

The transformation and development of GambleAware's early intervention, support and treatment services



Commissioning Intentions Document

September 2022

Background

GambleAware, the charity keeping people safe from gambling harms, is a leading commissioner for gambling harms, support and treatment services across Great Britain. As an independent charity, we work in close collaboration with the NHS, clinicians, local and national government, gambling treatment providers, as well as other mental health services to reduce gambling harms. Our commissioned services currently deliver free and confidential treatment to 12,000 people and over 41,000 calls were made to the GambleAware commissioned, National Gambling Helpline last year.

We have an extremely robust system of governance, and we are accountable to the Charity Commission. Our independent Board of trustees are leaders within the NHS and public health sector, and we work alongside DCMS, DHSC, OHID, the Gambling Commission and the Advisory Board for Safer Gambling (ABSG). The gambling industry has absolutely no input, influence or authority over any of our activity and those with lived experience of gambling harm inform and guide our work.

Gambling is a serious public health issue which must be urgently addressed. Our research shows that of those who gamble, up to as many as 1 in 10 are at risk of gambling harm; up to 1 in 20 are experiencing harm and 6.5 per cent of the Great British population may be negatively affected by someone's gambling behaviour. Our vision is a society free from gambling harms.

Overview

The purpose of this document is to provide an overview of our current role in the sector and outline our future commissioning intentions. This is in response to internal reviews, feedback and external factors including the cost-of-living crisis and a rise in online gambling. In the past few years, GambleAware has developed its role as a leader within the gambling harms sector, building links with experts in the field and commissioning independent research. We work closely with people with lived experience of gambling harm to ensure our work is evidence-based and in line with current population health needs.

As the NHS Specialist Gambling Clinics develop, we and NHS England are committed to developing an effective and integrated service between the third sector and the NHS so that we can all be confident that people access the right service, at the right time. The set of commissioning intentions will inform key stakeholders and partners of how we plan to transform the third sector so that it can effectively support the NHS over the coming years to deliver integrated, high-quality and cost-effective national and localised services to greater numbers of people who are experiencing gambling harm. Our approach has been informed by a thorough review, conducted by an independent consultancy, which was undertaken to develop a clear understanding on what is working well and to identifying gaps to understand where improvements can be made. This new commissioning process intends to provide longer-term stability and cohesion across the support and treatment space to ensure providers are able to focus on the delivery of services rather than their future income.

The new system, which will include a refreshed helpline, more integrated regional services and increased support for residential treatment, will respond to the growing needs of people at risk of gambling harm by enabling and supporting service providers to work closely with Local Authorities and local partners to deliver targeted support. The future system will ensure greater provision for

long-term support as outlined below in our proposed Delivery Model. This Model has been informed by a new Outcomes Framework and a Service Blueprint to respectively ensure that providers have a clear framework by which to deliver high-quality outcomes and measure success and that there are a clear set of goals ensuring users receive consistent support from region to region.

The transformation and development of our early intervention, support and treatment services will lead to a number of long-term benefits for the gambling harms sector. These will include:

- An improved Data Reporting Framework that will support the integration of data from both the third sector and NHS to enable more effective understanding of the needs of people experiencing gambling harm and thereby support the ongoing development of the sector.
- Provider development, where the growth of SME's and smaller third sector providers is supported.
- The promotion of a delivery system as a single, joined up service through public health campaigns and relationships with key stakeholders.
- Creating the conditions and incentives across the sector for the providers to innovate to deliver cost-effective, high-quality outcomes for service users.
- An enhanced method to our approach to quality assurance with new internal stages to ensure consistent safe and high-quality service delivery ahead of the potential implementation of a CQC Inspection regime commissioned by GambleAware and the Gambling Commission for the sector.
- The raising of standards in recruitment; registration; education and training for the workforce.

Ultimately, we want to ensure that the sector is effectively integrated into the wider health and care system, as is the case for other addiction services. In doing so, we will increase statutory sector involvement in the planning, delivery and oversight of services providing support to people experiencing gambling harms so that we effectively manage clinical risk and deliver improved outcomes.

