

STATES OF JERSEY

PLANNING AND BUILDING (JERSEY) LAW 2002
(as amended)

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

PUBLIC INQUIRY

PROPOSED NEW GENERAL HOSPITAL, JERSEY

OUTLINE PLANNING APPLICATION REFERENCE PP/2017/0990:
Demolish Stafford Hotel, Revere Hotel, 36-40 and 44 Kensington Place, including Sutherland Court, and parts of General Hospital. Construct new hospital with associated landscaping, highways and infrastructure works, including the addition of 2 No. half-decks of parking to Patriotic Street car park. 3D Model Available. EIS Submitted. Fixed Matters: Scale and Mass, Siting and Means of Access. Materials and Landscaping related to the Grade 1 Listed Building only. Reserved Matters: External Appearance and Materials and Landscaping.

REPORT TO THE MINISTER FOR THE ENVIRONMENT

by

Mr Philip Staddon BSc, Dip, MBA, MRTPI

An Independent Inspector appointed under Article 3

2 January 2018

Executive Summary

In November 2017, I conducted a Public Inquiry into the Planning application submitted by Jersey Property Holdings to build a new general hospital in St Helier. The application relates to a large and tall hospital building proposal on a site formed by part of the existing general hospital site, along with some adjacent premises that would need to be acquired.

The priority of modernising Jersey's healthcare services has been established for many years. The need for significant investment and modernisation of hospital services is not in dispute. In recent years, political decisions have endorsed the principle of a project to construct a new general hospital and established the 'preferred' status of the current application site to accommodate the new hospital.

My assessment has focused on the Planning merits of the specific application proposal. It has not scrutinised wider matters such as the scheme cost, the decision making processes that led to the setting of the project brief, or the selection of the application site as the preferred location for the development.

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 whereby the 'Island Plan', produced through an open and participative process and thereafter adopted, takes primacy in decision-making. The current plan is *Revised 2011 Island Plan*.

There is a general presumption that development which is in accordance with the Island Plan will be permitted and that development that is inconsistent with the Plan will normally be refused, unless there is 'sufficient justification'¹ for overriding its provisions. That is to say, **there is some discretion for decision makers but any inconsistencies (with the Plan) have to be fully justified in Planning terms. I have assessed the application in this legal and policy context.**

Through the Inquiry process, I heard and considered evidence from the Applicant's team, officers from the Departments of the Environment and Infrastructure, and from a wide range of interested parties, which included members of the public, local businesses and elected representatives. These submissions have all assisted my comprehensive Planning assessment of the proposal.

I assess that, in broad spatial terms, the application proposal would be in a sustainable and accessible location. This accords with the Island Plan's spatial strategy (Policy SP 1), its sequential approach to site selection (Policy SP 3) and Policy SCO 2, which directs healthcare developments to the grounds of existing healthcare facilities and / or the built-up area.

Subject to more detailed measures, I assess that the proposal could also contribute to the objectives of Policy SP 2, in terms of the 'efficient use of resources', and to Policy SP 6, which seeks to reduce dependence on the car. The proposal's compliance with these high-level strategic policies attracts weight in its favour.

I am satisfied that, subject to specific junction and highways works, the completed development could operate without causing undue impacts on the

¹ Article 19 of Planning and Building (Jersey) Law 2002 (as amended).

highway network or highway safety concerns. Measures such as cycle parking provision and the implementation of a Travel Plan could promote and encourage sustainable travel and these could be secured by Planning conditions. Therefore, the proposal would accord with the respective Island Plan transport policies and this weighs in the proposal's favour.

However, I assess that the proposal raises some serious Planning objections that weigh against it. These fall into three broad areas.

First, in terms of its siting, scale and mass, the development would be grossly out of scale with its immediate surroundings and with the wider townscape. It would appear as an over dominant, obtrusive and alien structure that would harm the St Helier townscape and detract from visual amenities in many locations. Put simply, the application site area is far too small to accommodate successfully the amount of floorspace proposed. The parametric 'design' that results is fundamentally unacceptable in townscape and urban design terms. I consider that these are not matters that can be finessed away by clever design at the detailed Planning ('reserved matters') stage. As a result, the proposal conflicts with the Island Plan's strategic Policy SP 7 (Better by design), Policy GD 7 (Design quality), Policy BE 5 (Tall buildings), Policy GD 5 (Skyline, views and vistas) and with the *Design Guidance for St Helier* (2013), which is adopted as Supplementary Planning Guidance.

Second, the proposal would cause harm to the settings of numerous protected heritage assets. The harm to the immediate setting of the nineteenth century Grade 1 Listed hospital building ('the Granite Block') within the application site would be particularly severe, as it would be overwhelmed and overshadowed by a very large, tall and imposing modern building. The settings of nearby Listed Buildings on Kensington Place and Gloucester Street, including the Opera House, would also suffer serious harm. There would also be harm to the settings of Listed Buildings and Places in the wider locality. More distant heritage assets, including the Grade 1 Listed Elizabeth Castle, Fort Regent and South Hill Battery, Noirmont Point and Almorah Crescent, would also suffer some harm to the wider settings within which they are experienced. Each and all of these instances of harm conflicts with Policy HE 1 of the Island Plan and with the strategic 'high priority' given to the protection of the historic environment, established by Policy SP 4.

Third, the impact of the proposal on the amenities of existing neighbouring residential properties will be negative and, in many cases, serious harm would result. The impacts on the residential flats at Patriotic Street and Newgate Street would be particularly serious. The overbearing presence, overshadowing (at certain times of day), loss of light and likely overlooking effects arising from the proposed hospital building and the upward extension of Patriotic Street car park would, individually and collectively, cross the 'unreasonable' policy benchmark by a considerable margin. There would be similar negative and unreasonable effects on the flats and residential accommodation at Kensington Place and Gloucester Street.

There would be some other impacts. There would be negative socio-economic impacts arising from the displacement of a number of established businesses and homes. However, I consider that these losses can be mitigated, at least in part, and could be justified in policy terms, given the wider benefits that would arise from the new hospital.

I also consider that the proposal lacks any meaningful 'bigger picture' conception and contextualisation. Limited regard appears to have been paid to related issues and opportunities for wider regeneration in this part of the town, which arise with such a major publicly funded project.

Although the impacts of demolition and construction activity will be widespread, and, for some, severe, I do not consider these to be issues that should be pivotal to the Planning decision. Major urban development projects inevitably cause disruption, inconvenience and reduced amenity. However, the magnitude and protracted nature of these effects will be great, particularly for adjacent residents and businesses. The project implementation would require comprehensive and sensitive management to minimise impacts. This matter can be controlled by a Planning condition but residents and businesses will legitimately expect appropriate engagement, reassurances and on-going management to minimise negative impacts.

In terms of the overall Planning balance, I consider that the spatial and locational factors that weigh in the proposal's favour are heavily outweighed by the significant negative impacts that arise in terms of townscape, visual amenity, the settings of heritage assets, and the amenities of existing residential properties. These effects and impacts relate to fundamental matters that the Island Plan, and indeed the Law, seeks to protect in Jersey's public interest.

However, the law does allow the decision maker to depart from the provisions of the Island Plan if there is 'sufficient justification' for doing so. What constitutes a sufficient justification for overriding the Plan's provisions is not defined and requires judgement. There is clearly a significant public benefit in delivering a modern 'fit for purpose' hospital for Jersey's population. There is also a case made by some that providing a new hospital is long overdue and that delaying the project would have negative impacts.

The critical issue here is not the case for a new hospital facility, but whether the application proposal represents the one and only vehicle that could deliver it. This raises questions about two matters that are beyond the scope of the Inquiry. The first concerns site selection and the comparative merits of alternative sites. The second, concerns the 'brief', which is currently premised on a single-phase comprehensive new build project.

If the Minister were to be satisfied that no other site / project brief combination could meet the future hospital needs of Jersey, that could potentially provide 'sufficient justification' for departing from the Island Plan. However, doing so would, in my view, require a convincing justification on matters beyond the scope of this Inquiry. It would also require an acceptance of the serious Planning harm and conflicts with the Island Plan that I have identified.

Based on the evidence before me, I recommend that the Minister refuses to grant Planning Permission for the application proposal due to the serious negative impacts it would have on the St Helier townscape, the visual amenities of the area, numerous protected heritage assets, and the amenities of neighbouring residential properties.

INTRODUCTION

1. My name is Philip Staddon. I am an independent Planning Inspector appointed by Jersey's Minister for the Environment to conduct a Public Inquiry to assess the Planning application lodged under reference PP/2017/0990.
2. Jersey Property Holdings² submitted this application on 11 July 2017 and it seeks planning permission to build a new general hospital on a site in St Helier. The site comprises part of the existing hospital complex and some adjacent premises. The application is largely submitted in 'Outline', which seeks to establish whether the proposed development is broadly acceptable in Planning terms. However, some elements of detail, including external works around the original nineteenth century hospital building, are included.
3. The Minister for the Environment, Deputy S. Luce, decided to call this Public Inquiry on 17 July 2017³. 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 were to be carried out the development would be likely to have a significant effect on the interests of the whole or a substantial part of the population of Jersey.

The Future Hospital application has been presented as a key piece of public infrastructure for the Island, and the quality of the planning determination is best served by holding a public inquiry with an independent Planning Inspector. The Minister envisages the Inquiry will be an inclusive forum, to ensure an open discussion, with all parties able to present their opinions and have evidence tested, before the Inspector makes a recommendation to the Minister."
4. The application proposal represents one of the largest ever public infrastructure projects on the Island, with a scheme cost estimated at up to £466 million.
5. The evolution of the 'Jersey Future Hospital' (JFH) project has, understandably, been the focus of significant public and political interest. This has included debates and differing views about matters of site selection, the overall scheme cost and public finance implications. In setting the Terms of Reference⁴ for this Inquiry, the Minister has steered its focus away from a detailed consideration of these wider matters and towards a focused Planning assessment of the specific application proposal

² Jersey Property Holdings is an agent of the States of Jersey that sits within its Department for Infrastructure.

³ Ministerial Decision MD-PE-2017-0063

⁴ Deputy S. Luce's letter to Mr. P. Staddon dated 17 August 2017 [Inquiry Document INQ1]

(PP/2017/0990). Those terms also propose an open, transparent and 'inquisitorial' approach to the Inquiry.

6. I held the Inquiry over five days, opening on Monday 6th November and closing on Friday 10th November 2017. The Inquiry was held at the Radisson Blu hotel in St Helier and was assisted by display material, physical models and access via large screens to the Inquiry document library, which included a 3-D model and photomontage images of the proposals.
7. I heard evidence from the Applicant's team, officers from the Departments of the Environment and Infrastructure and a wide range of interested parties, which included members of the public, local businesses and elected representatives. In addition to those appearing in person, I considered a large body of written representations, all of which are listed in, and can be accessed through, the Inquiry's electronic document list.
8. I made numerous site inspections over a number of months, including a very helpful and detailed escorted tour of the hospital buildings on 10th October 2017.
9. I would like to record my thanks to all participants for their contributions at the Inquiry and to those that made written representations. These have assisted greatly my understanding and assessment of the main issues and enabled me to reach informed evidence based conclusions and recommendations.
10. In terms of the structure of this report, I begin by describing the existing hospital site, the application site and the application proposal. I then explore the legislative and planning policy frameworks, including an overview of the relevant Island Plan policies. I then summarise the cases made by the Applicant, the Department of the Environment's officers and the many Interested Parties who have contributed to this Inquiry. My report then identifies and examines the 'main issues', drawing on participants' detailed evidence where appropriate. I then explore some miscellaneous matters. My report then provides an overarching assessment and my recommendation to the Minister.
11. There are three appendices to this report. Appendix 1 is a full list of appearances at the Inquiry. Appendix 2 is the 'Core Documents' list. Appendix 3 is the 'Inquiry Documents' list.

THE EXISTING HOSPITAL SITE

12. The existing general hospital complex is situated opposite Parade Gardens, just to the north-west of St Helier's core retail area. It comprises a collection of buildings that front The Parade, Gloucester Street, Kensington Place and Newgate Street. The buildings are of different ages, scales and architectural designs and reflect the incremental expansion of the hospital over the decades.
13. The oldest building in the complex is the 1863 'original' hospital⁵, often referred to as 'the Granite Block'. It is a fine Grade 1 Listed Building, which faces Gloucester Street but is sited well back from it by a forecourt set behind a gatehouse. The building currently includes the following functions: radiology; emergency assessment unit; inpatient wards; endoscopy; anaesthesia and administration. The forecourt includes a temporary modular surgery block, along with emergency access for ambulances.
14. Immediately to the east of the Granite Block, and on the corner of Gloucester Street and The Parade, is 'the 1960's wing'. This is a 4-storey building housing the accident and emergency functions, with theatres above.
15. North of the 1960's block is the largest of the current buildings, which is an 8-storey building completed in 1987 - 'the 1980's block'. This houses in-patient and maternity wards, along with ancillary functions. This building is a large and prominent structure in the St Helier townscape and it is visible from many public vantage points.
16. Located behind the 1980's block (and to the rear of the Granite Block) is a two storey laboratory block which includes the pathology department. To the north of this, and with a frontage on to Kensington Place, is the hospital's 'engineering block'. This is 3 storeys in height. The tall hospital chimney stack, which is a notable visual landmark, is also located in this part of the site.
17. The south-western part of the current site comprises three further buildings.
18. The first is the Gwyneth Huelin Wing, which has a frontage to Newgate Street. It is a 4-storey block, built in 1978, housing outpatient clinics; antenatal clinics; physiotherapy; clinical investigations; day surgery; ear, nose and throat (ENT); audiology; ophthalmology; dermatology and renal dialysis.

⁵ The building is actually a replacement for an earlier eighteenth century hospital that was destroyed by fire in 1859.

19. The second is Peter Crill House, a 6-storey block, built in 1949, which faces (but is set back from) Gloucester Street and turns the corner into Newgate Street. It houses training, education and administrative functions, along with some staff accommodation.
20. The third is a 'Link Block', which connects Gwyneth Huelin Wing, Peter Crill House and the listed Granite Block, the connection to the latter being via a glazed link.
21. The surrounding area within which the hospital sits is distinctly urban and mixed in terms of its land use and character. In addition to the large institutional use and presence of the existing hospital, other uses include shops, cafes and businesses, parkland, public car parking and a good number of residential properties, some in relatively modern purpose built complexes and others in converted period properties.

THE APPLICATION SITE

22. The application site's boundaries are intricate and complicated and are not coterminous with the existing hospital curtilage⁶. The main part of the application site comprises the Granite Block, the Gwyneth Huelin Wing, Peter Crill House and a number of properties along Kensington Place, which lie beyond the existing hospital complex and would need to be acquired.
23. The properties 'to be acquired' comprise:
 - The Stafford Hotel - a four storey 72 bedroom hotel
 - The Revere Hotel - a 2 - 2.5 storey 56 bed hotel which includes two restaurants open to the public
 - 36 - 40 Kensington Place - comprising two cafes and a hairdressers with 14 flats (Sutherland Court) above
 - 44 Kensington Place - comprising a restaurant at ground floor with residential accommodation above
24. The application area also includes Patriotic Street multi-storey car park and areas of highway where proposed works are planned. These areas include two junctions on Gloucester Street (Patriotic Place and Newgate Street) and the junction of Kensington Street / Peirson Road / St. Aubin's Road.
25. The application site does not include the 1960's wing, the 1980's block, the engineering block, the existing chimney or the lab block. It also does not include Westaway Court, on the opposite side of Parade Gardens, which has some linked relevance to the application proposal.

⁶ The application area is shown on Drawing Number JFH-HSL-ES-XX-DR-A-1009B – Inquiry Core Document CD1.7

THE APPLICATION PROPOSAL

26. The application proposal seeks permission to demolish a series of buildings to create a building zone to accommodate a new hospital. The buildings proposed to be demolished are the hospital components in the south-west part of the existing site, comprising Peter Crill House and the Gwyneth Huelin Wing, along with the 'to be acquired' Kensington Place properties (see para 22 above).
27. The proposed demolition of these buildings would create a rectangular main building zone spanning from Gloucester Street to Kensington Place and bounded by Newgate Street on its south-western side. Within this zone, a new general hospital is proposed.
28. The proposal is submitted largely as an 'Outline' Planning application. This means that it seeks to establish that the new hospital development proposal is, in principle, broadly acceptable in Planning terms. There are certain 'fixed' matters for which approval is sought at this stage, with other matters 'reserved' for further approval (should Outline Planning Permission be granted).
29. The 'fixed' matters are:
 - Siting
 - Scale and mass
 - Means of access

The 'reserved' matters are:

- External appearance and materials
 - Landscaping
30. There is a localised exception to the above. This relates to the proposed public realm works around the Grade 1 Listed Granite Block. Full details of these are provided, and 'Full' planning permission is sought for this element of the proposal.
 31. In terms of the 'siting', the proposed main building would effectively fill the cleared 'plot' and would be 51 metres wide and 143.5 metres long, its length spanning the full distance from Gloucester Street to Kensington Place. In addition to the main block, the proposal would include a 'service block' sited fronting Kensington Place; this would measure 32 metres by 40.5 metres (the longer side facing Kensington Place). The proposal also includes the addition of two half-decks to Patriotic Street car park (to the west of the main block), the siting of which follows the existing car park boundaries (which measure some 32 metres by 88 metres). The service

block and extended car park would be linked, at upper levels, to the main proposed hospital block.

