



## HEALTH AND WELLBEING BOARD PAPER

### FORMAL PUBLIC MEETING

**Report of:** (Health and Wellbeing Board Member) *Greg Fell, Director of Public Health*

**Date:** 23 June 2022

**Subject:** Sheffield Strategy to Reduce Gambling Related Harms

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**Summary:**

1. *In September 2017, the Fairness Commission Fair Money workstream lead asked Public Health, Licensing, and Safeguarding to undertake work on gambling;*
2. *Work was undertaken led by Public Health and Safeguarding which included baseline mapping of local knowledge and capacity in relation to gambling and an evidence review. These key pieces of work were used to determine what local action was needed.*
3. *A Problem Gambling\* Stakeholder Group was convened (February 2018), including people with lived experience to agree priority actions to improve awareness, screening, identification and referral to treatment. These actions were implemented 2018-2020 (3 years).*
4. *The Sheffield Gambling Act 2005 Statement of Principles set out intentions to create a Gambling Harm Reduction strategy which will would set out a robust and comprehensive approach to minimising harm from gambling, beyond the licensing functions with prevention of gambling harm at the core of this strategy. - this did not progress beyond preliminary discussions.*

5. *A Yorkshire and Humber Public Health Framework for Gambling Related Harm Reduction was published in September 2019 with Sheffield and Leeds City Councils as the lead authors.*
6. *An NHS Northern Gambling Service providing NHS treatment in Yorkshire & Humber opened in Leeds in September 2021*
7. *The Gambling Commission in September 2021 approved £800k regulatory settlement funding for a new regional public health programme to reduce gambling harms in Yorkshire and the Humber.*
8. *Actions have been taken on training, screening, treatment pathways, policy including workplace policies and advertising and sponsorship policy. However, there is no over-arching strategic framework to tackle gambling-related harm in Sheffield and limited resource (“in kind” officer time from Public Health and Safeguarding). Public Health resource was redirected towards pandemic response and there has been limited Sheffield focussed activity 2020-22.*
9. *There are considerable ideological differences in how gambling related harm is framed and local positions have shifted in the 5 years since Public Health and Safeguarding began to lead this work in Sheffield. The Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive 9 May 2022 agreed with the approach of basing the strategy for Sheffield on local lived experience, national evidence base, a Commercial Determinants of Health (CDOH).*
10. *In January 2022 a Problem Gambling\* Stakeholder workshop was held to develop a consensus approach towards a strategy to tackle gambling-related harms in Sheffield. The clear consensus was that the strategy should focus on mental health harms (rather than financial harms) and that key priorities (in order) were: providing effective treatment, reducing the exposure of vulnerable people to gambling products, improving identification and recognition of problem\* gambling, protecting children and young people from gambling-related harms, influencing the regulatory environment. This approach was endorsed by the Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive 9 May 2022. It was agreed that the approach would be taken to today’s Health and Wellbeing Board and if further endorsed, a strategy would be drafted along these lines for public consultation in Autumn 2022.*

*\*the term “problem gambling” is accepted as a problematic term and is an example of how ideological approaches and framing has shifted since 2017.*

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### **Questions for the Health and Wellbeing Board:**

How should gambling-related harm be framed in Sheffield? It is proposed that the local strategy is framed in terms of local lived experience, the national evidence base, and a Commercial Determinants of Health (CDOH) approach.

Does the Health and Wellbeing Board endorse a strategic focus on mental health, with key priorities of: providing effective treatment; reducing the exposure of vulnerable people to gambling products; improving identification and recognition of problem\* gambling; protecting children and young people from gambling-related harms; influencing the regulatory environment

Should the gambling industry be directly involved in prevention and education of gambling-related harms?

Should the gambling industry be directly involved in treatment and support for gambling-related harms?

What should the local regulatory environment for gambling look like? Does Sheffield's Gambling Act 2005 Statement of Principles accurately portray what our ambitions should be in this area?

How much exposure to gambling products through advertising and sponsorship, in the city centre, in neighbourhoods, and on public transport is acceptable?

### **Recommendations for the Health and Wellbeing Board:**

The Health and Wellbeing Board give their view on the framing of the problem, the strategic focus, and key priorities and this is used to draft a strategy for wider stakeholder consultation, including public consultation in Autumn 2022.

The Health and Wellbeing Board authorise the Director of Public Health to be the strategic lead in the development of the Sheffield Gambling Harm Reduction Strategy.

The Health and Wellbeing Board and the Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive jointly own the strategy for the city.

