

Lord Peter Goldsmith QC
The Howard League for Penal Reform
1 Ardleigh Road
London
N1 4HS

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By email: Catryn.Yousefi@howardleague.org

Dear Lord Goldsmith,

Commission on Crime and Problem Gambling

1. Introduction

GambleAware is an independent charity registered with and regulated by the Charity Commission for England and Wales and the Scottish Charity Regulator (OSCR). It commissions prevention and treatment services on a national scale underpinned by research and evaluation to keep people safe from gambling harms. The charitable objects are:

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

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

Trustees of GambleAware are wholly independent of the gambling industry and the charity has a framework agreement¹ with the Gambling Commission that establishes its role as the primary fundraiser and commissioner to deliver the National Strategy to Reduce Gambling Harms within the context of a voluntary donation-based system underpinned by licensing obligations².

GambleAware is a grant-making body, using best-practice aspects of commissioning to ensure that evidence-informed services are developed according to need within a robust and accountable system, and that funding is allocated efficiently and independently as one would expect of other health and social care commissioning and grant-making bodies.

Trustees are committed to closing the gap between the number of those getting treatment and those who need it by increasing the range, quality and quantity of early interventions and treatment, and to preventing the harm gambling can cause not only to those gambling but to those around them.

¹ <https://about.gambleaware.org/media/1211/statement-of-intent-document-final-with-logo-v2.pdf>

² <http://www.gamblingcommission.gov.uk/for-gambling-businesses/Compliance/General-compliance/Social-responsibility/Research-education-and-treatment-contributions.aspx>

2. Central issues

There are around 2 million adults experiencing some level of harm arising from gambling, including 340,000 adults who might be diagnosed as experiencing gambling disorder.³ Gambling disorder is defined by the World Health Organisation (WHO) as an addictive behaviour with implications for mental health⁴, and for some, gambling addiction can result in suicide.

Children are a particular group for whom there is concern. Gambling Commission figures show that 350,000 (11%) of 11 to 16 year olds spent their own money on gambling in the last week. This rate is lower than for young people drinking alcohol (16%), but higher than for those using e-cigarettes (7%), smoking tobacco cigarettes (6%) or taking illegal drugs (5%). The findings suggest a relationship between these potentially harmful activities and gambling, with those who have spent their own money on gambling in the past 7 days more likely to have drunk alcohol (41%), taken drugs (21%) or smoked either a tobacco cigarette (25%) or an e-cigarette (27%), compared with 11-16 year olds who have not gambled.⁵

Estimates are that 4.4% of 11 to 16 year olds are experiencing harms from gambling including 1.7% who are experiencing disordered gambling. This 1.7% equates to approximately 55,000 11-16 year olds in England, Scotland and Wales.⁶ Research suggests that the younger the age at which problem gambling develops the greater will be the consequences and severity of gambling in later life.⁷

Public concern about the extent and the impact of gambling-related marketing, the impact of technology making gambling more easily accessible and the convergence of gambling and gaming is growing. As such, gambling is increasingly recognised as a public health issue and the harms that arise as matters of health and wellbeing, with young people the group at most risk.⁸

However, knowledge and understanding of gambling disorder and wider gambling harms among health professionals and advice charities is generally poor, particularly concerning the available care pathways and referral routes as well as capacity issues for those services that do exist.

The National Gambling Treatment Service funded by GambleAware currently treats less than 3% of adults with disordered gambling, which compares to 18% of the alcohol dependent adult population who receive some form of treatment.⁹

The number of 'Finished Admission Episodes' (FAE) undertaken by the NHS relating to gambling between 2015 and 2018, reported as follows: 2015/16 – 297; 2016/17 – 263; 2017/18 – 335.¹⁰

While there are some significant signs of progress such as an NHS commitment to invest in 15 specialist gambling treatment clinics and an evidence review by Public Health England, there remains a limited cross-government public policy response to preventing and treating gambling harms. The public health grant system that requires local authorities to have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services has no equivalence in relation to gambling treatment services.

