

# Summary of Consultation Responses

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Commissioning Strategy 2021-26

## Purpose of the consultation

1. GambleAware is publishing a new organisational strategy in April 2021, and at its core will be a Commissioning Strategy setting out priorities in relation to commissioning prevention and treatment services for the next five years. While it is acknowledged that there has been significant improvement over the last five years in a collective effort to keep people safe from gambling harms, there remains much to be done to address the needs and to close the gaps in prevention and treatment.<sup>1</sup>
2. Effective prevention of gambling harms requires a coherent and co-ordinated ‘whole-system approach’ involving partnership between the NHS, public health agencies, local authorities, and voluntary sector organisations, informed by evidence from research and evaluation and the expertise of people with lived experience of gambling harms. As the primary commissioning body, albeit with limited funds, GambleAware is committed to working with a wide range of stakeholders to commission, influence and enable networks and partners to work at pace to respond to the impacts of gambling harms.
3. This necessitates a programme of work that is not focused solely on grant-making and procurement of services. It should also demonstrate leadership in establishing, developing, and maintaining the market of providers. This will help to ensure future service provision consistently delivers high standards of care and good outcomes, and that providers are supported with evolving and implementing best practice.
4. Critically, there is increased recognition amongst the statutory sector that gambling harms are a matter of population health. GambleAware is working to support the Department of Health and Social Care (DHSC), the NHS and public health bodies across England, Scotland, and Wales “*to ensure the best use of available funding, and to support alignment, integration and the expansion of treatment services across the system so patients get the right treatment at the right time*”<sup>2</sup>.
5. GambleAware sought views on its proposed Commissioning Strategy to prevent gambling harms through awareness-raising, education and treatment across England, Scotland, and Wales.
6. The purpose of the consultation was to understand whether the strategic ambitions set out by GambleAware in its Commissioning Strategy, including the identified rationale, actions and outcomes, are agreed with by stakeholders and whether they could be further developed or improved.

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<sup>1</sup> <https://www.begambleaware.org/media/2186/treatment-needs-and-gap-analysis-in-great-britain-a-synthesis-of-findings.pdf>

<sup>2</sup> <https://www.gov.uk/government/publications/review-of-the-gambling-act-2005-terms-of-reference-and-call-for-evidence>

## Consultation process

7. The consultation documents comprised of:
  - The draft vision: where do we want to be in five years?
  - The draft Commissioning Objectives, including the rationale, plans for action, underpinning research and evaluation requirements, and the change the objectives are intended to achieve.
  - The key activities identified to deliver the Commissioning Objectives.
8. The consultation was launched on February 17 2021 and ran for two weeks, closing on 2 March 2021.
9. This document summarises the responses received and how GambleAware will take forward the Strategy in light of these responses.

## Overview of respondents

10. A total of 12 responses were received – with ten organisations providing a combined response via their lead provider. In total, 22 organisations and one individual participated in the consultation: a 60% response rate. The table below shows which organisations responded.

<b>Organisation</b>	<b>Type of organisation</b>
All Out	Treatment provider
ARA – Recovery for All	Treatment provider
Advisory Board for Safer Gambling	Advisory Board
Aquarius	Treatment provider
Beacon Counselling Trust	Treatment provider
BetKnowMore	Peer support organisation
Breakeven	Treatment provider
Clear View Research	Social insight agency
Derman	Treatment provider
Fast Forward	Youth charity
Gamcare	Treatment provider
Gordon Moody	Treatment provider
Greater Manchester Combined Authority	Local authority
Individual – Health Improvement Specialist	Individual
Krysallis	Treatment provider
Leeds City Council	Local authority
NECA	Treatment provider
Options	Treatment provider
Primary Care Gambling Service	Treatment provider
RCA Trust	Treatment provider
Scottish Public Health Network	Public health agency

Sheffield City Council	Local authority
Steven James Counselling	Treatment provider

## Summary of responses

11. Views were sought on each of the four commissioning objectives (See Appendix 1):

- Commissioning Objective 1: To increase awareness and understanding of gambling harms.
- Commissioning Objective 2: To increase access to services and reduce gambling harm inequalities.
- Commissioning Objective 3: To build capacity within key groups of frontline workers so they are better equipped to respond to gambling harms.
- Commissioning Objective 4: To deliver effective leadership of the commissioning landscape to improve the coherence, accessibility, diversity, and effectiveness of the National Gambling Treatment Service.

