Tobacco Control
Health Needs Assessment

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Contents

Executive summary

- Tobacco remains a leading cause of premature mortality and is a key driver of health inequalities across each borough in Northwest London
- Smoking prevalence in Harrow was estimated at 16.1% in 2023, significantly higher then previous years of a lower prevalence below 8%.
- Smoking by Sex, occupation, age, ethnicity, and mental health vary compounding health inequalities.
- Smoking in pregnancy is significantly lower than the national percentage and below the 6% target. Yet there are still births in some boroughs are higher than England average.
- Tobacco use among adolescents and young people continues to fall with the rise in vaping. However, reporting of both is self-reported leading to a number of challenges in assessing the accuracy of data
- Tobacco continues to cost Harrow £132 million through loss in productivity, health and social care costs and cost of fires.
- Tobacco services in Harrow have undergone many changes to their funding creating challenges with how these have supported resident to quit smoking. New funding however poses opportunities for services to both scale up to increase access but to also target groups who have traditionally not accessed services.
- Challenges remain in each Tobacco Dependency pathway within the NHS yet they are or will be delivering treatment to patients by the end of 2024.
- The environmental impacts of tobacco continue to contribute negatively to society including in how boroughs dispose of the waste associated with tobacco.
- There are numerous challenges, successes and opportunities for tobacco in Harrow

Definitions and abbreviations

Definitions

Behavioural support: a 12 week evidence based programme to support an individual in quitting smoking focusing on their behaviour towards cigarettes.

Electronic cigarettes/Vapes: An electronic device which heats a liquid to a vapour which is inhaled. These are significantly safer than using tobacco.

Long term conditions: conditions that cannot at present be cured, though they can be controlled by medication or other care. Examples include diabetes, heart disease and chronic obstructive pulmonary disease (COPD).

Northwest London: 8 borough compromise Northwest London. These are: Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster

Pharmacotherapy: A way to provide nicotine or a nicotine replacement to satisfy the nicotine cravings when undertaking a quit attempt.

Smokefree 2030: The Government's aim to reduce smoking to less than 5% of the population by 2030

Smokefree/Successful quit: A successful quit or being smokefree is not having had a cigarette for 28 days consecutively

Vaping: The use of a vape

Abbreviations

NRT – Nicotine Replacement Therapy

SATOD - Smoking at time of delivery

Introduction

Smoking is the leading cause of premature and preventable mortality in the UK[1]. Smoking reduces life expectancy by 10 years on average, but up to 20 years for those with a severe mental illness[2]. Rates of smoking continue to decline from 46.4% in 1976, to 11.6% in 2023[3]. In spite of these significant decreases, smoking remains the leading modifiable risk factor is preventing ill-health in the UK[4] creating additional strain to a health and social care system[5]. Of the four largest non-communicable disease causes: tobacco use, excess alcohol consumption, physical inactivity and obesity, tobacco is consistently first for the contribution to aggregate disease burden of non-communicable diseases[6]. Smokers are more likely to visit their GP or be admitted to hospital than non-smokers[7]. Furthermore, being a smoker leads to extended periods of time in hospitals and recovery[8]. Smoking is already known to contribute to a large number of long term conditions including cancers, Chronic Obstructive Pulmonary Disease, and Cardio-vascular disease and strokes[9]. Furthermore, the presence of more than 1 long term condition is not uncommon[10]. New evidence also suggests there may be an increased risk of dementia or Alzheimer's[11]. Smoking costs the NHS over £1.9 billion annually. This figure does not include the cost to either the social care system or wider society[12].

Smoking is a large driver of health inequity in the UK and Harrow[13]. Nearly half of the difference in life expectancy between the richest and poorest within society is attributable to tobacco use[14]. Smoking negatively impacts those from lower quintiles of deprivation more unevenly than more affluent areas[15]. However, levels of deprivation do not impact motivation to quit smoking[16]. Few smokers are happy to be addicted to tobacco with many remain motivated to undertake a quit attempt[17]. Many smokers will attempt to quit smoking without the necessary and proven support to make a successful quit attempt[18]. Behavioural and pharmacological support delivered by specialist teams is the most effective way to quit smoking with stop smoking services offering these[19]. However, uptake by residents remains low. Stop smoking services remain committed to identifying and supporting smokers from all backgrounds and communities to design interventions which fit their need to reduce this large health inequity.

Policy context

The UK's approach to tobacco control has evolved from initial research and public awareness to comprehensive legislation aimed at reducing smoking prevalence and protecting the public's health. This has formed and developed as we have continued to understand the growing impact tobacco has on both individual health, but also the nations collective health. Figure 1 shows key legislative changes while tracking the impact of tobacco prevalence across the UK.

This legislation has had a fundamental impact on the way tobacco impacts the UK. This includes rates of smoking being at an all time low. Furthermore, legislation and policy has also raised the publics awareness of the health impacts and dangers of smoking which has created a cultural shift with tobacco use being less socially acceptable. Lastly, it has provided a legislative framework with one of the worlds most comprehensive sets of tobacco control measures globally which other countries have adopted. The UK's policy position has not only reduced rates of tobacco use, it has also helped to "de-normalise" tobacco, making this less prevalent or socially acceptable[20].

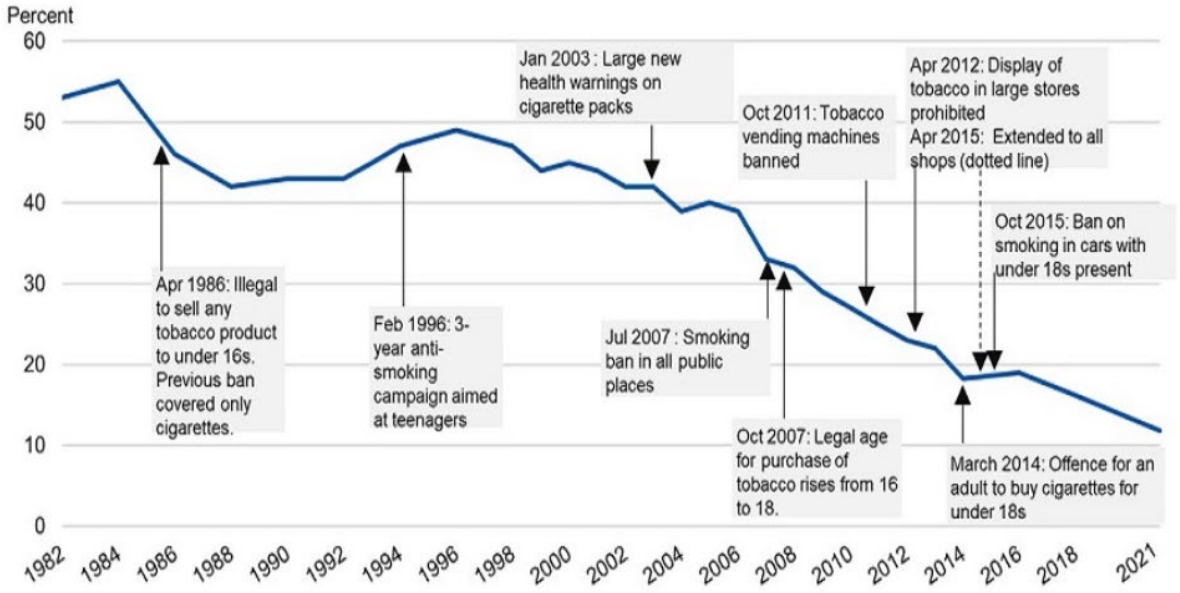

Figure 1. Smoking prevalence mapped again key legislations from 1982 to 2021(Source: Department of Health & Social Care)

National policy context

Creating a smokefree generation and tackling youth vaping

The Tobacco and Vapes Bill was first announced in November 2023 and reaffirmed with the new Labour Government in the Kings Speech in July 2024. This proposed a range of measures strengthens the UK's commitment to becoming smokefree (Less than 5% of the population) by 2030. Measure and laws include:

- Indefinitely raising the age of sale of tobacco products for individuals born after 1st January 2009.
- Proposals to tackle the rise in youth vaping:
    - Banning disposable vapes
    - Reducing the amount of flavours appealing to children
- Increased funding to smoking cessations to increase access to services
- Swap to stop: Up to one million free e-cigarettes for smoking cessation services
- Maternity financial incentives: Providing financial incentives to pregnant women who manage to successfully quit smoking and maintain this.

How will this achieve smokefree

Legislation has consistently been a driver in reducing smoking prevalence in the UK as figure 1 shows. However, the new legislation alongside measures and actions proposed aim to increase the speed at which the country reaches smokefree by. Figure 2 shows different scenarios for alongside a "do nothing" approach which leaves the smoking rates around baseline.

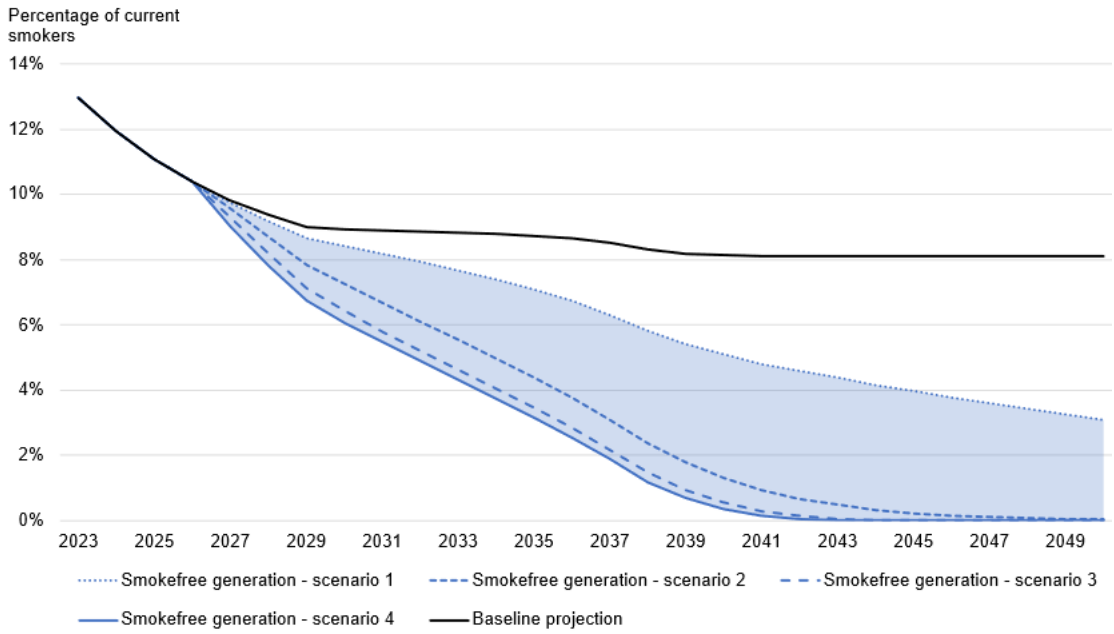

Figure 2. Smoking prevalence mapped again key legislations from 1982 to 2021(Source: Department of Health & Social Care)

- *Scenario 1: A raise in age of sale to 19 would reduce rates of smoking instigation by 10% for most age groups, and only 5% for some.*
- *Scenario 2: Raising the age of sale to 21 would reduce rates smoking instigation by 30% reducing prevalence primarily in 18-20 group.*
- *Scenario 3: A mix of raising the age of sale indefinitely (scenario 4) and raising the age of sale to 21 (scenario 2) reducing smoking instigation by 60%.*
- *Scenario 4:Raising the age of sale indefinitely from 2027 for anyone born after 1999 to not be able to legally purchase tobacco. This assumes a 90% reduction in instigation of smoking.*
- *For more information on modelling predictions please visit:* Modelling for the smokefree generation policy - GOV.UK (www.gov.uk)

NHS long term plan

Reducing smoking is one of the key prevention programmes within the NHS Long Term Plan. The NHS will receive funding to reduce the burden of smoking to the NHS through creating tobacco dependency programmes in each NHS trust. The aims of these services are:

- Ensure all people admitted to hospital (whether acute, outpatient, maternity or mental health) who are identified as a smoker will be offered the opportunity to quit smoking

Local policy context

Beyond the application of the national policies and identifying and successfully implementing these locally, Harrow has a number of local policies to help meet the needs of residents.

Health and Wellbeing Strategy

Harrow Health and Wellbeing Strategy focuses on the building blocks of good health, preventing ill health and improving health and wellbeing. The strategy sets out three domains:

- Healthy people

- Healthy policy and practice
- Healthy place

Tobacco is one component of Harrow' Health and Wellbeing Strategy aiming to reduce the burden and widening inequalities caused by tobacco. The Harrow tobacco control team is currently developing a tobacco control strategy to actively promote the Health and Wellbeing Strategy core aims through reducing the harms from tobacco and creating healthy environments to support residents of all ages to live and age well and healthily.

Tobacco and Vaping Control Alliance

The Harrow Tobacco and Vaping control alliance is re-established having ceased prior to the Covid-19 pandemic. Multiple stakeholders have formed the basis of early membership including; London Fire Brigade, Trading Standards, NHS partners and commissioned smoking cessation services. The membership will expands as the aims of the alliance broaden and stakeholders become key in ensuring Harrow Tobacco control strategy is delivered to reduce the tobacco harm across Harrow.

Tobacco Control Strategy

A comprehensive tobacco control strategy is one of the 16 essential health services monitored by the World Health Organisation. These are evidenced-based approaches to tackling the harm of from tobacco and aims to reduce serious health risk and mortality through policy, education and targeted intervention[21]. Within Harrow, a Tobacco Control Strategy is in draft form (September 2024) and will be influenced heavily by this needs assessment.

Harrow's Tobacco Control Strategy will set out a robust plan to raise more awareness of the harms of smoking, improve the capability of our workforce to hold conversations and encourage more residents to attempt to quit smoking each year. There is a particular focus on high prevalence groups who are at the most risk from harm, as shown though this needs assessment, dispelling misinformation relating to tobacco and reducing the sale of illicit tobacco and e-cigarettes.

The vision from the Tobacco Control Strategy: "Achieving smokefree in Harrow by 2030".

Aims and objectives of the needs assessment

Aim

The Harrow Tobacco needs assessment aims to understand the extent to which tobacco impacts the lives of residents across Harrow while understanding the unmet needs and gaps in provisions. Furthermore, this will inform local decision making including commissioning of tobacco services to best meet the needs of the population through prioritising resources to ensure the greatest outcomes for the expenditure. The needs assessment will lastly create a set of recommendations endorsed by stakeholders across Harrow to create a framework for supporting the Tobacco control strategy.

Objectives

- To use national, regional and local data to identify the impact of tobacco to Harrow
- Outline current service provisions and to identify gaps or unmet needs
- Consult with stakeholders across a system to understand limitations of services
- Make evidence based and informed recommendations following the assessment

Methods

Having decided to produce a needs assessment for tobacco control in Northwest London, a working group was set up. The group developed a scope, identified key data requirements, themes and approaches, and discussed emerging intelligence. The scope and merging results of needs assessment were discussed with wider stakeholders, including NHS trusts who would provide their insights which fed into Harrow's JSNA group. This gathered more insights and recommendations to inform the Harrow's needs assessment and subsequently the Tobacco Control Strategy.

Given the size of this topic, most of the document is necessarily an overview, focussing on key statistics across the local and national data dashboard and it's determinants. The report analysed data from publicly accessible data and WISC to identify the success and challenges of tobacco control in Northwest London. This includes detailing disparities relating to sex, age, ethnicity and poverty for example. This report also focuses on how the national policy and regional context influence the approach and offer of the local stop smoking service.

Limitations of data sets used

Data sets used were from nationally recognised sources, however, there were discrepancies between different sources reported within the same organisation. For some sources such as GPPS, this is a representation of data from GP systems across the country, however, this is only as accurate as their own records. This will also apply to WSIC data where this is taken from GP records. However, for other sources such as the APS, this is a nationally representative sample which allows for local inferences to be made.

There will be discrepancies in data and where possible the needs assessment will explain and highlight these as a limitation within the data to make the reader aware. Lastly, for areas such as chewing tobacco use, shisha use or e-cigarette use where there is a limitation in either how or where the data is recorded, coupled with validity means these are caveated within the needs assessment as comparison are unable to be displayed.

Harrow population profile

Population overview

In the 2021 Census, Harrow's population was estimated at 261,200 and likely to grow to 268,300 by 2023 (Figure 3 and Table 1). Population growth since 2011 Census showed an increase of 9.7%, above the London average of 7.7%. The significant population growth in Harrow has been driven by factors such as immigration, higher birth rates and more people moving in to the borough.

