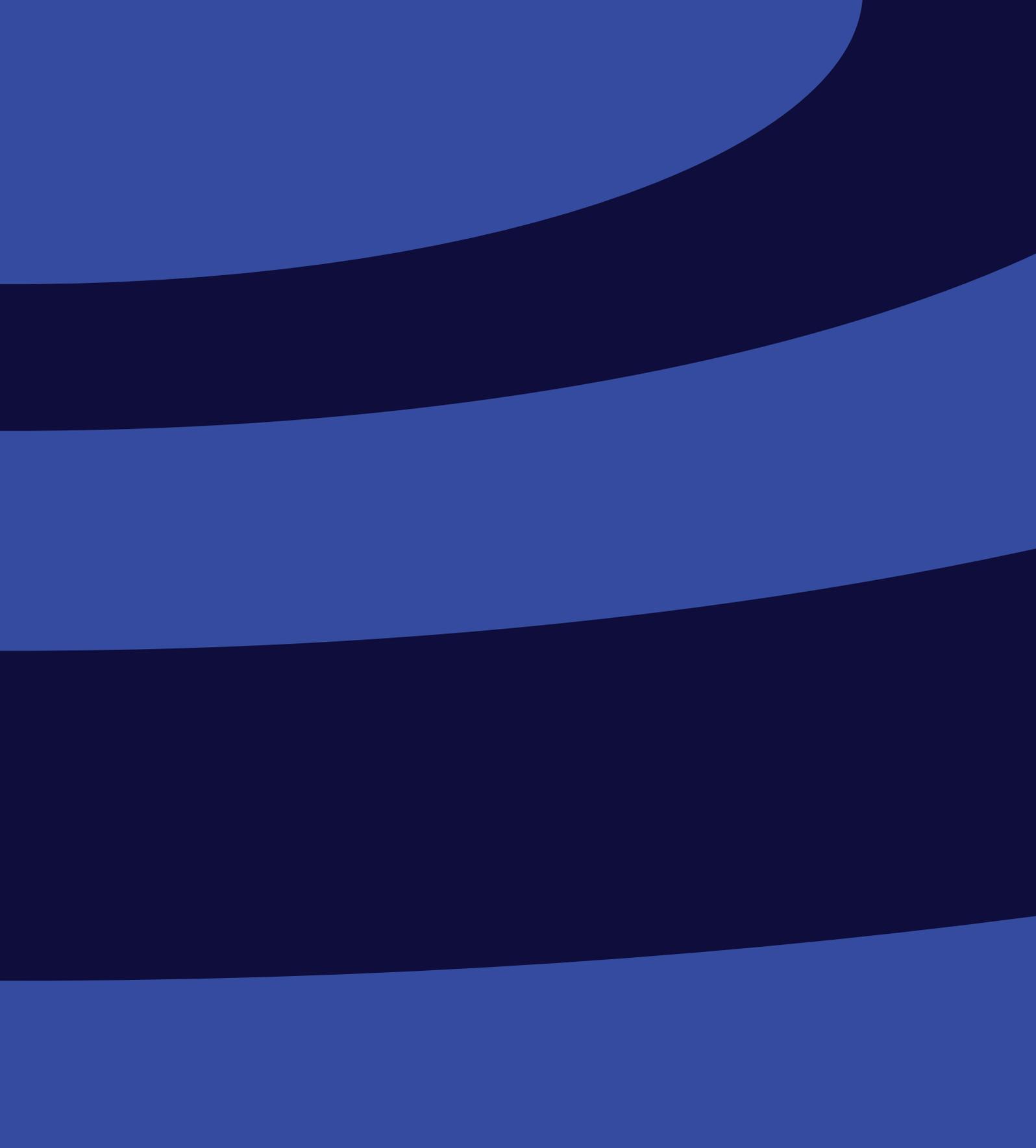


A 'Whole Council' Approach to Gambling

A guide for public health and other council officers to support the revision of borough statements of policy





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1. Executive Summary

All London boroughs have a regulatory responsibility to manage gambling within their localities. This year, all local authorities are required to review and publish a revised Gambling Statement of Principles (Gambling Policy) by 30th January 2019. This is governed under the Gambling Act 2005, where a review of their gambling policies is required every three years.

While the Licensing Act 2003 for alcohol licensed premises considers public health a 'responsible authority' with a clear role as a consultee, the Gambling Act 2005 does not. This is a missed opportunity, but should not diminish the fact that the contribution of public health considerations can provide a valuable contribution.

Public health professionals are well placed to provide expert advice in matters relating to health and well-being, in respect of supporting vulnerable people and the range of co-morbidities associated with gambling harm.

