

Report of the Director of Public Health to the meeting of Corporate Overview & Scrutiny Committee to be held on Thursday 13 January 2022

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Subject:

Gambling Update and Cross Departmental Plan

Summary statement:

This paper describes the current evidence-base on the impact of gambling, local data relating to gambling and problem gambling/ gambling-related harms, and details a cross-departmental action plan describing our regional and local work to prevent and treat harms arising from gambling.

The Committee are asked to note contents of the report. The views and feedback of the Committee on the proposals set out in section 3 are requested.

Sarah Muckle
Director of Public Health

Frances Towers
Emergency Planning and Licensing
Manager, Place

Sarah Exall
Consultant in Public Health

Report Contact: Sarah Exall
Phone: 07855 177 158
E-mail: sarah.exall@bradford.gov.uk

Portfolios:

Health and Wellbeing

Place

1 SUMMARY

1.1 Gambling is a major industry in England. It is a Public Health issue with impacts on individuals, families and communities. While many people are able to gamble with little harmful effect, others, along with their families and friends, suffer mental, physical, financial and relationship harms as a result of gambling. A number of conditions are linked to gambling, including: depression; suicidal ideation and attempts; anxiety; and other risky behaviours including drug, alcohol and tobacco abuse. Since 2014, licensed gambling has registered growth of £4.1 billion which is largely attributed to a rise in online and mobile gaming operations.

2 CONTEXT

2.1 Gambling as a topic has been discussed at this panel on a number of occasions. The following recommendations have been made:

2.2 Thursday 11 October 2018

2.3 That an item on gambling be included in the work Programme.

2.4 Thursday 21 March 2019

2.5 That a local area profile be developed to identify areas of greater or specific risks of gambling related harm in the district.

2.6 For the Council and Partner organisations to take part in activities to raise awareness of problem gambling as part of responsible gambling week in November, including the possibility of a conference on problem gambling, and planned activities be brought back to this Committee prior to the gambling week in November.

2.7 That this Committee requests that the Chief Executive to write to the Secretary of State for the Department of Culture, Media and Sport and to the Chair of All-Party Parliamentary Group on problem gambling to request the following:

- Additional powers that mean local authorities can prevent excessive clustering of betting shops and amusement arcades.
- The introduction of a 1% levy on industry gross profits to pay for much needed research, education and treatment.

2.8 That this Committee requests that representatives from the gambling industry be invited to a future meeting of this Committee.

2.9 That Bradford Council officers undertake "spot checks" in betting shops and access to scratch cards across the district in relation to under age gambling.

- 2.10 That this Committee requests that education awareness be undertaken in schools, explaining the dangers of gambling to young people.
- 2.11 That a report be presented to this Committee which focuses on the treatment services that are available across the district.
- 2.12 That a further progress report be brought back to this Committee which also includes progress in relation to the above recommendations.

2.13 Thursday 12 September 2019

- 2.14 That this Committee requests that the final Local Area Profile be presented to this Committee at its meeting on 14 November 2019.
- 2.15 That this Committee requests that a cross departmental and cross organisational plan be presented to this Committee on 14 November 2019, which focuses specifically on the issues identified in the Local Area Profile and also identifies other potential populations that could be deemed to be at risk.
- 2.16 That this Committee requests that representations from treatment services and the Gambling Commission be requested to attend the meeting in November 2019.
- 2.17 That this Committee requests that the Executive consider organising a cross sector group conference to examine the issue of problem gambling in the Bradford district and to also explore local solutions.

2.18 Thursday 16 January 2020

- 2.19 This Committee would like to thank officers for their efforts in this area and to Rob Burkett from the Gambling Commission, for his attendance and input.
- 2.20 This Committee requests that the Cross Departmental and Cross Organisational Plan be presented to this Committee in 6 months. The departments involved in the development of the Plan should include but not limited to, Public Health, Children's Social Care and Adults Social Care.
- 2.21 That the Public Health Framework be circulated to members of the Committee.

3 LOCAL ACTION

3.1 Cross-departmental plan to tackle gambling related harm in Bradford

3.2 Representatives from Public Health, Children's' Social Care, the Youth Service, Licencing, and Adult's Social Care have jointly developed and agreed on actions to prevent and treat harms resulting from gambling (table 1). This plan will be a live and iterative document, enabling actions to be expanded and refined in response to new data, policy and evidence.

3.3 This working group will continue to meet in 2022, to jointly own and implement the

plan. We are also engaging with partners and stakeholders from outside the core working group for specific actions including The NHS Northern Gambling Service, Bradford Institute for Health Research, and the Office for Health Improvement and Disparities (OHID).

