plans): Scale and Mass, Siting, Landscaping and Appearance and Materials.

EIS submitted. 3D model available.

Mr. John Nicholson BA(Hons) BPI MRTPI
Principal Planner

**Regulation: Development Control
Growth, Housing and Environment
States of Jersey
South Hill, St. Helier, Jersey, JE2 4US**

T: 01534 448411
E: j.nicholson@gov.je

1. BACKGROUND

- 1.1. My name is John Nicholson, I am a Principal Planning Officer in the Development Control team, Regulation Section, of Growth, Housing and Environment, for the States of Jersey, and I have written this Proof of Evidence.
- 1.2. I hold a Bachelor of Arts (with Honours) Degree in Town and Country Planning, and Bachelor of Planning Degree, both Upper Second Class, from the University of Manchester. I am a Chartered Town Planner, having been a member of the Royal Town Planning Institute since 1999.
- 1.3. I have been in my present role with the States of Jersey for nearly 12 years, acting as case officer for some of the largest planning applications submitted to the Department. Prior to this I was a planning consultant within a multi-national commercial surveying practice, acting for a variety of private clients and local authorities on development projects across the north of England.

2. INTRODUCTION

- 2.1. A Statement of Case from the Development Control team has already been submitted to the Inquiry. In addition, a Statement of Common Ground has been produced, in conjunction with the applicant, to be circulated ahead of the Inquiry. The Statement of Common Ground focuses on the Inquiry Themes as identified in the Draft Programme, and intends to assist the Inspector by identifying any residual considerations and matters where submissions from the Development Control team differ from the applicant.
- 2.2. This Proof of Evidence expands on the Statement of Case, reviewing the application submissions, drawings, and supporting documentation from the applicant, plus the responses from consultees and representations following the two periods of public advertising of the application.

- 2.3. As with the Statement of Case, this submission does not necessarily reflect the views of the Minister, nor Members of the Planning Committee, none of whom have had involvement in its preparation, and none of whom have had sight of its content prior to release to the Public Inquiry.
- 2.4. This submission is structured to provide a planning assessment of the application, focusing on the issues identified in the Statement of Case. Such an assessment is based on an understanding of all material considerations and the policy framework as set out in the Island Plan.
- 2.5. It is not uncommon for such issues to pull in apparently-competing directions, and so need to be given relative ‘weight’ in an assessment, to enable a balanced conclusion to be reached. This Proof of Evidence will also therefore review the weight to be given to the relevant issues, and so seek to present a balanced conclusion.

3. CONTEXT AND PRE-APPLICATION

- 3.1. The continually-evolving challenges of providing health services to Jersey’s population has been an on-going priority for many years. The vision of an integrated health system was set out in a 2012 proposition (P.82/2012) approved by the States Assembly, which identified that a new hospital was required within 10-years (Appendix A).
- 3.2. Each new Council of Minsters publishes its statement of common strategic policy, which is the 2015-18 Strategic Plan. “Improving Health and Wellbeing” is one of the five stated priorities, and the Strategic Plan references the P.82/2012 proposition, identifying that one of the desired outcomes in the period is a “Significant progress towards a future Hospital” involving the agreement of the

Future Hospital site and commencing the build (Appendix B).

- 3.3. As part of our Development Control regulatory services, we offer advice to customers (applicants and third-parties alike) to assist with process queries and to provide a view on the likelihood of projects being successfully determined. I have been involved with the application team for a number of years, including advice both on site-selection issues and in relation to the PP/2017/0990 proposals for this site.
- 3.4. Jersey has a “plan-led” land-use control system, with Article 19 of the Planning and Building (Jersey) Law 2002 setting out that:
- (1) All material considerations must be taken into account in the determination of an application for planning permission.*
 - (2) In general planning permission must be granted if the development proposed in the application is in accordance with the Island Plan.*
 - (3) Despite paragraph (2), planning permission may be granted where the proposed development is inconsistent with the Island Plan, if the Planning Applications Committee is satisfied that there is sufficient justification for doing so.*
- 3.5. In this instance the “Island Plan” is the 2011 Island Plan (Revised 2014). The Island Plan notes at para 7.31 that:
- “The 2002 Island Plan referred to Health and Social Services’ twenty-year development plan which identified the short, medium and long-term options for health provision in the Island. The short-term (five year) proposals for the General Hospital included the provision of a new community dental service and expansion of the existing day surgery which have now been completed. Over the longer-term the plan proposes further improvements to the General Hospital site with possible expansion to provide space for existing and new services for the long-term delivery of acute care: the feasibility of the General Hospital site being able to satisfy this objective is likely to be the subject of a review during*

the Plan period.”

