

Health New Zealand
Te Whatu Ora

Network Spatial Planning Guidance for Health New Zealand | Te Whatu Ora Facilities

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Guidance Process and Format

The Network Spatial Plan Guidance Note is divided into two parts: Part A and Part B.

Part A: Guidance Note Gives general context and background to the Network Spatial Planning process.

Part B: Template lists the required components that should be in every Network Spatial Plan report prepared for Health New Zealand. This part can be used as a high-level content template, for that most components have black text with an explanation or description when needed, followed by *blue text* prompting the reader with the required output.

Part A: Guidance Note

Introduction

The Network Spatial Plan (NSP) is a strategic plan that focuses on testing the spatial organisation and layout of a network of healthcare facilities as defined in the **Network Plan** (refer to Key Dependencies section).

It is important to highlight that is this Network Plan the instrument that defined how and where services should be better delivered while the Network Spatial Plan test how this intend can be physically accommodated. Conventionally, health infrastructure planning was limited to a district, and often to a specific site. The Network Plan and the Network Spatial plan aim to change that by considering the geographic distribution and interconnections of healthcare facilities within a region, city, or the overall healthcare system across the country. It considers the network of facilities rather than focusing on individual facilities. An example could be a Network Plan that is followed by a Network Spatial Plan for Oncology Services across the country.

The NSP will be a live document that will be developed and refined as Health System Planning evolves and Site Master planning for new and existing facilities are developed.

Key aspects of the Network Spatial Plan include:

Geographic Distribution: Consideration of where healthcare facilities are located across a geographic area to ensure equitable access for all communities within the network's reach. It tests the ambition of future service distribution and capacity demand defined in the Network Plan based on an understanding of the existing capacity of facilities within the network.

Resource Allocation: The NSP assists to optimise allocation of resources and capital investment in health facility infrastructure within the network in order to meet the needs of different communities. It supports the development of overall investment scenarios and feeds into infrastructure investment prioritisation processes and defines staging of interventions on health facility infrastructure across the network.

Transportation and Access: It considers transportation infrastructure and accessibility. This could include public transportation routes, road networks, airports,

and ferries to facilitate patient and staff access to healthcare facilities, including patient transfers and referrals for an efficient coordination of care.

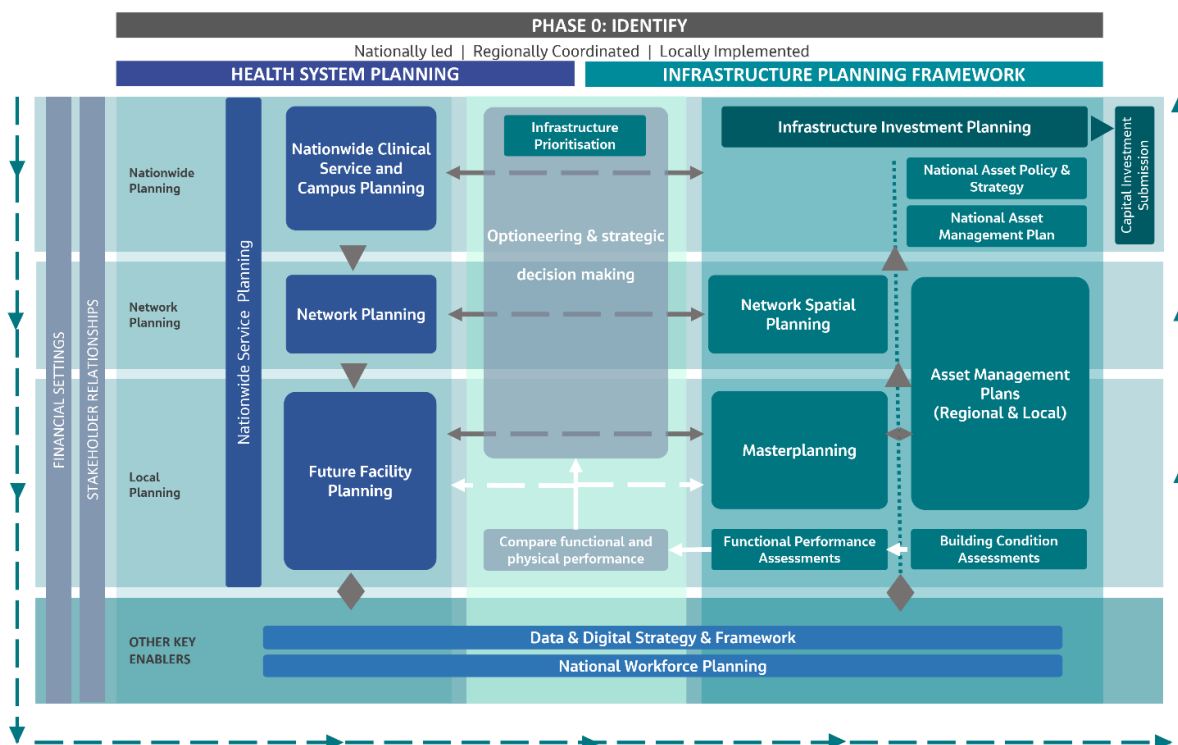
Future Growth and Expansion: The NSP tests the capacity of facilities within the network based on projected population growth, capacity demand and changes in models of care to accommodate expansion and adaptability.