- 3.4 In addition, Bradford Public Health are currently working closely with partners at Yorkshire and the Humber level on a regional programme to take a Public Health approach to gambling-related harm. This covers data and intelligence, education and prevention, and interventions to tackle gambling-related harm. The programme of work has funding from the Gambling Commission and will run for three years, incorporating an evaluation of the interventions implemented. The steering group for this work includes people from national and regional OHID, Local Authority Public Health representatives (including Bradford), representatives from the Association of Directors of Public Health, and clinicians from the NHS Northern Gambling Service in Leeds.
- 3.5 In addition to tackling gambling-related harm and problem gambling at regional level, this work will inform local actions by helping to develop the evidence-base for actions detailed in the local cross-departmental action plan, below.

Table 1: Cross-departmental action plan on gambling, December 2021

Action	Rationale	Outputs	Outcome	Indicator	Timescale
1. Data and Intelligence					
1.1 Maintain and publish up to date information on the numbers of Bradford residents at risk of and experiencing problem gambling/ gambling-related harms, and the status of gambling premises across the District	We need to understand the impact of gambling on Bradford residents, and map areas of concerns in order to target interventions effectively	Annual data summary (Local Area Plan)	Accurate knowledge and understanding of gambling activity and gambling-related harms in Bradford to enable interventions to be targeted appropriately.	Annual data update published	Next report: December 2022
1.2 Work with the Age of Wonder research programme (Bradford Institute for Health Research) to collect information about gambling in young people from secondary schools across the District	There is little data available about gambling in children and young people, particularly at a local level. This research will further our local understanding and evidence.	Survey data on gambling and gambling related harms	Better understanding of gambling and gambling-related harms in children and young people across Bradford enabling interventions to be tailored and targeted effectively.	Number of children and young people who gamble. Number of children and young people who suffer gambling-related harms	Data collection begins January 2022

2. Prevention of gambling in children					
2.1 Explore what information can be distributed to schools on gambling-related harms to include in lesson planning	Awareness of the risks of gambling is not currently included in the National school curriculum. There is little research on what works to prevent gambling harms in children and young people, and few resources available. We will review existing resources and develop new resources if existing materials are not suitable.	High quality school based resources to prevent gambling related harm will be identified	Children and young people have better information about the risks of gambling and know where to go to find help if they need it	High quality resources approved	Review of school-based resources by June 2022. If new resources need to be developed, this will be done by December 2022.
2.2 Explore what information could be distributed to parents to educate and advise on gambling among young people, including the use of gambling-like activity in gaming	Parents and carers need accurate, appropriate information to help prevent, identify and find treatment for gambling related harms.	High quality parent-focused resources to prevent gambling-related harm will be identified	Parents and carers have better information about the risks of gambling and know where to go to find help if they need it	High quality resources approved	Review of parent-focused resources by June 2022. If new resources need to be developed, this will be done by December 2022.
2.3 We will offer and publicise evidence-based approaches to reducing gambling harm via our Living Well Schools programme	Once suitable resources have been identified, the most efficient way of disseminating the information will be through our existing strong links with schools through Living Well schools.	Schools will have access to high quality materials and will be supported to incorporate these into lesson plans and distribute to parents/ carers	Children, parents and carers have better information about the risks of gambling and know where to go to find help if they need it	Number of schools who have provided lessons and resources on gambling-related harms to children. Number of schools who have disseminated resources to parents/ carers.	December 2022/ July 2023 (if resources need to be developed)

<p>2.4 The licencing team will continue to act on any reports of gambling premises which are not enforcing age restrictions.</p>	<p>Gambling premises must enforce the law by not admitting people under the age of 18 to their premises. If this is not enforced, the licencing team can take action against the premises.</p>	<p>Children cannot gain access to gambling premises</p>	<p>Fewer children gambling</p>	<p>Number of reports received and acted upon by licencing team</p>	<p>Next report: December 2022</p>
<p>3. Prevention of gambling-related harm</p>					
<p>3.1 The Licencing team will revise the Statement of Licencing Principles for 2022-2025</p>	<p>Every local authority must publish a Statement of Licencing Principles which ensure that the Local Authority carries out its functions of:</p> <ul style="list-style-type: none"> - Preventing gambling premises from being a source of crime or disorder, being associated with crime or disorder or being used to support crime - Ensuring that gambling is conducted in a fair and open way - Protecting children and other vulnerable persons from being harmed or exploited by gambling. 	<p>A Statement of Licencing Principles is published which contains requirements to ensure that gambling premises work to reduce harms to vulnerable people</p>	<p>Vulnerable people are protected from gambling related harm in gambling premises</p>	<p>A refreshed Statement of Licencing Principles is published for 2022 - 2025</p>	<p>June 2022</p>

