

Scrutiny Inquiry Panel – Reducing Gambling-Related Harms in Southampton

Inquiry Meeting – 14 November 2024

Introduction to the inquiry, context and background

Presentations referenced below and a recording of the meeting can be found here: [Agenda for Scrutiny Inquiry Panel – Reducing gambling-related harms in Southampton, on Thursday, 14th November, 2024, 5:30pm | Southampton City Council](#)

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, outlining 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 is limited data on the prevalence of gambling-related harms and this is a national problem.
- A sizeable proportion of people who gamble develop 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 is 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 is often overlooked and under-treated.
- Many who do not have gambling disorder still experience 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 appear 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 are 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, covers most of the South-East of England.
 - See people aged 17+ experiencing gambling-related harms/ gambling disorder. Accept self-referrals and referrals from healthcare professionals.
 - Deliver various evidence-based psychological treatments such as brief psychological intervention, 1:1 and group Cognitive Behaviour Therapy and medication. These can be delivered digitally.
 - Growing referral rates
- Prof. Chamberlain noted that public health interventions are often watered down due to industry influence and therefore are 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 believes intervening early is 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 highlights the need for education and training especially in schools but notes the importance of using external specialists with experience. There are local independent charities that exist.

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

- Jennifer Clynes delivered a presentation introducing 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 is 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 are 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 impact not only individuals but also families, communities, and society, making it a significant public health issue.
- Effective prevention requires a population-level approach with community-based efforts, as individual-level solutions alone are 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 is 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 are 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 is between £4.7m and £7.9m.
 - This includes categories such as homelessness, health harms like substance use, unemployment benefits and imprisonment. The total is likely an underestimate due to the non-comprehensive list of categories.
 - **Main Finding 3:** Coxford, Woolston, Bevois, Millbrook and Swaythling contain 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 are 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 have 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 is a lack of clear signposting on available support.
 - Service-provider data reveals 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 Sept 2022 to June 2024—representing under 3.4% of those affected.
- Next, Jennifer discussed what has 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+) improve gambling knowledge and attitudes.
 - Supply Restrictions: Limiting gambling venues and access
 - Advertising Restrictions: Reducing gambling ads can decrease participation, particularly among children and young people.
 - **Secondary Prevention: (early identification to prevent escalation)**
 - Early intervention through brief, in-person psychosocial support has 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 are more effective when self-exclusion lasts at least 6 months,

limits are universal and irreversible, and tools like self-appraisal, high-threat pop-up messages, forced breaks, and slower play speeds are 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 are 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 are 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 outlining 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, established by the Gambling Act 2005 and operating under DCMS, issues operator, management, and personal functional licenses and enforces Licence Conditions and Codes of Practice (LCCP).
- The GC is a co-regulator of the Gambling Act alongside local authorities and has powers to address illegal gambling, often working with agencies like the police and HMRC.
- Non-compliance with LCCP can 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 have been imposed on operators.

The GC and Local Authorities

- GC co-regulates gambling with local authorities, issuing operator licenses while local authorities handle premises licenses, permits, and permissions.

- works with local authorities on enforcement actions, such as shutting down illegal casinos and poker clubs.
- GC can object to gambling premises applications to set legal precedents
- GC publishes guidance and resources for local authorities, including a quarterly bulletin, regular meetings, and various guides.

Protection of Consumers

- Consumers can opt into self-exclusion, spending limits, payment blocking with banks, and blocking gambling ads on social media.
- Operators are 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 – sharing 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 views 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 is challenging and gradual but ultimately rewarding. He now feels he has moved past this shame and is motivated to help others on their own paths to wellness.
- He believes that training staff in gambling venues to recognise and address gambling-related issues is essential. He also appreciates 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.

Conclusions from meeting:

- Gambling harms are common and linked to many negative outcomes.
- There is a concentration of gambling premises in Southampton, either adjacent to, or located in, areas of high deprivation and/or areas at elevated risk of harm.
- There is limited local data, but even conservative estimates suggest significant numbers of adults experiencing harmful gambling in Southampton (6,160-31,900), with a further estimated 15,400 adults affected by someone else's gambling.
- Only a small proportion of those affected by gambling-related harms in Southampton are accessing treatment and support.
- Southampton City Council manages premises licenses, permits, and permissions and local operators are required to identify and intervene in problematic gambling behaviour.
- Tackling gambling-related harms requires a broad and coordinated response, involving individual, community and place-based action.
- Potential actions include prevention and education work in schools and through public campaigns and identifying harmful gambling as early as possible through the 'make every contact count' approach.

Scrutiny Inquiry Panel – Reducing Gambling-Related Harms in Southampton**Inquiry Meeting – 19 December 2024**

The importance of adopting a whole place approach to reducing gambling-related harms in Southampton.

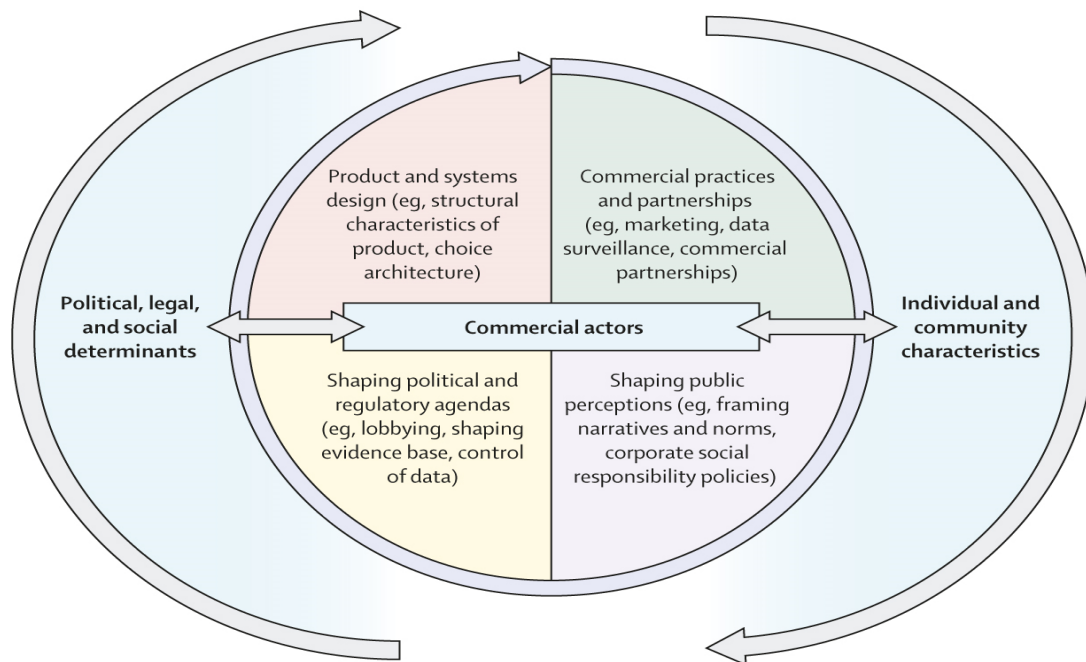
Presentations referenced below and a recording of the meeting can be found here: [Agenda for Scrutiny Inquiry Panel - Reducing Gambling-Related Harms in Southampton on Thursday, 19th December, 2024, 5.30 pm | Southampton City Council](#)

Summary of information provided:**1) Gambling harms - a whole system based approach to preventing harms – Professor Heather Wardle, Professor of Gambling Research and Policy at the University of Glasgow.**