Harrow has both a growing and aging population and 18-64 is the largest age group locally. The population of this age group is projected to increase 3.4% from 2011 (151,851) to 2031 (157,089). For 83% of residents, these have a GP in Harrow slightly lower than North West London who have 89%. Harrow remains diverse with over 285 different ethnic identities reported in 2021 Census, with 47% identifying as Asian, double that of London and four times that of England. Furthermore, Harrow has among the most diverse population by Religion in the UK. Harrow has a third of the population identifying as Christian with a further quarter and Hindu. This is the highest in England by percentage. Smaller numbers identify with other religions including Muslim, Jewish, Buddhist, Sikh, and Jains. A portion also identify as having no religion.

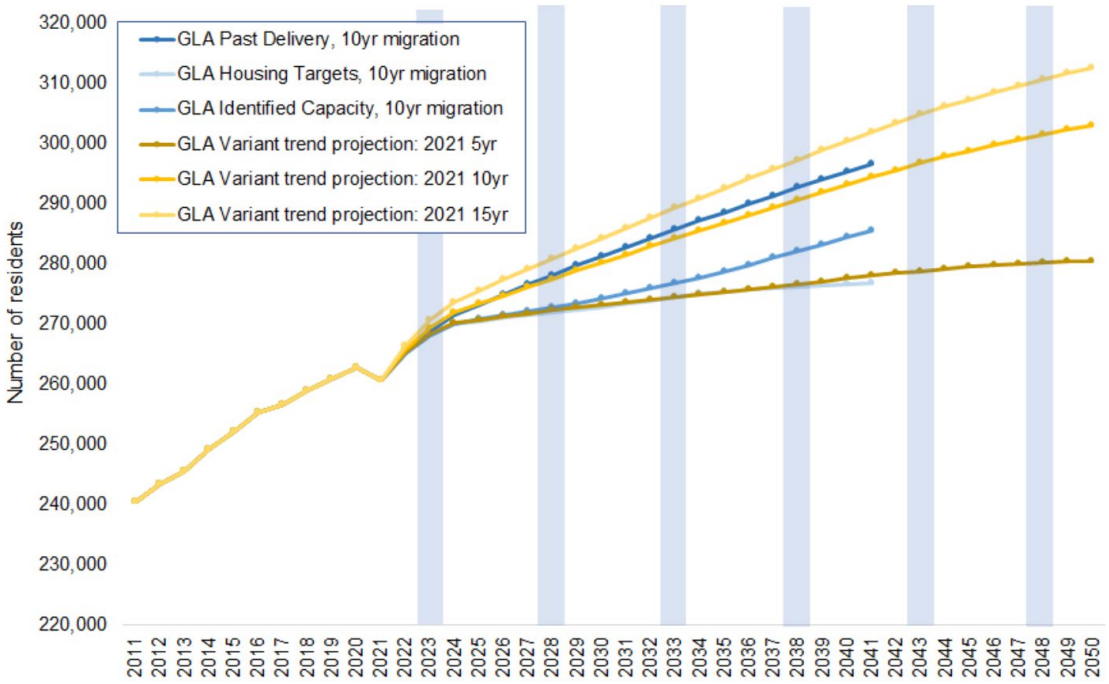

Figure 3. Population projections for Harrow showing possible future growth scenarios (Data source: Harrow Annual Director of Public Health Report, 2023)

Age criteria	Number Of Harrow residents	Harrow	% of residents NW London	London	England
Under 5s	15,699	5.7%	5.4%	5.7%	5.2%
Under 20s	63,355	22.9%	21.8%	22.4%	21.9%
20 to 64	157,669	56.9%	60.9%	60.8%	55.5%
65 plus	40,177	14.5%	11.9%	11.2%	17.5%

Table 1. Harrow population divided by age (Data source: Harrow Annual Director of Public Health Report, 2023)

Socioeconomic status of Harrow

The index of multiple deprivation (IMD) measures relative socioeconomic deprivation in England. Harrow is within the 2nd quintile for least deprived (top 30% least deprived). The IMD score for Harrow is 15, lower than London and England (See table 2). Within Harrow, there are areas of lower socioeconomic deprivation far below the Harrow average showing large variation (See figure 4 for map of socioeconomic deprivation in Harrow).

IMD Score	Harrow	NW London	London	England
Average IMD score (Higher is more deprived)	15.0	20.1	21.3	19.6

Table 2. Relative socioeconomic deprivation measures in Harrow (Data source: IMD, 2019)

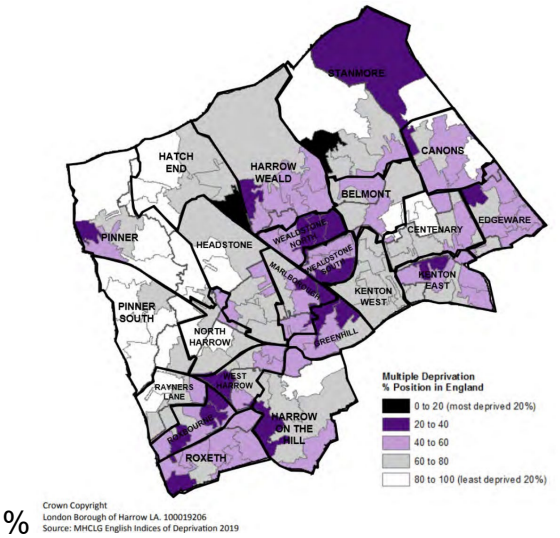

Figure 4. Socioeconomic deprivation in Harrow (Data source: IMD, 2019)

Tobacco in Harrow

Determinants of Health, tobacco use and CORE20PLUS5

Tobacco is a leading driver of health inequity which are defined as systematic differences in health[13] which are avoidable through effective policy and intervention functions and seen as unfair and unjust[22]. Health inequalities are not solely a result of access to healthcare services, other determinants related to living and working conditions combined with macro-policies (outside the scope of each local authority or NHS trust) as demonstrated by Dahlgren and Whitehead with the main determinants of health (figure 5)[23]. Inequities in health are driven by unequal distributions of these determinants of health with tobacco being one health behaviour impacted across these wider determinants[24]. Tobacco consumption drives inequity and these have been observed in educational attainment, sex, occupational level/group, housing tenure and other measures of wealth[25]. Experiencing multiple levels of these determinants amplifies inequity in tobacco related harm and this harm can begin in utero and compound over the life course (figure 6) further impacting other determinants of health[24].

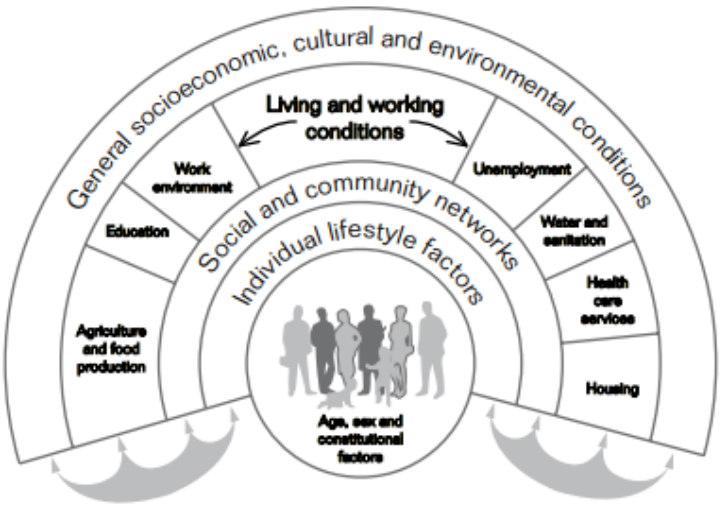

Figure 5. Dahlgren and Whitehead model of wider determinants of health (Source: NHS)

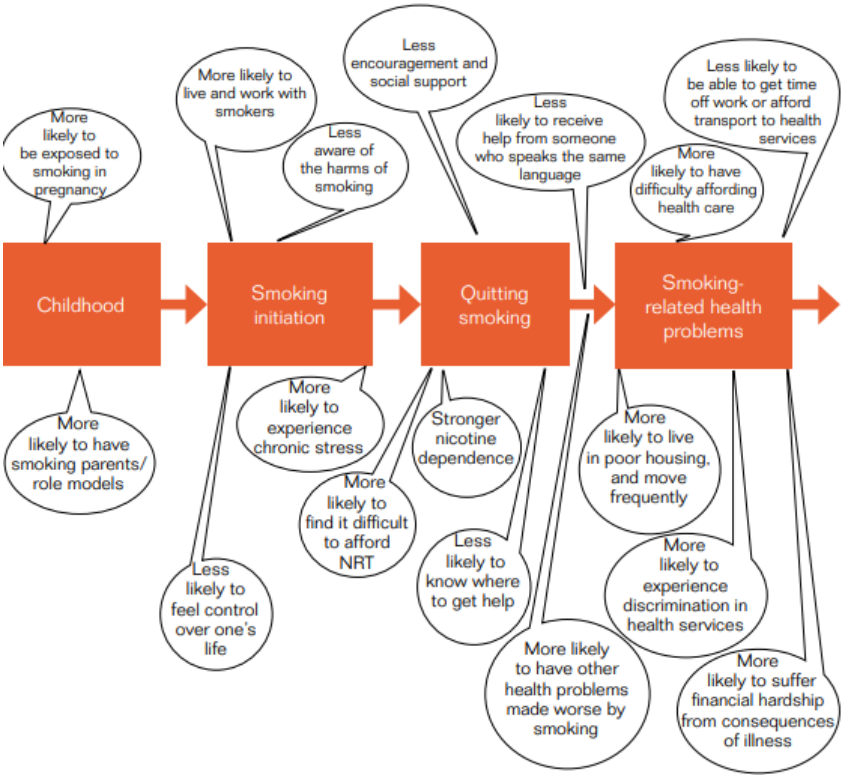

Figure 6. How smoking inequities compound over the life course (Source: World Health Organisation)

Further to the wider determinants of health, NHS England created an approach, building on some of the wider determinants work, to reduce healthcare inequalities at both national and system level. This is Core20PLUS5 (Figure 7)[26]. Within adults, this defines a target population and five focuses for clinical areas requiring accelerated improvement. This focuses predominantly on the most deprived 20% of the population plus population groups identified at a local level. These are determined by a local need and may include inclusion health groups. The five clinical areas are maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case-finding and optimal management and lipid optimal management. Tobacco directly impact all of these five clinical areas and therefore, as part of NHS England's focus on this approach, smoking cessation services are a central component to the success of Core20PLUS5.

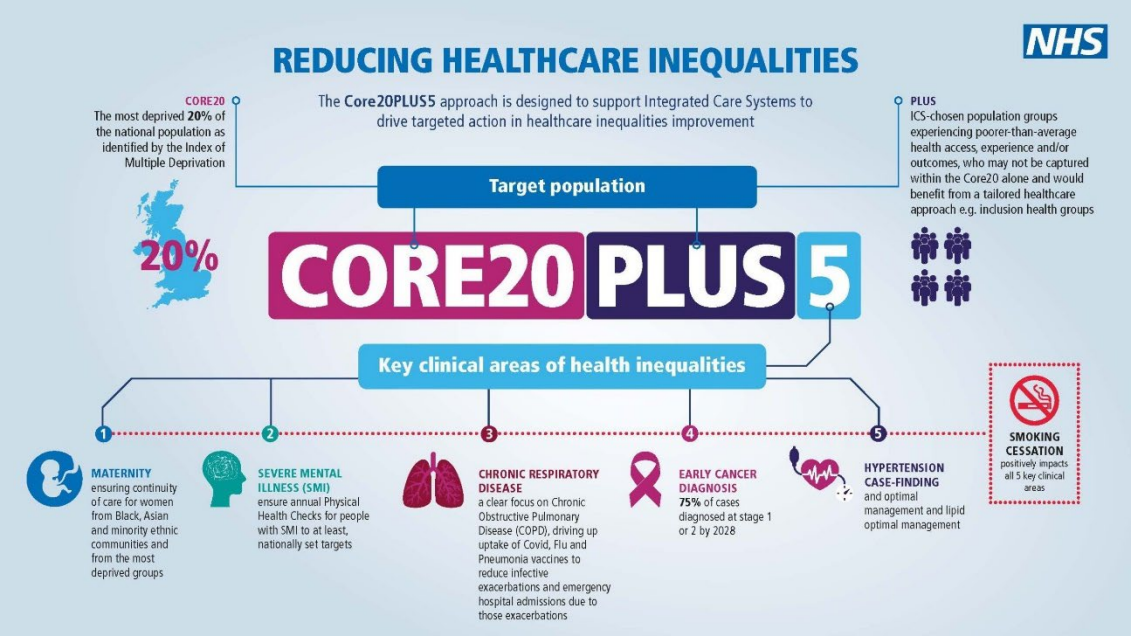

Figure 7. Core20Plus5 (adults) - an approach to reducing health inequalities (Source: NHS England, 2021)

Smoking prevalence in Harrow

Adult smoking prevalence

Rates of smoking in Harrow increases significantly from 10.6% in 2019 to 16.1% in 2023 and this is one of the highest across Northwest London. This is also higher than the smoking rate in England at 11.6% according to the annual population survey. The new data showing that the average rates of smoking in Harrow was 10.6% when aggregated for the years between 2021 to 2023. This figure is closer to other data sources, WSIC show rates of smoking at figure 8 and the GPPS at 14.4% for Harrow and 13.6% for England in 2022 to 2023.

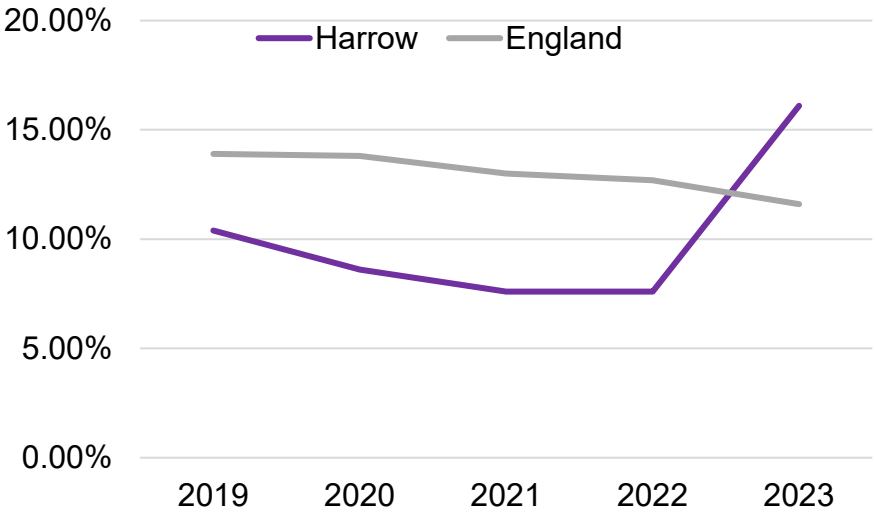

Figure 8. Adult smoking prevalence in England and Harrow (Data source: APS, 2023)

Sex

Smoking prevalence is lower in Females than Males in Harrow (see figure 9). Within males, rates of smoking in 2023 were 22.8% showing a rise from 15.3% in 2019. Within females, rates of smoking are 11.2% increasing from 5.6% in 2019. These are higher than in England where rates of smoking in males is 13.4% and 9.9% for females.

WSIC shows rates of smoking within males to be 17.1% and for females to be 9.5%.

