

# Scrutiny Inquiry Panel - Reducing Gambling-Related Harms in Southampton

## ADDITIONAL INFORMATION

Thursday, 14th November, 2024  
at 5.30 pm

### ADDITIONAL INFORMATION RELATED TO THE LISTED REPORTS

#### INTRODUCTION, CONTEXT AND BACKGROUND

Report of the Scrutiny Manager recommending that the Panel consider the comments made by the invited guests and use the information provided as evidence in the review.

b) **Gambling-related harms needs assessment – What do we know about Southampton (Presentation 2)**

Presentation of Jenny Clynes, Public Health Speciality Registrar,  
Southampton City Council

c) **Regulations and Legislation (Presentation 3)**

Presentation of Rob Burkitt, Policy Manager and Lead for Shared Regulation,  
Gambling Commission

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# Gambling-related Harm in Southampton

Jennifer Clynes

Public Health Specialty Registrar

# Definitions

<b>Gambling-related harms</b>	The adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. Broadly categorised as financial, relationship, health, employment and educational, and criminal behaviour.
<b>Harmful gambling</b>	Any frequency of gambling that results in people experiencing harm, problems or distress (corresponding to a PGSI score of 1 or more).
<b>Problem Gambling Severity Index (PGSI)</b>	A commonly-used screening tool (featured in national surveys and quoted by many healthcare providers) for assessing the level of risk facing an individual as a result of their gambling behaviour.
<b>People experiencing harmful gambling</b>	Preferred term rather than ‘harmful gambler’ or ‘problem gambler’, both of which suggest that responsibility lies primarily with the gambling individual, contributing to shame and stigma. However, someone with a PGSI score of 8 or more is classed as a ‘problem gambler’ therefore cited occasionally in the context of PGSI scores.
<b>Affected other</b>	Those who know someone with a gambling problem, either now or in the past, and have experienced negative effects as a result of that person’s gambling behaviour.
<b>People experiencing gambling-related harms</b>	People experiencing harmful gambling <b>and</b> affected others.

# Harmful Gambling: Background

- Characterised by frequent participation in various gambling activities, especially:
  - Bingo and casino games
  - Betting
  - Use of electronic gaming machines (EGMs)
  - Online gambling

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## Most vulnerable groups:

- Younger age groups, especially men
- Unemployed
- People living in areas of high deprivation, likely experiencing greater health inequalities
- People with mental health problems
- People with co-occurring substance use problems, especially alcohol
- Military veterans, students, the homeless, and those from ethnic minorities.

# Why are Gambling-related Harms a Risk to the Public's Health?

- Recognised as a **serious and worsening issue** due to:
  - Harmful gambling affecting **many more individuals** than the minority categorised as 'problem' gamblers (i.e. a PGSI score of 8+), who have been the main focus of treatment and prevention strategies to date.
  - The severe health, financial and social **consequences** of gambling-related harms.
  - The **wide-reach** of these harms, extending to families, communities and society.

# Tackling Gambling-related Harms: Approach

- Requires a broad **population-level strategy** centred on prevention, including community and place-based action.

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Individual-level approach:

- Unlikely to reduce the occurrence of harmful gambling in the population.
- May exacerbate health inequalities due to differing engagement abilities between groups .

# Health Needs Assessment: Aims

- **Understand the needs** of those experiencing, or affected by, harmful gambling (i.e. those collectively experiencing gambling-related harms) in Southampton.
- Examine **what is currently being done** to address those needs.
- **Identify any gaps** between service provision and current best-practice, including the scientific evidence-base, to help inform recommendations for local action.



