

18 June 2025

Health New Zealand
Te Whatu Ora

Christchurch City Council
58 Hereford Street
Christchurch 8013

Delivered by email: amanda.ohs@ccc.govt.nz
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PC 13 Reporting Officers:

Attention: Amanda Ohs, Senior Heritage Advisor
Suzanne Richmond, Heritage Advisor (Planning)

Tēnā kōrua Ms Ohs and Ms Richmond,

Health New Zealand Response to Information Requests on the Former Princess Margaret Hospital in relation to Proposed Plan Change 13: Heritage

Health New Zealand | Te Whatu Ora (Health NZ) is a primary submitter on Christchurch City Council's Proposed Plan Change 13 (PC 13). The Summary of Submissions correctly identifies Health NZ's Public Health Team submission on PC13 as Submission 145. Health NZ did not make any Further Submissions on PC 13.

Council Officers (primarily Ms Ohs) have engaged with various Health NZ Officials (in what is now the Infrastructure Investment Group) in relation to the potential heritage listing of the former Princess Margaret Hospital Building¹ (PMH building) in the Christchurch City Council District Plan since 2021.

At the outset we acknowledge that Council officers have constructively engaged with Health NZ in relation to the contemplation of inclusion / exclusion of the PMH building in the District Plan heritage provisions. Information at **Appendices 1 and 2** of this letter provides a high-level summary of the timeline and background related to this matter.

To summarise, throughout discussions Health NZ has consistently opposed heritage listing of the PMH building. This letter confirms that this position remains unchanged.

Introduction:

In June 2025, Health NZ Officials in the Infrastructure Investment Group confirmed the hearing scheduling for PC 13 (17th – 19th June 2025) and reviewed the relevant aspects of both of your primary evidence the matter.

The purpose of this letter is to assist Council (via yourselves as Reporting Officers on PC 13) and, by extension, the Independent Hearing Panel by:

- a) providing a formal response questions raised in earlier correspondence; and
- b) assist in relation to matters raised in evidence

Health NZ respectfully asks that as Reporting Officers to PC 13 you consider noting the receipt of this letter and its content in relation to relevant commentary at the PC 13 hearing.

¹ 95 Cashmere Road, Cashmere, Christchurch

Response to Questions from Council:

In an email dated 18 May 2025 from Ms Ohs to Penny Wells (Health NZ), the following question was asked:

...if there is any up to date information regarding the future / ownership / understanding (eg seismic/costings) of the buildings that is relevant to us

Health confirms that at the time of writing no decisions have yet been made in relation to the future use of the building / site. There is no new information that can be circulated at this time.

However, Health NZ has engineering assessments that confirm that the building has an NBS rating of 35%. The engineering assessment confirms that the building has differential settlement and cracking to the basement, floors and walls. Repairs to achieve at least 67% NBS would be significant, costly and intrusive.

The PMH building (without heritage protection in the District Plan) is cost prohibitive to maintain, repair and strengthen. The building is vacant and does not currently have a Building Warrant of Fitness. Accordingly, the future use of the building is the subject of an ongoing review by Health NZ – which may necessitate Ministerial review and decisions.

Health NZ Position and Reasons:

Health NZ continues to oppose any proposal to include the PMH building in heritage schedules in the CCC District Plan. Specifically, Health NZ **opposes** the inclusion of the PMH building in heritage provisions as part of PC 13.

The key reasons for this position include:

- a) the building has already been vacated due to the prohibitive maintenance, repair and strengthening costs necessary to be able to deliver modern hospital (clinical and non-clinical) services. The addition of heritage controls atop the existing regulatory environment would add further uncertainty and costs associated with District Plan compliance / potential resource consent requirements.
- b) Health NZ is responsible for an extensive network of buildings and sites around New Zealand to meet the health needs of the community being served. Health service delivery is our statutory purpose. The public health system (and its component parts) is a critical / lifeline service that is both nationally and regionally significant. Health funding requires prioritisation to best meet community needs. Every dollar of funding that is diverted away from priority health service delivery is unjustifiable.

Health NZ is not opposed to heritage values being recognised – simply Health NZ cannot justify prioritising health budgets funding heritage protection over the priority provision of the public health system.

Reporting Officer Evidence:

Health NZ has reviewed both of your primary briefs of evidence as they relate the potential inclusion of the PMH building. Health NZ supports the opinions given in evidence to the extent that they exempt heritage scheduling of the PMH building.

