

6 July 2026

Independent Hearing Panel
Hutt City Proposed District Plan
Hutt City Council

By Email: Hearing Administrator, Saritha Shetty (Saritha.Shetty@huttcity.govt.nz)

Dear Commissioners | Tēnā koutou,

Hutt City Council Proposed District Plan – Health New Zealand Letter to be tabled at Hearing Stream 4

Health New Zealand | Te Whatu Ora (Health NZ) made submissions, S513 and F37, on Hutt City Council's Proposed District Plan (PDP).

Health NZ writes to the Independent Hearing Panel (Hearing Panel) in relation to PDP Hearing Stream 4 and respectfully requests that this letter be tabled for the Hearing Panel's information and consideration.

This letter records Health NZ's position (including **not withdrawing** its submissions on the PDP and brief comments on the relevant parts of the s42A Report [s42A]) and confirms that it will not file evidence and appear before the Panel on this matter.

Health NZ – Brief Context

Health NZ is the Crown Entity with statutory responsibilities for the public health system in New Zealand - established in July 2022 under the Pae Ora (Healthy Futures) Act 2022. Amongst these responsibilities is the ownership and operation of approximately 700 hectares of land in every region of New Zealand – as part of health services provision to the public.

Prior to the National Policy Statement on Infrastructure 2025 (NPS:I) coming into force on 15 January 2026¹, the public health system and associated hospitals and health infrastructure owned and operated by Health NZ were, in effect, invisible within the New Zealand Planning System under the Resource Management Act 1991 (RMA). This has left health infrastructure and facilities owned by Health NZ as poorly defined, understood and provided for in planning policy throughout New Zealand. In practice, this has led to a proliferation of highly variable, often conflicting planning policy nationwide which results in inconsistent and equally highly variable costs to operate, maintain, develop and deliver health infrastructure – ultimately impacting public health services delivery to communities.

Since establishment, Health NZ has been working in every region of New Zealand to lift understanding about health infrastructure and address the continued proliferation of highly varied (despite national planning standards, and more recently the introduction of the NPS:I) plan provisions affecting public health services delivery (refer to **Appendix 1** for broader context).

¹ After the development and notification of the PDP

Health NZ Position – PDP Hearing Stream 4

Health NZ has reviewed its submissions and read the relevant Hearing Panel Directions and Council Officer's s42A as it relates to Special Purpose Hospital Zone (SPHZ).

Health NZ's position can be summarised as follows:

1. Health NZ's positions as set out in submissions remain fundamentally unchanged. In particular:
 - a. Health NZ remains supportive of an SPHZ over the Hutt Hospital Campus – but considers amendments are necessary to appropriately prioritise and enable public health infrastructure. The NPS:I definition of "additional infrastructure" illustrates the justified need for delineation from other health care activities.
 - b. Health NZ is not withdrawing its submissions.
2. Health NZ has read the s42A and considers that it:
 - a. Demonstrates a fundamental misunderstanding and misrepresentation of Health NZ submissions;
 - b. Does not adequately contemplate the need for delineation between Health NZ facilities (as defined in the "additional infrastructure" definition in the NPS:I) and other health care activities – nor the significance of why the NPS:I has specifically defined Health NZ infrastructure in this way (versus all health infrastructure) and what consideration may be necessary for the development of SPHZ provisions;
 - c. Fundamentally takes the position that the generality of the zone provisions (and associated definitions) including the Hutt Hospital Campus is sufficient reasoning for rejecting relief sought by Health NZ for measures that, in effect, sought delineation of the public health system from other health care activities. This rationale misunderstands Health NZ's submissions (that differentiation – priority and enablement – is necessary and justified) and that the NPS:I (that explicitly differentiates Health NZ health infrastructure) necessitates adequate consideration; and
 - d. Continues a missed opportunity to fully develop SPHZ provisions in a way that appropriately recognise the essential and national significance of the public health system owned and operated by Health NZ.

The opportunity lost is to have worked with Health NZ earlier in the PDP process as offered in submissions to create a policy framework that is not only appropriately permissive for the public health system but also ensures that consent decision-making is balanced e.g. appropriately allows consideration of significant adverse effects beyond the campus while recognising that public hospital campus design decision-making considers a complex range of operational factors that are outside regulatory processes. For example, a Council urban design manual is not the basis public hospital campus design decisions, while also recognising that Health NZ designs hospital campuses that are safe, legible and accessible to all patients, whanau and staff to successfully deliver public health system services.

3. Health NZ is disappointed that the s42A misunderstands and mischaracterises its submissions by:
 - a. Failing to recognise and take up Health NZ's offer to collaborate on matters raised in submission. Health NZ has taken this approach successfully around the country with other Councils – regardless of the ultimate policy outcome in all cases there has always been an improved level of understanding about the public health system and health infrastructure for all parties.
 - b. Failure to recognise that the submissions offered both specific and descriptive relief, that combined with the offer to collaborate would have, in Health NZ's opinion, resulted in a specific set of modified provisions.
4. Health NZ considers that while the necessary modifications to the SPHZ (and definition) provisions would likely be generally discrete – the degree of fundamental contention between Health NZ's position and that of the s42A is wide because the opportunity to directly engage earlier in the PDP process was not taken by Council. Unfortunately, there is simply not enough resource available to prepare the necessary evidence to address these matters – particularly at this stage of legislative reform of the NZ planning system and the scale of strategic planning work required for Health NZ to prepare for system transition nationally.
5. Health NZ acknowledges and understands that the Hearing Panel will look to our position on this matter as expressed in submissions. Health NZ is grateful for the opportunity to record its position on the s42A.
6. Given matters raised in this letter and to assist the Panel, Health NZ identifies below the core matter of contention between Health NZ's position and the recommended version as set out in the S42A:
 - a. It is justified, necessary and appropriate that the SPHZ (and associated definitions) recognise and delineate public health system facilities like the Hutt Hospital (owned and operated by Health NZ) from other health care activities.