# Results: Overview

1. Numbers affected in Southampton
2. Potential cost in Southampton
3. Geographic patterns in Southampton
  - Spread of at-risk populations across the city
  - Geographic location of premises
4. Support services available
5. What works

# Main Findings (1): Estimated numbers for Southampton People Experiencing Gambling-related Harm

Gambling risk category	Prevalence range (HSE21 to GSGB23)	Estimated numbers for Southampton	
		HSE21	GSGB23
PGSI low-risk gambler (score 1-2)	1.9% to 8.3%	4,180	18,260
PGSI moderate risk gambler (score 3-7)	0.6% to 3.7%	1,320	8,140
<b>PGSI low or moderate (i.e. at-risk) gambler (score 1-7)</b>	2.5% to 12%	<b>5,500</b>	<b>26,400</b>
<b>PGSI problem gambler (score 8-27)</b>	0.3% to 2.5%	<b>660</b>	<b>5,500</b>
<b>PGSI at-risk or problem (i.e. harmful) gambling (score 1+)</b>	2.8% to 14.5%	<b>6,160</b>	<b>31,900</b>

HSE21 = Health Survey for England 2021

GSGB23 = Gambling Survey for Great Britain, Annual Report 2023

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## Results

- Estimated number of adults engaging in **harmful gambling** in Southampton is between **6,160 and 31,900**.
- An estimated **15,400** adults in Southampton are adversely **affected by someone else's gambling** (2023 Annual GB Treatment and Support Survey).

## Methods

- Estimates based on national prevalences, derived from HSE 2021 and GSGB 2023.

## Limitations

- General limitations of survey data (sample of population, self-reported data, social-desirability bias, single point in time); excludes people living in institutions; higher representation of gamblers in GSGB.

# Main Findings (2): Estimated numbers for Southampton Economic Cost Associated with Gambling-related Harm

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A. TYPE OF HARM	B. SUB-DOMAIN	C. ALL COSTS* ENGLAND (£millions)	D. ALL COSTS* SOUTHAMPTON (£)
<b>Financial</b>	Statutory homelessness	<b>49.0</b>	<b>219,782</b>
<b>Health</b>	Deaths from suicide	241.1 to 961.7	1,081,419 to 4,313,567
<b>Health</b>	Depression	508.0	2,278,561
<b>Health</b>	Alcohol dependence	3.5	15,699
<b>Health</b>	Illicit drug use	1.8	8,074
<b>Total health harms</b>	All health sub-domains	<b>754.4 to 1,475.0**</b>	<b>3,383,753 to 6,615,900**</b>
<b>Employment and education</b>	Unemployment benefits	<b>77.0</b>	<b>345,372</b>
<b>Criminal activity</b>	Imprisonment	<b>167.3</b>	<b>750,400</b>
<b>Excess cost</b>	<b>All sub-domains</b>	<b>1,047.8 to 1,768.4**</b>	<b>4,699,756 to 7,931,904**</b>

\*Sum of government (direct) costs and wider societal (intangible) costs

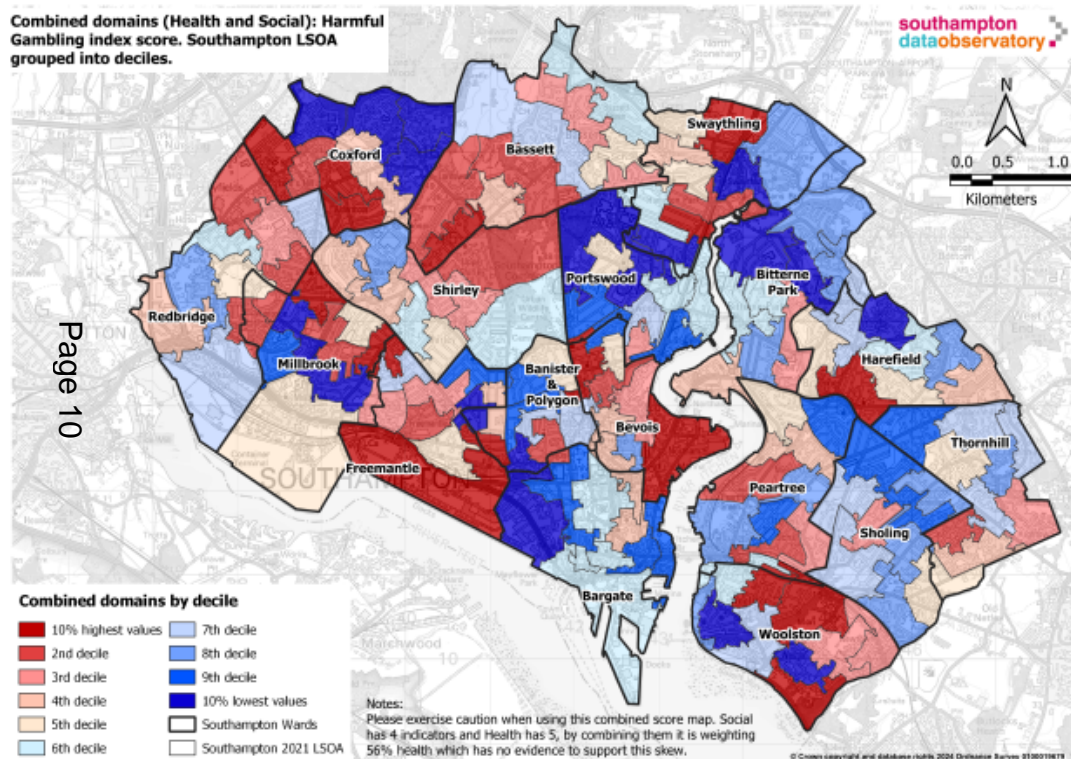
\*\*Figures may not sum due to independent rounding