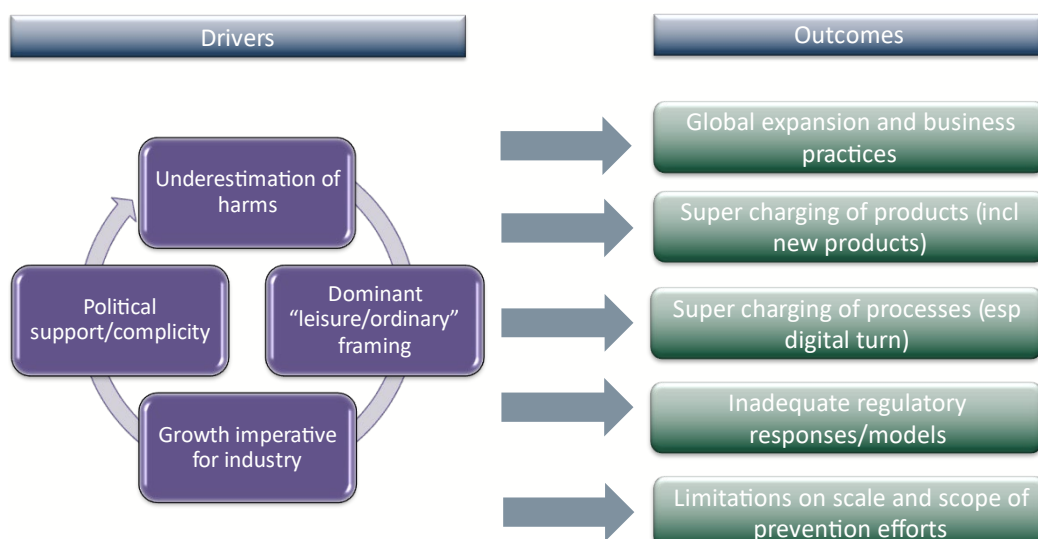
- A presentation was delivered by Professor Heather Wardle, outlining the importance of implementing a whole system based approach to preventing gambling harms.

Key points raised in the presentation included:

- Determinants of gambling and gambling harms:

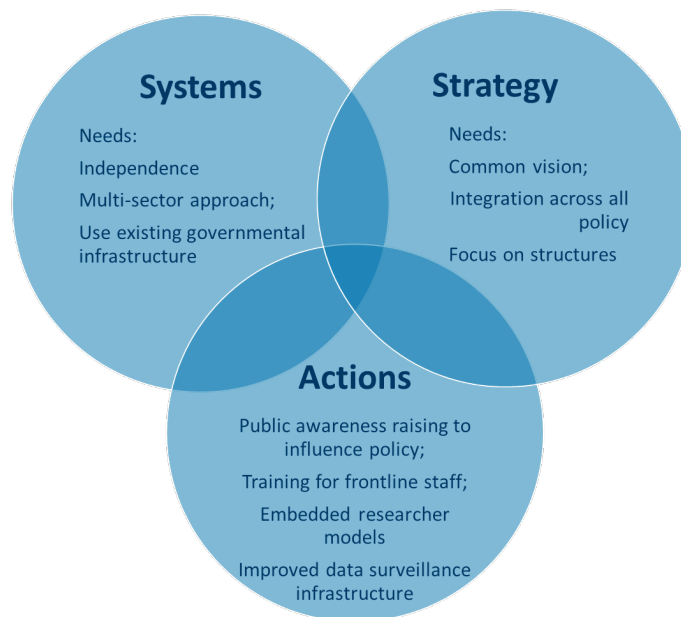


- Systematic reframing of gambling as leisure and allowing industry to use same practices for promotion and marketing as other leisure commodities – despite it being health harming. Estimate that between 1% - 5% of people in nations globally experience gambling disorder and many more experience harms; especially including affected others – you can experience harms from gambling without being a disordered gambler – relates to the nature of the product and the experience.
- Harms paradox evidence – those from certain socio-economic or demographic backgrounds are far less likely to gamble but those that do are more likely to experience harm – potential role of gambling accelerating and exacerbating inequalities and thus is a threat to sustainable development goals more generally – this is specifically related to how the global and corporate gambling industry is developing and political actions (or inactions in some cases) in response to this.

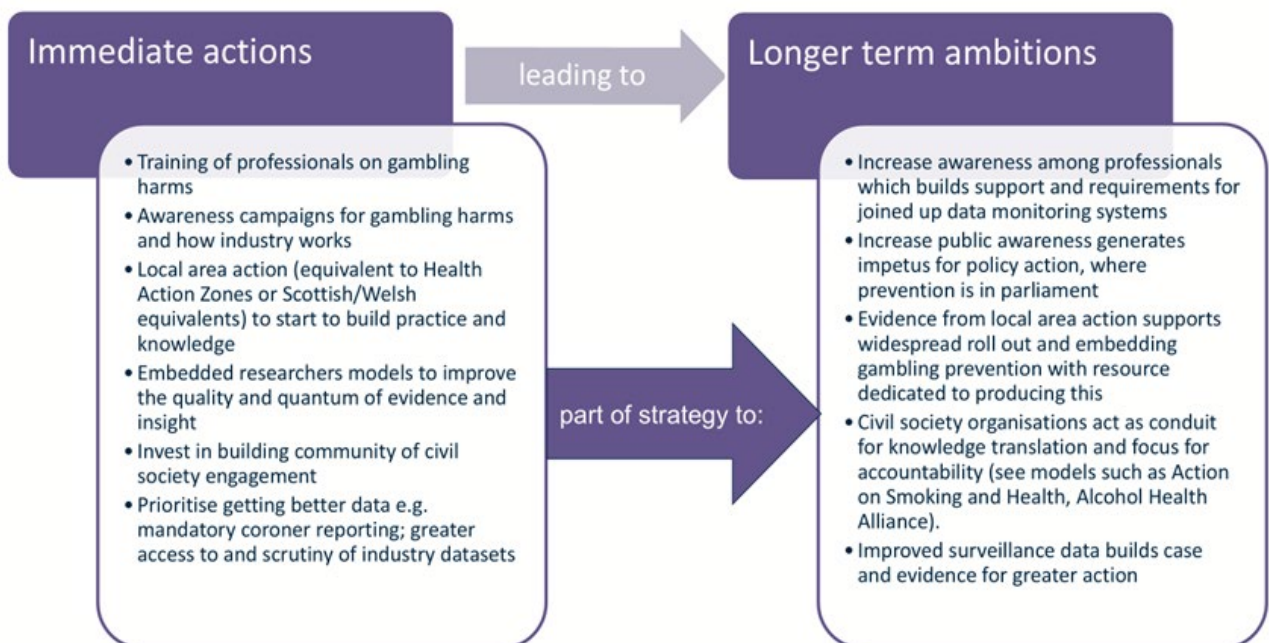


- This has implications for prevention – It needs a whole systems approach to reduce harm; it needs different regulatory approaches; It needs global co-operation.

- A whole systems approach is required because gambling harms impact so many areas including – Crime, work and employment, cultural, financial, relationships, mental and physical health. It therefore needs a multi-sectoral response.
- Gambling harms have a direct impact on areas that local government is responsible for addressing – Poverty, health and wellbeing, gender equality, economic growth, inequalities and community safety. Those who are most vulnerable to gambling harms are also more likely to be in contact with or receiving support from councils.
- There is widespread recognition that the current policy environment is not optimal for a fully realised public health prevention strategy. However, it was also recognised that there is an opportunity to start building towards this ambition, using the statutory levy on gambling operators to implement stronger, robust and independent systems and to start work in some priority actions areas whilst a more comprehensive and commonly-held Prevention Strategy is developed.
- Key features of the system proposed:



- Actions needed now to deliver better systems and strategies going forward –



- Concluding remarks:

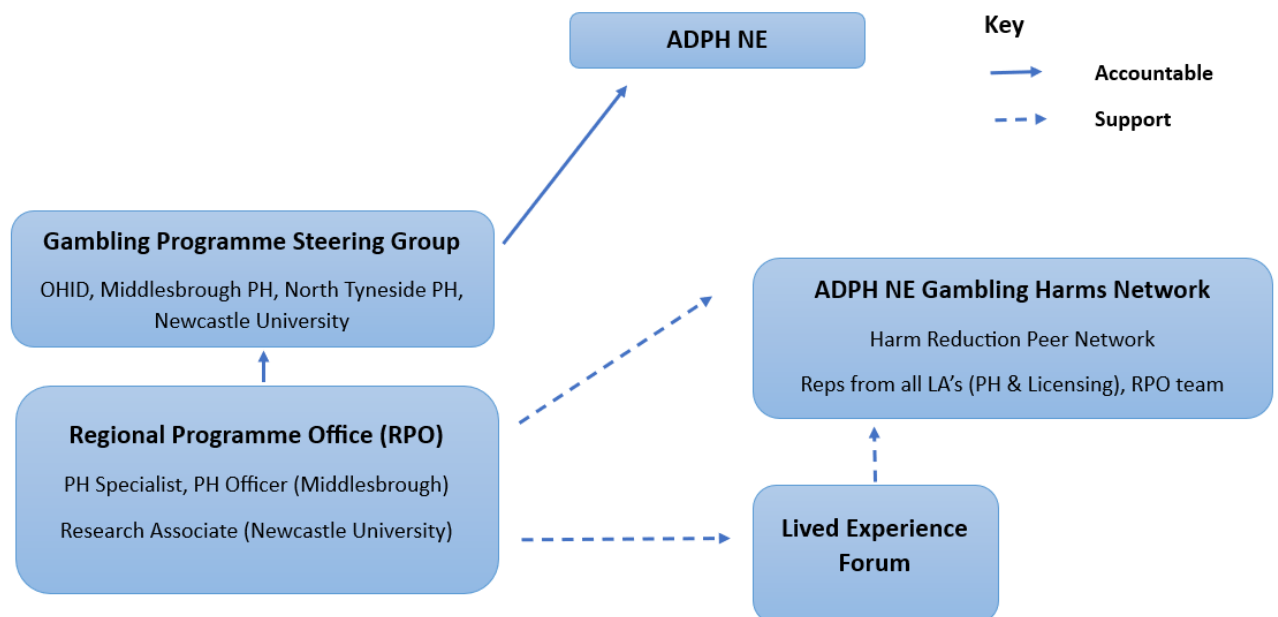
- Instituting effective prevention may require wholesale reframing of the way gambling is considered.
- Needs a systems-based approach, and recognition of taking action across the whole system; a multi-sectoral approach.
- Regional and local-level co-ordinated action is possible and it is possible to make in-roads in the immediate term.

2) North East Gambling Harms Programme – Alice Beadle, Public Health Specialist for Gambling Related Harms working across the North East of England

- Alice Beadle delivered a presentation introducing the work being undertaken in the north east of England addressing gambling harms.

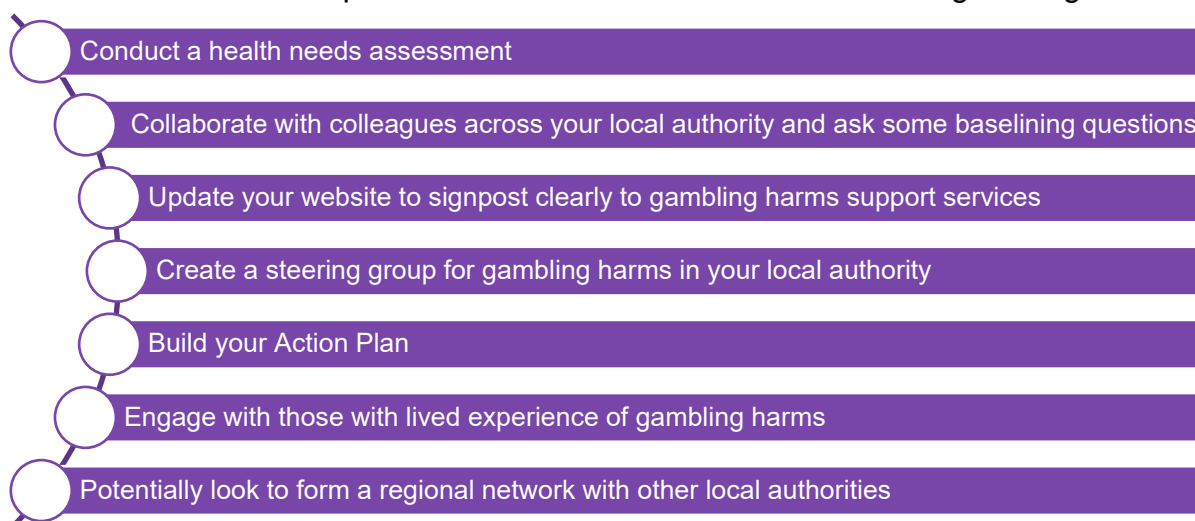
Key points raised in the presentation included:

- In the North East it is estimated that 4.9% of the population (aged 16+) are at-risk gamblers, where they experience some level of negative consequences due to gambling. This is the highest regional estimated prevalence of at-risk gambling in England and was the catalyst for seeking funding to co-ordinate action across the region.
- The Association of Directors of Public Health in the North East (ADPH NE) were awarded £750,000 of funding from the Gambling Commission's Regulatory Settlements Fund. The funding is hosted by Middlesbrough Council and has been used to develop and implement a 3-year regional gambling-related harms programme.
- Over the last year, the 'Regional Office for Gambling Harms' has worked to provide strategic direction, leadership, support to the 12 local authorities and produce resources to support ADPH NE's approach to gambling related harms.
- A whole systems approach has been adopted with key stakeholders engaged including Public Health, academia, University wellbeing services, Planning and Licensing, Financial inclusion, VCSE organisations, treatment and support providers in the NE, MECC NE (Make Every Contact Count)
- Governance Structure:

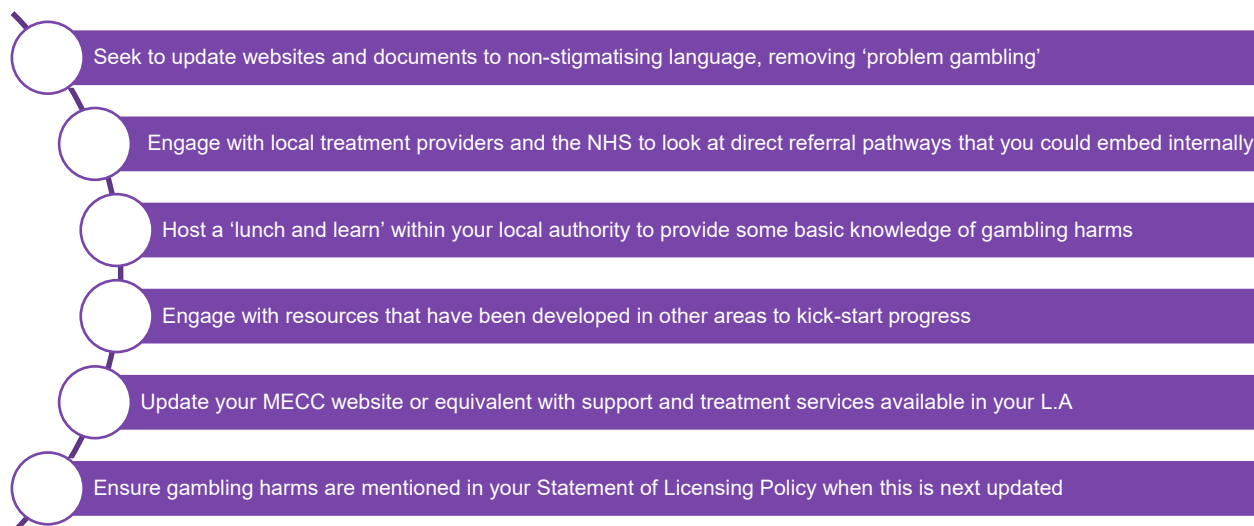


- Working together in a whole systems approach has really helped drive forward progress and will hopefully secure long-lasting impact beyond the Programme.

