

## Health Improvement Board

25<sup>th</sup> June 2026

### Gambling Harms Prevention Programme for Oxfordshire: Scoping the Approach

#### Purpose / Recommendation

##### The Health Improvement Board is asked to

1. Consider the contents of this report and questions/points to discuss, as outlined within it.
- Note the new public health requirement to reduce and prevent harms caused by gambling and changes in the national landscape regarding gambling harms prevention.
- Note the interdependencies between gambling and other public health areas including mental health and wellbeing, suicide prevention, drug and alcohol use, and domestic abuse.
- Note the approach and activities proposed for Oxfordshire to support gambling harms prevention, in line with national requirements and stipulations.
- Consider and advise on the next steps outlined in this report and provide strategic oversight and input, particularly where contents relate to priority 3 of the [Oxfordshire Health and Wellbeing Strategy \(2024-2030\)](#) (Healthy people and healthy places).
- Consider and provide guidance on next steps required to establish and strengthen county partnership working with district authorities and third-sector organisations to support gambling harms prevention workstreams.

#### Executive Summary

2. This report sets out the new public health requirement to reduce gambling-related harms, supported by national funding for upper-tier local authorities. It outlines the conditions of funding and options for gambling harms prevention activities, before setting out a proposed approach for the Oxfordshire Gambling Harms Prevention Programme for the current financial year (2026-27).

#### Background

##### National Landscape and Context:

3. The Office for Health Improvement and Disparities (OHID) is the national commissioner for gambling harms prevention under the new statutory gambling levy introduced in the financial year 2025-26 (gambling harms prevention represents 30% of funding from the levy; with 20% allocated for research [commissioned via UK Research and Innovation (UKRI)] and 50% for treatment [commissioned via NHS England]). Through OHID's new gambling harms prevention programme and dedicated local authority gambling harms prevention project, £118,144 has been allocated to Oxfordshire County Council for the 2026-27 financial year. The key

conditions of funding outlined in the joint Memorandum of Understanding between Oxfordshire County Council and OHID signed off in early May includes that this funding is to be used for gambling harms prevention activity involving a health needs assessment specifically on gambling harms prevention developed in the first year, highlighting the emphasis on conducting a local health needs assessment to inform additional and subsequent preventative activity and interventions.

4. Included in the Memorandum of Understanding are strategic objectives for the Local Authority Gambling Harms Prevention Project:

**Strategic objective 1:** Build local capacity and intelligence to prevent gambling-related harms, including through the development of a local gambling harms health needs assessment.

**Strategic objective 2:** Strengthen local partnerships and system leadership to support a coordinated approach to gambling harms prevention and early intervention.

**Strategic objective 3:** Embed gambling harms prevention within local policy, regulatory, and strategic frameworks, including licensing, planning, and wider public health strategies.

**Strategic objective 4:** Increase awareness, early identification, and appropriate support for individuals, families, and communities affected by gambling-related harms.

**Strategic objective 5:** Reduce health and social inequalities by ensuring gambling harms prevention activity is proportionate to local need and focused on populations at greatest risk.

5. Separately to the local authority allocation funding, [OHID have provisionally allocated a proportion of the prevention funding](#) (£25,441,281) directly to 33 successful Voluntary, Community and Social Enterprise (VCSE) organisations via a national allocation process. The objectives of the fund are:

- To sustain and strengthen the VCSE sector to deliver equitable and innovative prevention strategies.
- To build capacity and capability for effective and sustainable project delivery.
- To develop an independent, evidence-based approach to public health policy decision making.

VCSE organisations with both regional and national footprints have been allocated funding, including those operating within Oxfordshire.

### **Local and National Evidence on Gambling Harms:**

6. A [South-East Gambling Harms health needs assessment](#) was published in June 2023. The health needs assessment defined gambling as *“gaming, betting, or participating in a lottery that involves risking losing money (or other belongings of value), for a chance to win a larger sum money or another prize. The game may involve an element of skill or luck, and the outcome is uncertain”*. The needs assessment highlighted that common gambling activities include: lotteries, instant games (such as scratch cards), bingo, sports betting, and casino, card, and dice games. [Wardle et al. \(2018\)](#) developed a definition for gambling-related harms as: *“the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. These harms are diverse, affecting resources, relationships and health, and may reflect an interplay between individual, family and*

*community processes. The harmful effects from gambling may be short-lived but can persist, having longer term and enduring consequences that can exacerbate existing inequalities".* A key recommendation from the health needs assessment was to advocate for and re-frame gambling as a public health issue to support renewed regional effort.