32. In terms of its 'scale and mass', the main block would rise up to a maximum building height of 43 metres with a further 4 metre 'flue zone', giving a total maximum height of 47 metres. The service block would be 22.7 metres high, rising to 26.9 metres in its 'plant zone'. The Patriotic Street car park would rise to up to 22.32 metres high. Various podium, inset, plinth and 'pop out' details within these maximum mass envelopes are discussed later in this report.
33. Although the internal layouts are purely illustrative at this stage, they indicate that the main building would accommodate plant, cycle parking and staff changing facilities at the basement level; emergency functions on the ground floor; outpatients, renal, oncology and haematology units on the first floor; critical care and theatres on the second floor; women's unit on the third floor; maternity, paediatric units and roof gardens on the fourth floor, with inpatient wards on the fifth, sixth and seventh floors. The upper eighth floor would be split, half being private in-patients, the other half housing plant. The 'service block' would include the mortuary (basement); plant, waste management and retail space (ground floor); pharmacy (first floor); pathology (second floor), with plant at the third floor level. Although there are no indicative proposed floor plans of the Granite Block, I understand that it would ultimately be used to house staff training and ancillary functions.
34. The proposal would upgrade and re-order most of the existing general hospital functions into one modern building complex. It would expand and modernise bed capacity from 148 adult beds to 192 beds.
35. In terms of 'means of access', there are a number of proposed accesses and routes and these are shown on a 'Vehicular Access and Movement' plan (Inquiry document CD1.12). The main entrance and drop-off point for cars, taxis and pedestrians to the new hospital will be via the remodelled Granite Block forecourt, accessed from Gloucester Street.
36. Emergency vehicle access (the 'blue light run') will be via Kensington Place, which will give direct access to the main ground floor emergency department. Emergency vehicles will also be able to gain access from Gloucester Street and along the (proposed to be) extended Newgate Street. Access and egress to the proposed extended Patriotic Street car park will be via the existing Kensington Place and Patriotic Street entrance and exit, whilst the egress onto Newgate Street will be removed.
37. The drop-off zone for community vehicles will be on Newgate Street, adjacent to a rear pedestrian entrance into the new hospital. An entrance into the proposed basement bicycle parking area will be accessed from

Newgate Street. The service block would be accessed from Kensington Place.

38. The application is supported by a large body of plans and documents. The submitted plans include a set of 'for approval' plans, along with a range of other illustrative drawings and images.
39. The documents include an Environmental Impact Statement (EIS) which contains the Applicant's assessments of the proposal's impacts on air quality; noise and vibration; traffic; geology, hydrogeology and contamination; water resources; heritage; waste; wind; socio-economics and townscape and visual impact. It also assesses the effects with recommended mitigation measures applied.
40. The documents also include a detailed Planning Statement, a Transport Assessment and a Design and Access Statement (DAS).
41. Just before the Inquiry opened, the Applicant introduced a 'Parameters and Rules' document which, it proposes, could define and guide future reserved matters submissions. This is discussed later in this report, along with some related issues which arise from the largely 'Outline' nature of this major application proposal.

THE LEGISLATIVE FRAMEWORK

42. 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.
43. 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, unless there is 'sufficient justification'⁷ 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.
44. The law also prescribes that, where the Minister is satisfied that a development proposal "...*would be likely to have a significant effect on the interests of the whole or a substantial part of the population of Jersey*"⁸ he (the Minister) shall not determine the application "*unless and until a public inquiry has been held concerning the application*"⁹. This is the case with this application, i.e. this Inquiry must be held before the application can be

⁷ Article 19 of Planning and Building (Jersey) Law 2002 (as amended).

⁸ Article 12 (1)(a)

⁹ Article 12(2)

determined. The Minister must also take into account representations made at the Inquiry in determining the application¹⁰.

45. Also relevant to this application is the Planning and Building (Environmental Impact) (Jersey) Order 2006. This identifies that a project of this type requires an 'environmental impact statement'.

THE ISLAND PLAN

46. The States adopted the Island Plan in June 2011. A review was subsequently undertaken which resulted in a revised Plan being approved and adopted in July 2014. The Island Plan is a detailed and comprehensive policy document, which combines a strategic policy framework with a detailed set of policies and comprehensive proposals maps.

Strategic Policies

47. In terms of the Plan's strategic planning policy framework, Policy SP 1 sets out the spatial strategy, which seeks to concentrate new development in the Island's defined Built-Up Area and, in particular, within the 'Town Extent' of St Helier. The application site lies within the Town Extent.
48. The SP 1 spatial strategy is supported by Policy SP 2, which seeks to ensure that development makes the best and most efficient use of resources (including land) and by Policy SP 3 which sets out a 'sequential approach' to new development, directing it to the most sustainable locations.
49. Policy SP 4 establishes a 'high priority' to the protection of the Island's natural and historic environment including "*...its archaeology, historic buildings, structures and places...*". Policy SP 5 supports economic growth and gives a high priority to supporting existing and new businesses. Policy SP 6 seeks to reduce dependence on the use of the car and the final strategic policy, SP 7, requires high quality design.

Relevant General Development (GD) Policies

50. Policy GD 1 sets out 'general development considerations' against which all planning applications are assessed. These include sustainability, protection of the historic environment, impact on neighbouring uses and occupiers, economic impact, transport and design quality. With regard to amenity impacts, the policy states that developments must:

"...not unreasonably harm the amenities of neighbouring uses, including the living conditions for nearby residents, in particular:

¹⁰ Article 12(3)

- a) *Not unreasonably affect the level of privacy to buildings and land that owners and occupiers might expect to enjoy;*
- b) *Not unreasonably affect the level of light to buildings and land that owners and occupiers might expect to enjoy;"*

- 51. Policy GD 3, in support of the spatial strategy, seeks to ensure that *"the highest reasonable density is achieved for all developments, commensurate with good design, adequate amenity space and parking...and without unreasonable impact on adjoining properties."*
- 52. Policy GD 4 sets out when Planning Obligation Agreements (POA) will be required, such as where the development necessitates additional infrastructure, amenities or financial contributions to mitigate its effects.
- 53. Policy GD 5 seeks to protect or enhance the skyline, strategic views, important vistas, and the setting of landmark and Listed buildings and places. It states that developments that have a 'seriously detrimental' impact will not be permitted.
- 54. Other GD policies that have some relevance cover contaminated land (GD 6), design quality (GD 7) and a 'percentage for art' (GD 8).

Historic environment policies

- 55. Policy HE 1 sets a presumption in favour of preserving heritage assets and their settings. The policy states 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"*.
- 56. Policy HE 5 sets out the policy approach to the preservation of archaeological resources.

Built environment policies

- 57. Policy BE 5 sets the policy approach for 'tall buildings' which are defined as being above 18 metres or rising more than 7 metres above their neighbours. The policy states that the exceptional height of such buildings will need to be fully justified in urban design terms and makes clear that development which exceeds the height of buildings in the immediate vicinity will not be approved.
- 58. Policy BE 10 seeks to control the appearance of roofscapes and avoid visible roof plant and equipment.

Economy policies

- 59. The Plan's economy chapter sets out policies that seek to protect and promote the Jersey economy. Policy E 1 presumes against the loss of employment land (as supported by SP 5). One of the exceptions to this

presumption is where the overall community benefit of a proposal outweighs the employment loss.

Housing policies

60. Policy H 11 resists the loss of existing housing. There is an exception where the value of a development to the Island outweighs the loss.

Social, community and open space policies

61. Policy SCO 2 supports new or additional primary healthcare premises provided that the proposal is within the grounds of an existing healthcare facility or within the built-up area or, in exceptional circumstances, in another location if there is no other suitable site.
62. The supporting narrative, at paragraph 7.31, states:

"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."

Transport policies

63. The Plan contains a suite of relevant transport related policies. These cover footpaths (TT 2), cycle routes and cycle parking (TT 3 and TT 4), road safety (TT 5) access to public transport (TT 7 and TT 8) and the use of Travel Plans (TT 9).
64. Policy TT 10 seeks to cap and limit additional off-street public parking in St Helier in the interests of reducing congestion.

Other Island Plan Policies

65. Policies covering water resources (NR 1), water capacity and conservation (NR 2), air quality (NR 3), renewable energy (NR 7), foul and surface water drainage (LWM 2 and LWM 3) are also relevant.
66. The waste management policies of the plan (notably WM 1) are also relevant.

SUPPLEMENTARY PLANNING GUIDANCE

67. In addition to the Island Plan, the law¹¹ allows the Minister to publish 'guidance' and this, where relevant, must be taken into account when considering planning applications.
68. 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.
69. Although a good number of the SPG documents have some relevance to the application proposal, there are some that I consider have particular relevance in this case. These are:
- Practice Note 21: The Jersey Architecture Commission (April 2014)
 - Practice Note 22: Outline Planning Applications and the submission of reserved matters (Revised January 2017)
 - Design Guidance for St Helier (January 2013)
 - Advice Note - Protection of Employment Land (June 2012)
 - Supplementary Planning Guidance Note 1: Archaeology and Planning (January 2008)

THE APPLICANT'S CASE

70. In addition to the submitted application documents, the case for Jersey Property Holdings was presented by its Counsel, Mr Christiaan Zwart, who called a team of witnesses to make the case for granting planning permission for the proposal.
71. The Applicant's case was structured under the following thematic headings:

The need for the Future Hospital

Witnesses - Mr Bernard Place – Project Director Health Brief (JPH/1 plus appendices 1 -27) who was supported by Ms. Helen O'Shea, Hospital Managing Director

Evolution of design and form of Future Hospital

Witness - Mr Kieren Morgan – Principal Architect (JPH 2a.1)

'Rochdale Envelope' Principles

Witness - Mr Richard Glover – JPH Planning Lead (JPH2b plus appendices 1 – 8)

¹¹ Article 6 of Planning and Building (Jersey) Law 2002 (as amended).

'Rochdale Envelope' Content

Witness - Mr Clive Lewis – Principal Architect (JPH/2c)

Environmental Impact Overview

Witness - Ms. Rowena Ekermawi – EIS Lead (JPH/3)

Heritage Impact Assessment

Evidence was given in writing by Dr Paul Driscoll – Heritage Advisor (JPH/4a) who was unable to attend the Inquiry and, in person, by Mr William Holborow (JPH/9)

Townscape and Visual Impact Assessment (TVIA)

Witness - Mr Ben Oakman – TVIA Lead (JPH/4b)

Transport Assessment

Witness - Mr Alexander Welch – Lead Transport Planner (JPH/5)

Impact of Construction Works – Socio-economic

Witness - Mr David Brown – Lead Engineering Coordinator (JPH/6a)

Impact of Construction Works – Noise and Vibration

Witness - Mr David Hiller – Lead Noise and Vibration Engineer (JPH/6b and Appendix A)

Impact of Construction Works – Summary

Witness - Mr Mike Penny – Lead Technical Advisor (JPH/6c)

Compliance with Planning Regulation & Response to representations

Witness – Mrs Stephanie Steedman – Planning Advisor (JPH/7 plus Appendices 1 – 6 and JPH/8 plus Appendix 1)

72. In summary, the Applicant's case is that the Future Hospital proposal will provide the opportunity to crystallise the very best for Jersey in a high-quality, safe, sustainable and affordable way. Its case explains the genesis of the project through careful consideration by the States of Jersey, deriving from a long held vision for an integrated healthcare system and a programme of change to meet capacity and changing healthcare requirements. It considers that the need for the new hospital is undisputed and compelling.
73. It says that there has been extensive consultation and that there has been extensive consideration of alternative sites, but it is only 'the preferred site' that has stayed the course. The Applicant explains the Outline

application approach and that the primary consideration under the law is that permission should be granted for development that accords “with the Island Plan” (unless there is sufficient justification for granting planning permission that is inconsistent with the Plan). The Applicant contends that this assessment requires an overall balance of different policies to be drawn.

74. The Applicant asserts that the Minister’s test for this first ‘Outline’ stage is whether the proposals are ‘broadly acceptable’. They do not need to be wholly acceptable, as the Minister’s second stage (considering ‘reserved matters’) provides for appropriate refinement.
75. The Applicant contends that the policy tests of the Island Plan have been addressed and are complied with in most, if not all regards, except for some acknowledged exceptions. These exceptions include the additional 3.6m height proposed to the ward towers; the degree of balancing of positive and negative effects upon heritage assets to conclude the overall effect on each such asset; and, a judgement about the degree of reasonableness of overbearing impact upon the amenities of neighbours in Patriotic Street, Kensington Place and Newgate Street.
76. Overall, the Applicant considers that these impacts are not unreasonable and that planning permission should be granted. It further contends that, in the event that exceptional justification is necessary to approve the application, this is provided by the real public interest need for new healthcare facilities to serve the Island’s population.

THE DEPARTMENT OF THE ENVIRONMENT OFFICER’S CASE

77. The Department’s case was presented by the following witnesses:

Planning matters

Mr John Nicholson - Principal Planning Officer (DOE/1 plus Appendices A – I)

Transport matters

Mr Robert Hayward - Senior Transport Planner (DOE/3)

Note – Mr Hayward is based in the Department for Infrastructure. His evidence is submitted in his ‘consultee’ role.

Environmental matters

Mr Robert Bowditch - Environmental Health Officer – CEHO (DOE/4)

Note – Mr Bowditch appeared in his ‘consultee’ role.

Heritage matters

Ms. Tracey Ingle - Principal Planning Officer, Historic Environment (DOE/2 plus appendices A – F)

Ambulance Service matters

In addition to the Department officers' evidence, Mr Peter Garvey, from the Jersey Ambulance Service, attended the Inquiry and gave evidence at my request. This related to gaining an understanding of emergency access issues.

78. In summary, the Department's officers consider that the proposal's broad location is appropriate in spatial planning terms and reflects the States' preferred focus of its resources. The development is also considered acceptable in transport terms. Officers consider that environmental matters, during construction and beyond, can be managed.
79. However, the Department's planning and heritage officers consider that the proposed building design is simply far too large and this conflicts with the Island Plan in terms of its design, townscape and tall building implications. They also consider that it will cause harm to the settings of Listed buildings and places and that it will cause unreasonable impacts on residential amenities of nearby properties.

REPRESENTATIONS BY OTHER PARTIES

80. A total of 74 interested parties made representations. Some of these made multiple submissions.
81. The following 21 interested parties attended and gave evidence at the Inquiry: Chris McCarthy; Michel Morel; Deputy Macon; Senator Sarah Ferguson; Brian Bullock; Andy Howell; Nigel Jones, Jersey in Transition; Mike Dun; Paul Battrick, Pitcher & Le Quesne Funeral Directors; Mr Panelli, Aston Services Limited; David Elliot; Jane Blakeley; Deborah Davey; Nicholas Blampied; G B Amy; Connétable Christopher Taylor; Roland Huelin; Andrew Le Quesne; John Young; Deputy Le Fondré and Mr Le Brocq.
82. The representations cover a very wide range of issues. However, only one individual wrote in support of the proposal, the remainder expressing comments, objections and concerns.
83. I have set out below, in no particular order or ranking, some of the main grounds stated by interested parties:

- The building would be overbearing
- The building is too tall
- There are better alternative sites – those stated included the Waterfront, St Saviours, Haute de la Garenne, Fort Regent, Warwick Farm, Overdale, People’s Park
- The cost is excessive - other places build hospitals at much lower cost
- Construction will cause huge disruption and health disbenefits to hospital staff and patients
- Impact on residential amenities
- Loss of homes
- Loss of jobs
- Disruption to businesses and residents over a protracted period
- Lack of consultation with the local community
- Politicians were not shown the proposed scheme when they debated the preferred site
- Staff have not been properly engaged and are scared to speak out
- Loss of hotels and negative effect on the tourism sector
- Negative impact on heritage
- Flood risk
- A Health Impact Assessment should have been carried out
- New build on a clear site would be simpler, easier and less costly
- Traffic concerns
- Impact on townscape
- The proposal does not comply with the Island Plan
- The whole project is ill-conceived and a bodge job

APPLICATION CONSULTATION RESPONSES

84. The following bodies made consultation responses on the application: Department for Infrastructure, Operational Services – Drainage; Environmental Health; Historic Environment Team; Natural Environment Team; Jersey Fire & Rescue; Parish of St Helier Roads Committee; Economic Development, Tourism, Sport and Culture; Environmental Protection; Solid Waste and Recycling.
85. I have considered these responses in my assessment of the application.

THE MAIN ISSUES AND ASSESSMENT

86. I have identified the following 'main issues' which I will examine in turn:
- i. The need for the new hospital
 - ii. The emergence of the application proposal
 - iii. The 'Outline' approach, the 'Rochdale Envelope' and the 'Rules and Parameters'
 - iv. Island Plan Spatial strategy, the broad planning principle and Policy SCO 2
 - v. Transport
 - vi. Tall buildings policy
 - vii. Townscape and visual amenity
 - viii. Design
 - ix. Heritage
 - x. Residential amenity
 - xi. Socio-economic impacts
 - xii. Demolition and construction impact

Main Issue (i) The need for the new hospital

87. The need for a new hospital, in one form or another, was not a matter of any dispute between the principal parties. However, it is useful to record some of the underlying reasoning and issues, as these assist in explaining the current application proposal.
88. Some of Mr Place's evidence (JPH/1) is very helpful here. It explains the demand and capacity characteristics of the Island based general hospital, including an unavoidable reliance on 'off-island' services for certain specialist treatments. He explains 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 demands on the hospital service.
89. He explains that, in 2012, the States Assembly approved '*Health and Social Services: A New Way forward*' (P.82/2012), which established a process of health and social care transformation. This was founded on the principles that future services should be 'safe', 'sustainable' and 'affordable'. His evidence explains how a 'new' hospital was identified as one part of the transformation programme. It is worth noting here that the concept of a 'new' hospital was relatively embryonic at this time. In P.82/2012, 'new' appears in that form (in single inverted commas) and reference is made to

future feasibility studies and to it being "*either on a new site or a rebuilt and refurbished hospital on the current site.*"¹²

90. Mr Place and Ms O'Shea's evidence explains the difficulties arising from the existing general hospital estate. It has evolved in a piecemeal manner over the decades and they explain that there are serious levels of dilapidation and that building structures and engineering services are now well beyond their useful economic life. Ms O'Shea explains that there are regular issues with water supply, sewage and lift access. She also outlined how asbestos in older parts of the building creates issues whenever building work is required.
91. In the light of these issues, the hospital had been subject to the industry standard 'Six Facet Survey' and this was completed in 2015. This measures 'physical condition', 'statutory compliance', 'space utilisation', 'functional suitability', 'quality' and 'environmental management'. There is a useful 'traffic light' summary in the report (JPH/1.3) which shows that, of 49 scores, only 2 are 'green', 9 are 'red' and the remaining 38 are 'amber'.
92. These results suggest that much of the hospital's fabric and engineering services would now require major capital investments. It also indicates that parts of the hospital exhibit poor functional suitability and below that which would be deemed acceptable by UK NHS standards. It further indicates that certain operational spaces do not meet current standards and some building areas are of poor quality, in terms of their effectiveness for modern healthcare provision.
93. Mr Place and Ms O'Shea accepted that some of these building issues arose from limitations on maintenance in past years and decades. However, they advised that, even with a 'no expense spared' maintenance regime, there would still be broader concerns. These included poor configuration and the very low (15%) proportion of general ward beds being in single rooms (the UK NHS minimum is 50%). This compromises infection prevention and control and the privacy and dignity of patients. Addressing this within the existing buildings could only be achieved by a greatly reduced bed capacity (at a time when capacity is coming under strain).
94. Whilst I recognise and respect these views, I think it is worth noting that the largest and newest hospital building (the 1980's block) is just 30 years old. From a sustainability perspective, its seemingly condemned status, after a relatively brief operational life, is perhaps a salutary lesson in the need to design flexible and adaptable modern buildings.
95. I conclude here that the need for a 'new' hospital, in some form, is well evidenced and undisputed. Indeed, Mr Nicholson, in evidence for the

¹² 'Health and Social Services: A New Way forward' (P.82/2012) – Conclusions - page 84

Department for the Environment, agreed that there was a 'pressing need'. That 'need' was not a matter of any notable challenge from the interested parties. I turn now to the more detailed emergence of the application proposal.

Main Issue (ii) The emergence of the application proposal

96. In the period between the 2012 proposition and the submission of the current application, there was clearly a complex process of feasibility testing, site selection and political decision-making. This process did include input and, more latterly, 'pre-application' advice from the Department of the Environment's Planning officers.
97. The key decision point appears to have been reached in 2016, when the States Assembly, through Proposition P.110/2016, approved 'in principle' the selection of the current application site as the preferred site for the new hospital.
98. The evidence of Mr Place (JPH/1) and Mr Nicholson (DOE/1) shed some light on the background events and decisions that ultimately led to the submission of the current application.
99. The process and merits of site selection lie outside the scope of this Inquiry. It is clear that a wide range of sites were tested but I have not reviewed any of the other sites, nor have I reviewed the assessment criteria and decision making processes that were applied in rejecting some, shortlisting others, and ultimately selecting the preferred site. It is apparent that the debate about the 'right' site continues in some quarters, as is quite evident by the number of submissions to this Inquiry promoting other site options in preference to the application site.
100. Whilst I have noted all of these matters, they are of limited relevance to the Planning assessment that I am required to undertake. Indeed, notwithstanding the fact that the applicant is an arm of the States Government, the processes and decision making of an Applicant in preparing its application are quite distinct from the Planning assessment of the application itself. Put simply, my role is to assess the Planning merits of the application as submitted. It is not to undertake a retrospective review of the decision making of the project team, or the States Assembly, that led to the submission of the application.
101. However, there are two decisions from this era that do have some factual and contextual relevance, as they resonated throughout the Inquiry itself. The first is the 'brief' for the project and the second is the States Assembly's decision that formally selected the current site as the 'preferred' one to meet that brief.

102. In terms of the 'brief', Mr. Place's evidence (JPH/1 – chapter 3) explains how the Project Board selected 'Option F' (the application site). It then explains the Project Board's adoption of the following 10 revised conditions (effectively the project 'brief'):
1. *The safe operation of the hospital will be maintained throughout;*
 2. *The hospital will be located on the Jersey General Hospital site;*
 3. *Additional properties on Kensington Place will be acquired;*
 4. *The hospital will be operational in 7-8 years;*
 5. *The hospital will be delivered at a comparable cost to new build site options - a sum of £466 million was established as the ceiling for the capital cost for the project budget plan;*
 6. *Some flexibility in Planning Policy will be tested;*
 7. *Some operational compromise will be accepted to support the spatial constraints;*
 8. *A high quality new build hospital will be delivered;*
 9. *There will be support for release of adequate on-site area; and*
 10. *The hospital will be delivered in one main construction phase.*
103. Mr Place's evidence further explains¹³ that the actual floorspace need was for up to 50,000 square metres but the provision of some of this at Westaway Court (currently a health workers residential block on the far side of Parade Gardens) was included in the proposal.
104. On reaching this Project Board position, a report was then prepared to seek the States Assembly's endorsement. This was Proposition P.110/2016, the wording of which stated:
- "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."***
- The Proposition was approved by the Assembly on 1 December 2016.

¹³ JPH/1 paragraph 3.30

105. Through the Inquiry, there was some debate about whether P.110/2016 has Planning 'weight' in the determination of the current application and, if so, how much.
106. In my view, the relevance of P.110/2016 lies principally in that it reflects the end of a lengthy and complex process, which resulted in a political decision by the States Assembly on its locational preference for the new hospital project. The report does include some Planning related references and commentary. Indeed, it actually highlights Planning challenges to the development of a successful planning application. It also states that "*a large building would need to be constructed to achieve the circa 45,000 m2 of floor-space projected as being required for the Future Hospital.*"¹⁴
107. However, the States Assembly was not sitting as a 'Planning Committee', nor was it undertaking any form of appraisal of Planning issues. Indeed, the report is written, in my view, from an essentially 'Applicant' / Project Board perspective and it quite clear that a settled scheme did not exist at that time. It is also apparent that some politicians felt that they were given very limited information about the 'proposal' at this time. Indeed, Senator Sarah Ferguson, in evidence to the Inquiry, asserted that the current application proposal "*bears no relation to what we saw*" [in 2016].
108. I reach a number of conclusions here. First, the emergence of the current application has followed an understandably complex process of testing, exploration and decision making. Second, the Project Board's adoption of the preferred site and the 'brief' are important background decisions in understanding the application proposal. Third, P.110/2016 has background relevance, but it does not pre-determine any subsequently made Planning application.

Main Issue (iii) The 'Outline' application approach, the 'Rochdale Envelope' and the 'Rules and Parameters'

109. Throughout the Inquiry, the form of the application in 'Outline' became a recurring focus of debate and discussion. Some participants considered that there was a degree of confusion about what was actually being applied for; that there was uncertainty over the status of 'for information' plans and images and a concern that 'design' and impacts could not be fully assessed. Some of these concerns were amplified by the Applicant's introduction of a 'Rules and Parameters' document just before the Inquiry opened as some, including the Department's Mr. Nicholson, considered this should have been subject to open public consultation. There are a number of issues to explore here.

¹⁴ P.110/2016 – excerpt from paragraph 3.4

The law

110. The law¹⁵ allows for planning applications to be made, and for planning permission to be granted, in 'Outline'. The law further allows¹⁶ the imposition of planning conditions that may relate to *"the dimensions, design, structure or external appearance of a building on the land, or the materials to be used in its construction."* The application is submitted in accordance with these legal provisions and it is validly made.

Supplementary Planning Guidance

111. Supplementary Planning Guidance Practice Note 22 (Revised January 2017) provides useful practical advice on what an 'Outline' application is, when it is appropriate, and what elements can be 'reserved' for later consideration. I have set out some selected relevant quotes from the Note below:

"An outline planning application essentially splits the planning process into two parts. Whilst this will ultimately take longer than a single, detailed planning application, it can be useful when the principle of a proposed development is uncertain. Outline applications can be used to establish whether a scheme is broadly acceptable before a fully detailed proposal is prepared and more substantial costs are incurred."

"Applications for outline planning permission are generally only appropriate for major proposals, involving one or more dwellings or the creation of large quantities of commercial floor space."

"The planning application form offers a number of options from which you can select. These are:

- *Scale and massing*
- *Siting*
- *Means of access*
- *External appearance and materials*
- *Landscaping.*

It is usual to select 'Scale and Massing' and 'Siting' as a bare minimum. This is because it is difficult to assess the impact of a new building if no information is provided about its size and position."

112. The submitted application complies with the SPG. In seeking approval of "scale and massing", "siting" and "means of access" and the detailed public realm works (around the Granite Block) the application exceeds the 'bare minimum'.

¹⁵ Article 19 – Planning and Building (Jersey) Law 2002 (as amended)

¹⁶ Article 23(3)(a) – Planning and Building (Jersey) Law 2002 (as amended)

The 'Rochdale Envelope'

113. The 'Rochdale Envelope' is an approach to major Outline planning applications falling under Environmental Impact Assessment (EIA) provisions. The approach is named after two UK court cases¹⁷ that concerned Outline planning applications for a proposed business park development in Rochdale.
114. In essence, the cases established that an Outline planning application with all matters reserved could not satisfy the requirements of the EIA Directive and Regulations, as the development was too imprecise to be meaningfully assessed. However, with a sufficient set of parameters, the EIA requirements could be satisfied. The approach allows a project to be broadly defined, within a number of agreed parameters, to enable its assessment whilst also allowing a certain level of flexibility while a project is in the early stages of development and is likely to be subject to further iteration and change.
115. What comprises a sufficient set of parameters will vary between schemes. The Rochdale Envelope approach has now become mature in UK Planning practice. It is covered at length in the evidence of Mr Glover (JPH/2b) and he references the Infrastructure Planning Commission Advice Note 9 (JPH/2b.7). He submits that the approach has been used previously in Jersey, in respect of the 2007 application for the energy from waste facility at La Collette¹⁸ 2 Reclamation Area. Mr Glover's evidence also includes a case study of a power station in the Pembrokeshire Coastal National Park, where evaluation and consideration of effects on natural beauty and visual impact were key issues.
116. The Applicant has followed the Rochdale Envelope principles in its application proposal. I consider that the parameters defined in the application are sufficient to enable the impacts of the development to be assessed under the requirements of the Planning and Building (Environmental Impact) (Jersey) Order 2006.

The Applicant's Rules and Parameters document

117. The Applicant submitted a 'Rules and Parameters' document just before the Inquiry opened and has refined and re-issued it following the close of the Inquiry¹⁹. This seeks to support the Rochdale Principle approach to the application.

¹⁷ R. v Rochdale MBC ex parte Milne (No. 1) and R. v Rochdale MBC ex parte Tew [1999] and R. v Rochdale MBC ex parte Milne (No. 2) [2000]

¹⁸ Application reference PP/2007/0050

¹⁹ The final 'Parameters and Rules' document is dated 21 November 2017 and is Inquiry Document ID2

118. The 'envelope volume parameters' are presented in a table and give a detailed set of minimum and maximum dimensions in terms of the length, width and height of building elements ('volumes'). The parameters confirm aspects of the 'for approval' drawings and give a degree of precision to the siting and maximum scale and massing of the building being applied for. They confirm the overall volume of the lower floors as being up to 143.5 metres long by 41 metres wide and rising up to the maximum 22.7 metres high podium level. They further define the transition above the podium (22.7 metre) height level, to lesser volumes above, created through insets and setbacks from Gloucester Street, Kensington Place and Newgate Street.
119. The table includes a column listing applicable design 'rules' for each respective building 'volume'. Most of these are short statements. For example, Rule 1 states that the base of the podium *'will express a strong horizontal emphasis'* and Rule 9 that the 'Newgate Street Inset' will be *'mainly glazed'*. Others are a little longer, such as Rule 13 which states that the facades of the Ward Towers *'will express the rhythm of their wards rooms with full height panels creating depth, articulation, shadowing and texture from the use of deep facade elements such as fins and deep window reveals.'*
120. Whilst I understand the Applicant's intent, the 'rules' appear to step beyond the scope of the Outline application into matters that are 'reserved'. Furthermore, many of the rules are quite subjective and open to interpretation, whereas others seem to prescribe design treatments that may be better assessed and determined as part of an holistic design process i.e. at the 'reserved matters' stage. I consider that the 'rules' should be seen as a useful record of the Applicant's design intentions (for the future detailed design) but they should not be seen as prescriptive.

Summary findings - the 'Outline' approach, the 'Rochdale Envelope' and the 'Rules and Parameters'

121. The law allows for planning applications to be made in Outline. The application has been made in line with the law and it follows the advice set out in the SPG. The application adopts a 'Rochdale Envelope' approach which is well grounded and appropriate for large public infrastructure projects. The parameters of the development defined in the application allow it to be assessed under the EIA regime. The Applicant's suggested 'rules' are useful in conveying future design intentions, but they are open to interpretation and should not, in any event, prejudice detailed design evolution, should Outline permission be granted.
122. It is important to make clear that, whilst compliant with the law, the SPG, EIA requirements and established Planning practice, an Outline application of this type does bring limitations and these do create some issues for the

decision maker. For example, various policies require 'design' to be assessed, but only elements of 'design' (siting, size, height and dimensions of the building volumes) form the fixed matters and the ultimate external appearance remains 'reserved' and hence fluid. Other policies require assessments of likely amenity impacts, including overlooking effects, but the application proposal does not give details on window positions and heights. These matters are simply a product of the Outline application vehicle and, in practice, the decision maker has to make some reasoned assumptions and assessments.

Main Issue (iv) Island Plan spatial strategy, the broad planning principle and Policy SCO 2

123. In broad spatial terms, the application proposal would be in a sustainable location. It is within the Island Plan's defined built-up area and adjacent to the town centre. It would continue the delivery of hospital based services in this established, relatively central, and highly accessible location. This accords with the spatial strategy (Policy SP 1) and the sequential approach to site selection (Policy SP 3) set out in the Island Plan.
124. Subject to more detailed measures, the proposal could also contribute to the objectives of Policy SP 2, in terms of the 'efficient use of resources', and to Policy SP 6, which seeks to reduce dependence on the car. These measures, which could be secured by Planning conditions, could include waste minimisation plans, energy efficiency programmes and a travel plan.
125. In terms of its location, the proposal would also comply with Policy SCO 2, which guides new healthcare facilities to the grounds of existing facilities and / or the built-up area.
126. The proposal's compliance with, and potential contribution to, these high-level strategic policies and their objectives, attracts Planning weight in its favour.

Main Issue (v) Transport

127. The application is supported by a detailed Transport Assessment (CD1.4) and appendices (CD1.4a – CD1.4z). This is further supported by the evidence of Mr Welch (JPH/5) for the Applicant and Mr. Hayward (DOE/3) for the Department for Infrastructure.
128. Although this evidence is significant in volume, the transport implications of the operational development were largely matters of common ground. It was clear to me that the Applicant had worked closely with the relevant officers of the Department and agreed a series of Technical Notes that provided a solid foundation for the Transport Assessment. As a consequence, I will confine my coverage here to a brief summary of the key conclusions:

- The location of the site is sustainable and gives good access to sustainable transport modes, notably walking, cycling and buses.
- As the new hospital would, in effect, re-provide the existing functions in much the same location, changes in predicted trip generation are limited. Indeed, the modelled increases in trips are largely a consequence of an ageing and growing population, i.e. they would occur anyway, irrespective of the development.
- The growth in trips would increase impacts on certain junctions. Junction mitigation schemes are proposed at a number of locations, including the signalisation of the Newgate Street / Gloucester Street junction and works to the St Aubin's Road / Pierson Road / Kensington Street junction.
- In terms of Parking strategy, the provision of additional parking spaces at Patriotic Street car park are not considered to breach Policy TT 10 (which seeks to constrain new off-street parking provision) because, overall, there would be a small net loss of parking spaces (at least 13).
- A Framework Travel Plan has been produced and developing and implementing this will assist in promoting and embedding sustainable transport patterns and behaviours. However, it was agreed that it was important to ensure that any Travel Plan had 'teeth' and established clear modal shift targets.
- Planning conditions can deal with the requirements for junction works and the Travel Plan.

129. I deal with demolition / construction phase transport effects later.

130. A point of note here is that, through the Inquiry, the Applicant made a suggestion that the extra parking decks at Patriotic Street could be dispensed with, if it was felt that these would impact unduly on adjacent residential properties. However, to my mind, that would require the transport implications to be reassessed and I have not considered it further.

Main Issue (vi) Tall Buildings policy

131. It almost goes without saying that a new general hospital serving the Island's population of over 100,000 will always necessitate a large building (or buildings). Indeed, more widely in towns and cities in the UK and Europe, general hospitals are often some of the largest, if not the largest, building complexes that appear in built-up areas. 'Large' can manifest itself both horizontally and vertically.