### **Background Papers:**

<https://www.gov.uk/government/publications/gambling-related-harms-evidence-review>

<https://www.yhphnetwork.co.uk/news/new-public-health-framework-for-gambling-related-harm-reduction-published/>

<https://sheffieldcc.maps.arcgis.com/apps/Cascade/index.html?appid=427a39b0fca04e9a9a1fdfe558071110>

<https://www.gamblingcommission.gov.uk/news/article/regulatory-settlement-funds-treatment-and-prevention-programme>

<https://democracy.sheffield.gov.uk/documents/s33283/Gambling%20Act%20-%20Statement%20of%20Principles%20Policy%20-%20with%20Foreword.pdf>

[Gambling Act Appendix C - Updated Statement of Principles Policy 2022.pdf \(sheffield.gov.uk\)](#)

[Leeds and York Partnership NHS Foundation Trust -Northern Gambling Service \(leedsandyorkpft.nhs.uk\)](#)

### **Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?**

This links to themes of Starting Well (protected from hidden harms from parental gambling and protected from exposure to gambling products outside of the home) and Living Well (protected from exposure to gambling products, supported to identify harms and access NHS treatment) but does not neatly fit under the current Health and Wellbeing Strategy ambitions.

### **Who has contributed to this paper?**

Magdalena Boo, Health Improvement Principal, Office of the Director of Public Health has authored this paper which includes contributions from:

- Greg Fell, Director of Public Health
- Julie Hague and Maureen Hanniffy, Safeguarding Licensing Managers, Sheffield Children Safeguarding Partnership
- Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive
- Sheffield Problem Gambling\* Stakeholder Group

## **REPORT TITLE - Sheffield Strategy to Reduce Gambling Related Harms**

### **1.0 SUMMARY**

- 1.1 In September 2017, the Fairness Commission Fair Money workstream lead asked Public Health, Licensing, and Safeguarding to undertake work on gambling;
- 1.2 Work was undertaken led by Public Health and Safeguarding which included baseline mapping of local knowledge and capacity in relation to gambling and an evidence review. These key pieces of work were used to determine what local action was needed.
- 1.3 A Problem Gambling\* Stakeholder Group was convened (February 2018), including people with lived experience to agree actions to improve awareness, screening and referral. These actions were implemented 2018-2020 (3 years).
- 1.4 The Sheffield Gambling Act 2005 Statement of Principles set out intentions to create a Gambling Harm Reduction strategy which would set out a robust and comprehensive approach to minimising harm from gambling, beyond the licensing functions with prevention of gambling harm at the core of this strategy.- this did not progress beyond preliminary discussions.
- 1.5 A Yorkshire and Humber Public Health Framework for Gambling Related Harm Reduction was published in September 2019 with Sheffield and Leeds City Councils as the lead authors.
- 1.6 An NHS Northern Gambling Service providing NHS treatment in Yorkshire & Humber opened in Leeds in September 2021
- 1.7 The Gambling Commission in September 2021 approved £800k regulatory settlement funding for a new regional public health programme to reduce gambling harms in Yorkshire and the Humber.
- 1.8 Actions have been taken on training, screening, treatment pathways, policy including workplace policies and advertising and sponsorship policy. However, there is no overarching strategic framework to tackle gambling-related harm in Sheffield and limited resource (“in kind” officer time from Public Health and Safeguarding). Public Health resource was redirected towards pandemic response and there has been limited Sheffield focussed activity 2020-22.
- 1.9 There are considerable ideological differences in how gambling related harm is framed and local positions have shifted in the 5 years since Public Health and Safeguarding began to lead this work in Sheffield. The Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive 9 May 2022 agreed with the approach of basing the strategy for Sheffield on local lived experience, national evidence base, a Commercial Determinants of Health (CDOH).
- 1.10 In January 2022 a Problem Gambling\* Stakeholder workshop was held to develop a consensus approach towards a strategy to tackle gambling-related harms in Sheffield.

The clear consensus was that the strategy should focus on mental health harms (rather than financial harms) and that key priorities (in order) were: providing effective treatment, reducing the exposure of vulnerable people to gambling products, improving identification and recognition of problem\* gambling, protecting children and young people from gambling-related harms, influencing the regulatory environment. This approach was endorsed by the Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive 9 May 2022. It was agreed that the approach would be taken to today's Health and Wellbeing Board and if further endorsed, a strategy would be drafted along these lines for public consultation in Autumn 2022.

