

**TPX**impact

GambleAware<sup>®</sup>

# National Gambling Treatment Service review Final deck

April 2022

# About Us

TPXimpact is a **change consultancy** who help public and third sector organisations design and implement programmes, strategies, products and services that **ultimately improve the lives of the people (users, staff, citizens and beneficiaries)**.

We do this by **working collaboratively** with our clients to bring together expertise in design, digital, data, research, engagement and organisational change practices; along with deep subject matter specialisms in areas such as health and care, housing, planning, transport, education, regeneration, commissioning and climate action.

Over the past 14+ years we have worked with **100s of public and third sector organisations to support and deliver complex products, projects and programmes**. This includes work to design a new operating model for North East Lincolnshire Council and Clinical Commissioning Group, with a particular focus on the outcomes they want to achieve, the work they prioritise to deliver against those outcomes, and the way they recruit and resource different teams to bring together the right mix of skills and experience.

Some of our clients include:



# Executive summary

Despite often being hidden, the harm caused by gambling is a public health issue. As well as their own, often complex, lives, the harm experienced by people and those around them exists in the context of broader social and health inequalities.

The National Gambling Treatment Service (NGTS) is a national service providing free, confidential treatment and support for those experiencing harm; both those that gamble and those around them affected by their gambling.

The treatment of gambling harms is a relatively young sector, and the NGTS is evolving. With greater funding certainty on the horizon, GambleAware commissioned this piece of work to inform their commissioning of the NGTS, solidifying what the NGTS is and what it does.

We have approached this by putting the needs of people experiencing gambling harms at the heart of the service, and designing around them.

Treating gambling as a public health issues requires the NGTS to be more embedded in the communities it serves and working alongside other service providers. We have therefore involved colleagues from across the wider system as part of this work.

# Executive summary

The outputs explained below are a series of commissioning tools for GambleAware. These also have value as tools to communicate what the NGTS does, to people in it and around it. This description supports NGTS providers to see themselves as part of it, to understand where they fit in the service, and also therefore see spaces where they can help evolve it.

Finally this work supports the NGTS to work with current and new partners. By better describing the NGTS, it offers partners greater clarity on how to integrate with the service and how to identify new partnership opportunities that are based around the needs of people experiencing gambling harms.

GambleAware need to review and consider the outputs we are presenting but, should they chose to adopt them, we have set out the next steps required to operationalise them. Doing so will signal a significant change for GambleAware as a commissioner of services, moving more into the role of strategic commissioner that it would like to inhabit.

It would also lead to change for providers. As we set out below, delivering the service set out through this work would lead to some big shifts in what the NGTS offers and how providers work together to deliver it. It would require a change in culture to deliver that; one which our engagement with providers suggested they would welcome.

# How to read this deck

This deck is the final report from TPXimpact for consultancy services in respect to the National Gambling Treatment Service (NGTS). This deck provides a high level overview of the NGTS Outcomes framework, service blueprint and delivery model, setting out suggestions for how those products can be used, and the next steps needed to operationalise them.

This deck should be read in conjunction with:

- The **NGTS Outcomes framework deck** - which provides detail of each of the five outcomes
- The **NGTS Service blueprint** - which provides a single view of the target service from the point of view of someone with lived experience of gambling harms
- The **NGTS Core concepts deck** - which provides a description of the concepts referenced in the service blueprint as part of the service and identifies the next steps to progress them.
- The **NGTS Delivery model spreadsheet** - which provides the detailed breakdown of services to be commissioned against
- The **NGTS User research insights and stories deck** - which set out the findings of our research

# Content

- [Introduction](#): A future service co-designed with people affected by gambling harms and people working to reduce those harms
- [User stories](#): A service designed for the people who need it
- [The NGTS Outcomes framework](#): Shared goals for the NGTS
- [The NGTS Service blueprint](#): An ambitious view of the future NGTS
- [The NGTS Delivery model](#): Commissioning services in response to need
- [Commissioner role](#): Moving from grant funder to strategic commissioner

# **Introduction**

**A future service co-designed with people affected by gambling harms and people working to reduce those harms**

# What we were asked to do

The goal of this work was to design a service which has the people in need of support at its core.

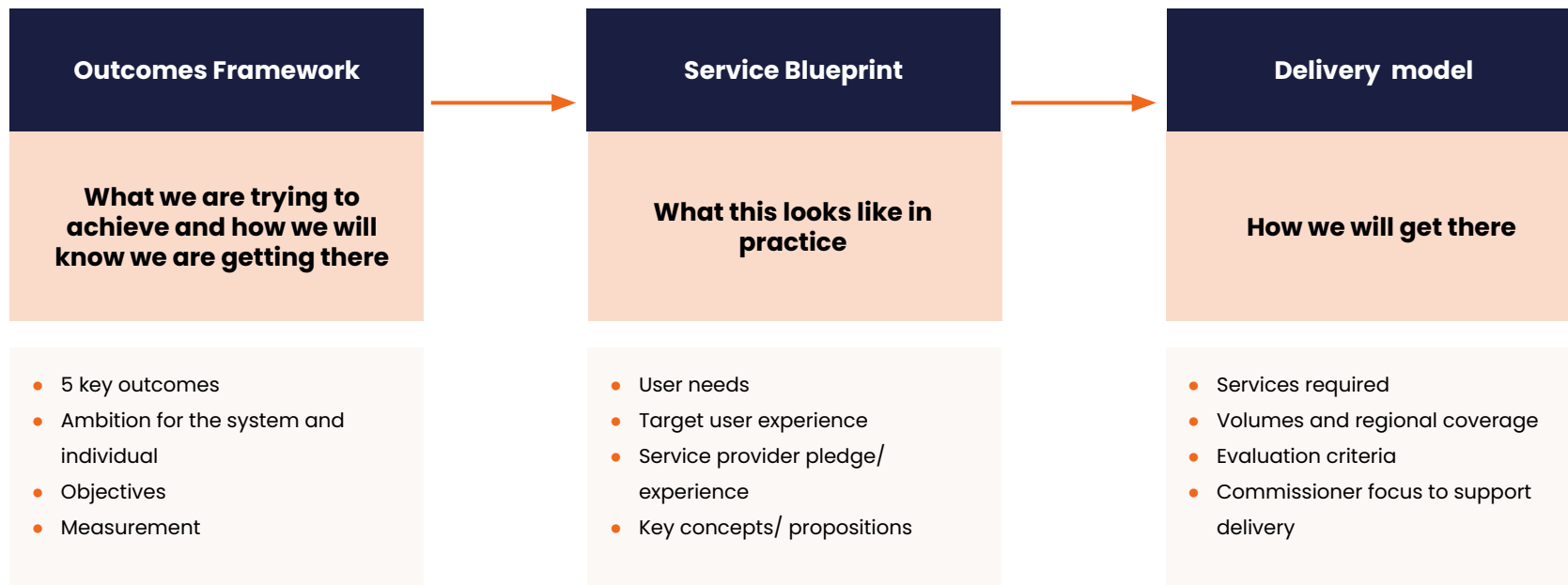
- That recognises the role of communities to address the shame and stigma associated with gambling harms and supports people to intervene earlier for those experiencing gambling harms.
- That offers the range of support required by people, from short term support and treatment to helping people manage in the longer-term;
- That integrates these to support a given individual at whatever point they are at in their journey.
- That operates as a cohesive system, and is integrated with broader non-gambling related services.