**Results:** The total cost associated with gambling-related harm in Southampton is estimated to be in the range **£4.7m to £7.9m**

**Methods:** Estimated from the OHID 2023 economic analysis for England

**Limitations:** Costs are likely to be underestimated due to partial (or no) costing for some harm categories

# Main Findings (3i): Areas in Southampton at Increased Risk of Harm



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## Results

Coxford, Woolston, Bevois, Millbrook and Swaythling contain the highest numbers of neighbourhoods at greatest risk of harmful gambling in the city.

## Methods

- Range of z-scored, evidence-based health- and social- indicators, combined into an **overall risk score** for each neighbourhood (LSOA).
- Risk scores **rank-ordered** and split into 10 equal groups (deciles) giving highest to lowest areas of risk across city (coloured red and blue, respectively).

## Assumptions

Indicators are independent and weighted equally.

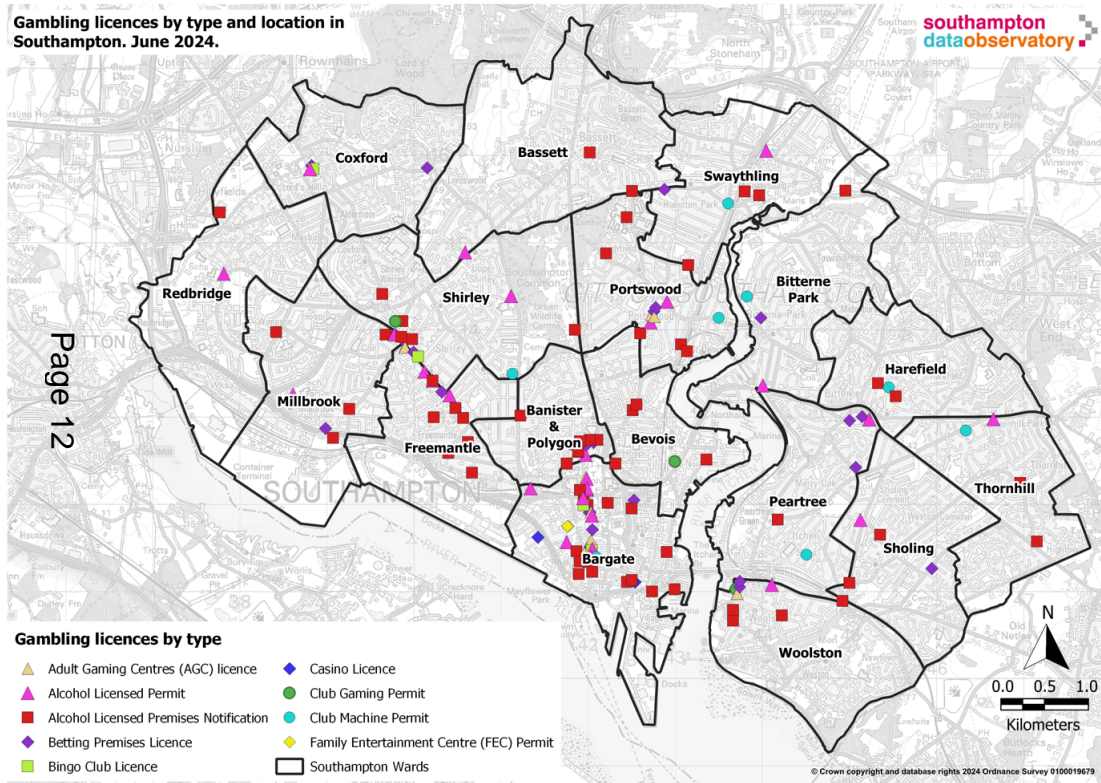
# Main Findings (3ii): Areas in Southampton at Increased Risk of Harm