The current situation and context for change

Commissioned by GambleAware, The National Gambling Treatment Service (NGTS) is a network of third sector organisations, providing free, confidential treatment for people who gamble and for affected others that works in partnership with the NHS to deliver an integrated treatment system for those experiencing gambling harms. The NGTS ensures that across all geographies in England, Wales and Scotland there is access to tier 3 services (psychosocial therapeutic treatment), and some more specialist treatment via residential care. Commissioned by GambleAware, through Grant Agreements, the NGTS has evolved over several years to work with a range of providers across the third sector and those in Primary Care. In 2021, NGTS figures showed that most (92%) people who completed their scheduled treatment improved their condition through a reduction to their [Problem Gambling Severity Index score](#), with seven in ten no longer classified as a 'problem gambler' at the end of their scheduled treatment.

As part of our [organisational strategy 2021-2026](#), we made a commitment to "improving the coherence, accessibility, diversity, and effectiveness of the National Gambling Treatment Service". In

our enhanced role as a strategic commissioner, we want to ensure that we improve our outcomes and the way we measure them to ensure the new system is of the highest quality it can be.

Our 2021 Treatment and Support Survey suggests that as many as 1 in 20 who gamble are experiencing harm. Whilst the NGTS currently delivers very good outcomes, this is for a small group of people compared to the broader population experiencing gambling harms. Currently, just over half of people experiencing gambling harm [PGSI 8+] report having accessed any form of treatment in the last year.

We know that from our engagement with the lived experience community and professionals working in services that more could be done to deliver holistic services to users, this can only be achieved by the NGTS becoming a more fully integrated service with a wider range of providers and organisations.

Whilst acknowledging that the forthcoming White Paper will likely result in changes to the sector, we are currently the convener of the third sector and in partnership with statutory partners play our part in tackling gambling harms as a public health issue and by acknowledging the changing landscape and the need to remain flexible and ready to respond to other areas that may impact our approach. We deliver on our role as a convener of the third sector, not simply by grant making and the procurement of services, but by ensuring there is long-term investment in preventing and treating gambling harms. This leadership role will also ensure that service user safety continues to be paramount, flexible and ready to adapt in order to ensure future providers are supported in their quality and improvement accountabilities.

Our Strategic Review

In line with the Strategy, in 2021/22 we commissioned a review to establish a long-term commissioning strategy for the NGTS to ensure that it is able to effectively contribute to our charitable objectives and ultimately serve as a strong mechanism for us to reduce gambling harm.

The strategic review, delivered by TPXImpact, involved in depth engagement with gambling harm treatment providers, lived experience representatives and our wider partners, across the NHS and Local Authorities, to understand what is working well as well as identifying where we can improve the access and effectiveness of the services we currently commission.

This resulted in the development of the following aims:

- **Build services around the needs of people experiencing gambling harms.** To do this we need to enable providers to work more collaboratively in their local communities so that people are able to access a much broader range of support that is joined-up. We also need to extend what we commission beyond 'treatment' to a far wider range of services, including aftercare, peer support and community outreach.
- **Undertake joined-up awareness raising of gambling harms in our communities.** The relationship between our providers and communities is essential to reach those in need of help. We need to support that connection into communities to raise awareness of support for gambling harms.
- **Develop a coherent delivery model that integrates with local systems.** To do this we need to establish expectations between providers of how they work together to meet service user needs. We need to be able to share with partners such as the NHS and Local Authorities what

they can expect from the NGTS, how they can support people to access it, and how and where their services can work alongside it.

- **Facilitate referrals, not only signpost.** We need a more coherent and standardised approach to accessing support and onward referral. The NHS and Third Sector need to agree referral criteria to enable the same triage process at whatever point someone enters the system and prescribe a way to facilitate referrals to ensure people reach, and are held by, their intended destination, preventing them falling between the gaps.
- **Invest in early intervention.** We need to increase the options for people who don't need treatment. Treatment is not always what an individual needs, or what they are ready for. We need to attract people with different goals in relation to their gambling into services.
- **Values short-term support and treatment in tandem with support to manage in the long-term.** We need to ensure there is greater provision for longer term support and ensure that there are rapid routes to re-access treatment and support for those that need it.
- **Establish clear intent, and funding, for innovation.** We need to ensure that there is the capacity and opportunity within the third sector to design and test new ideas to enable innovation to take place within the sector.

