Before the Christchurch Replacement District Plan Independent Hearings Panel


And

In the Matter of the Specific Purposes (Hospital Zone) Chapter of the Christchurch Replacement District Plan

Evidence of Bradley Cabell on the behalf of the Canterbury District Health Board and the Ministry of Health

Submission Number: 2350 / FS-2800
Evidence on behalf of the Canterbury District Health Board and Ministry of Health

Introduction

1. My name is Bradley Cabell. I am the Programme Director, Property and Construction for the Site Redevelopment Unit, employed by the Canterbury District Health Board (CDHB). The Site Redevelopment Unit is responsible for major building construction and redevelopment work across the CDHB which includes all earthquake repairs. The unit is also responsible for the disposal of CDHB property along with the negotiation of leases for facilities.

2. I have worked for the CDHB for nine years. I have worked for thirty five years in the construction industry.

3. I have a Bachelors of Applied Science and a Masters of Business Administration.

4. I welcome the opportunity to provide operational evidence in support of the CDHB’s evidence on the Specific Purpose (Hospital) Zone.

5. I attended mediation and appreciated the opportunity to work productively with the Council and I acknowledge that agreement was reached on a number of matters of concern to the CDHB.

Evidence

6. My evidence provides an overview of the operational requirements for the sites listed as Suburban and Suburban Service Hospital in the Specific Purposes (Hospital) Zone in so doing so I hope to assist the panel by providing them with an understanding of the CDHB’s plans for the delivery of hospital services in the district and wider region and how hospital sites will be utilised to deliver these services. It therefore covers the following:

   a) relationship between the Ministry of Health and the CDHB.
   b) the types of activities that occur on suburban hospital sites.
   c) current and future site developments on the Hillmorton and Burwood sites.
   d) constraints on development.
   e) process for developing hospital sites’.
The relationship between Ministry of Health and CDHB and their specific roles;

7. The Minister of Health (with Cabinet and the government) develops policy for the health and disability sector and provides leadership. The Minister is supported by the Ministry of Health and its business units, and is advised by the Ministry, the National Health Board, Health Workforce New Zealand, the National Health Committee, and other ministerial advisory committees.

8. The Minister of Health appoints up to four members to each district health board, and the board's chair and deputy chair.

9. The National Health Board funds and monitors district health boards, although some disability support services and health services are funded and purchased nationally by the Ministry of Health.

10. Most of the day-to-day business of the health system, and around three quarters of the funding, is administered by district health boards (DHBs). DHBs plan, manage, provide and purchase health services for the population of their district to ensure services are arranged effectively and efficiently for all of New Zealand. This includes funding for primary care, hospital services, public health services, aged care services, and services provided by other non-government health providers including Māori and Pacific providers. DHB's own and fund all public hospitals, for example in Christchurch Burwood and Hillmorton are both owned and funded by the Canterbury DHB.

Process for developing hospital sites.

11. The location of each hospital department is carefully considered in relation to other departments. Development is undertaken by taking a holistic view of the site and the location of existing services and facilities. No department can be considered in isolation, each is reliant upon other departments and services for many things for example its communications, laundry services, supplies, removal of waste and food services.

12. Clinical wards have specific needs and in designing rooms, building and site layouts, consideration needs to be given to the following;¹

a) patient flow throughout the building from emergency admissions as well as planned admissions
b) accompanying relatives/whanau and support people
c) patient privacy
d) control of cross infection
e) minimal disturbance by noise or lights at night
f) space around beds
g) space for beds and equipment to be moved
h) sitting space
i) space for heating, ducts and exhaust systems for medical gases
j) toileting and bathroom facilities
k) treatment rooms
l) nurse stations
m) catering
n) pharmaceutical supplies;
o) sterile supplies;
p) linen storage;
q) supply and disposal systems including of medical waste
r) deliveries to the wards;
s) storage of equipment such as lifting hoists

13. All these matters need to be considered in the design of clinical areas and departments, therefore the size of hospital buildings tend to be large in scale. The size of buildings is largely determined by the requirements of the clinical service and how that service interacts with the other existing or planned facilities on the site.

The effect of the aging population on hospital sites.

14. New Zealand has an aging population, and this will have an impact on the demand for and provision of health care and disability services. Chronic diseases disproportionately affect older adults and contribute to ongoing disability, diminished quality of life and increased demand and need for long-term health care². Specific analysis of age related diseases indicates that the New Zealand health sector can expect increased health expenditure and demand in the coming two decades from cardio vascular diseases, cancers, strokes, diabetes mellitus, chronic obstructive pulmonary diseases, osteoporotic

fractures, musculoskeletal diseases and dementia. Given that the needs of older people with dementia often necessitate long-term care, greater demand for these services can be expected.