<p>3.2 Adult's Social Care work with academic partners from King's College London to upskill and empower the adult social care workforce, to help early identification of gambling harms and support for vulnerable individuals.</p>	<p>Adult's Social Care staff work with vulnerable adults and their relatives, who may be at higher risk of gambling harms. By incorporating an awareness of gambling risks and education on how to address this with service users, staff can identify at-risk and problem gamblers, and direct people to appropriate help.</p>	<p>Questions are currently being coproduced with service users and stakeholders, and will be rolled out in the new year following training of front-line staff. This will be evaluated following implementation and an intervention rolled out based on the evidence gathered.</p>	<p>Adults accessing adult social care are screened for gambling related harms and supported to seek help where necessary</p>	<p>Number of adults identified as having gambling related problems. Number of adults signposted to appropriate treatment. Number of adult social care staff feeling confident about raising gambling with service users</p>	<p>December 2022</p>
<p>3.3 Develop a communications plan to coincide with Safer Gambling Week 2022</p>	<p>Stigma and taboos surrounding gambling and gambling related harms can prevent people from coming forwards for help. Publishing information about how to recognise gambling risks and harms, and where to seek help can enable people to find help when they need it.</p>	<p>Communications are released to coincide with Safer Gambling Week, 1-7 November, 2022</p>	<p>Reduced stigma and shame around gambling</p>	<p>Number of social media posts published. Number of social media post interactions. Number of referrals to gambling treatment/support</p>	<p>November 2022</p>
<p>4. Treatment of gambling-related harm</p>					
<p>4.1 Build relationships with regional partners, including the NHS Northern Gambling Service</p>	<p>Partners in treatment services are integral to our knowledge and understanding of the issues in Bradford, and to addressing harms through integrated service provision</p>	<p>Links strengthened between Bradford Council and the NHS Northern Gambling Service</p>	<p>Better local treatment data. Strong treatment pathways in from primary care/ social care</p>	<p>Data available on people accessing gambling treatment services</p>	<p>December 2022</p>

<p>4.2 Ensure that relationships and strong referral pathways are developed between the NHS Northern Gambling Service, and drug and alcohol treatment services</p>	<p>People with other conditions such as alcohol and substance misuse are more vulnerable to gambling-related harm, and may already be in treatment for other things. Strengthening links between services will help to ensure seamless treatment pathways for people experiencing multiple disadvantage, and may increase the chances of successful treatment.</p>	<p>Defined pathway between drug and alcohol treatment and gambling treatment</p>	<p>People with co-existing conditions find it easier to access and maintain the treatment they need.</p>	<p>Pathways in place. Number of people referred via the pathway</p>	<p>March 2023</p>
<p>4.3 Ensure that training is available for health and social care professionals to increase awareness and understanding of problem gambling, how to respond appropriately and how to refer to treatment services.</p>	<p>Primary Care staff, and other health and social care professionals may be the first place a person seeks help from. It is vital that they know how to respond to people disclosing gambling related issues, and that they know where to signpost to.</p>	<p>Training available for professionals on how to identify and respond to disclosures of gambling related problems.</p>	<p>People seeking help for gambling related problems are listened to, responded to and treated appropriately</p>	<p>Number of referrals to the Northern Gambling Clinic from health and social care professionals.</p>	<p>December 2022</p>
<p>4.4 Work with the CCG and/or clinical representatives to disseminate training and information to front line primary care and social care workforces</p>	<p>Training and information must be distributed and advertised to allow front-line professionals to access it</p>	<p>Professionals accessing training</p>	<p>People seeking help for gambling related problems are listened to, responded to and treated appropriately</p>	<p>Number of Health and social care staff accessing training and/ or information. Number of referrals to the Northern Gambling Clinic from health and social care professionals.</p>	<p>December 2022</p>