Area Code	Locality	Ward	Health and Social Combined		Social Domain (Deciles)					Health Domain - 16+ years (Deciles)					Combined Health Domain
			Health and Social Ranking	Health and Social Decile	Popn aged 16 to 44	IMD 2019 (Overall)	JSA Claimants aged 16 to 64	Universal Credit aged 16 to 64	Combined Social Domain	Mental health GP diagnoses	Drug Poisoning Hospital Admissions	Alcohol Specific Hospital Admissions	Drug related MH & Behav. Hospital Admissions	Suicide & Self Harm Hospital Admissions	
E01017184	West	Coxford	1	1	3	2	1	2	1	9	2	2	1	1	1
E01017152	North & Central	Basset	2	1	6	1	1	1	1	1	9	6	1	1	1
E01017281	East	Woolston	3	1	6	1	1	1	1	7	7	1	1	5	2
E01017275	East	Woolston	4	1	8	1	1	1	1	1	9	3	1	1	1
E01017158	North & Central	Bevois	5	1	5	2	1	3	2	5	5	8	1	1	1
E01017200	East	Harefield	6	1	6	1	2	1	1	2	1	5	3	1	1
E01017273	East	Woolston	7	1	8	1	2	1	1	1	8	7	1	1	1
E01017207	West	Millbrook	8	1	7	1	2	2	2	1	4	7	1	1	1
E01017154	North & Central	Bevois	9	1	7	1	2	1	2	1	2	2	1	2	1
E01017188	West	Coxford	10	1	1	8	5	6	3	8	4	1	1	1	1
E01017186	West	Coxford	11	1	4	3	1	1	1	10	1	1	2	9	3
E01017194	North & Central	Banister & Polygon	12	1	7	1	1	1	1	2	6	2	2	1	1
E01017271	North & Central	Swaythling	13	1	2	2	1	3	1	10	1	4	3	5	2
E01017244	North & Central	Swaythling	14	1	6	1	1	1	1	1	6	8	2	2	2
E01017211	West	Millbrook	15	1	8	1	2	1	1	2	4	2	3	5	2
E01017136	North & Central	Banister & Polygon	16	2	8	1	1	1	1	2	8	7	3	2	3
E01017150	North & Central	Bevois	17	2	8	1	1	1	1	2	8	7	3	2	3
E01017169	East	Woolston	18	2	8	1	1	1	1	2	8	7	3	2	3
E01017193	West	Woolston	19	2	8	1	1	1	1	2	8	7	3	2	3
E01017238	West	Woolston	20	2	8	1	1	1	1	2	8	7	3	2	3
E01017222	East	Woolston	21	2	8	1	1	1	1	2	8	7	3	2	3
E01017151	North & Central	Bevois	22	2	8	1	1	1	1	2	8	7	3	2	3
E01017237	West	Woolston	23	2	8	1	1	1	1	2	8	7	3	2	3
E01017252	West	Woolston	24	2	8	1	1	1	1	2	8	7	3	2	3
E01017267	North & Central	Swaythling	25	2	7	2	2	2	2	10	4	2	1	1	2
E01017182	West	Coxford	26	2	3	1	1	2	1	7	10	8	1	2	5
E01017212	West	Millbrook	27	2	6	2	2	1	2	3	8	1	4	3	3
E01017241	West	Redbridge	28	2	7	3	3	2	3	1	6	1	5	5	2
E01017217	East	Peartree	29	2	5	1	2	2	2	2	4	8	3	3	4
E01017160	North & Central	Bevois	30	2	5	2	4	2	3	3	8	1	6	3	2
E01017173	East	Bitterne Park	31	3	7	2	2	1	2	2	7	7	3	4	4
E01017248	West	Shirley	32	3	8	3	3	2	3	4	1	6	3	6	3
E01017192	West	Freemantle	33	3	2	7	5	6	4	9	1	2	2	2	2
E01017242	West	Redbridge	34	3	8	4	5	3	5	2	3	1	6	4	2
E01017254	West	Shirley	35	3	3	4	2	4	3	7	7	7	2	1	3
E01017277	East	Woolston	36	3	3	4	2	3	3	10	8	6	1	2	4
E01017168	East	Thornhill	37	3	4	2	5	3	3	1	7	3	6	3	3
E01017227	North & Central	Portsmouth	38	3	4	4	3	3	4	7	7	2	2	2	3
E01017155	North & Central	Bevois	39	3	4	2	10	5	6	2	1	9	4	4	2
E01017149	North & Central	Basset	40	3	2	9	7	8	7	7	1	1	9	10	1