132. The application proposal is for a large and very tall building, rising up to 43 metres in height (and 47 metres to the top of the flues). By comparison, the 1980's block has a floorspace²⁰ equivalent to about a quarter of the current proposal and its main bulk rises to about 33 metres, with an additional 6 metres of set-back roof accommodation, giving an overall height of 39.2 metres. A further useful height reference point is that the existing hospital chimney, which will be a familiar landmark to many, rises to 46.65 metres.
133. Policy BE 5 (Tall buildings) is an important component of the Island Plan. Its genesis is explained in the supporting narrative of the Plan²¹. It recognises that many of the town's existing tall buildings are unlovely structures, lacking in architectural quality. However, given the urban focus of the Plan and the need to concentrate development in the town, it explains that it would be wrong to prohibit tall buildings.
134. The narrative records that the town's predominant height context is between 'two to five storeys' and that most of the town's historic buildings are generally small in scale and typically 2.5 – 3.5 storeys. It also references the more recent increase in building heights at the Waterfront and Esplanade of 5 – 7 storeys. It explains the critical importance of skyline impacts, respecting the scale of the historic streetscape and the need for tall buildings to be of the 'highest design quality'.
135. Turning to the substantive Policy itself, it begins by defining tall buildings as being above 18 metres in height, or rising more than 7 metres above their neighbours. It states that tall buildings will only be permitted where their height can be "*fully justified...in urban design terms*". The policy states "*Development which exceeds the height of buildings in the immediate vicinity will not be approved*". The policy then expands to set out the criteria against which tall building proposals will be assessed and these are:
1. appropriateness to location and context;
 2. visual impact;
 3. impact on views;
 4. design quality; and
 5. contribution to the character of St Helier.

²⁰ The floorspace of the 1980's block is stated to be 11,472 square metres in the Six Facet Building Survey 2015.

²¹ States of Jersey Revised 2011 Island Plan – paragraphs 4.104 – 4.109

136. The application proposal is, without doubt, a 'tall building' as defined in the policy. Indeed, it is a very tall building and would be substantially higher than other 'tall buildings' constructed in the current Island Plan era. A useful comparator here is the office development under construction at the Esplanade, which are about 25.5 metres tall (Buildings 4 and 5). The proposed hospital would be some 17.5 metres higher i.e. almost another 'tall building' on top (defined as 18 metres high in the policy).
137. The Applicant takes the 39.2 metre high 1980's block as its height reference point for the 'immediate vicinity' and seeks to argue that the additional height is less than 10% and, in Mrs Steedman's words "*not a material exceedance.*"²²
138. In my assessment, the proposal clearly breaches the Policy BE 5 requirement that new tall buildings should not exceed the height of their neighbours. There are a number of reasons for reaching this view.
139. First, the 1980's block is not the appropriate height reference point, as it is not in the *immediate vicinity* (the term used in Policy BE5). Indeed, it is over 50 metres distant from the proposed main hospital building.
140. Second, even if the 1980s' block were to be seen as an appropriate height reference point, the proposal notably exceeds its height. The policy does not allow for any additional margin, as suggested by Mrs Steedman.
141. Third, the correct 'immediate vicinity' of the main development site is that formed by the (to be retained) Granite Block; the relatively domestic scale (2.5 – 3 storey) properties on the south side of Gloucester Street; the 3 - 6 storey development on the south-west side of Newgate Street and at Patriotic Street; Patriotic Street car park and the 2 – 4 storey buildings on Kensington Place. These existing building heights are shown in a mapped format in the Design and Access Statement (page 16 of CD1.3/B) which also helpfully shows the height 'tone' across the wider town area. It also contains a perspective image of the building heights across this part of the town (page 17 of CD1.3/B). This 'immediate vicinity' is considerably lower in scale than the proposal.
142. Fourth, even the proposed lower plinth level elements (22.7 metres high) of the proposal would be notably taller than the neighbouring buildings. The main ward towers would be substantially taller still and, typically, more than twice the height of the tallest existing buildings and about four times the height of the lowest.
143. Accordingly, I consider that there is a fundamental breach of the technical height prerequisites of Policy BE 5, which does not allow for a building of this height in this location and context, i.e. it fails criterion 1 of BE 5. The

²² Inquiry document JPH/7.7 – page 5 final paragraph

other BE 5 criteria, and the broader urban design justification, overlap with other main issues and policies, which I consider below.

Main Issue (vii) Townscape and visual amenity

144. There is a close link between the Policy BE 5 (Tall buildings) considerations and Policy GD 5, which focuses on the townscape and visual impacts of development proposals on skylines, views and vistas. The supporting narrative²³ to GD 5 explains that new development can impact on skylines, views and vistas in two ways: first by *obscuring* views and vistas and, second, by detracting from the *townscape setting* or the setting of a *landmark building or structure or landscape feature*.
145. The substantive Policy states that development will not be permitted if it *'has a seriously detrimental impact'* (on skylines, views and vistas). In my view, this sets a relatively high threshold, as it clearly allows for some harm. However, what constitutes 'seriously detrimental' is clearly a matter of judgement.
146. The Applicant's principal evidence here is the Townscape and Visual Impact Assessment (TVIA), which can be found at Chapter 15 of the EIS (CD1.50) and the associated appendices, which include photomontages from a series of viewpoints. This is supported by the Inquiry evidence of Mr Oakman (who produced the TVIA).
147. Undertaking a TVIA is a process of evaluating the effect of a proposal upon the townscape and its visual impact. There is a distinction between wider 'townscape' impacts and the 'visual' effects, which are the human views / perceptions from specific locations. The following extract from the EIS²⁴ explains the assessment process:

The townscape baseline identifies townscape receptors within the study area including component characteristics of the receiving townscape as well as its overall character. The character of designated landscapes and townscape receptors is assessed as separate receptors.

The visual baseline identifies existing views to, across or from the application site, and identifies the visual receptors, such as nearby residents, users of Public Rights of Way (PRoWs), transport routes and publicly accessible heritage assets, whose visual amenity might be affected by the proposed JFH.

The baseline townscape and visual environment are surveyed and characterised, then potential receptors identified and assessed to determine their sensitivity to changes of the type proposed.

²³ States of Jersey Revised 2011 Island Plan – paragraph 1.20

²⁴ Core document CD1.50 paragraphs 15.3 – 15.8

Through understanding the proposed JFH in its context, the magnitude of change that would be experienced by each receptor is assessed.

Then using professional judgement, the sensitivity and magnitude of change for each receptor are combined to give a level of effect and a conclusion is drawn as to whether the effects are significant or not.

Finally, where possible landscape mitigation is designed to reduce adverse effects or enhance beneficial effects and the long term residual effects are assessed with mitigation in place.

148. At the Inquiry, Mr Oakman stated that the modelled impacts through the visualisations were 'worst case' scenarios in terms of modelling the maximum development parameters. Whilst a TVIA does provide a structured and industry recognised assessment approach, it does, in Mr Oakman's words at the Inquiry, still "*rely entirely on the assessor's subjective judgement.*"
149. The TVIA assesses both construction and operational phase impacts. My analysis here focuses on the operational (as built) impacts.

Townscape impacts

150. In terms of the permanent operational ('as built') impacts on the townscape, Mr Oakman assesses that "*overall, the operational development would give rise to equal levels of medium adverse and medium beneficial change to the character of this UCA*²⁵. *These effects would balance each other out resulting in an overall neutral effect on townscape.*"²⁶
151. In reaching this conclusion, Mr Oakman argues that adverse changes to the townscape arising from the scale and height of the building, would be mitigated by building setbacks and breaking the main block into two towers. He also claims that the scheme fits with the existing street pattern; that it will create a new coherence; introduce a 'contemporary built form' and deliver public realm improvements and pedestrian permeability.
152. He assesses that these positives balance out the negatives, leading to an overall neutral townscape impact. He further considers that, with the Applicant's design 'rules' applied (which emerged since the TVIA was undertaken), this would tip the balance to "*an overall negligible to slight beneficial effect on the townscape character of UCA 7 Parade and Esplanade.*"²⁷

²⁵ Urban Character Area – the site lies within 'The Parade and Esplanade' UCA

²⁶ Inquiry document JPH/4b paragraph 7.2.12

²⁷ Inquiry document JPH/4b paragraph 9.1.4

153. Whilst recognising that these matters are inherently subjective in nature, I do not share Mr Oakman's conclusions on townscape impacts. In my view, the townscape impacts will be serious and detrimental. The building would appear stark, overpowering and wholly out of scale with the townscape context and character. It would tower above the surrounding built form and present itself as one of the most massive, tall and prominent built features in the St Helier townscape. It would fundamentally change the townscape's appearance and character, when perceived from within UCA 7 (especially from Gloucester Street and Kensington Place) and from wider townscape receptors.
154. The magnitude of the impact on the townscape is clear in the various 'snapshot' photomontage images, which appear in the EIS. These, collectively, give an indication of the impacts on the townscape. The impacts when approaching the town from the west are particularly stark in VP 10 (A1 roundabout by Victoria Park) and in VP 11 (Westmount Road), both images conveying a massive skyline breaking building.
155. VP 6 (St John's Road) shows a similarly dramatic negative impact on the townscape when viewed from the north, again with the building breaking the skyline and noticeably changing the town's silhouette. Further to the north-east, I undertook inspections from Almorah Crescent, which gives an elevated panoramic view of the town. From here, the dominance and impact of the existing 1980's block on the townscape can be appreciated. The proposal would be much larger and bulkier, substantially breaking the horizon and appearing jarringly out of scale and context.
156. VP 13 (Sand Street) shows how the townscape would change when viewed from the south-east, with the silhouette of West Mount lost and replaced by the profile of the building. From the south and south-west, the bulk of the building will be partly muted by the intervening Esplanade buildings. However, even from the lowest viewing point of the beach (VP 9), the building will rise notably above those in the foreground and raise the silhouette of the town skywards.
157. In my assessment, the townscape impact is neither minor nor 'neutral'. The impact is serious and detrimental and would represent a direct conflict with Policy GD 5.

Visual impacts

158. In the built state, the TVIA assesses that there will be adverse effects on a range of visual receptors. There are quite a number of these and the TVIA classifies them on the basis of the severity of harm to visual amenity. They were then re-assessed by Mr Oakman in his Inquiry evidence, 'in the light of guaranteed Design Principles' i.e. the Applicant's 'parameters and rules' document.

159. The TVIA assesses 'substantial adverse' effects are predicted for residents along Kensington Place (VP 7). It assesses 'moderate to substantial adverse' on the visual amenity of people enjoying views to and from the Kensington Place Listed buildings (VP 7) and residents along Westmount Road (VP 11).
160. 'Moderate adverse' effects on visual amenity are assessed for a wide range of receptors. These include residents in Gloucester Street (VP 1 and 2); Savile Street (VP 3); Elizabeth Place, Elizabeth Lane, and Cheapside (VP 4); Old St John's Road, St John's Road, and Westmount Road (VP 5); St John's Road (VP 6); and 'high rise westerly-facing buildings' (VP 12). It also includes road users and recreational users of parks and attractions including Elizabeth Castle.
161. With the 'design rules' applied Mr Oakman assesses that the effects would be reduced. Out of the six categories where effects were 'moderate adverse' or greater, he assesses four would become 'neutral' and the other two reduced in their adversity.
162. In my view, I do consider that the initial (EIA) assessments of visual amenity impacts are well grounded. However, I do not consider that the Applicant has assessed all relevant receptors. A notable omission is the view of residents of the flats at Newgate Street, which will be subject to a particularly imposing visual impact (VP 8 gives a glimpse of this impact but the more direct impact has not been assessed). Similarly, some of the flats on Patriotic Street have their main aspects facing the proposed car park extension and these visual impacts have not been assessed.
163. With regard to the revised assessments, I struggle to agree with Mr Oakman that such notable changes in impacts can be achieved through the application of the 'rules'. Many of the visual impacts arise from the fundamentals of siting, mass and height. I do recognise that the refinement intentions set out by the Applicant's design 'rules' may temper the impact on visual amenity. However, the 'rules' are in many cases highly subjective and they are, in any event, some way removed from an evolved final design. In the circumstances, I remain unconvinced by the assessed neutralisation and / or the magnitude reduction of visual amenity impacts.

Summary - Policy GD 5 Assessment

164. I assess that the proposal is in conflict with Policy GD 5. Its impact on the townscape, strategic views, vistas and the settings of landmark and Listed buildings and places would be dramatic, serious and detrimental.
165. These findings also mean that I consider that the proposal does not satisfy Policy BE 5 criteria 2. ('visual impact') and criteria 3. ('impact on views').

Main Issue (viii) Design

Policies SP 7 and GD 7 (plus GD 1 and BE 5)

166. Strategic Policy SP7 sets out the 'Better by design' imperative that all new development must be of a high design quality *'that maintains and enhances the character and appearance of the area of Jersey in which it is located'*. It lists the components of development that will be scrutinised and the objectives that they will be assessed against. Policy GD 7 is similar in its construction and sets out a list of seven criteria which must be addressed and responded to. Policy GD 1 (6) reinforces these policies, as does BE 5, which requires any tall building proposals to be justified *'in urban design terms'*.
167. The assessment of 'design' is a wide ranging exercise. A full design assessment of the proposal is inevitably compromised, but not precluded, by the limitations of the Outline application format. Some of the components of design are 'reserved' and are not before the decision maker; this includes the elevational treatment, appearance, architectural details and materials. These components can, individually and together, have a powerful effect on the final design and its 'quality'.
168. However, some assistance is provided by the Applicant's illustrative material, although it is just illustrative and some of it appears to show a building which is notably smaller²⁸ than the dimensional parameters stated. There is also some assistance provided by the Applicant's suggested design 'rules' but, for reasons outlined earlier, I see these as quite subjective and best treated as design intentions.
169. Indeed, at the Inquiry the Applicant's witnesses suggested features such as angled windows (to avoid overlooking), screen walls (around the roof gardens) and possibly the need for 'fins' on the building to deal with wind effects (arising from the tall building). There is clearly a lot more design work to do, but that is not unusual on such a major project nor do I see it (as some did) as a failing of the Applicant team. It is simply an Outline application for a major project which has reached a relatively settled broad design, but a detailed finalised design will involve more work.
170. I share the view expressed consistently by Applicant's Counsel that the key test is whether the proposals are 'broadly acceptable'²⁹ in terms of design and other Planning aspects.
171. In terms of making that assessment, I have reviewed a significant body of evidence, largely from the Application submissions, notably the Design and

²⁸ For example, the illustrative elevations on pages 34 and 35 of the Design and Access Statement

²⁹ 'Broadly acceptable' is the terms used in Practice Note 22: Outline Planning Applications and the submission of reserved matters (Revised January 2017)

Access Statement and the Inquiry evidence of Messrs Morgan, Lewis and Oakman.

172. Mr Morgan's evidence (JPH/2a) is helpful in explaining the evolution and design of the new hospital proposal. He explains that once the footprint of the plot was set, "*... the next step was to extrude vertically the available footprint plan area to provide the required clinical and non-clinical support areas for the Future hospital in the vertical dimension until all functions were able to be accommodated.*" He goes on to explain that extruding vertically in an unrefined form would result in an 'unrelenting mass' that 'would present an unforgiving and imposing building externally'.
173. Mr Lewis' evidence (JPH /2c) explains how this then led to a process of articulation and refinement to create the proposal that forms the subject of the application. He submits that the establishment of a lower 'plinth' creates a building that fits with the scale and massing of the surrounding streets. He makes the case for the 'setbacks' (above the plinth) from Gloucester Street (6.6 – 7.8 metres), Kensington Place (17.5 metres) and Newgate Street (4.5 metres). He explains the 'articulation and volumetric separation' between the two ward tall blocks and further explains the approach to the setting and public realm enhancements around the Granite Block.
174. What is quite apparent is that the parametric 'design' is a direct product of a clinical brief for the new hospital (in terms of its floorspace, departments, functional relationships etc.) and the physical limits of the red lined application site. The 'design' process appears to have been a *clinical brief-led* approach, with a subservient follow on process of iterating and mitigating the crude blocks, to lessen the impact and seek ways of achieving some degree of integration with the existing townscape. By contrast, an *urban design-led* approach would establish the maximum parameters first and then seek to accommodate the building within them. It is worth noting here that a pre-requisite of a successful tall building proposal under Policy BE 5 is that it must be fully justified in urban design terms. A client brief for a minimum amount of floorspace and a single phase construction does not provide that justification under the policy.
175. The consequence of this approach is that, if the site is not big enough, the 'design', will inevitably create tensions with the Island Plan policies that control the form of new development in Jersey. I have already expressed my view that the proposal fundamentally challenges Policy BE 5 (Tall buildings) and Policy GD 5 (Skylines, views and vistas) and these breaches clearly have knock-on design implications.
176. The assessment of the proposal's design has been aided by references at various stages to the Island's design panel, the Jersey Architecture Commission (JAC). The use of an independent expert design panel is

widely regarded as good practice, particularly for major projects. The scheme was referred to JAC on a number of occasions: November 2016, March 2017, April 2017 and May 2017.

