

## Item: 9.1i

### **PLANNING & COMMISSIONING COMMITTEE MEETING HELD ON 6 MARCH 2020 CHAIR'S UPDATE REPORT**

#### **INTRODUCTION**

This is the Chair's report to the Clinical Commissioning Group Board following the March 2020 Planning and Commissioning Committee.

#### **REFERRAL PATHWAY TO NORTHERN GAMBLING CLINIC**

Matt Greensmith, Public Health Registrar with Leeds Teaching Hospitals NHS Trust is undertaking his first placement at Hull City Council (HCC) and presented information with regard to the new Northern Problem Gambling Clinic, funded by NHS England (NHSE) and GamCare, provided by Leeds and York Foundation Trust and was involved in implementing the actions from the needs assessment process in terms of Gambling.

The pathway development to Northern Clinic (Tier3) and locally delivered specialist counselling services (Tier 2) would benefit the Hull population where it is considered there is significant unmet need for support with gambling related harm assessed by Hull City Council (HCC) Public Health Team.

Gambling relation harms were considered to affect three domains of life:

- Resources
- Relationships
- Health

There were pre-existing services which accepted referrals directly or primary care but were not signposted clearly.

The service is funded nationally through a voluntary levy through gambling organisations.

It was acknowledged that there was a stigma associated with gambling addiction and this may not always be recognised as the trigger to other health issues. Primary Care needed to be aware of this.

The Tier 3 and Tier 2 services are delivered by Leeds and York Partnership Trusts in Leeds. This could also be undertaken by Skype and work had been taking place with services in the city with regard to accessing these services. The difference between Tier 3 and Tier 2 is the level of problem displayed by the individual.

The Hull health and wellbeing data for gambling in Hull was noted and Hull was estimated to have between 1674 and 3676 problem gambling adults (16+) and services in Hull have reported an increase in problem gambling amongst women.

Discussion took place and Strategic Lead Primary Care reported that the welfare advice service was provided through primary care and through Citizens Advice Bureau (CAB) and could signpost where gambling is identified as an issue.

The Associate Director of Communications and Engagement expressed that a coordinated approach was needed with regard to communications and suggested that a campaign be undertaken with regard to this.

It was queried whether a problem gambler can ever become an unproblematic gambler. It was noted that with anyone that had an addiction to anything, some would abstain and some would control.

Clarification was sought as to whether there was any links to show how gambling commenced e.g. through alcohol / substance misuse. It was understood that people with substance misuse issues were at a higher risk and it was rare to have an addiction in isolation. Homelessness was an issue with problem gambling as well as cognitive issues.

Locally 70 people are trained in Hull to support people with problem gambling. There were materials available that could be used and social marketing could be done. Working Voices had received some materials with regard to this and suggested that this be discussed at a Protected Time for Learning (PTL) event.

### **PRIORITISATION PANEL**

Various schemes had been approved in terms of recurrent and non-recurrent funding as follows:

Teaming up for Health – this scheme had been running for a couple of years now and debate had taken place with regard to the benefits and the ‘reach’ this had for hard to reach groups. The amount was £110,000 and the Panel recommended that this is approved this recurrently and regular reporting on outcomes would take place. This funding would be provided on a recurrent basis. Committee were asked to note the availability of core funding from statutory organisations allowed them to attract significant funding from other markets.

Sensory Processing – this was in conjunction with Humber NHS Foundation Trust (Humber FT). A clinical lead had been appointed in September 2019. This was recommended to approve funding recurrently and £20,000 was identified for Personal Health Budgets (PHBs).

Mental Health Housing - £26,600 recommended approval that funding is committed on a non-recurrent basis although this would be allocated recurrently in the CCG budget.

Children and Young People ADHD - £137,500 recommended for funding in conjunction with East Riding of Yorkshire CCG. This was in relation to the community paediatric service transfer. This funding would meet the additional pressures within the service currently. Discussion took place with regard to the low level of community psychologists available and the salary that locums commanded. There is a priority clinical safety need for this service which was considered when the scheme was presented.



**Vincent Rawcliffe**  
**Clinical Chair, Planning and Commissioning Committee**  
**March 2020**