**Results:** Coxford, Woolston, Bevois, Millbrook and Swaythling contain the highest numbers of neighbourhoods at greatest risk of harmful gambling in the city.



# Main Findings (4): Gambling Premises in Southampton by location and license type



## Results:

- Correlation between gambling-premises density and deprivation.
- Wards with highest densities of premises: Bargate, Banister & Polygon, Freemantle, Portswood and Shirley (all contain at least one area at elevated risk of harm, based on risk score).

Limitations: excludes National Lottery vendors, small society lotteries, online gambling.

# Main Findings (5): Treatment and Support Services

- Numerous **treatment and support services available** to Southampton residents:
  - Directly or indirectly linked to harmful gambling/gambling-related harms
  - Mixture of local and national services, NHS and other providers, mixture of funding (either independent, or directly/indirectly through gambling industry).
  - Lack of clear signposting and understanding of support available
  - Regional specialist service in place, commissioned by ICB (Southern Gambling Service).
- Service-provider data suggests **significant unmet need**:
  - 0.1% to 0.6% of people experiencing harmful gambling in Southampton called the GamCare National Helpline in 2022/23, with even lower proportions entering treatment via the National Gambling Support Network (0.07% to 0.34%).
  - Between Sept 2022 and June 2024, the Southern Gambling Service received 208 referrals from people living (or registered with a GP) in the HIOW area (i.e. less than 0.7 % to 3.4% of people experiencing harmful gambling in Southampton).

# What works to Prevent or Reduce Gambling-related Harm: Review of the Evidence-base

**Primary Prevention:** taking action to prevent the onset of harmful gambling/gambling-related harm, through whole-population measures or those targeting vulnerable groups (i.e. those at greatest risk of harm).

## Education\* in colleges and universities

- **Personalised normative feedback** (PNF) approach associated with longer-term reduction in harmful gambling behaviour.

## Schools-based education\* programmes

- **Positive intervention effects on *cognitive outcomes*** (e.g. increased knowledge of gambling, fewer misconceptions, and a more negative attitude towards gambling).
- Several authors recommend universal, gambling-education for children aged 10 and over, taught via online modules and videos, over multiple sessions, and ideally facilitated by a gambling specialist.

## Supply restrictions

- Emerged as an **effective strategy** for reducing gambling-related harm.
- Examples include restricting numbers of gambling venues, restricting license conditions, and reducing accessibility.