Trustees have consistently advocated for gambling to be recognised as a public health issue that requires a cross-government approach to reducing harms via prevention and treatment, supported through research and evaluation, and to emphasise the important part regulation plays in prevention of harm through ensuring access to gambling, gambling products and industry practice is safer. And so the

³ <https://www.gamblingcommission.gov.uk/PDF/survey-data/Gambling-behaviour-in-Great-Britain-2016.pdf>

⁴ <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fid.who.int%2fcd%2fentity%2f1041487064>

⁵ <https://www.gamblingcommission.gov.uk/PDF/Young-People-Gambling-Report-2019.pdf>

⁶ <https://www.gamblingcommission.gov.uk/PDF/Young-People-Gambling-Report-2019.pdf>

⁷ <https://about.gambleaware.org/media/1274/1-june-update-children-young-people-literature-review.pdf>

⁸ <https://about.gambleaware.org/media/1274/1-june-update-children-young-people-literature-review.pdf>

⁹ <https://www.gov.uk/government/publications/substance-misuse-treatment-for-adults-statistics-2018-to-2019/adult-substance-misuse-treatment-statistics-2018-to-2019-report#treatment-interventions>

¹⁰ <https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2019-supplementary-information-files/gambling-related-admissions>

Gambling Commission's commitment to support a public health model to tackle gambling harms is welcomed, as is their support of national and local health plans, including working with central and local government.

3. Our programme of work

Currently, GambleAware has around £44 million of contractually committed funding under active management. Guided by a public health model, the charity commissions integrated prevention services on a national¹¹ scale and works in partnership with expert organisations and agencies, including the NHS, to commission across three areas of activity:

3.1 National Gambling Treatment Service

- The National Gambling Treatment Service brings together a National Gambling Helpline (24/7) and a network of locally-based providers across Britain to deliver a range of treatment services, including brief intervention, counselling (delivered either face-to-face or online), residential programmes and psychiatrist-led care.
- The National Gambling Treatment Service includes a psychiatrist-led service provided by the Central and North-West London NHS Foundation Trust (CNWL NHS Foundation Trust) that GambleAware has funded for a decade. A second NHS service commissioned by GambleAware has recently opened, delivered by Leeds & York Partnership NHS Foundation Trust in partnership with GamCare. These services are designed to help people with more serious and complex needs, including people receiving NHS treatment for other conditions.
- In Leeds, GambleAware has been working alongside statutory and voluntary sector agencies to support a place-based approach for the local population, and to map care pathways and develop referral routes into treatment, including self-referral via the National Gambling Helpline. Similar engagement is being actively pursued in Wales and Scotland.
- Trustees believe this initiative is a concrete example of the right approach, and forms the basis of the commitment in the NHS Mental Health Implementation Plan, 2019-24 (pp 40-41) in which GambleAware is recognised as an NHSE partner in relation to the NHS commitment to opening 15 specialist gambling treatment clinics in the next five years.¹²
- In the 12 months to 31 March 2019, the National Gambling Treatment Service treated 10,000 people and the Helpline received 30,000 calls and on-line chats. Waiting times are short, and compare favourably to NHS Improving Access to Psychological Therapies (IAPT) mental health services. Routine monitoring and evaluation demonstrates that current treatment is effective.
- GambleAware has commissioned ViewIt UK to independently collect and analyse treatment output and outcome data with more granular detail. Data will be validated by checks and procedures similar to those that fulfil that function for the National Drug Treatment Monitoring System on behalf of Public Health England (PHE), and the system made available to the NHS.
- Treatment for gambling disorder is not a regulated activity under the legislation that governs the work of the Care Quality Commission (CQC). In conjunction with the Department of Health & Social Care (DHSC), GambleAware is exploring the scope for an equivalent level of assurance in respect of the treatment offered by the National Gambling Treatment Service.

£26 million of committed funding goes towards this area of GambleAware's work.

¹¹ GambleAware works across Great Britain, but respects the need to treat with England, Wales and Scotland as nations in their own right that have devolved legislative powers in relation to health and education.