We were asked to focus on the provision of support and treatment within the NGTS rather than the significant challenge of prevention in relation to gambling harms.

The National Gambling Treatment Service is delivered by multiple providers, however, we have focused on what is required to support the provision of a single coherent service for people experiencing gambling harms.



# What we were asked to deliver



We have looked at the NGTS as a single service, and have referred to 'the service' throughout this deck. However in the delivery model we also use the word service to describe aspects of the NGTS which respond to user need and are specific services or products that GambleAware might seek to commission.

# There is much to be proud of in the NGTS now

**A system of providers deeply committed to reducing gambling harms**

**Confidential services, free at the point of care for anyone who needs them**

**Informed and influenced by lived experience**

**Supporting affected others**

**Providing evidence based treatment which really works**

**Shaped at a local level**

**There are many pockets of innovative practice...**

**...including testing and trying new ways to improve our services**

**With emergent shared system and models of care**

# But the future service embraces some big shifts

## From

No shared view of service user needs to design our services around

Limited awareness of gambling harms amongst other services and our communities

Limited understanding of what some parts of the NGTS & our wider system do and can do

Informal referral processes which mean people can fall through the gaps

A system which is geared towards providing treatment that isn't always proportionate to an individual's needs

Limited support to help people manage after they've finished treatment or received initial support from us

Innovation driven by the ambition and energy of individuals

## To

Our services built around the needs of people experiencing gambling harms

Joined-up awareness raising of gambling harms in our communities and local systems

One coherent system that integrates with local systems

Facilitated referrals, not signposting

Investing in early intervention through increased support options for people who don't need treatment

A service that values short-term support & treatment in tandem with support to manage in the long-term

Collective responsibility for designing, testing and adapting ideas that improve our services for users

# We took a human-centred approach to designing the future service

## Shaped by lived experience

At the heart of our approach to designing the future NGTS was a commitment to co-designing with people affected by gambling harms.

We spent our discovery phase connecting with people living with gambling harms to understand their experience.

During the co-design phase we curated a group of people across the system of gambling harms to develop a future service built around user needs.

## 2 months Discovery

Interviews with people who have experienced gambling harms, current treatment and support providers and review of existing literature on gambling harms

## 2 months Co-design

5 workshops with experts across the system including lived experience representatives, treatment providers (in and outside the NGTS), public health and commissioners

### Outputs

- Discovery user research insights including an as-is journey map of people experiencing gambling harms
- Outcomes framework
- Key design challenges
- Co-designed service blueprint
- Co-designed core concepts
- Delivery model

# Our research activities ground the design in the needs of users

13



Conversations with NGTS providers

30



Literature review of reports including YouGov omnibus report

5



Interviews with people providing services in the wider system

7



In depth interviews with people who have experienced gambling harms

10



Analysing NGTS helpline transcripts



Mapping the AS IS journey of people into treatment

# We involved people across the system in co-design

A core ambition for the NGTS is to increase integration with local systems. Strong partnerships with other services are critical to support people in a holistic way and ensure they receive the most appropriate care for their changing needs.

Gambling harms and the support available are not well understood in the broader system, making increased integration all the more important.

In recognition of this we involved people from the NGTS, the near system and the wider system in the codesign process, as well as those with lived experience of gambling harms.

# Who we mean by 'the system around the NGTS'

## The NGTS

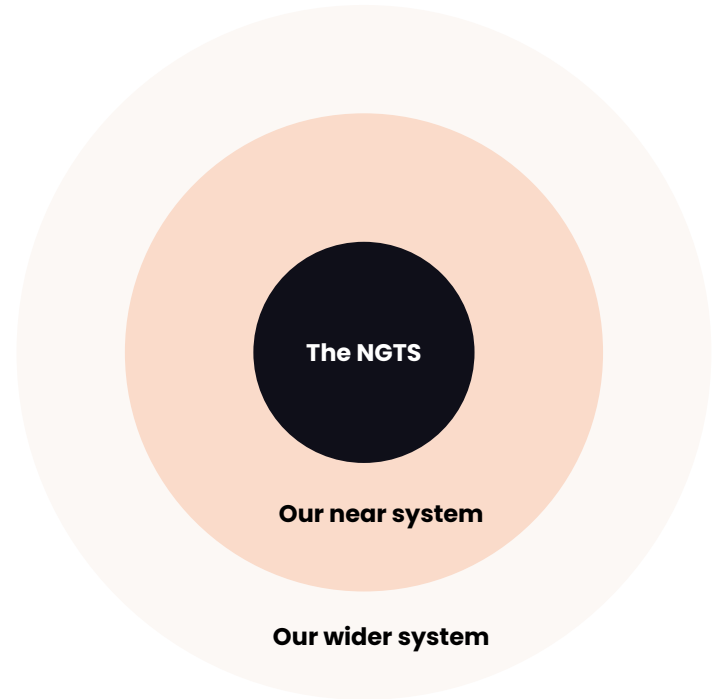
Providers of treatment or support who are commissioned by GambleAware to provide services for the NGTS

## Our near system

Other gambling support services including NHS clinics and peer support networks  
Related services including mental health, domestic abuse, financial support

## Our wider system

The wider health and social care system including housing and welfare  
Community activities



# Thank you to everyone who participated

Many people participated in our co-design workshops. A big thank you for your time, energy and ideas.