15. The CDHB’s Site Development unit has worked closely with the Planning and Funding department on the service requirements as part of the Master plan process for each site. Consideration for the growing older population and older people’s health and rehabilitation formulated much of the planning at Burwood Hospital especially considering that Older Person Health Services will be relocated on the site once. The Princess Margaret Hospital closes. Burwood Hospital will continue to be a full rehabilitation hospital for elective services (such as hip and knee replacement rehabilitation), and it will offer a range of services for older people suffering from falls. The aging population will likely result in an increased demand for elective surgery. The CDHB are continuing to advocate health programmes that will enable people to stay in their homes as long as possible so that they are able to lead independent lives. There will be on-going service analysis to ensure that services are being adequately delivered to different population groups. However increased demand for services will result in the likelihood that more buildings will be needed in the future. There needs to be flexibility in the district plan framework so that changes can be made on suburban sites to meet changing health needs over time.

16. Hillmorton Hospital is the CDHB’s main site for Specialist Mental Health Services therefore it will be less affected by health demands of an aging population. However the impact of the earthquakes has placed further demand for mental health services and this is expected to continue for the next five years. I understand that international literature on natural disasters show that post earthquake stress can last up to ten years for young people and five years for adults.

The types of activities that occur within the Suburban hospital sites

17. The CDHB operates three major hospital sites in suburban Christchurch. The core services for each site are listed below. Please note, the lists of the services available are not full and complete, for the sake of brevity, the lists contain the core services.

18. **Burwood Hospital** situated in the north east of Christchurch is the CDHB’s centre of excellence for rehabilitation and elective orthopaedic surgery. The aim is to be recognised as the premier provider of rehabilitation services in New Zealand and the CDHB is committed to meeting the needs of patients that will enable them to return to a productive life.
19. Existing services at Burwood Hospital are Academy for Independent Living, Beacon House Children’s Hospital, Birthing Unit, B4 School Checks, Blood Test Centre, Brain Injury Rehabilitation Service, Child Development and Therapy Centre, Community Dental Services, Dieticians, Low Vision Clinic, Occupational Therapy, Orthopaedic Outpatients, Outpatient Procedure Unit, Physiotherapy, Public Health Nursing Service, Radiology, Social Work, Speech Language Therapy, Spinal Unit, Spinal Transition Unit, Vision Hearing Testing Service.

20. The Burwood Site provides facilities on site for three trusts: Champion Centre (early intervention), Spinal Trust and Burwood Academy for Independent Living (BAIL) (research and support for spinal rehabilitation).

21. Hillmorton Hospital is the main site for Specialist Mental Health Services in Canterbury. Some mental health services are also based at The Princess Margaret Hospital and in the community. Cervical Screening, Community Dental Service and the Hospital Dental Service are also located on the Hillmorton Hospital site. Existing services at Hillmorton Hospital include Adult Acute Inpatient Service, Anxiety Disorders Unit, Christchurch Opioid Recovery Service, Community Dental Service, Community and Alcohol Drug Service, Clinical Dietetic Services, Forensic Community Unit, Forensic Rehabilitation Unit, Intellectual Disability Assessment, Treatment and Rehabilitation, Kennedy Detoxification, Kiwi Kids Nursery & Pre-School, National Cervical Screening Programme, Physiotherapy, Psychiatric Services for Adults with Intellectual Disability, Psychiatric Emergency Service, Youth Speciality Service.

22. The Princess Margaret Hospital currently contains a range of services which will be relocated to other CDHB sites once the site redevelopment at Christchurch Hospital, Hillmorton and Burwood Hospitals is complete. The existing services include Child Inpatient Family Unit, Community Stroke Rehabilitation Service, ECT Suite, Older Persons Health Specialist Service, Outpatients, Physiotherapy Outpatients, Psychiatric services for the elderly, radiology, Youth Day Services and Youth Inpatient Services.

Current and future developments at Hillmorton and Burwood Hospitals

23. Site redevelopment is occurring across all of our main sites including Hillmorton and Burwood: this work is a result of earthquake repairs, general upgrades and accommodating additional services relocating from The Princess Margaret Hospital.
24. Site redevelopment for Burwood is substantial, in addition to the major rebuild currently being undertaken, there are approximately 35 projects of various size and location planned over the next 5 years.

25. There are some 25 projects being undertaken at Hillmorton in the next 7-10 years. These will vary in size and location but the requirement to accommodate teams from The Princess Margaret Hospital will mean that some projects will be extensive. One of these projects will be in the order of 3 to 4 thousand metres in area.