¹² <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf>

3.2 Public health campaigns & practical support to local services

- Producing public health campaigns on a national scale to support local services and to lead on awareness and behaviour change campaigns such as Bet Regret – the preventative public health campaign aimed at encouraging regular sports bettors to think twice about gambling when drunk, bored or chasing losses.
- GambleAware also provides practical support to GP services, debt and other advice agencies, mental health services, prisons, military personnel, professional sports, schools and youth workers.
- Other partnerships include working with the Royal Society for Public Health (RSPH) on the Make Every Contact Count Plus (MECC+) initiative, as well as with Citizens Advice on training debt advisers and other frontline workers (for example, in housing associations, local authorities, family support services) across England and Wales to identify and offer support to people who may be experiencing gambling harms.
- Following a successful pilot scheme in secondary schools in England by Demos and the PHSE Association, resources to support PSHE teaching are available on the GambleAware website.
- GambleAware has commissioned Fast Forward (a Scottish charity that enables young people to make informed choices about their well-being and to live healthier lifestyles) to provide to every young person in Scotland access to gambling education and prevention opportunities. The plan is to evaluate this programme in 2020 and, if warranted, commission similar national programmes in Wales and in England.
- GambleAware is working with Parent Zone to develop downloadable resources to help families and professionals learn about the gambling-like risks children may face when playing online games – and some simple ways to keep gaming safe.
- GambleAware is funding the RSPH to convene a Gambling Health Alliance to bring together a wide range of professional health-related bodies to promote greater awareness and share perspectives on preventing gambling harms.
- GambleAware also runs the website BeGambleAware.org which helps 4.2 million visitors a year, and signposts to a wide range of support services.

£13 million of committed funding goes towards this area of GambleAware's work.

3.3 Commissioning research & evaluation

- A complex portfolio of research projects bringing together researchers from academia, the private sector and not for profit research agencies using mixed methods research across multi-workstream projects to develop knowledge of what works in education & prevention and treatment & support.
- Reporting early in 2020, for example, a Treatment Needs and Gap Analysis project involving quantitative and qualitative fieldwork, delivered by four separately commissioned research partners, will: identify supply and demand for treatment & support across GB; explore the characteristics of people experiencing gambling harms who are in treatment and who aren't in treatment; and, identify barriers to accessing treatment & support.
- GambleAware has established a new programme of work using lived experience of gambling harms in the design and evaluation of early intervention, prevention and awareness raising approaches, investigating effectiveness and potential to replicate and up-scale new and emerging approaches, to help people access support sooner rather than later.

- GambleAware is funding an Innovation and Small Grants programme to meet knowledge gaps identified through core research project findings.
- All research is independently commissioned, monitored and reviewed and we follow Research Council Policy regarding research ethics, encouraging and funding open access publication in academic journals and data reuse.

£5 million of committed funding goes towards this area of GambleAware's work.

4. Piloting prevention and treatment within the Criminal Justice System

GambleAware recognises that offenders and their families may be at increased risk of experiencing gambling harms, and has therefore developed pilot activity to test interventions with the aim of keeping these individuals safe from gambling harms. As with all GambleAware-funded activities, these initiatives will be fully evaluated and the results shared to inform wider practice.

4.1 Training prison staff and raising awareness amongst offenders

In 2016, GambleAware commissioned a two year programme of work delivered by EPIC Risk Management in conjunction with Sodexo Justice Services (primarily at HMP Forest Bank) delivering gambling harm awareness-raising sessions to prisoners, probation and prison staff. During the sessions, data gathering activities also took place to improve understanding of gambling harms in the sector. In addition, informal support was offered to offenders experiencing gambling harms. After a treatment pathway (counselling services) was implemented in Forest Bank to support prisoners affected by disordered gambling, the delivery team also offered practical and organisational support to enable counselling sessions to take place. EPIC's work delivered sessions to 620 prisoners, and over 400 prison staff. The programme was evaluated, and although there were significant areas for improvement identified, the evaluation found that project successes included: improving target groups' awareness of gambling harm and how it can be prevented and minimised; further, more long-term outcomes for some prison and probation settings staff, who felt confident and able to apply their learning in their workplace by changing or developing practices, systems and processes in their organisations; and, developing a model integrating provision of education and treatment services related to disordered gambling within a prison setting. Not only did this enable the project to achieve good outcomes for some prisoners affected by gambling disorder, it also established an example of multi-stakeholder way of working where different elements strengthen and reinforce each other, creating an effective system of support for a vulnerable population group. The full evaluation report is available on request.

4.2 Out of Court Disposals

The South Wales and Gwent Police forces are working with the National Gambling Treatment Service in Wales where the local provider is ARA Cymru, to incorporate an out of court disposal pathway in respect of gambling into their new 2-tier model early in 2020, covering both community resolutions and conditional cautions. The approach will include screening at arrest stage, followed by more detailed assessment by ARA Cymru for those who are referred. In addition, the police will make voluntary referrals to ARA Cymru via arrest referral services and other out of court pathways – e.g., if someone has been diverted through the women's or 18-25 early intervention scheme, they can be given information about treatment for problem gambling as an additional support mechanism to engage with in their own way or with support to help to engage from the women's/18-25 workers. The costs of the detailed assessment and treatment will be borne by GambleAware as the commissioner of the National Gambling Treatment Service.

4.3 Integration of gambling treatment with prison healthcare services

The National Gambling Treatment Service will shortly be piloting a new approach to the provision of treatment for problem gambling in the Surrey prison estate, looking at how it can best be integrated with the rest of prison healthcare services. From April 2020, CNWL NHS Foundation Trust are being commissioned by GambleAware to add gambling treatment to the services commissioned by the NHS

which they already provide to Surrey prisons. This initiative will draw on the expertise already built up in CNWL NHS Foundation Trust from operating the London Problem Gambling Clinic for over a decade.

5. How GambleAware operates within the current system

In considering the introduction of a statutory levy, it may be helpful to understand how GambleAware operates in the current voluntary donation-based system.

5.1 Keeping people safe from gambling harms

Trustees believe that gambling harms are best understood as matters of health and wellbeing, and keeping people safe from gambling harms requires the application of a public health model that takes account of three aspects of prevention: universal promotion of a safer environment (primary); selective intervention for those who may be 'at risk' (secondary); and, direct support for those directly affected by gambling disorder (tertiary).

Guided by this public health model, GambleAware commissions prevention and treatment services on a national scale across three areas of activity:

- GambleAware works to prevent gambling harms by producing national health campaigns to build awareness and encourage behaviour change, and by providing support to frontline services and organisations to inform, to educate, and where appropriate, to deliver brief interventions;
- GambleAware commissions the National Gambling Treatment Service that brings together the National Gambling Helpline and a network of providers across Britain including the NHS to deliver a range of treatment services;
- GambleAware seeks to optimise knowledge and to provide thought leadership on prevention, addiction and treatment in gambling via an extensive research & evaluation programme.

5.2 Commissioning

GambleAware is a grant-making charity, using best-practice aspects of commissioning, such as needs assessment, service planning and outcome reporting to fund effective and high-quality gambling harms support services, underpinned by monitoring and evaluation to ensure continuous quality improvement.

Commissioning allows for the provision of a range of high-quality services based on need and demand in target populations, in different settings, catering to different levels of need, and provides service-users with a range of choice on when and how they access support.

GambleAware's commissioning processes ensure that evidence-informed services are developed according to need within a robust and accountable system, and that funding is allocated efficiently and independently as one would expect of other health and social care commissioning and grant-making bodies.

In partnership with gambling treatment providers, GambleAware has spent several years methodically building structures for commissioning a coherent system of brief intervention and treatment services, with clearly defined care pathways and with established referral routes to and from the NHS – a National Gambling Treatment Service, triaged via the National Gambling Helpline.

In the absence of comprehensive treatment from the NHS, the National Gambling Treatment Service provides a robust, effective, safe, core national treatment service, with short waiting times relative to equivalent NHS based mental health services.

5.3 Prevention & Treatment

In relation to commissioning prevention and treatment services, we have three key objectives:

- Deliver safe & effective services with positive long-term outcomes for service users
- Spend money effectively and efficiently

- Distribute services across Britain as equitably as possible.