4 BACKGROUND

4.1 Gambling-related harms

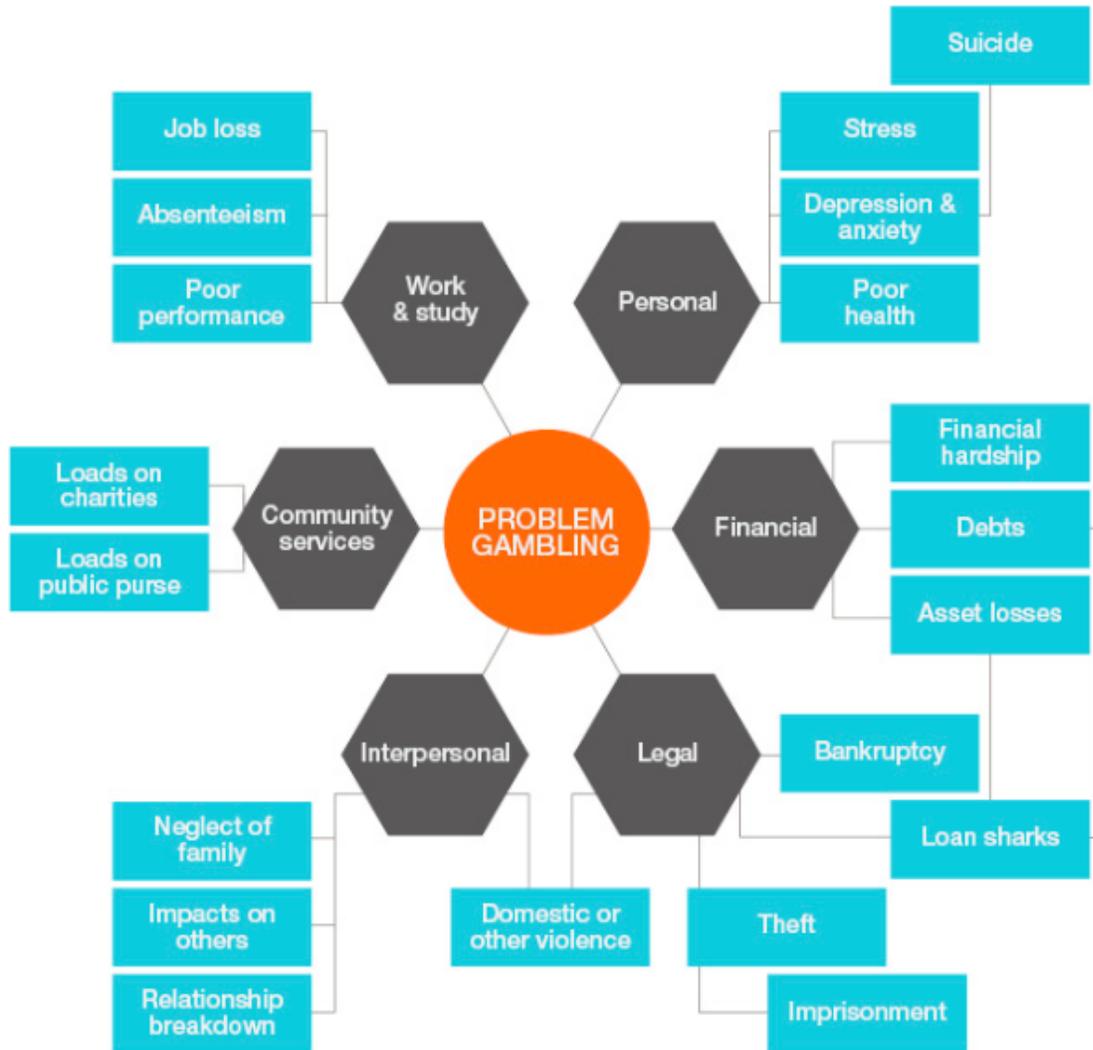
4.2 In September 2021 Public Health England (PHE; now Office for Health Improvement and Disparities: OHID) published a comprehensive evidence review of gambling-related harms in England. Gambling-related harms in the analysis included financial (such as bankruptcy and employment issues), relationship and family issues, and health harms, including suicide (see also figure 1).

4.3 The review shows that people at risk of gambling harms are concentrated in areas of higher deprivation, such as the North of England, and may already be experiencing greater health inequalities. The review found a clear link between higher levels of alcohol consumption and harmful gambling, with only 35.4% of non-drinkers participating in gambling compared to 74.4% of those consuming over 50 units of alcohol (equivalent to 16 pints of beer or large glasses of wine) per week. Alcohol use in children and young people was also found to be a risk factor for subsequent harmful gambling.

4.4 The review also highlights the link between gambling and mental health issues. The report found that gambling can increase the likelihood of some people thinking about, attempting or dying from suicide. Evidence suggests that people with gambling problems are at least twice as likely to die from suicide compared to the general population.

4.5 The PHE review also included the most comprehensive estimate of the economic burden of gambling on society to date, revealing that the harms associated with gambling cost at least £1.27 billion in 2019 to 2020 in England alone. This analysis includes the first estimate of the economic cost of suicide (£619.2 million) and provides an updated cost of homelessness associated with harmful gambling (62.8 million).

Figure 1: potential consequences to the individual, family, community and wider society of problem gambling



Source: IPPR adaptation of data from Australian Productivity Commission, Australia's Gambling Industries (APC 1999)

4.6 Risk factors for gambling-related harm

4.7 It is well evidenced that gambling harms are not equally distributed throughout society. Although people from more affluent and less vulnerable groups are more likely to gamble, those who are already vulnerable and at risk of poor health are more at risk of gambling-related harms, further exacerbating existing inequalities. The groups for whom there is the strongest evidence for vulnerability to gambling harms in adults include:

- men
- those aged 16 to 44 years old
- people living in an area of higher deprivation
- people drinking alcohol at higher risk levels
- those participating in seven or more gambling activities