12. Consultees were asked to rate the extent to which they agreed or disagreed, and to provide further comments, on two aspects for each objective:

Question 1: Do you agree with the rationale set out under this objective?

Question 2: Do you agree with the actions and outcomes set out under this objective?

13. Nine submissions followed the format specified in the consultation documentation.

Objective	Do you agree with the rationale set out under this objective?				
	Fully agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Fully disagree
1	3	6			
2	4	4	1		
3	4	4		1	
4	3	4	1	1	
	Do you agree with the actions and outcomes set out under this objective?				
	Fully agree	Mostly agree	Neither agree nor disagree	Mostly disagree	Fully disagree
1	1	7			
2	2	6	1		
3	3	5	1		
4	3	5	1		

14. Consultees were also asked to prioritise the forty-four commissioning activities set out in the consultation document (see Appendix 2), ranking the top 5 actions they would take forward, with 1 being the most important and 5 being the fifth most important.

Rank	Submissions								
	a	b	c	d	e	f	g	h	i
1	13	1	26	26	26	5	13	21	23

<b>2</b>	30	38	9	19	12	34	35	37	31
<b>3</b>	42	40	19	9	6	42	38	31	36
<b>4</b>	16	21	17	41	15	41	31	5	43
<b>5</b>	20	44	15	15	28	40	5	12	21

15. Twenty-seven of the forty-four activities were highlighted in respondents' list' of the top 5 actions they would take forward, indicating the broad range of work that is considered essential to achieving the strategic objectives.

16. The most endorsed activities, with three respondents including them in their top 5 were:

- 5: Gambling Health Alliance – promoting gambling as a matter of public health.
- 15: Tools, systems and processes that support non-gambling specialist organisations to respond to gambling harms.
- 21: Develop a competency framework for Primary Care.
- 26: Targeted localised prevention and treatment campaigns targeting professionals.
- 31: Invest in the development of lived experience networks to inform treatment.

17. The next most endorsed activities, with two respondents including them in their top 5 were:

- 9: Design and implement stigma reduction strategies.
- 12: Framework or approach to enable the reduction of inequalities.
- 13: Targeted localised prevention and treatment campaigns targeting at-risk groups.
- 19: Invest in the development of lived experience networks to inform capacity building.
- 38: Work alongside DHSC and others to implement effective referral routes and care pathways.
- 40: Embed lived experience and where appropriate peer support into the design and delivery of services.
- 41: Service review to identify opportunities for improvement using the framework to enable the reduction of inequalities and to encourage cultural competence.
- 42: Invest in increased capacity in areas of the National Gambling Treatment Service to match demand.

## Narrative themes

18. Three submissions were provided as a narrative rather than in the format specified in the consultation. Other submissions varied in the length and detail provided in the further comments. This section summarises key themes emerging from all submissions and sets out how GambleAware has responded to these.

Theme	How GambleAware used this feedback
<b>Collaboration:</b> The requirement to work collaboratively with statutory and non-statutory organisations to embed a coherent, whole systems,	We entirely agree and this is reflected throughout the organisational strategy as a fundamental aspect to successful delivery.

place-based approach. This included calls to clarify joint commissioning arrangements and responsibilities.	
<b>Three nations:</b> Reference to systems in England, and the need to engage with equivalents in Scotland and Wales, recognizing ‘National’ means different things in different contexts.	In England, the NHS has committed to the delivery of clinics co-commissioned with GambleAware in its <a href="#">Mental Health Implementation Plan</a> 2019-2024. Equivalent agencies in Scotland and Wales have not as yet made such commitments, but GambleAware are engaged and ready to work with statutory bodies in the devolved nations to progress place-based commissioning, learning from models established elsewhere but recognizing the unique structures in place in each country.
<b>Increasing the quantum</b> of people accessing treatment and support; mechanisms for this including diversifying the treatment offer and widening access, including affected others and those with less severe presentations; ensuring care pathways can be more readily navigated by people experiencing gambling harms; clarifying what the National Gambling Treatment Service is and how to access it.	This is at the heart of Commissioning Objective 4, but also an outcome of Objectives 2 and 3.
<b>Diversity:</b> calls to improve representation of diverse communities in treatment provision and providing culturally competent services.	In addition to the activities set out under the Commissioning Objectives, GambleAware has a core strategic priority to address inequity and champion diversity in all we do. A separate Equality, Diversity and Inclusion Strategy will be published in May 2021.
<b>Systems:</b> Embedding and sustaining the training offer with systems which underpin and support action (e.g. primary care electronic data records; CPD and qualification to encourage take up) and a call to work with professional bodies (e.g. RCN, BPS, BACP) to embed competence frameworks and training.	Commissioning Objective 3 articulates an ambition to work with organisations to embed tools and processes to increase access to services, and speaks specifically to embedding screening and supporting the development of systems which promote this, e.g. electronic data records.
<b>Demand reduction:</b> Calls to highlight the impact of gambling products and industry messaging, with the aim of prevention through demand reduction	GambleAware is not responsible for, nor has direct influence over regulatory decisions. Reducing gambling demand is a matter of public policy via legislation and regulation. Our prevention strategy includes awareness raising campaign activity to target specific ‘at risk’ groups equipping them with information to help mitigate harm and signpost to help.
<b>Screening and early intervention:</b> Calls to improve screening by non-specialist organisations through	This is at the heart of Commissioning Objective 3, but also an outcome of Objectives 2 and 4.

local, place-based work and systems. Allied to this, calls to invest in early intervention and prevention alongside work being done by health/community professionals (e.g. primary care GPs and nurses, social prescribers and pharmacies) encouraging work across organisational boundaries.	
<b>Identifying at-risk populations:</b> Calls to ensure broader evidence than solely demographics inform the priority groups to be identified by the inequalities framework (specifically those who have experienced trauma or adverse childhood experiences).	The research strategy supports the development of a comprehensive evidence base to inform and shape future commissioning.

## Conclusion

GambleAware welcomes the responses received to this consultation and wishes to thank those that have responded to this stage of the consultation process for the time spent carefully preparing submissions.

The majority of submissions indicated that respondents either fully or mostly agreed with both the rationale, actions and outcomes set out for each of the Commissioning Objectives. It is therefore GambleAware's intention to adopt the version of the strategy that was consulted on, subject to the changes set out in this document.

## Appendix 1 - Commissioning Objectives

### Objective 1: Increase awareness and understanding of gambling harms

<p><b>Rationale</b></p> <p>Gambling harms are often hidden. There is a low level of awareness that gambling can be harmful, and gambling disorder is not well understood to be a health issue. This may contribute to the stigma associated with gambling harms, which in turn can cause people to feel embarrassment, shame and to be reluctant to talk about their experiences or seek help. We will work to increase awareness and understanding of gambling harms, reducing stigma, and enabling more people to talk about gambling harms.</p>
<p><b>What we are currently doing</b></p> <ul style="list-style-type: none"> <li>• Providing information about safer gambling through BeGambleAware.org and its associated social channels.</li> <li>• Funding the Gambling Health Alliance to promote gambling as a matter of public health.</li> <li>• Developing universal prevention resources and providing training for schools and youth workers to educate all young people about the risks related to gambling and to support health decisions.</li> </ul>
<p><b>What we plan to do next</b></p> <ul style="list-style-type: none"> <li>• Continue to fund campaigns across a range of media to improve awareness, reduce stigma and encourage people to seek help.</li> </ul>

- Invest further in the brand equity of BeGambleAware.org, providing a single point of reference for all stakeholders about keeping people safe from gambling harms.
- Continue work to promote gambling as a matter of public health through supporting the Gambling Health Alliance and developing resources and training to support universal prevention activities. Universal approaches will be used with young people in a range of settings and will reach the general public through partnerships with large employers and trade unions.
- We will also explore using innovative and creative methods to raise awareness of gambling harms amongst the public, for example by using well-known ambassadors, and engaging with media to advise on how to ensure a non-stigmatising approach when gambling is the subject of TV or radio programming.
- We will seek to better understand effective stigma-reducing strategies, and design and implement targeted programmes based on the emerging evidence.

#### **Underpinning research, evaluation and data**

GambleAware commissioned research will focus on:

- ‘Stigma’ and how/why this makes talking about gambling harms and seeking help difficult. The research will also explore ways of overcoming this stigma. Initial international scoping study in 2020/21 to identify existing evidence base, then develop research brief for 2021/22.
- Building knowledge about the lived experience of gambling harms for different communities and populations. For 2020/21, programmes on a) the experiences of women and b) the experiences of minority ethnic communities.
- Children and Young People research programme. Initial scoping study in 2020/21 to identify existing evidence base (focus tbc), then develop research brief for 2021/22, giving and receiving informal support: international evidence review.

Academic Research Hub:

- Building foundation knowledge to measure and conceptualise gambling harms across all communities and contexts.

#### **What difference you will notice in 5 years**

- There will be an increase in awareness that gambling can be harmful.
- There will be an increase in understanding that gambling disorder is a recognised medical condition.
- People will be willing to talk about their own experiences of gambling harms without feeling embarrassment or shame.
- People will feel able to raise the issue of gambling harms with a friend if they have concerns about their gambling.
- Employers and relevant public agencies will have policies in place to prevent and respond to gambling harms as part of business as usual.

## **Objective 2: Increase access to services to reduce gambling harm inequalities**

#### **Rationale**

Some groups and communities are under-represented within services offering interventions. Gambling harms may disproportionately affect some of these groups. Offering prevention and early intervention targeted to the most at-risk groups, and commissioning services to better meet the needs of currently under-represented groups will reduce inequality in relation to gambling harm.

### What we are currently doing

- Undertaking consultation with young people, including those from BAME backgrounds, to inform prevention programme development.
- Developing a national lived experience network with a focus on diversity to inform all our work.
- Working with trusted intermediaries to raise awareness of gambling harms in settings where those at higher risk might present, such as debt advice, housing services and the criminal justice system.
- Promoting parenting and youth resources to highlight the gambling risks related to engagement with gaming and emerging financial independence.
- Developing partnerships with football supporter's associations to target people whose interest in sport may put them at higher risk.
- Commissioning services which aim to be responsive to local need.

### What we plan to do next

- Invest in the development of lived experience networks, ensuring diversity and appropriate representation. Use the expertise within the network to inform our commissioning approach.
- Develop a framework or approach to enable the reduction of inequalities, identification of priority groups and communities, and building on the work by Marmot and colleagues (2020)<sup>3</sup>.
- Informed by the framework, develop and deliver targeted and localised prevention and treatment campaigns.
- Conduct a review of existing services to identify opportunities for service improvements (to better meet the needs of the priority groups and communities identified by the framework).
- Work to address the inequalities experienced by these groups by understanding what works and commissioning targeted prevention / early intervention programmes on a national and local level.
- Encourage cultural competence through all future commissioning, ensuring services can respond effectively to diverse social, cultural and linguistic needs.

### Underpinning research, evaluation and data activity

GambleAware commissioned research as for Objective 1, plus:

- Annual Treatment and Support Demand Survey providing Great Britain data on gambling behaviour, harms and barriers as well as facilitators to treatment and support (2020/21 and annually).
- PhD programme 2.0 (longer-term knowledge creation) (2021/22).

GambleAware commissioned evaluations:

- Foundation, Impact and Process evaluations (as for Citizens Advice, England & Wales, Scotland and the Scottish Gambling Education Hub).
- Annual Treatment Activity Stats to monitor diversity data in GambleAware funded treatment services.

