

# Indicative Service Specifications

## Preventing and Minimising Gambling Harm Services

This Service Specification is divided into two parts:

- Part 1 sets out general information about the Government's approach to services to prevent and minimise harm from gambling. Part 1 is not intended to create legal obligations. However, it can be used to help understand what the Ministry seeks to achieve by entering into this Agreement.
- Part 2 (comprising three divisions) sets out the detail of the services to be provided, activities to be delivered, and reporting requirements.

### Part 1 – General Information and Background

#### 1. INTRODUCTION

- 1.1 This section provides an overview of the strategic and policy relationships that inform the priorities and approaches for Ministry funded preventing and minimising gambling harm service delivery in New Zealand.

#### 2. HEALTH GOAL

- 2.1 Government, communities and families / whānau working together to prevent harm caused by problem gambling and reducing health inequalities associated with gambling harm.

#### 3. STRATEGIC CONTEXT

- 3.1 *Preventing and Minimising Gambling Harm: Strategic Plan 2010/11-2015/16* (Ministry of Health 2010) outlines eleven objectives which set the parameters for services described within this service specification. These are:

1. There is a reduction in health inequalities related to problem gambling.
2. Māori families are supported to achieve their maximum health and wellbeing through minimising the negative impacts of gambling.
3. People participate in decision making about local activities that prevent and minimise gambling harm in their communities.
4. Healthy policy at the national, regional and local level prevents and minimises gambling harm.
5. Government, the gambling industry, communities, family/whānau and individuals understand and acknowledge the range of harms from gambling that affects individuals, families/whānau and communities.
6. A skilled workforce is developed to deliver effective services to prevent and minimise gambling harm.
7. People have the life skills and the resilience to make healthy choices that prevent and minimise gambling harm.
8. Gambling environments are designed to prevent and minimise gambling harm.
9. Problem gambling services effectively raise awareness about the range of harms from gambling that affect individuals, families/whānau and communities for people who are directly and indirectly affected.

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10. Accessible responsive and effective interventions are developed and maintained.
11. A programme of research and evaluation establishes an evidence base, which underpins all problem gambling activities.

### 4. DEFINITIONS

- 4.1 The terms 'gambling' and 'gambling harm' are core to understanding the context and focus of the services described in this service specification. Those terms are defined in clause 1.1 of Part 2 – Division one of this Service Specification.

### 5. MĀORI HEALTH

- 5.1 Health providers, with reference to *He Korowai Oranga* – the Māori Health Strategy and *Whakatataka* – the Māori Health Action Plan, are expected to contribute to improvements in "Whānau Ora" and to the reduction in Māori health inequalities. Specific Māori health priorities are outlined in the He Korowai Oranga under Māori health and disability priorities. Health and disability service providers need to recognise the cultural values and beliefs that influence the effectiveness of services for Māori and must consult and include Māori in service design and delivery.

### 6. THE STRATEGIC OUTCOMES FRAMEWORK

- 6.1 The Ministry has consulted on and developed its strategic outcomes framework for preventing and minimising gambling harm. The strategic outcomes framework aims to outline short, medium and long term outcomes for an integrated approach to preventing and minimising harm from gambling. The framework links directly to the existing strategic plan for preventing and minimising gambling harm. The strategic outcomes framework aims to ensure there is a common understanding of the objectives of an integrated approach to guide:
  - key stakeholders at the national, regional and local level,
  - the Ministry's strategic decisions in regard to purchasing services that prevent and minimise gambling harm and
  - the priorities for monitoring and evaluating progress made reducing and minimising gambling related harm
- 6.2 An Outcomes Monitoring Framework Baseline Report has been produced. Additional annual update reports are proposed to measure trends in relation to each of the eleven objectives in the Preventing and Minimising Gambling Harm Strategy 2010/11 to 2015/16.
- 6.3 The Ministry notes that this work will continue to be developed and will suggest amendments and adjustments to service reporting and monitoring and evaluation work throughout this period as part of our commitment to on-going quality improvement.

## **7. PRINCIPLES**

7.1 Based on this strategic context for preventing and minimising gambling harm and Ministry priorities, the Ministry contracts for services are to be delivered in a manner that:

- ensures the provision of service coverage nationwide
- supports the delivery of a comprehensive range of public health services based on the Ottawa Charter and recognised New Zealand models of Health i.e. Te Whare Tapa Whā, Te Pae Mahutonga, Te Wheke
- targets priority populations
- strengthens communities
- reduces health inequalities
- improves Māori health gain
- applies an intersectoral approach that addresses the broader social determinants of health
- ensures links between public health and intervention/addiction services

## **8. COMPONENTS OF A MODEL TO PREVENT AND MINIMISE GAMBLING HARM**

8.1 Underpinned by the objectives of the strategic plan, the principles described above, and the strategic outcomes framework, services which the Ministry is intending to acquire interface with the components of a model to prevent and minimise gambling harm that includes the following seven components of service delivery. These components combine into a continuum of harm prevention:

- Population Health Approaches – local, regional and national
- National Co-ordination services
- National Helpline services
- Screening in primary care and social service settings
- Psychosocial interventions – both secondary and tertiary
- Facilitation services (e.g. budgeting advice, AOD, WINZ, Housing)
- Follow-up services and motivational support

8.2 The Ministry is likely to choose to contract with providers to deliver all or only some of the above service delivery components. The Ministry will, wherever practicable, seek to ensure a comprehensive range and mix of services within any given region of New Zealand. Regardless of the range of services delivered by an individual provider, all providers must work together collaboratively to co-ordinate services within their region and ensure access for the populations they serve.