- The regional approach is built on 8 pillars and is based on the regions approach to alcohol and tobacco. Progress has been made against each of the pillars.
- The pillars are:
 - Support & partnerships
 - Advocacy
 - Media, Communications and Education
 - Treatment
 - Data, Research, Evaluation
 - Licensing
 - Protecting Young People
 - Lived experience
- ADPH NE have produced [a how to guide for local authorities](#), [a gambling harms slide deck](#) to help with training and messaging, and a [slide deck of the academic evidence](#) to provide relevant and up to date literature to aid public health colleagues in evidencing gambling related harms as a public health concern.
- Alice identified initial steps that local authorities can take to reduce gambling harms:



- And some potential quick wins:



- Progress has been made across the region but each council has different capacity and priorities. Awareness has increased amongst front line staff and screening questions are being embedded across council's and VCSE organisations.

- NIHR funding is potentially available (National Institute for Health and Care Research) for specific research projects in partnership with the University of Southampton. Opportunity for collaboration with the University of Southampton.

3) Working Together to Address Gambling Harms – Matt Smith, Director of External Affairs at Betknowmore UK and Expert by Experience

- Matt delivered a presentation outlining the work being delivered by Betknowmore UK with the London Borough of Islington.

Key points raised in the presentation included:

- Betknowmore UK is part of the [National Gambling Support Network](#) and has a mission to ‘provide support and training services that prevent and address personal and societal harms caused by gambling.’
- Betknowmore UK provide 3 key services:
 - Peer Aid (individuals harmed by gambling receive support from trained Peer Supporters, who themselves have fully recovered from gambling harms and addiction)
 - New Beginnings (a peer support service for women directly harmed by gambling and affected others, offering support in one-to-one and group environments)
 - GOALS (Gambling Outreach and Living Support (GOALS) Service works within local communities to enhance resilience to gambling harms.
- Gambling harms have a significant impact on the services provided by local authorities and local priorities – Including Licensing, Community Safety, Public Health, Housing, Children’s Services and Adult Social Services.
- It is estimated that 10,000 residents in Islington may be struggling with gambling harm out of a population of 230,000. Support was available for drug and alcohol addiction but not for gambling harms. Betknowmore UK were approached by the council to work with them and has been providing local solutions to issues in the Borough.

The Solutions

Training and consultancy	Screening and assessment	Support and treatment	Organisational support
Bespoke training and consultancy quality assured by City & Guilds	Screening tool questions co-produced by academics and local authority	Bespoke support services such as drop-ins, community outreach and single sex interventions	Strategic planning days to inform integration into public health and social care
Informed by ‘lived experience’ and sector leading experts	Residents onboarded to support and treatment pathway as quickly as possible	Brief intervention resources and awareness packs for all residents and stakeholders	Quality assured training and workplace resources for all employers and employees

- Betknowmore UK have delivered a WorkSafe session to Islington staff members from across departments to better equip them in having conversations around gambling harms and awareness around the topic.
- Betknowmore have been holding sessions at Access Islington Hubs. These centres offer local people the opportunity to access early intervention and prevention services that support their needs.
- To date they have held 18 Hub sessions and have facilitated 348 brief interventions.
- Betknowmore UK is widening its engagement with council services in addition to attending Hub sessions.
- They are working with faith forums to access minority ethnic groups who are at high risk of gambling harm but are under represented when it comes to accessing support.
- The council does not pay for the support. It is funded through Gamble Aware.
- Matt identified the impact the work with Islington has had so far:

The Impact

Training and consultancy	Screening and assessment	Support and treatment	Organisational support
Awareness of issues and have clear understanding of their impact	Collation of evidence and harm indicators	Improved health and wellbeing of residents	Clear pathways to support for residents and staff
Acquire tools and knowledge to address gambling harms	True fiscal cost of hidden harms emerge	Reduction in associated co-morbid issues	Robust risk management and accountability

- The importance of the support from Councillors, especially Cabinet Members, was recognised particularly in ensuring engagement from across the council.
- Betknowmore UK are keen to expand their work providing wrap around support with local authorities. The introduction of the statutory levy will result in a new system emerging and the existing providers of support are keen to be a key part of the support network in reducing gambling related harms moving forward.

Conclusions from meeting:

- There is widespread recognition that the current policy environment is not optimal to reduce gambling related harms. However, there is an opportunity to use the statutory levy on gambling operators to implement stronger, robust and independent systems and to start work in some priority actions areas whilst a more comprehensive and commonly-held Prevention Strategy is developed.
- The approach needs to be a whole system multi-sectoral approach because gambling harms impact so many areas.
- Examples of good practice exist that Southampton can learn from to move at pace towards a position where we can reduce gambling related harms in

Southampton. This includes the approaches employed by Greater Manchester Combined Authority, ADPH NE, and the London Borough of Islington through their engagement with Betknowmore UK.

- Employing dedicated resources to help co-ordinate activity and research has been key to the progress made in the north east. Funding may be available to support work in Southampton, potentially through NIHR and the University of Southampton.

Scrutiny Inquiry Panel – Reducing Gambling-Related Harms in Southampton

Inquiry Meeting – 16 January 2025

Primary prevention - Taking action to prevent the onset of at-risk gambling behaviour, either through whole population measures or those targeting vulnerable groups.

Presentations referenced below and a recording of the meeting can be found here: [Agenda for Scrutiny Inquiry Panel - Reducing Gambling-Related Harms in Southampton on Thursday, 16th January, 2025, 5.30 pm | Southampton City Council](#)

Summary of information provided:

1) Information and awareness – Steve Watts, Chief Executive at GamFam

- A presentation was delivered by Steve Watts, outlining the Gaming and Gambling Harms information and awareness sessions delivered by GamFam in Essex, Suffolk and Norfolk to young people and parents.

Key points raised in the presentation included:

- GamFam is a charity set up by those who have experienced first-hand the devastating effects that gambling can have on family and friends. Its vision is to empower individuals and families to alleviate the impact of gambling harms and move towards a positive future.
- GamFam delivers CPD accredited information and awareness sessions to help understand gaming and gambling related harms and the impact on health and wellbeing.
- The objectives of the information and awareness (I&A) sessions are:
 - To change perception about gambling harms
 - To feel more confident offering support to anyone affected by gambling harms (directly or indirectly)
 - To be able to signpost individuals and families to specialised support and services.
- GamFam deliver CPD accredited I&A sessions in Norfolk, Suffolk & Essex to schools, colleges, professionals and other support services. They have recently launched a Key Stage 2 programme and a grassroots football programme is launching in February 2025. Having people with lived experience opens doors.
- Feedback demonstrates significantly increased awareness and understanding of gambling harms following the sessions.
- Delivering I&A sessions in schools and colleges can be challenging. Work needs to be done to support teaching staff to be able to spot the signs. If the sessions are delivered by teachers through PSHE (Personal, Social, Health and Economic

education) lessons it can result in an inconsistent message. It should be delivered by a specialist.

- In Southampton PSHE leads have discussed gambling harms and some secondary schools have accessed support (lesson plans and guidance for teachers) from GamCare on gambling harms.
- The I&A sessions are in addition to the peer support programmes run by GamFam.
- GamFam work in partnership with all 15 of the NHS Gambling Clinics, including the NHS Southern Gambling Service, and deliver Peer Support on behalf of the 6 NGS clinics and from February the London Clinic.
- GamFam want to grow and will seek funding via the statutory levy. Keen to work across the South of England.

2) Greater Manchester Gambling Harms Update - Odds Are: They Win campaign – Ellie Caddick, Senior Communications and Engagement Manager at Greater Manchester Combined Authority

- Ellie Caddick delivered a presentation introducing the gambling harms awareness campaigns being delivered by Greater Manchester Combined Authority.