### What difference you will notice in 5 years

- People accessing help services are more representative of the population experiencing harms.
- Prevention and early intervention services are targeted at those disproportionately affected by gambling harms and impact evaluation is beginning to demonstrate harm reduction in these groups.
- All services are culturally competent (e.g. language, aware of needs of specific groups, accessible).
- Specialist services exist offering treatment and support for groups experiencing barriers to mainstream provision.

<sup>3</sup> M. Marmot, J. Allen, T. Boyce, P. Goldblatt, J. Morrison (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity

## Objective 3: Build capacity within key groups of frontline workers so they are better equipped to respond to gambling harms

### Rationale

People who work with the public may be aware that gambling can be harmful but feel poorly equipped to respond to gambling harms. This may be due to a perceived gap in knowledge, skills and confidence, a shortage of organisational resources and capacity, or a sense that addressing gambling harms will not support core organisational outcomes. Addressing these structural issues through capacity building work with priority groups of trusted intermediaries – individuals who are trusted by the public to support and advise them in a variety of contexts – will enable better identification and support for those at risk of, or currently experiencing, gambling harms.

### What we are currently doing

- Training trusted intermediaries in settings including debt advice, housing and the criminal justice system to raise awareness and encourage screening.
- Developing a competency framework for Primary Care.
- Supporting the finance sector to respond well to those vulnerable due to gambling.
- Training trusted intermediaries to provide brief intervention.

### What we plan to do next

- Develop a strategic plan, informed by the framework to enable the reduction of inequalities, to identify which groups of trusted intermediaries (those working with the public in a range of capacities including health and advice) are most likely to be in contact with people experiencing gambling harms through their work.
- Use the plan to inform the development and delivery of a comprehensive programme of free training, to be made available via a range of sources (factsheets, toolkits, eLearning, face-to-face training) and tailored to the needs and circumstances of each professional group or organisation.
- Work with these organisations, making clear the impact the organisation can have on its own core outcomes by responding to gambling harms, to develop tools, systems and processes that increase access to support in the places people affected by gambling disorder might present (for example, including gambling harms as part of standard intake screening).
- Finalise the competency framework for Primary Care and establish similar competency frameworks for other relevant professions.
- Support this by working to advocate for the inclusion of gambling harms as part of standard training for key professions.
- Support the uptake of training and organisational support through campaigns targeted at professionals.
- Work jointly with organisations to raise awareness of gambling harms, and encourage staff to respond, for example by developing partnerships with those delivering mental health first aid training, with the armed forces or emergency services. This could be in the form of a Gambling Health Day, with toolkits and resources made available to support engagement.
- Promote the National Gambling Treatment Service as somewhere to refer those in need of specialist intervention, encouraging trusted intermediaries to respond.

### Underpinning research, evaluation and data activity

GambleAware commissioned research and evaluation as for Objectives 1 and 2.

### What difference you will notice in 5 years

- Gambling disorder and gambling harms will be part of standard training for key professions.
- Trusted intermediaries will feel able to identify and respond to gambling harms, and by doing so will facilitate earlier intervention.
- More referrals will be made to the National Gambling Treatment Service by trusted intermediaries.

## Objective 4: Improve accessibility and effectiveness of National Gambling Treatment Service

### Rationale

Gambling disorder is treatable, yet a high proportion of those who might benefit from treatment and support do not access it. The work to address stigma, reduce inequalities and build capacity amongst trusted intermediaries will go some way to encouraging people to seek help from the National Gambling Treatment Service<sup>4</sup>. Trusted intermediaries and referring agencies also need to be aware of it and to have confidence in the assurance processes which demonstrate the safe, effective delivery of treatment. The services offered need to be delivered in a way which is easy for individuals to access and in which a therapeutic relationship can be readily established. To meet the needs of those experiencing gambling disorder and gambling harms in a holistic way, the National Gambling Treatment Service needs to interface and integrate with a range of other services and organisations.

