Written evidence submitted by Wakefield District Health and Care Partnership (PHS0105)

The committee is asked to consider the extent to which local measures to address the wider determinants of health, through public information, advocacy and work to effect behaviour change to improve population health are undermined by legislation and policy, and to recommend changes to empower local authorities to determine planning and licensing applications based on their impact on population health and wellbeing, taking into account local circumstances.

The permissive approach to approving and licensing gambling establishments provides an example of where national policy favours commercial factors over population health.

The Public Health England comprehensive evidence review of gambling-related harms found that people at risk of gambling harms are concentrated in areas of higher deprivation and may already be experiencing greater health inequalities.

Gambling harms are not equally distributed throughout society. People from more affluent and less vulnerable groups are more likely to gamble, yet those who are already vulnerable and at risk of poor health are more at risk of gambling-related harms, further exacerbating existing inequalities. The north of England has the highest prevalence of at-risk gamblers.

The 2018 Health Survey for England estimated the prevalence of "problem" gambling. Of those who had gambled in the past year, 8 in 1,000 men and 3 in 1,000 women had a diagnosable "problem" level of gambling. Even more people are considered to be "at risk" of harms as a result of gambling, at 67 people in every 1,000 who gambled.

While 3.8% of people in the general population gamble at levels of elevated risk, this increases to 6.1% in those who are unemployed. Furthermore, 5.3% of people in the most deprived neighbourhoods are gambling at levels of elevated risk compared to 3.0% in the least deprived and rates of harmful gambling are over seven times higher in the most deprived neighbourhoods compared to the least deprived neighbourhoods[i].

These disparities are particularly clear when looking at land-based gambling venues, with 21% of venues located in the most deprived decile compared to 2% in the least deprived decile. A Public Health England (PHE) evidence review in 2021 suggests that accessibility of gambling opportunities is associated with increased gambling and gambling-related harm. Advertising and visibility of gambling establishments and gambling advertising normalises the activity of gambling – affecting adults and children – undermining public information campaigns to raise awareness of gambling harm. Public health measures to address harmful gambling need to be able to draw on a range of interventions, including prohibition.

The National Planning Policy Framework (NPPF 2021) sets out the objective that planning policies and decisions should aim to achieve healthy, inclusive and safe communities which: *"enable and support healthy lifestyles, especially where this would address local health and wellbeing needs…"* and "*ensure an integrated approach to considering the location of… economic uses… and services".*

The public health team of Wakefield District Council sought to challenge an application to establish a betting shop in a prominent city centre retail unit, in a part of the district where fuel poverty and income deprivation are higher than the England average and where there are already 10 gambling establishments within a 12-minute walking radius. (Seven betting shops and amusement arcades within a 3-minute walking distance of the proposed site). The arguments against allowing the development centred on the negative impact on human health.

The planning permit was issued after the agent provided a letter of rebuttal and the licensing review board subsequently granted the licence in spite of objections from Public Health.

A similar unsuccessful challenge to the establishment of a betting shop in Bradford, West Yorkshire, where 41% of people seeking support from GamCare for problem gambling reported gambling harm due to high street establishments, cited high prevalence of gambling harm within the specific location, deprivation, proximity to other gambling outlets, prominence and visibility and proximity to schools and recreational facilities for young people.

These examples demonstrate the ability to adopt a holistic approach to health prevention tailored to local population needs is impeded by national policy which favours commercial factors over population well-being.

This is particularly pertinent now due to increase in people experiencing poverty due to rising costs and the compounding effect of harmful gambling on the most deprived communities.

There is an opportunity for the Government to act to empower local authorities to make decisions in relation to planning and licensing that reflect the needs of local communities and protect population health.

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