Efficiency and Cost-effectiveness: The NSP process aims to support the Network Plan in optimising the use of resources and infrastructure within the network to ensure that healthcare services are delivered efficiently and cost-effectively.

Emergency Response and Disaster Planning: It considers emergency response and disaster preparedness, ensuring that healthcare facilities are strategically located to respond to emergencies and natural disasters effectively.

The Network Spatial Planning process is informed by the **Infrastructure Planning Framework** and receives input from the **Nationwide Clinical Service and Campus Planning** through **Network Planning**. It also responds to **Site Masterplanning** of all the sites included in the defined network.

Figure 1 Infrastructure Planning Context Outline



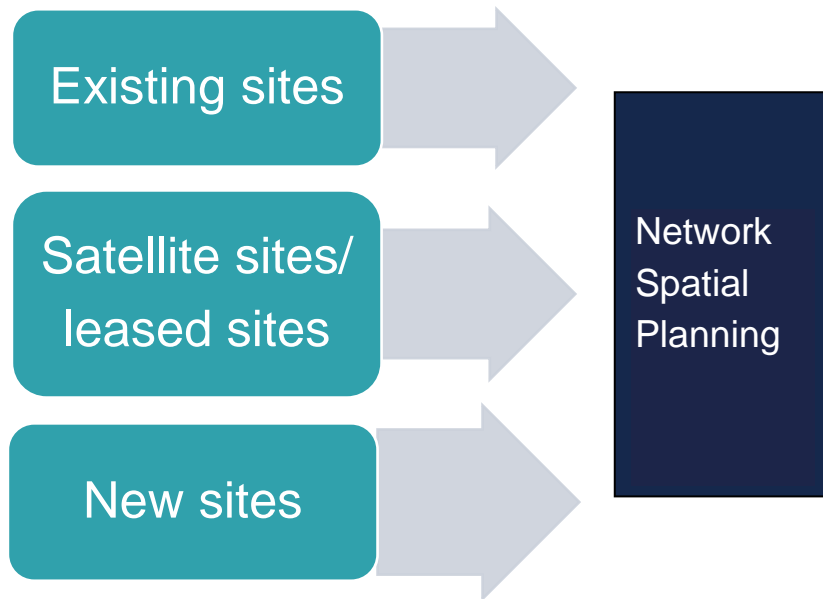
Why have a Network Spatial Plan?

The four Health New Zealand regions have defined boundaries that can hinder a holistic approach when looking at the overall planning and delivery of healthcare

services in New Zealand. A Network Spatial Plan builds upon inputs from the Nationwide Clinical Service and Campus Planning to provide coordinated and patient-centred solutions for different services through the included sites.

How does this Network Spatial Plan guidance apply to the Health New Zealand estate?

This guidance applies to new, existing, and leased locations.



Document Update Cycle

Network Plans should be reviewed, and if necessary, updated every 3 years applying any impact of changes noted in nationwide clinical service planning, or to support project planning as indicated in the Infrastructure Planning Framework.

Glossary

Term	Description
Ātea	Courtyard, meeting space, public forum
IMPB	Iwi-Māori Partnership Boards
Mauri	The intrinsic life force of all things of the natural world, the link between the physical and spiritual world.
MBIE	Ministry of Business, Innovation and Employment
NSP	Network Spatial Plan
MP	Masterplan
Tangata whenua	Indigenous people of the land. In reference to a particular place, it means the Iwi or hapū that has mana whenua over the area.
Tikanga	Proper or appropriate Māori customary procedures, practices, and behaviours.
Wairua	The intangible spiritual energy within all things of the natural world, powerful bonds that maintain a sense of belonging in places of significance.
Wāhi tapu	Sacred site subject to long-term restrictions.
Mana whenua	Customary authority exercised by an Iwi or hapū in an identified area.
Whānau	Family