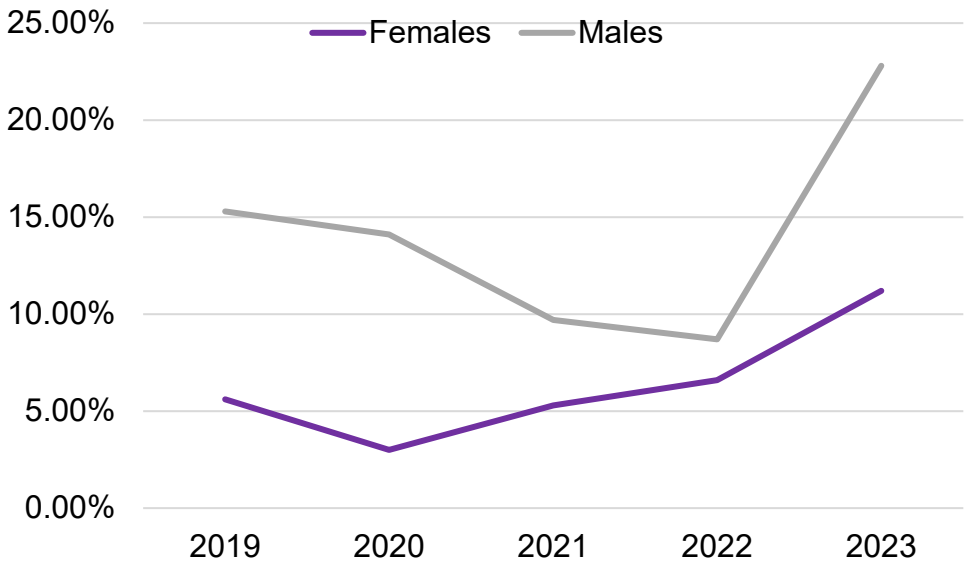

Figure 9. Smoking prevalence in Harrow by gender (Data source: APS, 2023)

Age

Rates of smoking remain stable in females from 26-30 through 51-55 before a gradual decrease starting from 56-60. The largest increases in females are between 18-25 which is when many become smokers. Within males, rates of smoking are above 20% for ages 31-35 through 51-55 where a linear decrease occurs. However, there is a significant increase in smoking between 21-25 and 26-30 of 6.8%. This may in part be due to a rise in individuals moving to Harrow in this age group. Figure 10 shows rates of smoking by age groups in Harrow.

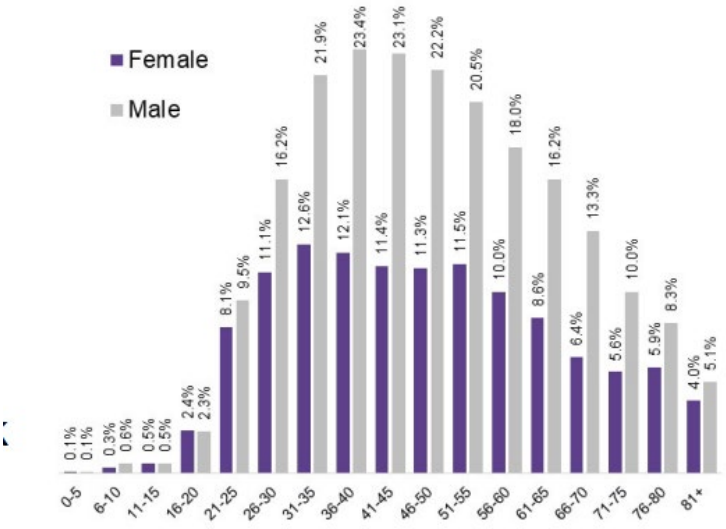

Figure 10. GP recorded rates of smoking in Harrow, by sex and age (Data source: WSIC, 2023)

Ethnicity

Rates of smoking by ethnicity vary in Harrow (See figure11). The largest ethnic group to smoke are “Any other white background” in both genders. For males this was 25.8% and females 18.2%. Rates

are lowest among females from “Asian – Bangladeshi”, “Asian – Indian” or “Other – Chinese” Within males, the lowest rates of smoking were in “Other – Chinese” and then “Asian – Indian”.

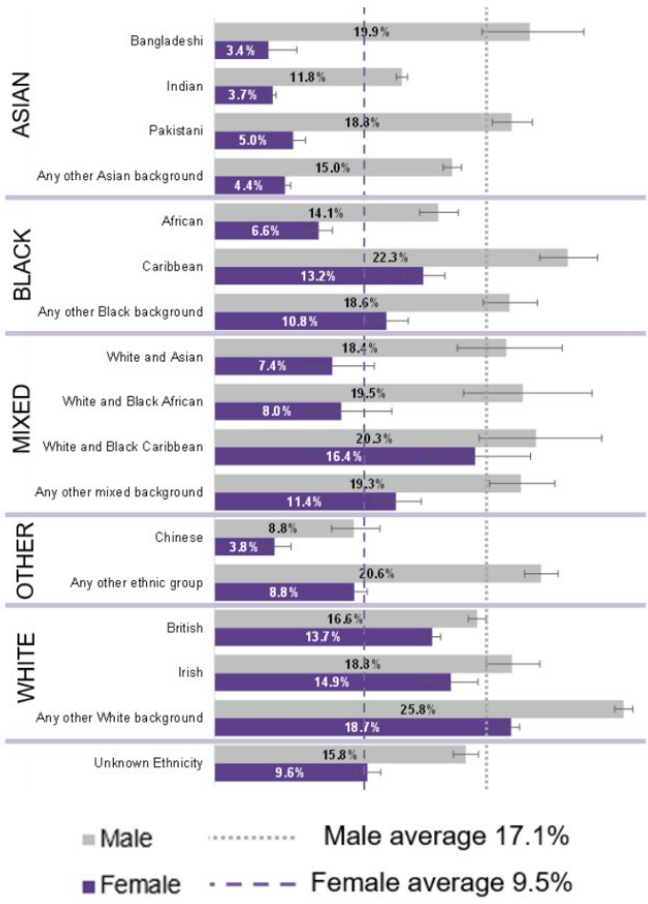

Figure 11. GP recorded rates of smoking in Harrow, by sex and ethnicity (Data source: WSIC, 2023)

Religion

Rates of smoking by religion vary extensively in Harrow (See figure 12). Orthodox Christians and Romain Orthodox had the largest rates of smoking (31% and 30.2%). The lowest rates of smoking was by Jain at 4.5%.

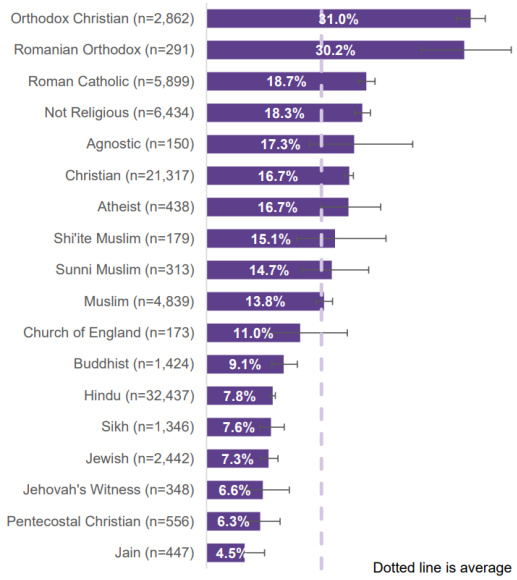

Figure 12. Figure 12. GP recorded adult smoking rate in Harrow, by most common religious identities (Data source: WSIC, 2023)

Socioeconomic status

Harrow is one of the least socio-economically deprived boroughs in London. Within the borough, there are significant differences between the most and least deprived for rates of smoking (see figure 13). Within the most deprived, 17.2% of individuals smoke compared to 9.2% in the least deprived. In England, 23.8% of smoking individuals lived in the most deprived decile compared to 6.8% in the least deprived decile in 2021.

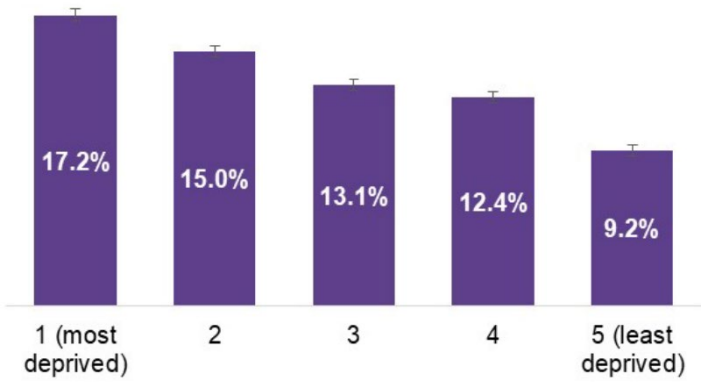

Figure 13. GP recorded rates of adult smoking in Harrow by IMD deprivation quintile (Data source: WSIC, 2023)

Smoking status by electoral constituency and ward

Smoking prevalence by ward does vary across Harrow (see figure 14). The smoking prevalence in the two constituencies are 8.5% (Harrow East) and 8.2% (Harrow West). Among all wards, Marlborough was highest estimated at 9.7%, with Roxbourne and Wealdstone at 9.6%. These wards are located in Harrow West which has higher levels of deprivation compared to Harrow East. Headstone North has the lowest estimated rates of smoking at 5.8%.

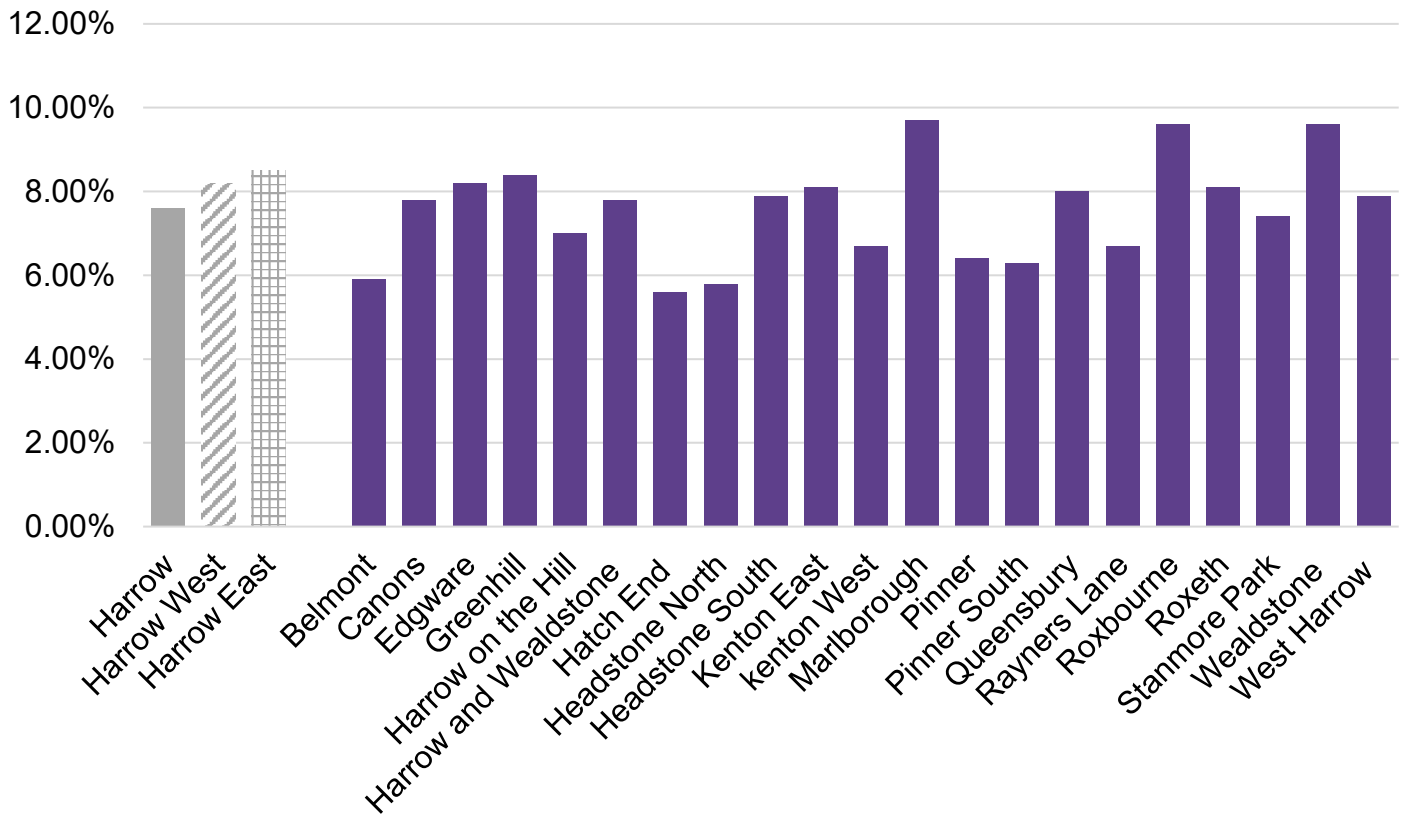

Figure 14. Smoking prevalence in Harrow, by constituency and ward (Data source: ASH, 2024)

Smoking in specific groups

Within national data collection, special attention is paid to three specific groups. These are those working in routine and manual occupations, those with long term mental health challenges, and those who smoke during pregnancy. The first two have been shown to have on average far higher rates of smoking compared to the general population. Both contribute to a glaring health inequality of rates of smoking. However, for smoking during pregnancy, although this is lower than rates of smoking in the general population, the impact smoking has on the unborn child is significant to their health. Because of these reasons, specific data collection takes place on these three groups to ensure tobacco control can meet the needs of local residents.

Smoking and routine and manual workers

Routine and manual occupations are characterised as having lower incomes than the national average and living in areas of higher social deprivation[27].Occupations may include cleaners, porters, labourers, hospitality staff, and retail staff. It is known this group are more likely to use tobacco compared to those in managerial positions and are less likely to succeed in quitting tobacco[28]

Smoking prevalence

Within Harrow, smoking prevalence by those in a routine and manual occupation is consistently lower than the London and England average from 2019 – 2022. However, there is a significant

increase to 36.3% in 2023 and it is above the national and London average. Figure 15 shows the breakdown for Harrow, London and England.

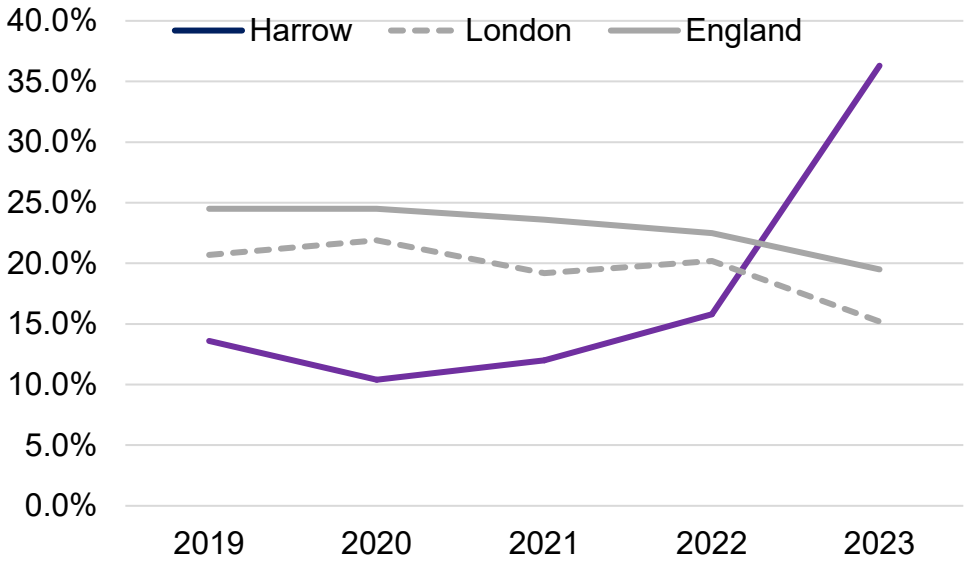

Figure 15. Smoking prevalence in routine and manual workers in Harrow, London and England (Source: APS, 2023)

Odds of smoking

Similar to prevalence of smoking, the odds of someone smoking working in a routine and manual occupation can be calculated. This is the likelihood of someone smoking working in a routine and manual occupation compared to someone who is not. A score of 1 represents no difference.

The data here shows a similar picture to the prevalence displayed above. Figure 16 shows the odds for Harrow, London and England.