26. The CDHB has master-plans for both the Burwood and Hillmorton Sites (Appendix A (Burwood) and Appendix B (Hillmorton) to this evidence) and these plans clearly show the intent for greater intensification of buildings and activities on these sites. This aligns with the Replacement District Plan’s direction to allow for intensification of services within existing hospital sites. The developments that are occurring on the Hillmorton and Burwood sites will affect clinical and non-clinical areas. The current master-plans identify the general location of proposed development rather than specific building size. It is expected that future buildings will be a mix of single and multi-storey buildings, and their scale and form will be largely determined by the clinical and service requirements of each facility.

27. The master-plans for the Hillmorton Site includes plans to expand forensic and administrative services, the addition of child adolescent family services which cover both inpatient and outpatient services. There will also be accommodation units for patients transiting back into the community.

28. The master-plans for the Burwood Site show the areas where there is planned clinical expansion adjacent to current clinical areas. There are plans to add an Integrated Family Health Centre adjacent to Mairehau Road and an accommodation block alongside the Integrated Family Health Centre that will accommodate family members visiting long stay spinal patients from outside of town. There will also be buildings for research facilities and potentially a mini health precinct on the site.

29. The timeframes for these projects are subject to Ministry of Health funding and are uncertain at this time.

**Constraints on Development**

30. Each hospital site has a series of constraints on its development. The broad range of services that each site offers means that careful consideration needs to be given to the
location of services. Some services such as Community Dental and Laundry are self contained and can be located anywhere on a site. Other facilities such as Haematology, Sterile services, Food services and Radiology need to be strategically located to ensure efficient models of care. Other related services can be clustered so that patients to those departments can access a range of services easily. Co-location of the services in a hospital setting is critical for efficient delivery of health services.

31. The Spinal Unit at Burwood Hospital is a good illustration of services that are clustered. Alongside patient rooms, there are waiting rooms, consulting rooms, dining rooms, specialised toileting and bathing facilities, supply rooms, sluice rooms, nursing station and the urodynamics area. There are facilities that are used for the transitioning to more independent care. Also co-located are hydrotherapy pools, specialist gyms and occupational health. There are also separated self-care units.

32. There are a number of primary care organisations that are housed on site that assist patients on their road to recovery for example Spinal Trust. In the future, if new services are introduced to aid rehabilitation for spinal patients, these services need to be located in the same vicinity as the other spinal unit services.

33. The ability to co-locate services to achieve optimal clinical layout is a key requirement for hospital layouts, and therefore the CDHB requires flexibility in terms of the provisions of the Proposed Replacement District Plan to achieve this co-location and respond to future demands on hospital services.

34. The large setbacks originally planned for the Specific Purposes (Hospital) Zone will considerably constrain the type and layout of developments on hospital sites. A 30 metre setback from internal boundary is significant. For the Hillmorton site, this would impact on the location of any proposed building. The ability to be flexible with the location of new developments not only allows the ability to provide fit for purpose facilities but also ensures that future developments are not unnecessarily constrained.

35. There are new buildings proposed in a number of locations which will be adversely affected if this 30 metre rule is imposed. For example, on the Burwood Site, it is proposed to locate an Integrated Family Health Centre in the south eastern corner of the site close to Mairehau Road. This will be a stand-alone service which will not be reliant on other services on the Burwood Site. This facility will be used by local residents who
will need to have easy access to the site and this location will ensure minimal disruption to other services being provided on site.

36. Hillmorton Hospital houses the bulk of the Specialist Mental Health Services. This includes the forensic rehabilitation unit which has maximum security needs very particular to that service. Whilst there is no New Zealand standard for fences surrounding mental health units, the fences need to be un-scalable from inside and outside the site and impenetrable. This is for the safety and security of the residents of the units and those living and working in the area. The forensic unit is located on Annex Road close to the Southern Motorway. In the Hillmorton Master Plan (Appendix B), there is a plan to expand some of the forensic services along the internal northern boundary. In order to use the site efficiently, the location of existing buildings and access points necessitates that the fencing must be erected along the road boundary. The CDHB would welcome flexibility in the built form standards to address this matter at Hillmorton and its special operational requirements.

37. Conclusion
In my statement I have identified the CDHB's planned building programme, the operational and functional requirements of new facilities as well as the intention to intensify activities at its hospital sites. Ultimately these are about putting in place the physical facilities necessary to address the community’s changing health needs. It is important that the proposed Replacement District Plan supports this and the ability to undertake these works in a timely and efficient way.

Bradley Cabell
15 October 2015