177. The Applicant sought to explain how the feedback from JAC had been used to iterate and improve the scheme. However, Mr Nicholson's evidence included the JAC summary notes (DOE/1h) which do not endorse the design. Indeed, they record that JAC considered that a political decision to pursue a 'single phase' building has led to a scale of proposal that would not normally be acceptable in this setting.
178. The JAC's views are summed up by the following quote: "*The Commission are still to be convinced that a building of this scale can be successfully integrated into this tight urban site. The sheer scale, mass and height of this building remain a major challenge for the design team and a major concern for the Commission despite this being the focus of future health care in Jersey.*"

The Design Guidance for St Helier SPG

179. The Design Guidance for St Helier provides a useful 'sense check' to assist and supplement the assessment against the formal Island Plan design policies.
180. The SPG has its roots in the St Helier Urban Character Appraisal, which was commissioned in 2002 to support the (then) Island Plan and finalised in 2005. This report was prepared by a consultant team led by Willie Miller Urban Design with Drew Mackie Associates and others. It provides a comprehensive analysis of the different urban character areas within the town and it remains a useful and relevant resource today.
181. The *Design Guidance for St Helier* carries forward this work and provides guidance that has SPG status. The site falls within 'Character Area 7: Parade and Esplanade'. The document describes the area context, its grain, scale, texture, uses, activities and spaces. It notes that "*the hospital acts as a major local landmark, both as a large scale and recognisable building but also as an important public facility.*"³⁰
182. It sets out design guidance for the character area. This includes guidance on building heights, where it defines most of the existing hospital complex (bounded by The Parade, Gloucester Street, the rear of the properties along Kensington Place and Newgate Street) as 'Area b'. Here the design guidance for mass / height is stated as 'maximum as existing'. The parts of the site which lie beyond (the Kensington Street properties and the Patriotic Street car park) lie in 'Area a', where the guidance is for up to 6 storeys.

³⁰ Design Guidance for St Helier (2013) – Page 56

183. The Applicant's case on these matters closely aligns with its Policy GD 5 approach, using the 1980's block as the 'as existing' height reference point. The Applicant further sought to convince that the "genuinely significant urban character elements" set out in the SPG³¹, such as its 'major local landmark' status, would be reflected in the new proposal.
184. However, I maintain my earlier findings in respect of my Policy GD 5 analysis that the proposal is completely out of scale with the character of the area. Indeed, there is nothing in the SPG that would support the Applicant's interpretation and I consider that it would conflict with a number of the SPG's overarching 'design principles'.
185. Ms. J. Blakeley (JB/1) submitted email evidence from Mr Miller (the author of the original character appraisal work) which describes the proposal as "a monster" and "grossly insensitive". Whilst I note the Applicant's concerns that Mr Miller's comments were made without reference to its full case, they are hardly a ringing endorsement of the design approach or the compliance with the SPG. Indeed, Mr Miller's views seem to express, perhaps more colourfully, some of the urban design reservations articulated by the JAC.

Design – summary assessment

186. Overall, I consider that the clinical brief led approach results in a poor and unsympathetic design. The proposal's excessive mass, height and scale do not follow the principles of good design and would not respect or enhance the character and appearance of this part of St Helier. I assess that the proposal would conflict with the Island Plan's design policies SP 7 and GD 7 and with the Design Guidance for St Helier SPG (2013).

Main issue (ix) Heritage

187. There are a number of significant heritage implications to consider. The site has archaeological interest, it contains a Grade 1 Listed building (the Granite Block) and the proposed development will be within the setting of many Listed buildings and places.
188. The Applicant's evidence on these matters is contained within Chapter 11 of the EIS (CD1.50) and the Proofs of Evidence of Dr Driscoll (JPH/4a) and Mr Holborow (JPH/9). Ms Ingle (DOE/2) gave the Department's evidence.
189. The specific Island Plan policies are HE 5 for archaeology and HE 1 for Listed building setting impacts. It is worth noting here that the Policy HE 1 test is stringent, as any adverse impact on a heritage asset's setting renders a proposal in conflict with it. This reflects the strategic priority afforded to heritage protection under Policy SP 4. It is also worth noting

³¹ Design Guidance for St Helier (2013) – Page 56 - 57

that the application of Policy HE 1 in respect of impacts of the setting of a Listed building or place has been previously tested in the Royal Court³².

Archaeology

190. The application site lies within the St Helier Area of Archaeological Potential. Given the intensively developed nature of the site, it is likely that post-Medieval archaeology would have been lost, damaged or truncated by twentieth century building works. However, there is potential for the survival of archaeology from earlier periods at greater depths, including the potential for Roman material (finds have been made nearby).
191. The expert witnesses agree that any archaeological deposits that may remain would be lost to the new development. They also agree that further investigations following demolition and 'preservation by record' would be a measured and accepted approach. This would accord with Policy HE 5 and *SPG Note 1: Archaeology and Planning (2008)* and this approach could be secured by a Planning Condition.

The General Hospital (1860)

192. The 1860's hospital is Grade 1 Listed. This grading means that it has a high heritage value and places it in the top 3% of Jersey's listed heritage assets. The listing includes the building, its forecourt and the entrance lodge (1877).
193. The 'statement of significance' reads "*An important example of a substantial mid 19th century general hospital typical of the period, retaining most historic features, with outstanding masonry work. The entrance lodge is an unusual building of high quality, retaining fine features in a muscular hybrid classical/neo-Norman style. Together a fine ensemble.*"
194. The proposed development will impact on the Listed building in a number of ways.
195. First, its proposed use as part of the new hospital is positive and welcome. It is intended to be used to house training functions. This will provide a secure and active long term use and continue the tradition of hospital related use.
196. Second, the removal of the glazed link and other later appendages would be positive and would repair past damage, subject to detailed works being agreed (and these could be secured by a Planning condition).
197. Third, the proposed public realm works to the front of the Granite Block would be of a high quality and would be a notable enhancement over the

³² Herold v Minister for Planning and Sea View Investments [2015]JRC111

existing car park, emergency access area, temporary buildings and general clutter.

198. Fourth, the proposed new hospital block would impact on the setting of the Listed building. The new building would be substantially bigger, taller and set further forward than the existing Peter Crill House.
199. The impact of the proposed development on the setting of the Grade 1 Listed building is assessed in the EIS. It uses a six point scale to assess magnitude of impacts which ranges through 'no change', 'negligible', 'minor', 'moderate', 'major' to 'extreme'. It assesses that the magnitude of the impact would fall into the 'moderate' category, which constitutes "*considerable changes to setting that affect the character of the asset.*"³³ The *significance* of the effect is assessed as '*moderate adverse*'.
200. The Applicant, understandably, seeks to draw attention to the positive re-use and proposed works, including the new public realm and removal of attached structures. The Applicant further explains how the design has sought to minimise harm and it considers that these mitigations reduce the harm to 'moderate / slight adverse.'
201. Ms Ingle's evidence explains her view that, even with the plinth and setback refinements, the scale and mass of the new building will impact on the character and detract from the significance of the Grade 1 Listed building.
202. In my view, the impact on the setting of the Listed building will be quite dramatic. It will be overwhelmed and overshadowed (quite literally at certain times) by the mass of the proposed building. These are negative impacts on one of Jersey's most significant heritage assets.
203. From a Policy HE 1 perspective, any adverse impact on the setting of a heritage asset arising from a proposal constitutes a conflict with the policy. Furthermore, any such conflict triggers the Policy's instruction that such a development 'will not be approved'. There is a clear breach of Policy HE 1.

Adjacent Listed buildings – Gloucester Street

204. The proposal would impact on a number of Listed buildings on Gloucester Street. These are Jersey Opera House (Grade 2); 13 (Everton House) Gloucester Street (Grade 4); 15 (Taunton House) Gloucester Street (Grade 4); 17 (Telford) Gloucester Street (Grade 4); 19 Gloucester Street (Grade 4) and 25 (Haddon House) Gloucester Street (Grade 4).
205. I assess that each of these Listed buildings will suffer some adverse setting impacts as a result of the increased scale, mass and proximity that would

³³ Quote from Table 11.2 of the Environmental Impact Statement (Core Document CD1.46)

be imposed by the new building. It should be noted here that the main wing of Peter Crill House, which faces most of these Listed Buildings, is set well back (about 10 metres) from the street. The proposal would rise from the back of the footway to 22.7 metres before stepping back and rising again to the maximum height of 43 metres (on a similar line to Peter Crill House). It will have a notable adverse impact on the setting of these Listed buildings. In each case, this would conflict with Policy HE 1.

Adjacent Listed buildings – Kensington Place

206. The proposal would affect the settings of a number of Listed nineteenth century townhouses on Kensington Place. These are 31 Kensington Place (Grade 4); 35 Kensington Place (Grade 4) and 37 Kensington Place (Grade 4).
207. These heritage assets are situated just to the north of the main building zone. Currently, their immediate settings include the domestic scale (2 and 2.5 storey) Revere Hotel buildings which are directly opposite, across the street. The proposal would be substantially bulkier and taller rising up to 22.7 metres to the proposed plinth level. The separation is about 9 metres (across the street).
208. The mass and scale of the proposal will have adverse impacts on the settings of these Listed Buildings. In each case, this would conflict with Policy HE 1.

Listed buildings and places – wider locality

209. Given the height, scale and mass of the proposal, it would have some impact on the settings of Listed buildings and places across the wider locality.
210. Based on the evidence and my own site inspections I consider that there would be some tangible adverse impacts on the settings of:
- 2 Edward Place (Grade 3)
 - 3 Edward Place (Grade 3)
 - 4 Edward Place (Grade 3)
 - 5 Kensington Place (Grade 3)
 - 4 - 5 Elizabeth Place (Grade 3)
 - 7 Elizabeth Place (Grade 3)
 - 8 Elizabeth Place (Grade 3)
 - 9 Elizabeth Place (Grade 3)

3 Peirson Road (Grade 4)
5 - 6 Peirson Road (Grade 4)
13 (Park Lodge) Peirson Road (Grade 3)
The New Park, Peirson Road (Grade 3)
17 - 19 Peirson Road (Grade 4)
20 Peirson Road (Grade 3)
21 Peirson Road (Grade 3)
22 Peirson Road (Grade 3)
23 Peirson Road (Grade 3)
24 Peirson Road (Grade 3)
25 (Park View Villa) Peirson Road (Grade 3)
26 Peirson Road (Grade 3)
27 Peirson Road (Grade 4)
28 Peirson Road (Grade 4)
29 Peirson Road (Grade 4)
Grand Hotel, Peirson Road (Grade 4)
14 Patriotic Street (Grade 4)
10 (Rosedale) Patriotic Place (Grade 4)
Parade Gardens (Grade 2)
Victoria Park (Grade 3)
People's Park (Grade 3)
Westmount Gardens & Lower Park (Grade 3)

Note: A number of the Peirson Road properties appear to have been listed after preparation of the Applicant's EIS.

211. In each of these cases, the proposal will have some adverse impact on the setting within which these Listed buildings and places are experienced. Although the impacts are, in many cases, not at the most severe end of the spectrum, the Policy HE 1 test does not differentiate. Any adverse impact on the setting represents a policy breach.

Listed buildings and places – further afield

212. The height, scale and mass of the proposal is such that it will be visible from a geographically wide area. This means that, despite its spatial separation, it would have some impact on some of Jersey's most significant and iconic heritage assets.
213. The building will be clearly visible from Elizabeth Castle (Grade 1), Fort Regent and South Hill Battery (Grade 1), Noirmont Point (Grade 1) and Almorah Crescent (Grade 1). The proposal's physical intrusion into the settings of these heritage assets will be negative and harmful. This breaches Policy HE 1.

Main issue (x) Residential amenity impacts of the proposed built development

214. There are neighbouring residential properties in close proximity to the proposed hospital. The effects of the proposal on these homes, in terms of sunlight / shadowing, daylight, privacy and any general overbearing impacts need to be carefully assessed.
215. The nearest neighbouring properties fall into three broad locations. First, there are the flats and residential accommodation housed in properties on the north-west side of Kensington Place. Second are the residential flats and accommodation on the south-east side of Gloucester Street. Third, there are the apartment complexes on the west side of Newgate Street, the south side of Patriotic Street and at Patriotic Place.
216. The Applicant's evidence on these matters is contained within the Planning Statement (CD1.5a), the Design and Access Statement (CD1.3f) and, principally, the Inquiry evidence of Mrs Steedman (JPH/7). The Department's evidence was given by Mr. Nicholson (DOE/1).
217. The main Policy to consider is GD 1, which sets a benchmark that a new development must not have 'unreasonable' impacts on existing residential amenities. A similar test is contained within GD 3, to act as a moderator to the desire to maximise the density of new development.
218. It is important to recognise that the locality is an already densely developed urban context. That means that existing residential properties may already experience some compromises in their living environment. Accordingly, assessments need to be relative and context specific.

Sunlight / shadowing

219. A large and tall building proposal inevitably raises the potential for loss of sunlight and associated shadowing in respect of existing neighbouring residential properties. These are not static phenomena and assessments of impact need to take account of the sun's passage (rising in the east and

setting in the west), its height (which will be highest around noon) and the season (the sun being higher in the summer and lower in the winter).

220. The Applicant's Design and Access Statement does include some sun / shadow studies, which model the effect of the development on the surrounding area at different times of day and through the seasons of the year. The impacts can also be studied through viewing the 3-D model. Unfortunately, these visual studies are not supported by any objective analysis or quantification. For example, there is no assessment of the hours / minutes of lost sunlight at neighbouring residential receptors.
221. The Planning Statement simply asserts that these impacts have been 'considered'; that existing daylight / sunlight for existing residential properties is 'already affected' by the existing arrangement of buildings and spaces; and that amenity loss will not be 'unreasonable'³⁴. Mrs Steedman's Proof follows a similar stance in stating, "*an assessment of sunlight and daylight has been prepared and is included in the Design and Access Statement. It concludes that the new development has the potential to effect the levels and sunlight and daylight enjoyed by some neighbours through the introduction of new buildings, including the towers. The majority of the impact is considered to affect the existing hospital site.*"³⁵
222. I regard the Applicant's case on these matters as rather cursory. This is a major building proposal and the sunlight / shadowing impacts on nearby residential receptors are significant and material Planning issues. They are matters that warrant detailed testing and scrutiny.
223. Based on the evidence before me, I reach the following assessments on sunlight / shadowing impacts.
224. On a general note, the disposition of the new build proposal does assist in limiting the loss of sunlight / shadowing impacts on the nearest Gloucester Street properties. However, the Newgate Street and Kensington Place properties (especially those immediately to the north of the main build zone), would be more directly impacted.
225. More specifically, in March, the proposed buildings would block morning sun reaching the faces of residential properties on Kensington Place and some would not come out of shadow until the afternoon. The Newgate Street flats would also be placed in to the shadow in the morning. In the afternoon, most of the tall building's shadow would fall over the existing hospital site, including casting a shadow over part of the Granite Block.

³⁴ Summarised from various references in the Planning Statement – pages 30 – 33 (CD1.5a)

³⁵ Paragraph 3.78 of Mrs Steedman's Proof of Evidence (Inquiry document JPH/7)

226. In June, the higher sun lessens the impacts, although the Newgate Street flats would be overshadowed in the morning (at 8.30).
227. In September, the impacts are similar to March.
228. In December, through the shortest days of the year, morning sun would be lost to properties on Kensington Street and, by the afternoon, most of the shadowing from the low winter sun would fall over the existing hospital site and the majority of the Granite Block would be in shade.

Daylight impacts

229. 'Daylight' is the volume of natural light that enters a building between sunrise and sunset. It is a determinant of living conditions in existing residential properties and assessing any impacts arising from the proposal is important.
230. This is actually quite a complex field and one that is gaining greater importance as towns and cities face pressure for taller and denser development patterns. A difficulty here is that Jersey does not have any SPG or other standards that might serve as a benchmark for the decision maker (in determining what is 'unreasonable' in Policy GD 1 terms). It is therefore necessary to look to UK practice to provide some assistance. There are two broad approaches to consider: a detailed technical assessment and / or a more general guidance based assessment.
231. For a 'technical' assessment, there is a British Standard³⁶, which provides a defined 'average daylight factor' (ADF) which can be measured against. Studies based on ADF analysis are most typically used to inform residential development proposals in compromised urban contexts e.g. north facing and / or surrounded by tall buildings. However, they can also be used to assess impacts of proposals on existing residential properties (subject to access considerations).
232. A more general UK SPG based approach typically involves guidance based on, or at least influenced by, the Building Research Establishment (BRE) document *Site Layout Planning for Daylight and Sunlight: A Guide to Good Practice (second edition)*. Although it includes a range of different tests, the most widely used is its '25° rule of thumb'. This is applied where a development is opposite an existing window (or windows). A line is drawn from the window at an elevation of 25° to define an 'unobstructed zone of daylight'. I have previously referred to this guidance in a 2016 appeal case, concerning a proposed 5 storey block of flats.³⁷

³⁶ BS 8206-2:2008 Lighting for Buildings

³⁷ Third party appeal by 'the residents of 27 – 32 Sarina Road' against the grant of planning permission under P/2015/0616

233. The Applicant has not produced any technical evidence to support its view that the daylighting implications on nearby flats and residential accommodation would not be 'unreasonable'.
234. In terms of the BRE based assessment, the proposal would fare extremely poorly. Applying the 25° rule to just the upper storey of the Newgate Street flats (from the bedroom windows), even the proposed podium level (22.7 metres) of the new hospital would substantially breach the guideline and the majority of the bulk of the ward towers would be above that line³⁸. The building would also be very close to the flats, there being just 10 metres between the faces of the buildings (across Newgate Street). The guideline would also be breached by the car park extension, which would impact on the Patriotic Street flats, which are in similarly close proximity (about 10 metres) and have their living rooms facing the car park.
235. There would also be substantial breaches of the guideline in terms of the residential accommodation at either end of the proposed hospital i.e. at Kensington Place and the Gloucester Street.³⁹
236. The BRE based guidance is purely advisory and has no formal status in Jersey. Furthermore, it does not seek to determine what is or is not acceptable in overall Planning terms. However, it does provide a useful 'barometer' to assist decision makers, particular where there is an absence of more technical evidence.
237. My assessment is that, overall, the proposal will result in severe loss of daylight to its nearest neighbours.