A strategic approach to identifying key priorities for the development of evidence-based initiatives to prevent and treat gambling harms:

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

GambleAware's quality assurance processes include:

- Funding agreements set out clearly a framework for quality assurance, performance monitoring and service improvement
- Established processes exist to ensure that commissioned services can be held to account by Trustees, and that safeguarding and risk management is under regular review
- A Data Reporting Framework (DRF) is in place for all providers and ViewIt UK has been commissioned to operate a national information system available to the NHS
- An assurance scheme equivalent to Care Quality Commission (CQC) standard is being scoped in conjunction with the Department of Health and Social Care (DHSC).

Responsibility for planning, agreeing and monitoring the prevention and treatment services funded by GambleAware lies with the Education and Treatment Committee. Decisions made by the Committee are subject to approval by the main Board.

5.4 Research & Evaluation

In relation to research and evaluation activity, GambleAware works to an agreed Research Commissioning and Governance Procedure¹³ that describes how research priorities are identified, and research projects commissioned. It covers the commissioning and governance of a wide range of research, from individually commissioned research, to that undertaken through longer-term options, such as PhDs.

A research programme agreed with the Gambling Commission was published in September 2018 and sets out priorities for research to be commissioned from 2018 to 2022.¹⁴

GambleAware:

- Is approved by National Institute for Health Research (NIHR) as an NIHR non-commercial partner
- Follows Research Council policy regarding research ethics
- Involves those with lived experience in the design and evaluation of relevant research
- Ensures that all research is published following a process of peer-review by international academic experts
- Funds open access publication in academic journal
- Evaluates all prevention and education initiatives.

¹³ https://consult.gamblingcommission.gov.uk/author/copy-of-national-strategy-to-reduce-gambling-harms/user_uploads/research-commissioning-and-governance-procedure.final.nov-2018.pdf

¹⁴ <https://about.gambleaware.org/media/1793/research-programme-2018-22.pdf>

Responsibility for planning, agreeing and monitoring the research projects funded by GambleAware lies with the Research and Evaluation Committee. Decisions made by the Committee are subject to approval by the main Board.

5.5 People and organisation

A substantial element of GambleAware's 'added-value' derives from the charity's collective expertise, experience and knowledge allied to its ability to leverage extensive networks and relationships nationally and internationally, and to broker engagement to affect positive and sustainable change.

In September 2018 GambleAware completed its transition to a board of Trustees wholly independent of the gambling industry and with a breadth of expertise in public health and commissioning prevention, treatment and research. The Board is chaired by Kate Lampard CBE, who is lead non-executive director on the Department for Health and Social Care Board and a trustee of the Esmée Fairbairn Foundation. The other Trustees are:

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

Trustees published a five-year strategy in 2016 and a two-year Strategic Delivery Plan in 2018, which is currently being evaluated.

The full Board meets quarterly and Trustees have established a number of sub-committees: Audit & Risk; Finance, Administration & Remuneration; Stakeholder Engagement; Education & Treatment; and, Research & Evaluation. Membership, terms of reference and minutes of all committees are published on GambleAware's website along with full details of the charity's funding receipts.

Trustees have robust and transparent governance arrangements including:

- Ensuring the Board of Trustees is wholly independent of the gambling industry and chaired by Kate Lampard CBE
- Inviting government and statutory agencies to observe committee and Board meetings
- Publishing the terms of reference and minutes of all such meetings
- Adhering to the Charity Governance Code to ensure best practice
- Registering with the Fundraising Regulator, and publishing donation details.

The governance arrangements ensure that the gambling industry does not influence the charity's commissioning activities. Despite this, a small number of academics nevertheless still feel that they will not

accept funding because of the perception of industry funding. There is nothing more Trustees can do to refute this perception, other than to continue to work to engage them in other ways.