- 3.6. The work identified in the above supporting text: to consider the long-term delivery of acute care and the feasibility of the General Hospital to satisfy this objective, has been undertaken by the project team with some input from the Planning Policy arm of the Department of the Environment, but outside any formal Island Plan process.
- 3.7. Details of the site-selection feedback will be made in a separate submission to the Inquiry.
- 3.8. On 19 October 2016 the Council of Ministers lodged proposition P.110/2016 asking the States Assembly to decide whether they are of the opinion:
“to approve in principle as the site location for the new General Hospital the current Jersey General Hospital site with an extension along the east side of Kensington Place and other nearby sites, including Westaway Court, in accordance with the Map at Appendix 1 in the Report accompanying this Proposition, with detailed proposals to be brought back to the Assembly as set out in Section 6.3 of the accompanying Report.”
- 3.9. The Proposition (included at Appendix C) include reference to consultation to the Department of the Environment (at para 5.7 and 5.8 of the Proposition) and sets out that:
- there are key policies within the Island Plan that support the choice of the proposed site in principle;
 - there are challenges directly associated with the scale of the project that any proposal must address in order to be supported:
 - the Future Hospital will need to integrate into the existing character and grain of the town and be relevant to the townscape of St. Helier;

- it will need to demonstrate the principles of sustainability, and connect physically and functionally with its surroundings and its users, as well as contributing to the enrichment of the town environment;
- providing façades that reflect the existing scale of surrounding development within the streets that surround the site is key to blending the Hospital into the town's character and amenity at a local level;
- the potential impact of higher floors can then be carefully considered to ensure that any impact on important views and vistas surrounding the town is avoided or mitigated.

3.10. The vote on the P.110/2016 proposition occurred on 1 December 2016 and was endorsed with 34 members voting “pour” and only 3 “contre”. As can perhaps be anticipated, the Future Hospital project has a significant political pedigree – the P.82/2012 and P.110/2016 Propositions represent only a small part of the political decision making process. In the context of a planning determination, the weight to be afforded to this political voting history is difficult to ascertain. The P.110/2016 Proposition, for example, acknowledges that planning challenges would remain, and did not provide a scheme (even on an indicative basis) to inform anything beyond the principle of the site location to be considered. It is therefore my opinion that any weight to be afforded relates solely to the site selection process of the applicant.

3.11. Aside from the political process, all parties will be familiar with the previous planning application, under reference PP/2017/0990. This application sought outline planning permission for a new hospital, on a smaller site than the current application. The proposals were heard by an Independent Inspector at a Public Inquiry in November 2017 and were refused by the Environment Minister in January 2018 by virtue of (in summary) the site being far too small for the quantum of development proposed, so resulting in a building which was over-scaled, having a mass which was out of scale with its immediate surroundings and the wider townscape, causing harm to the setting of numerous heritage

assets and causing negative and unreasonable effects on the amenities of various adjacent residents.

- 3.12. Since the determination of the 2017 application there have been numerous meetings between the Planning Authority and the project team, focusing on a scheme which utilised more of the current general hospital site, was not delivered in a one-phase build, and which included satellite out-patients facilities (at Westaway). Pre-application discussions have included presentations to the Jersey Architecture Commission and as the scheme became settled, pre-application advice was issued in writing by the Department, dated 26 March 2018, and included as Appendix D.

4. THE APPLICATION

- 4.1. The application site and description of the proposal have been set out in the Statement of Common Ground, to be submitted ahead of the Inquiry.