Adil Nayeem   Andy Iddon   Anna Hemmings   Andy Todd   Becky Harris  
Carwyn Gravell   Chris Lee   Daniel Hall   Eileen Innes   Emma Ryan   Fiona McLeod  
Frankie Graham   Graham England   Ian Semel   Jo Evans   John Travers  
Kay Rafferty   Leanne Downie   Mandy Brown   Matthew Hickey   Dr Minal Jain  
Mohammed Afzal   Neil Platt   Nicola Jaques   Rachel Hassan   Stacey Goodwin  
Steve Watts   Suhayl Patel   Tejus Patel   Tim Leighton   Ufuk Genc   Wayne Foster

We also undertook primary research with people experiencing gambling harms who are not and have not received treatment. We are grateful to those who reached out for their bravery and generosity in speaking to us.



# The co-designed principles for the future NGTS

Before designing the future NGTS, NGTS providers alongside co-design participants agreed a set of key principles to underpin the future service.

## As providers of this service, we commit to

1. **Listening for and being led by** service users' needs
2. **Embedding and integrating** into our local communities and related services
3. **Building and strengthening** our shared skills and expertise
4. **Continuously reflecting on and iterating** our offer both locally and nationally
5. **Taking responsibility** for ensuring no one using our service is left to cope alone in a vulnerable place
6. **Being targeted and thoughtful** about the data we collect
7. **Actively referring** instead of signposting
8. **Reducing inequalities** in gambling harms by engaging with barriers people face in accessing our support, including structural barriers
9. Shaping our offer for **ease of access**

# **User stories**

**A service designed for the people who  
need it**

# Designing the NGTS for the people it serves

We have taken a human centred design approach to this work.

Our research activities with people who have experienced gambling harms helped us to articulate a shared understanding of user needs from the service. We have used these needs to directly inform the development of a target experience for those looking for support (the service blueprint) and to determine the services required within the NGTS (the delivery model). As innovation occurs and services are better able to address need, what will be commissioned may evolve. But user needs should remain at the heart of informing the ambition for the system.

The needs of people accessing the NGTS will vary and the system's understanding of these needs will evolve as we learn more about different communities and people affected by gambling harms. The system should be highly responsive to this and enable a proportionate and adaptive response.

We have included three stories below to demonstrate how the service responds differently to people's varied needs. These stories also show how the outcomes framework and concepts relate to a person's journey through our service.

## Future experience

# Light-touch support



### Meet Derek...

Derek doesn't think of himself as having an addiction. But he is finding himself having to hide his gambling from his partner and sometimes gambling more than he'd like.

### Core concepts engaged with:

Listening to  
your story

Direct NGTS  
marketing

Enhanced  
map of local  
& national  
system

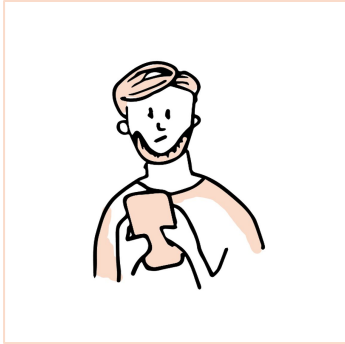
Shared self-  
management  
resources

### Key outcomes:

Prevent escalation of harms

Ensure individuals receive the  
most appropriate service

# Derek's story



Derek googles 'how to gamble less' after feeling he's gambled more than he meant to

His partner is getting annoyed when he spends so much time online. He doesn't like that he's been lying to them about how much he's been gambling.



He comes across a link to our **listening to your story** line for a confidential conversation about his gambling.

He notices that the person on the line will just be there to listen. He isn't an addict so doesn't want treatment. But he does feel it might be good to speak to someone.

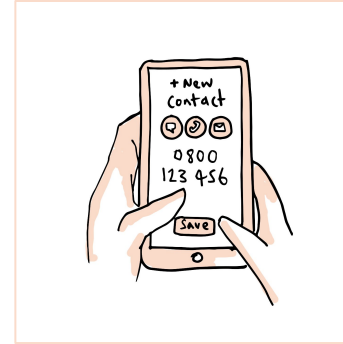
Derek hasn't spoken to his family or friends as he doesn't know how they would take it. He just doesn't think they'd get his situation.



Derek is reassured that the call will be completely anonymous and non-judgemental.

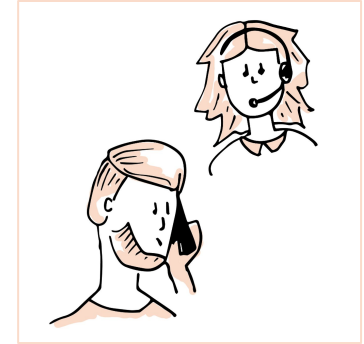
He likes the idea of speaking to someone he doesn't know but who is familiar with gambling, so whatever he says won't be a shock.

Seeing that the line is **marketed as part of the NGTS** reassures him that the service is credible.



Derek is not ready to call now but he saves the number in his phone.

He's impressed that the line is 24/7.



After gambling more than he meant to again, he calls the number.

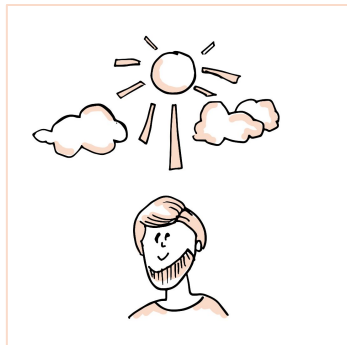
He feels nervous but the person on the phone seems really nice. They even mention that one of their own family members has struggled with their gambling, so they understand some of what he is going through.

# Derek's story



**Derek finds it a huge relief to open up about his gambling.**

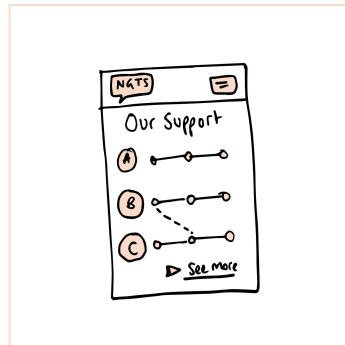
He tells the person on the phone about his worries for his relationship with his partner. They mention some online guides which might help him talk to his partner when he is ready.



**Derek feels lighter after the call.**

He'd normally be straight on the bets but instead he decides to take his partner out for some food.

For the first time in a while, he feels the cloud that has been sitting over him lift for a moment.