## Advertising restrictions

- Noted as potentially effective due to **dose-response relationship between advertising exposure and gambling participation**. Evidence of a notable impact of gambling advertising on certain groups e.g. CYP



# What works to Prevent or Reduce Gambling-related Harm: Review of the Evidence-base

**Secondary Prevention:** early identification of those who have recently started experiencing harmful gambling/gambling-related harm, to prevent escalation of (and ideally reduce) harm.

- Mixed evidence around use of safer gambling, health-promotion messaging, with effectiveness highly dependent on message content.
- Early intervention through brief, in-person psychosocial intervention was, however, associated with a significant reduction in short-term harmful gambling behaviour.

# What works to Prevent or Reduce Gambling-related Harm: Review of the Evidence-base

**Tertiary Prevention:** measures to lessen the impact on those already experiencing harmful gambling/gambling-related harm.

## Gambling-venue harm-reduction measures

- **Changes to the physical environment:** Strongest evidence of effectiveness for cash machine removal and smoking restrictions.
- **Early intervention by venue staff:** absence of evidence of effectiveness; further research required around outcomes for venue gamblers.

## Harm-minimisation tools (also referred to by industry as ‘responsible gambling’ tools)

- Emerged as potentially-effective tertiary prevention measures.
- **Increased effectiveness linked to** self-exclusion periods of at least 6 months; universal, irreversible and compulsory limit-setting; self-appraisal or high-threat pop-up messages; forced breaks of around 60 mins; and reduced speed of play.

# What works to Treat Harmful Gambling

## Draft NICE Guidance

- Draft guidance published in October 2023 on **identifying, assessing and managing harmful gambling** (currently out for consultation).
- Contains recommendations for (cost) effective therapies and treatments, formulated by an independent committee (largely comprised of senior NHS clinicians, academics and people with lived experience) who have examined currently-available evidence.
- Consultation responses and final guidelines not yet published or available at this time, so there may be challenge or change to the key recommendation areas.

### Key recommendations include:

- Delivery of **timely and coordinated support**, involving a range of providers from voluntary sector and across health services.
- Increasing use of a 'make every contact count' approach in a range of settings, to improve **early identification** and onwards signposting or referral
- Commissioners and service providers to ensure that:
  - a. Referral pathways are **easily accessible** (i.e. simple and user-friendly) through different routes (self-referral or referral by a healthcare professional).
  - b. Location and delivery method of treatment reflects the **needs and preferences of the patient/client**.
  - c. Treatment arrangements take account of groups particularly affected by **stigma** (e.g. women, migrants, those engaging in crime related to gambling, those from certain cultures) e.g. through provision of women-only groups or culturally- sensitive services.
  - d. Support structures are in place to provide follow-up and help **prevent relapse** (e.g. rapid re-entry to treatment).

# Frameworks for Action

- Areas for action highlighted in the needs assessment mapped to each of the four domains of the **socio-ecological model** (individual/family/community/society).
- Areas for action have also taken account of the ***Public Health Framework for Gambling Related Harm Reduction*** (PHF).



PHF Section	Title
1	Leadership and partnership
2	Influencing the regulatory environment
3	Reducing exposure of vulnerable people to gambling products
4	Improving identification and recognition of problem gambling
5	Self-management and support
6	Providing effective treatment
7	Promoting and maintaining recovery
8	Protecting children and young people from gambling-related harm
9	Addressing gambling-related debt
10	Workplace health and wellbeing
11	Building and sharing the evidence base

- Framework developed as a **practical aid for local authorities**, to enable local interpretation of the Gambling Commission's 2018 publication (by Wardle et al) on *Measuring Gambling-related Harms*.
- PHF contains a **menu of evidence-based interventions**, arranged into 11 broad areas for action, within the sphere of influence of a local authority.

# Suggested Areas for Local Action (1)

First issue emerging from HNA: high densities of gambling premises either adjacent to, or located in, areas of high deprivation and/or areas at elevated risk of harmful gambling.

