

Clerk to the Select Committee on the Social and Economic Impact of the Gambling Industry
Committee Office
House of Lords
London SW1A 0PW

2 September 2019

Dear Michael,

We are pleased to make the following submission to the above Lords Select Committee focusing on addressing questions relating to the services available for the treatment and support of people who are harmed by gambling, and public education.

GambleAware is an independent charity, registered with and regulated by the Charity Commission for England and Wales and the Scottish Charity Regulator (OSCR), that works to help reduce gambling harms throughout Great Britain.

We are a grant-making body using best-practice aspects of commissioning, including needs assessment, service planning, evaluation and outcome reporting to support effective, evidence-informed, quality assured prevention of gambling harms.

Currently, we have around **£44 million of overall funding under active management**.

1. Our strategic approach

1.1 We regard gambling as a public health issue and thus reducing gambling harms requires a public health approach taking account of all three aspects of prevention:

- Primary or Universal Prevention - aimed at the whole population to promote a safer environment
- Secondary or Selective Prevention - aimed at groups with a prevalence of suffering gambling harms
- Tertiary or Indicated Prevention - aimed at individuals suffering gambling disorder.¹

1.2 Guided by this public health model, we commission integrated prevention services on a national scale and work in partnership with expert organisations and agencies, including the NHS, to commission across three areas of activity:

The National Gambling Treatment Service

1.3 The National Gambling Treatment Service brings together a National Gambling Helpline and a network of locally-based providers across Britain to deliver a range of treatment services, including brief intervention, counselling (delivered either face-to-face or online), residential programmes and psychiatrist-led care.

1.4 The National Gambling Treatment Service includes a psychiatrist-led service provided by the Central and North-West London NHS Foundation Trust that GambleAware has funded for a decade. A second NHS service commissioned by GambleAware has recently opened, delivered by Leeds & York Partnership NHS Foundation Trust in partnership with GamCare. These services are designed to help people with more serious

¹ 'Problem gamblers' suffer gambling disorder defined by the World Health Organization (WHO) as an addictive behaviour with implications for mental health.

and complex needs, including people receiving NHS treatment for other conditions, and are the only such services currently available.

- 1.5 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 into treatment, including self-referral.
- 1.6 We believe this initiative is a concrete example of the right approach, and forms the basis of the commitment in the [NHS Mental Health Implementation Plan, 2019-24](#) (pp 40-41) in which GambleAware is recognised as an NHSE partner in relation to the NHS commitment to opening 15 specialist problem gambling clinics in the next five years.
- 1.7 Local engagement to develop local care pathways is backed up by national initiatives. For example, GambleAware has funded the Royal Society for Public Health (RSPH) to develop an e-learning module for primary care staff to develop their understanding of gambling disorder and the treatment that is available.
- 1.8 In the 12 months to 31 March 2019, the National Gambling Treatment Service treated 10,000 people and the Helpline received 30,000 calls and on-line chats. Waiting times are short, and compare favourably to NHS Improving Access to Psychological Therapies (IAPT) mental health services. Routine monitoring and evaluation demonstrates that current treatment is effective.
- 1.9 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.
- 1.10 We are concerned that the average PGSI and CORE scores of people entering treatment are 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 of 3%. We are also concerned to support primary care to improve awareness of gambling as a health risk, detection and earlier referral and intervention.
- 1.11 GambleAware has commissioned a company called ViewIt UK to begin independent collection and analysis of output and outcome data with more granular detail. Data will be validated by checks and procedures similar to those that fulfil that function for the National Drug Treatment Monitoring System on behalf of Public Health England (PHE), and the system made available to the NHS.
- 1.12 Treatment for gambling disorder is not a regulated activity under the legislation which governs the work of the Care Quality Commission (CQC). In conjunction with the Department of Health & Social Care (DHSC), GambleAware is exploring the scope for an equivalent level of assurance in respect of the treatment offered by the National Gambling Treatment Service.
- 1.13 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 PHE and a former President of the UK Faculty of Public Health. Other members include Rachel Pearce, Regional Director of Commissioning, NHSE South West, and Saffron Cordery, Deputy Chief Executive, NHS Providers.
- 1.14 The Grant Agreements that GambleAware has in place with the providers of the National Gambling Treatment Service specify the assurance that is required and 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. Continuous improvement of clinical governance is a priority for us, and we have established processes to ensure that commissioned services are accountable to our trustees, and that safeguarding and risk management is under regular review and, when necessary, relevant issues are responded to promptly and proportionately.

1.15 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.

1.16 £26 million of funding under active management goes towards this area of our work.

Public health campaigns & practical support to local services

1.17 At the request of Government, GambleAware is leading a national multi-media 'safer gambling' campaign that launched in February 2019, under the title Bet Regret. This campaign is targeted at an audience of 2.4m young men aged 16-34 who gamble regularly on sport, and of which 87% regularly watch football² and 63% believe that there are too many opportunities to bet nowadays.³ Aimed at moderating behaviour, the campaign encourages these young men to think twice about betting when drunk, bored or chasing losses. The campaign has been designed to be a part of a broader public health approach.