7. In Oxfordshire, a [county-wide Joint Strategic Needs Assessment](#) (JSNA) for gambling harms was published in 2024. The JSNA highlights a [2021 report by Public Health England](#) which identified a wide range of gambling-related harms including: financial impacts, relationship conflict or breakdown, mental and physical health harms, cultural harms, impacts on work and education. Furthermore, societal costs on healthcare, welfare and employment, housing, and criminal justice. The key findings reported in the JSNA were:
  - That OHID estimates excess costs of harmful gambling (direct financial cost to government plus societal value of health impacts) were between £1.05-£1.77 billion for England.
  - Males aged 18-44 have the highest gambling participation rates.
  - Nationally, 26% of 11–17-year-olds reported having spent their own money on gambling in the previous 12 months.
  - [Estimates for Oxfordshire](#) state that just over 18,000 adults who gamble may benefit from some type of treatment or support for harmful gambling, and that over 10,000 children live in household with an adult who gambles who may require treatment or support.
  - Acorn geodemographic segmentation show that gambling offline is more common in the group 'low income living'; this group makes up 2.3% (around 17,000) of residents in Oxfordshire. Conversely, gambling online is more common in the group 'luxury lifestyles'; this group makes up 5.4% (around 40,000) of residents in Oxfordshire.
8. [Data from OHID](#) shows that in 2025 there were 64 gambling premises in Oxfordshire, with a significantly lower number of gambling premises per 100,000 population (8.5) than the England average (12.9). 40% (26) of the gambling premises in Oxfordshire were in Oxford, which had a higher albeit not statistically significantly different number of gambling premises per 100,000 people (15.7) than the England average. This shows that gambling premises in the county are particularly concentrated in the Oxford area.
9. Data modelling using data from year 1 (2024) and year 2 (2025) of the [Gambling Survey for Great Britain](#) was released by OHID in April 2026. These include modelled estimates based on self-reported survey responses and are therefore not true population values, which should be noted. There are a range of estimates for gambling-related harms, each with their own strengths and limitations. It is important to take a holistic view of the data when assessing gambling-related harms. The data shows that estimated proportions of the population engaging in gambling activity in Oxfordshire outlined below are statistically similar to those in the South-East region, yet statistically significantly lower than England:
  - 41.5% of adults in Oxfordshire were estimated to have spent money on any gambling activity in the past 4 weeks, compared to 46.0% of adults in the South-East and 47.5% of adults in England.

- When these estimates exclude participation in lottery draws, the proportion of adults spending money on gambling activity in the past 4 weeks decreases to 22.7% in Oxfordshire compared to 25.3% in the South-East and 27.5% in England.

The proportion of adults gambling who experience negative consequences and a possible loss of control in Oxfordshire is point estimated at 1.4%, statistically similar to the estimated proportion in the South-East (1.7%) and significantly lower than the estimated proportion for England (2.7%). Within Oxfordshire, Oxford was estimated to have the highest point estimate of adults in this group of the districts (2.1%), however this did not statistically significantly differ from other districts. The broader category of adults gambling with a potential risk of or experiencing adverse consequences in Oxfordshire is point estimated as 13.21%, or just over one in every 7.5 adults, highlighting the extensiveness of gambling harms risk and impact in the county. This data does not capture the indirect impact of gambling harms on friends, family and broader society.

### **Strategic and Policy Context:**

10. In Oxfordshire, gambling premises licensing is primarily the responsibility of district councils under the [Gambling Act \(2005\)](#). The Act outlines three licensing objectives:
  - Preventing gambling from being a source of crime or disorder, being associated with crime or disorder or being used to support crime.
  - Ensuring that gambling is conducted in a fair and open way.
  - Protecting children and other vulnerable persons from being harmed or exploited by gambling.

Currently, applications for gambling premises are made to individual district councils, who are each required under the Gambling Act (2005) to publish a statement of principles for exercising their licencing functions, which must be reviewed 'from time to time' (generally interpreted as every three years). Local planning authorities also sit at the district council level in Oxfordshire and are responsible for regulating local advertising space. Gambling premises licensing and local advertising are two key local government functions which could be leveraged to support the integration of public health gambling harms prevention principles and action.