The areas where we consider that public health can add value include the following:

- **Providing guidance to public health issues when developing the Gambling Policy:** Public health has a positive contribution to make as a non-statutory consultee to influence the content of draft gambling policies in the context of protecting the health of the most vulnerable people in our communities with reference to gambling-related harm.
- **Signposting to relevant health data and evidence,** for example in the production of local gambling harm profiles - This includes maximising available data to support the evidence base as a means to improve the health

and well-being of the whole population. The most accessible data is compiled by Public Health England and the GLA London Data Store. They are one-stop shops covering a whole range of data and analysis tools for public health and include National General Practice Profiles, which provides practice level indicators and the Quality and Outcomes Framework (QOF).

- **Ensuring that consideration and attention is given to the health and well-being of the population** - Sharing a strategic perspective about the importance of health and well-being and identify areas of consideration relevant to harmful gambling which may otherwise be overlooked or omitted due to a lack of capacity around the topic.
- **Provide a one-stop shop public health reference point** - Utilise the development of the Gambling Policy as a means to develop relationships on all matters relating to public health. This can include other aspects of work, such as providing evidence should a licence require a review or when a condition is considered necessary, as well as responding to guidance or consultation papers around gambling.

2. Introduction

The purpose of this guide is to help embed public health and the wider determinants of health into the gambling review policy process being undertaken by local authorities. To that end, it is aimed at Local Authority Public Health teams.

Local authorities should ensure that when they update their Gambling Policy it is an accurate reflection for how the authority wishes to regulate gambling activities at a local level. This approach will necessitate consultation with a number of stakeholders and the public, along with political endorsement from local Councillors, with approval at Full Council required before any revision can be adopted. The extent to which the Gambling Policy is amended is up to individual borough discretion based on the unique circumstances of the authority.

The purpose of this guide is to advocate a 'whole systems' approach to gambling, enabling public health officers to use this golden opportunity to review borough Gambling Policies as a lever to engage with colleagues within local licensing teams. However, it is down to the discretion of each individual Council whether they consider Gambling a local public health priority.

Gambling can be a positive, socially enjoyable activity. The Gambling Commission, which advises how the industry is regulated offers guidance to authorities on how the process should be taken forward, defining among other things who the stakeholders should be. Licensing teams are expected to work in partnership with other colleagues and consult a wide collection of internal and external stakeholders who have an interest to safeguard the gambling activity. The Gambling Commission suggests that internal consultation should take place at an early stage and in advance of the formal consultation process. This gives public health teams an opportunity to help shape the policy from the onset.

Despite this protection, when gambling becomes harmful it becomes a public health issue - not only because of the potential health implications for the individual and family, such as stress, anxiety, depression, or alcohol and substance misuse, but also due to other unintended consequences, such as debt and homelessness and relationship/family breakup.

In this context it is important to take a 'whole systems' approach to gambling as it relates to so many facets of

everyday life as well as the wider impacts, such as family, friends, employers, and areas where there is a financial connection, such as housing.

Taking a robust public health approach to ensure that protection from harm is a thread that runs through the whole system enables a wider consideration of factors to be included. This may involve, for example, a role to signpost other local authority departments that may be able to provide support to someone who is struggling financially as a result of their gambling; or support from the voluntary sector to tackle addiction, or provide debt advice.

An authority undertaking a review of their borough Gambling Policy is able to also reflect on how including public health can be a useful tool to start a conversation with licensing partners and other colleagues who may be better equipped to recognise the unintended consequences of gambling.

3. Gambling as a public health issue

Gambling as a health issue

Gambling is often described as a 'hidden addiction' and 'Problem Gambling' is now recognised as a complex issue that impacts individuals, families, and communities. However, it remains an area that can benefit from further serious and comprehensive study, with the level of societal impact still not well understood.

What is 'Problem Gambling'?

Problem gambling is defined as an overwhelming urge to gamble in spite of negative consequences and the disruption or damage to personal, family or recreational pursuits¹.

While gambling is a relatively common pursuit in modern life and most people will gamble at least once in their lifetime without it becoming a serious issue, the excitement and competitive element to gambling releases a high level of adrenaline, which can lead to addiction. Gambling can also be used as a solution to financial worries or may be an escape from stress.

Statistics published by the Gambling Commission suggested that the number of British "problem gamblers," or people whose lives are damaged by their gambling, had risen by more than 53 percent between 2012 and 2015, from 280,000 to 430,000².

Gambling-related harm

The benefits and harms experienced from gambling are variable. For example, a person who has a good income and plays the lottery once a week may experience little harm and some pleasure. However, a person on a limited income who gambles to try and improve their financial position, but experiences significant losses may experience a great deal of

harm and little or no pleasure.

