Planning and EIA in Jersey

The States of Jersey has for a number of years been seeking to develop a modern hospital (the Jersey Future Hospital of JFH) for the Islands with an extensive site selection exercise determining that the preferred location of the hospital should be the current Jersey Royal Hospital near the seafront in St Helier.

An initial outline planning application for the was refused planning permission after a public inquiry in 2017 for reasons of visual impact, impact on neighbour amenity and impact on heritage assets. A substantially revised scheme was prepared and submitted in 2018 with the public inquiry held in early 2019.

The Jersey is not part of the European Union, so the European EIA Directive has no teeth here. Whilst planning policy on the Island is making very positive strides, Jersey planning law is still fairly light touch, and policy lags behind the UK. Listed Buildings have been designated in recent years, and Conservation Areas are to follow. Energy and sustainability requirements lack specifics, unlike the EU where stringent carbon reduction targets are in place. Jersey’s Revised Island Plan 2011 sets out a spatial strategy and development management policies that promote sustainable development, and there is supplementary guidance on matters such as design. However, for assessing environmental effects, key methodologies that we in the UK rely on, such as the Building Research Establishment guidance on assessing sunlight and daylight, are not required by policy, or widely used.

For planning and environmental matters, Jersey has its own legislation, consisting primarily of the Planning and Building (Jersey) Law 2002, and supported in EIA terms by the Planning and Building (Environmental Impact) Order 2006. This Order sets the requirements for EIA in Jersey, and in broad terms paraphrases the UK EIA Regs, adopting the same approach to qualifying Schedule 1 and Schedule 2 development.

Statutory consultees are all departments of the States of Jersey government – there is no recourse to external bodies like Historic England or the Highways Authority. This simpler structure does not necessarily dilute the planning process, but rather provides scope for reference to a wider range of best practice and case law from other jurisdictions. This falls to the agent and their project team when presenting a planning case.

Another distinctive factor of the Jersey planning process is the recourse to Public Inquiry. The law directs the Minister to rule that where any proposed development could have “a significant effect on the interests” of the whole or substantial part of the Jersey population, an application will not be determined before an Inquiry is held. The UK Planning Inspectorate conducts these Inquiries, providing skilled decision-makers who make robust assessments of development proposals in the context of the Jersey legal and policy framework.

With these jurisdictional specifics in mind, those tackling EIA in Jersey are wise to take a robust approach that would satisfy UK Regs, rather than a lighter touch route.
With a population of around 100,000, there is not a significant level of EIA development in Jersey. In recent years, two notable EIA schemes have emerged on the island – a £100m Energy from Waste facility now built near St Helier, and current planning proposals for the Jersey Future Hospital (JFH), a £460m project to replace Jersey’s existing general hospital. The JFH project is the biggest development project and planning application that the Island has seen.

It was decided for the JFH project that a UK-compliant EIA process would be followed, with careful attention to local specifics and laws. The EIA was produced by Arup in line with the IEMA EIA Quality Mark.

The planning application for the JFH has been prepared in outline. Discussions with the planners involved detailed explanation of the acceptability of a parameter-based EIA and the planning application and EIA was prepared on this basis.

After a public inquiry held in September 2019 it was again determined by the Minister that potential impacts of the new hospital would be too great to outweigh the public benefit of the scheme and that the site selection exercise will be re-run to determine if a less sensitive location can be identified.

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