Privacy

238. The development may impact on the privacy of existing residential properties as a consequence of overlooking from windows and rooftop gardens. These effects are difficult to assess with any precision due to the Outline nature of the application. At this stage, there are no details of window positions, nor is the nature of the accommodation fixed internally.
239. What is clear is that there are a number of sensitive interfaces where privacy could be compromised. The Newgate Street flats are particularly sensitive due to their close proximity, the sheer expanse of wall space and (likely) windows, and the indication of a roof garden at podium (4th floor) level. The flats on Patriotic Street may also suffer some privacy intrusion from overlooking windows and users of the extended car park. There is also the potential of overlooking effects to properties on Kensington Place and Gloucester Street.

³⁸ This relationship is apparent on the Illustrative Elevations Core Document CD1.26

³⁹ These relationships are apparent on the Illustrative Elevation 3-3 – Core Document CD1.26a

240. I am conscious that privacy impacts can arise in both directions. The hospital environment itself necessitates privacy for patients (and staff). I am also confident that the most sensitive interfaces could be subject to design solutions that would avoid, or at least lessen, overlooking effects. These are more appropriately addressed at the reserved matters stage, although care would be needed to ensure that any mitigating design features (angled windows were suggested by the Applicant at the Inquiry) did not detract from the overall design and appearance of the building.
241. However, what will be more difficult to overcome will be the perceptions of overlooking from a building of this scale. However refined the design may be, the building will inevitably contain a substantial amount of fenestration and its close (and not so close) neighbours are likely to feel overlooked, whether or not there is a clear line of sight. These effects will not be confined to the daytime given the 24 hour a day nature of the hospital use.

Overall residential amenity impacts

242. I consider the combined effects of the development in terms of sunlight / shadowing, daylight and potential privacy intrusions are likely to be significant and severe. I have factored in to my assessment the existing urban context and the compromised environment experienced by some residential properties. However, by any yardstick, the impacts I have highlighted above are not marginal nor minor, but arise from a building of a scale and proximity that would be quite overbearing, particularly for its nearest neighbours. The impacts are unreasonable and breach Policy GD 1.

Main issue (xi) Socio-economic impacts

243. The Applicant's assessment of socio-economic impacts is set out in Chapter 14 of the EIS (CD1.49) and supplemented by the Inquiry evidence of Mr Brown (JPH/6a) and Mr Penny (JPH/6c). These impacts principally concern the loss of hotels and other businesses (directly displaced by the development), wider impacts on businesses, the loss of homes and labour market issues.

Hotels

244. The development would involve the extinguishment of two longstanding hotels. This would result in the permanent loss of 56 guestrooms at the Revere Hotel and 72 guestrooms at the Stafford Hotel. Mr Brown's evidence contends that, when considered in the wider context, this is a small proportion of the Island's guest offering. He also explains that the sector is evolving to meet new tourist demands and that both hotels have been the subject of previous proposals for redevelopment (for non-hotel purposes).

245. The consultation response from the States Hospitality and Leisure Manager (CON7) simply states that it 'regrets' the loss of the accommodation. A number of interested parties expressed concerns about the loss of hotels and harm to Jersey's tourist industry.
246. Mrs Steedman's evidence (JPH/7) correctly draws attention to the fact that hotels are not protected under the provisions of Policy E 1. I concur that, given the Policy E 1 wording, there can be no substantive Planning objection to the loss of the hotels.

Other business to be lost

247. In addition to the hotels, the following businesses would be displaced: Doran's Courtyard Bistro; Cyrano's restaurant; Little Italy restaurant; GC's Café; 1-2-1 Hairdressers and Aroma restaurant.
248. Mr Brown's evidence explains how the businesses would be compensated and assisted to relocate. The loss of these businesses is not exempt from Policy E 1's general protection. However, I share the Applicant's view that exception 3 of the policy would apply. This exception allows employment uses to be displaced where there is an overall benefit to the community. Setting other Planning issues to one side, the provision of a new general hospital will outweigh the finite adverse employment impacts, in my opinion.

Wider businesses

249. Mr Brown assesses that businesses, close to the site and in Jersey more generally, would experience both positive and negative effects. There would be some potential opportunities from the supply chain and benefits from spend from the construction workforce (accommodation, retail and leisure). He predicts that businesses on surrounding streets will experience some disruption, due to construction traffic and construction activities but that these effects would be managed.
250. At the Inquiry, two local businessmen expressed significant concerns about the effects of construction traffic on their businesses⁴⁰ (and I comment further on this under main issue (xii)).

Labour market

251. Mr Brown's evidence provides a good overview of labour market issues and the likely effects of such a large scale project. He explains that, at its peak, the number of workers could exceed 700 but the average is estimated to be about 475 over the 5 year construction period. The majority of these workers would be 'off- island' (90 – 95%) and liaison with the Jersey

⁴⁰ Inquiry Documents SOC/15 from Mr Battrick and SOC/45 from Mr Panelli

Construction Council is intended to ensure that on-island jobs are targeted in areas where there are existing skills and resource gaps, thereby creating a positive legacy. In responding to concerns about potential residency status of workers, Mr Brown explained that it was unlikely that that any off-island worker would be on Jersey for more than five years, due to the nature of the work and the different phases of development.

Loss of homes

252. The proposal would involve the loss of some residential properties on Kensington Place, namely nos. 33-40 (including Sutherland Court) and no. 44. In total, 24 hospital staff flats and 15 households would need to be relocated. The Applicant advises that the staff flats will be relocated off-site. Whilst undesirable and clearly unsettling for the additional 15 affected households, the Applicant will assist with relocation. As with the businesses losses, the relevant Policy H 11 does allow for a loss where the value of the development outweighs the loss (of housing).
253. Overall, whilst there are some negative socio-economic impacts arising from the proposal, I consider that these could be justified in Policy terms under the exceptions provided for by E 1 and H11.

Main issue (xii) Demolition and construction impacts

254. The Applicant has provided evidence on demolition and construction impacts through its EIS, the overarching evidence of Mr Penny (JPH/6c.1) and the specialist evidence of Mr Hiller on noise and vibration (JPH/6b) and Mr Oakman on townscape and visual impact (JPH/4b).
255. It is important to recognise that any major construction project in an urban area will cause disruption, inconvenience, traffic issues, visual and residential amenity impacts. In Planning terms, these are rarely matters that would be pivotal to any decision to grant planning permission. However, of relevance in this case, is the protracted construction period (5 years), the scale of the project, and the close proximity of existing homes and businesses.
256. The Applicant's evidence does quantify these impacts as best it can at this stage in the project. They have looked in some detail at traffic management, noise, vibration, dust, air quality and site waste management. They identify potential mitigations and responses.
257. I do not intend to rehearse these matters in any detail as they are primarily implementation matters (rather than issues of Planning principle). However, I do think it is necessary to record that views were expressed, through the Inquiry processes, that communication with residents and businesses to date had not been as good as it could have been. There were

also particular concerns expressed about construction traffic management, especially in the Lewis Street area.

258. Should this project proceed to implementation, the management plans for demolition, site waste, construction and traffic management will require comprehensive and sensitive management to minimise impacts. These plans can be secured by Planning conditions and can be enforced through Planning and related environmental legislation. Residents and businesses will legitimately expect appropriate engagement, reassurances and active management of these matters. I also think that the traffic impacts on the narrow and currently lightly trafficked Lewis Street need particularly close review and attention.

OTHER MATTERS

Master plan / regeneration issues

259. Objective BE 1 of the Island Plan seeks to promote the regeneration and enhancement of the built environment and seeks to develop a vision and overarching strategy for St Helier.
260. The application site lies within a part of town where there is no adopted 'masterplan' or operative regeneration framework. The scale of the proposal (and the associated investment involved) does, to my mind, raise issues about how this project 'fits' in terms of the future of this part of the town and, indeed, what opportunities it may create.
261. The Design and Access Statement does include some embryonic ideas for creating an 'urban campus' extending over the existing hospital site. The images suggest the demolition of the ultimately redundant hospital buildings (1980s, 1960's, Laboratory and Engineering blocks) and the creation of lower blocks along the Parade and other blocks stepping up in scale towards the new hospital.
262. There may be some merit in these ideas, but it is unclear what uses might be housed in such buildings, some of which could be quite affected by the new hospital e.g. by the shadowing from the proposed ward towers. It is also unclear whether the development economics would support such demolition and rebuilding of seemingly less floorspace.
263. When I tested the wider future plans at the Inquiry, it was evident that the Applicant sees these issues as a long way off and that they would be addressed in the fullness of time. I do have some sympathy with that view but I also feel that, when the Island's Government is contemplating such a major public infrastructure investment, it would be prudent to undertake some form of masterplanning as part of the project brief, to ensure that the best outcomes are achieved in line with Objective BE 1.

264. My comments here are not intended as any undue criticism of the Applicant's team, as its priority has been to address the JFH brief. However, there is a link here with the brief itself, which does not extend beyond delivering a new hospital as a single-phase project within the constraints of the application site area. It would be remiss not to make some comment about the desirability of undertaking a more holistic masterplanning approach or producing a 'framework' for regeneration in the wider area.

Heath Impact Assessment

265. A number of interested parties made a case for the production of a Health Impact Assessment (HIA) to support the application. However, this is not a mandatory requirement for an application for Planning permission in Jersey. I understand that a HIA has been produced since the Inquiry closed, although I have not seen or reviewed its content in producing this report.

Wind tunnel impacts

266. The EIS identifies that the tall building would create some localised wind tunnel problems. This could create public safety issues around its focus, which would be around the south-west corner of the building on Gloucester Street / Newgate Street. This part of the building is indicated as being within the 'main hospital entrance zone' and adjacent to a new pedestrian crossing (on Gloucester Street)⁴¹. This is a potential concern and will require mitigation in some way. It is a matter that would need to be fully addressed at the reserved matters stage, to avoid any public safety issues.

Precedent

267. A number of contributors argued that, if this scheme were to be permitted, it would set a height precedent for further out of scale buildings and that this would harm St Helier.
268. Notwithstanding my professional assessments in terms of townscape and visual impacts, I do not entirely share this view. Should the Minister ultimately decide to grant planning permission, it could only (in my view) ever be sufficiently justified as an exception. As such, that should not create a precedent for other types of development in the future.

Flood risk

269. The EIS records that there have been instances of the coastal defences being overtopped, resulting in flooding on Gloucester Street and affecting

⁴¹ Public Realm and Pedestrians Drawing - CD1.18

the southern extremity of the site. A Flood Risk Assessment (FRA)⁴² was undertaken and this concludes that, subject to protective measures, risk due to tidal flooding can be appropriately minimised.

270. Some interested parties argued that the flood evidence rendered the site wholly unsuitable for the new hospital. I disagree, as the historic flood event is limited to a very small part of the site and the evidence before me, which is not disputed by the States' technical officers, indicates that the risk can be managed. A Planning condition can secure the necessary measures.

Energy and water

271. A new hospital will be a substantial user of energy and water. It represents an opportunity for the States to showcase the use of renewable energy sources, energy consumption and smart water saving and management practices. These matters can be covered by Planning conditions which will ensure compliance with the respective Island Plan policies (NR 7 and NR 2).
272. Subject to mitigations, there are no major significant predicted effects in terms of biodiversity. Measures will be needed to protect any breeding birds and bat survey work will be required prior to the demolition of the hotels. These matters can be secured by Planning conditions.

Planning Conditions

273. At the Inquiry, I explained to all parties that it is customary to hold a 'without prejudice' session on Planning conditions. This ensures that, should the Minister decide to grant Planning permission, there is a draft set of conditions available for consideration.
274. The Department and the Applicant have worked together to produce a document. It underwent a number of iterations and work continued after the close of the Inquiry and has included some of my suggestions.
275. The final list (ID1B) is not a fully agreed 'common ground' document, but it is tabulated in a manner where the few differences of view are clear.
276. In addition to three standard 'Outline' conditions, there are 24 agreed draft conditions. These cover a wide variety of matters including public art; phasing; travel plan; waste management; ground contamination; a demolition / construction environmental management plan; energy; archaeology and heritage; biodiversity; groundwater, surface water and foul sewage; landscaping; details of the Peirson Road junction

⁴² The Flood Risk Assessment can be found in the EIS at Appendix G-1 (Core Document CD1.60)

arrangements; flood risk measures and a construction skills and training programme. I endorse all of these conditions.

277. Draft condition 25 is suggested by the Applicant but not endorsed by the Department. It proposes the submission of a Conservation Management Plan (CMP) for the Granite Block. I agree with the Department's officers that it appears to relate to future proposals (for re-use) and is therefore unnecessary at this stage. However, producing a CMP to inform and support future proposals would be sensible and desirable.
278. Draft condition 26, suggested by the Applicant, would bind any future reserved matters submission to the Applicant's final 'Parameters and Rules Document' (ID2). This condition is not endorsed by the Department. My view is that the parameters contained in the document are appropriate to fix by condition, but the 'rules' are not, as they are simply far too subjective to serve any meaningful Planning purpose. In the event that the Minister were minded to grant permission, I would suggest a 'parameters only' table is produced and appropriately conditioned.
279. Draft condition 27, suggested by the Applicant, would require the reserved matters submission to be accompanied by a statement of community engagement. I agree with the Department that the condition is unnecessary, as it relates to a future application. However, such a statement would, nonetheless, be desirable and an informative could be added to this effect (rather than a condition).

OVERALL CONCLUSIONS AND RECOMMENDATION

280. The priority of modernising Jersey's healthcare services has been established for many years. The need for significant investment and modernisation of hospital services is not in dispute. In recent years, political decisions have endorsed the principle of a project to construct a new general hospital and established the 'preferred' status of the current application site to accommodate the new hospital. The project brief is focused on a single phase construction project on a restricted site leading to a large and tall building proposal.
281. I assess that, in broad spatial terms, the application proposal would be in a sustainable and accessible location. This accords with the Island Plan's spatial strategy (Policy SP 1), its sequential approach to site selection (Policy SP 3) and Policy SCO 2, which directs healthcare developments to the grounds of existing healthcare facilities and / or the built-up area.
282. Subject to more detailed measures, I assess that the proposal could also contribute to the objectives of Policy SP 2, in terms of the 'efficient use of resources', and to Policy SP 6, which seeks to reduce dependence on the

car. The proposal's compliance with these high level strategic policies attracts weight in its favour.

283. I am satisfied that, subject to specific junction and highways works, the completed development could operate without causing undue impacts on the highway network or highway safety concerns. Measures such as cycle parking provision and the implementation of travel plans could promote and encourage sustainable travel and these could be secured by Planning conditions. The proposal would accord with the respective Island Plan transport policies and this weighs in the proposal's favour.
284. However, I assess that the proposal raises some serious Planning objections that weigh against it. These fall into three broad areas that are interlinked, the consequences of the first leading to the second and third objections.
285. First, in terms of its siting, scale and mass, the building would be grossly out of scale with its immediate surroundings and with the wider townscape. It would appear as an over dominant, obtrusive and alien structure that would harm the St Helier townscape and detract from visual amenities in many locations. Put simply, the application site area is far too small to accommodate successfully the amount of floorspace proposed. The parametric 'design' that results is fundamentally unacceptable in townscape and urban design terms. These are not matters that can be finessed away by clever design at the detailed Planning ('reserved matters') stage. This conflicts with the Island Plan's strategic Policy SP 7 (Better by design), Policy GD 7 (Design quality), Policy BE 5 (Tall buildings), Policy GD 5 (Skyline, views and vistas) and with the Design Guidance for St Helier (2013), which is adopted as Supplementary Planning Guidance.
286. Second, the proposal would cause harm to the settings of numerous heritage assets. The harm to the immediate setting of the nineteenth century Grade 1 Listed Building would be particularly severe, as it would be overwhelmed and overshadowed by a very large, tall and imposing modern building. The settings of nearby Listed Buildings on Kensington Place and Gloucester Street, including the Opera House, would also suffer serious harm. There would also be harm to the settings of Listed Buildings and Places in the wider locality. More distant heritage assets, including the Grade 1 Listed Elizabeth Castle, Fort Regent and South Hill Battery, Noirmont Point and Almorah Crescent, would also suffer some harm to the wider settings within which they are experienced. Each and all of these instances of harm conflicts with Policy HE 1 of the Island Plan and with the strategic 'high priority' given to the protection of the historic environment, established by Policy SP 4.