4.8 For children and young people, risk factors for harmful gambling include:

- substance use (alcohol, tobacco, cannabis, other illegal drugs)
- being male
- experiencing depression
- exhibiting impulsivity (a trait)
- number of gambling activities participated in
- already experiencing levels of problem gambling severity
- participating in anti-social behaviour
- violence
- poor academic performance
- having peers who gamble

4.9 Definitions

4.10 Gambling is defined by the Cambridge English dictionary as “the activity of risking money on the result of something, such as a game or horse race, hoping to make money”. The term covers a vast array of subtypes and ways of gambling including betting in lotteries, slot machines, on sports and other events, and through games. It may be done in person such as at sports events, in Bookmakers, or in entertainment venues; online; through shops in the form of the National Lottery; or in informal games and bets among groups.

4.11 People experiencing harmful consequences as a result of gambling are often termed “problem gamblers”. Otherwise known as “disordered gambling”, “pathological gambling” or “gambling disorder”, there are two main diagnostic tests used to identify people experiencing different levels of harm or distress as a result of gambling: the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and the Problem Gambling Severity Index (PGSI).

4.12 The DSM-IV is a screening instrument initially created as a diagnostic tool for clinicians concerned about a patient. This was adapted as a population screening tool and identified gamblers exceeding a threshold of harm.

4.13 The PGSI is a tool developed for population surveys, and in addition to “*problem gamblers*”, also identified those who are deemed to be “*at risk*” from gambling, dividing the respondents into four categories:

- Gamblers who gamble with no negative consequences (termed “no risk”)
- Gamblers who experience a low level of problems with few or no identified negative consequences (termed “low risk”)
- Gamblers who experience a moderate level of problems leading to some negative consequences (termed “moderate risk”)
- Gambling with negative consequences and a possible loss of control (termed “problem gamblers”)

4.14 National Statistics

4.15 Gambling is common in England, with over half the adult population estimated to engage in gambling of some sort each year, and providing a Gross Gambling Yield

(GGY) of £14.1 billion to the gambling industry in the financial year 2019/20 (the sum of money paid by customers to the industry minus the sum paid out in winnings). This was a slight decrease overall from the previous year. However, the GGY for online activity increased by 7.9% in this period, to £5.7 billion. This does not yet take into account the full impact of the covid-19 pandemic, and data for 2020/21 are awaited.

- 4.16 The 2018 Healthy Survey for England found that 54% of all people aged 16 and over had gambled in the past year. This was slightly higher for men than women, at 57% compared to 51%. The type of gambling differed by age and sex, with younger people more likely to gamble online than older people for example, and women being less likely than men to bet on events and through bookmakers. The prevalence of online gambling or betting was also significantly higher for men than for women, at 15% compared with 4%.
- 4.17 Of those in full-time employment or training, 62% had engaged in any gambling or betting activity in the last year, while 50% of retired people, 41% of unemployed people, 39% of other economically inactive people, and 28% of those in full-time education had gambled using any activity. The rates of gambling among different levels of deprivation were similar, at 53% of the least deprived compared to 51% of the most deprived.
- 4.18 The Survey also estimated the prevalence of “problem” gambling, showing that men had a risk of “problem” gambling of more than double that of women, at 8 in 1,000 men who had gambled within the past year compared to 3 in 1,000 women. A greater number of people are considered to be “at risk” of harms as a result of gambling, at 6.7% of all those gambling. The risk differs significantly by gambling activity. For example, only 6% of those taking part in national lottery draws are considered to be at risk and 0.9% are “problem” gamblers, compared to almost 1 in 4 (23.1%) of those gambling online at risk and 4.2% “problem” gamblers, and over 1 in 3 (36.3%) of those betting on machines inside bookmakers at risk and 12.7% “problem” gamblers (note that many people engage in multiple different gambling activities).
- 4.19 In contrast to data showing that those in stable employment are more likely to gamble than those who are unemployed, of those who had engaged in gambling or betting, people aged 16-24, those from minority ethnic groups, people who were unemployed and those in routine and manual employment, were most likely to disclose activity defined as “problem” gambling. This demonstrates that although people from less vulnerable groups are more likely to engage in gambling, those at highest risk of harm are those from the most vulnerable communities. This entrenches and further widens existing health and financial inequalities.
- 4.20 All these measures are likely to underestimate both the extent of gambling and the resulting harms, due to biases in how people remember and report their experiences of gambling. To combat this risk of bias, recent innovative work has used banking data as an objective marker of spend on gambling and other activities linked to health and wellbeing. Data from 6.5 million people over 7 years was analysed, showing that gambling is linked to increased risks of a host of outcomes, including financial, lifestyle and wellbeing outcomes. For some measures, negative effects are evident at relatively low levels of gambling spend: for example, as gambling spend increases, the risk of future harms such as unemployment and physical disability also increases. Other measures of harm, such as an increased risk of death, only become evident at the higher end of the spending scale suggesting that most people who gamble are not at

higher risk of these harms.