Underpinning these key points, the strategic review resulted in the development of an Outcomes Framework and a Service Blueprint that have informed the development of a new delivery model and a commissioning strategy for that delivery model:

- **The Outcomes Framework** is designed to give a robust infrastructure to support all commissioning activity, holding the providers we commission to account for the reduction of gambling harms. To deliver the Outcomes Framework we need to both extend and expand what we have traditionally commissioned. This means commissioning local services that are focused on prevention and early intervention as well as treatment; ensuring both new and existing service providers can treat people holistically and provide equal access across Great Britain to reduce the health inequality gap.
- **The Service Blueprint** sets out the intended user journey for people accessing the service. It is this that will need to form the basis of how we talk about the NGTS in the future. It describes both how people access the service, and the support they can expect from it. The blueprint creates a unifying understanding of the service provided nationally. The user journey and the pathways will look and feel the same, even though the providers will be different across Great Britain.

The Proposed Delivery Model

To deliver the Outcomes Framework we need to ensure we have a delivery model that will create the foundations for both ourselves, providers and partners to deliver a more comprehensive system of support for those at risk or experiencing gambling related harm.

As we have considered the components of an effective delivery model, the need to integrate with NHS services and provide the basis for greater statutory sector leadership has been paramount. We have also been cognisant that different parts of the country are starting at different levels which means we

need a model that can be flexible and can be developed over time as more providers enter the sector and an increased number of statutory organisations develop their own plans for gambling harm.

The proposed delivery model is based on the shared assumption with NHSE that the NHS Specialist Gambling Clinics will be for those individuals experiencing the highest levels of harm. There is still work to do to define the criteria for the NHS Clinics, but what is clear is that there is going to need to be a close working relationship between the third sector and NHS to effectively manage the safe and effective transfer of service users and therefore the model been developed on that basis. We will work with NHSE to develop the operational processes to support the referral criteria over the forthcoming months to ensure that there is an agreed referral criteria for service users who would benefit from treatment delivered by the NHS Specialist Gambling Clinics; equally we want to ensure that there is a clear route back to community-based services that will support service users with their long-term recovery. We will work closely with the NHS in Wales as it develops its specialist provision to ensure that the third sector is effectively integrated into NHS provision. As the governments in England, Wales and Scotland develop their approaches to gambling harm we will work with them to ensure that the model meets their needs and fits with the differing health and care systems in those nations.

Further to this, we acknowledge that across the three nations, several regions and local authorities have made good progress to address gambling harms within their local community. As we develop the NGTS, we will continue to work with those in Scotland, Wales and local areas across the whole of Great Britain, to advance and co-produce work to ensure we are facilitating and developing best-practice models to address gambling harm within local communities moving forward.

In summary, our delivery model will increase access for people experiencing gambling harms; improve engagement with local communities; integrate with third sector organisations; support effective operational integration with the NHS and enable effective relationships with Local Authorities ensure that there is a co-ordinated approach to planning and delivery. This section of the document sets out the key components of that delivery model and how we intend to commission the model.

When designing our commissioning approach, we have been mindful of the significant uncertainty that exists for the sector. The uncertainty of long-term funding ahead of the publication of the Gambling White Paper means we do not want to add further instability to providers at a time when we need to build on what we have achieved. The cost-of-living crisis and long-term impact of Covid means that more people will be at risk of gambling related harm. We need providers to be focused on the delivery of services rather than their future income. Our commissioning approach intends to provide stability and cohesion of purpose for providers working in this sector to ensure that we continue to respond to the growing level of need.

In addition to the uncertainty within the sector, the health and care system has significant challenges, such as workforce shortages, as it continues to manage increased demand alongside the development of Integrated Care Systems in England. Whilst we acknowledge that GambleAware no longer has a role in funding the NHS specialist clinics, we remain committed to working alongside NHS England to transform the system, drawing upon previous good practice and strengthening existing relationships. Work currently underway by OHID and DHSC (*Treatment for gambling-related harm: A review of the current system in England*) will provide evidence of further opportunities for improvement. We are

committed to ensuring that any changes to the system that are identified as part of that work are effectively managed and that the third sector is able to adapt to changes that are likely to occur as a result of the report recommendations.

Our approach therefore balances the need to build on existing provision whilst giving opportunities over the forthcoming years to support and develop new providers. Our key objective has been to ensure that there is minimal disruption for service users and that we maintain relationships with local communities. The approach combines open competition to improve access and reduce inequalities with a restricted, developmental process that will transition existing providers to a new delivery model over the next three years.

