



Government Legal Department

HM Senior Coroner Mr David Urpeth,
The Medico-Legal Centre
Watery Street
Sheffield
S3 7ES

By email only

Litigation Group
102 Petty France
Westminster
London
SW1H 9GL

T 020 7210 3000

DX 123243, Westminster 12 www.gov.uk/gld

Your ref: Regulation 28 Report (Ritchie)



17 May 2022

Dear Coroner Urpeth,

Inquest touching on the death of Jack Ritchie

Response to Regulation 28 Report

1. This letter is sent on behalf of the Department of Health and Social Care (“DHSC”) the Department for Digital, Culture, Media and Sport (“DCMS”) and the Department for Education (“DFE”) in response the Regulation 28 Report to Prevent Future Deaths, and accompanying reasons of 7 March 2022 (“the Report”).
2. In providing this response to the Coroner’s report, the Central Government Departments (“CGDs”) wish to repeat their sincere condolences to Jack’s family and friends on their tragic loss. The death of Jack, under such tragic circumstances has reaffirmed the government’s continued commitment to protecting the public from the wide-ranging harms associated with harmful gambling. We welcome the views of the Coroner and the opportunity it presents to reflect upon and take decisive action on those areas identified as continued concerns, to prevent others from losing their lives under similar circumstances.
3. The Report arises from the Inquest into the death of Jack Ritchie (“Jack”) on 22 November 2017. The Coroner concluded that the evidence showed that gambling had contributed to Jack’s death. The matters of concern identified in the Report were that:



- The system of regulation in force at the time of his death did not stop Jack gambling at a point when he was obviously addicted to gambling
 - The warnings Jack received were insufficient to prevent him gambling
 - The information available to Jack was insufficient to prevent him gambling or to inform him of the help / treatments available
 - The treatment available and received by Jack was insufficient to cure his addiction – this in part was due to a lack of training for medical professionals around the diagnosis and treatment of gambling addiction
 - Jack didn't understand that being addicted to gambling wasn't his fault. That lack of understanding led to feelings of shame and hopelessness which in turn, contributed to him feeling suicidal
 - That in the time since Jack's death, whilst there have been improvements made in the areas of warnings, information, training and treatment, the evidence showed there were still significant gaps in these areas. One notable gap was the fact that evidence suggested GPs currently have insufficient training and knowledge to deal effectively with gambling problems. This was of particular concern given many gamblers affected are likely to contact a GP as their first attempt to seek help.
 - The evidence was that young people were the most at risk from the harms of gambling, yet there was, and still appears to be, very little education for school children on the subject.
4. The concerns are addressed by the appropriate Government Departments, drawing upon their relevant policy knowledge and expertise.

Concern I: System of regulation is insufficient to prevent those experiencing gambling addiction from accessing gambling opportunities

5. As the lead government department responsible for gambling policy and regulation, the Department for Digital, Culture, Media and Sport (DCMS) acknowledges the concern that the system of regulation in force at the time of Jack's death did not stop him gambling at a point when he was addicted to gambling.
6. Whilst no system can guarantee a person addicted to gambling will be unable to gamble under any circumstances, DCMS remains committed to protecting children and other vulnerable persons, including those with a gambling addiction, from being harmed or exploited by gambling. This is one of the statutory objectives for gambling licensing which underpins the Gambling Act 2005.

7. The government is currently reviewing the Gambling Act 2005. The review is a wide ranging look at the regulatory framework, with a particular focus on six areas: (1) The protection of online gamblers including warnings regarding the risks of specific products (2) Gambling advertising and marketing, including the effectiveness of mandatory 'safer gambling messaging' for both online and land-based premises providing appropriate warnings regarding the risks of gambling (3) The effectiveness of our regulatory system, including the Gambling Commission's powers and resources to effectively enforce requirements under the Act and Licence Conditions (4) Consumer redress arrangements (5) Children's and young adults' gambling, including age verification processes and age limits (6) The rules for the land based sector.
8. DCMS is in the process of considering all the evidence carefully and will publish a white paper outlining the government's conclusions and proposals for reform in the coming weeks. Your Prevention of Future Deaths report and the lessons arising from Jack's tragic death are important inputs into our considerations and the Review.
9. Since Jack's death in 2017, DCMS, as well as the industry regulator, the Gambling Commission, has implemented a series of reforms to strengthen existing protections to prevent and/or reduce gambling-related harms.
10. In May 2018, following a formal public consultation, DCMS announced a reduction in the maximum stakes on Fixed Odds Betting Terminals (FOBTs) from £100 to £2, reducing the potential for large losses and the risk of harm to both the player and wider communities. This change came into effect in April 2019.
11. In January 2020, in response to growing concerns around the use of borrowed money for online gambling and the need to better protect individuals from the associated financial harms, DCMS and the Gambling Commission announced a ban on the use of credit cards for all gambling in Great Britain. This came into effect from 14 April 2020.
12. The Gambling Commission remains committed to assessing the effectiveness of this in preventing high levels of debt and reducing gambling-related harms. In November 2021, it published its interim report¹ on the prohibition of gambling on credit cards, evaluating its initial impact. The report indicated the action is popular among consumers and had not resulted in harmful unintended consequences. Qualitative data from consumers supported the conclusion that the ban helps people to gamble within their means and retain control. In addition, the Gambling Commission have commissioned NatCen Social Research (NatCen) to produce a full evaluation of the ban's performance, expected to be published in February 2023.