**Later, when things are feeling difficult again, he googles the National Gambling Treatment Service.**

He comes across the **enhanced map of the system** and swipes through the different support and treatment options.

Derek wonders if could benefit from some of the support.



**He ends up on the online forum where people are talking about their gambling.**

He follows a thread about opening up to a partner about gambling - it would feel good to not have to lie anymore.



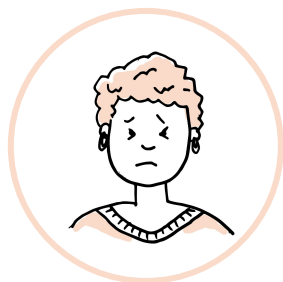
**Derek is impressed to see the different ways the NGTS supports people to make changes of they want to.**

As he clicks through the **self-management resources**, he comes across a page about how to talk to family about gambling.

He bookmarks some leaflets for when the time feels right.

## Future experience

# Returning for help



### Meet Leila...

Leila's daughter has been gambling for a long time. As a single parent, Leila feels a lot of pressure and guilt about her situation. After speaking to the helpline last year, she's returning this year as she is no longer coping.

### Key outcomes:

Ensure holistic treatment

### Core concepts engaged with:

Referral Line

Triage conversation

Shared self-management resources

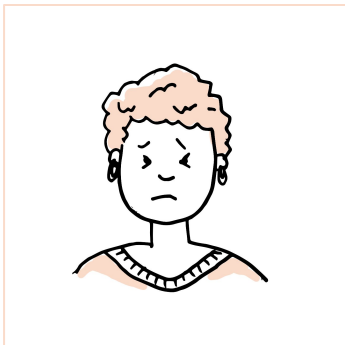
Rapid Response Line

Shared database

Template for co-produced care plan

Ensure recovery lasts

# Leila's story

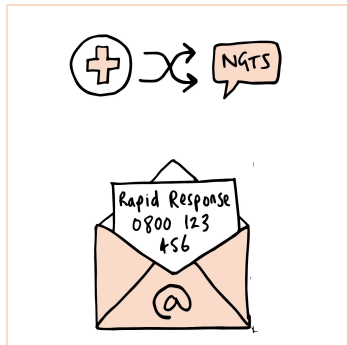


**Leila doesn't think she can cope anymore.**

She's just had another phone call from her daughter begging her for money. She says there are bailiffs at the door of her flat.

Leila doesn't know what to believe anymore. She's having to take days off work for stress.

She knows she can't keep doing this.



**Last year when things got bad she spoke to her GP who referred her to the NGTS through the referral line.**

She got a call from one of the advisors on the helpline and after her **triage conversation** they sent over some **self-management resources**.

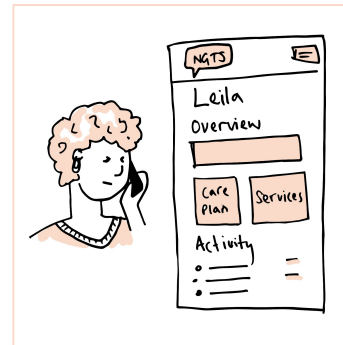
They also emailed her the **rapid response line** number for future contact.



**Now she searches for the rapid response number in her emails.**

Alongside the phone number, she notices a number of short videos by people who have accessed support from the NGTS including one where another parent accessed support whilst their son gambled.

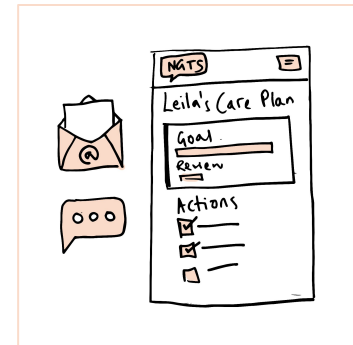
Seeing how the NGTS has helped someone with such a similar situation to her makes her feel ready to call.



**Even though it's the middle of the night, when she rings the helpline she notices how much the advisor seem to care.**

As a lot of her story is already on the **shared database**, she feels like she's talking to an old friend rather than starting again. They talk about what has changed and where she is now.

She thinks the advisor sets out the different ways the NGTS can support her really clearly.



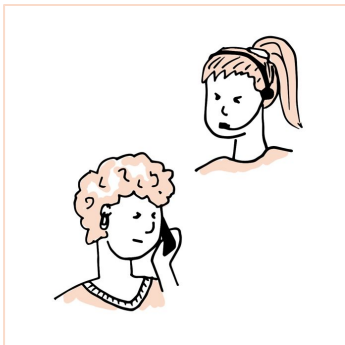
**By the end of the call, she feels like her co-produced care plan sets out the best option for her.**

She's pleased to get an email and text message with a copy of her care plan straight after the call.

It feels really straightforward. She's got a session in 3 days and she knows she can call the same person back if she has any issues before then.



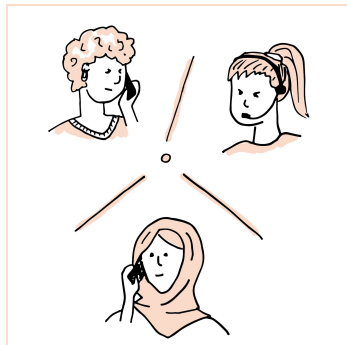
# Leila's story



**When she has her first session, her therapist has already read her notes so she doesn't have to repeat everything all over again.**

She is really struggling with the shame of being here, especially when she knows her daughter is in a really bad place.

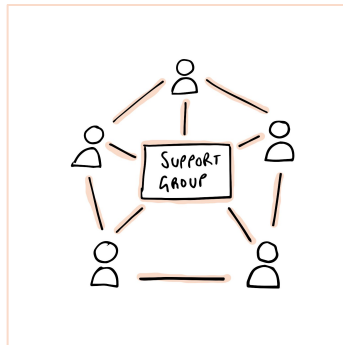
Her therapist reassures her that she deserves help too.



**She's always been too ashamed to turn to her closest friend for support.**

Her therapist helps her feel brave enough to invite them along to her second session.

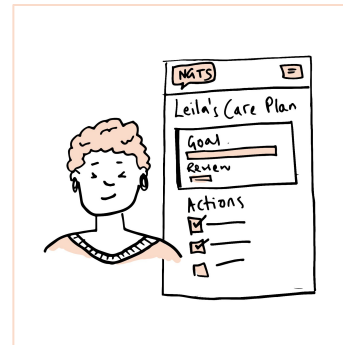
She finds it scary but actually so good to be able to talk to them honestly and openly about what she's been through. She has found one of the hardest things has been coping with this alone.