5. CLARITY AND CONSISTENCY

- 5.1. Delivering a new general hospital is clearly a complex project and this is naturally reflected in the planning application, which is accompanied by a weight of technical supporting material, across a number of specialist disciplines. At the time of writing there were several matters outstanding, being the subject of live discussions with the applicant, which may or may not result in up-dates to their submissions, including:

- a. potential conflict between the drop-off arrangements to entrance forecourt adjacent to The Parade and the Design Principles for this area (which, at para 1.34, seek to provide a high-quality pedestrian-permeable landscaped forecourt) including the potential for the parameter volume to impinge on the fixed matter drop-off area, and the extent of works going beyond the red-line of the

application;

b. the footway to Newgate Street has been deleted in the July 2018 revisions, and needs to be reinstated to synchronise with the intentions shown on other drawings;

c. the extent of the Patient Transport Services layby adjacent to Westaway will necessitate a subtraction from the parameter volume of this building at ground floor;

d. the application proposes one half-deck increase to the Kensington Place side of the Patriotic Street car park, but the parameter drawings appear to show an increase in height across the whole car park.

e. the applicant is apparently proposing a phased approach to the wording of conditions and a Planning Obligation Agreement to ensure the delivery of the final phase works and so ensure the proposed townscape and heritage benefits are actually delivered – this needs to be confirmed.

5.2. It is understood that the applicant has approached the Programme Officer, advising of their intention to clarify these points (which may necessitate up-dated drawings). This is considered to be acceptable without readvertising, as the amendments relate to relatively incidental matters of clarification rather than fundamental alterations to points of principle.

5.3. These submissions may need to be revised if / when final confirmation is provided from the applicant on the above points, particularly those relating to highways matters with the (potential) need to obtain feedback from the relevant Highway Authority.

6. PLANNING POLICY REVIEW

6.1. Following the Pre-Inquiry Meeting the Inspector issued an inquiry programme based on a series of themes. The planning policy review in this Proof of Evidence has therefore been structured to align with these themes. The reader should also have reference to the Statement of Common Ground, where commentary is also provided on a theme-by-theme basis.

7. THEME 1

**THE OUTLINE APPROACH, ISLAND PLAN STRATEGIC POLICY
FRAMEWORK, HIA (ETC)**

7.1. The Statement of Common Ground confirms that the outline application has been duly made and contains sufficient information to enable a proper determination.

7.2. The Statement of Common Ground also identifies compliance with Policies SP1, SP3, SP6 and SCO2. The application is considered to be in a sustainable location, within the defined Built-Up Area as set out on the Island Plan, and adjacent to the town centre. The site has been the focus of general hospital services for over 250-years, being an established, central and accessible location.

7.3. The positive contribution towards these Strategic Polices of the Island Plan provides weight in favour of the application.

7.4. Policy SP2 considers Efficient Use of Resources, and is reviewed later in this submission, under Theme 7.

7.5. A Health Impact Assessment (HIA) is not a mandatory requirement in Jersey, however an HIA has been submitted with the application.

8. THEME 2

DESIGN PRINCIPLES AND PARAMETERS, TOWNSCAPE AND VISUAL IMPACTS.

8.1. The application strategy involves an outline application which does not fix matters of siting or scale but, rather, seeks approval for these elements by reference to parameters. These parameters establish a maximum building envelope. The characteristics and architectural treatments of these elevations is then established by a series of Design Principles, in a 'for approval' document, which set the framework that subsequent reserved applications are required to comply with.

8.2. In relation to the determination of this outline application it is therefore this package of parameter drawings plus the Design Principles which has to come together to demonstrate that the application is broadly acceptable when considered against the policy framework of the Island Plan.

8.3. Issues as relevant to townscape and visual impact are woven through several Island Plan policies, in particular Policies SP7 (Better by Design), GD7 (Design Quality), BE5 (Tall Buildings), GD5 (Skyline, Views and Vistas), BE10 (Roofscape), plus the SPG setting out Design Guidance for St Helier. The Design and Access Statement explains the work the applicant has done to develop their project in the context of the requirements of this policy framework.

8.4. The proposals have been reviewed by the Jersey Architecture Commission (JAC) on five occasions (26 January, 21 February, 28 March, 1 June and 20 July 2018). The JAC is an advisory group set up to provide independent, expert advice and guidance on major and sensitive developments in Jersey. The JAC

works with the planning authority as well as with agents and developers to promote and support the highest possible standards of design in the built environment. The notes from these meetings have been included as Appendix E. Naturally the proposals have evolved over this time, and the JAC have seen several iterations, including at the pre-application and post-application stage. Unfortunately, the summer holiday period and other commitments of the Commissioners means that they have not been able to review the final drawings as relevant to the post-application July revisions.