¹ [Gambling Commission publishes interim evaluation on the successful implementation of the ban on gambling with credit cards - Gambling Commission](#)

13. In February 2021, cognisant of the need to strengthen protections for those who gamble on online slots, the Gambling Commission announced a package of strict measures to make these less intensive and safer by design, with the aim of handing players more control. The measures included the introduction of limits on spin speeds, and the permanent ban on features that speeded up play or celebrated losses as wins, all features which have been shown to increase risk of harm. Implemented on 31 October 2021, the new rules are part of the Gambling Commission's comprehensive programme to make gambling fairer and safer, which has also seen the introduction of strengthened protections around online age and ID verification.
14. In April 2022, the Gambling Commission published its response to its earlier consultation on remote customer interaction, and the need for operators to better identify those at risk of harm. The Gambling Commission committed to bring into effect (1) significant and strengthened requirements on gambling businesses to identify customers at risk of harm and to take action as a result and (2) new guidance for gambling operators. This will be issued in June, to support their understanding of and compliance with the new requirements. The new rules will come into effect in September 2022.
15. The Gambling Commission requires all licensed operators to offer self-exclusion to support individuals who want to exclude themselves from gambling services, whether online or in gambling premises. Nationwide schemes were established for casinos and bingo in 2015 and 2016. This was further supported by the introduction of GAMSTOP in April 2018, an online multi-operator self-exclusion scheme allowing a person to self-exclude from all licensed online operators in one step. In 2020, the Gambling Commission mandated all licensed online operators to sign up to GAMSTOP, removing the licences of those operators who fail to comply.

Concern II: The warnings present were insufficient to stop Jack gambling

16. The DCMS acknowledges the Coroner's concerns that the warnings received by Jack were insufficient to prevent him from gambling. Since Jack's death, the Gambling Commission has taken steps to further strengthen the rules which govern how operators must monitor their customers' gambling and intervene to prevent harm.
17. Through the Licensing Conditions and Codes of Practice (LCCP), the Gambling Commission requires that gambling operators ensure that advertising of gambling products and services is undertaken in a socially responsible manner and in compliance with UK Advertising Codes, issued by the Committees of Advertising Practice (CAP) and administered by the Advertising Standards Authority (ASA).

18. In October 2020, the ASA and CAP launched a consultation to determine whether further tightening of the rules around the content and targeting of gambling advertisements was required, in particular to limit the appeal of gambling ads to under 18s and other vulnerable people. In August 2021, CAP published an interim statement regarding progress with the consultation². This outlined strengthened guidance to restrict ads that might give rise to erroneous perceptions of risk and/or control, those which present gambling as a way to be part of a community based on skills or imply that offers are a way to reduce to risk. These changes came into effect from 1 November 2021. In April 2022, CAP provided a full response to consultation³, announcing that advertising content with 'strong appeal' to children, such as the use of very prominent celebrities like Premiership footballers or others associated with popular youth culture, will be banned from gambling adverts. These new protections will come into force in October 2022.
19. The gambling industry's code on 'socially responsible' advertising has also been strengthened to include the requirement to include a safer gambling message, or a reference to begambleaware.org, to appear throughout a broadcast advert. All members of the Betting and Gaming Council (BGC), the industry body representing over 90% of online betting and gaming operators, commit at least 20% of their TV and radio advertisements to 'safer gambling' messaging.
20. As part of the LCCP, the Gambling Commission also require operators to identify customers who may be at risk of or experiencing harms associated with gambling, interact with them at the earliest opportunity and understand the impact of the interaction on the customer as well as assessing the effectiveness of its overall approach. Interaction must be appropriate to the severity of the potential harm and may include refusing service or ending the business relationship.
21. In April, the Gambling Commission announced stronger and more prescriptive rules⁴, requiring operators to monitor a specific range of indicators such as patterns of spend and time spent gambling, as a minimum, to identify those at risk of harm. The Gambling Commission has also committed to conduct a further consultation on the additional and specific steps operators must take to tackle three key risks with appropriate thresholds for assessment for each of these: (1) unaffordable binge gambling, (2) significant unaffordable losses over time and (3) customers financial vulnerability.
22. DCMS is committed to reviewing the current approach to gambling advertising and marketing, as well as the provision of safer gambling messaging, at both the point of use and in advertising more broadly, as part of the ongoing review of the Gambling Act (2005).