The delivery model is composed of four key components:

- 1. A Multi-Channel National Helpline**
- 2. 10 Regional Alliances**
- 3. Residential Treatment**
- 4. A System Co-ordinator**

1. Multi-Channel National Helpline

- This will deliver a helpline and online support, offering an integrated, 'digital first' service for those seeking immediate access and/or self-directed support, as well as onward referral to further support for those who want it.
- It will be called the 'National Gambling Helpline' and will provide a free and accessible helpline, chat function and up to date information about services and other support tools to prevent the escalation of gambling harms.
- It will offer a 'warm transfer' service from gambling operators and financial services, as well as other relevant organisations, to ensure that those needing support can access it without delay, and in the moment where motivation is present.
- The helpline, self-help and digital offer will be available in a variety of languages and formats to meet the diverse needs of the people experiencing gambling harm.
- The helpline and chat function which is free to the user and available 24 hours a day, 7 days a week, 365 days a year.
- The revised specification for the Helpline provides a tighter scope of services than is currently delivered; service users wanting to progress to treatment will be referred to the appropriate regional alliance and NHS services for assessment and care planning.
- The Helpline will remain a key entry point into the delivery system and we intend to continue with GamCare as the provider of the helpline to ensure that there is minimal disruption given the significant changes in the regional arrangements. GamCare will be invited to complete an EOI to demonstrate their readiness to deliver the revised service specification.

2. Regional Alliances

Regional alliances will bring together a group of providers through an alliance agreement to deliver the above and provide opportunities for Local Authorities and ICSs to take a greater role in determining our future commissioning activity with the third sector.

The regions are aligned to the NHS regions in England apart from the Midlands that has been split into East and West to align with the NHS Specialist Gambling Clinics to support integration and seamless pathways for service users. The regional alliances are therefore as follows:

- East of England
- East Midlands
- London
- North East and Yorkshire
- North West
- South East
- South West
- West Midlands
- Scotland
- Wales

The regional alliances will take responsibility for the delivery of support and treatment of individuals. The alliances will be required to:

- Work alongside community leaders to raise awareness of gambling harms, to inform and educate communities to identify gambling harms and to signpost people to support and treatment.
- Undertake local awareness raising activities through the local partnership that is culturally, language and community specific. For example, promoting the services, although not limited to, through GP surgeries and social care.
- Offer training and support to other local front-line services to educate on how to identify gambling harms and to signpost people to support and treatment locally.
- Deliver treatment that is person centred and works for the person experiencing gambling harm identified through effective and timely assessment which overseen by an assessment panel to ensure effective risk management seamless transfer of service users between NHS Specialist Gambling Clinics and the third sector.
- Develop a diverse and varied support network and peer support for people including groups that people identify with, for example specific genders, cultures, identities and backgrounds, designed to meet local needs.
- Provide Talking Therapies sessions using a psychosocial approach via group and one to one format on a variety of times and days to ensure accessibility.
- Service user aftercare and recovery post treatment.
- To establish pathways into wrap around services (for example debt advice, relationship advice, legal advice, housing, mental health support).
- Convene Regional Partnership Boards to bring together local strategic and operational partners (such as NHS Specialist Gambling Clinics, Addiction commissioners and service providers, faith leaders, community development leads clinics, Citizens Advice, Primary Care, mental health services, Public Health and VCS coordination groups) as well as Gamble Aware. This board is a forum for collectively identifying local need and developing a shared strategy and underpinning delivery plan between the third and statutory sectors to reduce gambling

harm. We recognise that regions will all be at different stages of readiness and that it may be a number of years before we realise our ambition so we will therefore work pragmatically with the regions in the interim to ensure that we work in a way that most effectively meets the needs of the area.

The formation of the alliances will be the most significant change to our commissioning arrangements and will be the most important for the following reasons:

- Whilst we do not expect the regions themselves to act as a single entity, we believe that it will facilitate improved integration into local systems, which will improve referrals pathways, holistic management of individuals and the development of services that reflects the needs and expectations of service users.
- They will facilitate the development of relationships between the GambleAware commissioned partnerships and the NHS Specialist clinics and NHS Provider Collaboratives.
- Create opportunities for new organisations to join the delivery system and therefore expand the range and capability of providers supporting the delivery of the outcomes framework.

We will undertake a phased approach to the commissioning of the regional alliances. The first stage will involve asking our existing providers to submit an EOI to establish a Regional Alliance. Throughout the strategic review, there were many positive examples of our current providers establishing partnerships with other, non NGTS organisations in their area. As part of this initial stage, we are inviting those partners to also submit an EOI to develop a Regional Alliance outlining how they would collaborate with partners.