1.18 The early indications of the ongoing evaluations are that this is having a positive impact in terms of awareness building and we hope it 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.

1.19 All activity is being monitored with an ongoing Tracking Study conducted by Ipsos MORI. Having conducted a baseline survey in November 2018, a second wave of online research was conducted in May 2019 following the first burst of campaign activity. Although it is early days, results to-date are positive; indicating that the campaign is well targeted against those most at risk with good recognition and strong take out of the message. Overall campaign recognition – the number recalling seeing one or more elements of the campaign – is high at 61%. A summary of the results are published on our website and can be found [here](#).

1.20 Although always present online, a second burst of television and radio activity was launched on 17 August to coincide with the start of the new football season, and introduced the line '*Think Twice or You'll Bet Regret it*'; a simple piece of advice to prompt people to pause and reconsider.

1.21 This second phase of activity is supported by a sponsorship donation from GVC Holdings, including advertising and promotional space at all 42 clubs in the Scottish Football League, Sunderland, West Bromwich Albion, Burnley, Sheffield Wednesday and Sheffield United.

1.22 GambleAware also provides practical support to GP services, debt and other advice agencies, mental health services, prisons, military personnel, professional sports, schools and youth workers.

1.23 Partnerships include working with PHE and RSPH on the Make Every Conversation Count+ (MECC+) initiative, as well as with Citizens Advice on training debt advisers across England and Wales to identify and offer support to people who may be suffering gambling harms.

1.24 Following a successful pilot scheme in secondary schools in England by Demos and the PSHE Association, resources to support PSHE teaching are available on the GambleAware website. In Scotland, another successful pilot project has led GambleAware to commission Fast Forward (a Scottish charity that enables young people to make informed choices about their well-being and to live healthier lifestyles) to provide to every young person in Scotland 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.

1.25 We are funding the 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 harms. Elsewhere, we are pleased to be supporting the PHE mental

² TGI GB Profiles December 2018 – UK Gamblers 18-34

³ Ipsos MORI Baseline Survey Key Findings - 2018

health initiative, Every Mind Matters, and welcome their promotion of information about gambling and where to find help and advice.

1.26 GambleAware also runs the website BeGambleAware.org which helps 4.2 million visitors a year, and signposts to a wide range of support services.

1.27 £13 million of funding under active management goes towards this area of our work.

Commissioning research & evaluation

1.28 Our focus is to improve knowledge of what works in prevention, education, treatment and support services including proportionate evaluation of all funded activity.

1.29 GambleAware's research activity is guided by the Gambling Commission's [Research Programme](#), and supports the National Strategy to Reduce Gambling Harms. Its independence is ensured by the Research Governance and Commissioning Procedure agreed with the Gambling Commission.

1.30 A significant programme of over 40 research projects includes a large-scale evaluation of the National Gambling Treatment Service, a literature review of evidence of effective treatments, a gap analysis and needs assessment for treatment, and further work to promote the voice of people with lived experience.

1.31 Following a successful event for gamblers in recovery to discuss policy issues with the Gambling Commission and DCMS that GambleAware organised in December 2018, planning for further events has been taking place. These will be held on a regional basis and the first of these 'Lived Experience' conferences has been scheduled for 15 November 2019 at the University of Central Lancashire.

1.32 GambleAware is an approved National Institute for Health Research (NIHR) non-commercial partner, ensuring appropriate research studies funded by GambleAware are entitled to access NHS support via the NIHR Clinical Research Network.

1.33 All research is peer-reviewed and we follow Research Council policy regarding research ethics, encouraging and funding open access publication in academic journals and data reuse.

1.34 £5 million of funding under active management goes towards this area of our work.

2. Funding

2.1 The current arrangements for prioritising, commissioning, funding and evaluating research, education and treatment were established by an 'assurance and governance framework' agreed between the Gambling Commission and GambleAware in August 2012.⁴

2.2 Known as the 'statement of intent', this document makes clear that GambleAware "*will be responsible for fundraising and commissioning activity to deliver the strategy that RGSB advises the Commission should be followed (building in feedback from activity and evidence already evaluated by RGT), subject to the funds available.*"

2.3 The Gambling Commission's License Conditions and Codes of Practice (LCCP) stipulates that all "*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.*"⁵

2.4 However, despite the aforesaid 'statement of intent', the Gambling Commission do not stipulate how much any donation ought to be or where it ought to be directed, although GambleAware is identified as a possible recipient on the basis of providing "*a clear audit trail detailing your contribution.*"⁶

2.5 The 'statement of intent' includes a note that the quantum of funding required is a matter to be advised by the ABSG subject to discussion with GambleAware. The most recent advice was provided by ABSG in January 2017 and identified £9.5 million for 2018/19 plus running costs.⁷