### What we are currently doing

- Providing information about treatment and support, and encouraging help-seeking, through BeGambleAware.org.
- Delivering the National Gambling Treatment Service campaign to promote awareness of treatment and how to access it, and providing resources for local initiatives to build referral routes.
- Commissioning the National Gambling Helpline.
- Commissioning the National Gambling Treatment Service, comprising of Extended Brief Interventions, online access to cognitive behavioural therapy (CBT), community-based care, NHS clinics and residential services, and a pilot of treatment in prisons in Surrey.
- Conducting a pathfinder programme to embed peer support alongside treatment services.

### What we plan to do next

- Work alongside the Department of Health and Social Care (DHSC), the health departments in Scotland and Wales, the NHS, public health agencies, local authorities, and voluntary sector organisations to oversee commissioning strategies which ensure referral routes and care pathways are in place in all three nations of Great Britain.
- Launch specific local initiatives in conjunction with new NHS clinics to promote a place-based approach and help ensure that the full spectrum of need is appropriately met.
- Identify opportunities for service improvements to better meet the needs of the priority groups and communities. This will be supported by work to enable the reduction of inequalities, including investing

<sup>4</sup> See [www.begambleaware.org/NGTS](http://www.begambleaware.org/NGTS) for an overview of the National Gambling Treatment Service

further in these improvements as well as revising practice within existing grant agreements, varying grant agreements, or (re)tendering for suppliers.

- Strengthen quality assurance ensuring high quality provision and rigorous standards, while developing systems to improve datasets which support audit and performance improvement.
- Continue to invest in and develop the National Gambling Helpline, establishing its role as a triage and intervention service, and fostering improved links with the wider National Gambling Treatment Service.
- Invest further in the development of the National Gambling Treatment Service as a brand, including promotion via BeGambleAware.org and its associated social channels.
- Review the organisational structure and its coordination in light of the evaluation already undertaken by Leeds Beckett University, and subsequent work which builds on this.
- Ensure that the clients' journey to treatment is as frictionless as possible, with the principle of 'no wrong door' upheld by all providers.
- Explore the extension of digital delivery including enhancing current online services and self-help tools.
- Build in lived experience and, where appropriate, peer support, to the design and delivery of all National Gambling Treatment Service interventions.
- Invest in improved capacity within the National Gambling Treatment Service to match levels of demand, including for example, residential rehabilitation.
- Invest in aftercare and long-term follow-up.

#### **Underpinning research, evaluation and data activity**

GambleAware commissioned research as for Objectives 1, 2 and 3 plus:

- International evidence review of remote support (online, digital and telephone) to reduce gambling harms.

GambleAware commissioned evaluations:

- Foundation, Impact and Process evaluations (as for the Surrey Prisons Gambling Service and Primary Care Gambling Service).
- Phase 2 evaluation of the National Gambling Treatment Service.

#### **What difference you will notice in 5 years**

- There is good brand awareness for the National Gambling Treatment Service, and it is recognised by the public as the 'go to' service for those seeking treatment for gambling disorder.
- Effective, co-commissioned treatment pathways are in place across England, Scotland and Wales.
- People experiencing gambling harms have access to a range of person-centred services – specifically, services that meet the identified needs of those experiencing gambling harms, demonstrated by service take-up from those currently under-represented in treatment.
- A greater proportion of those with gambling disorder receive treatment.
- Outcome data indicates that recovery is achieved and sustained for those treated by the National Gambling Treatment Service, at rates comparable to other addictions and behavioural problems.

## **Appendix 2 - Commissioning activity**

The table below sets out the commissioning activity that GambleAware will continue to invest in to support each of the four objectives. It also shows the new activity that will be prioritised during the first years of this strategy, mapped against the Universal, Selected and Indicated tiers of prevention.