5.6 Stakeholder engagement and collaborative working

GambleAware is uniquely positioned within an ecosystem of national and local government, regulators, academics, research institutions, health professionals, charities, treatment and other service providers, service users and others with lived experience of gambling harms, as well as gambling and gambling-related industries. Trustees are committed to working collaboratively to promote a coherent and co-ordinated public health response to preventing gambling harms.

The recent initiative by the Department of Digital, Culture, Media and Sport (DCMS) and the DHSC to joint-chair a Steering Group with the express purpose to improve co-ordination and promote a sustainable, joined-up approach to work across research, education and treatment activity is a significant and positive step-forward. GambleAware welcomes its membership of this working group alongside the Gambling Commission, Advisory Board for Safer Gambling (ABSG) and others such as PHE.

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

Also, Trustees have established advisory boards in Wales and Scotland to help guide future commissioning plans in those nations, and notably the Chief Medical Officer for Wales acknowledged GambleAware's work in his annual report 2018/19.¹⁵

5.7 Funding and expenditure

Currently, GambleAware asks every company licensed by the Gambling Commission for a minimum annual financial contribution that is equivalent to 0.1% of Gross Gambling Yield (GGY)¹⁶. On this basis, given that the industry total annual GGY in 2018-19 was £13.8 billion, the total contribution should have reached £13.8 million.

However, in the 12 months to 31 March 2019 GambleAware received voluntary donations of only £9.6 million plus £7.3 million of 'regulatory settlements'. Our total expenditure for the same period was circa £15.3 million compared to £8.3 million in 2017/18.¹⁷ We anticipate our expenditure in the current year to 31 March 2020 to be circa £20 million.

6. The case for a statutory levy

Trustees are of the view that if the current arrangements do not achieve the intended outcomes in terms of funding prevention, treatment and research sufficiently and being effective in helping to keep people safe from gambling harms then they would support the introduction of a statutory levy.

The systems architecture that has been in place for nearly a decade for the delivery of services to members of the public to reduce gambling harms is a delivery model without parallel in other areas of public policy. The work to date has demonstrated what can be achieved in a partnership between government, the statutory sector and the charitable sector with industry funding. In theory the beginnings of a national, regional and local infrastructure to reduce gambling harms across Britain are beginning to emerge.

However, the voluntary system of funding allows the industry to restrict, withdraw or redirect funding and thereby frustrate the strategic, systematic and sustainable delivery of the emerging National Gambling Treatment Service and national prevention measures. There is a clear and present danger that the industry is increasingly going back to direct funding of multiple organisations in a strategic vacuum. The

¹⁵ <https://gov.wales/sites/default/files/publications/2019-03/gambling-with-our-health-chief-medical-officer-for-wales-annual-report-2016-17.pdf>

¹⁶ <https://about.gambleaware.org/fundraising/donation-guidelines-201920-fags/>

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

introduction of a statutory levy or alternative source of guaranteed funding mechanism would go some way to remove this concern.

As Trustees have argued, a statutory levy would produce a consistent, predictable and transparent flow of funding, and significantly improve transparency and public confidence in the commissioning process overall. A statutory levy would have the additional advantage of being fairer since all gambling businesses would be obliged to pay it.

Trustees would expect a statutory levy to lead to a significantly increased level of funding, not only for commissioning core elements of the National Gambling Treatment Service and those national prevention services for which GambleAware is responsible but would at the same time allow for additional, innovative contributions from other third sector and government bodies.

7. Conclusion

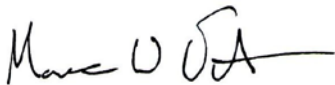
GambleAware is uniquely positioned within an ecosystem of statutory and voluntary organisations, and is committed to working collaboratively to promote a coherent and co-ordinated public health approach to preventing gambling harms.

Ultimately, our success in establishing the National Gambling Treatment Service and the prevention and research activity that supports it will require continued widespread collaboration across various national health agencies, healthcare professionals, treatment providers, charities and local authorities.

Trustees are determined that this is achieved within a robust framework of best-practice commissioning and transparent evaluation that one would rightly expect of statutory sector health and social care commissioning bodies.

We thank you for your attention and look forward to attending the Committee in December.

With kind regards,



Marc Etches
Chief Executive