² [Gambling consultation update - ASA | CAP](#)

³ [Gambling and Lotteries advertising: protecting under-18s - ASA | CAP](#)

⁴ [Gambling Commission sets new rules on action for at risk customers - Gambling Commission](#)

Concern III: Available information was insufficient to prevent Jack gambling or inform him of the support / treatment available

23. DCMS and DHSC acknowledge the concerns of the Coroner that the information available to Jack was insufficient to prevent him from gambling or to inform him of the available advice, support and treatment.
24. At the time Jack was experiencing issues with gambling (2010 to 2017), the information about gambling-related harms and associated advice, support and treatment were not well developed in England. Awareness and understanding of the available services, such as the National Gambling Helpline or Gamblers Anonymous, has developed subsequently, principally through the work of the charity GambleAware and a small number of voluntary sector providers. At that time, the National Problem Gambling Clinic in London was the only treatment service partially commissioned by the NHS, although people may well have sought help from primary care or from mental health services.
25. In 2018, as part of the government's Review of Gaming Machines and Social Responsibility Measures, DCMS secured a commitment from industry and broadcasters to establish a 'safer gambling' advertising campaign. The 'Bet Regret' campaign, led by GambleAware, was launched in February 2019 targeting mainly young sports bettors with the aim of reducing risky behaviours and encouraging conversations about gambling.
26. The National Gambling Helpline, commissioned by GambleAware and delivered by the charity GamCare, has been active since 1997. In October 2019, it became available 24 hours a day, 7 days a week, to provide immediate support for those in crisis, alongside advice for anyone experiencing concerns about their own, a friend or relative's gambling. GambleAware's website (begambleaware.org) also provides links to specialist support and treatment for those who need it.
27. The Gambling Commission's Licence Conditions and Codes of Practice require operators to signpost customers to information about harmful gambling, such as GambleAware's site, which offers tools that can be used to help control gambling and signpost available help and support. The previously mentioned strengthened requirements under the cross-industry code on gambling advertising, and the commitment by the BGC to allocate 20% of TV and radio advertising to be 'safer gambling' messaging, aim to improve public awareness and understanding of the risks associated with gambling, as well as the available support.
28. Internet searches of terms such as 'problem gambling' or 'help with gambling' firstly direct users to the dedicated NHS 'Help with problem gambling' webpage, hosted on the NHS Live well

website. This provides a key landing point for those seeking online signposting support to help them address gambling-related issues.

29. Following the Inquest, DHSC is working with NHS Digital to enhance the webpage to ensure that the most up to date and comprehensive information is provided, signposting people to accurate advice and support. Our aim is to ensure the NHS webpage provides a comprehensive 'one-stop shop' for those seeking help and support for harmful gambling. DHSC want the page to reflect less stigmatising language and will work with NHS Digital to explore how best to inform the public of the wide-ranging harms associated with harmful gambling, including suicidal events, and will update signposting to a broader selection of advice, support and treatment services.

30. A strengthened evidence base informs government's work to ensure that people are aware of the risks of gambling. The Public Health England (PHE) Gambling-related Harms Evidence Review, published in September 2021, shows clearly that harmful gambling should be considered a public health issue, with a focus on prevention, education and harm minimisation as well as the provision of effective advice, support and treatment. This evidence review is informing DCMS's upcoming White Paper on the Gambling Act 2005 which, among other things, will set out the action government plans to take to ensure appropriate and effective protections are in place against gambling-related harm.

31. To support addressing the gaps in the evidence base on the effectiveness of prevention policies, the Office for Health Improvement and Disparities (OHID), part of DHSC, has undertaken an e-Delphi study⁵ to establish a consensus amongst UK and international gambling experts on the measures with the greatest potential to prevent and reduce gambling-related harms within the UK. The study focuses on a spectrum of interventions including 'information and education'. Since the inquest concluded, a peer review of the draft report has been completed, and the final report will be published shortly in an academic journal.

32. DHSC are committed to reviewing the measures recommended by the study to strengthen current policies around gambling-related harms.

Information about the risk of suicide associated with harmful gambling

33. DHSC acknowledges the Inquest conclusion that there was insufficient public understanding of the risks associated with gambling, and in particular the elevated risk of suicidal events (which consist of discrete episodes of suicide ideation, suicide attempts, and death by suicide) found amongst those experiencing problems with gambling. DHSC is clear that harmful gambling is

⁵ [OSF | Policies and interventions to reduce gambling-related harms in England: protocol for a Public Health England e-Delphi consensus study](#)

undoubtedly a risk factor for suicidal events. It will take action to highlight the increased risk of suicide associated with those experiencing harmful gambling on the NHS 'Help with problem gambling' webpage, signposting to relevant sources of advice and support, to encourage those in need to reach out for help.

34. DHSC is committed to improving the UK evidence base around the relationship between gambling and suicidal events, to develop a better understanding of the risk and support development of tailored policy interventions. DHSC has commissioned NHS Digital to produce the Adult Psychiatric Morbidity Survey (APMS) 2022. The National Centre for Social Research (NatCen), the chosen supplier, ran a consultation on the APMS 2022 on behalf of NHS Digital. The findings of the consultation⁶ recommended the inclusion of harmful gambling, as it had been in the 2007 survey. DHSC expects the results of the survey to be reported in 2024/25. This will help strengthen data-led estimates of the prevalence of suicidal events linked to gambling. This will also allow government to strengthen its communications on gambling harm and particularly to healthcare professionals to improve awareness of harmful gambling and the associated risk of suicidal events. Upon publication of the APMS data, DHSC will consider the commissioning of further research to better understand the extent of harmful gambling as a risk factor for suicidal events.
35. More broadly, the government remains committed to tackling the known drivers of suicide, providing targeted support to groups we consider to be 'at-risk', including middle-aged men (approximately 45 to 64), and to do all we can to prevent suicides. These actions were set out in the 'Preventing suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives', published in March 2021, which reports against the National Suicide Prevention Strategy for England (2012).
36. Since the publication of the National Suicide Prevention Strategy in 2012, far more is understood about the wide-ranging risks associated with harmful gambling. DHSC recently announced it will publish a new Suicide Prevention Plan to replace the 2012 strategy, and work is now underway. The new plan will consider the changing pattern of risk on issues such as online safety and gambling. Whilst it is not possible to pre-empt the contents of the plan, DHSC will conduct wide-ranging consultation, including through the Mental Health Discussion Paper⁷, launched in April, to ensure views of key gambling advocacy and third sector stakeholders are accurately reflected as the work progresses.
37. As mentioned during the Inquest, in 2020/21, DHSC provided over £550,000 to the Local Government Association (LGA) to support all local authorities to strengthen their multi-agency suicide prevention plans, through a sector led improvement plan. Whilst this activity is led at

⁶ [Considerations for APMS 2022: Suggested content to add - NHS Digital](#)

⁷ [Mental health and wellbeing plan: discussion paper - GOV.UK \(www.gov.uk\)](#)

local level to ensure the needs of local populations are met, DHSC will draw upon the skills and expertise of regional OHID colleagues to encourage further consideration of gambling within existing plans, highlighting the heightened risk of suicide associated with harmful gambling.

Concern IV: Treatment insufficient to cure his gambling addiction in part due to lack of training for medical professionals

Treatment provision

38. More recently, DHSC has taken a key leadership role in the treatment of gambling-related harms, establishing effective working relationships with NHSE which is rolling out 15 specialist gambling clinics, as well as with GambleAware, recognising the key role they play in the commissioning and delivery of treatment services. In June 2020, five of the largest gambling operators committed to spend an additional £100million on improving treatment services for those experiencing gambling-related harm. In June 2020, the BGC announced that this funding would be directed to GambleAware who continue to receive these funds as the main commissioner of treatment services.
39. The DHSC recognises that historically there has been a lack of strategic oversight of the advice, support and treatment services for gambling-related harms in England. It acknowledges that the way that the current system is commissioned and delivered can be improved to deliver a sustainable treatment system. It should deliver an aligned set of services to provide people with a clear referral and treatment pathway, spanning public and third sector provision.
40. To address this, DHSC is using its leadership role to improve treatment provision through (i) the development of a coherent and effective treatment pathway, (ii) the expansion of treatment provision, supporting the implementation of the remaining NHS specialist gambling clinics and (iii) supporting improvements in standards of care within existing treatment provision. Through working collaboratively with NHS and other key delivery partners, including GambleAware, it wants to ensure those experiencing gambling-related harms receive high-quality treatment in a timely manner.

Improving routes into treatment

41. In collaboration with NHS England, DHSC has recently established a jointly-led project on 'Integrating the Gambling Treatment Pathway'. The project aims to develop clear referral and treatment routes from the National Gambling Helpline, operated by GamCare, through to specialist services, improving alignment of existing services to support the delivery of high-quality, effective advice, support and treatment. This work will fill a current gap and complement

the National Institute of Healthcare Excellence (NICE) clinical guideline on gambling, currently in development, and expected to be published in 2024.

42. The project will incorporate an initial review of the existing treatment system in England for adults (18+) experiencing gambling-related harms. This review will be led by the OHID. Using a Health Needs Assessment approach, OHID officials will assess the strengths and weaknesses of the current treatment system, using both quantitative and qualitative insight. The work will incorporate: (1) Mapping of current service provision, with a focus on those treatment services delivering specific interventions for gambling-related harms, (2) Analysis of existing treatment data to enhance understanding of gambling treatment in England, (3) Anonymised interviews with key stakeholders to gain qualitative insight in to advantages and limitations of the existing treatment system and (4) a Deep Dive of six Local Authority Areas selected to represent the geographical diversity of England.
43. The final report, expected to be available by autumn 2022, will detail the findings, alongside key recommendations to support future improvement of the system.