Once we have the initial partners to the regional alliances in place, we will, over the course of the next three years, starting in quarter 4 of 2022/23, work to grow the number of providers who are members of the alliance. We will undertake targeted competitive commissioning processes to identify new providers and use the designated budget for increasing access and reducing inequalities to support new and less developed organisations demonstrate impact ahead of entering a full delivery contract.

3. Residential Treatment

- Residential Treatment Centres will provide intensive residential treatment programme for individuals with a gambling addiction over a period of up to 14 weeks. The programme will offer services to people with the most severe gambling addictions in safe, peer-supported environments, and in-depth rehabilitation programmes that offer a mix of counselling and therapeutic interventions away from their home context and the triggers they may experience.
- Retreat and Counselling Programme for women-only and men-only cohorts, which combine short residential stays with at-home counselling support aimed at those who cannot attend a full residential due to caring/work responsibilities.
- Deliver therapeutic intervention across all programmes including CBT, ACT and REBT therapies to Psychodynamic, Transactional Analysis and Interpersonal Group Therapy.

As Gordon Moody is the only specialist residential provider focusing singularly on gambling, they will be invited to submit an Expression of Interest to demonstrate their readiness to deliver the new service specification. The specification for residential treatment will reflect the environmental standards required by the NHS in addition to the training and workforce standards across all components of the delivery model. GambleAware is committed to supporting the growth of specialist provision for gambling harm across a number of settings across GB.

4. The System Coordinator role

The System Co-ordinator will ensure that there is effective coordination between national and regional providers with strategic oversight of the operational issues. Examples include:

- Provision of quality tools to support the application of a standardised assessment process across the system - training and monitoring around implementation of that approach
- Development of tools to support the application of best practice within the system i.e. care planning tools, assessment frameworks
- Design and deliver the necessary training as requested by providers to support their delivery of high standard services.

The establishment of regional alliances will change the lead provider role that GamCare has previously undertaken as we will have a direct relationship, via the regional alliances with the provider network. During our engagement with providers, there was wide recognition that whilst a direct relationship between the regional alliances and GambleAware would bring many benefits there were many positive aspects of the lead provider role that should be maintained.

The current lead provider, GamCare will be invited to submit an EOI for the System Coordinator, in order to build on their systems, processes and experience in co-ordinating national and regional providers so we deliver a consistent, a national approach where appropriate for example for policies and training. This role builds on the capability that has been developed over several years and will secure the continuity of relationships across the third sector providers. There will be a requirement to demonstrate the governance arrangements to ensure that this role is effectively managed alongside their direct provision.

Managing Quality and Performance

Each of the four components has a specification that is underpinned by performance and quality measures that align to the Outcomes Framework. At a high level we will be reporting performance against the Outcomes Framework and Service Blueprint. To support this we are developing the data requirements for the Data Reporting Framework (DRF) to enable us to more effectively understand how the services are performing and the impact they are having for service users. The DRF is a national data set that includes NHS Specialist Clinic Data and we will therefore be engaging stakeholders on its development so that it supports effective planning across both the statutory and third sector.

We will be implementing an ongoing and regular contact management process to ensure that we are able to work with providers to improve quality and performance. Regional Partnership Boards will

have sight of the progress being made and it is our ambition that this supports shared ownership and accountability.

Working with the Gambling Commission, we have commissioned the Care Quality Commission (CQC) to establish minimum standards of provision and establish an independent inspection regime of services for people living with gambling harm. We have set the clear expectation that providers will work towards NICE compliance, however, this work will not be completed until 2024. In the short term we have set the requirement to deliver the CQC checklist requirements and we are significantly enhancing our approach to quality assurance to ensure that we continually drive safe, high quality service delivery alongside performance and value for money. All providers are required to provide evidence of safeguarding policies that reflect the safeguarding arrangements of their local area. The specifications set minimum quality standards including workforce ratio's and professional standards.

The specifications will also be amended to reflect the Treatment for gambling-related harm: A review of the current system in England Recommendations and the NICE Gambling: Identification, diagnosis and management Guidelines when they are published in 2024.

As we transition existing providers to the new specifications, they will be required to submit an Expression of Interest (EOI) detailing how they will deliver the specification. The process of submitting an EOI is an opportunity for GambleAware to assure itself that providers are capable of delivering the specification; if providers are not able to satisfy the requirements, they will not be awarded a contract and we will work with them on a development plan until such time they are able to satisfy our requirements.

Contracts and Funding

In order to support the new delivery system and transformation we will be making changes to how we contract and fund providers.