**Her therapist also connects her to a local support group for family members affected by gambling.**

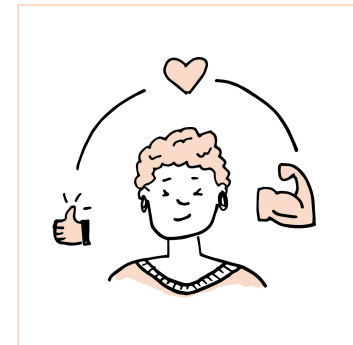
Her friend has said they'll come along to the first session with her.

She has also signed up for a local art class. She used to love painting but in recent years she's focused so much on her daughter that she's forgotten about what keeps her happy.



**By the end of her therapy sessions, Leila feels much stronger.**

She's nervous about what happens next. However she's been working on the tasks her therapist set her with her friend so she doesn't feel like she has to do this alone.



**When she gets the call from her therapist checking how she's doing, she's pretty proud of herself.**

The guilt she feels is no longer taking over her life, she's back at work and she's been making time to do things she enjoys. She feels much more like herself.

Her other kids have noticed and she thinks that's helping them to feel happier and more relaxed too.

# Future experience

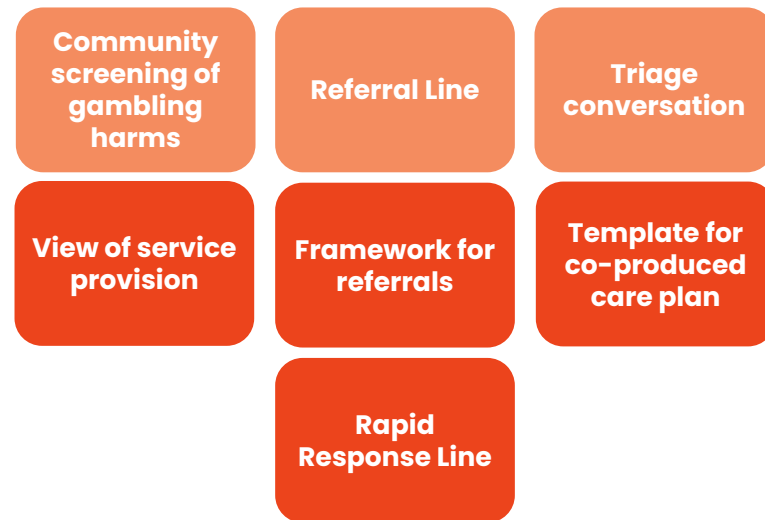
## Complex support needs



### Meet Lucy...

Lucy had therapy from the NGTS for her gambling addiction a few years' back. After several years without gambling, she's been triggered to start again by a recent diagnosis for Parkinson's disease and a dip in her mental health.

### Core concepts engaged with:



### Key outcomes:

Ensure holistic treatment

Reduce barriers that drive inequality across society

# Lucy's story



**Lucy's head feels like it's about to explode.**

Her GP is trained in **community screening of gambling harms** so when Lucy visited for stress, they asked her about her gambling. They can see from her notes that she's had therapy through the NGTS before.

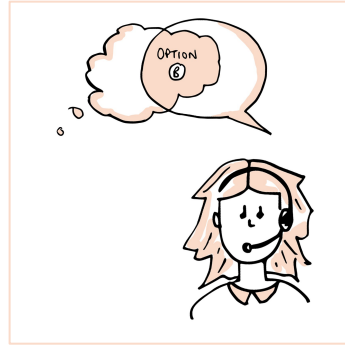
They ask her for a bit more detail and if she consented to being referred for more treatment through the **referral line**.



**She gets a call from her NGTS therapist from a few years back.**

She'd asked not to be contacted after her treatment. She was proud of how she was doing and just wanted to turn her back on that part of her life.

But actually now she's just so exhausted. On the phone, during the **triage conversation**, they put her at ease - she's not the first person to relapse.



**As she has already spoken to her GP, her therapist knows some of her story already.**

They talk about her goals from treatment and what she thinks she needs whilst looking at the **view of service provision** for options.

They discuss residential care as an option for her. She'd been researching this option online already. Together they agree that is the best approach.

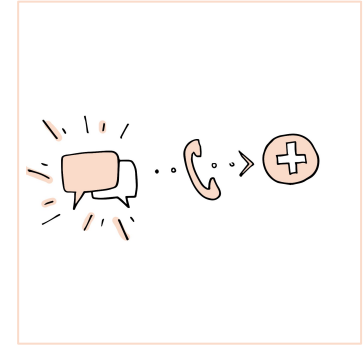
They also refer her to her local mental health team using the **framework for referrals**.



**She's transferred into residential care that day.**

As part of her treatment, they explore how her recent Parkinson's diagnosis has triggered her to gamble again. It's made her feel so overwhelmed and alone.

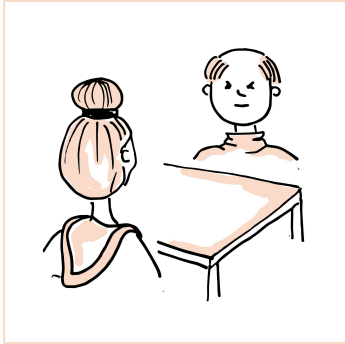
The team around her in residential care help her identify and connect to a support group specifically for people with Parkinson's who struggle with gambling.



**Her therapist asks her permission to speak to her Parkinson's doctor about how they can support her to manage her addiction.**

It's good to know that she doesn't have to deal with this conversation herself. She just doesn't have the energy for it.

# Lucy's story



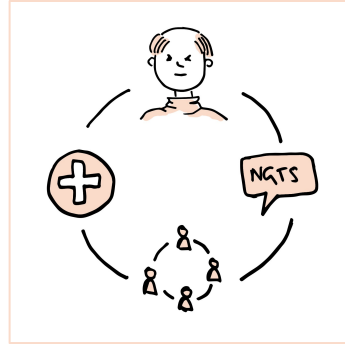
**She gets visits from her mental health therapist while she's in residential care.**

It's clear to her that her therapists are communicating together as she rarely feels like she's having to repeat herself.