Key dependencies

The NSP must align with input from key documents within the **Infrastructure Planning Framework** and other key documents noted in the following table:

Network Plan	<p>Informed by Nationwide Clinical Service and Campus Planning, Network Planning will describe the type and distribution of services across a geography informed by the natural flow of people, where they access care, and the relationship of facilities. Every health facility will be considered as part of one of more networks. This document will be the key initial input for the Network Spatial Plan. The outcomes from the Network Spatial Plan may provide new inputs into the proposed Network Plan in a feedback loop.</p>
Site Masterplan	<p>Responds to requirements in the Future Facility Profile while accommodating asset information provided by the Asset Management Plan. It demonstrates how the overall campus functionality will grow and improve over time for the different sites. Will provide information about the sites that are part of a specific Network Spatial Plan.</p>
National Operating Policies	<p>The Network Spatial Plan should align to Health New Zealand national policies for clinical and non-clinical support services where they exist.</p> <p>Examples: Linen Services, Food Services, Waste Management, Supply Services, Laboratory, and Radiology.</p>
Asset Management Plan	<p>Asset Management Plans ensure the condition and performance of assets are well understood to inform the sustainment needs of the existing asset portfolio. These asset needs are identified and categorised as maintenance and capital sustainment projects.</p> <p>Asset condition information should be combined with asset functionality assessments to establish a holistic Fitness for Purpose assessment of current facilities.</p>
District Plans	<p>District plans include core planning information such as transport networks, and hazards (site contamination and flood paths),</p>

	zoning, height restrictions...etc. They will also set out community expectations for development at each location.
National Asset Management Programme (NAMP)	The NAMP includes guidelines for consistent condition assessments of hospital buildings and infrastructure that inform both professional assessments and self-assessments. In addition to the Health Asset Register Tool (HART), which is a repository for information on Health New Zealand owned buildings, infrastructure, clinical facilities, and the capacity of inpatient beds.

Part B: NSP Template

Part B lists all the components that should be included in the Network Spatial Plan (NSP). This structure should be considered the minimum content and additional material can be added.

The format of the NSP report should be provided as a digital copy in A3 landscape format with a separate PDF file containing all appendices that are necessary. Appendices can be provided in a format that is appropriate for their content.

This document is not intended to be a graphic template and any graphic style can be used to best present the information.

1. NSP Introduction

This section describes the required introductory and document control information to be included in the NSP.

1.1 Document Control

The NSP should accurately list the document's revision history. Additionally, the report must also reference the version used for each of the key dependency documents.

Revision history:

Version	Date	Author	Description of changes

Key dependency documents version used:

Document Title	Version	Date
<i>e.g.: National Renal Network Plan</i>	<i>2</i>	<i>June, 2021</i>

1.2 Contents and Executive Summary

Table of contents

An updated Table of Contents section listing all components in the report including appendices, list of figures and tables.

Glossary

An alphabetical list of the terms requiring further explanation within the report and all the acronyms used.

Executive Summary

A concise summary of the Network Spatial Plan. The reader should be able to easily understand the rationale of the process and expectations.

Provide text and images to brief and identify the following to key stakeholders:

- *Definition of network*
- *Distribution of site and services*
- *Highlight existing conditions and constraints.*
- *Context of Health New Zealand in the network*
- *Summary of existing and projected demand and how the proposed option will accommodate the requirements including staging and implementation.*
- *Any other highlights that demonstrate the vision and challenges of the network and proposed solutions*

1.3 Stakeholder Engagement

Stakeholder engagement is essential for the success of any NSP and should be planned before project commencement. The report should summarise the engagement process outlining stakeholders involved, purpose of meetings and workshops, dates, and participants. Minutes and presentations should be attached as appendices.

This outline should include planned (and actual) consultation undertaken to develop the Network Spatial Plan. At a minimum this must document the processes that occurred to develop and review NSP options with:

- *Clinical staff*
- *Non-clinical staff*
- *IMPB*
- *Mana whenua*
- *Consumer experience experts*

- *Territorial Authorities*
- *Whaikaha – Ministry for Disabled People*

1.4 Assumptions and Exceptions

The project team may not have access to all required information and inputs at the time of developing the Network Spatial Plan and must apply assumptions in order to advance. Equally, in certain scenarios the team may need to accommodate exceptions to this document guidance, or to other Health New Zealand guidelines. Please provide a list of any assumptions and exceptions applied when preparing the report.

#	Assumption	Next Steps / Follow up action
1	<i>Example: Masterplan was not available for XXX Campus. Current and projected capacity have been assumed after discussion with local Health New Zealand team.</i>	<i>Prepare Masterplan for this site and check assumption. If assumption proves wrong, then update this NSP.</i>

2. Network Outline

Outline of the Network Spatial Plan is based on inputs from the **Nationwide Clinical Service and Campus Plan** and the **Network Plan**. It includes information about the services within the network important to form the foundation of any **Network Spatial Plan**.

2.1 Purpose

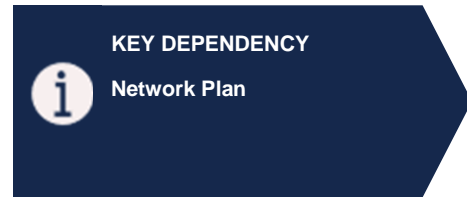
The purpose of the NSP should highlight the development, expansion, and optimization of healthcare infrastructure specific to the defined network.

Define the purpose and goals of the Network Spatial Plan. Explain why it is needed and the issues it will resolve.

2.2 People and Place

This section is to provide insights into the demographics, healthcare needs, and cultural diversity of the people in the network plan area.

- **Demographic data** identified in the network plan.
- **Healthcare needs and challenges:** Highlight specific healthcare challenges that the proposed health facilities aim to address.
- **Cultural diversity and sensitivity:** Acknowledge the presence of Māori and other ethnic groups in the area and their unique cultural needs.
- **Community Partnerships:** Including Iwi partnerships within the defined network.



2.3 Geography

It is important to understand characteristics of the geography this network serves including the cultural significance of Te Whenua (the land) within the defined network. Health infrastructure should respect and reflect the values and heritage of the sites. This can include:

- *General geographical characteristics*
- *Identify and protect wāhi tapu and heritage sites.*
- *Provide historical context and notable events/stories/traditions that are connected to the land including previous land use and/or local iwi.*



3. Network Current State

The current state sets the baseline for the existing network conditions before building upon it and developing it. The sites and facilities' distribution and condition are examined to gauge the existing capability to support the defined network.

3.1 Existing Distribution of Facilities and Clinical Services

Provide diagrams outlining the existing facilities and clinical services within the defined network.

Include tables and/or maps that present:

- *Location of each existing facility on existing sites within the defined network*
- *Clinical services provided in each location aligning with the network definition.*
- *Number of points of care provided in each location aligning with the network definition.*

3.2 Access and Travel

The **Network Plan** feeds into this section and details the road and access points that user take to reach and connect to the different sites within the network. The infrastructure of travel can be tested here and equal access and quality of travel using these routes should be analysed and evaluated.



This section should include the following:

- *Distances and travel time*
- *Road condition*
- *Barriers to travel*
- *Public transportation*
- *Helipads and flight paths, airports*
- *Access to ports and major logistic and supplies centres*

3.3 Facility Condition Assessment

The existing facilities' collated **Fitness of Purpose** (which includes fabric and services condition, seismic integrity, and department functional assessment) are presented in this section to provide an overview of facility condition and performance across the defined network.



Fitness for Purpose assessments and **Asset Management Plans** inform this section.

If reports or information for specific buildings are not available these should be listed in section 1.3 Assumptions and Exceptions.

Key elements to include are:

Building Risk and Criticality Assessment

- *List of Fabric and Service Condition ratings by facility using tables and/or maps*
- *List of Seismic Integrity ratings by facility using tables and/or maps*

Department Functionality Assessments

- *List of Departmental Functional Assessment by facility using tables and/or maps*

3.4 Site Infrastructure Condition Assessment

The collated condition assessment of site infrastructure across the network should be presented here for comparison and prioritisation to understand potential impact on future works on the network.

The analysis should consider the capacity of reticulated services in the wider area and identify any constraints that could impact the development of the network. Stand-alone capacity to meet functional requirements through emergencies must be considered.

Include table/graphics with overall assessments of each site's services infrastructure within the network. The inputs and highlighted critical issues should be consistent with the site masterplan report and include mechanical, hydraulic, electrical,

communications, medical gas, trenches, plants, and other services required keep the hospital running.

3.5 Natural Disaster Risk Assessment

Identify high-level risk geographical areas within the network that might pose a threat for the continuity of service to the health facilities.

Include plans/tables identifying the following risks within the network and access to the existing facilities:

- *Seismic zones*
- *Flood plains*
- *Volcanoes*
- *Tsunami zones*
- *Wildfires*
- *Severe weather risk slips, snow, other*

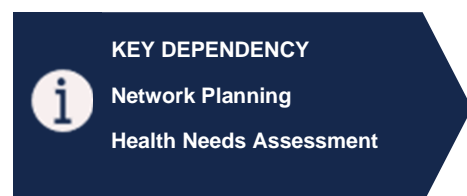
Additionally, overlay the health facilities with the risk areas.