We note the following matters in evidence and comment below:

- a) Collectively, the Council evidence continues to exempt the PMH building from heritage scheduling. Health NZ supports this conclusion.
- b) Paragraphs 70 and 71 of your evidence (Ms Ohs) are most relevant to this matter. At paragraph 70 your evidence states that you are opinion that:
 - i. the building *is likely to meet Policy 9.3.2.2.1a. and b., however a Statement of Significance has not yet been prepared for confirm this; and*
 - ii. that information from Health NZ has indicated *there may be engineering and financial factors related to the physical condition...that could make it unreasonable or inappropriate to schedule, in line with the 'exemption' clauses of the scheduling policy – 9.3.2.2.1(c)(iii), (iv)...; and*
 - iii. concluding that...*I am not able to support scheduling of the building at this time...*
- c) Paragraph 8.1.8 of your evidence (Ms Richmond) sets out the matter and discussions with Health NZ. In this paragraph you adopt Ms Ohs' evidence in relation to the exemption of heritage scheduling the PMH building.

Health NZ supports the Council evidence above as it relates to the exemption of scheduling of the PMH Building. If during or following the course of the hearing you require additional information or clarification – please contact the undersigned or Helen Hamilton as set out below.

Conclusion:

The successful function of New Zealand's Public Health System is nationally and regionally significant to all New Zealanders and their whānau and family. Health sector infrastructure (including hospital buildings) involves the agile arrangement of services and facilities across a network of sites. Accordingly, it is critical that health infrastructure is recognised for its significance, prioritised as a critical function and enabled to operate without unreasonable impediments.

The PMH building is already subject to prohibitive maintenance, repair and strengthening costs – without the additional constraints of District Plan heritage scheduling. The fact that the building is vacant and without a current BWOFF is illustrative of the cost decisions that Health NZ has already had to make as part of prioritising cost-effective public health service delivery to the community. Health NZ is currently undertaking a review of the future use of the building and site – this process may require Ministerial review and decisions. It is entirely appropriate that the PMH building (and any other Health NZ owned building) is not included in the PC 13 heritage schedule.

Health NZ respectfully requests that Reporting Officers consider acknowledging receipt of this letter and our position herein in commentary at the PC 13 hearing.

If we can assist further, please direct all enquiries to the undersigned or Helen Hamilton at land-planning@tewhatauora.govt.nz.

Ngā mihi nui/Yours sincerely,



Monique Fowler

Head of Land and Property
Infrastructure and Investment

Appendix 1: Key Timeline

1. 1 July 2022 – twenty (20) District Health Boards are disestablished – transferring the day-to-day operational responsibilities for the New Zealand Health System to Health New Zealand
2. 17 March 2023 – Christchurch City Council notifies Plan Change 13 (alongside Plan Change 14)
 - a. 12 May 2023 – submission period closed (following extension from 3 May 2023)
 - b. 30 June 2023 – summary of submission notified
 - c. 17 July 2023 – further submissions closed
3. Since 2021 - engagement between Council officers and Health NZ (including changes in personnel) commences regarding the Council's proposed contemplation of District Plan heritage scheduling of the former Princess Margaret Hospital; Health NZ's engineering assessments identifying building damage and the significant, costly and intrusive repair works necessary for the building and review of the future use of the building and site.
4. February 2025 – Health NZ appoints an in-house Principal Planner to work nationally across the Health Estate – including planning policy / heritage matters
5. June 2025 – Health NZ confirms PC 13 Hearing Schedule and reviews relevant aspects of PC 13 evidence of Reporting Officers Ms Ohs and Ms Richmond.

Appendix 2: Background

1. Health NZ engineering assessments confirm that the building has an NBS rating of 35%. The engineering assessment confirms that the building has differential settlement and cracking to the basement, floors and walls. Repairs to achieve at least 67% NBS would be significant, costly and intrusive.
2. Health NZ commences a review of the future use of the building and site. This is ongoing and the building does not have a current BWOF as at June 2025.
3. Progressive decanting from the building and site. In 2024, Health NZ closes the former Princess Margaret Hospital (main building) – transferring clinical services from the building to other sites including the Hillmorton Hospital. The main building is vacant.
4. 2021 - 2025 Health NZ officials² discuss with CCC officers³ the potential heritage listing of the building and the maintenance / repair costs of the building. The key discussion points / information from those discussions are summarised below:
 - a. Health NZ and CCC desire to work collaboratively
 - b. The significant maintenance, repair and strengthening costs alone (without the imposition of additional District Plan heritage controls) are cost prohibitive for Health NZ
 - c. In May 2025 CCC sought an update from Health NZ in relation to the future use / constraints on use of the building. Health NZ understand that the information was sought to assist / inform evidence preparation for PC 13.

² Including Penny Wells – Senior Legal Counsel, Health NZ – Te Waipounamu | South Island Region

³ Including Amanda Ohs, Senior Heritage Advisor