

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

Thursday, 19th December, 2024  
at 5.30 pm

## **PLEASE NOTE TIME OF MEETING**

Council Chamber - Civic Centre

This meeting is open to the public

### **Members**

Councillor Cooper (Chair)  
Councillor Greenhalgh  
Councillor Percival  
Councillor Powell-Vaughan  
Councillor Webb (Vice-Chair)

### **Contacts**

Democratic Support Officer  
Emily Goodwin  
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### **Scrutiny Manager**

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# PUBLIC INFORMATION

## **Role of Scrutiny Panel Inquiry –**

### **Purpose:**

To identify opportunities to improve outcomes for private sector renters in Southampton.

**Use of Social Media:-** The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

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## **Southampton: Corporate Plan 2022-2030**

sets out the four key goals:

- **Strong Foundations for Life.-** For people to access and maximise opportunities to truly thrive, Southampton will focus on ensuring residents of all ages and backgrounds have strong foundations for life.
- **A proud and resilient city -** Southampton's greatest assets are our people. Enriched lives lead to thriving communities, which in turn create places where people want to live, work and study.
- **A prosperous city -** Southampton will focus on growing our local economy and bringing investment into our city.
- **A successful, sustainable organisation -** The successful delivery of the outcomes in this plan will be rooted in the culture of our organisation and becoming an effective and efficient council.

## **Public Representations**

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

**Smoking policy –** the Council operates a no-smoking policy in all civic buildings.

**MOBILE TELEPHONES:-** Please switch your mobile telephones or other IT to silent whilst in the meeting.

**Fire Procedure –** in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

**Access –** access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

## **Dates of Meetings:**

14 November 2024
19 December 2024
16 January 2025
13 February 2025
6 March 2025
8 May 2025

## CONDUCT OF MEETING

### **Terms of Reference**

The terms of reference of the Committee are contained in the Council's Constitution.

### **Business to be discussed**

Only those items listed on the attached agenda may be considered at this meeting.

### **Rules of Procedure**

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

### **Quorum**

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

### **Disclosure of Interests**

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "personal" or "prejudicial" interests they may have in relation to matters for consideration on this Agenda.

### **Personal Interests**

A Member must regard himself or herself as having a personal interest in any matter

- (i) if the matter relates to an interest in the Member's register of interests; or
- (ii) if a decision upon a matter might reasonably be regarded as affecting to a greater extent than other Council Tax payers, ratepayers and inhabitants of the District, the wellbeing or financial position of himself or herself, a relative or a friend or:-
  - (a) any employment or business carried on by such person;
  - (b) any person who employs or has appointed such a person, any firm in which such a person is a partner, or any company of which such a person is a director;
  - (c) any corporate body in which such a person has a beneficial interest in a class of securities exceeding the nominal value of £5,000; or
  - (d) any body listed in Article 14(a) to (e) in which such a person holds a position of general control or management.

A Member must disclose a personal interest.

Continued/.....

## **Prejudicial Interests**

Having identified a personal interest, a Member must consider whether a member of the public with knowledge of the relevant facts would reasonably think that the interest was so significant and particular that it could prejudice that Member's judgement of the public interest. If that is the case, the interest must be regarded as "prejudicial" and the Member must disclose the interest and withdraw from the meeting room during discussion on the item.

It should be noted that a prejudicial interest may apply to part or the whole of an item.

Where there are a series of inter-related financial or resource matters, with a limited resource available, under consideration a prejudicial interest in one matter relating to that resource may lead to a member being excluded from considering the other matters relating to that same limited resource.

There are some limited exceptions.

Note: Members are encouraged to seek advice from the Monitoring Officer or his staff in Democratic Services if they have any problems or concerns in relation to the above.

## **Principles of Decision Making**

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

## AGENDA

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[www.southampton.gov.uk/council/meeting-papers](http://www.southampton.gov.uk/council/meeting-papers)

### **1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

### **2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

### **3 DECLARATIONS OF SCRUTINY INTEREST**

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

### **4 DECLARATION OF PARTY POLITICAL WHIP**

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

### **5 STATEMENT FROM THE CHAIR**

### **6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)** (Pages 1 - 6)

To approve and sign as a correct record the minutes of the meeting held on 14 November 2024 and to deal with any matters arising, attached.

### **7 A WHOLE-PLACE APPROACH TO REDUCING GAMBLING RELATED HARMS** (Pages 7 - 46)

Report of the Scrutiny Manager informing the Panel that, in accordance with the inquiry plan, the focus of the second meeting of the inquiry will be on adopting a whole-place approach to reducing gambling related harms in Southampton.

Director – Legal, Governance and HR

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# Public Document Pack Agenda Item 6

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## SCRUTINY INQUIRY PANEL - REDUCING GAMBLING-RELATED HARMS IN SOUTHAMPTON

MINUTES OF THE MEETING HELD ON 14 NOVEMBER 2024

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Present: Councillors Cooper, Greenhalgh, Percival, Powell-Vaughan and Webb

1. **ELECTION OF CHAIR AND VICE-CHAIR**

The Panel noted that Councillor Cooper had been appointed as Chair by Council on 18 September 2024

**RESOLVED** that Councillor Webb be elected as Vice-Chair for the Municipal Year 2024/2025.

2. **INQUIRY TERMS OF REFERENCE**

The Panel considered the report of the Scrutiny Manager which recommended that the Panel noted the Terms of Reference set out in Appendix 1 and that the Panel discuss, amend and approve a final version of attached outline inquiry project plan, allowing for sufficient flexibility and the availability of suitable witnesses.

Southampton City Council's Scrutiny Manager, Mark Pirnie, and Chloe Webb, Inquiry Lead Officer were in attendance and with the consent of the Chair addressed the Panel.

**RESOLVED** that:

- i) the Panel noted the Terms of Reference set out in Appendix 1
- ii) the Panel approved the outline inquiry project plan as presented in the report of the Scrutiny Manager

3. **INTRODUCTION, CONTEXT AND BACKGROUND**

The Panel noted the report of the Scrutiny Manager and considered the information provided by the invited guests which would be used as evidence in the review.

**Summary of information provided:**

**1) Gambling-Related Harms – Prof. Sam Chamberlain, Professor of Psychiatry at the University of Southampton & Service Director and Honorary Consultant Psychiatrist, NHS Southern Gambling Service, Southern Health NHS Foundation Trust.**

- A presentation was delivered by Professor Sam Chamberlain, which outlined the impact of gambling-related harm, groups at increased risk and the work of the Southern Gambling Service.

**Key points raised in the presentation included:**

- There was limited data on the prevalence of gambling-related harms and this was a national problem.
- A sizeable proportion of people who gamble developed gambling-related harms. Many factors can influence this:
  - **Individual:** e.g. life events, personal history, cognitive characteristics, early gambling experiences, engagement in other risk behaviours
  - **Families + Social networks:** e.g. cultures in family or peer groups and/or poor social support
  - **Community:** e.g. access/availability of gambling and greater deprivation
  - **Societal:** e.g. regulatory and policy climates, ineffective regulation, advertising environments and gambling availability
- Gambling disorder was officially recognised as a mental health condition. Defined as: persistent and recurrent problematic gambling behaviour leading to impairment e.g. gambling increasing amounts, gambling when feeling distressed, jeopardising job/relationship/career, reliance on others to provide money. However, it was often overlooked and under-treated.
- Many who do not have gambling disorder still experienced gambling-related harms. For example:
  - Stress / depression and anxiety / suicide
  - Financial hardship / debts / asset losses / bankruptcy
  - Theft / imprisonment
  - Neglect of family / relationship breakdown / domestic violence
  - Job loss / job absenteeism / poor work performance
  - Gambling-related harms also effect community services such as loading pressure on charities and the public purse
  - Biggest rates of gambling disorder in EGMs (Electronic Gaming Machines), Casino games, bingo and poker.
- Vulnerable Groups
  - People from minority racial-ethnic backgrounds appeared to experience higher levels of gambling disorder, more disability due to gambling disorder, and earlier age of symptom onset
  - Gambling disorder linked to physical health conditions including obesity, insomnia, cardiovascular disorders.
  - Increased rates of gambling disorder in people who are homeless (16% compared to 1-2% in general population)
  - Other comorbidities common with gambling disorder e.g. nicotine dependence (56%)



- Identifying gambling issues within the homeless community should be a priority.
- Children were being introduced to gambling in video games which might be priming them to be more susceptible to gambling in the future.
- **NHS Southern Gambling Service**
  - Opened 2022, small team based in Southampton, covered most of the South-East of England.
  - See people aged 17+ experiencing gambling-related harms/ gambling disorder. Accepted self-referrals and referrals from healthcare professionals.
  - Delivered various evidence-based psychological treatments such as brief psychological intervention, 1:1 and group Cognitive Behaviour Therapy and medication. These could be delivered digitally.
  - Growing referral rates
- Prof. Chamberlain noted that public health interventions were often watered down due to industry influence and therefore were often ineffective. He also noted the importance of being aware of the influence of the gambling industry on related research and charity work that they fund as a conflict of interest.
- He believed intervening early was a priority and supports the work of GamFam who run peer-support groups for both the person experiencing gambling harms and also the people around them.
- He highlighted the need for education and training especially in schools but noted the importance of using external specialists with experience. There were local independent charities that existed.

## **2) A Public Health Perspective – Jennifer Clynes, Public Health Specialty Registrar, Southampton City Council**

- Jennifer Clynes delivered a presentation which introduced gambling-related harms, why they should be considered a public health issue, and reported findings from a recent Health Needs Assessment (HNA) carried out for Southampton, including recommendations on how to tackle the issue.

### **Key points raised in the presentation included:**

- Language was important. Use the term “people experiencing harmful gambling” instead of “problem gambler” or “harmful gambler” to avoid placing sole responsibility on individuals, which can increase stigma.
- Certain groups were more vulnerable to experiencing harmful gambling, including young men, the unemployed, those in high-deprivation areas, and people with mental health or substance use issues.
- Gambling-related harms impacted not only individuals but also families, communities, and society, making it a significant public health issue.
- Effective prevention required a population-level approach with community-based efforts, as individual-level solutions alone were insufficient and may increase health inequalities.

- Jennifer then presented some key findings from the recent HNA.
  - **Main Finding 1:** the estimated number of adults engaging in harmful gambling in Southampton was between 6,160 and 31,900 (based on national prevalences – Health Survey England 2021 and Gambling Survey for GB 2023). An estimated 15,400 adults in Southampton were adversely affected by someone else’s gambling (2023 Annual GB Treatment and Support Survey).
  - **Main Finding 2:** The estimated cost associated with gambling-related harm in Southampton was between £4.7m and £7.9m.
    - This included categories such as homelessness, health harms like substance use, unemployment benefits and imprisonment. The total was likely to be an underestimate due to the non-comprehensive list of categories.
  - **Main Finding 3:** Coxford, Woolston, Bevois, Millbrook and Swaythling contained the highest numbers of neighbourhoods at greatest risk of harmful gambling in the city.
  - **Main Finding 4:** There was some correlation between gambling-premises density and areas of deprivation. The wards with the highest densities of gambling premises were Bargate, Banister & Polygon, Freemantle, Portswood, and Shirley, each containing at least one area at elevated risk of gambling-related harm.
  - **Main Finding 5:** Southampton residents had access to a range of treatment and support services for gambling-related harms, including both local and national providers funded by the NHS and other sources. However, there was a lack of clear signposting on available support.
    - Service-provider data revealed significant unmet needs in Southampton, with only 0.1% to 0.6% of those affected by harmful gambling calling the GamCare Helpline in 2022/23, even fewer entering treatment, and just 208 referrals to the Southern Gambling Service from September 2022 to June 2024—representing under 3.4% of those affected.
  
- Next, Jennifer discussed what had been shown to work to prevent or reduce gambling-related harm.
  - **Primary Prevention: (preventing the onset)**
    - **Education:** Personalised feedback in universities and school programs (targeting children 10+) improved gambling knowledge and attitudes.
    - **Supply Restrictions:** Limiting gambling venues and access
    - **Advertising Restrictions:** Reducing gambling adverts can decrease participation, particularly among children and young people.
  - **Secondary Prevention: (early identification to prevent escalation)**
    - Early intervention through brief, in-person psychosocial support had been shown to significantly reduce short-term harmful gambling behaviour.
  - **Tertiary Prevention: (lessen impact of existing harm)**
    - Removing cash machines and smoking restrictions.
    - Harm-minimisation tools, such as self-exclusion and compulsory limit-setting were more effective when self-exclusion lasts at least 6 months, limits were universal and irreversible, and tools like self-

- appraisal, high-threat pop-up messages, forced breaks, and slower play speeds were used.
- Finally, Jennifer presented a framework for action tackling the two main issues that emerged from the HNA.
    - Issue 1: High densities of gambling premises were often found in or near areas of high deprivation and regions with an elevated risk of harmful gambling.
      - **Reduce Supply and Exposure:** Restrict gambling through licensing, planning, and limiting advertising.
      - **Reduce Uptake:** Implement harm prevention programs in schools, colleges, workplaces, and through public awareness campaigns.
      - **Lessen Harm:** Enhance operator harm-minimisation efforts and improve early intervention at gambling venues.
    - Issue 2: A small proportion of people experiencing harmful gambling or gambling-related harms in Southampton were accessing treatment and support.
      - **Raising Awareness:** Launch citywide campaigns to raise awareness of harmful gambling signs, help resources, and reduce stigma.
      - **Partnerships:** Promote a preventative approach through strategic partnerships.
      - **Early Identification:** Encourage a "make every contact count" approach by commissioners and service providers.
      - **Data Collection:** Improve data to better assess needs and the impact of actions.
      - **Access to Treatment:** Ensure easy signposting to treatment and early intervention services.

### **3) The Role of Gambling Commission and Licensing – Rob Burkitt, Policy Manager and Lead for Shared Regulation, Gambling Commission**

- Rob delivered a presentation which outlined the role of the Gambling Commission(GC) in licensing gambling and summarised the regulatory framework.

#### **Key points raised in the presentation included:**

##### **The Role of the Gambling Commission**

- The GC, was established by the Gambling Act 2005 and operated under the Department for Digital, Culture, Media and Sport (DCMS), issued operator, management, and personal functional licenses and enforced Licence Conditions and Codes of Practice (LCCP).
- The GC was a co-regulator of the Gambling Act alongside local authorities and had powers to address illegal gambling, often working with agencies like the police and HM Revenue and Customs.
- Non-compliance with LCCP could result in sanctions, including the loss of an operator's license, with enforcement powers granted by the Gambling Act. In

recent years, tens of millions of pounds in regulatory settlements had been imposed on operators.

### **The GC and Local Authorities**

- GC co-regulated gambling with local authorities, issuing operator licenses while local authorities handled premises licenses, permits, and permissions.
- GC worked with local authorities on enforcement actions, such as shutting down illegal casinos and poker clubs.
- GC could object to gambling premises applications to set legal precedents
- GC published guidance and resources for local authorities, including a quarterly bulletin, regular meetings, and various guides.

### **Protection of Consumers**

- Consumers could opt into self-exclusion, spending limits, payment blocking with banks, and blocking gambling adverts on social media.
- Operators were required to identify and intervene in problematic gambling behaviour and must verify the source of funds for gambling e.g. “are you okay? You seem to be in distress, do you need to take a break?”

### **Possible/Impending Changes**

- GamProtect – trialling at the moment – shared data between different online gambling services to track behaviour
- Potential change to machine ratios for AGC’s, bingo premises
- Changes to local authority powers regarding gambling machines in pubs
- Aiming to improve the safety and standards in particular for vulnerable people and young people.

## **4) A Lived Experience Perspective – Bryan Dimmick, Southampton resident with lived experience of harmful gambling.**

- Bryan outlined his experiences of gambling harms and the impact that his gambling had on himself and those around him.
- His journey began in childhood, playing arcade games, which gradually progressed to regularly playing on fruit machines in pubs by age 18. Eventually, he moved on to betting shops, particularly playing Fixed Odds Betting Terminals (FOBT), often pairing gambling with drinking. This cycle led him to neglect healthier pursuits, culminating in criminal behaviour including prison time following a theft attempt to fund his gambling addiction. Bryan described a day with a gambling addiction as a mixture of intense highs and lows—like experiencing the best and worst day of your life simultaneously.
- Bryan noted that online gambling means people now have a casino in their living room with no limits and highlights the importance of restrictions in deposit allowances.
- Bryan viewed his time in prison as a turning point. Committed to recovery, he worked with probation officers and local charities upon his release, including registering with GamStop, a self-exclusion service.
- His gambling addiction strained his relationships and cost him friendships. Since beginning his recovery, he has been focused on making amends. The harm

caused by his gambling left him with intense feelings of shame for years, and he emphasised that recovery was challenging and gradual but ultimately rewarding. He now feels he has moved past this shame and was motivated to help others on their own paths to wellness.

- He believed that training staff in gambling venues to recognise and address gambling-related issues was essential. He also appreciated the self-help tools now available for individuals seeking to manage their gambling behaviours and strongly supports increased education on gambling harms in schools, emphasising the importance of early awareness and prevention.

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# Agenda Item 7

<b>DECISION-MAKER:</b>	REDUCING GAMBLING-RELATED HARMS IN SOUTHAMPTON - SCRUTINY INQUIRY PANEL
<b>SUBJECT:</b>	A WHOLE PLACE APPROACH TO REDUCING GAMBLING-RELATED HARMS
<b>DATE OF DECISION:</b>	19 DECEMBER 2024
<b>REPORT OF:</b>	SCRUTINY MANAGER

<b><u>CONTACT DETAILS</u></b>			
<b>Executive Director</b>	<b>Title</b>	<b>Executive Director – Enabling Services</b>	
	<b>Name</b>	<b>Mel Creighton</b>	<b>Tel: 023 8083 3528</b>
	<b>E-mail</b>	<b>Mel.creighton@southampton.gov.uk</b>	
<b>Author:</b>	<b>Title</b>	<b>Scrutiny Manager</b>	
	<b>Name</b>	<b>Mark Pirnie</b>	<b>Tel: 023 8083 3886</b>
	<b>E-mail</b>	<b>Mark.pirnie@southampton.gov.uk</b>	

<b>STATEMENT OF CONFIDENTIALITY</b>	
None	
<b>BRIEF SUMMARY</b>	
In accordance with the Inquiry Plan, at the second meeting of the inquiry the Panel will be considering the importance of adopting a whole place approach to reducing gambling-related harms in Southampton.	
<b>RECOMMENDATIONS:</b>	
	(i) The Panel is recommended to consider the comments made by the invited guests and use the information provided as evidence in the review.
<b>REASONS FOR REPORT RECOMMENDATIONS</b>	
1.	To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the review process.
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
2.	None
<b>DETAIL (Including consultation carried out)</b>	
3.	At the inaugural meeting of the inquiry, Professor Chamberlain referenced the range of factors that can influence gambling-related harms. This was developed by Jennifer Clynes, Public Health Specialty Registrar, who, when summarising key findings from the draft Reducing Gambling Related Harms in Southampton Needs Assessment, identified that simply utilising approaches addressed at supporting individuals was unlikely to reduce the occurrence of harmful gambling in the population and may exacerbate health inequalities due to differing engagement abilities between groups. This led Jennifer to conclude that tackling gambling-related harms requires a broad and

	coordinated response, involving individual, community and place-based action.
4.	At the 19 December meeting the importance of adopting a broad and co-ordinated approach to reducing gambling-related harms will be explored in detail. This will be supported by examples of local areas in the UK that have been applying this approach to reduce gambling-related harms in their communities.
	<b>Invited guests</b>
5.	<p>To outline why a ‘whole place’ approach to reducing gambling harms is required, and to provide insight into the application of this approach in the UK, a number of guests have been invited to present at the second meeting of the inquiry:</p> <ul style="list-style-type: none"> <li> <p><b>Professor Heather Wardle</b> - Professor of Gambling Research and Policy at the University of Glasgow.</p> <p>Professor Wardle is a specialist in gambling research, policy and practice and is currently co-director of Gambling Research Glasgow and is leading the Lancet Public Health Commission on Gambling. Her research focuses on understanding the impact of gambling on people's lives and devising solutions.</p> <p>Professor Wardle has nearly twenty years' experience designing, implementing and analysing some of Britain's largest studies of health and wellbeing, including the Health Survey for England and the British Gambling Prevalence Survey.</p> </li> <li> <p><b>Alice Beadle</b> – Public Health Specialist: Gambling Harms in the North East</p> <p>The Association of Directors of Public Health in the North East (ADPH North East) are working to develop a regional approach to tackle the harm caused by gambling across the north east of England. ADPH North East have received funding in the form of a regulatory settlement to support this programme of work.</p> <p>Alice Beadle is a Public Health Specialist who is helping to co-ordinate the work of the Gambling Harms Network - <a href="#">Gambling   North East</a> and will outline the key actions taken since the network commenced in 2023 and their plans for the future.</p> </li> <li> <p><b>Matt Smith</b> – Director of External Affairs at Betknowmore UK</p> <p>Established in December 2013, <a href="#">Betknowmore</a> UK's mission is to address gambling related harm in UK communities. They are a leading provider of gambling support and training services.</p> <p>Matt will be informing the Panel of the work that Betknowmore UK are undertaking with the London Borough of Islington to reduce gambling-related harms.</p> </li> </ul>

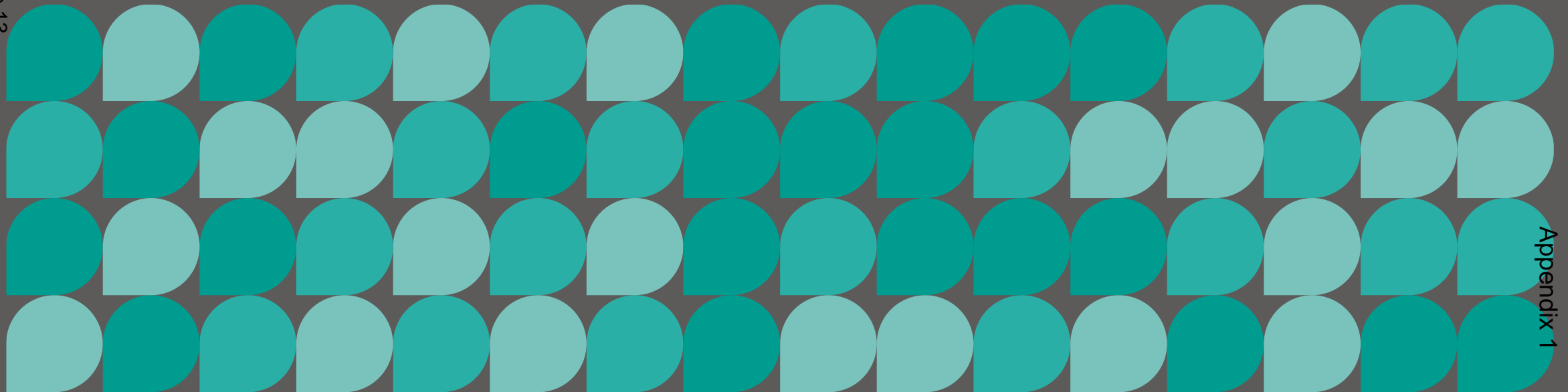


	Betknowmore UK's Research, Education, Treatment and Prevention of Gambling Related Harms activity is currently partly financed through a levy upon gambling operators.
6.	The invited guests will take questions from the Panel relating to the evidence provided. Subject to agreement from the presenters, copies of any presentations will be made available to the Panel and will be published on the Inquiry Panel's pages on the Council website: <a href="#">Browse meetings - Scrutiny Inquiry Panel - Reducing Gambling-Related Harms in Southampton   Southampton City Council</a>
7.	Nationally, Greater Manchester Combined Authority is recognised as leading the way in the development of a whole place approach to gambling harms. For reference, attached as Appendix 1, is Greater Manchester Combined Authority's Gambling Harms Action Plan 2023-2026.
8.	At the 19 November meeting of the inquiry emerging findings from the draft needs assessment were presented. The final <a href="#">Gambling Related Harms in Southampton Needs Assessment</a> has now been published and the information contained within it can be utilised to inform the inquiry.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue/Property/Other</u></b>	
9.	Resources to support the scrutiny review will come from existing budgets.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
10.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
<b><u>Other Legal Implications:</u></b>	
11.	None
<b>RISK MANAGEMENT IMPLICATIONS</b>	
12.	None
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
13.	None
<b>KEY DECISION?</b>	No
<b>WARDS/COMMUNITIES AFFECTED:</b>	None
<b><u>SUPPORTING DOCUMENTATION</u></b>	
<b>Appendices</b>	
1.	Greater Manchester Gambling Harms Action Plan
<b>Documents In Members' Rooms</b>	
1.	None
<b>Equality Impact Assessment</b>	

Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?		No
<b>Data Protection Impact Assessment</b>		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
<b>Other Background Documents</b>		
<b>Other Background documents available for inspection at:</b>		
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential</b>	
1.	Gambling Related Harms in Southampton Needs Assessment - <a href="https://data.southampton.gov.uk/health/health-behaviours/gambling-related-harms/">Gambling-related harms</a> - <a href="https://data.southampton.gov.uk/health/health-behaviours/gambling-related-harms/">https://data.southampton.gov.uk/health/health-behaviours/gambling-related-harms/</a>	

# Gambling Harms Action Plan

2023 – 2026



# Forward

*When Greater Manchester made a commitment to addressing gambling harms, the challenges it would face were clear. Today, gambling is everywhere – accessible and visible to all. And with this is the increased risk of harm.*

*At GaMHive – a lived experience group, set up with the aim to reduce gambling harms in Greater Manchester – we were involved in the preparation of the Strategic Needs Assessment. Not only did this represent alarming figures, but it also showed the real-world impacts of gambling. Importantly, not only to the people harmed directly by gambling, but also their loved ones.*

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*With the clear indication of harm being caused in Greater Manchester, action must now be taken. Through this action plan it is hoped that this can be achieved in several ways. This includes effective treatment pathways, training, raising awareness of harms, campaigning for change and embedding a consciousness of gambling harms in all relevant areas of the community.*

*At GaMHive, we implore everyone to be a part of a movement to change the lives of people in Greater Manchester for the better.*

**GaMHive – voices of people with lived experience of gambling addiction and gambling related harms in Greater Manchester**

# Introduction

Under the current system, at least one in 15 residents of Greater Manchester are experiencing harm caused by gambling (1). Despite gambling being increasingly normalised in our society, gambling harms are often hidden or overlooked. Too many people are drawn into addiction, too many communities are harmed by gambling and too few people access appropriate help and support. In Greater Manchester we are committed to doing things differently to address gambling harms.

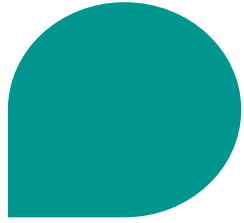
Page 15  
Greater Manchester has been leading the way nationally in the development of a city-region approach to gambling harms. This action plan outlines Greater Manchester's approach and describes interventions that will be implemented to prevent and reduce harm in Greater Manchester between 2023 and 2026. Local and regional leaders, decision makers and front-line teams across health, community, voluntary and public services will work together with clinical experts, the research community, people with lived experience, politicians and regulators to deliver this plan.



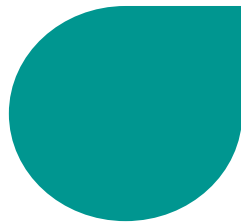
Image: a gambling premise in Stockport © GMCA 2023

Free bets and bet boosts have been shown to increase participation in gambling, with people gambling more than they had planned to.

# Our vision



**Our vision is for Greater Manchester  
to be a place where no-one  
experiences gambling related harms**



This will not be achieved overnight and progress towards this goal will require dedicated thought, time and resources. It is anticipated that as we lift the lid on gambling as an issue affecting our residents, we will uncover more harm in our communities as more people are screened and signposted towards help and support. A comprehensive monitoring and evaluation plan is embedded within this action plan to help understand the impact of interventions towards achieving this goal.

# Context

In 2020 the Greater Manchester Combined Authority (“GMCA”) received funding via a regulatory settlement from the Gambling Commission for a three-year pilot to develop the first ever city-region approach to gambling harms in the country. This initial exploratory phase included pilot projects to test and learn what a local approach could look like (summarised in case studies throughout this document) and established a baseline understanding of our knowledge and action on gambling harms in the [Greater Manchester Gambling Harms Needs Assessment](#).

Greater Manchester is one of the country’s most successful city-regions and is home to 2.8 million people. The ‘trailblazing devolution deal’ announced by Government in 2023 secures significant opportunities for Greater Manchester to deliver on our ‘Good Lives for All’ strategy which prioritises a fairer, greener and more prosperous city-region for all our residents (2).

The Good Lives for All strategy is delivered through collaboration between GMCA, Greater Manchester Integrated Care Partnership (GM ICP), the community and voluntary sector, Greater Manchester Police (GMP), Greater Manchester Fire and Rescue Services (GMFRS), Transport for Greater Manchester (TfGM) and the 10 borough councils (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan) of Greater Manchester.

Greater Manchester is now positioned as a national leader in the development of regional approaches to gambling harms with additional funding secured to sustain this work. This action plan will build on this momentum and allow us to continue be the trailblazer for approaches to gambling harms, whilst delivering positive change for our residents.

# Preventing and reducing gambling harms

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# Our approach

Gambling harms are complex, meaning that a comprehensive, evidence-based framework of local and national policies are needed to address the social, economic and commercial drivers of harm (3). These policies must be independent from influence by commercial entities such as gambling operators.

Page 19  
There is extensive evidence that large commercial entities actively shape how health issues are framed (4,5). The prevalent narrative around gambling is heavily influenced by a powerful industry lobby which focuses on ‘individual responsibility’ and messages promoting gambling as a safe and enjoyable activity (6). This approach deflects attention away from the deliberately addictive and harmful products and practices used by gambling operators to maximise profits, which are solely generated from customer losses. In the past, this has led to a narrow focus on unproven harm reduction interventions which stigmatise people who have experienced harms caused by gambling (7–9).

## What is a ‘place based whole system population health’ approach?

**Place-based:** organisations are encouraged to work together in a defined community or location, using local knowledge and insight to make best use of available resources to meet the unique needs of people who live there.

**Whole system:** issues affecting people and organisations, and the way they are experienced, are complex and interconnected. Whole system approaches seek to understand these interdependencies and work across all elements that influence an outcome, rather than focusing on single factors in isolation.

**Population health:** an approach to improve physical and mental health outcomes, promote wellbeing and reduce inequalities across an entire population, with a specific focus on the wider determinants of health (things like housing, employment and education).

# Our approach

Greater Manchester is committed to challenge the framing of gambling harms and will take a whole system population health approach to improve the health of all our residents, while reducing health inequalities. This approach will include action to reduce the occurrence of ill health, action to deliver appropriate health and care and action on the wider determinants of health (10).

The following principles underpin our approach to gambling addiction and gambling related harms:

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# 1. Our work will be grounded in the best available evidence

All strategies and actions to prevent harms should be grounded in evidence of their efficacy, however tackling gambling harms is an under-research topic area (11,22), especially when compared to more traditional areas of population health such as sexual health and alcohol-related harm. To address this,

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Greater Manchester will take an innovative social research and data-led approach to understand needs within our communities, which will support the design, development and delivery of place-based interventions. Rather than allowing a lack of evidence to be an excuse for inaction, this is as an opportunity to contribute to the knowledge base, with a focus on showcasing outcomes and understanding gained through delivery using local, regional and national networks such as 'Good Lives Greater Manchester'.

Insight and evidence come in many forms and will rarely present with clear information about the impact of an intervention. Involving people with lived experience is a core to our approach in Greater Manchester (2) with a

commitment to provide a voice and space for lived experience to contribute and shape strategic priorities and place-based interventions on the ground. This has been proven to add value to delivery in the past and we will proactively seek input from people representative of the neighbourhoods served to better inform actions across Greater Manchester.

**GaMHive** has been formed by a group of people who've either directly suffered from a gambling disorder or who've been harmed by someone else's gambling. As a group, we use our experiences to break the stigma around gambling, while also demanding policy change that would see Greater Manchester become a national example with regards to preventing and reducing gambling harm. Click to watch the introductory film and visit the [GaMHive website](#) for more information.



# 1. Our work will be grounded in the best available evidence



## Case Study: Developing the GM gambling harms needs assessment

Although recognised as an issue, there was a lack of evidence and information about the extent and impact of gambling related harms in Greater

Manchester. A scoping study and literature review sought to identify the best available and independently produced evidence to inform Greater Manchester's first ever strategic needs assessment of gambling harms, which was published in May 2022.

Although this report provides a clearer picture of gambling related harm in our communities, significant gaps in our knowledge remain, such as understanding the true social and economic costs and how inequalities and gambling harms intersect. The full report is available online: [Understanding gambling related harms - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](https://www.greatermanchester-ca.gov.uk/understanding-gambling-related-harms)

## Greater Manchester city-region actions

Review, refresh and update of GM gambling harms needs assessment in 2025/26 to reflect latest evidence and insight from local, regional and national research and data.

(GMCA)

Evaluation of programme delivery and impact to identify lessons learnt

(GMCA)

Advocate for independently funded and delivered research to address identified gaps in knowledge

(GMCA)

## Local authority and neighbourhood actions

In-depth community insight and reporting to provide new understanding of the relationship and impact of gambling at a neighbourhood level

(priority for: Oldham, Rochdale)

Collation of evidence and reporting to support regional evaluation activity

(all 10 boroughs)

# 2. Gambling can be a health harming activity for anyone

The Greater Manchester gambling needs assessment conservatively estimated that over 18,000 adults are living with a gambling addiction and 1 in 15 residents are experiencing gambling harms once the impact on affected others is considered (1). This places much of the burden of harms on families, friends and communities (11).

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***“The scale and severity of the issues mean that gambling is a health issue that needs to be taken seriously”***

Sir Chris Whitty, Chief Medical Officer for England (12).

These harms can impact on health, both mental and physical, and the wider factors that are essential to good health and wellbeing, including social relationships, finances, housing and energy security, employment, and education.

## Greater Manchester city-region actions

Development of a young people’s education package (for 11-13, 14-16 and 18+yrs) in partnership with schools, colleges, universities and education providers  
(GMCA)

Design and promotion of public awareness campaigns, developing the pilot ‘Odds Are: They Win’ campaign for new target audiences  
(GMCA)

## Local authority and neighbourhood actions

Contributing to the development of education packages and promoting to schools, colleges and universities  
(priority for: Manchester, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan)

Promotion and amplification of campaign materials within communication activities, for example, digital inclusion programmes and financial aid and support campaigns  
(all 10 boroughs)

# 2. Gambling can be a health harming activity for anyone

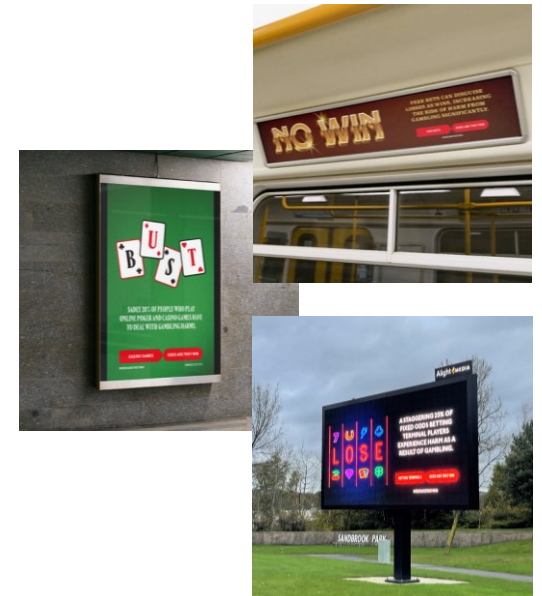
## CASE STUDY Odds Are: They Win

This campaign was developed to raise awareness of how gambling products and practices can cause harm, moving away from narratives of personal responsibility, reflecting recent research evidence that has highlighted that industry-funded messaging (“when the fun stops, stop” and “take time to think”) is insufficient at preventing harm, and can contribute to stigma (13).

Page 24 Our target audience was men aged 18-40 and the campaign was deployed ahead of, during and after the 2022 Football World Cup using a range of digital and out of home channels. With a relatively modest budget, the digital advertising led to over 2.5million digital impressions, reaching 1.4million people with 250,000 video views, generating 16,000 visits to the campaign information page. The number of people accessing our information on support and treatment for gambling harms surged with views for the first six weeks of 2023 almost the same as the whole of 2022.

The Odds Are: They Win campaign was shared across the country with significant positive feedback from public health and clinical experts recognising the value of an independent campaign to raise awareness of how gambling products and practices can cause harm.

For more information about the campaign, to download campaign assets and a full summary report of learning and insights from campaign delivery visit [Odds Are: They Win - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](https://greatermanchester-ca.gov.uk)



# 3. Harms are not equally distributed and can exacerbate existing inequalities

Gambling is an inherently risky activity, however not all products and practices carry the same risks of harm and addiction (13). Some products are specifically designed to keep customers playing for longer and spending more money (14), whereas activities such as raffles and lotteries contribute to the normalisation of gambling behaviour in everyday life. Gambling platforms and venues are designed to encourage repetitive play across a variety of immersive products such as instant win games, online slots, in-play sports betting and fixed odds betting terminals. Higher risk products contain harmful features which distort the normal functioning of the brain and build addictive pathways, cancelling out other 'needs' such as hunger and social interaction (15). It will be necessary to target approaches to address the specific risks of harm associated with different products, practices and platforms.

Due to the nature and design of gambling products, anyone is susceptible to gambling addiction and gambling harms, however research suggests that the impact of gambling is not equally distributed across society. Over half a million

Greater Manchester residents live in the most deprived communities in the country. There are many circumstances which may make people less able to overcome harms associated with gambling, such as poverty, age, social exclusion or adverse childhood experiences (16). Additionally, some groups are particularly targeted by the gambling industry, for example the clustering of gambling premises within areas of high socio-economic deprivation (17) and efforts deployed to recruit new customers from university students who are managing financial independence for the first time.

The concentration of gambling addiction and gambling harms in some communities (either by place or identity) will require additional and targeted responses to address the inequality gradient.



# 3. Harms are not equally distributed and can exacerbate existing inequalities

## Case Study: Communities Addressing Gambling Harms

As part of a pilot grant funding scheme, 13 voluntary and public sector organisations received funding to develop approaches to gambling harms which met the need of their communities. Projects included support for armed forces veterans in Wigan, work with Bengali and Bangladeshi communities in Oldham, piloting an education package to young people in Trafford, development of the Against the Odds charter for sports clubs to prevent gambling harms and a mental wellbeing course delivered by Rochdale Football Club.

A 'community of practice' was established to capture learning and address challenges as a collective, whilst gaining input from experts by lived experience of gambling harms. The grant funding has catalysed activity on gambling, raising awareness of harms within local communities. More details, including an external evaluation of the funding programme, are available online [Supporting community interventions - Greater Manchester Combined Authority \(greatermanchester-ca.gov.uk\)](#)

## Greater Manchester city-region actions

Building partnerships to embed action on gambling within GM priorities, e.g. digital inclusion, suicide prevention, mental health, social reform and early help.  
(GMCA)

Small-scale grants to support community and voluntary sector initiatives to develop engagement and awareness raising activities, for people experiencing discrimination and economic hardship  
(GMCA)

## Local authority and neighbourhood actions

Embed gambling within holistic approaches to harmful addictions  
(priority for: Bolton, Bury, Oldham, Stockport, Tameside, Trafford, Wigan)

Develop and support partnerships for sports clubs to implement the Against the Odds Charter  
(priority for: Bolton, Manchester, Trafford, Wigan)

Targeted community engagement for awareness raising messages and activities, for example, film screenings and discussion forums  
(all 10 boroughs)



# 4. Interventions addressing social, economic and commercial causes will prevent harm

Page 27  
Health and wellbeing outcomes are shaped by the places and circumstances in which people live, noting that gambling traverses both online and physical spaces. The Greater Manchester Gambling Harms Needs Assessment identified multiple social, commercial, economic and environmental drivers of gambling addiction and gambling harms, such as marketing, product design and life circumstances (1). Effective population health approaches to gambling addiction and gambling related harms intervene as far ‘upstream’ as possible to address external drivers of harm rather than focusing on ‘individual’ factors.

A ‘health in all policies’ approach (18) will embed gambling harms across a whole system response to the drivers of harm (19,20), utilising the authority held at local and city-region level to address availability, accessibility, advertising, awareness and environment of gambling products, for example by maximising planning, licensing and enforcement powers to prevent harms.

The ability to deliver some interventions at a city-region level is restricted by a liberalised national policy framework, for example, which does not have harm prevention as a primary licensing objective. In April 2023, the Government published a [White Paper “High Stakes: Gambling Reform for the Digital Age”](#) outlining a number of proposed changes to regulation of gambling products and practices (21). Although many of the proposed changes were identified as effective in an evidence review of possible interventions (22) the majority of proposals are subject to ongoing consultation and discussion prior to implementation. Ensuring effective and timely regulatory change at a national level will be a core component of Greater Manchester’s ability to deliver a successful place-based approach, and partners will continue to advocate for the necessary changes to be implemented.

# 4. Interventions addressing social, economic and commercial causes will prevent harm

## CASE STUDY Advocacy and strategic engagement

During the initial testing of a city-region approach to gambling harms, an exploratory ‘Inquiry Day’ was held in partnership with the Centre for Governance and Scrutiny. This brought together elected members from the ten boroughs of Greater Manchester to build understanding and awareness of gambling harms. Following this session, elected leaders have reviewed and aligned licensing policy statements across Greater Manchester to outline a more robust approach to using licensing conditions to protect children and vulnerable people.

Focused sessions have been held on gambling harms in Health Scrutiny meetings and Health and Wellbeing Boards in Manchester and Stockport, with more scheduled in other boroughs. The Centre for Governance and Scrutiny has published a resource based on inquiry sessions to support Councillors to scrutinise and develop gambling harms policies and activities: [10 questions to ask if you are scrutinising gambling harm](#). Political leaders in Greater Manchester have contributed their voices to the wider debate around gambling regulation in consultations on the Gambling White Paper, bringing greater diversity of thought to understanding of gambling at a local and regional level in national discussions.

Gambling has been identified as a key issue in cross-portfolio strategies within the city-region, such as the [Greater Manchester Police and Crime Plan](#), the [Helping Hand campaign](#) related to the cost of living crisis, the [Greater Manchester Poverty Action Network](#), the Greater Manchester Suicide Prevention Partnership and the [Gender Based Violence Strategy](#).

# 4. Interventions addressing social, economic and commercial causes will prevent harm

## Greater Manchester city-region level actions

Advocating for change to national regulation and laws based on regional learning and experiences (GMCA)

Co-ordination of licensing policy statements and development of a best practice toolkit to support local licensing and planning committees (GMCA)

Restrict the availability and accessibility of gambling advertising across the region (GMCA, GM NHS and TfGM)

## Local authority and neighbourhood level actions

Engaging and mobilising elected members and local residents to support regional advocacy efforts (all 10 boroughs)

Restrict availability and accessibility of gambling advertising in high-density areas using Cumulative Impact Assessment policies (priority for: Bury, Manchester, Salford, Wigan)

Utilising planning and licensing powers to reduce availability and density of gambling products (priority for: Manchester, Tameside, Wigan)



Image: broken window at a Bolton gambling premise © GMCA 2023

The most frequently reported incidents and crimes at licensed gambling premises are threats of violence and damage to property.

# 5. Improving identification, support and treatment will reduce impact of harms

Gambling harms and gambling addiction are the unfortunate but inevitable consequences of the current regulatory framework. Only a small proportion of residents who experience harms access specialist treatment and support services; of the few who do, many do so by self-referral after a long period of experiencing harms as a result of gambling (1). Shame and stigma are often cited as reasons why people who are experiencing harms do not seek advice and support (9). Challenging narratives and understanding of ‘personal responsibility’ is a core component of improving access to support (23).

There is a significant unmet need for treatment and support within the Greater Manchester population. Residents who are experiencing gambling harms may already be in contact with health and social services, such as debt advice, family hubs and mental health services, although a lack of screening and awareness means that needs related to gambling are not identified. There is an opportunity to improve screening, support and signposting in existing services in Greater Manchester.

The current treatment pathway is fragmented and commissioned outside of local health governance structures. Bringing specialist treatment services such as the NHS Northern Gambling Service within the remit of the Greater Manchester integrated health and care system (“GM NHS”) presents an opportunity to improve the design, delivery, integration and monitoring of treatment pathways. Local social and substitute activities are key to maintaining recovery from gambling addiction, with a need to build capacity within existing peer support networks and wider living well services in communities and neighbourhoods across Greater Manchester.

These changes will ensure that anyone is able to access the right treatment and support, at the right time, and in the right place.

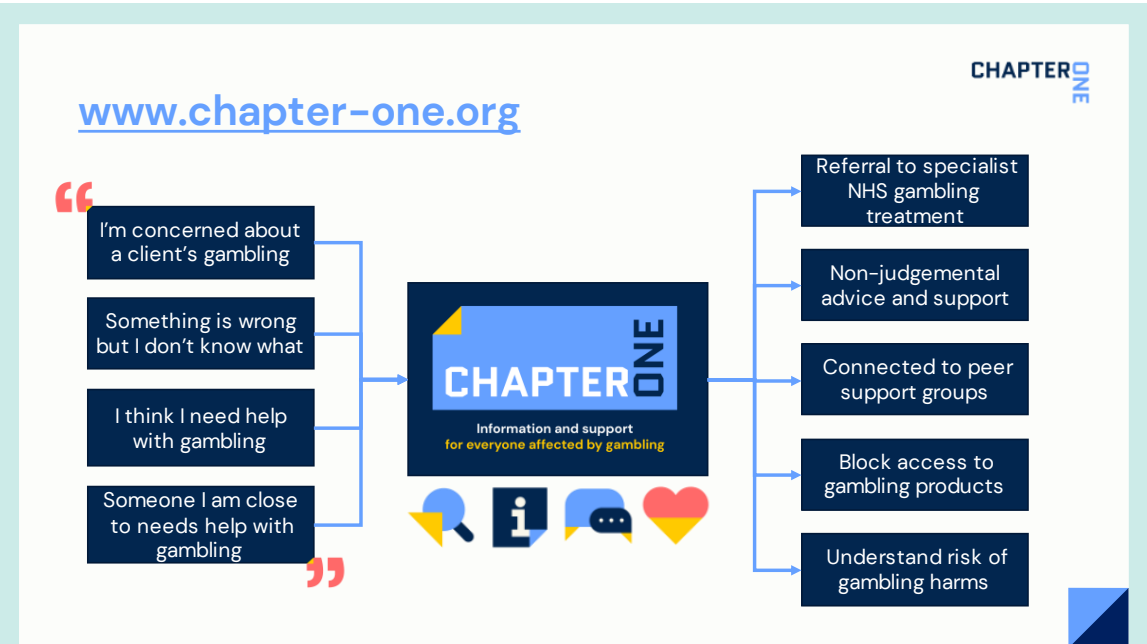
# 5. Improving identification, support and treatment will reduce impact of harms

## Chapter One: Information and support for everyone affected by gambling

Chapter One has been created in partnership by GMCA, GM NHS and Gambling with Lives and is being piloted in Greater Manchester. Information and resources have been co-created with clinical experts and people with lived experience of gambling harms. Chapter One provides information and support for everyone affected by gambling harms, through:

- Facilitating better access to evidence-based treatment, with specialist NHS gambling services at the heart of a holistic care and support pathway
- Providing information and education for the public, free from gambling industry influence
- Information, training and tools for healthcare professionals and all front-line teams in contact with those affected by gambling

For more information about Chapter One, or to book on to a training course, visit [www.chapter-one.org](http://www.chapter-one.org).



# 5. Improving identification, support and treatment will reduce impact of harms

## Case Study: Delivering person-centred support

Stephen\* was contacted by the local homelessness service (“A Bed Every Night (ABEN)”) as he was sleeping in his car following a separation from his ex-partner. Stephen had a poor credit rating with previous debts and had a gambling addiction that resulted in bankruptcy. He was motivated to find a permanent home to spend time with his children but was in a poor state of mental and financial health.

The ABEN team referred Gareth to the NHS Northern Gambling Service where he is getting evidence-based treatment to address his gambling addiction and to Foundation92 where he regularly plays for a military veteran 5-a-side football team. Stephen is now housed in a rented flat which he has decorated, and his son can stay overnight. The ABEN team even secured tickets for Stephen and his son to watch a Salford Red Devils match together. In Stephen’s words: *“you have changed my life for the better and continue to help by taking the pressure off me when I need support”*.

\*name changed to protect anonymity

## Greater Manchester city-region level actions

Take a leadership role in the commissioning of North West regional specialist gambling services, working with third sector and peer support services to deliver an integrated care pathway  
(GM NHS and GMCA)

Developing, promoting and evaluating Chapter One information, resources and referral pathway  
(GMCA)

## Local authority and neighbourhood level actions

Embed specialist gambling treatment and support pathways within existing health and care structures, focusing on health and wellbeing team and community connectors to facilitate referrals and support care navigation  
(all 10 boroughs)

# 6. Action must be independent from direct or indirect influence of the gambling industry

The risks and scale of harm caused by gambling products and practices are repeatedly played down by the gambling industry at the expense of the public's health (5). Currently gambling research, education and treatment are mainly funded by voluntary contributions from the industry or fines issued by the regulator. This is deeply problematic and can hinder development of evidence-based policies and interventions to prevent and reduce harm (3,24).

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GMCA, GM NHS and the 10 borough councils of Greater Manchester are strongly opposed to receiving funding directly from industry sources and will seek to challenge industry sponsored narratives where they present, for example in the provision and commissioning of training resources or the outputs of research reports. Limited funding is available to support actions free from industry influence (perceived or actual), with the exception of a few National Institute of Health Research (NIHR) research grants and the funding of the regional NHS specialist gambling treatment centres (25). Organisations

who receive and distribute industry funding will continue to operate in Greater Manchester and it is accepted that many seek to effect positive change. Any partnership activity with such organisations will be subject to requirements for full transparency and an assessment of conflict of interest using robust due diligence processes.

Proposed reforms in the Government [White Paper "High Stakes: Gambling Reform for the Digital Age"](#) will introduce a statutory levy to fund these activities. It is hoped that this will bring transparency to the way funding is allocated, however it is important that local systems and structures have a key role in commissioning services used by local residents. Partners in Greater Manchester will work towards developing sustainable models of funding to support activities to prevent and reduce gambling related harms as part of social reform, mental wellbeing and health transformation plans.



# 6. Action must be independent from direct or indirect influence of the gambling industry

## Greater Manchester city-region level actions

Develop and distribute sustainable sources of funding to facilitate delivery of priority actions (GMCA)

Challenge industry sponsored research, education and treatment during transition to a statutory levy (GMCA)

Facilitate the GaMHive network of people with lived experience of gambling addiction and gambling harms in Greater Manchester (GMCA)

## Local authority and neighbourhood level actions

Identify risk of commercial influence and conflict of interests impacting the quality of interventions delivered through robust due diligence processes (all 10 boroughs)

Commitment to include the voices of lived experience in the development and delivery of harm prevention and reduction interventions (all 10 boroughs)



Image: gambling premises in the shadow of Manchester City's football stadium © GMCA 2023

There is a strong link between betting and sport, with gambling companies using sport to market new gambling brands and products.



# 7. We all need to work together to be part of the solution

Given the multifaceted nature of the causes and consequences of gambling addiction and gambling harms, an integrated and place-based approach is needed to bring together the statutory and non-statutory sector with communities to identify and address local needs (26). Facilitating a community of practice for individuals and organisations addressing gambling harms will bridge connections between services, neighbourhoods and sectors, enabling everyone to play their part in efforts to prevent and reduce gambling harms.

Gambling addiction and gambling harms are a relative newcomer to population health and social reform agendas. Rather than inventing a silo of activity, work in Greater Manchester will focus on utilising assets and resources that are already in existence and ensure that gambling addiction and gambling harms are recognised and prioritised as a key health commitment in all local and regional strategies, crossing portfolio and sectoral boundaries, to embed activity on this issue as ‘everybody’s business’.

## Greater Manchester city-region level actions

Facilitation of a community of practice and resources hub to disseminate best practice resources to support local interventions  
(GMCA)

Provision of draft policies and resources to support employers and employees, for example through the Good Employment Charter, and GM anchor institutions  
(GMCA, GM NHS, GMFRS, GMP)

## Local authority and neighbourhood level actions

Promotion and embedding information resources across all settings and sectors  
(all 10 boroughs)

Implementation of workplace policies to support public sector employees who may be experiencing gambling harms  
(priority for: Oldham, Stockport, Tameside and Wigan)

Commitment to engage with GM programme activities and structures  
(all 10 boroughs)

# Summary of actions

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# Summary of actions

## 1. Practice will be grounded in the best available evidence

### GM and city-region

Review, refresh and update of GM gambling harms needs assessment in 2025/26 to reflect latest evidence and insight from local, regional and national research and data.