⁴ <https://about.gambleaware.org/media/1211/statement-of-intent-document-final-with-logo-v2.pdf>

⁵ <https://www.gamblingcommission.gov.uk/PDF/LCCP/Licence-conditions-and-codes-of-practice.pdf>

⁶ <https://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/General-compliance/Social-responsibility/Research-education-and-treatment-contributions.aspx>

⁷ <https://about.gambleaware.org/media/1932/quantum-of-funding-january-2017.pdf>

2.6 In the 12 months to 31 March 2019 we received voluntary donations of £9.6 million plus £7.3 million of 'regulatory settlements'. Regulatory settlements are payments by gambling businesses in lieu of financial penalties as agreed with the Gambling Commission in accordance with its statement of principles. Specifically, *"where payments are made with the aim of addressing gambling-related harm, the presumption is that the money would be paid to GambleAware to be used for specific agreed purposes that accelerate their commissioning plans."* (2.14 vii)⁸

2.7 Our total expenditure for the same period was circa £15.3 million compared to £8.3 million in 2017/18.⁹ We anticipate our expenditure to rise in the current year to 31 March 2020 to reach circa £18 million.

2.8 The variations in cash flow from this uncertain funding model represent a significant challenge given that a key function of GambleAware is to provide assurance to funded services about recurrent income streams so that expert clinical teams can be established and sustained to provide treatment and support for those who need help.

3. Our people and organisation

3.1 A substantial element of our 'added-value' derives from our collective 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.

3.2 Our Board of trustees is chaired by Kate Lampard CBE, who is lead non-executive director on the Department of Health & Social Care Board and a trustee of the Esmée Fairbairn Foundation. The other directors are:

- Saffron Cordery - Director of Policy & Strategy and Deputy Chief Executive, NHS Providers
- Professor Siân Griffiths OBE - Associate Non-Executive member of the Board of Public Health England and a former President of the UK Faculty of Public Health
- Michelle Highman - Chief Executive, The Money Charity
- Professor Anthony Kessel - Former Director of Global Public Health & Responsible Officer for PHE; Honorary Professor & Co-ordinator of the International Programme for Ethics, Public Health & Human Rights at the London School of Hygiene & Tropical Medicine
- Rachel Pearce – Regional Director of Commissioning, NHSE South West
- Chris Pond - Chair of Money Charity, Equity Release Council Standards Board & Lending Standards Board & Vice-Chair of Financial Inclusion Commission
- Paul Simpson - Chief Finance Officer & Deputy Chief Executive, Surrey & Sussex Healthcare NHS Trust
- Professor Marcantonio Spada - Professor of Addictive Behaviours and Mental Health at London South Bank University & editor-in-chief of the international peer-reviewed journal, Addiction Behaviours.

3.3 The full Board meets quarterly and trustees hold an additional annual strategy review meeting in January. Trustees have established the following five sub-committees: Audit & Risk; Finance, Administration & Remuneration; Stakeholder Engagement; Education & Treatment; and, Research & Evaluation. Membership, terms of reference and minutes of all committees are published on our website.

3.4 As of 1 October 2019, there will be a total of twenty-two staff members organised as per the attached organogram. Further details of the expertise and experience of staff members can be accessed via <https://about.gambleaware.org/about/trustees-and-management/>.

4. Working across Governments

4.1 GambleAware welcomes its membership of a joint-initiative by DCMS and DHSC to establish a Steering Group to improve co-ordination and promote a sustainable, joined-up approach to prevention, education, treatment and research activity.

⁸ <https://www.gamblingcommission.gov.uk/PDF/statement-of-principles-for-determining-financial-penalties.pdf>

⁹ <https://about.gambleaware.org/media/1836/gamble-aware-annual-review-2017-18.pdf>

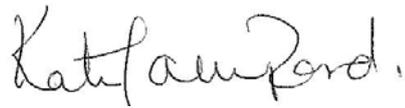
- 4.2 Elsewhere, GambleAware is participating in the National Suicide Prevention Strategy Advisory Group, and is at an early stage of collaboration with the Ministry of Defence in relation to gambling as a health issue for serving military, veterans and their families.
- 4.3 Also, we have established advisory boards in Wales and Scotland to help guide our future commissioning plans in those nations. The Chief Medical Officer for Wales acknowledges our ongoing work in his annual report 2018/19.¹⁰

5. Conclusion

- 5.1 GambleAware is uniquely positioned within an ecosystem of statutory and voluntary organisations, and is committed to working collaboratively to promote a coherent and co-ordinated public health approach to preventing gambling harms.
- 5.2 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.
- 5.3 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 thank you for your attention and look forward to attending the Committee in October.

Yours sincerely,



Kate Lampard CBE
Chair of Trustees

¹⁰ <https://gov.wales/sites/default/files/publications/2019-05/valuing-our-health.pdf>