4.21 Local data

4.22 Gambling participation in the last 12 months in the Yorkshire and Humber was 60.8%; with 3.6% defined as at-risk gamblers and 0.7% as problem gamblers.

4.23 There is little available local data on the prevalence of gambling and gambling-related harms. National estimates are available from the Health Survey for England, and from the Gambling Commission's quarterly surveys. Applying these National level data to local areas gives an estimate of the number of people who gamble, and who are defined as "problem" gamblers through the surveys (table 2). The Gambling Commission uses the PGSI tool to measure for gambling-related harms, while the Health Survey for England tool uses both the PGSI and the DSM-IV tools.

Table 2: Modelled estimates of number of people gambling, at-risk (low risk or moderate risk), and with problem gambling in Bradford

Data source	Gambling activity	Problem gambling	At risk (low or moderate risk) gambling	Total problem/ at risk
Health Survey for England ^a	222,742 (gambling within the previous 12 months)	1,588	14,998	16,586
Gambling Commission ^b	171,165 (gambling within the previous 4 weeks)	1,609	11,422	13,031

Data sources: ^a Health survey for England, 2018 – age and sex breakdown available for activity and problem gambling, overall prevalence only for at-risk gambling (<https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018/health-survey-for-england-2018-supplementary-analysis-on-gambling>); ^b Gambling Commission July 2021 – age breakdown available for all categories (<https://www.gamblingcommission.gov.uk/statistics-and-research/publication/statistics-on-participation-and-problem-gambling-for-the-year-to-june-2021>)

4.24 From these estimates we can see that 13,031 – 16,586 people in Bradford are likely have a diagnosable level of harm related to gambling. However, we know that survey data underestimates gambling and in particular, harms resulting from gambling. In addition, it should be noted that the rates of gambling and related problems may not be the same in Bradford as in the rest of the country, therefore estimates should be viewed with caution. In particular, research in Leeds shows that:

“Rates [of gambling and problem gambling] are higher across Britain for those living in more northern areas (and London), major urban areas, urban areas which are more densely populated, English Metropolitan boroughs, London boroughs, those living in wards classified as industrial, traditional

manufacturing, prosperous and multi-cultural.”

4.25 The researchers estimated that Leeds, and similar areas, were likely to have twice the rate of “problem” gamblers compared to England estimates. Conversely, the rates of “at risk” gambling in Leeds and similar areas were similar to the England average. The modelled estimates above are therefore highly likely to underestimate the number of “problem” gamblers in Bradford.

4.26 For young people the picture is even more worrying. Although gambling is illegal for those aged under 18, a 2020 survey for the Gambling Commission found that 9% of all 11-16 year olds had spent their own money on gambling in the past 7 days. Furthermore, 1.9% of all 11-16 year olds were classed as “problem” gamblers, and a further 2.7% as at risk gamblers. In Bradford, this equates to 952 children estimated to be problem gamblers, and 1,235 children estimated to be at risk of gambling harm.

4.27 It is estimated that around 7% of the population of Great Britain are negatively affected by gambling, with the most severe impacts felt by the immediate family of people experiencing problem gambling. This suggests that up to 38,000 Bradford residents could be at risk of gambling related harm as a result of a friend or loved one’s gambling.

4.28 Public Opinion

4.29 A 2020 YouGov survey of over 12,000 adults and 2,500 children in the UK found overwhelming support for restrictions on gambling advertising, with 63% of adults and 53% of children responding to say that they support a total ban on adverts for gambling products. Only 14% of adults and children opposed a total ban. Support for some restrictions on advertising of gambling products was even higher, with 77% of adults and 66% of 11 to 17 year olds supporting no advertising on TV and on radio before 9pm, and a similar number in favour of a 9pm watershed for gambling adverts on social media and online.

4.30 Similarly, 65% of adults and 54% of young people were in favour of banning gambling companies from the sponsorship of sporting events or teams, and 76% of adults surveyed were in favour of a mandatory levy from the gambling industry to government to pay for measures to reduce and prevent problem gambling.