The NPS:1 came into effect after the PDP was notified and it clearly defines “additional infrastructure” as owned by Health NZ as distinct from *all other* health infrastructure. The s42A does not adequately address the impact of this national direction on the development and adequacy of these plan provisions.

The Hutt Hospital Campus should be subject to more permissive plan provisions for hospital and health care activities than other land within the SPHZ. Where consenting is required, the policy framework should reflect the different decision-making considerations relevant to a public hospital / campus e.g. a Council Urban Design Manual or similar is not relevant to assessment of resource consents for buildings or activity at the Hutt Hospital campus (other operational factors – including design and function – determine public hospital investment decisions). There are different drivers that apply (and generally less choices available) to public health facilities owned by Health NZ like the Hutt Hospital.

Note: relief to resolve this matter of contention does not, itself, require the reduction in the plan settings that apply to other health care activities on SPHZ land to create appropriate delineation.

Health NZ Decision – Hearing Stream 4

Health NZ's submissions made clear the offer to work collaboratively with Hutt City Council on the policy matters of contention. Health NZ takes a collaborative-by-default approach nationally to planning policy development – universally this collaborative approach has proven to be efficient and effective for all parties.

Unfortunately, Health NZ's offer to work collaboratively with Council Officer's on these provisions was not accepted.

Health NZ considers that the degree of misunderstanding | mischaracterisation demonstrated in the s42A reflects the lost opportunity to narrow issues of contention | take the opportunity to shape policy provisions (that, soon, could have been of most use as a base for consideration within implementing the future legislative framework).

Health NZ has, reluctantly, concluded that the degree fundamental matters of contention between the s42A and relief sought in submissions is too great to be able to allocate the necessary resource to develop the submission points further in evidence. This is particularly so given the scale of work required by Health NZ beyond this process on preparing for planning system transition for the public health system nationally.

Health NZ has determined it does not have the resources to meaningfully participate in Hearing Stream 4. Health NZ is disappointed that the offer to collaborate with officers earlier in the process was not accepted – nevertheless we accept that is the case and wish the Panel well in its hearing of this matter and the remainder of the PDP.

Should the Hearing Panel require clarification on any matter please contact Paulette Sorensen at Health NZ on 021 242 8729 or at land-planning@tewhatauora.govt.nz.

Ngā mihi nui,



Paulette Sorensen

**Group Manager - Land
Infrastructure and Investment**

Appendix 1: Health NZ Strategic Context

Below is background information about Health NZ and its strategic context. It is provided to assist understanding Health NZ's operating environment and statutory responsibilities.

- On 1 July 2022, Health NZ was established under the Pae Ora (Healthy Futures) Act 2022. It replaced 20 District Health Boards, 8 health agencies, absorbed some functions from the Ministry of Health.
- It is the Crown Entity with statutory responsibilities for the public health system.
- Amongst its statutory obligations it must develop and implement the New Zealand Health Plan and must give effect to the Government Policy Statement on Health (GPS) when performing its functions.
- The GPS 2024 – 2027 sets the Government's health five priorities – one of which relates to health infrastructure (including the Health Estate) because of the intrinsic relationship between infrastructure and achievement of health service outcomes. The New Zealand Health Plan 2024 – 2027 (the Health Plan) then sets out priorities and actions to deliver better health outcomes for all New Zealanders. The Health Plan recognises infrastructure (e.g. Hutt Hospital) as one of the key system enablers and that Health NZ's aim is to continue to improve infrastructure to support delivery of timely, accessible and high-quality care.
- Health NZ owns and operates a significant property and infrastructure portfolio in every region of New Zealand – consisting of approximately 700 hectares of land – including more than 1200 buildings on 86 campuses.
- It is necessary that Health NZ manage the deployment of its limited resources (1 x Planner) effectively and efficiently - including participation and engagement with local government policy development processes nationwide. On planning system and planning policy matters, Health NZ is engaged across legislative reform, system transition and other Local Government policy processes.
- Health NZ also has additional requirements to provide buildings that comply with the Importance Level (IL) ratings in the Building Act. These ratings (1-5 with 5 being the highest) relate to the ability of the building to withstand earthquakes. Health NZ buildings need to be IL4 for buildings that provide a post-earthquake response facility (theatres, radiology, ICU, Emergency Departments etc.) and IL3 for buildings that accommodate inpatient wards.
- Within the planning system, the essential role and priority of the public health system context is reflected with the release of the National Policy Statement for Infrastructure, 2025 (NPS: I) that came into force 15 January 2026. The NPS: I specifically recognises Health NZ facilities / Health Infrastructure as "infrastructure" – which, in turn, is recognised as nationally significant.

The NPS:| provide a counterbalancing to RMA decisions affecting the Health Estate – including a nationally directed policy signal that differentiates Health NZ facilities and infrastructure from other health facilities and infrastructure.