

# Aide-Mémoire

## Information on the Gateway Service redesign

<b>Date due to MO:</b>	N/A	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	H2024046715
<b>To:</b>	Hon Dr Shane Reti, Minister of Health		
<b>Consulted:</b>	Health New Zealand: <input checked="" type="checkbox"/>		

## Contact for telephone discussion

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**Date due:** N/A

**To:** Hon Dr Shane Reti, Minister of Health

**Security level:** IN CONFIDENCE **Health Report number:** H2024046715

**Purpose:** This Aide-Mémoire provides information on the Gateway Service redesign, including how the work is progressing and implications for the health system. **Annex 1** provides key messages on the redesign work.

**Comment:** **The Gateway Service aims to identify and meet the needs of children and young people involved with Oranga Tamariki**

- The Gateway Service was first launched in 2011. It is a joint programme between Oranga Tamariki and the Ministries of Health and Education.
- The purpose of the Gateway Service is to identify and meet the health and education needs of children and young people in care, coming into care, or at risk of coming into care.
- It provides an important opportunity to support children and young people who are at high risk of poor outcomes, including poor health outcomes.
- A specialist assessment comprehensively identifies the health, disability and education needs of children and young people and a coordinated, cross-sector plan is then put place to meet these needs.
- Many of the recommendations in the cross-sector plan relate to primary health care. For example, vision, hearing, dental, and primary mental health are among the most common health needs identified.
- Each year, 3,700 children on average are expected to receive a Gateway Assessment and on average 2,450 are delivered.

**A review of the Gateway Service found several issues with the current model alongside examples of good practice and innovation**

- At the end of 2022, agencies agreed to a review of Gateway (the Review) as a priority in the Oranga Tamariki Action Plan.
- The Review has now been completed following more than 80 engagement and information-gathering activities across the country.

- The Review found several issues with the current delivery model, accountability framework, and a high degree of local and regional variability. Key issues found included:
  - an over-reliance on health specialists and lack of alignment to the primary health system
  - a lack of involvement of children, family/whānau and caregivers
  - a lack of cultural responsiveness
  - an inconsistent approach to following up on assessments and lost opportunities to capture and meet children's changing needs.
- As a result of these issues, children may not have their needs met in a timely way, feel like they do not have a voice in the decisions made about them, and may feel unsupported following an assessment.
- The Review saw several examples of innovation which respond to identified issues in some regions. Key examples of innovation and good practice included:
  - supporting families/whānau to engage and meet needs earlier, often led by nurses and whānau navigators
  - greater integration with Māori and Pacific providers to deliver a greater range of culturally responsive wrap-around services
  - improved child development responses to meet developmental and disability needs (such as speech language therapy)
  - community-based and inclusive locations for assessments.
- The key findings of this review have now been published on the Oranga Tamariki website.<sup>1</sup>

### **Ministers recently agreed to redesign the Gateway Service and the redesign work is now underway**

- In early June, you along with the Ministers for Children and Education agreed to redesign the Gateway Service [H2024040391 refers] by establishing a clear accountability framework, strengthened cross-sector national, regional, and local governance, and an improved delivery model through the following six changes:
  - **Strengthening the role of primary healthcare** through initial referral to primary healthcare and access to ongoing health care and wellbeing supports.
  - **Strengthening the role of partners and providers** wherever possible, particularly Māori, Pacific, and youth community partners and providers.

<sup>1</sup> <https://www.orangatamariki.govt.nz/about-us/research/our-research/gateway-assessment-review-findings/>

- **Delivering on the education commitment** to ensure timely and coordinated education support.
- **Increasing service integration** to provide a seamless experience of support by children's agencies, partners, and providers.
- **Ensuring consistent follow up and accountability** of decisions to support children and their whānau/family.
- **Child and whānau/family-centred decision-making.**
- These changes aim to shift the service from a one-off, specialist-oriented approach to one which has regular review and ongoing support and is delivered with the child and whānau/family.
- Agencies are now working together on the detail of the redesign. A working group has been set up to support the redesign with representatives from the Ministry of Health, Health New Zealand, Oranga Tamariki, Whāikaha and the Ministry of Education.
- As a first step, agencies have drawn on the findings from previous engagements, and the six changes agreed by Ministers, to draft a high-level design of a pathway and have begun testing this with internal and external stakeholders.

**The redesign of Gateway will have implications for the health system, particularly for primary and community health care**

- The redesigned Gateway model will have implications for the health, likely in terms of a strengthened role for primary and community care.
- This could involve making primary and community care the first point of contact for children and young people, leading to an ongoing relationship, and referrals to paediatricians and specialists, where needed.
- We are aware of the existing pressure on primary care and are working to understand how existing primary and community care roles could be utilised more effectively.
- One of the aims is to ensure that primary health needs are identified and addressed as early as possible. This could foster greater prevention and health promotion measures and reduce demands on specialist and hospital resources, including emergency care.
- There are also considerations for enhanced health pathways for those at risk of entering or re-entering care or youth justice and opportunities to shift from crisis to prevention responses.
- The following high-level deliverables have been identified for health agencies:
  - identification of potential primary care pathways / options
  - explore options to streamline access to specialist treatment and interventions

- consider what could be done to support referrals and their follow-up in general
- investigate processes to enable a clear evaluation / measures of health interventions
- develop an implementation plan to outline the steps required to achieve the points above.
- The Ministry of Health and Health New Zealand are working together on these high-level deliverables and recently set up internal health system advisory group to support this.
- Health New Zealand are leading work on the detail and design of the health components of the Gateway Service and leading engagement with health stakeholders.
- The Ministry of Health's role includes supporting the health system response, oversight, and work to support ongoing effective collaboration across agencies and alignment with health strategy.

• s 9(2)(g)(i)

#### Next steps

- Agencies are working closely together to align communications and stakeholder engagement on the redesign of Gateway.
- Officials will report back to Ministers in October on progress with the redesign, including policy and operational implications and funding options. s 9(2)(f)(iv)

- We will continue to provide you with updates on the Gateway service redesign work.

*Maree Roberts*

Maree Roberts

Deputy Director-General

**Strategy, Policy and Legislation**

## Talking points and key messages

s 9(2)(f)(iv)