- 8.5. The application is for a very large building, and (understandably) integrating such proposals into the existing urban environment will be challenging. For example, some of the parameter forms, most particularly the length of Block A to Kensington Place, and the mass of Block B in the centre of the site, are large volumes which appear difficult to settle into the current townscape. The Design Principles, read in conjunction with the TVIA section of the EIS and the Design and Access Statement come together to show how the applicant has identified where the development is likely to challenge the policy framework and so require detailed attention. A key example of this is in relation to the modulation of Block A so that it better reflects the character and grain of Kensington Place. Similarly, in accordance with the feedback of the JAC, the application acknowledges that strong breaks in skyline will be delivered to deal with mass of Block B. The Design Principles must articulate a set of detailed objectives which bridge the gap between the bare parameter form and the policy requirements. It is this layering of *'principles-onto-parameters'* which therefore enables an informed design assessment to be made at the outline stage against the relevant policy objectives.
- 8.6. Policy BE5 considers Tall Buildings, and starts by defining these as being above 18 metres in height, or rising 7m above their neighbours. The proposed hospital buildings clearly fall within these criteria, but it is questionable whether BE5 is applicable to the Westaway element of the project. The preamble to BE5

establishes that some of the existing tall buildings within St Helier generally lack quality and do little to contribute to the overall character and distinctiveness of the place. The existing ‘tower’ at Westaway is 25.57m high, which is a clear anomaly when viewed in its immediate context. The application proposes a replacement building of four different volumes, to a maximum of 17.90m (ie. under the 18m threshold) and which, whilst still higher, significantly reduces the height differential to its neighbours (7.67m lower).

- 8.7. Whilst the proposed Westaway building is still large, it is not beyond the parameters of BE5 and the benefits of removing the current height clearly accord with the objectives behind Policy BE5. This is further supported by the SPG Design Guidance for St Helier (see extracts at Appendix F) where one of the objectives for Character Area 7 (Parade and Esplanade) is “to remedy the impact of uncoordinated overscaled architecture”.
- 8.8. Many of the same considerations can be applied to the proposals for the main hospital site. The application involves the removal of the 1980’s building which has a maximum height of 39.66m, and is clearly much higher than any of its immediate context – the 1960’s building, for example, is 20m high. The maximum parameter volume of Block B is proposed as 34.00m. Whilst this is obviously lower than the 1980’s building in relation to a maximum height, the proposed Block B form is delivered over a much larger area of the site than the 1980’s building.
- 8.9. The SPG Design Guidance for St Helier considers the main hospital site to be within “Building Height Control Area b” where the Area Design Guidance sets out that the maximum mass is “as existing”. It is therefore also possible to conclude that a final height which is 5.66m lower than the existing 1980’s Building is in accordance with this guidance, and so accords with the first criteria of Policy BE5.

- 8.10. The framework of considerations within Policy BE5 reflects many of the same objectives found in Policy GD5, which protects Skylines, Views and Vistas. The TVIA shows that from key viewpoints in the elevated bowl around St Helier the change in maximum height allows the proposed form to settle into the existing town roofscapes. The form will not unduly protrude in long or mid-distance views. This does not mean that Block B will not be seen, in key views it certainly will be visible (ie. when arriving by road from the west) although by reference to the application of the Design Principles, including the visual break, it is considered to meet the tests of GD5. Indeed, the removal of the 1960's and 1980's buildings may enhance the views of the Granite Block (as the key heritage asset on the site) from across Parade Gardens.
- 8.11. The objectives of BE5 and GD5 - which intend to limit and moderate large / tall buildings – also need to be read against the objectives of GD3, which requires that “the highest possible density is achieved for all developments” in supporting a more sustainable approach to development, underlined in the strategic and spatial policies of the Island Plan. This policy sets an expectation in the Built-Up Area, particularly St Helier, that development yields should be maximised, and sites fully utilised. This obligation is moderated by the balance of the other policies within the Island Plan, and is clear that the desire for density should be commensurate with good design and without unreasonable impacts on adjoining properties.
- 8.12. Overall it is considered that the application meets the relevant policies in the Island Plan as relevant to townscape and visual impact. A significant consideration in this conclusion is the removal of the existing over-scaled Westaway block and the 1980's building on the main site. This conclusion accords with the Department position in the pre-application advice issued in March 2018 (see Appendix D).