Key points raised in the presentation included:

- Odds Are: They Win was the first gambling harms prevention campaign in Greater Manchester (GM) and one of the first in the UK. Step away from personal responsibility messaging - 'safer gambling'.
- It initially ran before, during and after the Football World Cup 2022 with a target to reach men aged 18-40 with harms messaging and to raise awareness of work taking place in GM. The campaign utilised outdoor advertising and social media.
- GamHive, a lived experience group, provided feedback on the advertising campaign.
- Metrics – Social media: +1.4 million reach; Unique clicks to the campaign landing page: +16,000; The first 6 weeks of 2023 saw the same number of people seek gambling addiction support on the GMCA website as for the whole of 2022; 122 social media toolkit downloads.
- Some organic content performed better than paid for advertising.
- When resources reduced a new evidence informed approach to the Odds Are: They Win campaign was used. There was an increased focus on gateway events, In-play betting, online slots, gamblers attempting to make money from gambling, gambling sponsorship – ad hoc when opportunities arise.
- Small pots of money can be used in a very cost effective way.
- [Chapter One](#) – Came about as a result of: The fragmented treatment and support provision, most information resources are funded by the gambling industry; Partnership with Gambling with Lives to pilot an integrated treatment and support pathway in Greater Manchester; Only 1 in 200 people who would benefit from support are accessing information or treatment (OHID report, 2024).
- Chapter One outputs - Training and resources for professionals (intermediaries and HCPs); Impartial and independent information for the public; Campaign to raise awareness of support available.
- Chapter One awareness campaign - Showing gambling harm as something that can affect anyone, Digital campaign – Google, YouTube, Snapchat, TikTok targeting people aged 18-35. It signposted people to support and information and provided posters and leaflets for public and professionals.

- Outcomes of the Chapter One campaign - Showed that social media channels can be effective at reaching target audiences; Successfully exceeded targets and industry averages; Showed that Snapchat was the most cost-effective channel in this campaign. Result - 44,481 clicks at 34p Cost per click.
- Conclusions - Chapter One was a successful partnership pilot programme and campaign. The website met a need for clear, unbiased, and direct information while also providing urgent help, scope for getting more people to see it.
- A mixed-media, digitally focused campaign was effective in raising awareness and helping people access information quickly.
- Work in GMCA was supported by a [language guide](#)
- Before you launch an awareness campaign you need a Public Health Team that cares about gambling harms in the same way that it does about tobacco and alcohol. It needs support from the Director of Public Health but there is a community out there that are willing to help you and share resources.
- If you are to commence an awareness campaign it is important to have resources ready for when people ask for help.
- New levy – Expect a commitment to a public health campaign that takes a step away from the gambling industry narrative – safer gambling & be gamble aware. Need to reduce stigma, provide high value communications that signposts people to high quality support services.

3) A lived experience perspective – Bryan Dimmick

- A statement was provided by Bryan Dimmick, a Southampton resident with lived experience of gambling harms, outlining the value in restricting the number of gambling premises in Southampton and ensuring that those in the city comply with their code of conduct to protect customers from gambling harm.

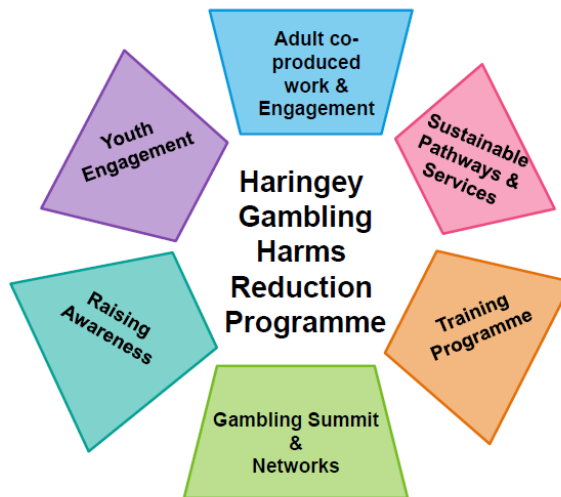
4) Haringey's Gambling Harms Programme – Marlene D'Aguilar, Health in All Policies Strategic Lead at the London Borough of Haringey

- Marlene D'Aguilar delivered a presentation providing an overview of gambling harms in Haringey with a focus on how the council are using licensing and planning policies to reduce gambling related harms/risk in the borough.

Key points raised in the presentation included:

- In Haringey 8,000 residents experience direct gambling harm and up to 25,000 affected others from gambling harm. Approximately 1 in 7 residents in Haringey are affected by gambling harms.
- There are 65 gambling premises with 7 in the West and 58 in the East of the borough which is more deprived. Out of 330 local authorities for the number of people per gambling premises – it has the 13th highest concentration of gambling premises relative to population.
- Licensing – Gambling Act 2005 has ethos of 'Aim to permit'. Applications cannot be refused purely on the grounds of proximity to existing premises, moral grounds, residents' preference.
- Licensing objectives - Gambling Act 2005: Preventing gambling from being a source of crime and disorder; Ensuring that gambling is conducted in a fair and open way; Protecting children and vulnerable persons.

- Public Health respond to all licensing and planning applications in Haringey for gambling premises and have been successful in having applications refused.
- For license applications Public Health's response is always based on the Licensing Objectives on the Gambling Act 2005 (usually protecting children and vulnerable residents). In Planning the response will tie in with planning policy. For both, priorities in the Corporate Plan and Health & Wellbeing Strategy are referenced and they use Business Intelligence Teams, Public Health Intelligence, Crime data Management, Mapping and Benefits data to support the response.
- GLA School Superzone Projects - School Superzones aim to protect children's health and enable healthy behaviours, using local authority powers and place-shaping potential to implement environmentally based actions. Haringey Use Superzones in Planning Application responses and Licensing Representation around Gambling Premises.
- Haringey are working with universities to get students to improve local data about gambling in Haringey.
- Licensing & Planning - Challenges and learning:
 - If the application is new the applicant has to apply for both planning and licensing - If you are not successful at getting the restrictions you need to safeguard your community via licensing, go for this in planning.
 - Importance of updating and adding to data and evidence - the closer you can get to high street data, super output areas, ward data the better. Include data from gambling services, local treatment centres and vulnerability.
 - If conditions are applied at planning and on the licence eg Adult Gaming Centre to restrict hours the applicant will often return 6 months to a year later to get that licence extended on the basis of good behaviour.
 - Applicants may employ Barristers and King's Council (KC) for licensing hearing, former high level police officers who usually carry out the surveillance reports of the location. Just be clear with the evidence and data you are presenting and the impact on residents.
 - Invaluable support of Cllrs at submitting representations and giving evidence from their constituents at hearings. Haringey has identified a Cabinet Member as the champion for reducing Gambling Harms.
- New Haringey Local Plan in development and it will feature a strengthened approach to reducing gambling harms. Work is underway with Licensing on new Gambling Policy & Local Profile & Needs Assessment.
- Haringey are utilising the Health in All Policies Approach in their development of Haringey's Gambling Harms Reduction Programme - A collaborative approach to improving the health of all people by incorporating health considerations into decision making – that is delivered through six core elements:



- The programme addresses the needs through co-producing with residents and people with Lived Experience and Affected Others. The programme has not received funding via a regulated settlement.

4) Gambling Related Harms and Licensing – Phil Bates, Licensing Manager at Southampton City Council and Ian McGuinness, Senior Licensing Officer at Southampton City Council

- Phil Bates and Ian McGuinness delivered a presentation that provided an overview of gambling premises in Southampton and the Council's approach to regulating gambling through licensing.

Key points raised in the presentation included:

Licensing

- There has been a reduction in the number of gambling premises in Southampton from 2018 figures. There are concentrations in the city centre and Shirley Road/High Street. There are smaller clusters in District Centres and the remainder tend to be pubs and clubs with gaming machines.
- Guidance to LAs on enforcement is to ensure compliance and legal duty to aim to permit. Applications are carefully examined to ensure they are compliant, and premises inspections are carried out.
- Statement of Licensing Principles - Latest document increases influence of Public Health; Identifies and re-emphasises areas of risk for operators; Working with Public Health and partners on identifying areas where there is gambling harm within the city. The new policy is much stronger at protecting children and vulnerable people from gambling harms.
- A risk assessment has to be completed by each venue in relation to the local area profile which Public Health contributed significantly to. This is the key document for Licensing Officers when they inspect premises.
- Southampton has a strong history of obtaining compliance. We currently have no information to support illegal gambling activity is taking place. When we have found illegal activity, it is nearly always out of ignorance and resolved quickly.
- Venues operate exclusion schemes and share this with similar premises. Staff regularly intervene with players and check on welfare. Machines are monitored and players can set limits. This can be in stark contrast to on-line controls.