11. There are also opportunities to embed the gambling harms portfolio area more widely within organisational strategies (including the business strategy), policies, and action plans and develop capacity and leadership within the Public Health team. Additionally, within broader local and regional networks, action plans, and strategies to raise awareness and foster activity within gambling harms prevention. Key priorities for Oxfordshire County Council include gathering evidence of need locally, raising the profile of gambling-related harms across the council and wider health system, and developing a local action plan for prevention and harm reduction.
12. Gambling harms has a number of interdependencies with other core public health portfolio areas including mental health and wellbeing, suicide prevention, drug and alcohol use, and domestic abuse. Developing a cohesive approach to Oxfordshire's Gambling Harms Prevention Programme and portfolio which embeds gambling harms prevention in ways of working, upskills professionals and develops system-wide strategy, leadership and actions is therefore a key priority.

<b>Key Issues</b>
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13. The overarching aims of the Oxfordshire Gambling Harms Prevention Programme are:

- Greater understanding and awareness of gambling-related harms, needs (including health needs), and services in Oxfordshire. This will support the key programme aim to effectively identify priorities and develop and implement evidence-based interventions to meet challenges and opportunities and improve support for residents.
- Improved strategic insight and planning; embedding gambling harms prevention into existing and new ways of system working and policy.
- Enhanced capacity and leadership to support gambling harms prevention: within Oxfordshire County Council, locally, and regionally.
- New and strengthened partnerships including within local authority, health, voluntary, community, and social sectors.
- Evaluate outcomes and monitor progress in tackling gambling harms in Oxfordshire.

14. Key activities for the Oxfordshire Gambling Harms Prevention Programme are proposed under each of the five strategic objectives outlined in the joint Memorandum of Understanding between Oxfordshire County Council and OHID below:

<b>Gambling Harms Prevention Activity</b>	<b>Proposed Actions for Oxfordshire</b>
1. Building local capacity, capability and leadership in relation to gambling harms prevention	<ol style="list-style-type: none"> <li>1. Creating responsible portfolio and designated roles in the Oxfordshire County Council Public Health team.</li> <li>2. Increasing awareness and capability in the Oxfordshire County Council Public Health team as part of raising the profile of gambling harms prevention and embedding into ways of working.</li> <li>3. Inclusion of gambling harms in data collection and reporting, including the Joint Strategic Needs Assessment.</li> </ol>
2. A health needs assessment specifically on gambling harms prevention in the first year	<ol style="list-style-type: none"> <li>1. Creation of a health needs assessment working group.</li> <li>2. Conducting stakeholder engagement.</li> <li>3. Developing the evidence base, including through literature review.</li> <li>4. Collecting and analysing data for the needs assessment including community insights.</li> <li>5. Mapping gambling and gambling harms prevalence and service provision.</li> <li>6. Production and publication of the health needs assessment.</li> </ol>

3. Partnership development (including VCSE engagement)	<ol style="list-style-type: none"> <li>1. Identification and mapping of current VCSE organisations in Oxfordshire (supported through the needs assessment).</li> <li>2. Supporting the South-East Gambling Harms Prevention Network, which has held regular meetings since January 2026.</li> <li>3. Develop a further local network for gambling harms prevention.</li> <li>4. Incorporate the voice of lived experience locally.</li> </ol>
4. Policy, regulatory and environmental approaches	<ol style="list-style-type: none"> <li>1. Engage with partners in district councils and planning and environment to develop and agree policy, regulatory and environmental approaches.</li> <li>2. Map current policies (including advertising and licensing) and identify areas relevant to the prevention of gambling-related harms.</li> </ol>
5. Awareness, early intervention and harm reduction activity	<ol style="list-style-type: none"> <li>1. Develop an educational workstream to raise awareness of gambling harms and services locally.</li> <li>2. Develop an elected members engagement plan to raise awareness of gambling harms.</li> <li>3. Explore joint opportunities with services in the Public Health Directorate, across Council Directorates, and those operating across the county to raise awareness and support early intervention.</li> </ol>