287. Third, the impact of the proposal on the amenities of existing neighbouring residential properties would be negative and, in many cases, serious harm would result. The impacts on the residential flats at Patriotic Street and Newgate Street would be particularly severe. The overbearing presence, overshadowing (at certain times of day), loss of light and likely overlooking effects arising from the proposed hospital building and the upward extension of Patriotic Street car park would, individually and collectively, cross the 'unreasonable' Policy GD 1 benchmark by a considerable margin. There would be similar negative and unreasonable effects on residential flats at Kensington Place and Gloucester Street.
288. There would be some other impacts and concerns.
289. There would be negative socio-economic impacts arising from the displacement of a number of established businesses and homes. However, I consider that these losses can be mitigated, at least in part, and could be justified in policy terms, given the wider benefits that would arise from the new hospital.
290. I also consider that the proposal lacks any meaningful 'bigger picture' conception and contextualisation. Limited regard appears to have been paid to related issues and opportunities for wider regeneration in this part of the town, which arise with such a major publicly funded project.
291. Although the impacts of demolition and construction activity will be widespread, and for some, severe, I do not consider these to be issues that should be pivotal to the Planning decision. Major urban development projects inevitably cause disruption and inconvenience. However, the magnitude and protracted nature of these effects will be great, particularly for adjacent residents and businesses. The project implementation would require comprehensive and sensitive management to minimise impacts. This matter can be controlled by a Planning condition, but residents and businesses will legitimately expect appropriate engagement and reassurances and some feel these have been lacking to date.
292. In terms of the overall Planning balance, I consider that the spatial and locational factors that weigh in the proposal's favour are heavily outweighed by the significant negative impacts that arise in terms of townscape, visual amenity, the settings of heritage assets and the severe and unreasonable impacts on existing residential amenities. These effects and impacts relate to fundamental matters that the Island Plan, and indeed the Law, seeks to protect.
293. However, the Law does allow the decision maker to depart from the provisions of the Island Plan if there is 'sufficient justification' for doing so. What constitutes a sufficient case for overriding the Plan's provisions is not defined and requires judgement. There is clearly a significant public benefit

in delivering a modern fit for purpose hospital for Jersey's population. There is also a case made by some that providing a new hospital is long overdue and that delaying the project would have negative impacts.

294. The critical issue here is not the need for a new hospital facility, but whether the application proposal represents the one and only vehicle that could deliver it. This raises questions about two matters that are beyond the scope of the Inquiry. The first concerns site selection and the comparative merits of alternative sites. The second concerns the 'brief', which is currently premised on a single phase comprehensive new build project.
295. If the Minister were to be satisfied that no other site / brief combination could meet the future hospital needs of Jersey, that could potentially provide 'sufficient justification' for departing from the Island Plan. However, doing so would, in my view, require a convincing justification on matters beyond the scope of this Inquiry. It would also require an acceptance of the serious Planning harm and conflicts with the Island Plan that I have identified.
296. Based on the evidence before me, I recommend that the Minister refuses to grant Planning Permission for the application proposal, due to the serious negative impacts it would have on the townscape, visual amenities, heritage assets and residential amenities.

RECOMMENDATION: That the Minister **REFUSES** to grant planning permission for the following reasons:

Reason 1: The proposal, by virtue of its siting, size and mass would be grossly out of scale with its immediate surroundings and with the wider townscape. It would appear as an over dominant, obtrusive and alien structure that would harm the St Helier townscape and detract from visual amenities in many locations. This conflicts with the Island Plan's strategic Policy SP 7 (Better by design), Policy GD 7 (Design quality), Policy BE 5 (Tall buildings), Policy GD 5 (Skyline, views and vistas) and with the Design Guidance for St Helier (2013), which is adopted as Supplementary Planning Guidance.

Reason 2: The proposal, by virtue of its siting, size and mass, would not preserve or enhance the settings of numerous heritage assets. It would cause serious harm to the immediate setting of the nineteenth century Grade 1 Listed building within the site, which would be overwhelmed and overshadowed by a very large, tall and imposing modern building. The settings of Listed buildings on Kensington Place and Gloucester Street, including the Opera House, would also suffer serious harm. There would also be harm to the settings of Listed buildings and places in the wider locality including heritage assets at Edward Place, Peirson Road, Patriotic

Street, Patriotic Place, Parade Gardens, Victoria Park, People's Park and Westmount Gardens and Lower Park. More distant heritage assets, including the Grade 1 Listed Elizabeth Castle, Fort Regent and South Hill Battery, Noirmont Point and Almorah Crescent, would also suffer harm to the wider settings within which they are experienced. Each and all of these instances of harm conflicts with Policy HE 1 of the Island Plan and with the strategic 'high priority' given to the protection of Jersey's historic environment, established by Policy SP 4.

Reason 3: The proposed development would lead to unreasonable harm to the residential amenities and living conditions of neighbouring residential properties at Newgate Street, Patriotic Street, Patriotic Place, Gloucester Street and Kensington Place by virtue of its overbearing scale and presence and the associated loss of daylight, shadowing effects at certain times, and the likely loss of privacy. As such, the proposal is contrary to Policies GD 1(3) and GD 3 of the Island Plan 2011 (revised 2014).

P. Staddon

Philip Staddon BSc, Dip, MBA, MRTPI 2 January 2018

Appendices:

Appendix 1 - Appearance List

Appendix 2 – Core Documents List

Appendix 3 – Inquiry Documents List

APPENDIX 1

APPEARANCE LIST

FOR JERSEY PROPERTY HOLDINGS

Mr Christiaan Zwart, Counsel for the Applicant

Called:

Bernard Place RN, BSc (Hons), MSc, PhD	Project Director, Jersey Hospital
Helen O'Shea	Hospital Managing Director, Jersey Hospital
Kieren Morgan ARB, BSc, DipArch	Principal Architect, HASSELL
Clive Lewis ARB, BA, DipArch	Principal Architect, HASSELL
Rowena Ekermawi BSc, MSc	Senior Environmental Consultant, Arup
Ben Oakman BSc, MLA	Senior Landscape Architect, Arup
Alexander Welch BA (Hons) MSC MCIHT MCILT	Senior Transport Planner, Arup
Ms Jessica Hardwick	Department for Infrastructure, States of Jersey
David Brown MRTPI, MIED, BSc, MSc	Senior Planner, Arup
David Hiller BSc, MSc, PhD	Associate Director, Arup
William Holborow BA, BArch, ARB, MA(Cons), AABC, IHBC	Associate & Senior Heritage Consultant, Purcell
Mike Penny BSC	Director, Gleeds Management Services Ltd
Richard Glover CTP, DipTRP, MRTPI	Department for Infrastructure, Jersey Property Holdings
Stephanie Steedman CTP, DipTP, MA, MIEMA	Planning Consultant

FOR THE DEPARTMENT OF ENVIRONMENT

Peter Garvey	Jersey Ambulance Service
Robert Hayward TPP, MCIHT, BSc, MSc	Senior Transport Planner
Robert Bowditch CEHO	Environmental Health Officer
John Nicholson CTP	Principal Planning Officer
Tracey Ingle BA (HONS), DIP TP, DIP UD, MRTPI, IHBC	Principal Planning Officer

INTERESTED PARTIES

Chris McCarthy

Michel Morel

Deputy Macon

Senator Sarah Ferguson

Brian Bullock

Andy Howell

Nigel Jones, Jersey in Transition

Mike Dun

Paul Battrick, Pitcher & Le Quesne Funeral Directors

Mr Panelli, Aston Services Limited

David Elliot

Jane Blakeley

Deborah Davey

Nicholas Blampied

G B Amy

Connétable Christopher Taylor

Roland Huelin

Andrew Le Quesne

John Young

Deputy Le Fondré

Mr Le Brocq

APPENDIX 2
CORE DOCUMENTS LIST

Application Documents	
CD1.1	Correspondence from Applicant
CD1.1a	Application Form
CD1.2	Guide to the 3D Model
CD1.2a	Illustrative Massing 3D View (was 3104A now 3104B)
CD1.3a	Design and Access Statement Part 1
CD1.3b	Design and Access Statement Part 2
CD1.3c	Design and Access Statement Part 3
CD1.3d	Design and Access Statement Part 4
CD1.3e	Design and Access Statement Part 5
CD1.3f	Design and Access Statement Part 6
CD1.4	Transport Assessment Report (updated)
CD1.4a	Transport Assessment, Appendix A (updated)
CD1.4b	Transport Assessment, Appendix B (updated)
CD1.4c	Transport Assessment, Appendix C (was A)
CD1.4d	Transport Assessment, Appendix D (was B)
CD1.4e	Transport Assessment, Appendix E (was C)
CD1.4f	Transport Assessment, Appendix F (was D)
CD1.4g	Transport Assessment, Appendix G (was E)
CD1.4h	Transport Assessment, Appendix H (was F)
CD1.4i	Transport Assessment, Appendix I (was G)
CD1.4j	Transport Assessment, Appendix J (was H)
CD1.4k	Transport Assessment, Appendix K (was I)
CD1.4l	Transport Assessment, Appendix L (updated)
CD1.4m	Transport Assessment, Appendix M (was J)
CD1.4n	Transport Assessment, Appendix N (updated)
CD1.4o	Transport Assessment, Appendix O (previously included within appendices K-M)
CD1.4p	Transport Assessment, Appendix P (updated and previously part of appendix N)
CD1.4q	Transport Assessment, Appendix Q (was O)
CD1.4r	Transport Assessment, Appendix R (was P)
CD1.4s	Transport Assessment, Appendix S (was Q)
CD1.4t	Transport Assessment, Appendix T (was R)
CD1.4u	Transport Assessment, Appendix U (was S)
CD1.4v	Transport Assessment, Appendix V (was T)
CD1.4w	Transport Assessment, Appendix W (updated)
CD1.4x	Transport Assessment, Appendix X (was U)
CD1.4y	Transport Assessment, Appendix Y (was V)
CD1.4z	Transport Assessment Figures (updated)
CD1.5a	Planning Statement
CD1.5b	Planning Statement Appendix 1
CD1.5c	Planning Statement Appendix 2
CD1.5d	Planning Statement Appendix 3
CD1.5e	Planning Statement Appendix 4
CD1.5f	Planning Statement Appendix 5
CD1.5g	Planning Statement Appendix 6
CD1.5h	Planning Statement Appendix 7
CD1.5i	Planning Statement Appendix 8

Plans	
CD1.6	Location Plan
CD1.7	Site Plan Existing Site Plan (was 1008A now 1009B)
CD1.8	Site Plan Proposed Site Plan
CD1.9	Site Plan Existing Road Layout - Granite Block Drop Off
CD1.10	Site Plan Existing Road Layout - The Parade
CD1.11	Site Plan Construction Road Layout - Patriotic Street/ Patriotic Place Junction
CD1.12	Site Plan Vehicular Access and Movement (was 1006D now 1006E)
CD1.13	Site Plan Detailed Localised Site Plan - Grade 1 Listed Building (was 1004D now 1004E)
CD1.14	Site Plan Final State Overview
CD1.15	Site Plan Layout Siting and Frontage (was 1008D now 1008E)
CD1.16	Site Plan Massing and Scale (was 1005D now 1005E)
CD1.17	Site Plan Overall Access Strategy
CD1.18	Site Plan Public Realm and Pedestrians (was 1007D now 1007E)
CD1.19	Floor Plan Existing Basement Floor Plan
CD1.20	Floor Plan Existing Ground Floor Plan
CD1.21	Floor Plan Existing First Floor Plan
CD1.22	Floor Plan Existing Second Floor Plan
CD1.23	Floor Plan Existing Third Floor Plan
CD1.24	Floor Plan Existing Fourth Floor Plan
CD1.25	Floor Plan Existing Fifth Floor Plan
CD1.26	Elevation Plan Illustrative Elevations (was 3102D now 3102F)
CD1.26a	Elevation Plan Illustrative Elevations (was 3103D now 3103F)
CD1.27	Section Plan Parameter Sections (was 3101D now 3101E)
CD1.28	Section Plan Detailed Landscaping Sections - Grade 1 Listed Building
CD1.29	Section Plan Existing Site Sections AA, BB, CC & DD
CD1.30	Section Plan Existing Site Sections EE & FF
CD1.31	Section Plan Existing and Proposed Site Sections AA, BB, CC and DD
CD1.32	Section Plan Existing and Proposed Site Sections EE and FF
CD1.32a	Demolition and Construction – Overview of Proposals (Dwg 0011)
CD1.32b	Granite Block Drop Off (Final State) (Dwg 0017)
CD1.32c	Kensington Place/Lewis Street Two Way Running During MSCP Access Construction (Dwg 0031)
CD1.32d	Esplanade/Kensington Place Improvement (Dwg 0034)
Environmental Impact Statement	
CD1.33	Statement - Front Cover and Contents
CD1.33a	Statement Schedule of Contents
CD1.34	Statement Abbreviations
CD1.35	Statement Non-Technical Summary
CD1.36	Chapter 1 Introduction
CD1.37	Chapter 2 Environmental Impact Assessment
CD1.38	Chapter 3 Proposed Development
CD1.39	Chapter 4 Alternatives and Design Evolution
CD1.40	Chapter 5 Air Quality
CD1.41	Chapter 6 Noise and Vibration
CD1.42	Chapter 7 Traffic
CD1.43	Chapter 8 Biodiversity
CD1.44	Chapter 9 Geology, Hydrogeology and Contamination
CD1.45	Chapter 10 Water Resources
CD1.46	Chapter 11 Heritage
CD1.47	Chapter 12 Waste

CD1.48	Chapter 13 Wind
CD1.49	Chapter 14 Socio-Economics
CD1.50	Chapter 15 Townscape and Visual Impact
CD1.51	Chapter 16 Cumulative Effects
CD1.52	Chapter 17 Summary of Mitigation
CD1.53	Appendices - Front Cover and Contents
CD1.54	Appendix A1 Scoping Opinion
CD1.55	Appendix B1 Air Quality Construction Dust Assessment Methodology
CD1.56a	Appendix C1 Acoustic Terminology
CD1.56b	Appendix C2 Baseline Noise Survey
CD1.56c	Appendix C3 Construction and Demolition Vibration Study
CD1.56d	Appendix C4 Traffic Noise Assessment
CD1.56e	Appendix C5 Construction Noise Assessment
CD1.57a	Appendix D1 Overview of Development Proposals
CD1.57b	Appendix D2 Percentage Traffic Impact Assessment
CD1.57c	Appendix D3 Driver Delay Full Output
CD1.58a	Appendix E1 Protected Wild Animals and Wild Birds
CD1.58b	Appendix E2 Protected Wild Plants
CD1.58c	Appendix E3 Extended Phase 1 Habitat Survey
CD1.59a	Appendix F1 Geotechnical Phase 1 Desk Study pt. 1
CD1.59b	Appendix F1 Geotechnical Phase 1 Desk Study pt. 2
CD1.59c	Appendix F1 Geotechnical Phase 1 Desk Study pt. 3
CD1.59d	Appendix F1 Geotechnical Phase 1 Desk Study pt. 4
CD1.59e	Appendix F1 Geotechnical Phase 1 Desk Study pt. 5
CD1.59f	Appendix F2 Previous Geotechnical Investigation Reports
CD1.60	Appendix G1 Flood Risk Assessment
CD1.61a	Appendix H1 Heritage Desk Based Assessment
CD1.61b	Appendix H2 Mitigation Strategy Grade 1 Listed Building
CD1.62a	Appendix I1 Estimated Demolition Waste Quantities
CD1.62b	Appendix I2 Framework Site Waste Management Plan
CD1.63	Appendix K1 Extended Health Impact Assessment Scoping Report
CD1.64	Appendix L1 Townscape, Landscape and Visual Assessment Criteria
CD1.65a	Appendix M1 Cumulative Waste Assessment Calculations
CD1.65b	Appendix M2 Cumulative Townscape and Visual Effect
CD1.66	Appendix O Framework Construction Environmental Management (CEMP) Plan
CD1.67	Figures - Front Cover and Contents Page
CD1.68	Figure 1.1 Site Boundary
CD1.69	Figure 3.1 Massing and Scale Parameter Plan
CD1.70	Figure 3.2 Layout and Siting Parameter Plan
CD1.71	Figure 3.3 Public Realm and Pedestrian Parameter Plan
CD1.72	Figure 3.4 Vehicular Access and Movement Parameter Plan
CD1.73	Figure 5.3 Flue and Modelled Building Locations
CD1.74	Figure 5.5 Modelling Area
CD1.75	Figure 5.6 Monitoring Locations
CD1.76	Figure 5.7 Construction Dust Buffer
CD1.77	Figure 5.9 Hourly Mean NO ₂ Concentrations at Ground Level
CD1.78	Figure 5.10 Annual Mean PM ₁₀ Concentrations at Ground Level
CD1.79	Figure 5.11 Annual Mean PM _{2.5} Concentrations at Ground Level
CD1.80	Figure 5.12 Annual Mean NO ₂ Concentrations at 40m above Ground Level
CD1.81	Figure 5.13 Hourly Mean NO ₂ Concentrations at 40m above Ground Level
CD1.82	Figure 5.14 Annual Mean PM ₁₀ Concentrations at 40m above Ground Level
CD1.83	Figure 5.15 Annual Mean PM _{2.5} Concentrations at 40m above Ground Level
CD1.84	Figure 7.1 Traffic Assessment Links

CD1.85	Figure 7.2 Pedestrian Flows
CD1.86	Figure 7.3 Site Location and Local Highway Network
CD1.87	Figure 7.4 2016 Base AM
CD1.88	Figure 7.5 2016 Base PM
CD1.89	Figure 7.6 Road Traffic Collision Analysis
CD1.90	Figure 8.1 Designated Sites for Nature Conservation
CD1.91	Figure 9.1 General Hospital Site Layout Plan
CD1.92	Figure 9.2 Features and Constraints Plan
CD1.93	Figure 9.3 Historic Ground Investigation Plan
CD1.94	Figure 11.1 Cultural Heritage Assets
CD1.95	Figure 15.1A Visibility and Viewpoints
CD1.95a	Figure 15.1A P01 Visibility and Viewpoints Wider Area
CD1.96	Figure 15.1B Visibility and Viewpoints
CD1.96a	Figure 15.1B P01 Visibility and Viewpoints Core Area
CD1.97	Figure 15.2 P01 Townscape Character Areas
CD1.98	Figure 15.3 P01 Townscape Features and Context
CD1.99	Figure 15.4 Photographs P13-P24
CD1.99a	Figure 15.4 Photographs P1-P12
CD1.100	Figure 16.1 Cumulative Developments within 400m of Site Boundary