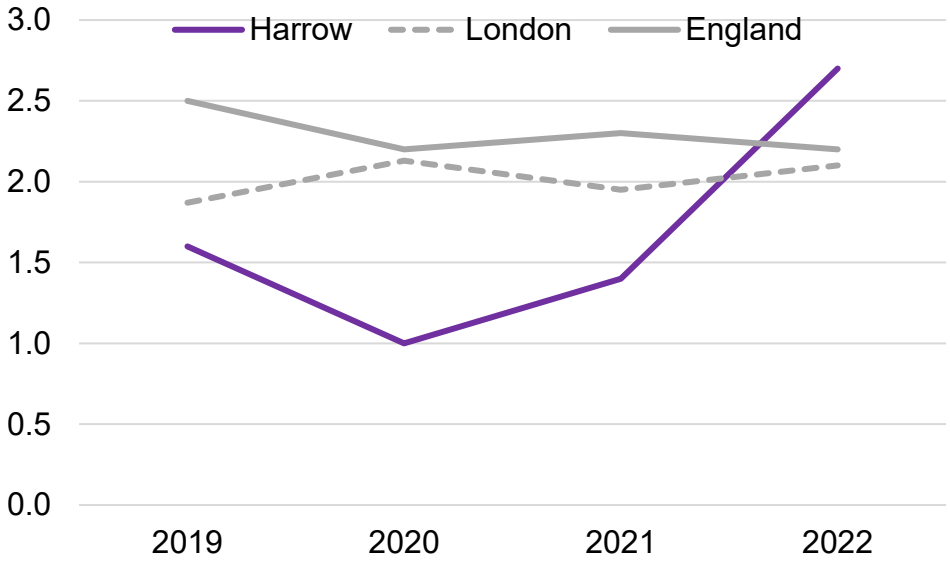

Figure 16. Odds of smoking in routine and manual workers in Harrow, London and England (Source: APS, 2023)

Smoking in those with a long term mental health difficulty

Rates of smoking for those with an enduring or severe mental illness are higher than that of the general population. Within London and England, rates of smoking for this population group are

26.3% and 25.1%. There has been a gradual decrease since 2019/2020 in the prevalence. Within Harrow however, the trend is the opposite with the prevalence increasing from 20.6% in 2019/2020 to 34.5% in 2022/2023. This is higher than both the London and England average. Figure 17 shows the rates of smoking in this population.

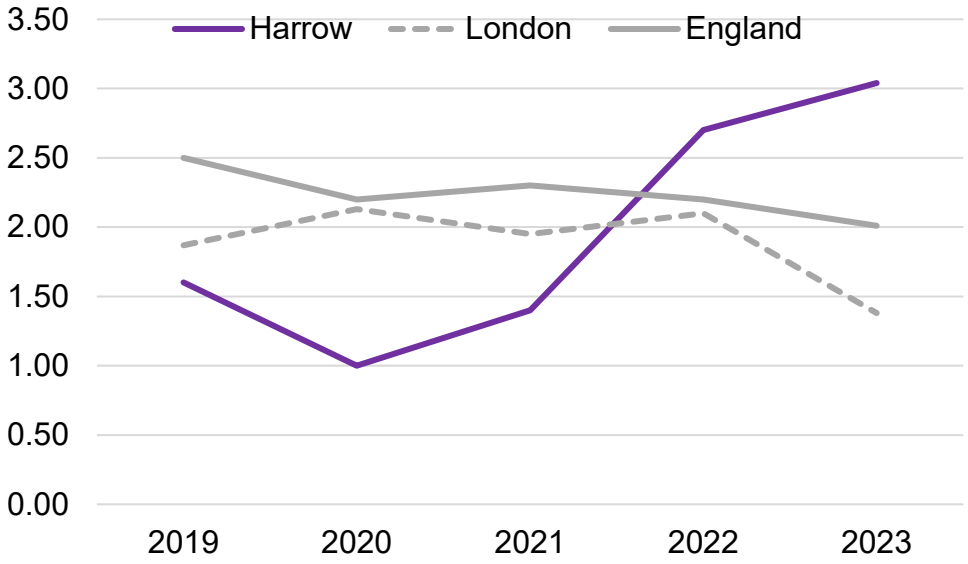

Figure 17. Smoking prevalence in adults with a long term mental health condition (Source: GPPS, 2023)

Odds of smoking

Similar to prevalence of smoking, the odds of someone smoking with a long term mental health challenge can be calculated. This is the likelihood of someone smoking with a long term mental health challenge compared to someone without one. A score of 1 represents no difference.

Within Harrow, in 2022/2023, you were 3.5 times more likely to smoking if you had a long term mental health challenge compared to the general population. The odds mirror the prevalence in the above section. Figure 18 displays the odds of smoking per borough from 2019 through 2022.

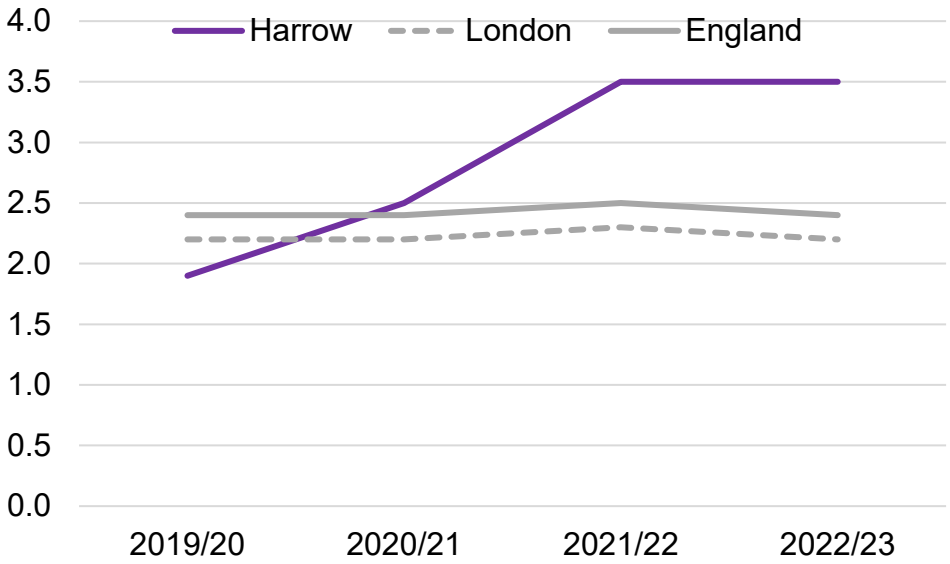

Figure 18. Odds of current smoking among adults diagnosed with a long term mental health condition (Source: GPPS)

Smoking in pregnancy

The risk of continuing to use tobacco during pregnancy by the mother, but also those around the mother causes increased risk to the unborn baby through restricting oxygen to the baby causing its heart to work faster and exposing the baby to harmful toxins. The increased risks are more apparent if the mother continues to smoke during pregnancy, but also if they are exposed to second-hand smoke. The risks are listed in table 3[29].

Indicators	Maternal smoking	Second-hand smoke exposure
Low birth weight	2 times more likely	Average 30-40g lighter
Heart defects	25% more likely	Increased risk
Stillbirths	47% more likely	Possible increase
Preterm birth	27% more likely	Possible increase
Miscarriage	32% more likely	Increased risk
Sudden infant death	3 times more likely	45% more likely

Table 3. the impact of smoking and exposure to second hand smoke during pregnancy (Source: ASH)

Smoking at time of delivery

SATOD is the smoking status of the individual when they deliver their baby. SATOD is lowest in the country within Northwest London and has consistently been one of the lowest. Figure 19 shows SATOD for Harrow, London and England. There has been a decline over the 5 year time span from just over 4% to 2.8% in 2023/24. SATOD figures are averaged across the entirety of Northwest London since 2021/2022.

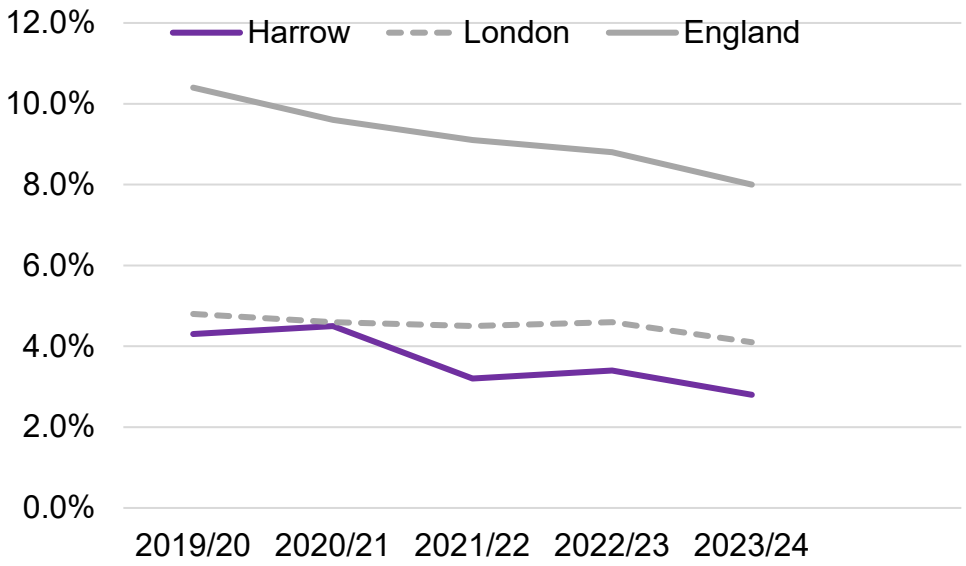

Figure 19. Smoking status at time of delivery (Source: NHS digital)

Pregnant individuals accessing smoking cessation services

Local authority stop smoking services capture data on pregnancy status but not specifically on SATOD. Since 2019/20 we can see rates of smoking in pregnancy and successful outcomes. It is important to note, since 2022/23, NHS long term plan funding has been provided to each NHS trust to support the patients within the trust. Table 4 shows the data for pregnant individuals accessing smoking services. Pregnant women setting quit dates were low in Harrow. However, it should be noted, these numbers are low as smoking at early pregnancy and smoking at time of delivery remain

low. Table 4 shows the percentage of those individuals setting quit dates who succeeded in smoking. Rates of success for those setting a quit date are higher than the general population, although this is only from a small sample size.

location	2019/20	2020/21	2021/22	2022/23	2023/24
Harrow	NA	7	11	20	10
London	702	1,284	1,267	1,200	1,168
England	13,799	18,087	15,993	13,846	10,448

Table 4. Pregnant individuals accessing smoking service in Harrow from 2019/20 - 2023/24 (Source: NHS digital)

location	2019/20	2020/21	2021/22	2022/23	2023/24
Harrow	NA	2 (28.6%)	NA	7 (35%)	5 (50%)
London	523 (74.5%)	694 (54.1%)	684 (54.0%)	839 (69.9%)	892 (76.4)
England	9,589 (69.5%)	9,072 (50.2%)	8,665 (54.3%)	8,364 (60.4%)	7,329 (70.1%)

Table 5. Number of pregnant women quitting smoking during pregnancy in Harrow from 2019/20 -2023/24 (Source: NHS digital)

Low birth weights

Low birth weights (Less than 2500g at 37 gestational weeks) are twice as likely if a mother smokes during pregnancy, and if around secondary smoke, the new born is on average 30-40g lighter[30]. There are other reasons for low birth weight are other lifestyle factors or issues with maternity services[31]. Figure 20 displays percentage of low birth weight babies for Harrow. Data was incomplete for both London and England for comparisons so were excluded. Since 2019 there has been an increase in low birth weight in Harrow from 3.3% to 4% in 2022. This is joint third highest of regional neighbours, equal to Brent and behind Ealing and Hounslow.

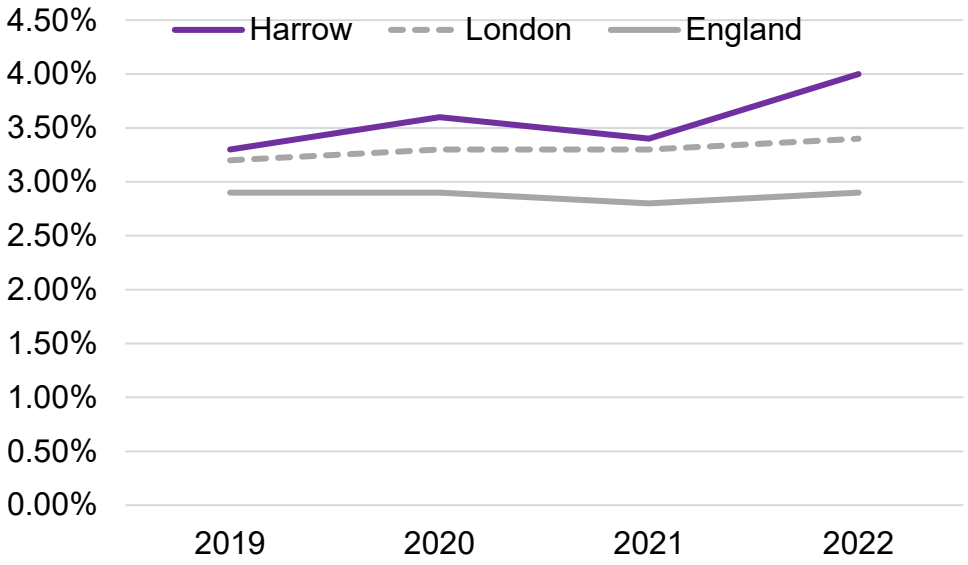

Figure 20. Low birth weight of term babies in Northwest London from 2019 - 2022 (Source: OHID)

Tobacco and electronic cigarettes in young people

Each day, approximately 280 children will become addicted to tobacco[32] with 140 of these dying prematurely as a result. This is approximately 3 in 100 15 year olds will smoke at least once per week[33]. The leading determinant of children who smoke is if parents smoke increasing the chances by 3 times[34]. Furthermore, having siblings or close friends also increases the risk for trying tobacco or e-cigarettes[35]. Few adults are glad they become lifelong smokers, yet childhood is the time this is most likely to occur[33]. Smokers and ex-smokers self-report their health is poorer compared to never smokers[3]. This all drives a narrative around preventing children from starting and this is being shown in national data.

Rates of smoking in adolescents has halved since 2010 for numerous reasons including new laws raising the age of purchase from 16 to 18, cigarettes not on display and being in plain packaging as part of a comprehensive tobacco control strategy[36]. Furthermore, the rise in understanding of health implications is also cited. The national policy around smokefree has focused on stopping children smoking and formalised into “preventing the next generation” or “stopping the start”, both national policies endorsed by all political parties. Furthermore, the consolidation of ideas has led to the law of raising the age of sale indefinitely so from a certain year, it is no longer possible to legally purchase tobacco when even above the current 18 years of age. Data for this cohort nationally or locally is hard to obtain and providing this may provide a false narrative. Adolescents are less likely to admit to smoking or have this recorded within GP records. Furthermore, they may also not identify as a smoker. Within Harrow, self-reported rates of smoking in 2021 were 5% falling to 3% in 2023 as identified in the HAY Harrow Survey.

It is very important to note here, self reported smoking in Harrow is below the national average as reported in the smoking tool-kit study (figure 21). The new policies and laws will continue to decrease rates of smoking in young adults and adolescents as a do nothing approach will only achieve smokefree by 2100. We are aware, 83% of smokers start before they are 20. Therefore, rates of smoking in under 21’s have plateaued, the impetus of these policies is to ensure this plateau can become a continuing trend down.

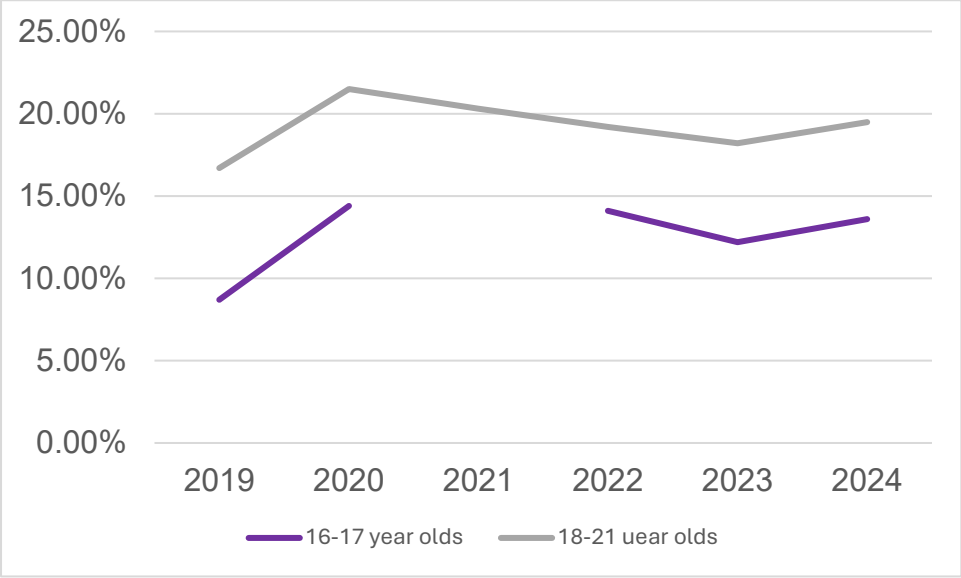

Figure 21. Cigarette prevalence in young people (Source: Smoking in England)

A challenge however, is the proliferation of youth vaping across the country which is also apparent across Harrow. Vapes have also supported the decrease in adolescents smoking tobacco and this

is important to remember, but these are not risk free. Importantly, the message needs to remain clear aligning with Chief Medical Officer for England, “if you smoke, then vape. If you don’t smoke, don’t vape”. Challenging this narrative in adolescents is difficult, but with other policies including swap to stop promoting vapes, for each professional invested in tobacco control, getting the right balance remains difficult.