Expanding treatment provision

44. The NHS Long-term Plan (LTP), published in 2019, acknowledged that previous NHS treatment provision only reached a small number of problem gamblers and those 'at-risk', committing to "expand geographical coverage of NHS services for people with serious gambling problems, and work with partners to tackle the problem at source" through the creation of 15 specialist gambling clinics by 2023/24, with £15million of funding over this same period. Beyond 2023/24, the NHS has confirmed that it will continue to solely fully fund the clinics with an annual recurring budget of £6million to sustain the provision.
45. There are currently five NHS specialist gambling clinics in operation, including a national children and young persons' pilot clinic (part of the National Problem Gambling Clinic in London). In February, the NHS announced that these will inform the rollout of further gambling clinics⁸, when the services are evaluated later this year. Additionally, a further three clinics are due to become operational by late June 2022, the Southampton Gambling Clinic and the West Midlands Gambling Service which will initially have clinics in Stoke-on-Trent and Telford.
46. To facilitate the expansion of the NHS specialist gambling clinics, NHS England's (NHSE) regional teams will support providers throughout the development and mobilisation of their services, ensuring they establish effective local partnerships, enabling effective integration of their services with other pathways of care.

⁸ [NHS England » NHS launches new gambling addiction clinics to meet record demand](#)

47. Additionally, NHSE has recently launched a new Gambling Harm Clinical Reference Group. This group provides a forum for peer-to-peer support, enabling sharing of learning and best practice across the network of specialist gambling clinics, whilst providing clinical leadership for the expansion programme. This group will be chaired by a Gambling Harm Expert Advisor, a new post for which recruitment is currently underway. The successful candidate will be announced over the coming weeks.
48. In 2020, Greater Manchester Authority initiated a dedicated programme delivering a whole system, public health approach to prevent and reduce gambling-related harms. One stream of this work is to develop a local treatment and support offer, which involves reviewing the treatment pathway and determining what training and resources are needed to integrate gambling within existing services, as well as how best to improve access to these services. OHID is engaged with this work as members of the Advisory Group. DHSC is keen to explore best practice and learning from the outcome of the various work-strands, once underway. It will seek to align this work with its own project on integrating the treatment pathway, where appropriate.
49. DHSC has recently commissioned the University of Sheffield to estimate the numbers of people requiring and amenable to treatment for harmful gambling, at both national and local levels. They will also seek to develop treatment thresholds for harmful gambling. This will mean that the Department, alongside the NHS and other key delivery partners, is able to ensure that the system of support and treatment is sufficient and responds effectively to need. The work is already underway, with final reports expected to be published in 2023.

Improving standards of care

50. The DHSC is focused on the need to ensure consistent, high standards of care across the full spectrum of treatment provision. It has met with the Care Quality Commission (CQC) to discuss their scoping activity around the development of an inspection framework for GambleAware commissioned treatment services. DHSC will continue to engage as this work progresses and look to align this work with our own work on treatment pathways where appropriate.

Mental Health

51. On 12 April 2022, DHSC launched a discussion paper to inform the development of a new, longer term Mental Health Plan. The 12-week call for evidence, to support the development of a new 10-year plan to improve mental health, will seek views on potential improvements in current service provision and build understanding of the causes of mental ill-health. This aims to generate potential solutions to improve mental health and wellbeing, both within and beyond government and the NHS. This presents an opportunity for stakeholders to contribute their

views on how the new 10-year plan should respond to gambling-related harms. DHSC will proactively engage with key stakeholders to ensure their views on gambling are considered.

52. The PHE evidence review into gambling-related harms, published in September 2021, concluded that people with mental health problems are more likely to experience harmful gambling and to experience gambling-related harms. To ensure that those within higher risk groups like this, who may be experiencing harmful gambling, are identified and referred to appropriate treatment, DHSC recently submitted a research proposal that it hopes will receive approval to proceed to the National Institute for Health and Care Research (NIHR). This will scope the feasibility of routine screening for gambling-related harm within mental health and addiction services, and whether this could help increase numbers receiving appropriate advice, support and/or treatment for harmful gambling.

Training for healthcare professionals

53. DHSC acknowledges that at the time of Jack's death, there was limited awareness amongst healthcare professionals of the risk and wide-ranging harms associated with gambling. DHSC recognises that more must be done to improve awareness and build capacity across healthcare provision and are committed to taking action across four main areas; (i) upskilling existing healthcare practitioners to identify and support those experiencing gambling-related harms, (ii) improving training on gambling for future healthcare practitioners, (iii) building capacity specifically across primary care and (iv) supporting development of comprehensive training provision across existing treatment providers.