<b>Table 1: GambleAware's Commissioning Activity</b>			
<b>Commissioning Objective 1: Increase awareness and understanding of gambling harms</b>			
<b>Activity</b>	<b>Mapped to Prevention Tier</b>		
	<b>Universal</b>	<b>Selected</b>	<b>Indicated</b>
<b>Continuing activity</b>			
1. Website providing information about safer gambling – BeGambleAware.org.	●		
2. Website providing information about treatment and support – BeGambleAware.org.			●
3. Social media campaigns to help keep people safe from gambling harms.	●		
4. Safer Gambling campaigns.	●		
5. Gambling Health Alliance – promoting gambling as a matter of public health.	●		
6. Universal prevention resources and training for schools and youth workers.	●		
7. Investment in the development of lived experience networks.	●		
<b>New activity</b>			
8. Universal prevention resources and toolkits for large employers and trade unions to raise awareness, and establish partnerships to promote them (possibly through a Gambling Health Day).	●		
9. Design and implement stigma-reduction strategies.	●		
<b>Commissioning Objective 2: Increase access to services to reduce gambling harm inequalities</b>			
<b>Continuing activity</b>			
10. Invest in the development of lived experience networks.		●	
11. Develop partnerships with specific groups e.g. football supporter's associations.		●	
<b>New activity</b>			
12. Framework or approach to enable the reduction of inequalities.		●	
13. Targeted localised prevention and treatment campaigns.		●	
14. Service review to identify opportunities for improvement using the framework to enable the reduction of inequalities and to encourage cultural competence.		●	
15. Tools, systems and processes that support non-gambling specialist organisations to respond to gambling harms.		●	
16. Targeted prevention and early intervention programmes.		●	
17. Partnerships with key organisations to disseminate toolkits and resources to raise awareness.		●	
18. Invest in online tools including self-help.			●
<b>Commissioning Objective 3: Build capacity within key groups of frontline workers so they are better equipped to respond to gambling harms</b>			
<b>Continuing activity</b>			
19. Invest in the development of lived experience networks.		●	
20. Train trusted intermediaries in settings including debt advice, housing and the criminal justice system to raise awareness and encourage screening, based on a strategic plan informed by the framework to enable the reduction of inequalities.		●	
21. Develop a competency framework for Primary Care.		●	

22. Support the finance sector to respond well to those vulnerable due to gambling.			●
23. Train trusted intermediaries to provide brief intervention.			●
24. Website providing information about treatment and support – BeGambleAware.org.			●
<b>New activity</b>			
25. Universal prevention resources and toolkits for large employers and trade unions to raise awareness, and establish partnerships to promote them (possibly through a Gambling Health Day).	●		
26. Targeted localised prevention and treatment campaigns.		●	
27. Tools, systems and processes that support non-gambling specialist organisations to respond to gambling harms.		●	
28. Competency frameworks with other professional groups and advocate for gambling harms to be embedded in core training.		●	
29. Partnerships with key organisations to disseminate toolkits and resources to raise awareness.		●	
30. Promote National Gambling Treatment Service to trusted intermediaries.			●

<b>Commissioning Objective 4: Improve accessibility and effectiveness of the National Gambling Treatment Service</b>			
<b>Continuing activity</b>			
31. Invest in the development of lived experience networks.			●
32. Competency frameworks with other professional groups and advocate for gambling harms to be embedded in core training.			●
33. Website providing information about treatment and support – BeGambleAware.org.			●
34. National Gambling Helpline.			●
35. National Gambling Treatment Service comprising of online access to cognitive behaviour therapy (CBT), community-based care, NHS clinics and residential services.			●
36. Pilot exploring treatment provision in prisons.			●
<b>New activity</b>			
37. Improve links between the National Gambling Helpline and wider National Gambling Treatment Service.			●
38. Work alongside Department of Health and Social Care (DHSC) and others to implement effective referral routes and care pathways, ensuring a frictionless journey for clients with 'no wrong door'.			●
39. Invest in online tools including self-help.			●
40. Embed lived experience, and where appropriate, peer support into the design and delivery of services.			●
41. Service review to identify opportunities for improvement using the framework to enable the reduction of inequalities and to encourage cultural competence.			●
42. Invest in increased capacity in areas of the National Gambling Treatment Service to match demand.			●
43. Aftercare and longer-term follow-up.			●
44. Invest in data to support audit and performance improvement.			●