Identifying rates of vape use is difficult for numerous reasons including individuals not identifying as a vaper. Furthermore, comparisons are also difficult as questions asked are not standardised. Nationally the trend shows over the last four years, a significant increase. This is in both those who have tried vapes and those who are regular uses of vapes (Figure 22). Within Harrow, data has only been captured since 2021. In 2021, vape use were 3% but doubled to 6% by 2023 from the HAY Harrow Survey.

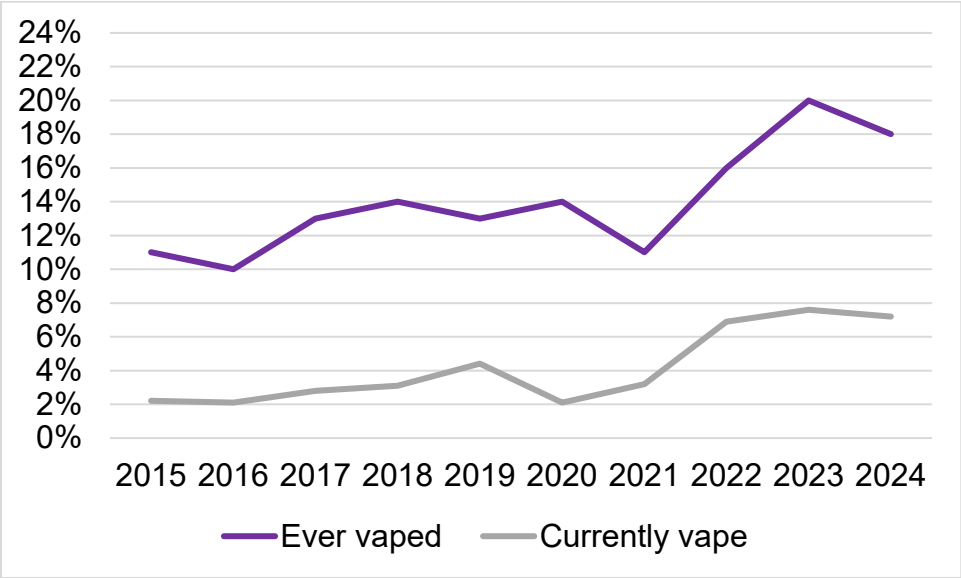

Figure 22. Use of e-cigarettes by GB youth (11-17), 2013-2024 (Source: ASH)

The health consequences from tobacco use are well known, yet the impact of vapes to long term health, particularly to adolescents who have never smoked remains unclear[37]. Vapes are classed as significantly safer than tobacco due to a number of factors including less chemicals and lower temperature with which the liquid is heated to, opposed to burning within a cigarette. It is also important when considering health impacts from vaping, we consider UK or European data due to similar legislation regulating the content of e-cigarettes.

Hospital associated admissions from vape use

Although rare, hospital admission episodes where “vaping related disorder” is either a primary or secondary diagnosis is increasing across all age groups. Table 6 shows this increase in all age groups, specifically 0-19 and by sex from 2020-21 through 2022-23. Year on year percentages show there is an increase notably between 2020-2021 and 2021-2022, nearly doubling when averaged by both sexes but over 120% within females. The increases are particularly noted in the under 19 cohort where these were up 236% from 2020/2021 on average with far higher increases in females compared to males mirroring the whole age group data. From 2021-2022 to 2022-2023 the increases do slow with male percentage increases higher than in females and this is similar within the under 19 males, although there was a small decrease in females.

Criteria	2020-2021			2021/2022			2022/2023		Totals and percentage
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total	86	91	177	140	204	344	194	226	420
Year on year percentage increase				62.80%	124.20%	94.40%	38.60%	10.80%	22.10%
0-19	6	5	11	15	22	37	19	21	40
Year on year percentage increase				150%	340%	236.40%	26.7	-4.50%	8.10%

Figure 23. Hospital admissions for vaping related disorders from 2020/21 - 2022/23 (Source: NHS digital)

Mortality attributable to tobacco use

Tobacco, if used following the manufacturers instructions, will lead to premature mortality in 50% of its users[38]. Tobacco remains one of the leading causes of premature mortality within the UK, accounting for over 70,000 deaths annually. However, tobacco causes of mortality are not linked to one cause[39], instead figure 24 shows modelled deaths in Harrow from tobacco. A total of 303 deaths are linked to tobacco with this being split between cancer and other causes. Furthermore, smoking also increases the risk of neonatal mortality and still births which are not accounted for within this figure and are instead listed in a separate section.

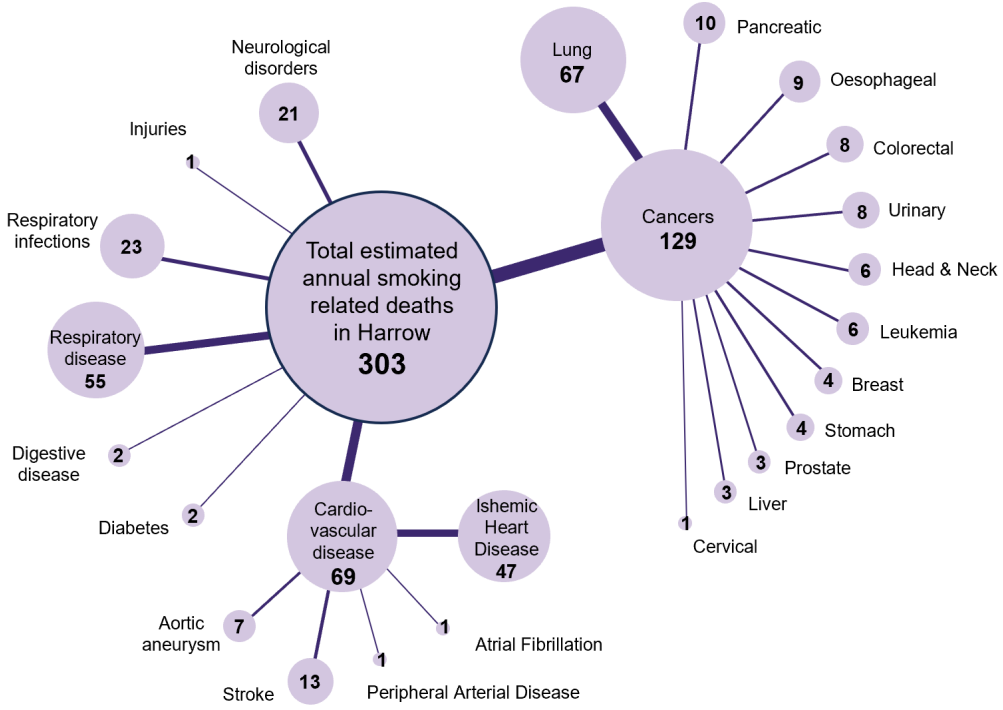

Figure 24. Modelled annual smoking related deaths in Harrow (Source: Global Burden of Disease Study 2019)

It is also possible to see a time-lag in mortality from tobacco use. Figure 25 shows rates of smoking since 1990 coupled with total deaths in Harrow vs those attributable to tobacco. Furthermore, this also list all policies related to tobacco. As can be seen, tobacco use to account for over 30% of deaths, now, with a decrease in rates of smoking to below 8% in Harrow, tobacco is still responsible for over 20% of deaths.

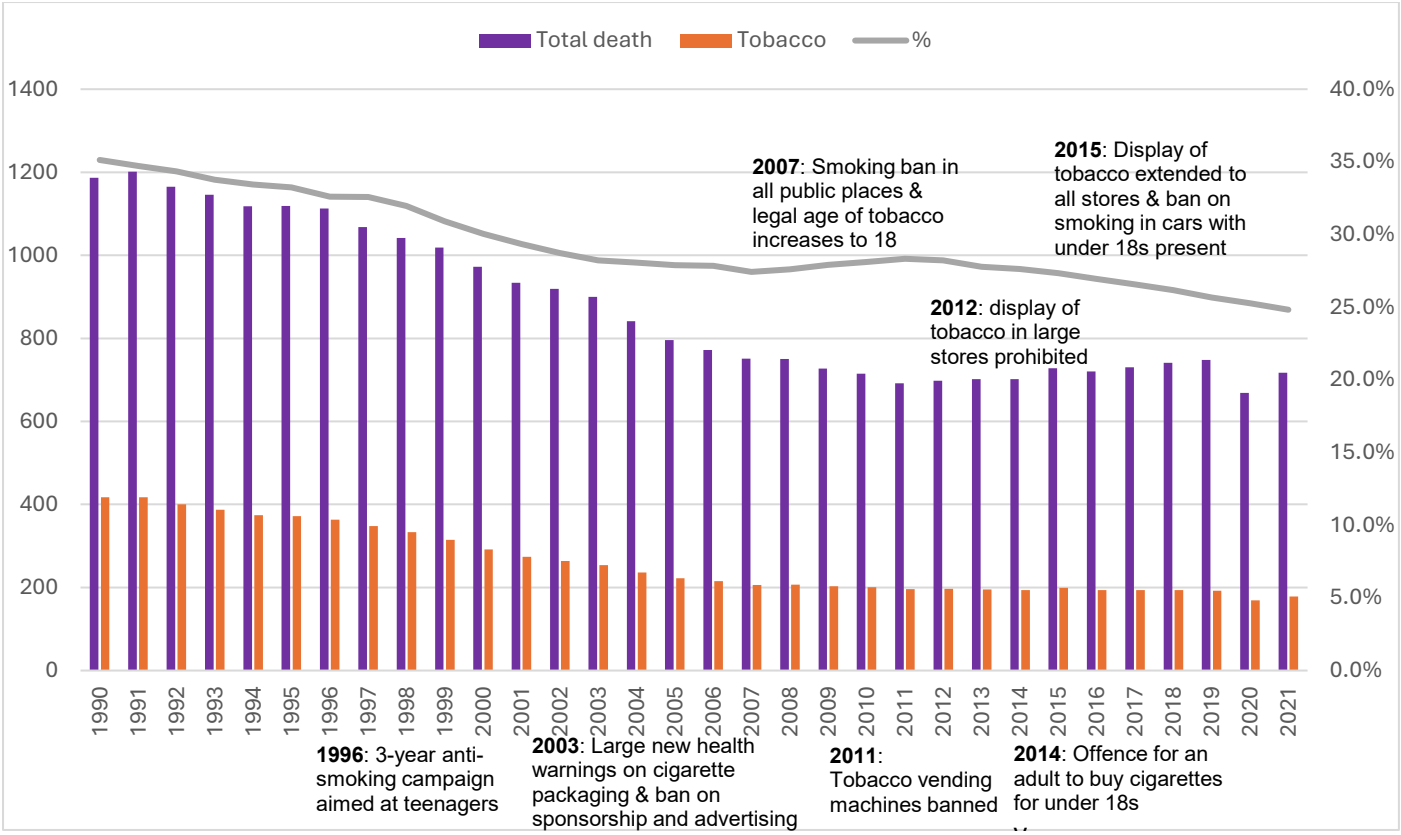

Figure 25. Rate and total number of deaths of smoking in Harrow since 1990 with national policies inclusion date (Source: GBD)

Chronic Obstructive Pulmonary Disease in Harrow

Smoking tobacco is attributable to approximately 9 out of 10 individuals with COPD[40]. This is due to the harmful chemicals in tobacco smoke damaging the lining of the lungs and airways. Some research also suggests being exposed to second-hand smoke may also increase the risk of COPD[41]. People with COPD are also likely to have higher risks for other health problems including; lung infections, lung cancer, heart problems, weak muscles and brittle bones[42].

Within Harrow, prevalence of COPD within the population are both below that of London and significantly below the national average. Figure 26 shows a very minor decrease in Harrow in 2022/2023 from the previous years. It is predicted nationally there is expected to be a 39% increase in COPD due to an aging and growing population by 2030 compared to 2011.

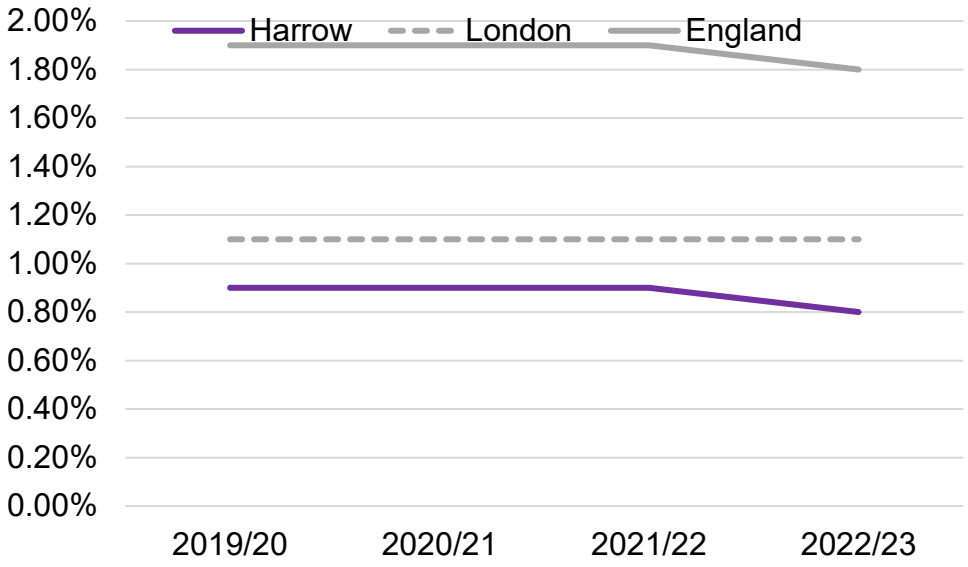

Figure 26. COPD: QOF prevalence (all ages) (Source: NHS England)

Rates of mortality where COPD is listed as the cause of death are shown in figure 27 per 100,000 for a 3-year average. It should be noted, 2019-2021 and 2020-2022 includes the Covid-19 pandemic where a national trend in deaths from COPD decreased due to an increase in Covid-19 displacing COPD as the underlying cause of death in people living with COPD. This trend is reflected in London and to a lesser extent in Harrow.

Harrow remains below the national and London averages for deaths from COPD across each time point. This is likely due to the borough having a lower smoking prevalence compared to the London and national average. Harrow has the lowest rates of deaths from COPD across Northwest London

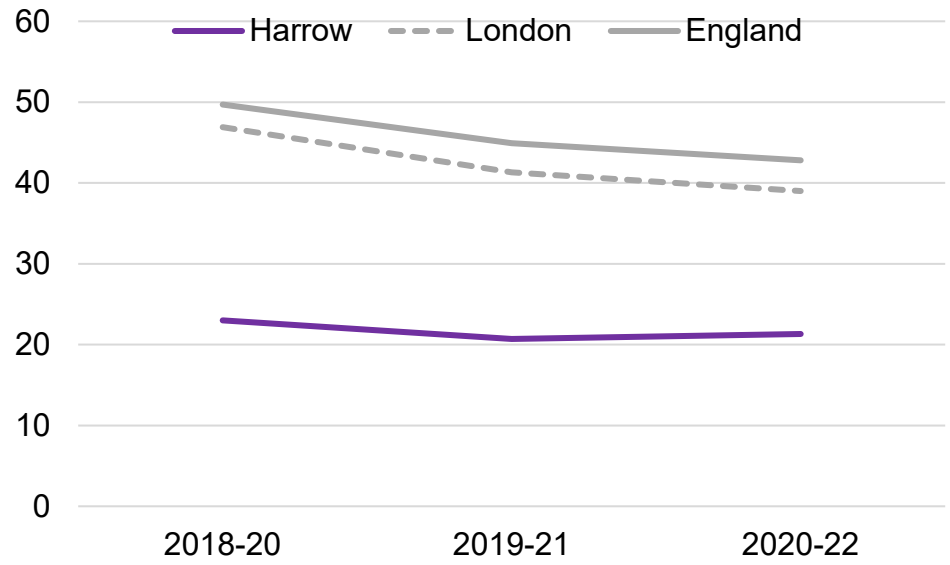

Figure 27. Mortality rate from COPD, per 100,000 persons in Harrow, London and England (Source: OHID)

Lung cancer in Harrow

Smoking tobacco is the single biggest risk factor for lung cancer responsible for more than 70% of cases[43]. Tobacco smoke contains over 60 different toxic substances which are known to be

carcinogenic (cancer-producing). Frequent exposure to second hand smoke can also increase risk of developing lung cancer[44].