(i) Upskilling existing healthcare practitioners

54. As awareness and understanding of gambling-related harms continues to grow alongside the evidence, efforts are being made, across the sector, to better educate healthcare professionals. DHSC wants to ensure that health professionals are adequately equipped with the knowledge and skills they need to identify people experiencing gambling-related harm, and to provide advice and early intervention support, as well as onward referral for treatment, where required.

55. DHSC wants to learn from and build upon existing good practice across the sector. DHSC is working with Health Education England (HEE) to encourage further promotion and uptake of existing gambling specific learning resources offered via their E-learning for Health website, which can be accessed by all healthcare practitioners. These resources include the 2019 Royal Society for Public Health learning package focussed on 'Understanding and responding to gambling-related harm'.

56. To complement this work, DHSC will also undertake an audit of existing gambling-related harms information and training materials available across England. Following this audit, it will take

action to fill any gaps, working with key delivery partners, including NHSE, HEE and GambleAware.

57. Additionally, the Association of Directors of Public Health has been funded to deliver a programme around gambling-related harms in Yorkshire and Humber, which OHID regional teams are heavily engaged in. As part of this, they are exploring the training needs of those partners best placed to prevent gambling harms as early as possible e.g. substance misuse treatment services, police liaison and diversion services, social care, financial support and mental health services.

58. There is significant activity in train across third sector organisations to improve awareness and understanding of gambling-related harms. DHSC remains committed to working with key stakeholders to develop a robust and collaborative response to the issue. On 10 September 2021, GambleAware launched an invitation to tender to develop and deliver a training programme for Gambling Harms Awareness and Support. The project will target key professionals and community leaders who work or volunteer in eight strategic sectors across Great Britain, including primary care, social care, occupational health and community pharmacies with the aim of improving the capability and capacity of those organisations within the identified settings to provide effective gambling harm education and support to the public. GambleAware will announce the successful provider in the coming months.

(ii) Improving training on gambling for future healthcare practitioners

59. Whilst DHSC is taking active steps to build capacity and upskill existing healthcare practitioners to identify and support those experiencing gambling-related harms, it is vital that relevant knowledge, understanding and skills are embedded from the outset of an individual's professional training.

60. As outlined during the Inquest, individual medical schools and Royal Colleges are responsible for setting training curricula, adhering to standards set by the General Medical Council (GMC). However, DHSC is working with the GMC to make sure that awareness and understanding of gambling-related harms is included within both undergraduate and post-graduate medical education.

61. From 2024, the GMC will introduce the Medical Licensing Assessment (MLA) to test the core knowledge, skills and behaviours needed to practise safely in the UK. The DHSC is working with the GMC to explore the feasibility of including gambling as part of the MLA content map, ensuring parity with other addictions such as alcohol and drug misuse.

62. DHSC is also engaging with the Medical Schools Council, the representative body for UK medical schools (and a forum for medical schools to provide expert opinion on areas of medical

education and research) to encourage the inclusion of gambling within the development of individual school curricula. DHSC wants to see emphasis placed on the significant, wide-ranging impacts of gambling-related harms, their presentation and the need to provide effective identification, advice, support and treatment.

63. DHSC have also met with the UK Foundation Programme Office, who facilitate the operation and continuing development of the Foundation Programme (FP), to discuss opportunities to increase awareness of gambling-related harms. The FP is a mandatory 2-year work-based training programme intended to bridge the gap between medical school and specialty /general practice training.

(iii) **Building capacity specifically across Primary Care**

64. DHSC recognises the Coroner's strong concern about the lack of awareness and understanding of gambling-related harm across all of Primary Care.

65. DHSC acknowledges the important work of the Primary Care Gambling Service (PCGS). This is an NHS, primary-care led, integrated service for people experiencing gambling-related harms, currently being piloted in London. The service has two main objectives; (1) to set up and provide a primary care led assessment and treatment service and (2) to raise awareness of gambling addiction among primary healthcare workers. The service has recently developed a Competency Framework for Primary Care Practitioners, commissioned by GambleAware, with rollout currently underway.

66. DHSC recognises the opportunity this pilot presents to improve understanding and awareness across Primary Care practitioners. The department, in collaboration with NHSE, are committed to working with the PCGS as the pilot progresses, exploring opportunities to share learning and promote consistency across the wider system.

67. In response to the Coroner's PFD report, DHSC is engaging with the Royal College of General Practitioners (RCGP) and in particular, [REDACTED], the RCGP President and lead for gambling, to bring the findings to their attention. [REDACTED] is seeking to develop a training curricula and training package for primary care practitioners. This will focus on improving their awareness and competence to identify and deal with gambling-related harms. The training will cover three levels of awareness. The aim is to create a cadre of up to 50 practitioners with the skills and expertise to provide local leadership and act as drivers for change across England. It is hoped that the training will reach 10,000 primary care practitioners per year from different areas of the primary care team.

