

**Compendium of Recent Data Releases for London**  
**Accompanying the Intelligence Update for**  
**August and September 2021**

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## **1. Coronavirus and Vaccine Hesitancy, Great Britain – 09 August 2021**

On 09 August 2021, the Office for National Statistics released updated statistics from the Opinions and Lifestyle Survey (OPN). The survey is designed to understand the impact of the coronavirus (COVID-19) pandemic on people, households and communities in Great Britain. One such indicator the survey measured was the attitudes towards the COVID-19 vaccination, which is what this report will be summarising. The full dataset and ONS publication can be found in the link below.

### **Coronavirus and Vaccine Hesitancy, Great Britain – 09 August 2021**

The OPN has become a weekly survey used to collect data on the impact of the coronavirus on day-to-day life in Great Britain. This particular release analysed a pooled dataset comprising twelve waves of the OPN, between 28 April 2021 and 18 July 2021. In total, 43,820 individuals were sampled across England and 4,260 individuals from London. The sample consists of individuals aged 16 years and over living in Great Britain. Questions were asked to all responding adults unless specified otherwise. This report details the key findings of the data relating to London.

- 87% of respondents in London answered yes to having received the vaccine (either one or two doses), this figure slightly trails England's overall number of 90% and is also the lowest amongst the English regions.
- Only 4% of respondents in London said they had been offered a vaccine and declined the offer. This was the highest number amongst the English regions, but only 1 percentage point higher than the overall England figure.
- Overall, vaccine hesitancy **[1]** amongst the English regions is highest in London at 7%, which is 5 percentage points higher than the lowest region (East of England with 2%) and 2 percentage points above the next highest region (West Midlands with 5%).

### **Vaccine sentiment in adults by International Territorial Level (ITL) in London**

- A higher proportion of females were vaccine hesitant than males in London – 6% of males and 8% of females.
- Within London, the 16 to 29 age group reported the highest amount of vaccine hesitancy at 12%. This was 4 percentage points higher than the 30 to 49 age group (8%) and 9 percentage points higher than the 50 and over group (3%).
- Amongst ethnicity groups, Black or Black British groups reported by far the highest amount of vaccine hesitancy at 22%. This was 9 percentage points higher than the second-highest group (Mixed or multiple group at 13%) and 16 percentage points higher than the lowest groups (joint White and Asian or Asian British at 6%).
- Those whose highest qualification was a Bachelor's degree or higher were significantly more likely to report positive vaccine sentiment **[2]** at 95%, compared

to those who's highest qualification was a GCSE, A-level or non-degree higher education (90%), any other qualification or no qualification (89% each).

- Those who reported being identified as clinically extremely vulnerable (CEV) **[3]** were more likely to report positive vaccine sentiments (97%) in comparison to those who weren't identified as CEV (92%).
- Those who reported being unemployed also reported significantly higher levels of vaccine hesitancy (17%) compared to those who were in employment or those who were economically inactive (7% each).
- