

Carolyn Harris MP
Gambling Related Harm APPG
House of Commons
London
SW1A 0AA

4 July 2019

By email: tosin.adedayo@interelgroup.com

Dear Carolyn,

Re: GambleAware: our role in preventing gambling harms in Britain

We are pleased to have been invited to address you and your colleagues on the All Party Parliamentary Group for gambling-related harm. In advance of the meeting scheduled for Wednesday 10 July, we thought it might be helpful to set out some background information about GambleAware, our role, priorities, activities and future plans.

Introduction

GambleAware is an independent charity registered with and regulated by the Charity Commission for England and Wales, and in the process of registering with the Scottish Charity Regulator. Our charitable objects are:

A) *The advancement of education about gambling-related harm for the benefit of the public in Great Britain, in particular young people and those who are most vulnerable, by carrying out research, by providing advice and information, by raising awareness, and by making grants; and,*

B) *The relief of those in Great Britain who are in need or at risk as a result of gambling, in particular by carrying out research, by providing advice and information, by raising awareness, and by making grants for the provision of effective treatment, interventions and support.*

GambleAware is a grant-making body, with the aim of using best-practice aspects of commissioning, to support its ongoing role as a grant-funder of effective, evidence-informed, high-quality gambling-related harm prevention and treatment services. Underpinning this is a commitment to monitoring and evaluating support services to ensure ongoing and continuous quality improvement of the grant-funding process.

Pending commencement of Section 123 of the Gambling Act 2005 which contains provision for a statutory levy, GambleAware receives its funding from a voluntary levy of gambling operators.

Governance

GambleAware follows the Charity Governance Code to ensure best practice and trustees understand the need to generate widespread trust and credibility in the charity's independence and integrity, particularly

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Chair: Kate Lampard CBE

Trustees: • Saffron Cordery • Professor Sian Griffiths OBE • Michelle Highman • Professor Anthony Kessel
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Chief Executive: Marc Etches

in view of the investment of both fundraising and commissioning functions in an industry-funded body.

The Board of trustees is wholly independent of the gambling industry and is chaired by Kate Lampard CBE, former chair of the South East Coast Strategic Health Authority and currently the lead non-executive director on the Board of the Department of Health and Social Care. Other trustees include a range of experienced NHS and public health professionals as well as senior academics in health-related disciplines.

Guided by the National Strategy to Reduce Gambling Harms, we develop our commissioning plans in collaboration with the Gambling Commission and the Advisory Board for Safer Gambling (ABSG). These arrangements are underpinned by an 'assurance and governance framework', agreed between the Gambling Commission, ABSG and GambleAware, and published in August 2012¹.

In 2016 trustees published a five-year strategy² for grant-funding and commissioning, and in 2018 published a Strategic Delivery Plan³ setting out the charity's commissioning current priorities through to March 2020.

Trustees have established robust and transparent governance arrangements including:

- Inviting the Government, the Gambling Commission, and ABSG to observe GambleAware Board and Committee meetings, and making public the terms of reference and minutes of such meetings.
- Ensuring prevention and treatment services are commissioned in collaboration with ABSG and the Gambling Commission via an independent Education and Treatment Committee, chaired by Professor Sian Griffiths OBE.
- Ensuring research is commissioned in collaboration with the ABSG and the Gambling Commission via an independent Research and Evaluation Committee, chaired by Professor Anthony Kessel.
- Seeking advice as necessary from external experts in collaboration with ABSG and the Gambling Commission.

Vision, mission and values

Our vision is that fewer people in Britain suffer gambling harms whether as gamblers, affected others or members of wider communities. We work to achieve our vision by making it our mission to:

- Broaden public understanding of gambling-related harms, in particular as a public health issue;
- Advance the cause of harm prevention so as to help build resilience, in particular in relation to the young and those most vulnerable to gambling-related harms; and
- Help those who do develop gambling-related harms get the support that they need quickly and effectively.

We aim to deliver our mission by working to become the primary national 'knowledge hub' in relation to gambling-related harms, and an independent thought-leader and trusted expert, using evidence to speak truth to power, and giving voice to lived experience. Specifically, we:

- Invest in research that makes a positive and practical difference to reducing gambling-related harms in Britain;
- Invest in education, prevention and the most effective interventions to reduce gambling-related harms in Britain within the resources available;

¹ <https://www.rgsb.org.uk/About-us/Governance/Statement-of-intent.pdf>

² <https://about.gambleaware.org/media/1343/gambleaware-strategy-2016-final.pdf>

³ <https://about.gambleaware.org/media/1735/gambleaware-strategic-delivery-plan-2018-20.pdf>

- Provide information and advice about the nature of gambling, the risks associated and where to go for help if needed;
- Reach out to vulnerable groups and communities to reduce the risk of gambling-related harms;
- Work in partnership with other organisations, agencies and experts to help reduce the risk of gambling-related harms;
- Contribute to the development of public policy and raise awareness of the challenges of reducing gambling harms.

Our values guide our behaviour and shape everything we do. We are committed to:

- Act with integrity - we always seek to behave with honesty, fairness and decency;
- Be evidence-based - in the absence of evidence we apply the precautionary principle when appropriate to fulfil our charitable purpose;
- Maximise impact and value for money - we always seek to work positively and strategically with stakeholders to maximise impact and value for money.

A public health approach

GambleAware has championed a public health approach to gambling harms for some time and we are pleased to see that this perspective underpins the National Strategy for Reducing Gambling Harms, recently published by the Gambling Commission⁴.

The World Health Organisation defines public health as *“the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society”*. To safeguard and improve the physical, mental and social well-being of the community as a whole:

- Primary prevention aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur;
- Secondary Prevention aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent re-injury or recurrence, and implementing programs to return people to their original health and function to prevent long-term problems; and
- Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy.

In relation to public mental health interventions the language can be different although the underlying classification remains the same. For example, both the promotion of mental wellbeing and the prevention of poor mental health can be undertaken on a universal, selective or indicated basis:

- **Universal** – for everyone; targeting the whole population, groups or settings where there is an opportunity to improve mental health such as schools or workplaces
- **Selective** – for people in groups, demographics or communities with higher prevalence of mental health problems; targeting individuals or subgroups of the population based on vulnerability and

⁴ <http://www.reducinggamblingharms.org/>

exposure to adversity such as those living with challenges that are known to be corrosive to mental health

- **Indicated** – for people with early detectable signs of mental health stress or distress; targeting people at the highest risk of mental health problems.

Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) London: Faculty of Public Health and Mental Health Foundation.⁵

On this basis, the public health approach can be understood to cover a broad range of activity, which can be placed within a framework covering universal, targeted and intensive prevention programmes. GambleAware is working to deliver interventions at all levels (see below) within a broader national and Government-led prevention strategy. We look forward to the anticipated Government green paper on prevention and we will aim to ensure that our approach fits within that framework, particularly in relation to the mental health prevention stream. GambleAware as an independent charity can make the case for a safer environment, but it is for legislators, regulators, operators and local authorities to realise that goal.

Our strategic approach

Trustees set out the charity's strategic priorities in its Strategic Delivery Plan, 2018-20.⁶ In essence, GambleAware is working to:

- Commission the National Gambling Treatment Service as a low-threshold service providing a comprehensive range of services to meet a spectrum of need for advice and treatment to prevent and tackle gambling harms to individuals and their families.
- Facilitate collaboration and partnership with public health bodies in England, Scotland and Wales, NHS Foundation Trusts and health commissioning agencies to raise awareness of gambling harms as a public health issue.
- Produce materials to support local services to respond to gambling harms on a national scale including GP services, debt and other advice agencies, mental health services, prisons, military personnel, professional sports, schools and youth workers.
- Commission research to broaden understanding of gambling harms and to improve our knowledge of what works in prevention, education and treatment.

1. National Gambling Treatment Service

The National Gambling Treatment Service exists so that people who need help because of problem gambling get the right support at the right time, in the way that an individual prefers to access it. The National Gambling Treatment Service brings together a National Gambling Helpline and a network of locally-based providers across Great Britain which works with partner agencies and people with lived experience to design and deliver a system which meets the needs of individuals. This system delivers a range of treatment services, including brief intervention, counselling (delivered either face-to-face or online), residential programmes and psychiatrist-led care.

The National Gambling Treatment Service provides safe, effective treatment, free at the point of use, and at nil cost to the tax-payer. It is an important public service, commissioned by a charity, and delivered by a mix of statutory and voluntary organisations in accordance with Government policy on reducing gambling harms.

⁵ <https://www.mentalhealth.org.uk/sites/default/files/Better%20MH%20for%20all%20web.pdf>

⁶ <https://about.gambleaware.org/media/1735/gambleaware-strategic-delivery-plan-2018-20.pdf>

In the 12 months to 31 March 2019, provisional figures show that the National Gambling Treatment Service treated 10,000 people and this is projected to rise to 24,000 people a year by 2021. Helpline activity is currently running at about 30,000 calls and on-line chats per annum.

Commissioning - The NHS defines commissioning as *“the continual process of planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment.”*⁷

Responsibility for planning, agreeing and monitoring the prevention and treatment services funded by GambleAware lies with our Education and Treatment Committee, chaired by Professor Sian Griffiths, who is Associate Non-Executive member of the Board of Public Health England and former President of the UK Faculty of Public Health. Other members include Rachel Pearce, Director Commissioning Operations (SW-North), NHSE and Saffron Cordery, Deputy Chief Executive, NHS Providers.

Our Director of Commissioning, John McCracken, was previously the Head of Drugs Policy at the Department of Health & Social Care, where he was responsible for the treatment of dependence on drugs, and for working with other Government Departments to develop the range of services available to meet individuals' needs for wider support. John's earlier roles at the Department of Health included being Head of Child and Adolescent Mental Health, and working with Dame Carol Black on her review of the Health of the Working Age Population. During two periods of secondment to the NHS, John was responsible for commissioning services for people with complex needs.

GambleAware commissions treatment services in order to ensure three key objectives:

- Grant funding is awarded to safe and effective services to reduce gambling-related harm, promote long-term outcomes for service users, which are person-centred and reflect individuals' preferences as to how they access the service that meets their needs;
- Money is spent efficiently, and that where high-cost services are commissioned they are focused on more severe and complex cases; and,
- Within the limits of the funding available to GambleAware, services are distributed across GB as equitably as possible.

GambleAware takes a strategic approach to identifying key priorities for the development of evidence-based initiatives to prevent and treat gambling harms. In funding provider organisations to deliver progress on those priorities, GambleAware exercises the critical commissioner functions of:

- Specifying the services to be delivered to prevent and treat gambling harms;
- Developing long-term partnerships to transform the delivery of quality services;
- Leading the co-ordination of multi-agency teams to promote efficiency and best practice; and
- Ensuring regular reporting, public accountability and robust evaluation of a coherent programme of work.

GambleAware fulfils its commissioning role in line with the best practice of statutory sector health and social care commissioning bodies. In exercising its commissioning function, GambleAware employs a full repertoire of commissioning tools, including:

- Revising practice within the framework of existing Grant Agreements
- Varying Grant Agreements
- Tendering for services.

⁷ <https://www.england.nhs.uk/commissioning/what-is-commissioning/>

As the primary commissioner we require GamCare, as prime provider of community-based Tier 2 & 3 services across England, Scotland and Wales to employ the same levers with partner organisations.

Our Strategic Delivery Plan⁸ set out the budget for the National Gambling Treatment Service for the period 2018-20. The planned budget was £14.3 million over two years.

GambleAware's Board of trustees has recently accepted a recommendation from the Education & Treatment Committee to fund enhancements and expansion of services to improve the capacity and quality of treatment available to those suffering gambling harms across Britain as follows:

- Enable the National Gambling Helpline to provide advice and brief interventions to more people; £705,000
- Enable people to have access to computerised Cognitive Behavioural Therapy where this is clinically appropriate; £435,000
- Develop peer support so that people who are recovering from gambling addiction can help others to access treatment and aftercare; £438,000
- Expand provision of face-to-face treatment services in England, Scotland and Wales; £2.35 million.

This will mean that the budget for the two years 2019-2021 has risen to £18 million.

National Gambling Helpline - To make help easy to access, the National Gambling Treatment Service is designed to accept self-referrals as well as referrals from other professionals. The National Gambling Helpline – both telephone and online chat – provides the easiest and quickest way for most people to be connected with the service that can best help them. Some people prefer to access all the help that they need via the Helpline, not least because it can be accessed remotely from 8am to midnight, 7 days a week. For those who do not feel ready to enter treatment, the helpline is able to offer Brief Interventions for problem gambling⁹.

A significant group of people with gambling problems is young men. This is a group that has proportionately less contact with the health service than the rest of the population, so it is important that people can self-refer into treatment and that this option is widely publicised.

The National Gambling Helpline is one of the larger helplines operating in the UK. It is accredited with the Helplines Standard by the Helplines Partnership. GamCare, which operates the helpline, and GambleAware, which commissions the helpline, have been active in co-designing enhancements to the helpline service:

- The helpline staffing has been significantly expanded to reflect recent rises in both numbers and duration of calls;
- The team will be further expanded in order to pilot 24/7 operation; and
- Preparations are also in hand to expand the range of help which is available online to include computerised Cognitive Behavioural Therapy.

We also need to ensure that a wide range of support agencies are aware of the help that is available, so that they can signpost and refer people who come to them. Some of these people may be explicitly seeking help with problem gambling and some may initially approach for another reason. A key development objective is to assist such agencies to identify all who could potentially benefit from help with problem gambling. This is the rationale for GambleAware commissioning Citizens Advice to train debt advisers in England and Wales to identify and offer support to people who may be suffering gambling problems.

⁸ <https://about.gambleaware.org/media/1735/gambleaware-strategic-delivery-plan-2018-20.pdf>

⁹ <https://about.gambleaware.org/media/1817/gambleaware-brief-intervention-guide.pdf>

For people who need treatment, the National Gambling Helpline acts as a triage system for the National Gambling Treatment Service, working to match people with the evidence-based treatment option that best meets their needs, and their preferences as to how they access treatment.

Community-based counselling - The National Gambling Treatment Service has a network of voluntary sector treatment providers across England, Scotland and Wales to provide face-to-face counselling for people with gambling problems and for affected others. The recent increase in the sums of money available to GambleAware with which to fund treatment has enabled GambleAware as commissioner and GamCare as prime provider to co-design significant enhancement and expansion of network activity:

- New treatment sites are being opened to reduce travel times for people accessing face-to-face treatment;
- Stretch targets have been set for all local providers to improve treatment penetration;
- Adfam is working with the network to improve provision for affected others; and
- BetKnowMore is joining the network to provide peer support to motivate people to enter treatment, complete treatment and to engage in aftercare.

Further work to build on this foundation to promote equity of access to services for people from different demographic groups has been identified as a priority. Initiatives in this field will be informed by the research that is currently underway to develop a needs assessment.

NHS-based treatment - The National Gambling Treatment Service includes a psychiatrist-led service provided by the Central and North-West London NHS Foundation Trust which GambleAware and its predecessor organisations have funded for over a decade. A second NHS service commissioned by GambleAware commences operation shortly, provided by Leeds & York Partnership NHS Foundation Trust in partnership with GamCare, at a cost of £1.2m pa. These services are designed to help people with more serious and complex needs, including people receiving NHS treatment for other conditions.

GambleAware has signalled its intention to commission further NHS provision, in Scotland and Wales as well as England. In the NHS Long Term Plan published in January, NHS England announced a commitment that it would fund additional activity and additional clinics¹⁰. Last month, NHSE announced that the funding for additional activity would in the first instance be directed at the two NHS trusts which currently receive funding from GambleAware.

GambleAware works with NHSE to coordinate the two organisations' commissioning activity.

GambleAware and its providers are also working with the NHS and PHE to develop referral routes into treatment, including self-referral. Local engagement to develop local care pathways is backed up by national initiatives, for example GambleAware funded the Royal Society for Public Health to develop an e-learning module for primary care staff to develop their understanding of problem gambling and the treatment that is available.

Residential Rehabilitation - The National Gambling Treatment Service includes twelve-week residential rehabilitation for those people whose gambling addiction is so strong that community-based treatment is not sufficient. This treatment is commissioned by GambleAware from the Gordon Moody Association. A retreat and counselling service is also offered to people whose personal circumstances make attendance at residential rehabilitation difficult.

¹⁰ "2.36. We will invest in expanding NHS specialist clinics to help more people with serious gambling problems. Over 400,000 people in England are problem gamblers and two million people are at risk, but current treatment only reaches a small number through one national clinic. We will therefore expand geographical coverage of NHS services for people with serious gambling problems, and work with partners to tackle the problem at source." Full document available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf>

Assuring safety and efficacy - Because of our role in the quasi-public commissioning of national services, the charity has in place a comprehensive suite of governance and assurance policies and procedures to ensure public accountability for its discharge of this function.

The rigorous governance arrangements for GambleAware are set out in detail on its website¹¹. This describes the expertise and independence of trustees which is key to the fulfilment of the organisation's charitable objects. Transparency is a key principle for GambleAware so that its decision-making processes can be understood and command confidence among stakeholders.

Transparency in our operations is also important so that the public and gambling operators can have confidence that voluntary levy payments do in fact meet the licence requirements imposed by the Gambling Commission.

Treatment for problem gambling is not a regulated activity under the legislation which governs the work of the Care Quality Commission. However, four of the providers in the National Gambling Treatment Service are registered with the CQC in respect of other activities that they undertake. In conjunction with DHSC, GambleAware is exploring the scope for an equivalent level of assurance for the treatment of problem gambling.

The Grant Agreements that GambleAware has in place with the providers of the National Gambling Treatment Service specify the assurance that is required of providers. Quarterly performance review meetings are held with providers at which there are discussions about issues that arise during the course of their work, for example how the providers respond to problem gamblers who also have wider support needs.

Continuous improvement of clinical governance within treatment providers we commission is a priority for us, and we are generally pleased with the steps that GamCare and others have taken and continue to take to respond to our requirements in this area. GambleAware has established processes to ensure that commissioned services are accountable to our Board of trustees, and that safeguarding and risk management is under regular review and, when necessary, relevant issues are responded to promptly and proportionately. The funding agreements we have with providers set out clearly a framework for both monitoring and addressing concerns about quality, and our expectation that all treatment providers must have, and can evidence, key operational policies including safeguarding processes.

Routine Monitoring - GambleAware has specified a Data Reporting Framework that is required of providers¹². The data that are reported in this way form the basis of the activity data that GambleAware publishes both annually and when ad hoc needs arise. However, the operation of the DRF has been reviewed, and we are pleased to have recently agreed with ViewItUK, a University of Manchester start-up company, to operate and manage the information system for the National Gambling Treatment Service. The company originates from the team that provides National Statistics production and validation for NDTMS outputs on behalf of Public Health England.

ViewItUK will be responsible for the collation, handling and analysis of data on the numbers of people who are helped, the characteristics of the population in treatment, and the benefit that they derive from treatment as well as providing greater detail for performance management. ViewItUK's expertise will enhance the scope to interrogate the data for public accountability and to inform clinical practice by providers.

The new information system will be capable of generating outputs with more granular detail, and data will be reaffirmed by checks and procedures akin to those that fulfil that function for the National Drug Treatment Monitoring System on behalf of Public Health England.

¹¹ <https://about.gambleaware.org/about/governance/>

¹² <https://about.gambleaware.org/media/1184/final-rgt-drf.pdf>

Currently, waiting times for the majority of service users are short, and compare favourably to NHS IAPT mental health services. GambleAware will maintain downward pressure on waiting times so that people can access help as promptly as possible.

All treatment providers use outcome measures to track a person's progress while they are in treatment and to provide assurance about the effectiveness of the treatment for the cohort.

PGSI (problem gambling severity index) is the standardised measure of at-risk behaviour in problem gambling. A score of 8 or more on PGSI indicates problem gambling. Across the National Gambling Treatment Service the average PGSI score at the start of treatment is 18.3, and this drops to 4.16 at the end of treatment.

CORE (clinical outcomes in routine evaluation) measures the overall level of current distress across a range of common mental health problems such as depression and anxiety and is used at each consultation. A score of 10 or more on CORE indicates at least mild psychological distress. Across the National Gambling Treatment Service the average CORE score at the start of treatment is 15.8, and this drops to 6.42 at the end of treatment.

GambleAware is concerned that the average PGSI and CORE scores of people entering treatment are so very high. It is a priority to promote access to treatment for people so that they can get help before they reach crisis point. This underpins our strategy of a twin-track approach to expand the capacity of the treatment sector and to develop referral routes so that the percentage of problem gamblers who get treatment rises from the current low level. We are also concerned to support primary care to improve detection and earlier referral and intervention.

Routine monitoring and evaluation demonstrates that current treatment is effective, and satisfaction levels among service user levels are also high. However, as a result of the assurance protocols operated by ViewItUK, there will be improved system oversight of the treatment for disordered gambling whether delivered by the NHS or by the voluntary sector.

Research - Reflective practice and a concern for continuous improvement are the motivation for a significant programme of research commissioned by GambleAware in relation to treatment. The research on behalf of the Gambling Commission includes a large-scale evaluation of the National Gambling Treatment Service. The tendering process for this study is currently underway. Two separate studies, a literature review of evidence of effective treatments and a gap analysis and needs assessment for treatment, are underway and due to report later this year. Research initiated by GambleAware includes a major programme of work to promote the voice of people with lived experience. The tendering process for this study is currently underway. GambleAware also funds researchers to investigate themes proposed by themselves, and a number of these projects are related to treatment. In addition, Public Health England and the National Institute for Health Research are undertaking their own evidence reviews.

Routine monitoring by the National Gambling Treatment Service and research which draws on that monitoring demonstrates that for a significant number of problem gamblers, suicidal ideation and attempted suicide are associated with their gambling. Further research which is due to report shortly will add to our knowledge about this very serious aspect to problem gambling.

All of these studies will inform future commissioning activity.

In partnership with gambling treatment providers, GambleAware has spent the last three years methodically building structures for commissioning a coherent system of brief intervention and treatment services, with clearly defined care pathways and with established referral routes to and from the NHS – a National Gambling Treatment Service, triaged via the National Gambling Helpline. In the absence of comprehensive treatment from the NHS, the National Gambling Treatment Service provides a robust, effective, safe, core national treatment service, with short waiting times relative to equivalent NHS based mental health services.

The National Gambling Treatment Service will continue, as it does now, to work closely with the UK Government and the Governments of Scotland and Wales to be a trusted delivery partner for wider public services and public policy.

2. Strategic collaboration and partnership working

We are committed to commissioning safe and effective services, driven by evidence of what works, involving people with lived experience in service design and delivery. We believe that it is essential that we collaborate at a strategic level with public health bodies in England, Scotland and Wales, NHS Foundation Trusts, and regional and local health commissioning agencies to raise awareness of gambling harms as a public health issue.

Working across Governments - The recent initiative by the Department of DCMS and the Department of Health & Social Care (DHSC) to joint-chair a Steering Group with the express purpose to improve co-ordination and promote a sustainable, joined-up approach to work across research, prevention, education and treatment activity is a significant and positive step-forward. GambleAware welcomes its membership of this working group alongside the Gambling Commission, ABSG and others such as PHE.

Elsewhere, GambleAware is participating in the National Suicide Prevention Strategy Advisory Group, and is at an early stage of collaboration with the Ministry of Defence in relation to gambling as a health issue for serving military, veterans and their families.

Also, we have established advisory boards in Wales and Scotland to help guide our future commissioning plans in those nations.

Bet Regret – a national prevention campaign - GambleAware is leading a national multi-media 'safer gambling' campaign that launched in February 2019, Bet Regret. This campaign is aimed at moderating the behaviour of young male bettors, aged 16 to 34 encouraging them to think twice about betting when drunk, bored or chasing losses. The early indications of the ongoing evaluations are that this is having a positive impact in terms of awareness building and we hope will lead to measurable behaviour change. The campaign presents opportunities to work with football clubs and supporters' associations, and reach into local communities that are often socially and economically disadvantaged and therefore especially at risk of gambling-related harm.

Building resilience for children and young people - we have successfully advocated for the inclusion of gambling education as part of the Personal, Social, Health and Economic (PSHE) curriculum in schools. Following a successful pilot scheme in secondary schools in England by Demos and the PSHE Association¹³, resources to support PSHE teaching are available on the GambleAware website. We encourage discussion of gambling in all conversations in youth settings around resilience to risky behaviours, working towards parity with drug and alcohol education, particularly for target groups such as youths not in employment or education and participants in grassroots sport.

Following another successful pilot project in Scotland¹⁴, GambleAware has commissioned Fast Forward to deliver a nationwide programme of training support for teachers and youth workers to make it possible for every young person in Scotland to have access to gambling education and prevention opportunities. Our plan is to evaluate this programme in 2020 and, if warranted, subsequently commission similar national programmes in Wales and in England.

Collaborating with statutory and voluntary agencies – GambleAware has been focused on building strategic partnerships with other organisations well placed to respond to gambling-related harms,

¹³ <https://demos.co.uk/press-release/demos-education-pilot-raises-awareness-of-gambling-harms-in-schools/>

¹⁴ <https://www.fastforward.org.uk/projects/gedhub/>

including NHS England, PHE, Royal Society for Public Health, Citizens Advice, ParentZone, PSHE Association, Fast Forward, Personal Finance Research Centre, Adfam and GamBan.

In Leeds, we have been working alongside statutory and voluntary sector agencies to support a place-based approach for the local population, and to map care pathways and develop referral routes. This work is recognised within the Due North strategy and will be further enhanced through regional collaboration. We believe this initiative is a concrete example of the right approach and hope to replicate this approach in other regions.

We have developed and published a brief intervention guide for professionals who are non-specialists in the treatment of problem gambling, but who work with potentially vulnerable groups. The guide offers practical tips on identifying a gambling-related problem, how to talk to someone about their gambling, offering immediate brief support and when to signpost to specialist services.

We have agreed to fund the Royal Society for Public Health (RSPH) to establish a Gambling Health Alliance to be launched in September to bring together a wide range of professional health-related bodies to promote greater awareness and share perspectives on preventing gambling-related harm.

In collaboration with the Local Government Association (LGA), GambleAware has funded the dissemination to all local authorities of the document produced jointly by LGA and PHE in July 2018, 'Tackling Gambling-related Harm: a whole council approach'.

Elsewhere, we are pleased to be working with PHE on their recent mental health initiative, *Every Mind Matters* and welcome their promotion of information about gambling and where to find help and advice. And, we look forward to contributing to consultations about the future development of mental health services by NHSE as well as taking forward early discussions with the NHSE Offender Health team to explore the scope for joint working in relation to gambling harm-prevention and treatment.

In other work, we are collaborating with PHE, RSPH and others to include gambling conversations on the *Make Every Contact Count + (MECC+)* agenda as well as working with professional membership bodies to ensure workers in health and mental health settings have training and awareness of gambling-related harms, and are able to identify need, deliver brief interventions and refer on to specialist services where necessary. In this way GambleAware is able to ensure a holistic approach to public health as seen in its Leeds Hub initiative that melds prevention and treatment services across the community.

3. Research and evaluation

Responsibility for planning, agreeing and monitoring the prevention and treatment services funded by GambleAware lies with our Research and Evaluation Committee, chaired by Professor Anthony Kessel, who is Honorary Professor and Co-ordinator of the International Programme for Ethics, Public Health and Human Rights at the London School of Hygiene & Tropical Medicine. Over the past decade Anthony has been Director of International Health at Public Health England, Director of Public Health Strategy, Director of R&D and Medical Director at the Health Protection Agency, and Director of Public Health and Medical Director at Camden Primary Care Trust. Anthony is also a GP.

Other members include Marcantonio Spada Professor of Addictive Behaviours and Mental Health at London South Bank University where he is the Head of the Division of Psychology and Deputy Lead of the Centre for Addictive Behaviours Research. Marcantonio is also editor-in-chief of the international peer-reviewed journal, *Addiction Behaviours*.

Our research activity is guided by the Gambling Commission's Research Programme¹⁵, and supports the National Strategy. Independence is ensured by the Research Governance and Commissioning Procedure

¹⁵ <https://about.gambleaware.org/media/1793/research-programme-2018-22.pdf>

agreed with the Gambling Commission. Currently there are over 40 research projects underway or in the process of being commissioned.

Commissioned research is peer-reviewed by international academic experts and published via the GambleAware website. We follow Research Council policy regarding research ethics, encouraging and funding open access publication in academic journals and data reuse.

GambleAware has been approved by National Institute for Health Research (NIHR) as an NIHR non-commercial partner. As such, appropriate research studies funded by GambleAware are eligible for NIHR Clinical Research Network (CRN) support and therefore entitled to access NHS support via the NIHR CRN, subject to meeting standard study eligibility criteria including that the research has clear value to the NHS and involves NHS patients, staff, premises, facilities, or resources.

All stakeholders must have confidence that the research process is scrupulously independent, and avoids conflicts of interest, perceived or real, involving industry, government, regulators, or service providers. This is why we are proactively investigating the potential for funding one or more independent research centres, an independent industry data repository, and an independent national treatment data centre.

GambleAware has a key role to play in supporting such centres by facilitating and brokering relationships across a range of stakeholders, from the research community, industry, government, prevention, treatment and service users, in order to inform the agenda, design and implementation of research, to enable access for researchers and to move evidence into action.

We are committed to helping to develop the infrastructure necessary to support gambling research. This includes scoping the potential for an independent repository of player characteristics and behaviour data to be available for independent research.

Importantly, the quality and impact of research can be improved through ensuring those with lived experience are involved in setting the research agenda and in the implementation of research projects. Our plans for developing engagement include ensuring those with lived experience inform both the research we commission and the wider field of gambling research.

GambleAware takes the lead on evaluating all commissioned projects and programmes, and we are committed to proportionately evaluating our own activity, in public awareness, prevention and treatment, so we know what works and can continuously improve.

Funding

Our funding for this role as the primary commissioning and grant-making body comes from a voluntary donation-based set of arrangements underpinned the Gambling Commission's Social Responsibility Code Provision 3.1.1.(2), that states *"licensees must make an annual financial contribution to one or more organisation(s) which between them research into the prevention and treatment of gambling-related harm, develop harm prevention approaches and identify and fund treatment to those harmed by gambling"*. However, there is no stipulation as to how much any donation ought to be or where it ought to be directed, although GambleAware is identified as a possible recipient.¹⁶

In the 12 months to 31 March 2019 we received voluntary donations of £9.6 million plus £7.3 million of 'regulatory settlements'. Our total expenditure for the same period was circa £13 million compared to £8.3 million in 2017-18.¹⁷ We anticipate our expenditure to rise in the current year to circa £16 million. Acknowledging the variations in cash flow from this funding model, a key function of GambleAware is to provide assurance about recurrent income streams so that expert clinical teams can be established and

¹⁶ <https://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/General-compliance/Social-responsibility/Research-education-and-treatment-contributions.aspx>

¹⁷ <https://about.gambleaware.org/media/1836/gamble-aware-annual-review-2017-18.pdf>

sustained to provide treatment for those who need help. The ABSG and Gambling Commission have previously expressed a need to increase the size of the voluntary levy, but limited work has been undertaken to define the quantum. Recently five of the biggest gambling operators in the UK announced that they would be progressively increasing the total sum which they donate, though much of this money would not be routed via GambleAware.

The Gambling Commission has said in its new national strategy that it intends to replace the framework agreement that underpins the current fundraising and commissioning arrangements for research, prevention and treatment. We are concerned that a period of uncertainty and a lack of clarity about any new prospective new arrangements could have the unintended consequences of diverting funding from the necessary work undertaken by GambleAware, and thereby destabilising existing provision. We believe it is vital to maintain co-ordination across all partnerships and sectors to ensure funds are spent in the most effective way. We look forward to working with the Gambling Commission and others to achieve a coherent comprehensive approach in the best interests of all those who need our support to prevent gambling-related harm.

Conclusion

GambleAware is a strategic commissioning and grant-making body uniquely positioned within an ecosystem of national and local government, regulators, academics, research institutions, health professionals, charities, treatment and other service providers, service users and others with lived experience of gambling harms, as well as gambling and other gambling-related industries.

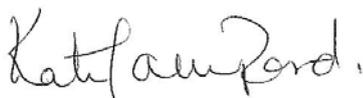
Our added value derives from our internal expertise, experience and knowledge allied to our ability to leverage extensive networks and relationships nationally and internationally, and to broker engagement to affect positive and sustainable change. We are an evidence-based organisation. Our priority is to ensure that our funding is strategically allocated in accordance with our charitable purpose as well as in support of the National Strategy to Reduce Gambling Harms, and that we articulate how additional funding could strategically be spent.

Trustees are clear-sighted that GambleAware is on a journey of continuous improvement as an effective commissioning and grant-making body and although we believe we are making good progress there is more to do.

Ultimately, our success in establishing the National Gambling Treatment Services and the prevention and research activity that supports it will require continued widespread collaboration across various national health agencies, healthcare professionals, treatment providers, charities and local authorities. Trustees are determined that this is achieved within a robust framework of best-practice commissioning and transparent evaluation that one would rightly expect of statutory sector health and social care commissioning bodies.

We look forward to the opportunity to discuss these matters further when we meet next week.

Yours sincerely,



Kate Lampard CBE
Chair of Trustees