APPENDIX 3

INQUIRY DOCUMENTS LIST

[documents submitted during or after the Inquiry are in italics]

Procedural Documents	
<u>INQ1</u>	Letter dated 17 August from the Minister of the Environment to the Inspector regarding the Terms of Reference for the Inquiry
<u>INQ2</u>	Ministerial Notice to hold an Inquiry, 17 July 2017
<u>INQ3</u>	Public Inquiry Notice, 25 July 2017
<u>INQ4</u>	Inspector's Note, 9 October 2017
<u>INQ/4</u>	<i>Update Note, 4 December 2017</i>
<u>INQ/4a</u>	<i>Response from Jersey Property Holdings to the Update Note</i>

Inquiry Documents	
<u>ID1</u>	Draft conditions suggested by Jersey Property Holdings, 26 October 2017
<u>ID1A</u>	Conditions suggested by the Department of the Environment and Jersey Property Holdings
<u>ID1B</u>	<i>Conditions suggested by the Department of the Environment and Jersey Property Holdings, 22 November 2017</i>
<u>ID2</u>	<i>Rochdale Envelope – Parameters and Rules Document, 21 November 2017</i>

Jersey Property Holdings Documents	
<u>APP1</u>	Statement of Case by Jersey Property Holdings
<u>APP2</u>	Signed confirmation of Notice Placement
<u>APP3</u>	<i>Opening Statement by Jersey Property Holdings</i>
<u>APP4</u>	<i>Envelope, Parameters and Rule Statement</i>
<u>APP5</u>	<i>States of Jersey Property Holdings: Establishment</i>

APP6	<i>Letter to the Minister on behalf of Jersey Property Holdings, 11 July 2017</i>
APP7	<i>Preferred Site – Report and Proposition Media Presentation 18th October 2016</i>
APP8	<i>Information on ambulance journeys</i>
APP9	<i>Closing Statement by Jersey Property Holdings</i>

Department of Environment Documents

DEPT1	Statement of Case by the Department of Environment
DEPT2	<i>Opening Statement by the Department of Environment</i>
DEPT3	<i>Patriotic Street apartments floorplan</i>
DEPT4	<i>Closing Statement by the Department of Environment</i>

Consultation Responses

CON1	Department for Infrastructure, Operational Services - Drainage
CON2	Environmental Health
CON3	Historic Environment Team
CON4	Natural Environment Team
CON5	Jersey Fire & Rescue
CON6	Parish of St Helier Roads Committee
CON7	Economic Development, Tourism, Sport and Culture
CON8	Environmental Protection
CON9	Solid Waste and Recycling

Statements of Case, Following Notice of the Inquiry

SOC1	Statement of Case by Brian Bullock
SOC2	Statement of Case by Christine Cronin

SOC3	Statement of Case by Christopher Davey
SOC3a	Further information by Christopher Davey
SOC4	Statement of Case by David Elliot
SOC5	Statement of Case by Deputy Macon
SOC6	Statement of Case by G B Amy
SOC7	Statement of Case by Gary Hudson
SOC8	Statement of Case by Helen Talibard
SOC9	Statement of Case by John Nugent
SOC10	Statement of Case by June Poole
SOC11	Statement of Case by Liberate
SOC12	Statement of Case by Lucian Cozac
SOC13	Statement of Case by Martin Sayers
SOC14	Statement of Case by Mike Harman
SOC15	Statement of Case by Paul Battrick
SOC16	Statement of Case by Phil Renouf
SOC17	Statement of Case by A Powell
SOC18	Statement of Case by Alison Christie Upton
SOC19	Statement of Case by Andrew Gillham
SOC19a	Supplementary Statement of Case by Andrew Gillham
SOC20	Statement of Case by Ann Goodchild
SOC20a	Further information by Ann Goodchild
SOC21	Statement of Case by Bill McAvinue
SOC22	Statement of Case by David Bailey
SOC23	Statement of Case by David Crocker
SOC24	Statement of Case by Elvina Davey
SOC25	Statement of Case by Gary Romeril

SOC26	Statement of Case by Graham and Pam Queree
SOC27	Statement of Case by John Henwood
SOC28	Statement of Case by John Romeril
SOC29	Statement of Case by Nicholas Blampied
SOC30	Statement of Case by Rowland Huelin
SOC30a	Supplementary Statement of Case by Rowland Huelin
SOC31	Statement of Case by Stewart Mourant
SOC32	Statement of Case by M Pirouet
SOC33	Statement of Case by Michel Morel
SOC34	Statement of Case by Mrs J Powell
SOC35	Statement of Case by Sam De La Haye
SOC36	Statement of Case by Sandra Clark
SOC37	Statement of Case by Simon Barr
SOC38	Statement of Case by Tracey Hallam
SOC39	Statement of Case by Vince Thorne
SOC40	Statement of Case by Deborah Davey
SOC41	Statement of Case by J Rendell
SOC42	Statement of Case by Marti Rault
SOC43	Statement of Case by Mike Dun
SOC44	Statement of Case by Mike Etienne
SOC45	Statement of Case by Mr Panelli
SOC46	Statement of Case by Mrs Howell
SOC47	Statement of Case by Sam Bowen
SOC48	Statement of Case by Jacqui Carrel
SOC49	Statement of Case by Jean Lelliot
SOC49a	Supplementary Statement of Case by Jean Lelliot

SOC50	Statement of Case by John Baker
SOC51	Statement of Case by John Young
SOC52	Statement of Case by Racheal Fay
SOC53	Statement of Case by Simon Hector
SOC54	Statement of Case by Teresa Green
SOC55	Statement of Case by Jane Blakeley
SOC56	Statement of Case by Mr S Power
SOC57	Statement of Case by West Town Community Association
SOC58	Statement of Case by Andrew Le Quesne
SOC58a	Supplementary Statement of Case by Andrew Le Quesne
SOC58b	Further Supplementary Statement of Case by Andrew Le Quesne
SOC59	Statement of Case by Sarah Ferguson
SOC59a	Supplementary Statement of Case by Sarah Ferguson
SOC60	Statement of Case by Mr C McCarthy
SOC60a	Further information to support the Statement of Case by Mr C McCarthy
SOC60b	Further information to support the Statement of Case by Mr C McCarthy
SOC60c	Future Hospital Project: Report of the Sub-Panel (S.R.7/2016) – Response of the Minister for Health and Social Services, submitted by Mr C McCarthy
SOC61	Statement of Case by M Officer
SOC62	Statement of Case by R Le Brocq
SOC62a	Further comments by R Le Brocq
SOC63	Statement of Case by Mr M Waddington
SOC63a	Supplementary Statement of Case by Mr M Waddington
SOC63b	Further information submitted by Mr M Waddington
SOC64	Statement of Case by Jersey in Transition
SOC65	Statement of Case by Margaret Syvret

SOC65a	Further comments by Margaret Syvret
SOC66	Statement of Case by Debbie Harrington
SOC67	Statement of Case by Deputy John Le Fondré
SOC68	<i>Statement of Case by David Cabeldu</i>
SOC69	<i>Statement of Case by Brian Hotton</i>
SOC70	<i>Statement of Case by Save Our Shoreline</i>
SOC71	<i>Statement of Case by J S Carney</i>
SOC72	<i>Statement of Case by Tony Bellows</i>
SOC73	<i>Statement of Case by Richard Day</i>
SOC74	<i>Statement of Case by Phil Rondel</i>

Evidence on behalf of Jersey Property Holdings

JPH/1	Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.1	Appendix 1 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.2	Appendix 2 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.3	Appendix 3 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.4	Appendix 4 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.5	Appendix 5 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.6	Appendix 6 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.7	Appendix 7 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.8	Appendix 8 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.9	Appendix 9 to Proof of Evidence – Future Need for the Hospital, Bernard Place

	Place
JPH/1.10	Appendix 10 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.11	Appendix 11 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.12	Appendix 12 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.13	Appendix 13 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.14	Appendix 14 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.15	Appendix 15 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.16	Appendix 16 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.17	Appendix 17 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.18	Appendix 18 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.19	Appendix 19 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.20	Appendix 20 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.21	Appendix 21 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.22	Appendix 22 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.23	Appendix 23 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.24	Appendix 24 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.25	Appendix 25 to Proof of Evidence – Future Need for the Hospital, Bernard Place

JPH/1.26	Appendix 26 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.27	Appendix 27 to Proof of Evidence – Future Need for the Hospital, Bernard Place
JPH/1.28	<i>Summary Proof of Evidence – Future Need for the Hospital, Bernard Place</i>
JPH/2a	Proof of Evidence, Evolution of Design and Form of Hospital, Kieren Morgan
JPH/2a.1	<i>Summary Proof of Evidence, Evolution of Design and Form of Hospital, Kieren Morgan</i>
JPH/2b	Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover
JPH/2b.1	Appendix 1 to Proof of Evidence - Content of the planning application and the Rochdale Envelope Principle by Richard Glover
JPH/2b.2	Appendix 2 to Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover
JPH/2b.3	Appendix 3 to Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover
JPH/2b.4	Appendix 4 to Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover
JPH/2b.5	Appendix 5 to Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover
JPH/2b.6	Appendix 6 to Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover
JPH/2b.7	Appendix 7 to Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover
JPH/2b.8	Appendix 8 to Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover
JPH/2b.9	<i>Summary Proof of Evidence on Content of the planning application and the Rochdale Envelope Principle, Richard Glover</i>
JPH/2c	Proof of Evidence on Application of Rochdale Envelope, Clive Lewis
JPH/2c.1	<i>Summary Proof of Evidence on Application of Rochdale Envelope, Clive Lewis</i>

JPH/3	Proof of Evidence on Environmental Impact Assessment Overview, Rowena Ekermawi
JPH/3.1	<i>Summary Proof of Evidence on Environmental Impact Assessment Overview, Rowena Ekermawi</i>
JPH/4a	Proof of Evidence on Archaeology and Listed Sites, Paul Driscoll
JPH/4a.1	<i>Summary Proof of Evidence on Archaeology and Listed Sites, Paul Driscoll</i>
JPH/4b	Proof of Evidence on Townscape and Visual Impact Assessment, Ben Oakman
JPH/4b.1	<i>Summary Proof of Evidence on Townscape and Visual Impact Assessment, Ben Oakman</i>
JPH/5	Proof of Evidence on Highways and Transportation, Alexander Welch
JPH/5.1	<i>Summary Proof of Evidence on Highways and Transportation, Alexander Welch</i>
JPH/6a	Proof of Evidence on Construction Effects (Socio-economic), David Brown
JPH/6a.1	<i>Summary Proof of Evidence on Construction Effects (Socio-economic), David Brown</i>
JPH/6b	Proof of Evidence on Noise and Vibration by David Hiller
JPH/6b.1	Appendix A to Proof of Evidence on Noise and Vibration, David Hiller
JPH/6b.2	<i>Summary Proof of Evidence on Noise and Vibration by David Hiller</i>
JPH/6c	Proof of Evidence on Construction Impact – Summary, Mike Penny
JPH/6c.1	<i>Summary Proof of Evidence on Construction Impact – Summary, Mike Penny</i>
JPH/7	Proof of Evidence on Compliance with Planning Policy, Stephanie Steedman
JPH/7.1	Appendix 1 to Proof of Evidence on Compliance with Planning Policy, Stephanie Steedman
JPH/7.2	Appendix 2 to Proof of Evidence on Compliance with Planning Policy, Stephanie Steedman
JPH/7.3	Appendix 3 to Proof of Evidence on Compliance with Planning Policy, Stephanie Steedman

JPH/7.4	Appendix 4 to Proof of Evidence on Compliance with Planning Policy, Stephanie Steedman
JPH/7.5	Appendix 5 to Proof of Evidence on Compliance with Planning Policy, Stephanie Steedman
JPH/7.6	Appendix 6 to Proof of Evidence on Compliance with Planning Policy, Stephanie Steedman
JPH/7.7	<i>Summary Proof of Evidence on Compliance with Planning Policy, Stephanie Steedman</i>
JPH/8	Proof of Evidence on Response to representations, Stephanie Steedman
JPH/8.1a	Part 1 of Appendix 1 - Environmental Protection - to Proof of Evidence on Response to representations, Stephanie Steedman
JPH/8.1b	Part 2 of Appendix 1 – Protection of the Islands - to Proof of Evidence on Response to representations, Stephanie Steedman
JPH/8.1c	Part 3 of Appendix 1 – Planning & Decision Making - to Proof of Evidence on Response to representations, Stephanie Steedman
JPH/8.1d	Part 4 of Appendix 1 – Socio-Economic - to Proof of Evidence on Response to representations, Stephanie Steedman
JPH/8.1e	Part 5 of Appendix 1 – Other Comments - to Proof of Evidence on Response to representations, Stephanie Steedman
JPH/8.2	<i>Summary Proof of Evidence on Response to representations, Stephanie Steedman</i>
JPH/9	<i>Proof of Evidence of William Holborow, Historic Environment</i>

Evidence of the Department of Environment	
DOE/1	Proof of Evidence on Planning, John Nicholson
DOE/1a	Appendix A to Proof of Evidence on Planning, John Nicholson
DOE/1b	Appendix B to Proof of Evidence on Planning, John Nicholson
DOE/1c	Appendix C to Proof of Evidence on Planning, John Nicholson
DOE/1d	Appendix D to Proof of Evidence on Planning, John Nicholson
DOE/1e	Appendix E to Proof of Evidence on Planning, John Nicholson
DOE/1f	Appendix F to Proof of Evidence on Planning, John Nicholson

DOE/1g	Appendix G to Proof of Evidence on Planning, John Nicholson
DOE/1h	Appendix H to Proof of Evidence on Planning, John Nicholson
DOE/1i	Appendix I to Proof of Evidence on Planning, John Nicholson
DOE/1j	<i>Summary Proof of Evidence on Planning, John Nicholson</i>
DOE/2	Proof of Evidence on Historic Environment by Tracey Ingle
DOE/2a	Appendix F to Proof of Evidence on Historic Environment by Tracey Ingle
DOE/3	Proof of Evidence on Highways by Robert Hayward
DOE/3a	<i>Summary Proof of Evidence on Highways by Robert Hayward</i>
DOE/4	Proof of Evidence on Environmental Health by Robert Bowditch

Evidence of Interested Persons	
ALQ/1	Proof of evidence of Andrew Le Quesne
JB/1	Proof of evidence of Jane Blakeley
JB/1a	Extracts from Character Appraisal of St Helier 2004
MCM/1	Mr Mccarthy supporting information summary
MCM/2	Extract from Invitation to the Minister
MCM/3	Site Selection Overdale or Waterfront or Existing and Other Matters
MCM/4	Information regarding the lack of A Health Impact Assessment or Infection Control Risk Assessment (ICRA) for a hospital
MCM/5	Comments on the images of the proposed hospital as part of the planning application
MCM/6	Email to the Programme Officer, 23 October 2017
MCM/7	Non-compliance - NICE The National Institute for Health and Care Excellence air pollution guidelines
MCM/8	Environmental Impact Statement - Air Quality (also CD1.40)
MCM/9	Environmental Impact Statement – Wind (also CD1.48)

MCM/10	Information on no masterplan of area to assess against
MCM/11	Information on Health Impact Assessment
MCM/12	Information on detailed planning required
MCM/13	Information on loss of sunlight
MCM/14	Lack of information to assess planning application
MCM/15	Copy of email sent to the States, 2 October 2017, ruination of the fragile tourist area and loss off hotels on the western gateway
MCM/16	Information on the ruination of the fragile tourist area and loss of hotels
MCM/17	Further information on the ruination of the fragile tourist area and loss of hotels
MCM/18	Non-compliance with government healthcare design guidelines
MCM/19	Health Building Note 00-01 General design guidance for healthcare buildings
MCM/20	Selection of Zone 3 Flood Risk in Preference to Zone 1 Alternative
MCM/21	States of Jersey, Flood Risk Assessment, June 2017 (also CD1.60)
MCM/22	Sustainability assessment comparison of sites
MCM/23	Visual impact does not relate to Character Appraisal
MCM/24	Environmental Impact Statement Non-Technical Summary (also CD1.35)
MCM/25	Planning Statement Appendix 4 (also CD1.5e)
MCM/26	Hospital Pre-Feasibility Spatial Assessment Project: Interim Report, October 2012
MCM/27	Simplistic Sustainability Comparison between Tower and Waterfront and Overdale and flood risks
MCM/28	Information on the Jersey Architecture Commission and sustainability
MCM/29	Summary of main unsustainable objection
MCM/30	Jersey Architecture Commission Comments
MCM/31	The primary Jersey hospital brief

MCM/32	Non Compliance with the Island Plan
MCM/33	Non Compliance with the Minister's Strategic Plan
MCM/34	Health Impact Assessment
MCM/35	<i>Email dated 6 December 2017 in response to the published Health Impact Assessment</i>
MCM/36	<i>Email from Mr Mccarthy to the States dated 11 December 2017</i>
NB/1	Proof of Evidence of Nicholas Blampied
DD/1	Proof of Evidence of Deborah Davey
DD/1a	<i>Amended Proof of Evidence of Deborah Davey</i>