4. Network Planning for the Future

After establishing the current state in section 3, this section explores the future solutions and potential steps to achieve the network's goals and aspirations.

4.1 Population Health Needs

This section provides a summary of the future population health needs identified in the **Health Needs Assessment** and **Network Plan**. It's key to highlight how these



Provide information relevant to the network including:

- *Population health drivers*
- *Risk factors*
- *Health status and characteristics*
- *Health services*

- *Required potentially required pro-equity actions*
- *Alignment to Te Pae Tata goals and aspirations*

4.2 Planned Distribution of Facilities and Clinical Services

After establishing the current distribution of facilities and services in section 3.1, this section adds the future planned facilities and clinical services as identified in the **Nationwide Clinical Service and Campus Plan** and **Network Plan**.

Include tables and/or maps that present:

- *Location of each existing and planned facility on existing and planned sites within the defined network*
- *Clinical services provided in each location aligning with the network definition.*
- *Number of points of care provided in each location aligning with the network definition.*

4.3 National Operating Policies

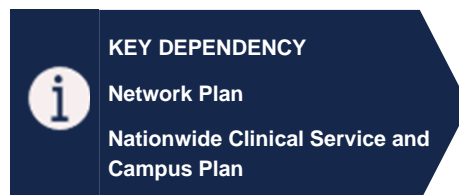
Health New Zealand is in process of developing national guidance for clinical and non-clinical support services. If such national policies for clinical and non-clinical support services exist at the time of developing the Network Spatial Plan and impact the provision of clinical/non-clinical services, they should be considered. Equally, in absence of overall policy, the NSP offers an opportunity to identify and align approaches through the different campuses that are part of the network.

Example: a national plan/policy for radioactive waste management could be applied to an Oncology NSP and highlighted in this section.

Example: The NSP highlight the absence of a national linen service policy and identify an opportunity for an off-site service shared between the different sites. The approach, location and relationship between the facilities and the service would be highlighted here.

4.4 Impact of Anticipated Future Factors and Risks

List future factors and risks identified in the **Network Plan** or other sources and the impact it could have on the facilities within the network. The impact of these risks should be evaluated and considered from a spatial point of view.



KEY DEPENDENCY
Network Plan
Nationwide Clinical Service and Campus Plan

The anticipated factors and/or risks could include:

- *Model of care change*
- *Changing health priorities*
- *Demographic changes*
- *Emerging health technologies*
- *Climate change*
- *Pandemic and epidemics*
- *Future investments decisions*
- *Planned infrastructure projects*
- *Workforce trends*

4.5 Network Resilience and Emergency Management Approach

Each health facility must have a clear Resilience and Emergency Management Plan as part of the Masterplan aligned with the National Civil Defence Emergency Management Plan. This section connects the different sites within the network to have a coordinated network-wide approach to Resilience and Emergency Management where hospitals can coordinate and support each other for continuity of patient care and service.



KEY DEPENDENCY
National Emergency Management Agency

The approaches outlined in this section come into effect once one of the sites of the network is unable to care for patients and these services need to be redistributed within the network.

Example: It has been identified that access to XX hospital from X road is likely to be severely compromised in case of a seismic event. In this case these patients should be redirected to XXX hospital...

5. Network Development Pathway

As infrastructure planning is an ongoing process, this section lays out the path forward for developing the Network Spatial Plan and the steps required to implement the required stages to bridge the identified gaps.

5.1 Facility Network Gap Analysis

After establishing the existing and future planned network of facilities, the NSP collates the staging and implementation of each masterplan within the defined network and provides an opportunity to place all the different sites on one timeline with a horizon of 10-15 years. This enables collated testing of network masterplan staging and identify potential investment options.

This should consider potential need for land acquisition or use of leased facilities and the related procurement considerations. IT should also consider the potential requirement for facilities to accommodate regional partnerships as those with mana whenua and NGO providers that may have been considered in the Network Plan.

Identify and outline gaps in service provision between existing and planned sites. Use maps, Gant or process diagrams and/or tables for support.

5.2 Next Steps Outline

This might include staging of facility development and identification of big investment choices, options, and timing to feed into prioritization and the Infrastructure Investment Plan.

Provide an outline envisioning the next steps, priority actions and general approach to implementing the identified gaps.

6. Appendix

Attach any relevant documents, plans, maps, and reports.