**\*the term "problem gambling" is accepted as a problematic term and is an example of how ideological approaches and framing has shifted since 2017**

## **2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?**

- 2.1 Public Health England published a review of evidence of gambling related harms (2021) and this contains key insights into health inequalities impacts. The following bullet points include **direct quotes** from the evidence review summary.
- 2.2 "The socio-demographic profile of gamblers appears to change as gambling risk increases, with harmful gambling associated with people who are unemployed and among people living in more deprived areas. This suggests harmful gambling is related to health inequalities" (PHE 2021).
- 2.3 "People at the greatest risk of gambling-related harm are more likely to be unemployed and living in more deprived areas, have poor health, low life satisfaction and wellbeing, and have an indication of probable psychological health problems" (PHE 2021)
- 2.4 "Gambling and the risk of gambling-related harm are associated with psychological and physical health. The highest levels of gambling participation are reported by people who have better general psychological health and higher life satisfaction. And people who have poorer psychological health are less likely to report gambling participation. However, it is the opposite for at-risk and problem gambling, where there is a higher prevalence among people with poor health, low life satisfaction and wellbeing. This is particularly true where there is an indication of psychological health problems" (PHE 2021).
- 2.5 There is a North-South divide in at risk gambling with highest prevalence in the North West and North East and lowest in the South West (PHE 2021)
- 2.6 "The most socio-economically deprived and disadvantaged groups in England have the lowest gambling participation rates, but the highest levels of harmful gambling and they are also the most susceptible to harm. So, if there are no interventions to improve this situation, harmful gambling is likely to make existing health inequalities worse" (PHE 2021).

### 3.0 MAIN BODY OF THE REPORT

- 3.1 In September 2017, the Fairness Commission Fair Money workstream lead (Adele Robinson) asked Public Health (Greg Fell, Magdalena Boo), Licensing (Shimla Finch), and Safeguarding (Julie Hague) to undertake work on gambling.
- 3.2 An evidence review was conducted by Public Health (2017) and published as a Joint Strategic Needs Assessment Chapter – pending the publication of the Public Health England (PHE) which was commissioned in Autumn 2017 and published in September 2021. PHE (2021) estimated that 0.5% of the adult population reach the threshold for disordered gambling and 3.8% of the population are classified as at-risk gamblers. Around 7% of the population of Great Britain (adults and children) were found to be negatively affected by someone else’s gambling, this is more likely to be women (partners), children, and parents.
- 3.3 A baseline mapping exercise was undertaken with Local Authority, NHS, Voluntary Community and Faith Sector organisations to establish knowledge about gambling, particularly ability to screen for gambling-related harms and refer to effective treatment – this mapping of 31 organisations found very little knowledge of the issue (January 2018). The Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive 9 May 2022 agreed that this mapping exercise should be repeated in Autumn 2022 (5 years on).
- 3.4 A Problem Gambling\* Stakeholder Group was convened (February 2018), including people with lived experience to review the baseline mapping results and agree actions to improve awareness, screening and referral. These actions were implemented 2018-2020 (3 years) and included training, sharing of screening tools, development of treatment pathway diagrams, inclusion of gambling in local directories, development of workplace policies so gambling had parity with other addictions (tobacco, drugs, alcohol).
- 3.5 The Sheffield Gambling Act 2005 Statement of Principles set out intentions to create a Gambling Harm Reduction strategy which would set out a robust and comprehensive approach to minimising harm from gambling, beyond the licensing functions with prevention of gambling harm at the core of this strategy.- this did not progress beyond preliminary discussions. There were many discussions with elected member leads for Licensing, Public Health, Poverty, Children and Young People over this period. In 2021, Cabinet Member Councillor Alison Teal authorised Public Health to proceed in developing a strategy starting with stakeholder consultation with the Problem Gambling\* Stakeholder Group.
- 3.6 A Yorkshire and Humber Public Health Framework for Gambling Related Harm Reduction was published in September 2019 with Sheffield and Leeds City Councils as the lead authors. This framework sets out an evidence-based menu of key priorities and actions which Local Authorities can take to reduce gambling-related harms.
- 3.7 An NHS Northern Gambling Service providing NHS treatment in Yorkshire & Humber opened in Leeds in September 2021. Prior to the opening of the NHS clinic the only

local treatment available was Gamcare counselling (Krysallis) and mutual aid, Gamblers Anonymous/GamAnon and SmartRecovery.