(GMCA)

Evaluation of programme delivery and impact to identify lessons learnt

(GMCA)

Advocate for independently funded and delivered research to address identified gaps in knowledge

(GMCA)

### Local and neighbourhood

In-depth community insight and reporting to provide new understanding of the relationship and impact of gambling at a neighbourhood level

(priority for: Oldham, Rochdale)

Collation of evidence and reporting to support regional evaluation activity

(all 10 boroughs)

## 2. Gambling can be a health harming activity for anyone

### GM and city-region

Development of a young people's education package (for 11-13, 14-16 and 18+yrs) in partnership with schools, colleges, universities and education providers

(GMCA)

Design and promotion of public awareness campaigns, developing the pilot 'Odds Are: They Win'

campaign for new target audiences

(GMCA)

### Local and neighbourhood

Contributing to the development of education packages and promoting to schools, colleges and universities

(priority for: Manchester, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan)

Promotion and amplification of campaign materials within communication activities, for example, digital inclusion programmes and financial aid and support campaigns

(all 10 boroughs)

# Summary of actions

## 3. Harms are not equally distributed and can exacerbate existing inequalities

### GM and city-region

Building partnerships to embed action across workstreams, e.g. digital inclusion, suicide prevention, mental health, social reform and early help.

(GMCA lead)

Small-scale grants to support community and voluntary sector initiatives to develop engagement and awareness raising activities, for people experiencing discrimination and economic hardship

(GMCA lead)

### Local and neighbourhood

Embed gambling within holistic approaches to harmful addictions (priority for: Bolton, Bury, Oldham, Stockport, Tameside, Trafford, Wigan)

Develop and support partnerships for sports clubs to implement the Against the Odds Charter (priority for: Bolton, Manchester, Trafford, Wigan)

Targeted community engagement for awareness raising messages and activities, for example, film screenings and discussion forums (all 10 boroughs)

## 4. Interventions addressing social, economic and commercial causes will prevent harm

### GM and city-region

Advocating for change to national regulation and laws based on regional learning and experiences (GMCA lead)

Co-ordination of licensing policy statements and development of a best practice toolkit to support local licensing and planning committees (GMCA lead)

Restrict the availability and accessibility of gambling advertising across the region (GMCA, GM NHS and TfGM)

### Local and neighbourhood

Engaging and mobilising elected members and local residents to support regional advocacy efforts (all 10 boroughs)

Restrict availability and accessibility of gambling advertising in high-density areas using Cumulative Impact Assessment policies (priority for: Bury, Manchester, Salford, Wigan)

Utilising planning and licensing powers to reduce availability and density of gambling products (priority for: Manchester, Tameside, Wigan)

# Summary of actions

5. Improving identification, support and treatment will reduce impact of harms

GM and city-region

Take a leadership role in the commissioning of North West regional specialist gambling services, working with third sector and peer support services to deliver an integrated care pathway  
(GM NHS and GMCA)

Developing, promoting and evaluating Chapter One information, resources and referral pathway  
(GMCA)

Local and neighbourhood

Embed specialist gambling treatment and support pathways within existing health and care structures, focusing on health and wellbeing team and community connectors to facilitate referrals and support care navigation  
(all 10 boroughs)

For everyone affected by gambling

CHAPTER ONE

6. Action must be independent from direct and indirect influence of the gambling industry

GM and city-region

Develop and distribute sustainable sources of funding to facilitate delivery of priority actions  
(GMCA)

Challenge industry sponsored research, education and treatment during transition to a statutory levy  
(GMCA)

Facilitate the GaMHive network of people with lived experience of gambling addiction and gambling harms in Greater Manchester  
(GMCA)

Local and neighbourhood

Identify risk of commercial influence and conflict of interests impacting the quality of interventions delivered through robust due diligence processes  
(all 10 boroughs)

Commitment to include the voices of lived experience in the development and delivery of harm prevention and reduction interventions  
(all 10 boroughs)

# Summary of actions

## 7. We all need to work together to be part of the solution

### GM and city-region

Facilitation of a community of practice and resources hub to disseminate best practice resources to support local interventions (GMCA)

Provision of draft policies and resources to support employers and employees, for example through the Good Employment Charter, and GM anchor institutions (GMCA, GM NHS, GMFRS, GMP)

### Local and neighbourhood

Promotion and embedding information resources across all settings and sectors (all 10 boroughs)

Implementation of workplace policies to support public sector employees who may be experiencing gambling harms (priority for: Oldham, Stockport, Tameside and Wigan)

Commitment to engage with GM programme activities and structures (all 10 boroughs)



Image: Salford Mayor and Greater Manchester Deputy Mayor, Paul Dennett speaking at Greater Manchester’s “doing gambling harms differently” event on 25 April 2023 © J Evans

What will be different as a result of this action plan?

# Outcomes





# Measures

Priority	Impact	Process	Quality
Gambling can be a health harming activity for anyone	% of population in target age groups reached by education programme	Development of accredited age appropriate education package Number of schools / colleges / universities signed up to participate	Evaluation of education delivery by recipients and lead organisations
	Number of residents accessing Chapter One website and resources	Reach and engagement with campaigns and awareness messages	Qualitative insight on how people talk about gambling having seen campaign Reach of campaign within target audiences
Harms are not equally distributed and can exacerbate existing inequalities	VCSE and public sector equipped to support people experiencing multiple disadvantages	Number and breadth of community groups accessing grant funding to deliver projects and interventions. Number of sports clubs supporting Against the Odds Charter	Feedback from community engagement sessions
	Increase in number of projects with interventions to prevent gambling harms embedded	Gambling harms included in local and GM strategies and plans	Targeted impact on more deprived communities and neighbourhoods
Interventions addressing social, economic and commercial causes will prevent harm	Changes to national regulation and legislation and local decision making processes	Number of formal Council governance meetings (e.g. Health Scrutiny, Health and Wellbeing Boards, Integrated Care Partnership, etc.) including discussion item on gambling harms	Research evidence to demonstrate effectiveness of intervention at a population level
	Reduced concentration of and exposure to harmful gambling products and practices in Greater Manchester	Increased skills, awareness and knowledge within licensing and planning teams. Inclusion of gambling premises in policies as part of "Healthy Streets" approach	

# Measures

Priority	Impact	Process	Quality
Improving identification, support and treatment will reduce impact of harms in our communities	Increase in number of people accessing treatment and support offers (proportion of population) directly affected or affected others. Improved outcomes from treatment and support at six months (CORE10 and PGSI)	Visits and downloads of information from the Chapter One digital hub Treatment and support pathways and offers embedded within every borough and neighbourhood	Equitable representation of people accessing treatment (by locality and demographics)
Action must be independent from direct and indirect influence of the gambling industry	Sustainable and independent source of funding secured to support all delivery in Greater Manchester	Membership of GaMHive is sustained with broad network of engaged representatives from across Greater Manchester	Lived experience representatives feel their voice is heard in decision-making processes
Practice will be grounded in the best available evidence	New research and evaluation outputs will inform development of place-based approaches in GM and nationwide	Number of events, seminars, newsletters, case studies and number of people reached by these. Number and spread of national presentation requests and representation on expert panels	Best available evidence is source and utilised with Greater Manchester recognised as a credible and forward thinking city-region
We all need to work together to be part of the solution	Healthcare and non-healthcare front-line professionals skilled to identify, support and reassure people experiencing gambling harms	Number of services screening for gambling harms with understanding of gambling addiction Increased % of people accessing treatment and support via a 'facilitated' referral rather than self-referral	Targeted reach of training to meet local priorities Rating of training provision Qualitative assessment of adherence to referral pathway, support offered and use of de-stigmatising language

# Developing our approach and action plan

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For further information related to the development of the GM place-based population health action plan to address gambling harms please contact [harm.reduction@greatermanchester-ca.gov.uk](mailto:harm.reduction@greatermanchester-ca.gov.uk).

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