Mortality rates per 100,000 are shown in figure 28 for Harrow, London and England for rolling 3-year averages. Across the years shown, Harrow has below the London and England average for mortality from lung cancer. There is a minor decrease from 2018-2020 to 2019-2021 and then a very minor increase in 2020-2022. Harrow has the lowest rates of death from lung cancer in Northwest London.

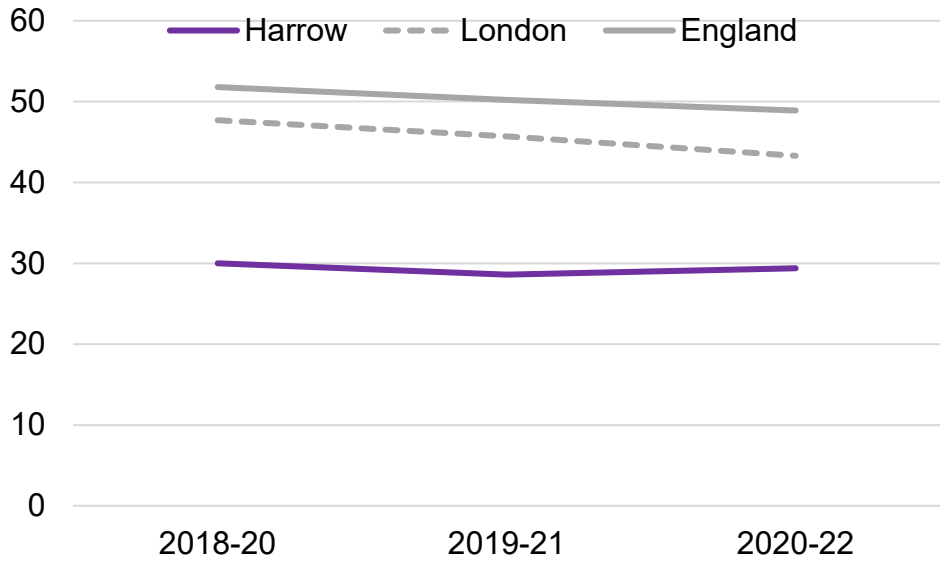

Figure 28. Mortality rate from lung cancer, per 100,000 persons in Harrow, London and England (Source: OHID)

Oral cancer in Harrow

Tobacco use increases the risk of oral diseases including oral cancers, periodontal (gum) disease, loss of taste and smell, and an increase in build up of plaque and tartar on teeth[45]. Oral cancer is the 8th most common type of cancer and one third of the death associated with this is attributable to tobacco[46]. Furthermore, those exposed to passive smoking are 1.51 times more likely to have an oral cancer[46]. The long-term impacts of vaping on oral health remain unclear[47].

The Adult Oral Health survey in 2021 highlighted there are notable differences in periodontal health between current smokers, former smokers and never smokers. For gum disease, this was 24% in current smokers, 23% in former but only 16% in never smokers. Furthermore, current smokers were more likely to report gum bleeding than both former and never smokers further highlighting the detrimental impact of smoking on oral health.

The same study considered the use of vapes and periodontal health. The prevalence of gum disease was higher among current vapes (27%) and former vapers (23%) compared to never vapers (18%). It is important to note with this data, many current and former vapers were likely to have been a smoker previously with only a small amount of those who are current or former vapers likely to have been never smokers.

Within Harrow, oral cancer registrations remained stable with 97 in 2015-17 to 95 in 2017-19. However, for mortality from oral cancer, from 2016-2018 to 2020-2022, cases have progressively increased from 32 to 44.

The use of other tobacco products beyond traditional combustion cigarettes such as chewing tobacco and shisha are not included in this needs assessment. However, these types of tobacco

also increase the risk yet our understanding of the use is problematic particularly as these other types of products are more likely to be used in non-white populations, notably those from Asian backgrounds.

Pregnancy related mortality in Harrow

Smoking increases the risk of both still birth and neonatal mortality[48]. Figure 29 shows this risk alongside other health complications for both being a smoker during pregnancy, or being exposed to second hand smoke during pregnancy. However, an increased risk of still birth and neonatal mortality are not singularly linked to smoking during pregnancy, other factors do also impact these.

Still births

A still birth is when a baby is born dead after 24 completed weeks of pregnancy. This happens approximately 1 in every 250 births in England. Smoking increases the risk of still birth alongside taking drugs and alcohol, limiting amounts of caffeine during pregnancy, ensuring vaccinations are current or taking folic acid before and up to 12 weeks of pregnancy[49]. Still births per 100,000 births across a 3-year average are shown in figure 29. Harrow across the 3 data points is equal to London and above the national average.

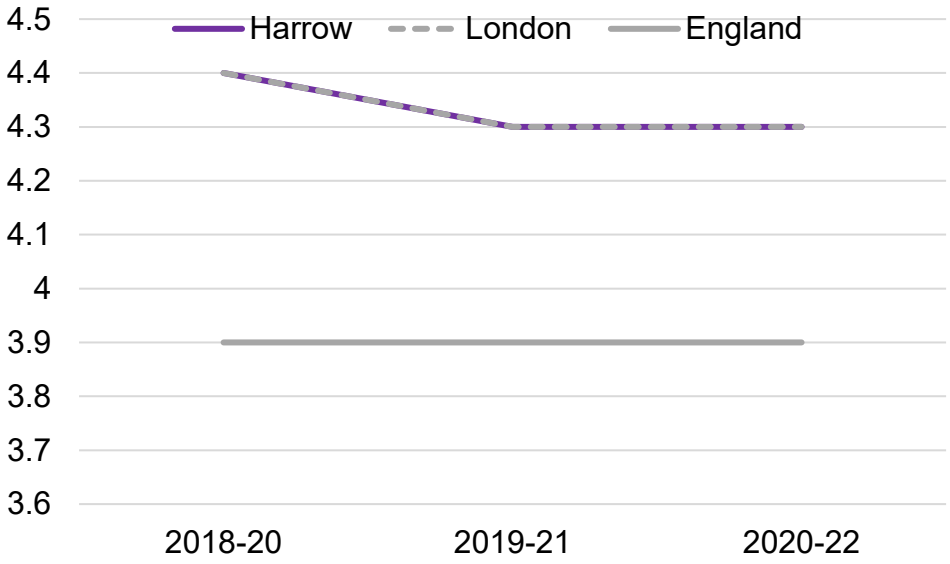

Figure 29. Rate of stillbirth per 1,000 births in Harrow, London and England (Source: ONS)

Smoking related costs across Harrow

Overview

Within Harrow, smoking cost the borough an estimated £132 million annually. This figure is made up of multiple components and is an approximation based on rates of tobacco use in Harrow. These include productivity loss, health and social care costs, and fires. Lastly the model also includes taxation generated through the sale of tobacco. As can be shown by figure 30, productivity is the greatest cost to Harrow, followed by social care, healthcare and then fires. The sections below demonstrate the cost to Harrow for each component listed as an associated cost. This also includes taxation and spend per smoker coupled with a value attached to quality adjusted life years.

Figure 30. Smoking related costs in Harrow (Data source: ASH, 2024)

Productivity

Productivity is made up of four components to determine the cost to society. These include:

- Smoking related lost earnings
- Reduced gross value added due to expenditure on tobacco
- Smoking related unemployment
- Smoking related early deaths

Of these four, the highest to lowest cost follows the above order from Smoking related lost earnings the highest to smoking related early death the lowest. Productivity is the greatest cost associated with tobacco. Figure 31 shows the breakdown of these costs to Harrow. Smoking loss to productivity costs £84.7 Million annually to Harrow representing 64.2% of the costs associated with tobacco.

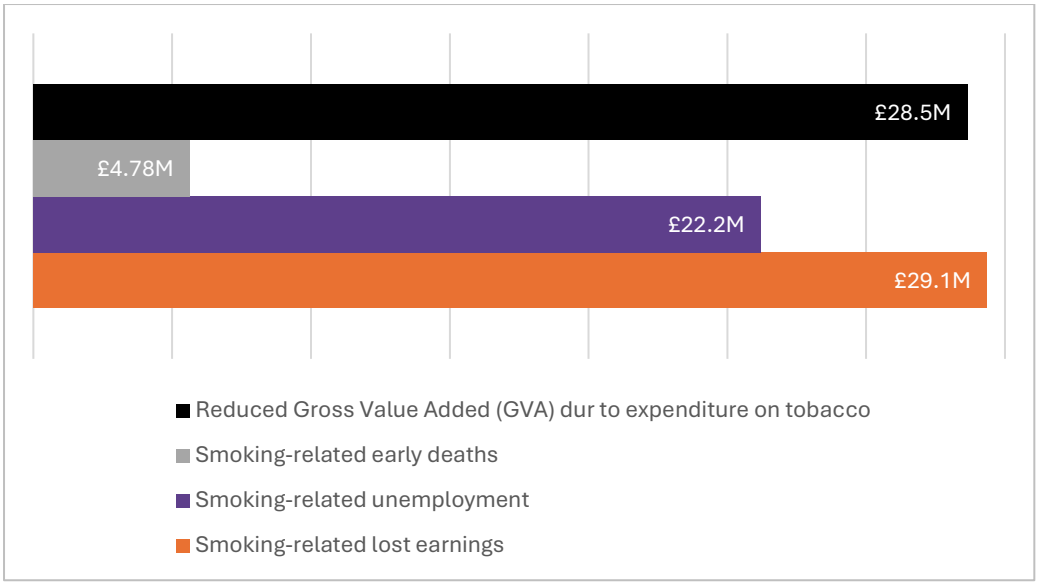

Figure 31. Impact of smoking on productivity (Data source: ASH, 2024)

Social care

Current and former tobacco users are more likely to need additional social care compared to never users of tobacco. It is possible to calculate the associated cost. Within NWL, this cost is broken into four categories ranked from the highest cost to the lowest:

- Cost of informal care by family and friends
- Cost of unmet care needs
- Cost of domiciliary care
- Cost of residential care

The cost within Harrow is £39.8 Million and figure 32 shows the breakdown by each of the four components.

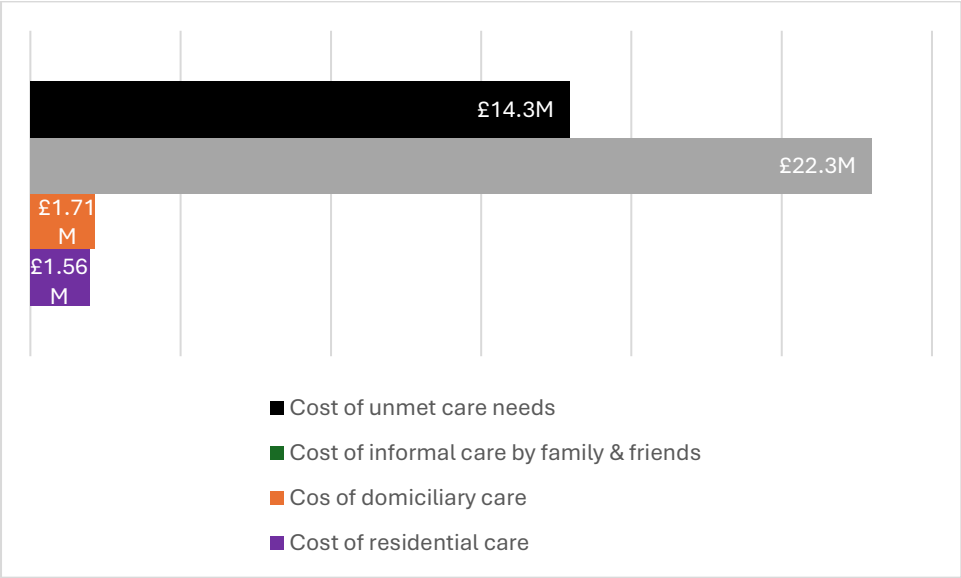

Figure 32. Impact of smoking on social care (ASH, 2024)

Health care

Tobacco users are more likely to need additional healthcare needs compared to never smokers. This includes all levels of healthcare from emergency admissions through to being seen in General Practice with routine prescriptions. Within Harrow, the cost to the healthcare system is £6.49 Million. This is lower than social care costs due to the shorter period of time a smoker is in contact with the health system compared to the social care system.

Fires

Tobacco materials are a major contributor to accidental fires within Harrow. Tobacco related fires are attended by the London Fire Brigade with these attending an incident 6 times per year. Smoking related fires cost Harrow £954,000 per year. Figure 33 shows the breakdown of costs. Cost of death is the greatest with the cost to London Fire Brigade the lowest.

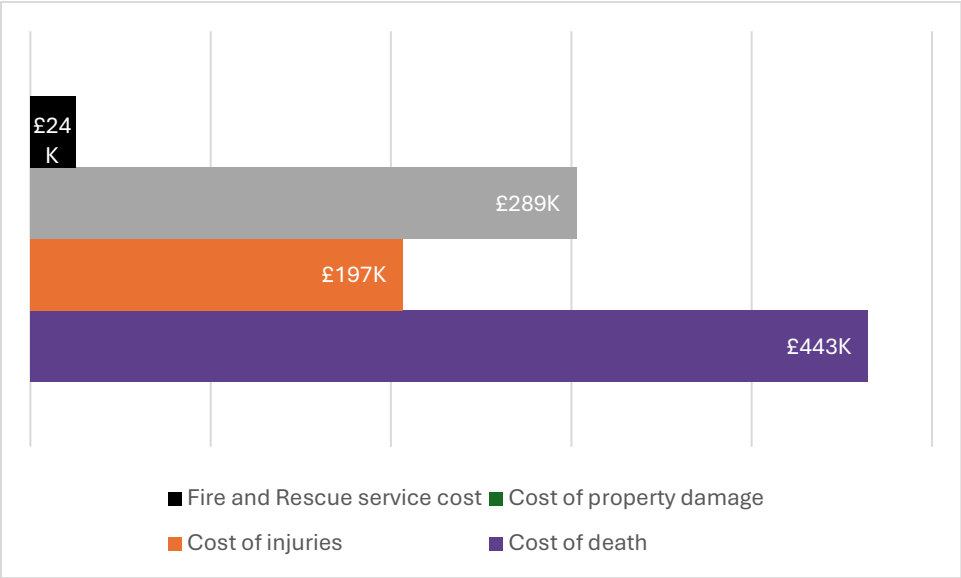

Figure 33. Impact of smoking on fire (Data source: ASH, 2024)

Taxation and spend per smoker

Taxation is applied to all tobacco sales on top of Value Added Tax. Taxation is determined by the Chancellor of the Exchequer and with tobacco, places an above inflation increase of tax duties onto tobacco annually. Within Harrow, taxation generated from the sale of tobacco excluding Value Added Tax was £19.5 Million. This is significantly below the cost to the public finances for the need to treat the cost associated with health and social care.

The average spend by Harrow residents of tobacco products for both legal and illicit tobacco is £2486. There is a distinction between the cost of both tobacco sold legally and the tobacco sold illicitly.

Quality adjusted life years value

A green book quality adjusted life year value applies to the intrinsic value of life and can be applied to the associated cost of tobacco. Within Harrow, this value is £111 Million and is a separate figure not included in any of the above costs associated with tobacco.

Smoking cessation provisions across Harrow

Local authority tobacco services in Harrow have varied by access over the last 5-10 years with challenges around funding services through the public health grant. Public health grants since 2015/16 have reduced in real terms by 28%, but even with additional tobacco and drug and alcohol funding, this still remains 21% lower than 2015/16. Furthermore, smoking cessation is not a prescribed function within the public health grant.

Harrow has had varying levels of service through a commissioned stop smoking service across the last 5-10 years. Now the service is universal, but at times there has either been non-existent or targeted. A targeted service focuses on the highest risk groups, such as pregnancy or those with a mental health challenge, allowing a finite set of resources to address the largest health inequality.

Additional funding into tobacco brings national spend from £78 million to £148 million. This results in additional revenue into Harrow to complement the NHS Long Term Plan Treating Tobacco Dependency pathways across the 3 NHS Pathways where Harrow residents access treatment. Table 6 shows the percentage of the public health grant allocated to tobacco for Harrow before the tobacco uplift boroughs are receiving. Table 7 shows the expected spend inclusive of the tobacco uplift Harrow will spend annually on tobacco control. This additional funding is tied to ambitions to increase access to smoking cessation services incrementally over the five years of additional funding.