- 3.8 The Gambling Commission in September 2021 approved £800k regulatory settlement funding for a new regional public health programme to reduce gambling harms in Yorkshire and the Humber. The programme will focus on education and prevention and provide access to support and treatment for individuals and their families experiencing problem gambling\*. It will improve identification of problem gambling\* through training in workplaces, direct gamblers to self-management and support, protect high risk and vulnerable groups from gambling-related harm, and work with individuals and communities to raise awareness and reduce stigma.
- 3.9 Actions in Sheffield have been taken on training, screening, treatment pathways, policy including workplace policies and advertising and sponsorship policy. However, there is no over-arching strategic framework to tackle gambling-related harm in Sheffield and limited resource (“in kind” officer time from Public Health and Safeguarding). Public Health resource was redirected towards pandemic response and therefore there has been limited Sheffield focussed activity 2020-22.
- 3.10 There are considerable ideological differences in how gambling related harm is framed and local positions have shifted in the 5 years since Public Health and Safeguarding began to lead this work in Sheffield. The Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive 9 May 2022 agreed with the approach of basing the strategy for Sheffield on local lived experience, national evidence base, a Commercial Determinants of Health (CDOH). Public Health England (2021) identified the health inequalities impacts of gambling and the likelihood of inequalities widening without remedial action.
- 3.11 In January 2022 a Problem Gambling\* Stakeholder workshop was held to develop a consensus approach towards a strategy to tackle gambling-related harms in Sheffield. The clear consensus was that the strategy should focus on mental health harms (rather than financial harms) and that key priorities (in order) were: providing effective treatment, reducing the exposure of vulnerable people to gambling products, improving identification and recognition of problem\* gambling, protecting children and young people from gambling-related harms, influencing the regulatory environment. This approach was endorsed by the Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive 9 May 2022. It was agreed that the approach would be taken to today’s Health and Wellbeing Board and if further endorsed, a strategy would be drafted along these lines for public consultation in Autumn 2022.
- 3.12 There is no additional resource within the Public Health Grant for this work. The current commitment is one day per week of a Health Improvement Principal’s time. There is no budget for this programme of work.

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#### **4.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?**

- 4.1 Sheffield is well-regarded nationally as one of the leading Local Authorities in tackling gambling-related harms. However, this activity lacks a coherent over-arching strategic framework.
- 4.2 Public Health England (2021) identified the health inequalities impacts of gambling and the likelihood of inequalities widening without remedial action. This will particularly be felt in terms of psychological health (mental health) and wellbeing.
- 4.3 The Sheffield Problem Gambling\* Stakeholder Group (January 2022) recommended that the local strategy should focus on mental health harms and that key priorities (in order) were: providing effective treatment; reducing the exposure of vulnerable people to gambling products; improving identification and recognition of problem\* gambling; protecting children and young people from gambling-related harms; influencing the regulatory environment. These key priorities and an approach of basing the strategy for Sheffield on local lived experience, national evidence base, a Commercial Determinants of Health (CDOH) was endorsed by the Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive 9 May 2022.
- 4.4 It is proposed that the governance of the strategy is through the Director of Public Health and that the Health and Wellbeing Board and the Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive jointly own the strategy for the city.
- 4.5 It was agreed that the approach would be taken to today’s Health and Wellbeing Board and if further endorsed, a strategy would be drafted along these lines for public consultation in Autumn 2022.

#### **5.0 QUESTIONS FOR THE BOARD**

- 5.1 How should gambling-related harm be framed in Sheffield? It is proposed that the local strategy is framed in terms of local lived experience, the national evidence base, and a Commercial Determinants of Health (CDOH) approach.
- 5.2 Does the Health and Wellbeing Board endorse a strategic focus on mental health, with key priorities of: providing effective treatment; reducing the exposure of vulnerable people to gambling products; improving identification and recognition of problem\*

gambling; protecting children and young people from gambling-related harms; influencing the regulatory environment

- 5.3 Should the gambling industry be directly involved in prevention and education of gambling-related harms?
- 5.4 Should the gambling industry be directly involved in treatment and support for gambling-related harms?
- 5.5 What should the local regulatory environment for gambling look like? Does Sheffield's Gambling Act 2005 Statement of Principles accurately portray what our ambitions should be in this area?
- 5.6 How much exposure to gambling products through advertising and sponsorship, in the city centre, in neighbourhoods, and on public transport is acceptable?

## **6.0 RECOMMENDATIONS**

- 6.1 The Health and Wellbeing Board give their view on the framing of the problem, the strategic focus, and key priorities and this is used to draft a strategy for wider stakeholder consultation, including public consultation in Autumn 2022.
- 6.2 The Health and Wellbeing Board authorise the Director of Public Health to be the strategic lead in the development of the Sheffield Gambling Harm Reduction Strategy.
- 6.3 The Health and Wellbeing Board and the Joint Sheffield Adult Safeguarding Partnership/Sheffield Children Safeguarding Partnership Executive jointly own the strategy for the city.