4.31 Gambling Premises in Bradford

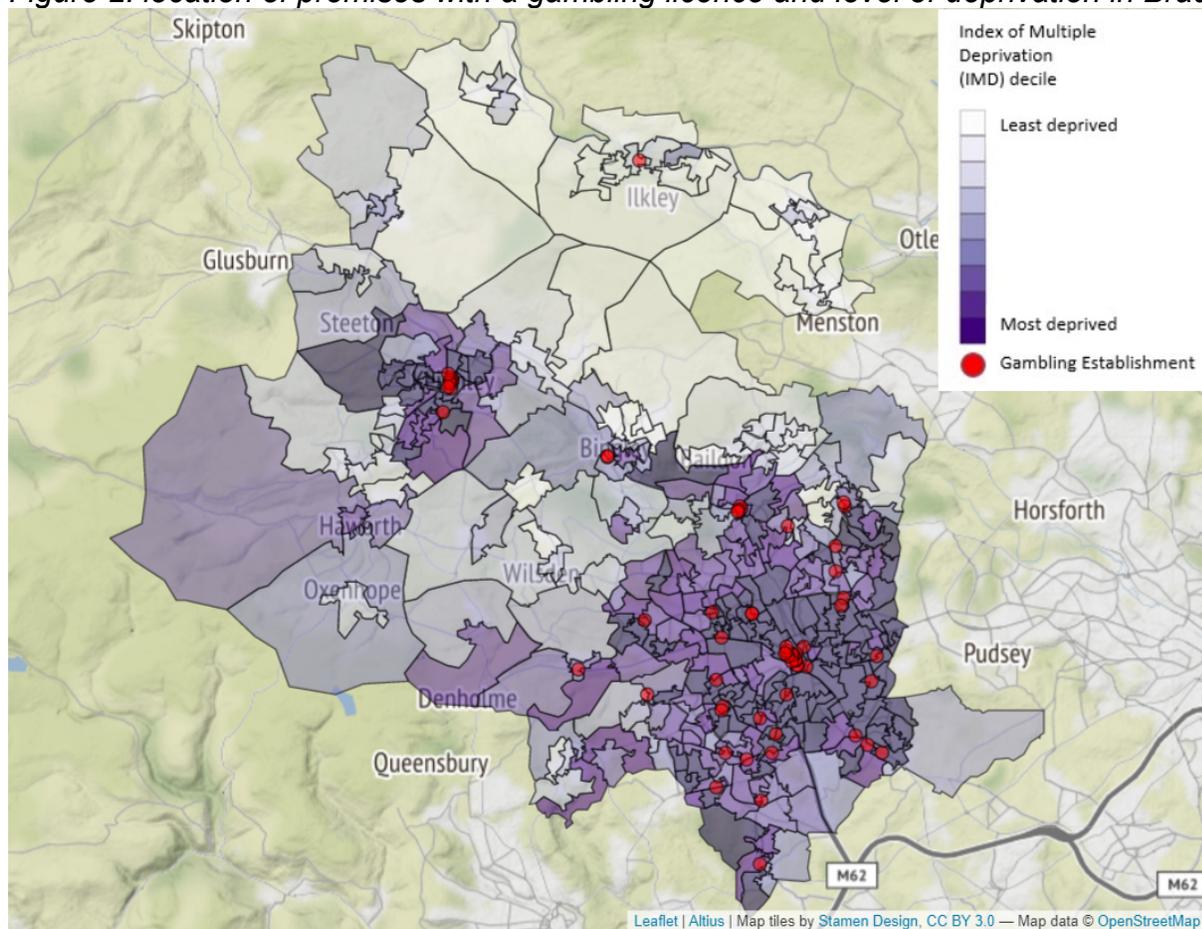
4.32 Bradford is home to 531 gambling premises. Of these, 65 are dedicated gambling venues, 402 are pubs and hotels, and 64 are social clubs and similar premises. The majority of pubs in Bradford with a gambling licence (370) have licences for a maximum of 2 gaming machines. When these are excluded from the data, there are 161 gambling premises across Bradford. This is an increase compared to September 2019, when only 113 such licenced promises existed in the District.

4.33 As seen in figure 2 below, the licenced gambling premises in Bradford are concentrated in the areas of highest deprivation, with many clustering in the urban

centres of Bradford and Keighley, and others surrounding Bradford city centre. As we know from the evidence, those most vulnerable to harms as a result of gambling include those living in more deprived areas, unemployed people, and people from BAME groups, making the locations of gambling premises more concerning.

4.34 This picture is reflected across the country, with recent research showing that gambling premises are more common in the more deprived towns and cities in England. Furthermore, many of these premises are within areas frequented by children and young people, making gambling visible and normalising it among children.

Figure 2: location of premises with a gambling licence and level of deprivation in Bradford



4.35 Treatment of gambling-related harm

4.36 Treatment and support for people with gambling-related harm exist, and are available to people worried about their gambling, or worried about a friend or loved one.

4.37 The NHS Northern Gambling Service provides specialist addiction therapy for gambling in the north of England. The service is based in Leeds, but also offers remote, virtual consultations. It is free to access, and referrals can be from any professional, or self-referral from individuals concerned about their gambling, or their friends and family. The service was established around 2 years ago, and currently receives around 10 referrals a week from across the North of England. They aim to see people within 14 days of referral. Members of the public can contact the service at

referral.ngs@nhs.net or on 0300 300 1490.

