

## Understanding, Measuring & Monitoring Gambling Harms in Scotland

Roundtable Discussion hosted by Scottish Public Health Network

Wednesday 16<sup>th</sup> December, 10am-12pm via MS Teams

Chair: Phil Mackie

### *Setting the scene*

Phil Mackie of the Scottish Public Health Network (ScotPHN) welcomed everyone to this roundtable discussion on understanding, measuring and monitoring gambling harms in Scotland. In advance of the discussion a number of papers were circulated (see Appendix) to provide relevant context.

Dr Heather Wardle of the University of Glasgow gave a short presentation providing background information about gambling participation, risks and harms, including an overview of a published framework to measure gambling harms (referred to throughout this document as 'the framework'). An overview of scoping work underway in Manchester operationalise this framework was presented.

Cath Cooney from the Advisory Board for Safer Gambling gave an overview of the need for indicators and metrics to understand, measure and monitor gambling harms in the context of the current policy and legislative landscape.

### *Facilitated discussion*

#### *Gambling Harms Framework*

The group commended the 2018 framework (Appendix 2) which outlined a set of 10 key metrics to measure gambling harm and proposed a range of potential data sources to draw on. It was agreed, in principle, that it would be feasible to identify comparable Scottish data sources to populate this framework. It was acknowledged that the barrier to progress was not necessarily lack of available data, evidence or expertise, rather lack of capacity, resource and absence of a policy mandate.

#### *Resources, capacity and interest*

The discussion turned to the resource that would be required to sustainably understand, measure and monitor gambling harms. There was broad agreement that Public Health Scotland (PHS), the new national public health agency, would seem the most appropriate organisation within which to site public health surveillance of gambling harms. A number of scenarios were discussed based on the level of potential funding available. A view was expressed that a series of linked projects, utilising current data and exploring options to develop data collection, would build capacity and interest within PHS.

#### Exemplars to draw on

The Violence Reduction Unit (VRU) in Scotland was highlighted as an exemplar of what can be achieved when public health knowledge and intelligence are used to build a compelling case for a public health action. The VRU engaged a wide range of key stakeholders from across the whole system, married data with testimony from people with lived experience to create a compelling life course narrative. This built capacity and interest and enabled funding to be secured for further work.

#### Challenges of using routine data

It was noted that much of the data that we routinely collect in Scotland at local and national level is collected for a single specific purpose; there are difficulties linking data from different sources and limitations in what we can use routinely collected data for beyond the purpose for which it has been collected, due to format, identifiers and data quality. Data analysts, especially at local authority level, spend a great deal of time trying to identify data and manipulate data. Gambling harms are not currently visible in the policy landscape in Scotland; an opportunity exists to ensure that data intelligence experts work alongside those developing policy to ensure that we have access to data to support understanding, measuring and monitoring gambling harms.

Drawing on an example of the data held by Police Scotland a discussion followed on the challenges of data sharing, manipulating, analysing and presenting complex data as information that can be used by a wide range of audiences for a wide range of objectives. There are added challenges of attributing any one of a wide range of harms directly to gambling because of the difficulties unpicking cause, consequence and contribution.

It was noted that The Gambling Commission are working with academics in the London School to conduct data scoping exercise and examine some of the methodological issues developing indicators to understand, measure and monitor gambling harms. This may address some of the challenges identified during the discussion [*HR to share when available*].

#### Extending data collection through existing surveys

An opportunity to advocate for questions to be added to established surveys as a step toward further data collection was identified. This would require a strategic approach and careful planning. This would potentially be less labour, time and resource intensive than bespoke surveys but avoid the issues relating to data quality and so forth of routinely collected data for other purposes. There would be added value if surveys across the devolved nations were comparable. The example of the Psychotic Morbidity Survey in (England & Wales) was noted as a source of data on gambling and suicide with the question raised to the comparable data survey in Scotland. The value of having questions embedded in existing longitudinal surveys to allow analyses over time was noted.