- The Gambling Harms Needs Assessment is a valuable resource but it does highlight the limited local data available on harmful gambling that can be utilised to inform policies - Need to improve how we obtain data on harmful gambling within the city.
- Intention to work closer with venues on identifying risks and highlighting support services.

Planning

- Attached as Appendix 1 to the report was a briefing paper on the role of planning in determining the location of gambling premises. The paper identified that it is possible to create targeted planning policies that seek to control the proliferation of gambling premises such as betting shops, amusement arcades and bingo halls, in a similar manner to policies that seek to control other Sui Generis uses such as hot food takeaways. However, such policies can only address the opening of new outlets and cannot retrospectively control existing ones.
- Such a policy would also need to be adopted as part of the new Local Plan for the city, known as the Southampton City Vision, in order for it to be used in deciding planning applications.
- The current suite of Local Plan documents does not include such a policy and one cannot be retrospectively added.
- For new policy controlling the proliferation of gambling outlets to be adopted it would need to be justified through a robust evidence base. This is a requirement for all policies in a Local Plan. In addition to being justified, the policy would also need to meet other tests of soundness in order to be adopted.
- Notably, there are examples of other local authorities having successfully adopted a policy controlling the proliferation of specific types of gambling outlets. Whilst these policies take different approaches there are some commonalities. For example, specifying that there must be a certain number of units with other uses between the types of gambling outlet they are seeking to control.
- Analysis of SCC's 2023 centres surveys indicates that the percentage of gambling outlets in each centre is relatively low. As such, a percentage threshold would likely not be the most effective option. However, further detailed analysis would be needed before reaching any firm conclusions or decisions as to which approach should be taken, if a policy is deemed necessary.
- Likewise, if a policy is deemed an appropriate response, the approach proposed will need to be developed in consultation with Development Management officers who would ultimately be using the policy to determine planning applications.

Conclusions from meeting:

- Examples provided have clearly demonstrated that there are opportunities to reduce gambling supply and exposure, and the uptake of gambling in Southampton.
- The information and awareness sessions delivered by GamFam, including those in schools and colleges, have been shown to result in increased awareness and understanding of gambling harms following the sessions.
- The awareness raising work delivered by GMCA highlights the effectiveness of a mixed-media, digitally focused campaign in raising awareness about gambling harms and helping people access appropriate information and support.
- The Health in All Policies approach adopted in Haringey enables the Council to be proactive in utilising policies and data to challenge applications for additional gambling premises in the borough through Licensing and Planning.

- In Southampton the latest version of the Statement of Licensing Principles is much stronger at protecting children and vulnerable people from gambling harms through the contribution of Public Health. However, there are opportunities to include in the next iteration of the Local Plan a policy controlling the proliferation of specific types of gambling outlets in the city.
- The presentations identified the essential role played by Public Health in utilising the tools and data available to reduce gambling related harms in a local authority area.
- Thankfully there is a community of practitioners across local authorities and combined authorities that already have significant experience and expertise in tackling gambling harms and are willing to help and share resources with Southampton City Council.

Scrutiny Inquiry Panel – Reducing Gambling-Related Harms in Southampton

Inquiry Meeting – 13 February 2025

Secondary prevention - Early identification of those who have recently started to engage in at-risk gambling behaviour to prevent escalation of (and ideally reduce) any early-stage gambling-related harms.

Presentations referenced below and a recording of the meeting can be found here: [Agenda for Scrutiny Inquiry Panel - Reducing Gambling-Related Harms in Southampton on Thursday, 13th February, 2025, 5.30 pm | Southampton City Council](#)

Summary of information provided:

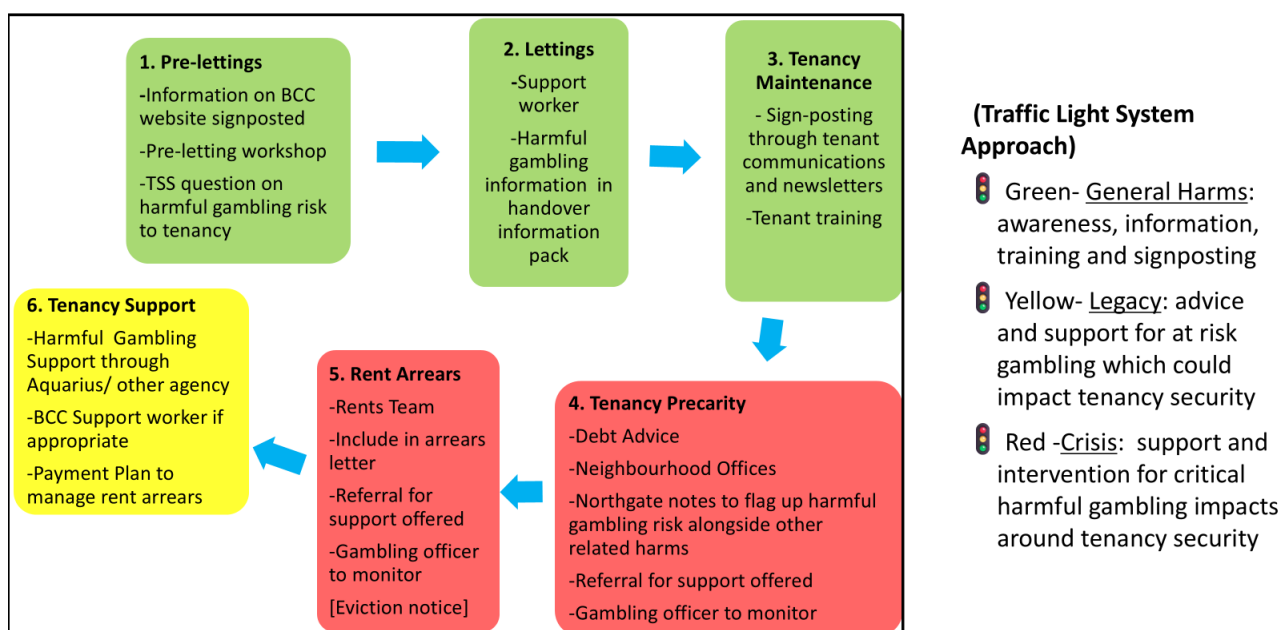
1) Harmful Gambling and Tenancy Insecurity for Birmingham City Council Tenants – Dr Halima Sacranie, Director of Housing Research at the Centre for the New Midlands & Professor Andy Lymer, Director of the Centre for Personal Financial Wellbeing at Aston University

- A presentation was delivered by Dr Sacranie and Prof Lymer, outlining the key findings from a project with Birmingham City Council to understand the links between gambling harm and tenancy insecurity and the development of an intervention framework.

Key points raised in the presentation included:

- A 2-year Centre for Personal Financial Wellbeing (CPFW), Aston University, project with Birmingham City Council (BCC).
- Aim - Understand the links between gambling harm and tenancy insecurity and help develop intervention strategies to prevent tenancy loss as a result.
- Project cost £300k - Funded by the Regulatory Settlement Funds of the UK's Gambling Commission (cost for other LAs to replicate this approach would be significantly lower).
- Harmful Gambling and Tenancy Security online survey sent to 57,333 BCC council tenants. 1,058 responses (226 said they were impacted by harmful gambling, 249 said they gambled personally, and 111 were identified through the questions as those who could be classed as problem gamblers) (2/3 respondents were female).