2019/20	2020/21	2021/22	2022/23	2023/24
0.63%	0.79%	0.67%	0.74%	0.84%

Table 6. Percentage of public health grant allocated to tobacco for Harrow (Source: DCLG)

Required spend to receive uplift	Tobacco uplift 2024/15	Tobacco allocation for borough including required spend
£66,297	£191,828	£258,125

Table 7. Expected annual spend on tobacco control, inclusive of tobacco uplift funding for 2024/25 – 2028/29 (Subject to government commitments) (Source: OHID)

Local authority commissioned services

Within Harrow, the smoking cessation support is commissioned through VIA, formerly known as Westminster Drug Project. These provide both nicotine replacement therapy and/or vapes to individuals wanting to quit smoking alongside specialist 12 week behavioural support. This follows national guidance and recommendations for how best to treat a smoker to quit tobacco.

The service adheres to the ethos of the domains of the Harrow Health and Wellbeing strategy by ensuring all those who live, work or have a GP registered in the borough can access free support. The support offered is free to all individuals accessing to ensure those from the highest level of deprivation can receive the same support and treatment. Individuals can self-refer themselves to the service via telephone or text. Healthcare professionals may also refer individuals through an online system. All support is offered as either face to face or remote support to fit the needs of the individual.

Service offer

VIA provide a range of services both within their smoking cessation service, but as part of their wider contract delivering adult substance misuse support. These include:

- Receipt of referrals from a range of sources including self-referrals
- Information, advice and assessment
- Drop in and open access
- Community based smoking cessation treatment
- A range of support options including nicotine replacement therapy and/or vapes to aid a quit attempt
- Support of shared care (where appropriate) from a wider multidisciplinary team
- Assessment and monitoring of carbon monoxide levels
- Outreach and group work
- Education, training and employment support
- Dedicated advisors to support an individuals quit attempt

Local case study: Successful quit using a vape through commissioned service (VIA)

Jon (Resident and pseudonym used) wanted to quit smoking and was referred after seeing their GP. Dhanusha (trained advisor) support Jon to undertake a quit attempt. Initially hesitant Dhanusha spoke with Jon about their quit options and decided on the vape. Jon was a moderate smoker and during the first consultation, Dhanusha conducted a carbon monoxide test on him to show where they are at the moment, but also where they can get to with quitting smoking.

Jon attended 12 sessions with Dhanusha (11 face to face and 1 remote) and by week 2 they were smokefree. This was shown by their carbon monoxide being measured at 1. During the first consultation Jon scored 13 (Greater than 5 is dangerous to health).

Jon was extremely pleased to have quit smoking highlighting the vape was great in aiding them to quit due to the hand to mouth motion they were used to from smoking for many years.

Locally commissioned service data

Accessing services

In both London and nationally, numbers of individuals accessing commissioned smoking cessation support has been declining since 2012 in line with a reduced allocation of funding in public health for tobacco. Table 8 shows these as well as Harrow from 2019/2020. Harrow falls well below the London and National average but is starting from no service in 2019/2020. Yet there is a gradual increase year on year from 57 in 2020/21 to 263 in 2023/24.

location	2019/20	2020/21	2021/22	2022/23	2023/24
Harrow	N/A	57	168	223	263
London	29,244	26,244	24,377	24,223	16,391
England	221,678	178,815	178,198	176,566	193,505

Table 8. Number of persons setting quit date with local stop smoking service of each borough in Harrow, London and England from 2019/20 - 2023/24 (Source: NHS digital)

Successful outcomes

Harrow has significantly lower successful outcomes per 100,000 compared to both London and England (Table 9). As with those accessing the service, the amount of successful outcomes does increase in Harrow (Table 10). Harrow had was an underperforming service from 2019/20 – 2022/23 but with 2023/24, there was a marked improvement in successful outcomes, more than doubling in outcomes relative to those accessing the service.

location	2019/20	2020/21	2021/22	2022/23	2023/24
Harrow	N/A	59 (21.2)	292 (35.7)	440 (30.2)	1,109 (67.6)
London	2,755 (86.8)	1,721 (60.4)	1,469 (55.8)	1,757 (59.5)	1,998 (63.2)
England	2,921 (83.2)	1,719 (60.7)	1,644 (58.5)	1,836 (61.9)	2,163 (64.6)

Table 9. Persons setting a quit date and outcome per 100,000 smokers, in Harrow, London and England from 2019/20 – 2023/24 (Source: NHS digital)

location	2019/20	2020/21	2021/22	2022/23	2023/24
Harrow	N/A	12 (21.1)	60 (35.7)	66 (29.6)	178 (67.7)
London	25,395 (86.8)	15,857 (60.4)	13,600 (55.8)	14,409 (59.5)	16,687 (63.2%)
England	184,426 (83.2)	108,518 (60.7)	104,305 (58.5)	109,356 (61.9)	125,140 (64.7)

Table 10. Number of successful quitters from local stop smoking service of each borough in Harrow, London and England from 2019-20 - 2023/24 (Source: NHS digital)

Outcomes by differing demographics

Certain demographics are focused on within smoking cessation services, as directed by local KPI's. However, nationally, these are harder to determine and instead use large data sets or recorded outcomes by different demographics. Table 11 earlier displays outcomes in Harrow for those accessing the service while pregnant. Table 12 shows those accessing the service by socioeconomic status/employment status. Those from the lowest socioeconomic group (routine and manual occupations or never worked or unemployed) make up the largest portion of those accessing the service. This is not as marked as in other boroughs but Harrow does have a lower level of deprivation compared to other boroughs, London and the national average. Those with successful outcomes mirror the London and national picture.

location	Managerial and professional occupations	Intermediate occupations	Routine and manual occupations	Full time student	Unpaid carer	Never worked, unemployed	Retired	Unable to work
Harrow	58	33	33	7	8	61	34	21
London	3437	2863	4902	411	875	5463	3360	3287

Table 11. Smoking cessation data for those setting a quit date by socioeconomic group for 2023/24 (Source: NHS digital)

location	Managerial and professional occupations	Intermediate occupations	Routine and manual occupations	Full time student	Unpaid carer	Never worked, unemployed	Retired	Unable to work
Harrow	38	18	16	1	6	37	19	10
London	1948	1591	2732	214	436	2764	1779	1649

Table 12. Smoking cessation outcomes by socio-economic status 2023/24 (Source: NHS digital)

Within those of different ethnicity, access and outcomes are displayed in table 13 and 14 for 2023/24. White is the dominating ethnic group within Harrow smoking cessation service. As this does not

distinguish specific ethnicities it is harder to interpret. Outcomes are broadly similar to London and national averages.

location	White	Asian or Asian British	Black or Black British	Mixed	Other ethnic group	Not stated
Harrow	127	78	22	22	7	7
London	15625	3281	2531	1315	1486	2153

Table 13. Smoking cessation data by ethnicity for setting a quit date in 2023/24 (Source: NHS digital)

location	White	Asian or Asian British	Black or Black British	Mixed	Other ethnic group	Not stated
Harrow	67	50	17	12	4	2
London	8222	1865	1329	695	804	1074

Table 14. Smoking cessation outcome by ethnicity in 2023/24 (Source: NHS digital)

NHS Tobacco Dependency Services

Under the NHS long term plan, it is intended every patient coming into contact with health services by the end of 2023/2024 would be offered the opportunity to quit smoking. This focused on acute, maternity and mental health services. This has not occurred in each of the trusts in Northwest London and has a direct impact on Harrow residents. Many challenges have come from this plan including ICB leadership and support to trusts, trusts mobilising a programme from zero and financial aid being insufficient to meet the needs of the programme. An extension in funding came beyond 2024/2025 with a reduction to the allocation to the system for both acute and mental health services.

Within Harrow, residents are likely to receive their care through London Northwest University Hospital NHS Trust (LNWUHT) for acute or maternity services or Central and Northwest London NHS Trust (CNWL) if receiving support for their mental health. As of September 2024, only the acute services are delivering treatment for smoking within the trust having started in July 2024. Both mental health within CNWL and maternity in LNWUHT are delayed, however should have services in place by year end 2024.

Environmental impact of tobacco use in Harrow

Tobacco has a detrimental impact on the environment from growing tobacco and exploitation of workers, through transport and then disposal of remains of a cigarette and the chemicals which remain in the tobacco which leak into the environment. Furthermore, the green agenda is gaining traction, particularly in younger populations which limited research has shown may impact on behavioural decisions. According to ASH, it is possible to calculated the environmental impacts of tobacco across Harrow, London and England using assumptions. Our assumptions are using smoking prevalence for each borough according to figure 8 utilising the annual population health survey. Furthermore, we have calculated 10 cigarettes per day, and these are pre-rolled, manufactured cigarettes.

CO2 emissions from cigarettes

Using the above assumptions, table 15 demonstrates the CO^2 emissions from tobacco in Harrow, London and England per year. We have also put in the equivalent CO^2 amount from a comparable activity of flying to Sydney with a full plane for illustration purposes.

location	Smokers in borough	10 cigarettes per day	Per year CO2 emissions (tonnes)	Planes flying non-stop to Sydney
Harrow	15500	155000	7905	6.10
London	807000	8070000	411570	317.81
England	5670000	56700000	2891700	2232.97

Table 15. CO2 emission from tobacco of Harrow, London and England (Source: ASH)

Water usage from cigarettes

Using the assumptions, water usage is possible to be calculated. Table 16 shows water footprint from smoking a cigarette. For comparison, the amount of water per year is the quantified in how many swimming pools would be filled with the equivalent water amount.

location	Smokers in borough	10 cigarettes per day	Cubic metres of water per year	Olympic swimming pools per year
Harrow	15500	155000	2100250	840.1
London	80700	8070000	109348500	43739.4
England	5670000	56700000	768285000	307312

Table 16. Water footprint from smoking a cigarette of each borough Harrow, London and England (Source: ASH)

Waste from cigarettes

Using the assumptions above, we can calculate the amount of waste Harrow has to dispose of additionally through tobacco use. This equates to each cigarette butt weighing 0.31g. Table 17 shows these figures for Harrow, London and England. The comparison is how many double decker buses of additional weight is needed to be cleaned up and disposed of Harrow refuse teams. This has a direct impact on borough budgets with the need to spend this additional amount to dispose of this waste and reducing smoking would decrease this spend.

location	Smokers in borough	10 cigarettes per day	Per day (KG)	Per year (tonnes)	London bus (double decker)
Harrow	15500	155000	48.05	17.54	1.5
London	80700	8070000	2,501,70	913.12	76
England	5670000	56700000	17,577.00	6,415.61	534

Table 17. The amount of additional waste disposed through tobacco use of Harrow, London and England (Source: ASH)

What we do not know following the needs assessment

Shisha and chewing tobacco

Within Harrow we know residents do use shisha and/or chewing tobacco yet we do not know the prevalence of these. There are a number of reasons for this including ways this is recorded by GP practices. Furthermore, this is not just a local issue, but a national issue and one which can limit our ability to begin to devise programmes of support for those who use shisha or chewing tobacco.

Supporting those wanting to quit vaping

Vaping continues to gain traction in everyday lives of many and there is a consensus of we need to do more to support those who want to end their nicotine addiction which they replaced through vaping when they quit smoking. Getting a correct balance of our cessation methods is important and currently the advice and options is limited. Harrow will continue to offer support tailored to the individual while remaining committed to new methods of support as currently this is still not known. Furthermore, we also do not understand if there is a demand for people wanting to quit vaping which further limits our understanding of this being a priority.

Social housing

Rates of smoking in social housing is higher than in the general population. Some sources cite this could be up to 35% of residents. Harrow's has social housing which we were unable to obtain the smoking status of these residents. However, if Harrow is even close to this 35%, we know there is a missed opportunity to support these residents who like many, will be motivated to quit. By not understanding this, it limits our ability to know whether this set of the population would require dedicated support through social housing to make quitting more achievable or where our smoking cessation services can help.

What works in specialist populations

Smoking cessation services have been effective in supporting large amounts of individuals to quit smoking since their inception in 2008. Yet many of the "easier" smokers have quit ensuring those who now smoke are the more ingrained or entrenched smokers. We know these are likely to need additional support beyond what the NCSCT advocates and it is instead down to services to identify what could work, how to implement and make a success of this, but importantly to share. What works with one small group may not work with another.

How effective the NHS TD services are in supporting Harrow residents

One challenge present from the NHS long term plan and the subsequent treating tobacco dependency being delayed in delivering services for Harrow residents is we do not know how effective this treatment offer is. From neighbouring regions we can see that many patients who engage with the pathway are unlikely to have engaged previously with local authority smoking cessation services. This is important as this teachable moment in hospital is working, yet for Harrow we do not know what support is needed to aid this pathway within local trusts. As pathways develop we will understand this further, but as yet, we do not but we will continue to ensure we work with NHS trusts to ensure we are ready to support this cohort.

Challenges, successes and opportunities in Harrow

The cost of smoking to Harrow is significant from both a financial cost but also the debilitating impacts on individuals health. Harrow remains committed to achieving smokefree by 2030, and has had some success in making this aim a realistic possibility. There are however challenges both within the system and wider to ensure Harrow can meet this aim.

Challenges

Capacity and referrals into commissioned smoking cessation service

The commissioned provider, VIA, deliver smoking cessation support to residents of Harrow. This service operates Monday to Friday 9-5 making access to the service for individuals who need the support outside traditional office hours. Additionally, due to a limitation of clinic space across the borough, which is limited to a more central Harrow location, makes accessing face to face support more challenging for residents living towards the boroughs peripheries. Further complications arise with dispensing of nicotine replacement therapy or vapes requiring either a postal delivery or collection from a central location. These all pose challenges to increasing access to the service for residents across the borough.

Referrals into the service are lacking from healthcare professionals and self-referrals due to the smoking cessation service having a lower profile across the borough. Furthermore, referral methods into the service lack simplicity which can deter both self-referrals and healthcare professionals making a referral.

NHS pathways struggling to deliver the tobacco dependency pathways

Under the NHS Long Term Plan, anyone admitted to a hospital setting, whether acute, maternity or mental health, should be offered the opportunity to quit smoking. However, both Central and Northwest London NHS trust and London Northwest University NHS trust have struggled to implement a pathway by June 2024 delivering on these aims. Both trusts cover Harrow residents through Northwick Park. A tobacco dependency service delivered by an NHS trust would be expected to refer patients for ongoing support when discharged from a hospital environment. A challenge persists with implementing the NHS Long Term Plan and how a local smoking cessation service supports patients to ensure their quit attempt, when started within the NHS, is supported into the community.

Demographics and difficulties successfully engaging

Harrow has a diverse population with 47% identifying as a sub-group within Asian with a further 5% of the population identify as Romanian. Harrow is multicultural with wide ranging ethnic backgrounds, with unique languages coupled with cultural perspectives on how tobacco is perceived, notably around Shisha.

Within the smoking cessation services in Harrow, although an understanding of this challenge, there are a lack of appropriate resources and skills to make the service more culturally appropriate with interventions which may impede accessibility and effectiveness of a service. Furthermore, varying degrees of trust in public health services with differing social norms around tobacco use complicate efforts to foster engagement.

Lacking intelligence on illicit tobacco and vaping products

Illicit tobacco, underage sales and rises in adolescent vaping, notably in schools, have raised concerns in both the medical/public health consciousness, but more recently in the general public. Illicit tobacco includes, but not limited to, counterfeit tobacco products including those with substances not found in UK marketed cigarettes, illegally brought into the country without paying customs duties, tobacco being sold without taxation. Vapes, either the underage sale, sale of unregulated devices or sale of devices containing illicit substances all cause a problem. Both illicit tobacco and illicit vapes need actionable intelligence which can be fed to local enforcement teams to take action. However, currently there is not this intelligence sharing between services. Further data on this area around use and sales remains unknown making designing interventions and actions to support the move away from these products, beyond what enforcement may offer, challenging.

Lower levels of system wide partnership working towards identified challenges within Harrow

Between 2020 and 2023, Harrow Tobacco Alliance ceased its activities which poses challenges for how to effectively address challenges of tobacco across the borough from a range of key stakeholders. Partnership within an alliance allows for sharing of best practice/intelligence or pooling finite resources to make actionable gains for the residents of Harrow. Collaboration among partners/stakeholders will create sustainable and lasting progress for a community wide commitment to reduce tobacco related harm.