### Local, regional and national intelligence

A discussion followed on the need for local, as well as national, level data to be made readily available and the tension between the two. The value in drawing comparison between cities such as Manchester and Glasgow that have similar sociodemographic profiles was noted. It was however suggested that given current constraints in resource, capacity and interest, many local authorities will be focused more directly, rather than comparatively, on how gambling harms are experienced locally and the impact of local interventions. It was noted that a mature public health surveillance system for gambling harms would produce data intelligence that would inform local planning and support regional and national comparison.

It was suggested that indicators have a tendency to be used for policy performance, management and attainment, rather than to support public health advocacy and influence. This is exemplified by the conflation of activity with need; the absence of activity interpreted as a lack of demand.

Public Health England's eagerly anticipated evidence review will be published in early 2021. This will identify key areas for action; collaboration with key stakeholders from the devolved nations to influence policy, practice and research is important to build capacity and agency. There may be added value in securing the support for the Office of the Chief Medical Officers across the devolved nations.

### Summary

Consensus was reached on the following key points by the group:

- Public health surveillance of gambling harms is required to support a public health approach to addressing gambling harms.
- The Framework is fit for purpose in Scotland<sup>1</sup>.
- Scoping work is required to identify comparable Scottish data sources to support the key indicator set in the framework.
- A collaborative approach involving policy makers, practitioners, public health specialists, academics, data analysts and key stakeholders from across the whole system is required to understand the developmental needs. This includes but is not limited to issues relating to data governance (incl. data sharing and linkage); data quality assurance; the analysis, interpretation and presentation of public health intelligence.
- PHS would seem to most appropriate organisation to host and lead a programme of developmental work around public health knowledge and intelligence in relation to gambling harms.
- Resource would be required to build capacity and agency to support the development of a co-ordinated programme of work.

### Next steps

ScotPHN will prepare a report capturing the discussion; key points from today's discussion will be presented to the Scottish Implementation Group (SIG) for the National Strategy to Reduce Gambling Harms (scheduled for January 2021).

Attendees expressed an appetite to identify specific actions that would support a developmental approach to developing public health surveillance for gambling harms in Scotland. It was agreed a further meeting of this group, post- SIG, would be of value to maintain momentum [*ScotPHN to circulate dates*]. In the interim it was proposed that a virtual scoping exercise to demonstrate feasibility is carried out [*ScotPHN to coordinate with local data analysts in Glasgow and colleagues from GCPH and ScotPHO*].

A working document collating key data in relation to gambling harms that had been prepared by the Gambling Commission was shared with the group, in confidence. The group were encouraged to reflect and feedback any comments on this, or any other aspects of the discussion to ScotPHN via the email: [p hs.scotphn@p hs.scot](mailto:p hs.scotphn@p hs.scot)

### Attendees

Ann Conacher (AC)	ScotPHN
Denise McHugh (DM)	ScotPHN
Michelle Gillies (MG)	ScotPHN
Alison Newman (AN)	Public Health Scotland (PHS)
David Walsh (DW)	Glasgow Centre Population Health (GCPH) Scottish Public Health Observatory (ScotPHO)
Tim Ross (TR)	Police Scotland
David Hazle (DH)	Information Analyst, Glasgow City Council
Marguerite Regan (MR)	Public Health England
Karen Carrick (KC)	IS Improvement Service
Simon Roberts (SR)	IS Improvement Service
Cath Cooney (CC)	Advisory Board for Safer Gambling
Prof Gerda Reith (GR)	University of Glasgow
Dr Heather Wardle (HW)	University of Glasgow
Dr Catherine Sharp (CS)	University of Bristol
Helen Rhodes (HR)	Gambling Commission
Laura Balla (LB)	Gambling Commission
Jo Evans (JE)	Greater Manchester Combined Authority
Elaina Smith (ES)	GGC NHS
Mark McAllister (MM)	COSLA

<sup>i</sup> Whilst much of the discussion focused on the 2018 Framework, all agreed that the analogous framework specifically focused on gambling harms as experienced by children and young people must also be examined.