Mitigating strategy	Category	Details
Reduce gambling supply and exposure	<u>Regulatory and policy</u>	Supply restriction: licensing and planning (e.g. Westminster 2015).
		Advertising, marketing, promotional and sponsorship restrictions within SCC and beyond.
Reduce the uptake of gambling	<u>Education and awareness-raising</u>	<ul style="list-style-type: none"> <li>○ Schools-based gambling harm prevention programme.</li> <li>○ Harmful-gambling prevention programme in colleges, universities and workplaces, e.g. GAMFam in Suffolk, Norfolk, Essex.</li> </ul>
		<ul style="list-style-type: none"> <li>○ E-safety awareness training for young people, teachers and parents, e.g. Suffolk, Norfolk, Essex</li> </ul>
		<ul style="list-style-type: none"> <li>○ Consider opportunities to raise public awareness of the issue of harmful gambling/gambling-related harms through a city-wide marketing campaign, e.g. GAMHive Manchester.</li> </ul>
Lessen the impact of gambling-related harm	<u>Harm-minimisation approaches</u>	Explore opportunities to reinforce or extend operator harm-minimisation approaches through local licensing.
	<u>Gambling-venue harm-reduction strategies</u>	Explore opportunities to reinforce or extend harm-reduction strategies at land-based gambling premises, e.g. physical environment alterations and increased use of early identification/intervention strategies by venue personnel.

## Suggested Areas for Local Action (2)

Second issue emerging from HNA: small proportion of people experiencing harmful gambling/gambling-related harms in Southampton accessing treatment and support.

Mitigating strategy	Category	Details
Identify and support those experiencing gambling-related harms	<u>Raising Awareness</u>	Raising public awareness of signs and symptoms of harmful gambling (to facilitate early identification), where to go for help, and stigma reduction through a city-wide marketing campaign, e.g. Manchester GAMHive .
	<u>Working in partnership</u>	Recognise, raise awareness and advocate for a preventative approach to gambling-related harm in strategic partnerships.
	<u>Early Identification</u>	Commissioners and service providers to increase use of a 'make every contact count' approach.
Improve data collection		To help inform need and assess impact of actions taken.
Improve access to treatment and early intervention		E.g. Include signposting to treatment and support in any public gambling communications.

## Conclusion

- There is limited local data on the numbers affected by gambling-related harms, but even conservative estimates suggest significant numbers of adults experiencing harmful gambling (6,160-31,900), with a further estimated 15,400 adults affected by someone else's gambling.
- There are high densities of gambling premises in Southampton, either adjacent to, or located in, areas of high deprivation and/or areas at elevated risk of harm.
- Only a small proportion of those affected by harmful gambling/gambling-related harms in Southampton are accessing treatment and support.
- Tackling gambling-related harms requires a broad and coordinated response, involving individual, community and place-based action.

# Acknowledgements

- **Kate Harvey:** Consultant in Public Health; Community Wellbeing, Southampton City Council.
- **Vanella Mead, Kate Anderson and Vicky Toomey:** Public Health Analysts; Data, Intelligence and Insight team, Southampton City Council.
- **Professor Sam Chamberlain:** Psychiatry Professor and Service Director, Southern Gambling Service.
- **Philip Gilbert and Colin McAllister:** Public Health Practitioners; Wellbeing & Housing, Southampton City Council.
- **Andy Wilshire:** Senior Programme Manager; NHS Hampshire and Isle of Wight ICB.
- **Phil Bates:** Licensing Manager; Southampton City Council.
- **Steve Watts:** Founder and CEO, GAMFam.
- Other representatives from Southampton City Council, service providers and partner organisations.