- We will be moving to an outcomes-based commissioning approach to enable the delivery system focus on what is important to people experiencing gambling harm, to drive innovation and collaboration.
- Whilst we will still use Grant Agreements for new providers who are undertaking proof of concept projects, we will use contracts for those providers who have an ongoing role within the delivery system. Outcomes-based contracts will create the conditions and incentives for providers to innovate to deliver cost-effective, high-quality outcomes for service users.
- We will enter long term relationships with the contract length set at 3+2+2yrs for those providers joining the delivery system from the 1 April 2023. New providers will be able to join the Regional Alliances each year over the seven-year period.
- Each year we will publish our priorities and budget available for service growth. This will include any explicit commissioning intentions to broaden the service offer or increase capacity in response to increased need from both new and existing providers.
- In order to ensure that we are supporting innovation within the sector we will also release funds for specific innovation themes. An example of this is our recent call for organisations to apply for Aftercare project funding to support long-term gambling harm recovery. These will

be operated through Grant Agreements and will allow both new and existing providers to test new approaches and support the ongoing evolution of the delivery model. This approach will also support the entry of new providers who have minimal experience or track record in the sector.

- In order to support the transition of existing providers into the new delivery system we have resource in place to address any development needs that they have against the requirements of the service specifications and provide flexibility for growth.
- We will make funding available to support transition on the first three years of the contract however the amount will decrease on the expectation that at the end of year three the transition will be complete.

Lived Experience involvement

Working with people from the lived experience community is central to our work and has been a key part of how we have approached this Strategic Review. Throughout the process we have ensured that those with lived experience have been able to shape the outcomes framework, delivery model and service blueprint which details the experience of a user moving through the delivery system. It shows how people access the service, and the support they can expect from it and defines the measures that are important to them. As we continue to develop the measures which underpin the outcomes framework, we will continue to engage with lived experience communities to ensure that what we measure resonates with what matters to them. As we progress with this next stage we will ensure as we have in our work to date that when we engage with lived experience we ensure that appropriate safeguarding is in place and that the experience is not detrimental to their recovery.

All providers (national or regional) who are developing proposals will involve the lived experience community so that services and the user experience is of high-quality and protecting those who use it. Lived Experience will also have a role in regional arrangements, with each regional alliance expected to provide peer support to individuals accessing their service as this is an invaluable resource to those undertaking treatment and for those in recovery. This may include training and support for people with lived experience of gambling harms to offer that peer support. All regional partnerships will have representation of lived experience in their arrangements and it is our expectation that people with lived experience will form part of the paid workforce across all components of the delivery model.

Addressing Inequalities

We are developing an Inequalities Framework that will provide the mechanism to establish a deeper understanding of gambling harms within specific population groups which will inform the development/refinement of outcomes as well as providing the intelligence required by providers to continually develop services which they will be required to do as part of their contract.

Next Steps

The ambition we have set ourselves will take time to achieve and we are only at the start of our journey. To achieve the level of transformation we want will take many years. We are still working through various points of detail. The most important being the NHS referral criteria and operational arrangements with NHS Specialist Gambling Clinics in the short term ahead of criteria that will be ultimately informed in 2023 by the OHID commissioned research being completed by the University

of Sheffield. The research will establish treatment thresholds for harmful gambling and the level of treatment need and demand in England, both nationally and at a local level.

By sharing our intentions and plans at this stage of development we are committing to an ongoing process of engagement with stakeholders as we move forward with implementation as that engagement will be essential to the development of detail.

In order to maintain the stability in existing provision there is a need for us to start a process of transition as existing contracts expire on 31st March 2022. Therefore, we are working with current providers to guide them through an EOI process with the view of issuing contracts in Winter 2022. The process will support the further development of delivery model including how it will work operationally from 1st April 2023, details of which we will share during the first quarter of 2023.

To support the new arrangements, we are also reviewing our internal processes, specifically in relation to quality assurance and how we increase accountability in the system for safe, effective care. Again, we will share the detail on our approach to both quality and performance in early 2023.

After this initial phase of work, we will understand the gaps and priorities for new services in the regional alliances and in early 2023 we will launch the next phase of implementation that will be open to new providers.

In addition, as our early intervention, support and treatment services are developed and their reach is expanded, work will be undertaken ahead of April 2023 to develop a new optimum descriptor and branding for the future system. How we communicate the scope of the new service, such as the helpline, will be crucial to our work in raising awareness of gambling harms and providing treatment and support to all those who need it.