**Because she's responding well to gambling treatment and that support for her Parkinson's and mental health is what she needs most, they agree that her time in residential care should end early.**

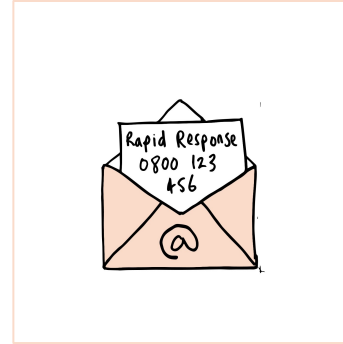
Together they review her **co-produced care plan** and agree when support feels appropriate.



**Lucy feels reassured that her care plan has a mix of support**

She's going to have a few outpatient sessions with her gambling therapist as well as having her mental health therapist and doctor with her in the outside world.

She's also managed to speak to someone from the Parkinson's support group on the phone - they are hoping to meet up in person in a few weeks.



**Back at home, Lucy has her last session with her gambling therapist.**

It does feel final this time. Nevertheless they remind her that the **rapid response line** is always there for her as well as her being able to call her therapist directly.



**As she's got continued support from her mental health team, doctor and Parkinson's support group, she feels safe.**

Some of the people in the support group are fast becoming really good friends.

# **The NGTS Outcomes framework**

**Shared goals for the NGTS**

# About the outcomes framework

The NGTS outcomes framework is a tool to describe the goals that we have for people accessing support through the NGTS. The framework articulates the ambition for the totality of the NGTS over time – it is not a framework to measure individual services against.

## Who will use this:

GambleAware

Other commissioners of gambling support services

## What they will use it for:

### A measuring and monitoring tool

- A way to describe and evidence the value of the NGTS
- A tool to hold the system to account for what it is delivering for service users
- A framework against which to document impact over time

### A framework for informing commissioning

- A tool to inform the prioritising of resources in order to achieve the outcomes
- A tool to help identify gaps in understanding, and inform opportunities for further research

### A tool for communications

- A way to talk about what the NGTS does and enable other service providers to see where they could contribute

# A snapshot of the outcomes framework

*Due to the psychological effects such as loss aversions, and its hidden nature, Gambling harms can have an exponential curve. It also has a challenge of people predominantly seeking treatment only once the situation has become very harmful.*

*Many people who have severe gambling harms also exhibit other challenges. Treatment for gambling harms in silos results in low rates of sustained rehabilitation. Inversely, treating other issues without acknowledging gambling issues will be less effective in the long run.*

*There are significant differences in the prevalence of gambling harms across different population characteristics. The current uptake of services would predict these inequalities will persist*

*Multiple routes into the system, and limited referral within it, makes it possible for individuals to be treated by one service when another service may be more effective for them*

*Because of easy access, low barrier to entry, and in some cases biological predisposition, people can struggle to control their gambling behaviour if sufficient aftercare and support is not accessed.*

1

**Prevent escalation of harms**

Reducing the threshold of access to services through the availability and uptake for people whatever their personal goals (control, abstinence or otherwise)

Ambition for the system

Prevent the escalation of negative impact on the psychological health and wellbeing of individuals

Ambition for the individual

2

**Ensure holistic treatment**

The system is linked to established providers of non gambling specific services. This supports the identification of multiple services needed for any individual, resulting in the provision of holistic treatment

Ambition for the system

Individuals are treated for all challenges they face, aligning both gambling and non gambling related support

Ambition for the individual

3

**Reduce barriers that drive inequality across society**

The system is resourced proportionally to reduce inequality as much as possible, by providing appropriate services to attract and retain populations at risk of gambling harms

Ambition for the system

Individuals find appropriate services psychologically accessible to them (culturally, gender, language, socio economic, neurodiversity competent)

Ambition for the individual

4

**Ensure individuals receive the most appropriate service**

The system works to effectively match individuals with appropriate treatment throughout the life cycle of the individuals need

Ambition for the system

Individuals receive the most appropriate services for them within the NGTS

Ambition for the individual

5

**Ensure recovery lasts**

The system offers easy access to services for those who have previously sought support for gambling harms for both gambling and non gambling related harms (e.g housing and community integration)

Ambition for the system

Individuals are aware of, reach out for and use, aftercare services when needed, without hesitation

Ambition for the individual

# Next steps

## to operationalise the Outcomes framework

### **Establishing the approach to measurement and data collection**

- A data strategy is required in support of the outcomes framework:
  - to identify the lead and lag indicators which will enable GambleAware to understand whether the outcomes are being achieved
  - To establish data reporting protocols setting out the routines by which the data will be reviewed, including how these relate to existing reporting protocols
  - This may include the development of new measures to understand the impact of the NGTS

### **Sharing across our system**

- The NGTS outcomes framework should be fed into existing communications strategy to consider how it can be used to inform content about what the NGTS is and what it does.



# **The NGTS Service blueprint**

**An ambitious view of the  
future NGTS**

# About the service blueprint

The service blueprint shows the ambition for how core NGTS services integrate together around the needs of people experiencing gambling harms. Delivering against the service blueprint is how the big shifts described in this work will be achieved for people experiencing gambling harms.

## Who will use this:

GambleAware

Existing providers & future providers

Others in the system who support people experiencing gambling harms

## What they will use it for

### An articulation of shared intent

- A description of our shared vision for how the NGTS supports and treats people
- To set expectations between providers within the NGTS of how we work together to support people

### A way to communicate what we do

- A way to describe to partners outside the NGTS how we work and what they can expect from us

# A snapshot of the service blueprint

National Gambling Treatment Service **High Level Blueprint**

**About this blueprint**

A tool for the network of people and organisations providing treatment and support for people experiencing gambling harms that

Defines our shared vision for how the NGTS supports and treats people

Sets out our expectations of how we work with one another

**About the National Gambling Treatment Service (NGTS)**

A service that supports people experiencing gambling harms including people struggling with their own gambling and people affected by someone else's gambling.

The place to go for advice, support, outpatient & residential treatment for gambling harms that is free at the point of access.

Working in and alongside a wider system of related services & support to provide holistic help to the people who need us most.