## Part 2 – Details of services to be provided

This Part 2 of the Service Specification contains three divisions:

- Division 1, which sets out requirements (including mandatory Purchase Unit Descriptions for all intervention and all primary prevention (public health) services to prevent and minimise gambling harm.
- Division 2, which sets out requirements (including Purchase Unit Descriptions) for providing preventing and minimising gambling harm intervention (personal health) services.
- Division 3, which sets out requirements (including Purchase Unit Descriptions) for providing primary prevention (public health) services

### Part 2 - Division 1

#### Service Requirements that apply to all services (both personal health services and public health)

##### 1. DEFINITIONS

1.1 The following terms have the meanings set out below:

“**Gambling**” has the meaning set out in the Gambling Act 2003 and means:

“paying or staking consideration, directly or indirectly, on the outcome of something seeking to win money when the outcome depends wholly or partly on chance”

but, for the avoidance of doubt includes all forms of gambling and financial risk-taking, both present and future, for example existing class four and emerging internet modes linked to increased incidence of harm.

“**Gambling Harm**” has the meaning set out in the Gambling Act 2003 and:

“(a) means harm or distress of any kind arising from, or caused or exacerbated by, a person’s gambling and

(b) includes personal, social or economic harm suffered –

(i) by the person, or

(ii) by the person’s spouse, civil union partner, defacto partner, family, whānau, or wider community; or

(iii) in the workplace; or

(iv) by society at large.

1.2 Additional service related terms used in this Service Specification have the meaning given to them in the Practitioner’s Handbook (2008) or any subsequent version released by the Ministry.

## 2. SERVICES

- 2.1 In order to prevent and minimise gambling harm, you agree to provide the following services (“the Services”):
- (a) The problem gambling Purchase Units (“Purchase Units”) identified in Table One, in accordance with all aspects of the Purchase Unit Description for each applicable Purchase Unit, and
  - (b) The following mandatory Purchase Units in accordance with all aspects of the Purchase Unit Description for each applicable Purchase Unit:
    - Kaumātua Consultation and Liaison: PGA CS – 01
    - Workforce Development: PGA CS – 02
    - Participation in Research and Evaluation: PGA CS – 03
    - Kaumātua Consultation and Liaison: PGA PH – 01
    - Workforce Development: PGA PH – 02
    - Participation in Research and Evaluation: PGA PH – 03
- 2.2 An annual preventing and minimising gambling harm public health work plan will be agreed with us in June of each year for the following July to June 12 month period.

**Table One: Problem Gambling Service Purchase Units**

Purchase Unit Name	Purchase unit ID	FTE to be provided	Sessions per FTE per month
<b>Intervention Services</b>			
Intervention Services – Helpline and Information Services	PGCS – 01	N/A	N/A
Intervention Services – Brief Intervention services	PGCS – 02	x.x	120*x sessions month
Intervention Services – Full Intervention services	PGCS – 03	x.x	60*x sessions month
Intervention Services – Facilitation services	PGCS – 04	x.x	60*x sessions month
Intervention Services – Follow-up	PGCS - 05	x.x	120*x sessions month
<b>Clinical FTE Subtotal</b>		0.0	
<b>Intervention Infrastructure Services (Mandatory)</b>			
Intervention Infrastructure Services – Kaumātua Consultation and Liaison	PGACS – 01	(0.1 per CS FTE)	N/A
Intervention Infrastructure Services – Workforce Development	PGACS – 02	(0.05 per CS FTE)	N/A
Intervention Infrastructure Services – Participation in Research and Evaluation	PGACS – 03	(0.05 per CS FTE)	N/A
<b>Total Intervention Services</b>		0.0	
<b>Public Health Services</b>			
Public Health Services – Policy Development and Implementation	PGPH – 01	0.0	N/A
Public Health Services – Safe Gambling Environments	PGPH – 02	0.0	N/A
Public Health Services – Supportive Communities	PGPH – 03	0.0	N/A
Public Health Services – Aware Communities	PGPH – 04	0.0	N/A
Public Health Services – Effective Screening Environments	PGPH – 05	0.0	N/A
<b>Public Health FTE Subtotal</b>		0.0	
<b>Public Health Infrastructure Services (Mandatory)</b>			
Public Health Infrastructure Services – Kaumātua Consultation and Liaison	PGAPH - 01	(0.1 per PH FTE)	N/A
Public Health Infrastructure Services – Workforce Development	PGAPH – 02	(0.05 per PH FTE)	N/A
Public Health Infrastructure Services – Participation in Research and Evaluation	PGAPH – 03	(0.05 per PH FTE)	N/A
<b>Total Public Health FTE</b>		0.0	
<b>TOTAL AGREEMENT FTE</b>		0.0	