- Screening question: *“Has your gambling or the gambling of someone close to you had a negative impact on your life?”*
- Survey findings - 1 in 5 of tenant respondents affected by harmful gambling; 8 in 10 problem gamblers have borrowed money in the past 2 years to pay for their expenses, compared to 5 in 10 among the other gamblers; Over 50% of problem gamblers who tried to control or stop gambling did not receive any support. For those who received support, none received support from BCC; The main reasons that prevent problem gamblers or affected others from seeking support are ‘embarrassment’ and ‘shame’; Over 60% of problem gamblers mentioned physical or mental health issues caused by their gambling behaviours, compared to less than 6% among the other gamblers.
- Qualitative interview findings highlighted issues like the concentration of bookmakers in deprived neighbourhoods, the ease of gambling online and the exposure to TV and social media gambling advertising as well as heightened cultural stigma for women of different nationality backgrounds.
- Harmful Gambling leading to tenancy precarity - 4 in 10 problem gamblers currently in rent arrears, compared to 2 in 10 of the other gamblers (harmful gambling cited as main reason for rent arrears); 30% of problem gamblers say gambling spending reduced their ability to pay their council rent; 13.5% of problem gamblers received eviction notices; Affected others more likely to say the gambler gambles to make money for rent and their gambling had led to not being able to pay the rent, being given an eviction notice or becoming homeless.
- Birmingham City Council Interventions - 116 housing officers received harmful gambling awareness training; 8 BCC tenants (some with lived experience) received harmful gambling training; New harmful gambling webpages linked to cost-of-living support webpages created and widely advertised; Changes made to the Council’s housing management systems Northgate and TSS; A large set of data on the connections between harmful gambling and BCC tenants collected, analysed and provided to BCC for further use in developing and enhancing support to tenants.
- BCC Update, September 2024 - 14 new cases recorded on Northgate (system for tenants); TSS (for pre letting stage) has recorded 30 cases where tenants have said ‘Yes’ to ‘Has you’re gambling or the gambling of someone close to you had a negative impact on your life at any time.’; 730 views on gambling webpages.
- BCC cost savings associated with statutory rehousing (eviction costs, temporary accommodation costs; void costs; reduction in homelessness)
- Key Reflections - Tenants unlikely to disclose harmful gambling to BCC because of risk perception it might jeopardise their tenancies; Lack of awareness about gambling support generally and specifically support from BCC; Changes made to frontline systems need internal buy-in from different housing service areas and referral pathways need to be built into existing modus operandi; Critical relationship with a local gambling support agency (Aquarius) for awareness, gambling training, and clear referral pathway; Regular harmful gambling training for frontline housing officers and training for tenants to create community champions to inform, empower, and engage; A dedicated harmful gambling officer role crucial to monitor interventions and tenant support.
- A Harmful Gambling Intervention Framework – Mapping interventions against tenant journey



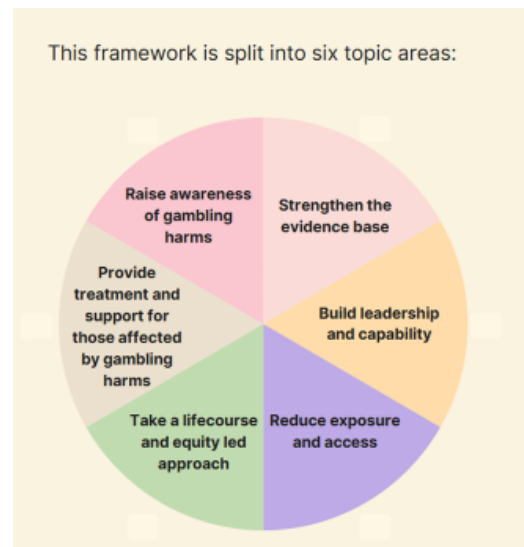
2) Gambling Harm Prevention and Reduction in Yorkshire & the Humber – Simone Arratoonian, Health and Wellbeing Programme Manager, North East and Yorkshire Region at the Office for Health Improvement and Disparities (OHID)

- Simone Arratoonian delivered a presentation introducing the Gambling Harm Prevention & Reduction programme in Yorkshire and the Humber (Y&H).

Key points raised in the presentation included:

- 3-year programme of activity plus support and guidance for LA gambling leads
- 2 broad aims of the programme: education, awareness and earlier access to support
- Against a backdrop of uncertainty about future direction of national gambling harms prevention agenda, fragmented treatment system, conflict of interest affecting evidence and industry-friendly framing of the issue.
- Learning which shaped Y&H approach:
 - PHE evidence review (2021) – it takes on average 10 years for people to seek treatment
 - Greater risk for some but harm occurs at multiple levels. Impossible to predict who is 'vulnerable'. Gambling can harm anyone. Importance of population approach.
- Programme Outputs:
 - [Insight](#) into gambling behaviour and perceptions
 - [Mapping](#) of online gambling harm info sources – what good looks like
 - Development of regional marketing campaign '[Gambling Understood](#)' (Aug 23 to Jan 24) – two phases – facts about products and industry tactics, spotting the signs/supporting each other to get help
 - Assessment of [training needs](#), and development of independent training offer (Gambling With Lives) to support conversations and signposting. These online sessions aim to increase awareness and understanding of gambling-related harms and guide staff to have sensitive conversations and signpost, or refer to support. Working with local authority partners and services across the region, this will be available to key frontline staff in communities who may encounter people affected. Delivery of the pilot will begin in early 2024, and following assessment of training outcomes, should lead to further rollout.

- Update of [Y&H MECC gambling harms](#) guidance to complement training offer
- Development and launch of language guide – '[Words can hurt](#)' (Feb 24)
- Review and relaunch of [GH prevention and reduction framework](#) (Dec 24)
- Workplace Health – The framework supports workplaces to introduce a gambling harms policy or guidance to support employees, including guidance for managers.
- One of the six topic areas in the framework is strengthening the evidence base. It recognises that data is sparse but recommends that partners collect, analyse, use and share local data and look at what local Public Health commissioned services might be able to collect to inform need.



3) Reducing Gambling Related Harm – Kirsty Rowlinson, Chief Officer at Citizens Advice Southampton & Teresa Hadwick, Accredited Debt Caseworker

- Kirsty Rowlinson and Teresa Hadwick delivered a presentation informing the Panel about the extent to which harmful gambling is raised as an issue with Citizens Advice and the support provided by Citizens Advice to identify and signpost those experiencing gambling-related harms.

Key points raised in the presentation included:

- Last year, Citizens Advice (CA) helped almost 8,000 people in Southampton with over 27,000 problems. Gambling harms is encountered in all parts of the service.
- For every debt case that is opened, the CA database asks advisers to raise questions about gambling (screen). CA ask the question, CA check the bank statements, CA advise clients about effect of gambling on debt options, CA advise clients on what options can/can't be offered whilst client is spending their income on gambling.
- Unsurprisingly, very few people admit that their gambling is a problem. Gambling problems usually emerge later down the line when bank statements are examined.
- Some people with gambling problems might have frequent cash withdrawals, with nothing to show for the expenditure. It's a way of 'hiding' gambling expenditure.
- There are some indicators, but it takes experience and detective work to find out.
- What might not be harmful gambling for someone on a good wage, can be a huge problem for someone on a low income.
- Six part on-line training course is provided to advisers by National Citizens Advice. The training helps advisers to act on the gambling prompts on the Client Management System and use the referral tool to refer clients for specialist help.
- CA refer to GamCare - On occasions CA refer clients to their GP
- Asking about gambling in the right way is challenging due to stigma and judgement.
- Collecting data is challenging. Often coded as eviction and rent arrears rather than the route cause which may be gambling.
- Time required by CA to do it properly, but funding models limit the amount of gambling support they can offer.

4) Southampton City Council's approach to identifying and supporting those experiencing gambling-related harms – Kate Harvey, Public Health Consultant, Maria Byrne, Service Lead for Housing Needs and Welfare Support, Jonathan Maunder, Senior Homeless Prevention Officer and Mark Pirnie, Scrutiny Manager

- Kate Harvey, Maria Byrne, Jonathan Maunder and Mark Pirnie provided a brief overview of the work currently being undertaken by Southampton City Council services to identify and support those experiencing gambling-related harms.