**9. THEME 3
HERITAGE**

- 9.1. The original 1860's Hospital (the Granite Block) is Listed with Grade 1 status. Around the periphery of both sites are a number of other Listed Buildings (Grades 2, 3 and 4) and the site is within the St Helier Area of Archaeological Potential.
- 9.2. Policies SP4, HE1 Protecting Listed Buildings and Places and HE5 Preservation of Archaeological Resources are particularly relevant and a full submission to consider the performance of the application against their requirements is set out in the two consultation responses from the Principal Planner, Historic Environment Team ("HET") – included at Appendix G. The Principal Planner, HET, will be available as a witness for the Inquiry.
- 9.3. The two consultation responses respond first to the original April 2018 proposal, and the up-dated July package. It must be highlighted that the applicant made further changes in late August, however, there has not been the opportunity to obtain formal feedback from HET on these latest drawings (which confirm a 2m reduction in parameter height to Block B at the rear of the Grade 1 Listed Building).
- 9.4. The HET feedback identifies that the scale and mass of the Hospital and Westaway will have an impact on the setting of Listed Buildings. It notes that the impact on the 1860's Hospital is likely to be positive: finding a new viable use linked to the Future Hospital with a Conservation Statement that indicates the intention to renovate and restore the building. The key policy considerations are set out in Policy SP4 and HE1, and the HET feedback considers that the relevant tests are met in some cases, but not in all.

- 9.5. The Policy test set out in HE1 set out that “Proposals which do not preserve or enhance the special or particular interest of a Listed building or place and their settings will not be approved” – and it is on this issue that an objection is set out. This is a stringent policy test, reflecting the priority given to heritage protection under Policy SP4. With particular reference to the scale and mass of the proposed hospital and Westaway, HET consider that the setting of Listed Buildings adjacent to the site on Savile Street and Kensington Place will not be preserved. Furthermore, HET consider that due to the impact of the new higher buildings of greater scale and mass (proposed Block B) the setting of the 1860’s Hospital (the granite Block) will not be preserved.
- 9.6. The Inquiry should be aware that the content of Policy HE1 was tested in the case of *Herold - v – Minister for Planning and Sea View Investments* (See APPENDIX H), in which the Royal Court examined the tests of “preserve or enhance”.
- 9.7. Further, the Inquiry should note that same issues were considered in the case of *Therin - v – Minister for Planning and Warwick*, (enclosed as Appendix I) which, from paragraph 32, considered the application of the same “preserve or enhance” policy requirements, as reviewed in the Pine Grove third party appeal (see from paragraph 51 of the Report of the Inspector, also included in Appendix I).
- 9.8. The consultation feedback from HET also reviews the application submission in relation to archaeology and finds that in the context of Policy HE5 the relevant tests are met as an assessment of risk is provided, and provision is made to note and record archaeological deposits if found and retain those deemed significant and important.
- 9.9. The position of the applicant is that the approach set out in the Design Principles could mitigate any adverse impacts on heritage interests. There are

significant heritage benefits arising in relation to setting of heritage assets, however, the feedback from HET is that the submitted scheme does not comply with HE1 in all regards. These conclusions then need to be balanced within an overall assessment of all Island Plan policy objectives, which occurs in the final sections of this submission.

**10. THEME 4
AMENITY IMPACTS**

- 10.1. Policy GD1 of the Island Plan contains a number of tests which relate to the consideration of matters relevant to residential amenity. In particular GD1(3a) requires that development must not unreasonably harm the amenities of neighbouring uses, including living conditions for nearby residents, in particular the level of privacy and level of light to buildings that owners and occupiers might expect to enjoy. The specific wording is notable, in that the test of “unreasonable” harm suggests that some harm might be within the policy tolerance, and, that there is a moderating requirement to look at spatially-relative expectations of amenity with the policy having a baseline of amenities that “someone might expect to enjoy” which might be particularly relevant in, for example, a densely developed urban context such as that found around the application site.
- 10.2. The same issues are referenced in Policy GD3, where the Island Plan is clear that in order to deliver a more sustainable approach to the development of land, the “highest reasonable density should be achieved in all developments”. However, GD3 is also explicit in requiring that this must be delivered “without unreasonable impact on adjoining properties.”
- 10.3. The application site has a tight urban context and it is in a mixed use area. There are a range of commercial buildings, including the existing hospital site, offices and a public car park. However, there are also a range of residential

properties along Kensington Place, Gloucester Street and Newgate Street.