Utilising tobacco grant funding effectively to meet national targets

Harrow has received a significant increase in tobacco funding to be used in the coming five years. With this, the funding is tied to increasing access to smoking cessation services across Harrow. As above has shown, Harrow has a number of challenges to overcome which this funding will support to increase access for residents. Yet, utilising these resources effectively remains a challenges for the system to ensure a maximum return on investment.

Successes

Wider system working across Northwest London

The Northwest London Tobacco steering group is established uniting the 8 boroughs to make a concerted effort to collectively improve tobacco outcomes across the region. The group is still within its infancy but will look to address shared aims to guide the work. Working towards common aims will reduce the tobacco related harm.

Integration of roles within Northwest London Integrated Care Board

Within Harrow public heath team, two roles are hosted combining NHS funding with local authority public health grant. These roles have joint responsibility to both Harrow and Northwest London Integrated Care Board. This recruitment facilitates an integration between regional and local understanding to bring together tobacco under a collective role. Within Harrow, the role will focus on tobacco control and increasing access to services for resident, while ensuring these are converted to successful outcomes. Within Northwest London, the role supports the NHS Long Term Plan to ensure tobacco dependency pathways are established within each of the 6 trusts. Furthermore, the

role also aims to include working across the wider region to support the shared aims to foster an integrated and cohesive approach to tobacco across London.

Re-establishment of Harrow Tobacco and Nicotine Control Alliance

The alliance fosters coordinated efforts among various stakeholders, including service providers, trading standards and London Fire Brigade ensuring a shared approach to tackling tobacco and nicotine addiction is co-ordinated and actionable. As the programme is in its infancy, larger goals and shared working are still being established.

Increases in individuals accessing and quitting using commissioned services

As has been show in the data, Harrow smoking cessation is increasing the amount of individuals accessing services and successfully quitting. It is important to note the increases are below both the regional and national average which shows there is still room to progress. Yet from a service with funding for 1 whole time staff member, plus the tobacco uplift, there is room to expand services, increase coverage/access and successful outcomes.

Opportunities

Targeted lung health check

The Targeted Lung Health Checks aims to screen patients between 55-75 who are current or ex-smokers to have a CT scan of their lungs to identify early signs of lung cancer or other lung related conditions. This project is run by Royal Marsden Partners and is working across Northwest London Boroughs in tandem with primary care networks to identify and screen smokers and ex smokers. Research conducted through the targeted lung health check has shown the screening coupled with a conversation with a healthcare professional to be a teachable moment encouraging a change in health behaviour. Furthermore, they also showed immediate referral and support from specialist smoking cessation services increase success from quit attempts compared to those at 72 hours. This presents an opportunity to support patients as they are screened and then offered support to quit smoking.

Ensuring novel interventions are considered for Harrow

Research continues to be generated highlighting different ways to encourage smokers to undertake a quit attempt. Some are not cost effective options for Harrow to undertake, yet it is important we consider all options and research opportunities which arise to ensure we provide our residents all ways to quit smoking.

Learning from other local authorities and colleagues in the NHS

With the development of the integrated role between Harrow and Northwest London ICB, it has allowed Trusts to work with one another to develop tobacco dependency pathways and learn from one another. Furthermore, the role has also allowed boroughs across Northwest London to come together to support each other with tobacco. As these are re-establishment of networks, these will take time for the benefits to be earned.

Sharing specialists between services

Additional funding into each local authority has allowed the creation of specialist roles to support specific groups represented within each borough. With this, there are a finite amount of resources and individuals with this experience. There are opportunities to share specialists between boroughs to reduce resource allocation while allowing multiple borough residents to benefit from a specialist. This is contingent on both demand within each borough and capacity of each specialist.

Supporting workforces across Harrow to quit

Workforces across the NHS trusts in Harrow do want to quit smoking, but may not be sure where to access this support. With the advent of the NHS staff smokefree app (currently not available) this allows staff to undertake supported quit attempts accessing the service as frequently as they need along side their existing work commitments.

Furthermore, Harrow has many small and medium enterprises with employees are more likely to smoke. It is important we consider how we can ensure these employers can access smoking cessation services and in turn increase their productivity as a business.

Swap to stop and supporting trust

Swap to stop allocations within Harrow are superior to what could be utilised within a 12-18 month period. With this, NHS trust are able to work with us in Harrow to offer vapes to patients, in line with trust protocols, to increase access to tobacco services, while also reducing future costs on trust budgets for treatment. As trusts span multiple boroughs, a multi borough approach can be supported by the ICB.

Recommendations

Whilst smoking prevalence in Harrow is low compared regionally and nationally, smoking continues to cause harmful effects to the health and economy of the local community. This report gathers all the tobacco-related data and information to reveal the current tobacco control activities in Harrow. It also identifies the gap in local stop smoking service as well as the health inequalities among different subpopulation groups. Overall, this report provides insight to inform the development of local tobacco control strategy, in terms of the success, challenges and recommendations.

Increasing Capacity and Tailoring Stop Smoking Services to the Needs of Local Residents

Increasing Capacity

In Harrow, only the commissioned service provider, Via, is offering stop smoking service to local residents. This report indicates that the number of persons setting quit date has been increasing substantially in the last 5 years and the demand for smoking cessation support grows simultaneously. Therefore, there is a need to increase the capacity of local stop smoking service in order to fulfil the rising number of quit attempts:

- Utilising new government uplift funding (£191,828) to recruit additional workforce into specialist posts and continue to support the development of local stop smoking service
- Commissioning pharmacies to deliver smoking cessation interventions
- Identifying and undertaking novel interventions e.g., pharmacy offer and NHS and local authority staff offer

Tailoring Stop Smoking Service:

The report presents that there are health inequalities among different subpopulation groups, such as, age, sex and ethnicity. To gain the greatest reduction in tobacco use, as well as narrow health inequalities, targeted interventions should be delivered to the priority groups identified as being more prone to the risk of tobacco use and exposure:

- Ensuring access to support is universal
- Setting goals aligned to a resident
- Consistent messaging around e-cigarettes/vape - Only use vape as a quit aid and prevent smoking/ vaping in school children Co-designing services with different communities

Enforcement of Illicit Tobacco and Nicotine Products

The enforcement of regulations against illicit tobacco and nicotine products is crucial for health protection and regulatory compliance and product safety. With the increasing prevalence of smoking and vaping among young people, stringent enforcement measures are key to prevent underage access and sales. Moreover, trading standards play a crucial role in the enforcement landscape, utilising local intelligence to identify sources of illicit tobacco products and develop targeted interventions. These efforts contribute significantly to eliminating harmful products from communities and school environment:

- Supporting trading standards with gathering intelligence to action this

- Working with different partners to generate an intelligence picture
- Ensure outcomes from intelligence are shared widely
- Making partners and public aware that they can support enforcement / trading standards through reporting if they have any concerns – to enable informed visits
- Testing vapes collected from different sources (e.g. school) to understand the substances and create actionable

Preventing the Next Generation From Using Tobacco Products

The rising rates of smoking and vaping among young people have become a focal point of the local tobacco control strategy, emphasising the need for targeted interventions. It is essential to foster closer collaboration with children and youth services to provide specialised support tailored to this vulnerable population. To align with the ambitious goal of creating a smokefree generation by 2030, the local stop smoking service should allocate additional resources towards prevention efforts. Working with Children and young people services to offer outreach through specialist services:

- Having dedicated CYP worker to focus on both supporting those want to quit and prevention
- Ensuring our message is clear around tobacco and e-cigarettes/vapes; and implications of legislative change around vapes
- Working in collaboration with partnership alliance around prevention agenda e.g. schools, CYP services, children's, adults

Partnership Working Across the Whole System

The Harrow Tobacco and Nicotine Control Alliance has been re-established recently. However, the local stop smoking service is disjointed with other partnering organisations and the available resources could not be fully utilised. Partnership working across the whole system for tobacco control is essential for creating a cohesive, effective and sustainable approach to reducing tobacco and nicotine use. Partnership working ensures that interventions are comprehensive and culturally sensitive, addressing the multifaceted nature of tobacco use and health inequalities:

- Clear leadership within tobacco/nicotine control alliance
- Identifying the right partners to support tobacco agenda
- Aligned visions and purpose of the alliance
- Awareness of the importance of whole system approach –getting partners to understand their role

Understanding the role of the Tobacco Control Strategy and mitigating unintended consequences

A tobacco control strategy is fundamental in helping to reduce the burden tobacco continues to place on Harrow. It is important that when this is created, stakeholders from across the borough contribute and discuss to ensure no unintended consequences are created and if these are, suitable mitigations are in place.

Ensuring smokefree targets are realistic and achievable within Harrow

Achieving 5% is challenging, even from a smoking rate of 7.6% which suggests a reduction in rates of smoking by 0.6 per year. However, achieving this requires ambition tied to SMART goals which in some groups where prevalence far exceeds 5% will go beyond 2030.

Understanding smoking in different population groups and by tobacco type

A key area highlighted throughout this needs assessment is we have a good understanding of tobacco, an understanding of vaping within Harrow, yet within areas of other forms of tobacco, notably shisha and chewing tobacco, our understanding is limited. This hampers our ability to identify and offer support to those who want this. Further to this, it also limits our understanding of what works. With how tobacco is recorded in GP's across Harrow, a limited amount of patient records are updated frequently enough to provide accurate assessment. Coupled with this, there are many ways tobacco use can be recorded within GP systems which further muddies our ability to identify an accurate picture of differing types of tobacco use. Therefore having the way in which tobacco is recorded simplified will aid healthcare practitioners in GP practices but also increase the understanding for targeted intervention where there is need.

Ensuring national policies are considered how these will be implemented locally

With the creation of new national policies it is important we understand these locally and how best to implement these to benefit residents effectively. There is also the opportunity to engage wider stakeholders in these discussions through the Harrow Tobacco Alliance to ensure a consistent approach and understanding.

- An example is assessing fires quarterly in Harrow with London Fire Brigade to ensure an increase in vapes being provided through swap to stop does not have an adverse impact on one service.

Creating a tobacco data dashboard

A single point of data for both Harrow and NHS trust to view tobacco led data can increase how we approach tobacco within Harrow allowing for comparison of metrics by trust or borough. Furthermore, this can also support the development of business cases by understanding the needs of the population a borough or trust represent alongside showing the benefit of tobacco related services both within a trust or a local authority.

Tobacco remains relevant as the largest contributor of poor health and premature mortality in Harrow

Tobacco as we get closer to achieving smokefree, it is important that even once this is achieved, there will still be large health inequalities we should continue to focus on. Furthermore, with the advent of vaping and a continual presence of these within public consciousness through a stream of news stories, we do not become derailed focusing on vaping and not remembering tobacco will continue to cause premature death, increased health and social care costs and increased risk of poor health. While it is important to remember vaping being marketed directly to under 18's is illegal and abhorrent, vapes have helped millions of people to quit smoking since 2012.

Appendices

Needs Assessment Data (including confidence interval)

Ault smoking prevalence in England and Harrow

location	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI	2023	Lower CI	Upper CI
England	13.9%	13.6%	14.1%	13.8%	13.5%	14.1%	13.0%	12.7%	13.3%	12.7%	12.3%	13.0%	11.6%	11.3%	12.0%
Harrow	10.4%	6.3%	14.5%	8.6%	4.0%	13.1%	7.6%	4.1%	11.0%	7.6%	1.9%	13.4%	16.1%	6.2%	25.9%

Smoking prevalence in Harrow by gender

Gender	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI	2023	Lower CI	Upper CI
Females	5.6%	1.8%	9.4%	3.0%	0.0%	6.2%	5.3%	1.7%	9.0%	6.6%	0.8%	12.4%	11.2%	1.88%	20.54%
Males	15.3%	8.4%	22.3%	14.1%	5.8%	22.5%	9.7%	4.5%	14.9%	8.7%	1.5%	15.8%	22.8%	7.21%	38.31%

Smoking prevalence in routine and manual workers in Harrow, London and England

location	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI	2023	Upper CI	Lower CI
England	24.5%	23.9%	25.2%	24.5%	23.7%	25.4%	23.6%	22.7%	24.4%	22.5%	21.6%	23.4%	19.5%	18.6%	20.5%
London	20.7%	18.7%	22.8%	21.9%	19.0%	24.8%	19.2%	16.5%	21.9%	20.2%	17.1%	23.3%	15.2%	12.2%	18.3%
Harrow	13.6%	2.8%	24.3%	10.4%	0.0%	24.8%	12.0%	0,0%	25.8%	15.8%	0.0%	38.1%	36.3%*	5.5%	67.0%

*there is quality issue with original data source

Odds of smoking in routine and manual workers in Harrow, London and England

location	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI	2023	Lower CI	Upper CI
England	2.46	2.37	2.55	2.22	2.13	2.32	2.30	2.20	2.41	2.24	2.14	2.36	2.01	1.90	2.14
London	1.87	1.64	2.12	2.13	1.82	2.50	1.95	1.64	2.32	2.07	1.72	2.47	1.38	1.10	1.74
Harrow	1.63	0.59	4.49	1.04	0.22	4.81	1.43	0.39	5.24	2.66	0.53	13.32	3.04	0.78	11.96

Smoking prevalence in adults with a long term mental health conditions

location	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI
England	25.8%	25.4%	26.1%	26.3%	25.9%	26.6%	25.2%	24.9%	25.6%	25.1%	24.8%	25.4%
London	26.6%	25.6%	27.6%	26.0%	25.1%	26.9%	27.2%	26.2%	28.1%	26.3%	25.5%	27.2%
Harrow	20.6%	14.4%	26.9%	25.4%	19.0%	31.8%	32.4%	25.1%	39.6%	34.5%	28.9%	41.0%

Odds of current smoking among adults with a long term mental health conditions

location	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI
England	2.4	2.3	2.4	2.4	2.4	2.5	2.5	2.4	2.5	2.4	2.4	2.5
London	2.2	2.1	2.3	2.2	2.1	23	2.3	2.2	2.5	2.2	2.1	2.3
Harrow	1.9	1.3	3.0	2.5	1.7	3.6	3.5	2.4	5.1	3.5	2.5	4.8

Smoking status at time of delivery

location	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI
England	10.4%	10.3%	10.5%	9.6%	9.5%	9.7%	39.1%	9.0%	9.2%	8.8%	8.7%	8.8%
London	4.8%	4.6%	4.9%	4.6%	4.5%	4.7%	4.5%	4.4%	4.6%	4.6%	4.4%	4.7%
Harrow	4.3%	3.7%	5.1%	4.5%	3.8%	5.3%	3.2%	2.5%	3.9%	3.4%	2.8%	4.1%

Low birth rate of term babies in Harrow, London and England from 2019 - 2022

location	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI
England	2.9%	2.9%	2.9%	2.9%	2.8%	2.9%	2.8%	2.7%	2.8%	2.9%	2.8%	2.9%
London	3.2%	3.1%	3.3%	3.3%	3.2%	3.4%	3.3%	3.2%	3.4%	3.4%	3.3%	3.5%
Harrow	3.3%	2.8%	4.0%	3.6%	3.0%	4.3%	3.4%	2.8%	4.1%	4.0%	3.4%	4.8%

Cigarette prevalence in young people

Age	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI	2023	Lower CI	Upper CI	2024	Lower CI	Upper CI
16-17 year olds	8.7%	5.2%	12.6%	14.4%	3.0%	28.2%	NA	NA	NA	14.1%	10.4%	17.1%	12.2%	8.7%	15.5%	14.2%	10.0%	18.8%
18-21 year olds	16.7%	14.9%	18.7%	21.5%	19.2%	24.0%	20.3%	18.0%	22.7%	19.2%	17.1%	21.6%	18.2%	16.1%	20.6%	19.5%	16.9%	22.4%

COPD: QOF prevalence (all ages) in Harrow, London and England

location	2019	Lower CI	Upper CI	2020	Lower CI	Upper CI	2021	Lower CI	Upper CI	2022	Lower CI	Upper CI
England	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.9%	1.8%	1.8%	1.8%
London	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.0%	1.0%	1.0%
Harrow	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.9%	0.8%	0.9%	0.8%	0.8%	0.8%

Rate of stillbirth per 1,000 births in Harrow, London and England

location	2018-20	Lower CI	Upper CI	2019-21	Lower CI	Upper CI	2020-22	Lower CI	Upper CI
England	3.9	3.8	4.0	3.9	3.8	4.0	3.9	3.8	4.0
London	4.4	4.1	4.6	4.3	4.1	4.6	4.3	4.1	4.5
Harrow	4.4	3.3	5.9	4.3	3.1	5.7	4.3	3.1	5.7

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