Not all gambling exposes people to the same level of gambling harm.

Who is affected by gambling-related harm?

The harms caused by gambling for the individual include anxiety, stress, depression, and alcohol and substance misuse³. These factors are likely to have a wider impact on family and friends, including family breakdown, as well as neglect and violence. There are higher rates of separation and divorce among problem gamblers compared to the general population⁴.

Further impacts of gambling include the inability to function at work, and financial problems which can lead to homelessness⁵. The harms from gambling to wider society include fraud, theft, loss of productivity in the workforce, and the cost of treating this addiction.

Gambling harm is not evenly distributed

The UK has the tenth highest gambling spend per capita in the world⁶ (net spending in the country's legal forms of betting divided by the number of residents over age 16) and this equates to an average expenditure of approximately £200 per UK adult per year⁷. However, this 'average' figure hides the significant expenditure of some individuals.

Gambling and co-occurrence

Co-occurrence, or comorbidity, is the term used to describe the existence of concurrent disorders in an individual. It also refers to the ways in which these disorders interact or interfere with each other.

As with all addictive behaviours, people

who struggle with gambling disorders tend to have other psychological problems:

Major Depression, Bipolar Disorder Suicidal Thinking and Substance Misuse

According to the Royal College of Psychiatrists, problem gamblers are more likely to suffer from low self-esteem, develop stress-related disorders, become anxious, have poor sleep and appetite, develop a substance misuse problem or suffer from depression⁸.

Problem gambling and substance misuse disorders share several characteristics, such as the intense desire to satisfy a need, a lack of control and persistent engagement with destructive or harmful behaviour, and obsession about an activity⁹.

A recent study in the British Journal of Psychiatry found that people with bipolar disorder were four times more likely to have moderate to severe gambling problems than the general population. The study found that approximately 1 in 10 patients with bipolar disorder may be at moderate to severe risk of problem gambling, possibly associated with suicidal behaviour¹⁰.

Although there is little statistical evidence to link problem gambling with suicide, some studies examining the relationship between both attempted suicide and suicidal problem gambling respectively found that, when major depression was present, attempted suicide was significantly associated with disordered gambling¹¹.

One UK study¹² found that 4 per cent of suicides amongst 20-24 year-olds were related to gambling; another study in Hong Kong¹³ found 11.3 per cent of suicide victims would be classified as pathological gamblers. If these figures were applied across London, this would indicate that between 22 and 61 suicides a year were related to gambling¹⁴.

Crime and disorder

It is very difficult to measure what impact gambling has on local crime figures because it is often difficult to attribute a crime to a gambling problem or a gambling institution, such as a betting shop.

Some studies of problem gambling among the prison

population have shown some interesting information. A recent survey by Beacon Counselling Trust in partnership with GamCare revealed that 13 per cent of all arrestees surveyed were at some risk of a gambling problem¹⁵.

An investigation currently being undertaken by the Universities of Lancaster and Glasgow has found that 7.3 per cent of male prisoners surveyed considered that their current offence was linked to gambling; and 11 per cent of men linked gambling to past offending, as did 12 per cent of female gamblers¹⁶.

4. Fixed Odds Betting Terminals

Sometimes referred to as the “crack cocaine of gambling”, Fixed Odds Betting Terminals (or B2 machines), are touch screen roulette machines on which gamblers can play casino games with a stake of up to £100 every 20 seconds.

Since their introduction, FOBTs have become a very profitable part of the business model for bookmakers and are estimated to take up as much as 50 per cent of high street bookmakers profits¹⁷.

Following the Gambling Act 2005, which allows each betting shop to have no more than four FOBT machines per premises, there has been a substantial increase in the number of machines. Due to their addictive and lucrative nature, this has contributed to the opening of multiple betting shops in close proximity to one another. There are now over 33,000 FOBTs located in high street betting shops across the UK¹⁸.

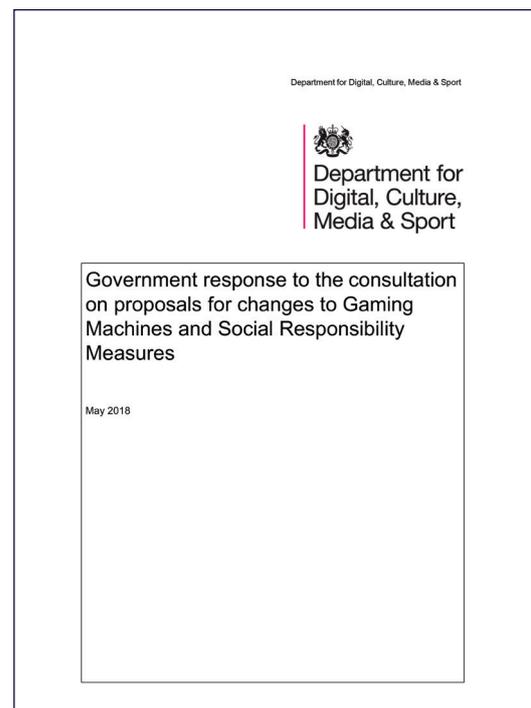
Changes to FOBT maximum betting limits

The government launched a 12-week consultation on 31st October 2017 to gather evidence on what level maximum stakes for FOBTs should be. This has followed years of campaigning from external organisations and Local Authorities, as well as Parliamentary critics – most notably the APPG on FOBTs - to lower the threshold from £100 to £2.

The consultation ended in January 2018 and the government has since announced that they will be enforcing the £2 limit. No timetable has yet been set for implementation and a 2 year “grace” period to allow the gambling industry time to adjust to the change in legislation means that the £100 maximum stake will remain in place until at least 2020.

Figures from the Campaign for Fairer Gambling suggest that there are twice as many FOBTs in the country’s 55 most deprived areas as there are in the 115 richest districts, and they record more than double the losses¹⁹. This same pattern is visible in London.

Harm caused by problem gambling may be exacerbated in deprived areas and the proliferation of betting shops risks creating a causal link between clustering and poverty. A study by Geofutures found that, while there are no statistically significant differences in problem gambling prevalence, problem gambling and moderate risk prevalence rates were higher among those who lived in areas of higher clustering²⁰.



[A link to the government’s response to the consultation can be viewed here.](#)

[Case Study] Barking and Dagenham Council: Data and Insight

Barking and Dagenham is one of the most deprived areas of London and These factors mean that Barking and Dagenham is particularly susceptible to the negative effects of gambling. Between 2011 and 2016, the number of betting shops located in the borough increased by 21 per cent (from 38 to 46).

In response to this proliferation, and following the release of their consultation, “Evening the odds: curbing the proliferation of betting shops” in 2012, in which the council set out a 400 metre exclusion zone between betting shops, the borough attempted to restrict the number of new betting shops. However, success was limited.

Data – Insight Hub: In October 2016, Barking and Dagenham established the “Insight Hub”, to embed and make better use of data in the design of local policy. The Insight Hub is a team of data and behavioural scientists that enable the council to predict future demand on services, develop local residential and community understanding, and introduce behavioural science techniques into the delivery of interventions.

Data and Gambling Licensing: While the Insight Hub’s research has been successfully used by the council to help determine elements of its gambling licensing policy, using the data gathered by the group to gain a better understanding of the impact local betting shops can have on gambling addiction, the initial work was inspired by the approach taken by Westminster their work with Geofutures.

Area Profiles: The model took in demographics, the proximity of schools and colleges to betting shops, local mental health problems, and the presence of homeless shelters, food banks and payday loan shops.

The council’s approach incorporated the use of Quality and Outcome Framework materials, made available by the NHS, to integrate clinical data in to their modelling. Through a residence matrix and the use of the IMD, they were also able to collate ethnicity data and deprivation levels into their work.

Using tree-based models to come up with the spatial indices, z-scores (which indicate how many standard deviations an element is from the mean) to normalise the data, the kernel density estimations to approximate how many vulnerable people were living close to the betting shops, allowed the council to understand where the most vulnerable people in the borough were located. This data was collated in their Area Profiles.

Cost to society: The Insight Hub also sought to estimate the costs of gambling to the borough. For this, the group borrowed the format set out in IPPR’s study, “Cards on the Table”, which delves in to the effects and consequences of problem gambling, including excess fiscal costs.

Although the direct costs are not available or easily measurable, problem gambling’s status as comorbidity allows estimation of the associated costs.

5. Calculating the fiscal cost of gambling harm

A study carried out by Barking and Dagenham's Insight Hub sets out illustrative estimates for the excess fiscal costs incurred by people who are problem gamblers, beyond those that are incurred by other members of the public. The findings of the study are itemised below.

Primary Health Care Costs

General Medical Services

- Average problem gambler, excess incident of 1.5 GP visits per year for mental health related consultation (2.4 problem gamblers – 0.9 per person in UK)
- Average length of consultation 11.7 minutes
- Average cost per minute £3.36 based on 2015/16 prices

Hospital

- Excess inpatient rate for problem gamblers 0.53 inpatient discharges per month
- The cost of finished consulting episodes £1,842

Homelessness and unemployment

Statutory Homelessness Applications

- Analysis conducted by shelter, fiscal cost associated with a period of homelessness was £2,683 per applicant, 2015/16 prices
- Excess number of annual homeless applications of 0.039 per problem gambler household

Unemployment

- Excess propensity to claim JSA valued at 0.06 when compared to population on the whole
- Estimated unit cost of JSA claimant £2,995

Imprisonment The costs associated with a 12-month prison sentence was £34,440 in 2015/16 prices. Average prison duration 8.3 months, adjusted cost £23,318 for any given prison term during a 12-month period

Excess number of annual prison sentences of 0.013 per problem gambler

Estimated total cost

Barking & Dagenham's Insight Hub estimated that gambling harm cost the borough **£800,000 to £2.2million**.

Details of this study can be seen [here](#).

While Barking and Dagenham is one example of estimating a monetary cost to gambling, it is a hotly debated subject. While there is no definitive sum that can be attributed to the cost of gambling in the UK, the Institute for Public Policy Research estimated the societal cost of problem gambling for Wales in 2016²¹. IPPR's estimated excess cost was calculated based on costs in primary care (mental health) services, secondary mental health services, hospital inpatient services, Job Seekers Allowance claimant costs, lost labour tax receipts, statutory homelessness applications, and incarcerations. IPPR estimated the cost of gambling for Wales to be between **£40 million and £70 million**²².

[Case Study]

Westminster City Council: Identifying Areas of High Risk

Westminster City Council has one of the London's most active night-time economy in London. There are approximately 122 establishments across the borough, including casinos. Due to the density and volume of activity Westminster has a strong case for taking a robust approach to ensure that the sector operates in manner which serves in the best interests of the council and its communities.

In 2015, A report supported by Westminster City Council, the Local Government Association, Manchester City Council and carried out by Geofutures entitled, 'Exploring area-based vulnerability to gambling -related harm: Who is Vulnerable?' examined the implications of applying the issue of vulnerability to measure the harm related to gambling. The report was published to provide further insight into the little known area of risk as it relates to vulnerable groups. There was a need to better understand the Gambling Act 2005 which states that 'children and young people should be protected from being harmed or exploited by gambling.' The report defined gambling related harm as

Harm or distress of any kind caused or exacerbated by a person's gambling, and includes personal, social and economic harm suffered by the person, their spouse, partner, family wider community, or in their workplace or society at large.

The report examined a range of characteristics identifying who is vulnerable and provided an indication of how these vulnerable characteristics could be translated and applied at a local level to identify areas most at risk within the City of Westminster and the Manchester area.

The introduction of the Operating Licensing Condition of the Gambling Commissions Licence Conditions and Codes of Practice was introduced in April 2016, thus making it a mandatory requirement for operators to take account of borough local area data gathered as part of boroughs Gambling Licensing

Policy Statements. This provides a useful tool for boroughs use local risk assessment in their decision making around gambling.

Categorising vulnerable people

The report set out a number of groups considered to be vulnerable in this context these cover the following; Young People; students; mental health; Learning disabilities/difficulties; immigrants; ethnicity; homeless people; multiple deprivation.

In February 2016, the second report, 'Exploring Area-Based Vulnerability to Gambling-related Harm: Developing the Gambling - Related Harm Risk Index' took the findings of the previous report a step further by using the data gathered to develop a harm risk matrix which identified five 'hotspots areas within the borough, North West (Harrow Road);, Paddington and Edgware Road (North); West End (North); West End (South) and Victoria and Pimlico.

These areas are where the matrix has shown there are high levels of risk associated with gambling related harm for vulnerable populations. Westminster is proposing to determine in their policy that new or variation applications within these areas will be required to provide a higher level of mitigation to reduce the relevant risk issues in that area.

Westminster's proposed approach is a radical and innovative one based on data and research that can be validated and used if there is a challenge about the approach the City is taking. Although, its approach will not prevent applications from new providers, the strong evidence base Westminster has developed provides a useful tool to place higher requirements within those areas considered high risk. The proposed approach will form part of the proposal revised Gambling Policy for the council and will be subject to public consultation in the summer of 2018.

Geofutures webpages to access the reports:

<https://www.geofutures.com/research-2/gambling-related-harm-how-local-space-shapes-our-understanding-of-risk/>

<https://about.gambleaware.org/media/1260/geofutures-secondary-analysis-of-machines-data-final.pdf>

6. Vulnerability and safeguarding

Why is identifying vulnerability important?

In national gambling legislation, local licensing teams have a responsibility to ensure that children and “other vulnerable persons” are safeguarded against the potential negative impacts of gambling. As highlighted above, the health consequences that can impact on vulnerable groups that are already susceptible to other social and health issues is pronounced.

A ‘whole council’ approach to the licensing of gambling premises in boroughs is, therefore, an effective means to influence the planning process and improve the wider health environment.

It is also possible to use available datasets to measure potential impact on the most vulnerable groups identified. Please see Geofutures study on area based approaches to gambling related harm, pp. 30-33, [here](#).

[Case Study] Southwark Council: A “whole-council” approach

Southwark is one of the most densely populated boroughs in the country with a population of around 313,000. Southwark is also the 40th most deprived local authority in England and the ninth most deprived out of 33 London local authorities.

Southwark is also one of the most ethnically diverse areas in the UK, with just over a half of residents coming from a White ethnic background. Around a third of all residents are from a Black ethnic background and the remaining fifth of the residents come from mixed, Asian and multiple other ethnic groups.

In this context, the proliferation of betting shops has become an increasing concern since 2011. Unlike some other boroughs in London, there has been a consistent “churn” of betting shops – with some closing, while others open – meaning that the number has been relatively consistent, only increasing by 6.5 per cent since 2007.

Even so, the concentration of gambling premises in the most deprived areas has spurred the council to implement a “whole council” approach to control their number. Under this banner, the Council Plan 2014/15 – 2017/18 included a commitment to stop the spread of pawnbrokers, betting shops, gambling machines and pay day, and a specific policy to limit the spread of betting shop has been included in the emerging New Southwark Plan, now in its submission version. This “whole council” process led to a number of planning and licensing initiatives.

Planning

In 2014 Southwark became the first council in the UK to utilise Article 4 Direction to limit the proliferation of betting shops.

An Article 4 Direction can be used to remove specific permitted development rights in all or parts of the local authority. As it is put in place to ensure that certain development requires planning permission, it does not restrict development altogether. The government’s own NPPG states that an Article 4 Direction to remove national permitted development rights should be limited to situations where this is necessary to protect local amenity or the wellbeing of the area. In particular, in deciding whether an Article 4 Direction would be appropriate, local planning authorities need to clearly identify the potential harm that the Direction is intended to address.

In 2015 the government changed the General Permitted Development Order and betting shops and payday loan shops were reclassified to sui generis use. This meant that permitted development rights no longer applied to change use to a betting shop without planning permission. It is still possible to change use from a betting shop to another use under permitted development.

Property and Asset management

The council’s commercial property estate is comprised of a wide variety of shops, offices, industrial buildings, community centres and more. However, payday lenders and betting shops are excluded from the Council’s own Asset Management Plan for the Commercial Property Estate.

The council is also able to grant rate reliefs to encourage thriving and diverse town centres by supporting retailers as they look to adapt to changing consumer preferences and provide support to the construction industry. To qualify for retail relief, a property must be occupied, have a rateable value of £50,000 or less and be wholly or mainly used as a shop, restaurant, cafe or drinking establishment.

The council's discretionary rate relief policy explicitly excludes betting shops, payday lenders and hot food takeaways from any type of rate relief.

Local Area Risk Profiles

The Council's Public Health team plays a significant role in gambling policy. Not only is Public Health notified and involved in any application for a new betting shop, the team has also provided significant input into Southwark's Statement of Gambling Policy. Southwark's Public Health supports their licensing team in this work through the production of local area risk profiles for gambling.

The risk profiles are based on a number of location indicators, including proximity to schools, places where vulnerable people are housed, and other betting shops. Area-based vulnerability considerations are also included in the model, such as demographics, deprivation and those affected by substance misuse, gambling addiction and poorer mental health.

The involvement of the Public Health team in Southwark's "Whole Council" approach is significant, allowing for the borough's Planning and Licensing Committee to make decisions that are fully informed and cognisant of the potential risks and impacts.

The risk profiles are already in development to be incorporated into the next iteration of the Statement of Gambling Policy

Public Health has also facilitated buy-in from the Health and Wellbeing Board and partners. In fact, stopping the spread of betting shops and gambling machines and promoting financial well-being and independence among residents is one of the "big asks" of the Health and Wellbeing Strategy 2015-2020.

7. Gambling in context

National legislation

The Gambling Act 2005 significantly updated gambling laws, including the introduction of a new structure of protections for children and vulnerable adults, as well as bringing the internet gambling sector within British regulation for the first time.

The licensing framework, as set out in the Act, is based on tri-partite regulation by the new Gambling Commission, licensing authorities and by the government.

The Act is set on three licensing objectives:

- Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime
- Ensuring that gambling is conducted in a fair and open way
- Protecting children and other vulnerable persons from being harmed or exploited by gambling.

The Act permits gaming machines which are distinguished across different categories (A - D) and then sub-categorised for specific types of stakes and prizes. The Gambling Commission issues technical standards for gaming machines but the government, via the Department of Culture, Media and Sport (DCMS), sets the maximum stakes and prizes for these machines (see Tables I & II).

Each type of gambling premises licence, gaming machine permit and notification have specific statutory limits on the number and category of gaming machines that are permitted to be made available on the premises.

Gambling Commission

The Gambling Commission regulates most gambling in Britain on behalf of the DCMS. As the main national regulating body, the commission is responsible for Operating and Personal Licences as well as setting the standards and approach to gambling regulation across the country.

Operating and personal licences issued by the Commission relate to the individual who facilitates or manages gambling or an organisation that acts as a gambling operator.

The Commission also holds the right to impose Licence Conditions and Codes of Practice (LCCP) on operators

and personal license holders. What is more, if imposed conditions are violated, the commission is able to execute various administrative and criminal sanctions.

The Gambling Commission also produces guidance for Licensing Authorities on the interpretation of the Act and includes references to the requirements placed on operators through the LCCP. Recent amendments to the LCCP can be viewed [here](#).¹

Licensing Authorities

Local Authorities are required to act as the Licensing authority in England and Wales. In this role, local authorities license gambling premises and issue a range of permits to authorise other gambling facilities within their local areas.

LA's are able to issue licenses and impose conditions on licensees. However, they are not able to levy financial penalties and conditions must be proportionate to the circumstances which they are seeking to address, as set out in statute. While independent of both central government and the Gambling Commission in their performance as Licensing Authorities, local government are still required to have due regard to the guidance issued by the commission.

There are six categories of premises licences that the Licensing Authority will consider and determine. These are:

- Casinos
- Bingo
- Betting Tracks
- Other Betting premises (i.e. betting shops or LBOs)
- Adult Gaming Centres (Arcades for 18 and over)
- Family Entertainment Centres (Arcades that permit children to enter).

The Licensing Authority is also responsible for considering and determining gaming machine permits and acknowledging notices relating to entitlements to gaming machines in alcohol licensed premises.

For more information on gaming machine categories and premises allowance, please see Tables I and II in Annex.

8. Gambling policy review

Part of a Local Authorities' responsibility under the Gambling Act is the duty to prepare and publish a triennial statement of the principles (policy statement).

The Gambling Commission has instructed that local authorities must prepare and publish the next policy by the 31 January 2019. The timetable to undertake the necessary legal process has been set accordingly and there are legally prescribed procedures that must be followed before the policy statement can take effect.

This includes:

- Making the statement publicly available for at least four weeks
- Adopting the statement by vote at a session of Full Council, ensuring that this function is not delegated to either the Strategic Licensing Committee or Cabinet.

The proposed statement must, therefore, be presented to full council no later than mid- December 2018, to allow sufficient time for the necessary publication and advertising to take place prior to the 31 January 2019.

9. Learning from across London

Based on the research and case studies set out in this report, we suggest that London Public Health teams:

Engage and coordinate

Engage with your Licensing team at the earliest possible outset and coordinate with them, identifying shared aims. This is particularly important while Licensing teams are undertaking the review and development of the Policy Statements.

Understand cumulative impact on the community

It is important to take in to account the clustering of betting shops in deprived areas and their effect on:

- The long term sustainability of the high street.
- Town centre vitality and regeneration.
- Litter, noise and other anti-social behaviour.
- Drug dealing and violence.

Identify vulnerability

Identify the groups in your area that you consider to be vulnerable – this can include those with a history of mental ill-health, substance abuse or gambling addiction; people with learning disabilities/difficulties; immigrants; homeless people; the unemployed or those on low income. This could include area-based vulnerability, such as demographics and areas of deprivation.

Produce Local Area Risk Profile

Develop a harm risk matrix and incorporate data gathered on identified vulnerable groups. The risk profile could be based on location indicators, such as proximity to schools, specialist housing, gambling and other addiction centres, pubs and clubs and other betting shops/gambling venues. This also represents a useful evidence base for other issues.

Involve the 'Whole Council'

The wider community and health impacts of gambling mean that responsibility does not solely reside with the Licensing or Public Health teams, but is the concern of the whole Council. Where possible, involve internal and external partners in the gambling licensing process via:

- The Health and Wellbeing Board
- The Children and Adult Safeguarding Boards
- Scrutiny Committees

It is also important to incorporate gambling measures in wider Council planning, such as:

- The Local Plan
- Property and Asset Management planning
- Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Support the introduction of health as a licensing objective for Gambling

While it is increasingly recognised that gambling is a public health issue, it is not a public health responsibility. It would be beneficial to work at a London level to ensure that the health impacts of gambling are recognised in legislation.

10. Annex 1

Gaming machines – Categories

Table I

Category	Maximum Stake	Maximum Prize
A	no category A gaming machines are currently permitted	
B1	£5	£10,000 (Note: there is an option for a £20, 000 maximum progressive jackpot on a premises basis only)
B2	£100 (in multiples of £10)	£500
B3A	£2	£500
B3	£2	£500
B4	£2	£400
C	£1	£100
D – non-money prize (other than a crane grab machine or a coin pusher or penny falls machine)	30p	£80
D – non-money prize (other than a coin pusher or penny falls machine)	£1	£50
D – money prize (other than a coin pusher or penny falls machine)	10p	£5
D – combined money and non-money prize (coin pusher or penny falls machine)	10p	£8 (of which no more than £5 may be a money prize)
D – combined money and non-money prize (coin pusher or penny falls machine)	20p	£20 (of which no more than £10 may be a money prize)

.....

Gaming machines – By premises type

Table II

Type	Gaming Machines
Large Casino (Machine/table ratio of 5-1 to maximum)	Maximum of 150 machines. Any combination of machines in categories B to D (except B3A machines) within the total limit of 150 (subject to machine/table ratio)
Small Casino (machine/table ratio of 2-1 up to maximum)	Maximum of 80 machines: Any combination of machines in categories B to D (except B3A) within the total limit of 80 (subject to machine/table ratio)
Pre-2005 Act casino premises (no machine/table ratio)	Maximum of 20 machines – categories B or D (except B3A) or any number of C or D instead.
Bingo premises	Maximum of 20% of the total number of gaming machines which are available for use on the premises – categories B3 or B4 and no limit on category C or D.
Betting premises and tracks occupied by pool betting	Maximum of 4 machines – categories B2 to D (except B3A)
Adult Gaming Centre	Maximum of 20% of the total number of gaming machines which are available for use on the premises – categories B3 or B4 and no limit on category C or D
Family Entertainment Centre with premises licence	No limit on category C or D
Family Entertainment Centre with permit.	No limit on category D
Clubs or miners' welfare institute (with permits)	Maximum of 3 machines in categories B3A or B4 to D
Qualifying alcohol-licensed premises	1 or 2 machines – category C or D (automatic upon notification)
Qualifying alcohol-licensed premises (with gaming machine permit)	Number of category C – D as specified on permit
Travelling fairs	No limit on categories D

11. Endnotes

1. Gambling Behaviour in Great Britain, NatCen, 2015, p.36
2. Ibid, p.52
3. Gambling with our Health, Chief Medical Officer, Annual Report 2016/17, The Government of Wales, p.11
4. Gambling with our Health, p12
5. Ibid, p.12
6. Ibid, p.13
7. Ibid, p.13
8. George, S., Bowden-Jones, H., Gambling: the hidden addiction, Royal College of Psychiatrists, 2014, p.3
9. Griffiths, D., Problem Gambling in Great Britain: A Brief Review, Appendix 1, Nottingham Trent University, 2014, p.29
10. Jones, L., Metcalf, A., Gordon-Smith, K., Forty, L., Gambling problems in bipolar disorder in the UK: Prevalence and distribution, The British Journal of Psychiatry, 2015, pp.328-333
11. Blaszczynski, A & Farrell, E., A case study of 44 completed gambling-related suicides, Journal of Gambling Studies, 1998, pp.93-109,
12. Appleby, L. et al. (2017) Suicide by children and young people. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester
13. Wong, P.W.C. et al. (2010) A psychological autopsy study of pathological gamblers who died by suicide. Journal of Affective Disorders 120, 213-216
14. Based on London suicide figures in 2015
15. <https://www.i-m-a.org.uk/media/problem-gambling-in-Lancashire-Beacon-Trust.pptx>
16. Tracking Vulnerability and Resilience: Gambling Careers in the Criminal Justice System – please see <http://www.lancaster.ac.uk/fass/projects/tracking-vulnerability/findings.htm> for progress report
17. <http://stopthefobts.org/what-are-fobts/>
18. Gambling Commission, Industry Statistics, May 2018 - <http://www.gamblingcommission.gov.uk/news-action-and-statistics/Statistics-and-research/Statistics/Industry-statistics.aspx>
19. Wheel of Misfortune, Campaign for Fairer Gambling, 2017, pp.15-16
20. Secondary Analysis of Machines Data – Examining the effect of proximity and concentration of B2 machines to gambling play, Geofutures, 2016, p.23
21. Due to limitations in the data, these findings should be taken as an illustrative estimate of the excess costs incurred beyond those that are incurred by otherwise similar people. This study also does not determine the causality between problem gambling and the incurrence of cost
22. Gambling with our Health, p12

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