15. Gambling harms prevention particularly aligns with the following [Oxfordshire Health and Wellbeing Strategy \(2024-2030\)](#) priorities, with the Health Improvement Board responsible for oversight of delivery of priorities 3 and 4 of the strategy:

- **Priority 2:** Children and young people’s emotional wellbeing and mental health – *“More children and young people in Oxfordshire should experience good mental health and emotional wellbeing.”*
- **Priority 3:** Healthy people and healthy places – *“The length and quality of people’s lives in Oxfordshire should not be negatively impacted by exposure to tobacco, alcohol, or unhealthy weight. People in Oxfordshire should live in healthy environments where they can thrive free from these harms.”*
- **Priority 6:** Strong social relationships – *“Everyone in Oxfordshire should be able to flourish by building, maintaining, and re-establishing strong social relationships. We want to reduce levels of loneliness and social isolation, especially in rural areas.”*
- **Priority 7:** Financial wellbeing and healthy jobs – *“All of Oxfordshire’s people should have good living standards and financial wellbeing. Our local economy should be inclusive, equitable, and fair and everyone should be able to contribute through life-long learning and good quality and stable work.”*
- **Priority 10:** Thriving communities – *“We will support and enable all communities to play their key role delivering better health and wellbeing for people across Oxfordshire.”*

<b>Budgetary implications</b>
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16. This programme will be funded through the national statutory gambling levy via OHID allocated funds for the gambling harms prevention project for local authorities, these funds are ring-fenced solely for gambling harms prevention activities.
17. OHID have committed to allocating gambling harms prevention funding to upper-tier local councils for the 2026-27 and 2027-28 financial years. Allocations for Oxfordshire County Council during the 2027-28 financial year will be agreed towards the end of the financial year 2026-27.

### **Equalities implications**

18. The Oxfordshire Gambling-Related Harms Health Needs Assessment and other gambling harms prevention activities proposed for the Oxfordshire Gambling Harms Prevention Programme will have an equalities focus and aim to both identify existing inequalities and reduce these inequalities across the county footprint.

### **Sustainability implications**

19. Sustainability implications are dependent on the approach and activities undertaken and will continue to be assessed throughout the 2026-27 financial year and beyond.

### **Legal implications**

#### **This section was completed by a member of the legal service**

20. The report notes that the funding allocation is designed to support councils to prevent and reduce gambling-related harms and is subject to councils meeting eligibility and governance conditions. Once those conditions are met a MOU setting out common goals and intentions must be signed by the Director of Public Health confirming that the funding will be used for gambling harm prevention activity.
21. The report further sets out how the funding is to be used locally, in accordance with those conditions, to address gambling related harms.
22. There are no further specific legal implications arising from the report.

Comments checked by:

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### **Risk Management**

23. The key risks and mitigations which have been identified for the Oxfordshire Gambling Harms Prevention Programme include:
  - The requirements to meet the stipulations and requirements outlined in the joint Memorandum of Understanding between Oxfordshire County Council and OHID, using the full allocation of funding to support gambling harms prevention under the strategic objectives. This includes requirements to submit financial and activity reporting to OHID. The main mitigations for this

risk involve proactive planning of programme activities, timelines and outcomes, mapping and optimising spend, and early engagement with colleagues and partners to organise capacity and accommodate any changes or setbacks during the programme.

- The topic of gambling harms prevention leads to the potential for conflicts of interest to arise and therefore there is a need to be assured of the partners Oxfordshire County Council works with and involved within the Oxfordshire Gambling Harms Prevention Programme. A key mitigation will involve the use of conflict-of-interest forms to ensure transparency as part of partners' conditions for involvement in the programme.
- The area of gambling harms prevention is traditionally less recognised and embedded within the field of public health. This leads to the potential for local gambling harms prevention activity to generate interest, with work required to build awareness and understanding of this topic area and of Public Health's role and involvement.

## Communications

24. A communications and engagement plan will be developed as part of implementing the gambling-related harms health needs assessment within the programme. Further engagement with elected members and people with lived experience of gambling-related harms will be an integral objective within this plan.

## Key Dates

25. Activity and financial reporting will be required to OHID on a regular basis. Core activities outlined in the Memorandum of Understanding will need to be delivered within the 2026-27 financial year, ending 31<sup>st</sup> March 2027.

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