**Scotland Strategy Implementation Group (SSIG)**

**Terms of reference**

**Introduction**

1. The Strategy Implementation Group is a group of organisations which have come together to coordinate the delivery of the National Strategy to Reduce Gambling Harms (the National Strategy) in Scotland.

2.The Group was initially convened and is facilitated by the Gambling Commission which led the development of the National Strategy, published in April 2019 and formally launched in Scotland in June 2019.

3. The National Strategy is based on contributions from a wide range of stakeholders and has the aim to adopt a public health approach to reducing gambling harms. No single body is responsible for delivering actions to meet this aim. The Implementation Group as a body holds no statutory functions nor can it mandate action by any of its partners. The Implementation Group brings together public health, local and national government, health and social care oversight and service commissioners with intelligence and other powers to identify and determine the most impactful priority actions to reduce gambling harms in Scotland. In carrying out these functions, it will collaborate with a range of partners, including gambling businesses, experts by experience, third sector organisations and many others to drive the delivery of initiatives under the National Strategy.

4. These terms of reference set out the purpose, membership, and function of the Implementation Group.

**Purpose**

5. The purpose of the Implementation Group is to coordinate, and drive work being undertaken to reduce gambling harms in Scotland.

6. The Implementation Group supports its member organisations and other bodies involved in research, prevention and treatment of gambling harms.

7. The Implementation Group will continue to operate for the duration of the National Strategy. The role of the Implementation Group beyond the life of the current Strategy will be reviewed in March 2022.

**Membership**

8. Membership of the Implementation Group shall comprise a minimum of seven representatives of organisations, partners and stakeholders with a statutory role in assessing and reducing the impact of gambling harms.

9. The Group members will appoint the Chair of the Implementation Group. For the period of the current National Strategy, the Group has appointed Phil Mackie from the Scottish Public Health Network (ScotPHN) as Chair.

10. Individuals or organisations who are not members may receive copies of the meeting agenda, key papers and minutes by request or be invited to attend any meeting to provide specific expertise or input to the Group on particular issues.

**Agenda**

11. The Chair of the Implementation Group should agree the agenda for the meeting in sufficient time for the agenda and papers to be available to members of the Implementation Group and attendees at least 4 working days before the meeting.

**Function**

12. The National Strategy to Reduce Gambling Harms calls for a coordinated approach to reducing gambling harms relevant to the governance, accountability and commissioning arrangements for gambling harm prevention and treatment, and was developed through engagement with a wide range of stakeholders. A wide range of bodies, agencies and organisations have an interest in and/or are delivering projects and programmes designed to reduce gambling harms. These stakeholder actions are recorded in an implementation Actions Map to support coordination, collaboration, and the identification of gaps, in order to inform priority action.

13. The Actions Map can support and assist the Implementation Group to help identify what activity is already in place, gaps for priority action, and opportunities for collaboration and engagement. The Actions Map is updated periodically to show progress with delivery.

14. There are three themes to the Actions Map - the two strategic priorities of the Strategy ***Prevention and education*** and ***Treatment and support***, and a theme called ***Delivering the strategy*** which describes cross-cutting actions and activities essential to delivering progress against the strategic priorities and implement the strategy, such as Implementation Group meetings, measuring success and reporting progress***.*** [Annex A sets out a Summary of the groupings of actions – three themes, with programme strands.]

15.. A number of pieces of work are underway in Scotland which support the aims of the Strategy. This work is taking place both in the public sector and the third sector. There is also action being taken, including universal prevention measures primarily by regulation.

* 1. 16. The Implementation Group’s function is to provide oversight of the delivery of the National Strategy and activities under this in Scotland, which includes:
  2. a. Identifying areas of activity required, and recommending actions to progress these
  3. b. Identifying areas of collaboration, and agreeing actions to progress work
  4. c. Monitoring progress against the priorities of the National Strategy in Scotland
  5. d. Maintaining a risk register for Group and agreeing mitigations
  6. e. Overseeing communications relating to the Implementation Group

1. f. Considering effective involvement and engagement with groups of stakeholders, including: Government; consumers; regulators; third sector, including commissioning bodies; research/academics; national public health bodies, and representatives of local public health; health and social care services

g. Engaging with people with lived experience of gambling harms in delivering and developing activities related to the National Strategy in Scotland.

17. These terms of reference shall be reviewed when the term of the Implementation Group is reviewed, to ensure that they remain fit for purpose.

**Meetings**

18. The Implementation Group shall meet at least four times per year. Additional meetings may be convened if considered necessary by the Chair of the Implementation Group.

19. Meetings of the Implementation Group may be conducted in person, by telephone or video conference, or by written resolution.

**Quorum**

20. The quorum shall be five members of the Implementation Group.

21. If the Chair of the Implementation Group is not present at a meeting, the Implementation Group members will appoint a Chair for that meeting only who must be a member of the Implementation Group.

22. Remote attendance by telephone or video conference will count towards the quorum of the meeting.

**Attendance at Implementation Group meetings**

23. Meetings of the Implementation Group will normally be attended by an individual to take notes - for the time being, this function is provided by the Gambling Commission.

**Terms of reference approved: February 2021.**

**ANNEX A -** **Summary of the groupings of actions – three themes, with programme strands**

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| **Strategic Priority: Prevention and education** | |
| **Aim:** Towards a collective and clear prevention plan applying the right mix of interventions at both the population and individual level, as well as a clearer understanding of activities which are less effective, or counterproductive, and should be stopped. | |
| **Programme    strands** | * Progress towards the public health approach * Universal measures: * Safer gambling messaging, campaigns and resources for all * Improved upfront protections and tools * Selective measures: * Targeted campaigns and resources for priority groups * Education programmes for children and young people and other priority groups * Indicated measures: * Early identification of gambling harms at more front-line touchpoints * Front-line brief interventions and interaction by gambling staff |
| **Strategic Priority: Treatment and support** | |
| **Aim:**Significant progress towards truly national treatment and support options that meet the needs of current and future service users. | |
| **Programme strands** | * Effective referral pathways to appropriate treatment and support * Improved access to early treatment and support * Expanded range of treatment and support options for gamblers and affected others to support ongoing recovery * A range of treatment and support provision across a wider geographical area * Specialist treatment for priority groups * High quality delivery of treatment and support provision, and parity with other disorders * Effective consumer-led tools and self-exclusion schemes, including multi-operator and national online schemes |
| **Delivering the Strategy** | |
| **Aim:** Work with all partners to develop the right governance, oversight, influence and delivery infrastructure to ensure effective co-ordination to implement the strategy. | |
| **Programme strands** | * Appropriate and effective governance and oversight arrangements to deliver the strategy * Long term and sustainable structures and funding arrangements to deliver meaningful impact * Measuring harms: metrics, and methodologies and infrastructure for measuring the true impact of gambling harms * Stakeholders influence and contribute to implementing the strategy in a coordinated, consistent and impactful way * Increased evaluation of interventions to reduce gambling harms * Progress against the strategy is measured and reported |