(iv) Developing a comprehensive training approach for treatment practitioners.

68. DHSC recognises that the lack of a standardised national approach to training for those involved in the treatment of gambling-related harms will likely result in inconsistency of practice, and varying treatment outcomes. The NHSE Gambling Harm Clinical Reference Group will review existing training provision for healthcare professionals operating within the specialist gambling clinics. This will include scoping the development of a competency framework and improved CPD guidance for clinicians.
69. As part of the OHID-led review that will map and assess the current treatment system in England, there will be an exploration of the training and accreditation received by treatment providers in order to undertake their roles. The department will engage with key stakeholders to identify potential solutions to address any gaps in training and strengthen existing provision across the range of treatment providers. This work will be further supported by the publication of NICE clinical guidelines, expected in 2024, assisting healthcare professionals by providing clarity on best practice in the treatment of harmful gambling.

Concern V: Lack of general understanding and awareness led to shame and ultimately suicidal feelings

70. As discussed during the Inquest, the PHE evidence review indicated an overlap between gambling and some mental health issues, but the nature and direction of that relationship remains unclear. Over recent years, there has been increased focus on improving awareness of mental health, as well as the associated support services, ensuring parity of esteem with physical health.
71. Public awareness campaigns such as 'Mental Health Awareness week' hosted by the Mental Health Foundation, which ran from 9 to 15 May this year, seek to promote good mental health and reduce the associated stigma. In January, NHS England launched a landmark mental health campaign, 'Help!'⁹ to encourage people to take better care of their mental health and to seek support when struggling.
72. The government recognises that gambling has often been referred to as the 'hidden addiction'. Unlike drugs and alcohol misuse, there are often no obvious signs that someone is experiencing serious levels of harm. We accept that only by improving awareness and understanding of gambling-related harms can we tackle the associated stigma and make those in need more comfortable about coming forward to seek help, without shame or embarrassment.

⁹ [NHS England » NHS launches landmark mental health campaign with 'Help!' from The Beatles](#)

73. Since the death of Jack in 2017, the issue of harmful gambling and the associated risks is much more widely understood amongst the general public. This is in no small part due to the tireless campaigning of the Jack's parents and their charity Gambling with Lives. They have used their personal tragic loss to try to prevent this from happening to others. However, the government accepts that there is still much more to be done.

74. DHSC is committed to working across government and beyond to explore opportunities to improve public awareness and understanding of the risks associated with gambling and the potential wide-ranging harms which can occur. This will support individuals in making informed choices about their gambling behaviour. The Greater Manchester Gambling-Related Harms programme is planning a communication campaign to change the narrative of the risks of harmful gambling. This is being co-designed by those with Lived Experience of harmful gambling. DHSC will remain engaged as the work progresses to explore how learning from this approach may be applied to support the development of any future national campaign.

75. As previously mentioned within this response, the government remains committed to reducing suicide rates more broadly. As set out in the Suicide Prevention Strategy and the Fifth Progress Report against the National Strategy, multiple actions are underway across government to provide targeted support to 'at-risk' groups, and more broadly, to reduce the suicide rate as far as we possibly can. The most recent progress report, published in March 2021, reiterated the government's commitment to address the inequality of men and more specifically middle-aged men being a particularly 'at-risk' group, as well as re-affirming the need to consider issues that disproportionately affect men, including harmful gambling. The report outlined targeted actions to address both harmful gambling and working to break down stigma.

Concern VI: Despite some improvements, there remain notable gaps across warnings, information, training and treatment, particularly in GP training.

76. As evidenced above, the government remains committed to tackling gambling-related harms and prioritising gambling as a public health issue. We will continue to adopt a proactive approach and take action to bring about necessary improvements in those areas identified as concerns by the Coroner and beyond. We remain committed to learning lessons as part of this process.

77. In summary, the government will take the following actions across the range of issues identified above.

Regulation

- Work continues on the review of the Gambling Act 2005. DCMS expects to publish a white paper outlining its findings and the government's proposals in the coming weeks.
- NatGen on behalf of the Gambling Commission will publish a full evaluation of the credit card ban for gambling, expected in February 2023.

Warnings

- The Gambling Commission will conduct a consultation on operators' responsibilities to tackle 3 key risks: unaffordable binge gambling; significant losses over time and failure to identify those customers who are particularly financially vulnerable.

Information

- DHSC are working with NHS Digital to enhance the NHS 'Help with problem gambling webpage' to provide a comprehensive 'one-stop-shop' for those seeking information, help and support on gambling-related harms.
- DHSC will take action in response to the findings of the e-delphi study once published.

Suicide prevention

- Upon publication of the APMS 2022, DHSC will analyse the data to better understand the extent of harmful gambling as a risk factor for suicidal events in England.
- DHSC will ensure the views of key stakeholders, across both the gambling and health sector, are accurately reflected in the development of both the new Suicide Prevention Plan and Mental Health 10-year plan.
- DHSC will work with regional OHID colleagues to encourage further consideration of gambling within existing multi-agency suicide prevention plans, led at Local Authority level.