These are generally apartments, either in converted period townhouses (the northern side of Kensington Place, or in more-modern developments (such as on Newgate Street). The grain of the area is dense: some flats in converted buildings may date from a time before modern development standards were enforced, car parking is limited, private amenity space is not generous, streets (particularly Kensington Place) are narrow and relatively heavily trafficked, and there is often limited privacy with windows to living rooms directly fronting the pavement.

- 10.4. The application is accompanied by a technical assessment of the impacts on sunlight and daylight using the approach recommended in the BRE Technical Report 209. Whilst this is not adopted guidance in Jersey, it is accepted as a technically robust methodology. The submission identifies that the majority of sensitive receptors, including gardens, are unlikely to experience a noticeable detrimental change in the natural light available, and that a minority will experience some loss in amenity. It could therefore be reasonable that these neighbours would be within the tolerances allowed by the test in GD1. The BRE submission also identifies that some properties, particularly at 29 to 51 Kensington Place, will experience a noticeable and significant reduction in access to sunlight. The submissions set out that the Design Principles acknowledge this issue, and seek to (for example) provide set-backs which would provide mitigation (from the parameter) to any impacts on residential amenity (such as daylight).
- 10.5. The issue of privacy is difficult to deal with at an outline stage, but the applicant acknowledges that due to the issues of scale and proximity to neighbours there is a need to identify a possible issue, and they have used their Design Principles to set out a series of mitigating objectives to be developed in the subsequent reserved matters application. These include the need to minimise mutual overlooking by avoiding direct relationships (consideration of location

and orientation) plus the use of materials through, for example, the use of shading systems.

- 10.6. The third criteria of the GD1 policy tests introduces a range of amenity considerations which are unlikely to be problematic when the building is in its finished state, however, they are likely to be issues in the construction phase. The indications are that the demolition and construction phases will be over a number of years and given the site constraints they are unlikely to be entirely straightforward. The residents in Kensington Place are likely to encounter significant disruption and careful control will be needed over emissions, dust and noise. There are limited mechanisms to embed these controls in the planning process and the consultation response from Environmental Health has set out their desire to be involved in future discussions over proposed construction methodology / techniques to be used. A representative from the Environmental Health team will be available at the Inquiry to review these issues.
- 10.7. The other issue to be addressed is the general perception of over-bearing from the scale of the proposed buildings when considered by reference to their relationships with existing grain of the immediate urban form. This issue aligns closely with the daylight / sunlight review as the juxtaposition of buildings of a different scale can often cause concerns in relation to sunlight / daylight, but the particular considerations are more related to the perception of a mis-match of character causing physical dominance (perhaps as evidenced by the context of 10 and 12 Patriotic Place and their neighbours). As has been reviewed in the earlier sections on design and townscape, the 'for approval' combination of the parameter volumes, plus the Design Principles, establish a framework which duly aligns with the townscape and design objectives of the Island Plan, and no unreasonable overbearing relationships are identified.

10.8. The application documentation notes that any residual non-compliance with respect to amenity issues will need to be weighed into the planning balance of the overall scheme. This position is accepted.

11. THEME 5
TRANSPORT AND ACCESS

11.1. The means of access is a 'fixed' matter within the outline application and the Island Plan contains a series of policies related to the consideration of traffic and transport issues. The application has been accompanied by a Transport Assessment which has been reviewed by the relevant highway authorities. Included as Appendix J is a map extract showing the relevant responsibilities: for those roads in red, the States of Jersey are the Highway Authority, for those in blue it is the Parish of St Helier.

11.2. The consultation responses on highways matters, included as Appendix K therefore includes feedback from both the Parish of St Helier Roads Committee and the States of Jersey Transport Policy team. The Parish responses (dated 24 May and 16 August 18) should be read as a pair, with the more recent feedback making reference to their first comments and the amendments in the application as readvertised in late July. However, the response of States of Jersey Transport Policy feedback was made on 5 July 2018 and has not been updated to take account of the subsequent changes in the late July amendments from the applicant.