**Thank you for listening.  
Any questions?**

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# Scrutiny Committee meeting Southampton

Rob Burkitt - Lead Shared Regulation  
Gambling Commission

# The role of the Commission

- Established by the Gambling Act 2005 as the national regulator for gambling
- Our 'parent' department being DCMS
- We issue operator licences, as well as management licences for senior management staff across the industry and personal functional licences for certain staff in casinos eg. croupiers
- We issue Licence Conditions and Codes of Practice (LCCP) for all operators to follow. Most of these are obligatory and failure to comply can result in sanctions. Ultimately it can include the loss of an operator licence. LCCP relies on the powers enabled by the Act

# The role of the Commission

- We are co-regulators of the Act with local authorities – of which more in a minute
- We have certain powers to deal with illegality in gambling – although very often other agencies such as police and HMRC are actually best suited. It is case by case as to who has the most appropriate powers. Having said that:-
- Football-themed website Sorare.com is due to appear in court next week charged with providing unlicensed gambling facilities to consumers in Britain. The hearing, which is being prosecuted by the Gambling Commission, will take place at 10am on 4 October at Birmingham Magistrates' Court. Sorare is charged with providing facilities for gambling without holding an operating licence contrary to [section 33\(1\), \(4\), and section 36\(3\), \(3A\) of the Gambling Act 2005 \(opens in new tab\)](#).
- Most activity happens under the radar!
- Tens of millions of pounds in regulatory settlements have been imposed over the last few years on operators

# The regulatory framework

- So, we are co-regulators. You issue premises licences, permits and permissions and we issue operator licences.
- However there is very considerable overlap. For example, an illegal casino/poker club network in the Hampshire region was closed down by us working together with a number of LAs, a current similar set up in the NW that we are working on , and illegal machine suppliers is another example. Ongoing case In Sandwell.
- We are also a responsible authority in terms of applications for gambling premises, so we have the power to make a representation against an application for a premises. We do this to establish principle and precedent.
- We publish the Guidance to Licensing Authorities – a statutory document – which tends to form the backbone of your own Statement of Gambling Policy.
- We also publish the three monthly Licensing Authority Bulletin, hold a regular nationwide Teams meeting for all LAs to keep them updated and discuss matters of mutual interest, as well as publish various quick guides and inspection templates
- We also handle many queries from individual LAs on a very regular basis

# The regulatory framework

- As mentioned GC has a range of sanctions – that includes regulatory settlements (fines), imposing conditions on an operator licence, suspension or withdrawal of an operator licence.
- As I noted before the majority of this happens under the radar
- Monitoring – operators are required to submit quarterly returns to us of certain data. We also conduct inspections of premises and online operators. We receive consumer info and intel as well as from other agencies such as police and HMRC.
- The majority of cases in the last few years have related to AML and social responsibility issues
- On occasion other agencies are the most appropriate to deal with a case – that might be the ASA or the ICO for example with whom we work closely.

# The protection of consumers and the promotion of responsible gambling

- This is a 2 way street. Tools for consumers and measures by operators.
- Self exclusion schemes for consumers – enable them to opt in
- Setting limits to spend for consumers – opt in
- Blocking gambling payments with banks – opt in
- Blocking exposure to gambling adverts via social media – opt in
- Operators to identify activity which suggests problematic gambling behaviour and intervene - obligatory
- Operators to work further to identify source of funds for gambling - obligatory



# *Possible/impending changes*

- GamProtect – single customer view for online gambling (GC)
- Further Public Health engagement (DCMS/GC/LAs)
- LA fees (DCMS)
- Liberalisation of machines ratios for AGCs, bingo premises and casinos (DCMS)
- Changes to the gaming machines technical standards (GC)
- Changes to LA powers regarding gambling machines in pubs (DCMS)
- Something similar to the Cumulative Impact Assessments (which is deployed for alcohol premises) applied for gambling premises (DCMS)

# With thanks to Southampton's licensing team

- A demonstration of how a licensing team works with the GC
- Whether that be cruise ships or pubs (on the latter the age verification testing)
- However the next challenge is the revisions to the Act and changes to Guidance to Licensing Authorities and your own Statement of Gambling Policy
- Also to further engage Public Health partners in gambling harms data and interventions for our most vulnerable citizens
- Potential gambling related cumulative impact assessments as is the case for pubs
- Despite the enormous financial pressures faced as an LA, to ensure that gambling is crime free and we protect the young and vulnerable