Treatment provision

- DHSC continues to work with NHS England on a jointly-led project on 'Integrating the Gambling Treatment Pathway', enabling assessment of the strengths and weaknesses of the existing treatment system, to facilitate future improvements. The first stage of this work is expected to complete in October 2022.
- NHS England will open a further 3 NHS specialist gambling clinics by late May 2022. A full evaluation of the existing five clinics will be carried out later this year, to inform the rollout of future clinics. NHSE regional teams will support providers throughout this process to ensure services establish local partnerships to improve integration with local services.

General Awareness of gambling-related harms across healthcare provision

- DHSC will continue to work with key stakeholders including Health Education England, Royal Colleges, and the General Medical Council, to explore opportunities to improve

awareness and understanding of gambling-related harms and build capacity amongst both existing and future healthcare practitioners.

- DHSC will undertake an audit of gambling-related harms information and training material available across England to inform future activity.
- DHSC and NHSE will continue to engage with the Primary Care Gambling Service as the pilot progresses, to share learning and good practice to build capacity across Primary Care.

Training for treatment practitioners

- As part of the OHID led review that will map and assess the current treatment system in England, the review will explore the training and accreditation received by treatment providers, in order to undertake their roles.

Tackling stigma

- DHSC will work across government and beyond to explore opportunities to improve public awareness and understanding of the risks associated with gambling and the potential wide-ranging harms which can occur.

Concern VII: Remains very little information for school children, despite evidence to suggest children and young people are most at risk of experiencing gambling-related harms.

78. DfE acknowledges that at the time of Jack's death, there was no standardised teaching provision around gambling and the associated harms, However, since September 2020, teaching about gambling is now included in the curriculum for all schools. The new subject of Health Education is now in all state-funded schools, alongside Relationships Education (primary) and Relationships and Sex Education (secondary). This includes teaching young people about the risks relating to gambling, including the accumulation of debt.

79. Through Health Education, pupils are taught about mental wellbeing and how to recognise the early signs of mental ill health (for example, anxiety and depression). The subject supports pupils by promoting self-control and the ability to self-regulate, as well as strategies for doing so. Pupils are taught how to be a discerning consumer of information online and the risks of excessive use of electronic devices. Statutory guidance published by DfE on teaching this subject specifically provides that the risks relating to online gambling including the accumulation of debt, should be taught to secondary school pupils.

80. The DfE has plans in place to monitor implementation of RSHE over time, including measuring teacher confidence in teaching the statutory requirements. We are undertaking a national

survey of school leaders, RSHE leads and RSHE teachers, supported by qualitative research with school staff and pupils. The research will aim to:

- test whether schools are implementing the requirements with sufficient quality
- understand barriers and facilities to quality implementation, to inform any further support offers
- test and revise the theory of change for how setting this requirement will improve children's outcomes.

81. To support teachers to deliver the content of the statutory curriculum effectively, DfE has developed teacher training modules that are free to download from GOV.UK: [Teaching about relationships, sex and health - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/teaching-about-relationships-sex-and-health). As at 9 May 2022, there had been 63,416 downloads of the training modules, including 1868 of the internet safety and harms training and 28,968 of the mental well-being module.

82. The module on internet safety and harms includes a section on gambling that covers understanding gambling and recognising problem gambling. In 2021 DfE funded lead 21 teaching schools to provide 'train the trainer' training to teachers on the content of the new curriculum, reaching approximately 5,000 teachers in total.

83. Pupils are also taught finance education as part of the citizenship curriculum. In November 2021, the Minister of State for School Standards, [REDACTED], provided the foreword for the Money and Pensions Service guidance on finance education for schools. The guidance recognises the challenges faced by young people as money and financial transactions become increasingly digitalised. The challenges referred to include online gambling.

84. To further support schools, DfE are reviewing the content of the Teaching Online Safety in Schools Guidance: [Teaching online safety in schools - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/teaching-online-safety-in-schools), which covers how to teach about all aspects of internet safety, to help schools deliver this in a coordinated and coherent way across their curriculum. We anticipate publishing this in 2022.

85. DfE remains committed to working closely with stakeholders and colleagues across government to consider how to provide support to schools and teachers in dealing with this issue. In 2021, DfE met with colleagues from DCMS, DHSC and the education lead from Gambling with Lives to discuss the resources they have produced for schools and ways to engage teachers more broadly.

Conclusion

86. DHSC, DCMS and DfE hope that the matters set out above address, in sufficient detail, the concerns raised in the Report. If, however, further information or clarification would be of assistance the CGDs will of course endeavour to provide this, as required.

Yours sincerely,

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For the Treasury Solicitor

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