11.3. The applicant and the States of Jersey Transport Policy team are continuing to work closely together and further feedback is anticipated ahead of the Inquiry. It is envisaged that this will include clarification on previously-identified queries which have been relayed to the applicant (see paragraph 5.1 of this submission). Representatives from both the Parish of St Helier Roads Committee and the States of Jersey Transport Policy section will be at the

Inquiry.

- 11.4. At the highest level, the site is considered to be sustainable from a transport perspective, and gives good access to established travel infrastructure for cycling, walking and buses. Further, the project is re-establishing a hospital on the same site as the current hospital facility, and does not establish a new trip destination – similarly, the additional car parking in Patriotic Street is generally a re-provision of that lost on the current hospital site. This meets the objectives of the strategic policy framework within the Island Plan. A review of the remaining development control policies, including the performance of the scheme against their objectives, is given in the consultation response from States of Jersey Transport Policy.
- 11.5. The consultation feedback indicates that the ability of the hospital to reduce dependency on car travel will revolve around the effectiveness of the Transport Plan and this is emphasised as a matter which would need to be controlled by appropriate conditions.
- 11.6. The feedback from the Parish of St Helier focuses almost exclusively on the situation with Savile Street, and the patient transport drop-off layby proposed for Elizabeth Place. They maintain a position that by reconfiguring the Westaway site the need for the layby can be avoided.
- 11.7. Subject to the final feedback from States of Jersey Transport Policy team the final details of the highway arrangements are likely to be manageable through a framework of planning conditions.

12. THEME 6
DEMOLITION AND CONSTRUCTION IMPACTS

- 12.1. The Future Hospital project is a major proposal, and the demolition and construction work will inevitably impact on the local environment in terms of noise and vibration, air quality and traffic diversions. Management of these issues will need to be comprehensive and sensitive. Such issues are by no means unique, and with active engagement by the project team and contractor appropriate mitigation can be secured at the delivery stage. There is limited involvement for the planning regime in this phase of work with other environmental / health legislation being most relevant.
- 12.2. The EIS sets out (p14 of the NTS) that approximately 147,000 tonnes of waste would be generated from the demolition and construction activities. This would need to be supplemented by 7,500m² of basement excavation (confirmed by the July amended plans submission). The assessment identifies that there would be a significant effect on waste management in the Island due to insufficient capacity to recycle this quantity of demolition and excavation waste. However, this is considered by the EIS to be short term (over the construction phase from 2018 to 2026) and can be mitigated through engagement with waste management contractors so that they have time to plan for the increased quantities. This position has not yet been confirmed by the waste authority.
- 12.3. Other demolition and construction impacts are reviewed in the EIS and are likely to be manageable through a framework of planning conditions.

13. THEME 7

OTHER MATTERS – ENERGY, SUSTAINABILITY, SOCIO-ECONOMIC IMPACTS, FLOOD RISK

- 13.1. In relation to water resources, flood risk and drainage, the submission confirms the foul and surface water drains will be separated, which is consistent with Policy LWM2 of the Island Plan. A Flood Risk Assessment confirms the main hospital is within Flood Zone 3, and is a “more vulnerable” site. The Flood Risk

Assessment concludes that through design recommendation and mitigation (such as the positioning of the ambulance bays) the development is acceptable.

- 13.2. The application contains a BREEAM Pre-Assessment which is an objective approach to considering energy and sustainability. It is reasonable to align BREEAM with the requirements of Policy SP2, and the Pre-Assessment identifies that “Excellent” can be achieved for both parts of the application site, so helping to deliver more sustainable patterns of development.
- 13.3. Socio-Economic issues are reviewed in the EIS, which identifies that the loss of homes and businesses is a significant adverse effect resulting from the development. There is no protection under planning policies for the existing hotels and the same EIS identifies that there are significant beneficial effects resulting from construction jobs and training opportunities. Policy E1 seeks to protect employment land, which is the case with the delivery of a new hospital, resulting in a positive policy position.
- 13.4. Loss of housing is an Island Plan issue where Policy H11 seeks to protect housing units, but allows exceptions where the value of the replacement development outweighs the reduction in housing stock. In this instance the loss of 15 units is not material in the context of delivering a new hospital.