As providers of this service, we commit to

- **Listening for and being led by** service users' needs
- **Embedding and integrating** into our local communities and related services
- **Building and strengthening** our shared skills and expertise
- **Continuously reflecting on and iterating** our offer both locally and nationally
- **Taking responsibility** for ensuring no one using our service is left to cope alone in a vulnerable place
- **Being targeted and thoughtful** about the data we collect
- **Actively referring** instead of signposting
- **Reducing inequalities** in gambling harms by engaging with barriers people face in accessing our support, including structural barriers
- Shaping our offer for **ease of access**

**Key stage of the journey**

The key stages a user may cycle through - the journey is not necessarily linear. Users may cycle backwards or forwards and drop in or out of the journey at different stages

**Journey steps**

Specific steps within a journey stage. Each user may go through different steps depending on where they are in their journey and the level of support they need.

**User needs**

Expresses people's goals, values and aspirations at each step. They are the things which a service must satisfy for a user to get their rights outcome for them

**Target experience**

The experience we want to provide for those experiencing gambling harms to meet their needs at each step of their journey

What we need to do to deliver that experience for people experiencing gambling harms

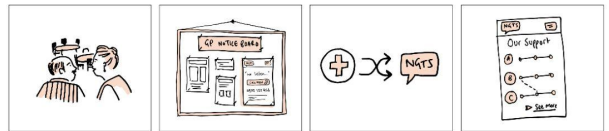
**New core concepts**

How we will deliver the target experience. The new service elements that we will commission, test, evaluate and embed

- Some parts of the user or we being tested
- New
- Service being

## Become aware

Become aware through your community	Become aware by hearing about us	Get actively referred to us by other services	Find out what services we offer
I need to be aware of the impact gambling harms can have	I need to recognise that there is reliable, relevant support out there for people like me which I can access when fees right	I need to know that any professional I choose to open up to will help me get the support I need - including if I'm an affected other	I need to know that I can reach out for support earlier than when I can no longer cope
I need people around me to notice I'm struggling			I need immediate access to tools and materials to help me manage



**Working in communities to raise awareness about how to help someone who is struggling**

We work alongside trusted community leaders to educate our communities on how to spot gambling harms and connect people to support.

We use research and data to target communities disproportionately affected by gambling harms.

**Marketing using language people recognise, in appropriate places**

We ensure our communications resonate with people experiencing gambling harms. We market our support at relevant touchpoints, such as through self-exclusion services, and in trusted places, such as GP surgeries.

**Creating a clear, direct line of referral for other service providers to us**

We train other service providers to screen for signs of gambling harms and refer directly to us, so that opportunities to support you are created earlier, no matter who you first speak to.

**An easily-accessed online overview of our support options and what they have meant for real people**

We make it easy for you to find us online and understand we are here for you, regardless of where you are in your journey experiencing harms.

We help you understand the support available to you, including self-serve materials, bringing these options to life through personal stories of people who have used our services.

Community champions	Direct NGTS marketing	Community screening of gambling harms	Enhanced map of our local and national system
Inequalities framework		Referral line	Visibility of each other's work

## Get support

Here just to listen	Understand your goals to get you the right support	Provide consent for health information to be shared	Co-produce a plan for what happens next	Cor
I need a non-judgemental space to open up about how I've affected my gambling and the shame I feel	I need to feel listened to when I first reach out for support so that I feel safe and trust continuing with treatment	I need to trust that I have my best interests at heart and will use the information I share to best meet my needs	I need to be quickly and easily directed to the most appropriate service so that accessing support isn't another thing for me to manage	I need a me to so th to FT



**An anonymous space to talk to someone who gets it**

We help you to connect to someone who understands what you are going through and is skilled in listening without judgement. This conversation only leads to further support if you want it to.

**Space to share your story, the things that matter to you and your goals from treatment**

We listen to you when you first ask us for support, focusing on understanding what you need from support. We capture the detail of your story digitally so you don't have to tell it to us it again.

**Consenting to sharing health information with the NGTS and other related services providers**

We gain your consent to share your health information within the NGTS and other related services so you don't have to tell your story twice and we can easily refer across our system.

**Together identifying the best support options for your goals**

We provide clear, realistic options for supporting you, proportionate to your needs. We then work with you to develop a plan that meets these needs and your goal.

If you require treatment or referral to another service, your plan will include clear timelines and a named contact. If you require support, your plan will help you manage in the long-term with links to relevant support groups, self-serve resources and the number of our rapid response line.

Listening to your story	Triage conversation	Shared database	Framework for referrals
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Template for co-produced care plan

# About the new core concepts

Our new core concepts are newly designed core elements of the future NGTS to address the key painpoints and needs of service users identified through our research.

The concepts are tangible solutions that bring to life the **big shifts** and **principles** for the future NGTS.

Some of the concepts are completely new

Others exist in parts within the current service

**They still need to be tested with service users.**

The concepts have been designed in two ways:

## 1. Co-designed concepts

- Developed during our codesign sessions
- People with lived experience and people working to address gambling harms have come up with and shaped these ideas.

## 2. Other core concepts

- Developed alongside the blueprint as core concepts to ensuring the success of the future journey in meeting user needs
- Designed by TPXimpact

# Introducing the new core concepts

## From co-design

Community  
champions

Direct NGTS  
marketing

Community  
screening of  
gambling harms

Enhanced map of  
local & national  
system

Visibility of each  
other's work

Listening to your  
story

## Other core concepts

Inequalities  
framework

Referral line

Triage  
conversation

Shared database

Framework for  
referrals

Template for  
co-produced care  
plan

Innovation fund

Shared self-  
management  
resources

Rapid response  
line

# Next Steps

## to operationalise the service blueprint

### Further testing & learning about the concepts in the blueprint

- The new core concepts deck sets out each of the new concepts in more detail including the stage they are at and, where agreed, individuals to include in their development. Further testing with service users of these concepts, led by GambleAware, will be essential to finalising the blueprint.
- Rhythms and rituals should be established that create the space for regular sharing of learnings from testing and other innovation between service providers, as well as GambleAware.

### Collective adoption and prioritisation within the blueprint

- The blueprint sets out the ambition for the NGTS as a whole. Operationalising the approach requires all parties to adopt it. GambleAware should socialise the blueprint and agree with providers which aspects of it to bring to life first.
- Delivering the service blueprint requires a culture change within the NGTS. This requires action including regular engagement with providers to support them in adapting their ways of working

### Getting system ready for delivery

- Once the concepts have been worked up in more detail it will be possible to identify the relevant changes to the systems required to support the delivery of the blueprint.

# **The NGTS delivery model**

**Commissioning services  
in response to need**

# About the delivery model

The delivery model is a framework of user needs, which specifies the services and products required to respond to those needs and deliver the target service.

