

Dear Birth Hub

Thank you for the opportunity to provide feedback on the Maternity Services and in particular birthing for the region. I have had significant experience in resolving significant access issues for mothers and their babies as well as the wider whanau when there is failure in effective access to these services.

When I was the Chief Executive of the Cape York Hospital and Health Service Maternity Services pre and post-natal care was provided locally however, women had to travel to Cairns at 38 weeks to birth at Cairns hospital. This resulted in separation from families up to 6 weeks and financial stressors as this was only partially subsidized to the family. Approximately 80% were low risk birthing. Following strong community advocacy the birthing services were returned by Government to two remote hub communities in the region for low risk birthing. This cost \$1 million per site to increase a multidisciplinary teams in terms of a Midwifery Lead Model, with Indigenous Health workers trained in maternity and GP coverage in the event an emergency. While this model required additional investment this was offset against the travel costs, inter-district flows and most importantly the savings in costs and improvement of the care and quality of life to patients and their families. I have seen the model you are seeking work extremely successfully and the impact that it has on communities. So I am very much in support of Birth Hub's position because of this experience.

There is a fundamental issues with what you raise:

- The Maternity Standards is a policy to guide DHB's in the planning and delivery of Maternity Services. However this standard is not referenced in the Operations Framework or Service Coverage Schedule and it is not indicated as a priority in the Crown Funding Agreement. This means that the Maternity Services schedule simply is providing the minimum for these services. Effectively the Maternity Standards is in fact not resourced in the Government's funding of CCDHB.

I caveat this statement on the basis of reviewing the above documents and I was unable to source any other funding commitments for Maternity.

Maternity Services is as you indicate fundamental to the priorities for wellbeing; and in particular for Maori; that this should be aligned to an intergenerational perspective that includes preconception and the first 1000 days for children. For Maori this is where the biggest impact on equity starts. Clearly the health system determines that there has to be a standardization of maternity services but simply does not fund it.

If I was elected as a DHB Member these are the actions that I would seek to take in response to your issues:

- I would seek that the DHB work with the sector to design a service delivery system and infrastructure that supports the maternity standards. An expected result would be to take a long-term investment approach and cost this out;

- I also consider that there is a lot wastage in our CCDHB health system as there appears to be minimal development on new models of care, engaging and mobilizing communities to reduce costs and in doing so sustain quality service provision. I know that this can be achieved based on my experience through enhancing our workforce, technology and new models of care; and
- Finally I would seriously advocate for a review of the health financing model and that a population health approach is not the only financing solution. I favour a mixed financing model that reflects the real activities of the health system such as:
 - Activity Funding directly payable for clinical outputs and priced accordingly such as hospital procedure or a GP visit for acute medical issues;
 - Bulk Funding for clinical activities that are priorities for communities and have no economies of scale but are essential such as after hours;
 - Incentivisation for health outcomes, such as equity targets or chronic disease outcomes such as CVD; and
 - Investment in infrastructure.

There are a number of international health systems that use a mixed model and still are able to deliver these costs within a consistent GDP rate as New Zealand

I hope that this provides an overview of my response to your request. I can confirm I would support the delivery of the maternity standards and seek the investment required to support this as above.

If any of your members wish to discuss further please contact me on 0276431553.

Kind Regards

Susan Turner