**14. THEME 8
CONDITIONS / PLANNING OBLIGATIONS**

- 14.1. Submissions on this theme will be made in a Statement of Common Ground, agreed with the applicant, to be lodged ahead of the Inquiry.

**15. THEME 9
ALTERNATIVE SITES**

- 15.1. Submissions on this theme will be made in a separate document, to be lodged in accordance with the timetable provided by the Programme Officer.

16. CONCLUSIONS

- 16.1. The outline form of the application requires that the project demonstrates broad acceptability with the planning policy framework, and provides the decision maker with enough information to make reasoned assumptions and assessments. It is considered that the content of the application, including the combination of for-approval parameters and Design Principles, provides the decision maker with the necessary clarity.
- 16.2. The need for a new hospital has been established by a long chronology of States Assembly decisions. This site was also endorsed by the States, and in relation to spatial planning objectives it accords with much of the strategic policy framework of the Island Plan. The town-centre location supports more sustainable patterns of development (particularly from a transport perspective) and represents a significant investment in the regeneration of the hospital estate and the future of St Helier. These are all positive factors and should be accorded weight in any decision.
- 16.3. As can be expected with any scheme of this scale and complexity, there are both positive and negative factors which emerge as detailed issues are considered. It is perhaps understandable that the proposals do not align with every aspect of every Island Plan policy consideration.
- 16.4. In balancing the planning issues, it is evident from the package of information accompanying the application that there are impacts on residential amenity in relation to loss of daylight to properties on Newgate Street and (particularly) Kensington Place. Further, there is a concern that even after the application of the Design Principles, there may be residual issues in relation to privacy /

overlooking to some neighbours. These concerns represent breaches of Policy GD1.

- 16.5. It is also identified by the Historic Environment consultation response, and noted by the applicant, that there is an element of non-compliance with Policy HE1 as the proposals do not preserve or enhance every aspect of the setting of some Listed Buildings.
- 16.6. The scale of the proposed buildings is clearly significant, particularly in relation to height, and the policy framework of GD5 and BE5 seeks to limit / moderate such buildings. However, alongside delivering buildings of scale, the proposal also removes other tall buildings which are poor architecturally and offer little to the wider townscape. This broader consideration of the proposal is therefore seen as a positive result in relation to overall benefits to the immediate locality and wider St Helier environment. The removal of the 1980's and 1960's buildings is beneficial to the setting of the Grade 1 listed 1860's Hospital, and this should be reviewed alongside the previously-identified concerns about impacts on setting from the size of Block B.
- 16.7. Alongside the adverse impacts in relation to residential amenity and the setting of historic assets, it is therefore evident that there are benefits of at-least a comparable magnitude in relation to enhancing some elements of the setting of heritage assets. There are also wider townscape improvements, urban design gains and regeneration benefits from this comprehensive development. The project represents a sustainable and spatially acceptable form of development, and it should not be forgotten that the community would also benefit considerably from the delivery of a hospital fit for the future.
- 16.8. As is set out in the Planning Statement from the applicant, this balancing exercise indicates that the proposals are acceptable in planning terms. On the basis of: clarifying the final matters identified in this submission; a framework of

appropriate planning conditions; and, robust mechanisms to ensure the final phase work is delivered (including the removal of the 1980's and 1960's buildings) this is an application of merit and worthy of support.

- 16.9. Whatever the conclusions of the Report to the Minister following the Inquiry, I hope that this submission will assist the Inspector in reaching a robust recommendation.

-END-

SCHEDULE OF APPENDICES

A. PROPOSITION P.82/2012

B. 2015-2018 STRATEGIC PLAN

C. PROPOSITION P.110/2016

D. 26 MARCH 2018 PRE-APPLICATION ADVICE

E. JERSEY ARCHITECTURE COMMISSION FEEDBACK

F. DESIGN GUIDANCE FOR ST HELIER SPG

G. CONSULTATION FEEDBACK: HISTORIC ENVIRONMENT TEAM

***H. HEROLD –V- MINISTER FOR PLANNING AND SEA VIEW
INVESTMENTS***

I. THERIN –V- MINISTER FOR PLANNING AND WARWICK

J. HIGHWAY AUTHORITY MAP

K. CONSULTATION FEEDBACK: HIGHWAY AUTHORITIES