## Who will use this:

GambleAware

Existing providers & potential providers

## What they will use it for:

### A statement of service requirements

- A tool to enable GambleAware to understand commissioning priorities, based on user need
- A map to enable providers to see where they can fill a service requirement with an existing service, or where to innovate

### A tool to support service evolution

- A way to identify unmet need, and therefore invest in the development of new innovative services to address those needs
- A way to think about services based on need which enables GambleAware to revisit what services are funded, from who and how they are paid for.



# A snapshot of the delivery model

Stage of journey

## Get treatment

User need	Service or product to meet user need	Population sub Groups to consider*	Required Capacity**	Regional Coverage	State of provision (met, partially met, unmet)
I need to be able to access support that is appropriate to my culture and identity so that I feel able to share my story	Support groups for people who feel alienated by support groups that are used by traditionally catered for sub groups.	Women	20,000 people	National	Fully met
		Men 16-25	40,000 people	National	Partially met
		people with unstable immigration status support groups	5,000 people	National, with particular focus on London + Manchester	Unmet

Become aware

Get support

Get treatment

Manage in the long term

# Using the delivery model to evaluate potential service provision

Once a need has been identified as partially met or unmet, the commissioning team can use the following qualities to evaluate any potential providers.

## Economics

### Capacity & Regional Coverage

Would commissioning this provider help meet the required capacity and regional coverage?

### Reporting Capability

Is the provider set up to report back key information on clients, in order to assess their contribution to our outcomes framework?

### Cost effectiveness

Are they able to demonstrate that the impact on the individual in terms of sustained positive impact, is comparable to other similar services

## Quality

### Alignment of Values

Does this provider share our principles on how to support users, and how they contribute to the broader experience of an individual's journey within the NGTS

### Cultural Competency

Wherever appropriate, can the provider demonstrate evidence of their service being culturally competent for its intended audience

## Integration

### Integration into non-gambling services

Can the provider demonstrate existing or planned efforts to integrate with non-gambling services to ensure holistic treatment of clients

### Integration into communities

Can the provider demonstrate how they have engaged with communities to bring people into their services, or worked with communities to give greater recovery capital to those using their services

# Next steps

## to operationalise the delivery model

### Populating the delivery model

- As described above, the GambleAware team should use the data they hold to populate the remaining columns in the delivery model to provide a point in time assessment of need.

### Commissioning against the delivery model

- There are a number of decisions that GambleAware need to make in order to translate the delivery model into a brief for potential providers:
  - Which of these services will be commissioned individually, and which services might you package together and commission together for the efficiency of commissioning and delivery
  - Which of these services do you want delivered at a local level, and which do you want to commission a single provider to deliver across the whole NGTS.
  - What the funding model will you use to commission these services

### Iterating the delivery model

- Over time the delivery model will be enhanced by a richer understanding of the population sub groups, their volumes and regional concentrations. This will be informed by GambleAware's work on an inequalities framework.

# **Commissioner role**

**Moving from grant funder to  
strategic commissioner**

# Implications for GambleAware as commissioner

To date GambleAware has operated as a grant funder, facilitating the flow of funding into treatment services. In this role, the organisation has had limited levers to exercise a 'stewardship' role for the NGTS.

The development of the tools set out above is a new departure for GambleAware in specifying more clearly its expectations of what the NGTS is, how it operates, and what it aims to achieve. That expectation has very intentionally been co-designed with a wide range of partners and in doing so, GambleAware has been keen to hear expectations as to the role that it can play in supporting the NGTS.

We ran two workshops to understand the needs of providers operating within the NGTS. In particular we focused on the implications for the system of the five outcomes in the outcomes framework and the role GambleAware should play in supporting the NGTS to realise those outcomes. This generated five main areas of activity for GambleAware, documented below, specified by providers.

# Commissioner support to the NGTS

## System Ambition

**Ensuring sufficient resources towards early stages of services, including light touch (low stigma), self care and self regulation advice**

**Ensure services are psychologically and physically accessible to all**

**Clarity within the system of the appropriateness of different services for different presenting needs.**

**Wider range of services to help people manage in the long-term (aftercare)**

**Support providers to collaborate with service providers outside of the NGTS**

## GambleAware to...

- Review with providers the structure of funding to reduce disproportionate focus on 'treatment' options and incentivise support and earlier interventions.
- Review with providers the structure of funding to incentivise actively identifying and supporting those groups under represented in the NGTS in order to reduce inequality of access to support.
- Use its position to create a criteria for matching user needs to services
- Create engagement opportunities across the NGTS such as a conference/webinar series and facilitated knowledge sharing
- Facilitate the Making Every Contact Count approach across the NGTS
- Develop a strategy regarding managing in the long-term (after care), including financially supported innovation.
- Publicly advocate for the NGTS to promote its credibility and position publicly such that people experiencing gambling harms are not put off using NGTS
- Lead strategic engagement with key partners such as ICS structures, local authorities and large charities and facilitate their interaction with providers at a local level.

# A funding model that supports our ambition

This work has described a number of big shifts for the NGTS. Equipping providers to deliver against the ambition set out in the blueprint and commissioning services against user need (as set out in the delivery model) also requires a new approach to the funding of services.

The way that services are funded should support the principles and approaches described here. The approach needs to incentivise:

- the appropriate referral of individuals across the provider network and to others in the wider system.
- providing interventions that are proportionate to need
- the reaching out to/identification of people in under represented groups for support
- investment in the development and testing of new ideas
- sharing and collaboration between providers and across the system

# GambleAware as a strategic commissioner

GambleAware has been clear that it intends to shift its approach to commissioning. Implementing the above will support the move towards your stated goals as a strategic commissioner:

## Define Outcomes

Provide a system approach to outcomes for end users, so providers can work within the system effectively

## Evaluate effectiveness of localised system

Have a consistent and open approach to data collection that gives NGTS insight into the power of local systems

## Engage and partner with wider social impact organisations

Work to establish reciprocal relationships with health wellbeing services for holistic support for end user, no matter the starting point

## Support Innovation

Facilitate knowledge sharing and new propositions to meet merging needs

## Convene the system

Ensure the collection of services work together for the good of the end user

## Enable providers to thrive

Reduce barriers for providers to reach the needs of their users, and use the scale of NGTS to open doors for providers



**TPX**impact

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