4.38 GamCare runs the National Gambling Helpline (0808 8020 133) and also offers face to face counselling. This is a Freephone number and is available 7 days a week, 24 hours a day.

4.39 Review of The Gambling Act, 2005

4.40 The Gambling Act 2005 is the basis for virtually all regulation of gambling in Great Britain (<https://www.legislation.gov.uk/ukpga/2005/19/contents>) . This sets out rules and regulations covering gambling in the UK, and covers arcades, betting, bingo, casinos, gaming machines, society lotteries, and remote gambling (including online gambling). The act transferred the licencing of gambling from the Magistrates Court to local authorities, and created the Gambling Commission. Licencing through local authorities does not cover the National Lottery, scratchcards, or online gambling and gaming, which are regulated by the Gambling Commission. This poses a challenge to Local Authorities as much of the gambling activity taking place will be online. The use of “loot boxes” and other gambling-like activity in gaming is not covered by the Gambling Act 2005.

4.41 There are three objectives under the Act that Local Authorities must consider:

- Keeping crime out of gambling,
- ensuring gambling is fair and open,
- protecting children and other vulnerable people from being harmed by gambling

4.42 Last year DCMS committed to review The Gambling Act 2005 to make sure it is fit for the digital age, and launched a public consultation on the changes, which closed on 31st March 2021. Gambling has changed enormously in the last 15 years, with smartphones giving opportunities to gamble online almost anywhere and at any time, fast-paced innovation in product design and advertising, and new opportunities to harness technology for the protection of players. Despite the rapid change in technology and modes of gambling, most of the protective measures seen in land-based gambling do not apply to online variants. Unlike other countries such as Spain, Italy, and Australia, the UK has few restrictions when it comes to online gambling.

4.43 The government’s response to the consultation on the Gambling Act 2005 is still awaited.

5 FINANCIAL & RESOURCE APPRAISAL

5.1 There are no direct further financial implications to the Council from this proposal

6 RISK MANAGEMENT AND GOVERNANCE ISSUES

6.1 No significant risks are anticipated as arising out of the implementation of the proposed recommendations.

7 LEGAL APPRAISAL

7.1 There are no direct anticipated legal implications to the Council from this proposal

8 OTHER IMPLICATIONS

8.1 EQUALITY & DIVERSITY

8.2 As described in the report, gambling is an issue which is likely to widen inequalities as it has a greater impact on people who are already vulnerable for a number of reasons. The action plan described above is therefore expected to reduce inequalities, and therefore have a positive impact.

8.3 SUSTAINABILITY IMPLICATIONS

8.4 There are no anticipated implications for sustainability arising from this report.

8.5 GREENHOUSE GAS EMISSIONS IMPACTS

8.6 There are no anticipated implications for greenhouse gas emissions arising from this report.

8.7 COMMUNITY SAFETY IMPLICATIONS

8.8 Community safety has been highlighted as a potential risk arising from problem/ harmful gambling. As such, it is anticipated that the actions proposed in the report should have a positive effect on community safety.

8.9 HUMAN RIGHTS ACT

8.10 There are no anticipated implications for the human rights act arising from this report.

8.11 TRADE UNION

8.12 There are no anticipated implications for Trade Unions arising from this report.

8.13 WARD IMPLICATIONS

8.14 No one particular ward is likely to have any significantly increased impact as a result of this report. However, wards with higher levels of deprivation and/ or gambling premises may benefit more than others from a reduction in gambling-related harms.

8.15 IMPLICATIONS FOR CHILDREN AND YOUNG PEOPLE

8.16 As a group known to be vulnerable to gambling harms, children and young people are specifically considered in this report, and included in the proposed action plan. The work proposes to safeguard children and young people from gambling harms (both direct and indirect as a result of gambling behaviour in people close to them) through a combination of:

- evidence-gathering;
- provision of resources to educate children, young people, teachers and parents on the harms of gambling and what to do if they have worries;
- training for health and social care professionals, including the Children's Social Care and Youth Service workforces
- Stronger identification and treatment pathways for adults experiencing problem gambling and gambling-related harms

8.17 In order to ensure that the needs and views of children and young people, particularly those of Looked After Children, are centred, the Gambling Action Plan Working Group has representatives of children's services as part of its core membership.

8.18 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

8.19 There are no anticipated data protection or information security matters arising from this report.

9 NOT FOR PUBLICATION DOCUMENTS

9.1 None

10 OPTIONS

10.1 The committee notes the contents of the report and approves the proposed action plan as set out

10.2 The committee gives feedback to inform further development of the Council's plans

11 RECOMMENDATIONS

11.1 The Committee are asked to note contents of the report. The views and feedback of the Committee on the proposals set out in section 3 are requested.

12 APPENDICES

12.1 None

12. BACKGROUND DOCUMENTS

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