Key points raised included:

- Limited feedback from SCC services regarding activity employed to identify and support residents with gambling harms. Children's Services refer and signpost on a case by case basis, or parents are encouraged to self-refer. The Conversation Model, introduced by Children's Services in January 2025, may also assist in identification and support.
- Public Health Commissioner Services – Gambling is considered in assessments and reviews for Drug & Alcohol Services – Do you gamble? Do you want help?
- Lots of people receiving support from drug & alcohol services have gambling harms.
- The NICE Guidelines could help to increase focus on gambling harms and it provides an opportunity to implement the guidelines in services commissioned by Public Health moving forward.
- Homelessness Services do not ask questions about gambling, it is not recorded. It may be identified when bank statements are analysed. Referred to support following internet search as no referral pathway identified.
- Welfare Rights Service supports SCC tenants. No gambling harms statistics, screening questions or framework to refer to.
- A new Housing Strategy is currently being developed. Opportunity to include identification and support for gambling harms across Housing Services.

Conclusions from meeting:

- Many council and wider public and voluntary sector services will be coming into contact with people experiencing or impacted by harmful gambling.
- There are steps that councils and partner organisations can take to help identify residents experiencing gambling-related harms, and affected others, and assist and encourage them to access the support that is available.
- SCC is not currently implementing these steps but the example from Birmingham City Council's work with housing tenants demonstrates the value of early identification, interventions and referral pathways.
- Training, such as that systematically being delivered across Yorkshire & Humber, and the use of the Making Every Contact Count approach can increase awareness and understanding of gambling-related harms and guide staff to have sensitive conversations and signpost or refer to support.
- This approach is being employed by Citizens Advice Southampton, albeit with limitations imposed by financial models.
- To raise gambling harms awareness throughout the workplace a gambling harms policy or guidance to support employees is recognised as an important component of Yorkshire & Humber Framework for Preventing and Reducing Gambling Harms. SCC does not have a workforce Gambling Harms Policy.

- Opportunities exist to improve Southampton's approach to identifying and supporting residents experiencing gambling-related harms. The Council is in the process of refreshing the Housing Strategy. This presents an opportunity for Housing Services to increase awareness of, and support for tenants experiencing gambling harms.
- The recently published NICE Guidelines also provides a mechanism to include the identification, assessment and management of gambling-related harms in public health commissioned services, as well as healthcare professionals and social care practitioners in all settings, including the criminal justice system.
- Funding for prevention and treatment via the Gambling Levy is due to commence in October 2025.
- Strengthening the evidence base is also essential. Data can support prioritisation of work, building a case and taking action on gambling harms.

Scrutiny Inquiry Panel – Reducing Gambling-Related Harms in Southampton

Inquiry Meeting – 6 March 2025

Tertiary prevention - Measures to lessen the impact of gambling-related harms on those already engaging in harmful gambling behaviours and their affected others.

There were no presentations. The following invited guests were asked to consider a number of questions with the Inquiry Panel:

- **Dr Konstantinos Ioannidis** – Lead Clinician and Consultant Psychiatrist, NHS Southern Gambling Service
- **Steve Watts** – Chief Executive, GamFam
- **Helen Coleman** – Senior Strategy Manager, NHS Hampshire and Isle of Wight
- **Tom Sheppard** – Associate Director of Communications, NHS Hampshire and Isle of Wight
- **Bryan Dimmick** – Southampton Resident with lived experience
- **Kate Harvey** – Consultant in Public Health, Southampton City Council

What gambling harm prevention and treatment services are available for Southampton residents?

- Appended to the meeting papers was an extract from the Gambling Harms Needs Assessment that identified the range of treatment and support services available for Southampton residents experiencing gambling-related harms and their affected others.
- It was recognised that the range of services was fairly comprehensive and that the city was fortunate to host the NHS Southern Gambling Service (SGS). NHS Southern Gambling Services had a good relationship with GamFam who provided peer support to many SGS clients.
- The loss to the city of one to one counselling support for gambling related harm that was provided by Options, as a GamCare partner until 2021, was noted, as was the pilot scheme delivered by PSL offering support to people suffering gambling related harm from someone else's harmful gambling, that was often linked with co-occurring substance use problems, especially alcohol and drugs.

Are there gaps in provision?

- The lack of a lead 3rd sector gambling support organisation in the Solent area was raised. GamFam and Betknowmore UK, at the December 2024 meeting, have both expressed a willingness to provide this role.
- It was recognised that capacity to treat and support residents impacted by gambling harms would be stretched if the level of unmet need decreased. NHS Southern Gambling Service is currently accepting 480 referrals a year (it is funded for 350). It can manage this workload, waiting lists are limited and demand is stable.
- Potential need for specialist provision reflecting the diversity of Southampton's population.

Which services are most effective? How are these services used by different groups?

- It was recognised that the diverse range of support and treatment services available provided choice to those requiring support. Some prefer face to face, some online etc. The more choice the greater the likelihood that there will be a service that meets an individual's needs.
- The entire network of support and treatment services is important. SGS cannot address gambling issues in Southampton acting alone. It requires a co-ordinated range of support and specialist treatment services to provide the level and type of support required by those impacted by gambling-related harms.

What is limiting Southampton residents with gambling harms accessing the treatment and support services that are available?

- Nationally it is reported that only 1 in 200 people experiencing gambling harms who would benefit from help are currently accessing treatment.
- Stigma was recognised as a significant barrier to accessing support. Gambling harms awareness needs to be delivered to reduce stigma. Opportunity for the NHS Hampshire and Isle of Wight communications to be utilised to help breakdown the barriers and associated shame and guilt.
- Greater awareness of the support and treatment that is available would be advantageous.

Is there scope to rationalise and improve patient pathways? (Provide clarity about referral pathways to gambling treatment and effective links with wider services)

- Yes. Greater clarity of referral pathways and effective links with wider services, such as mental health and substance misuse services, would help those impacted by gambling harms and those wanting to refer people to support and treatment.

How can the new statutory levy and NICE guidelines be utilised to support better treatment and referral pathways in Southampton?

- If the NICE guidelines are followed by NHS, Criminal Justice and Social Care practitioners it should result in more brief interventions and timely referrals to support and treatment services, improved co-ordination, and more consistent treatment standards. This must be encouraged.

- NHS England have been tasked with utilising the funding from the Statutory Levy, (50% dedicated for support and treatment services), to commission the full treatment pathway, from referral and triage through to aftercare, hopefully with NICE guidelines in mind. It is likely that NHS England will devolve some responsibilities to NHS Hampshire & IOW to develop a referral pathway that works for our area. There is an opportunity for Southampton to pilot a local approach that meets the needs of our communities.
- Providers have identified the need for sustainable funding for support and treatment services.

Other issues raised

- The importance of self-exclusion measures and a wish for there to be a one-stop solution to blocking access to gambling outlets and advertising.
- The role played by banks in blocking access to funds.
- The importance of lived experience in developing an appropriate referral pathway and network of support and treatment services.
- The importance of local leadership at place level to ensure that appropriate policies, training and networks are in place to take advantage of the opportunities presented through the levy and the review of referral pathways.

Conclusions from meeting:

- Residents of Southampton impacted by gambling harms currently have a choice of support and treatment services available to them. The landscape of providers is potentially complicated to navigate.
- The complexity of the provider landscape and stigma can present a barrier to accessing services. Gambling harms awareness, with NHS support, could help reduce stigma.
- NICE guidelines, if implemented, present a clear opportunity to improve the identification, assessment and management of gambling-related harms, lessening the impact of gambling-related harms on those already engaging in harmful gambling behaviours and their affected others.
- NHS England have been tasked with commissioning the full treatment pathway, from referral and triage through to aftercare. There is an opportunity for Southampton to engage the NHS, particularly if responsibility is devolved to local NHS commissioners, and look to pilot a local referral pathway that meets the needs of the city, funded by the NHS.
- Local leadership from the Council and partners would be required and there would be a need to develop relationships with providers and engage people with lived experience.
- Consideration must be given to scaling up support and treatment services to meet the significant level of unmet need.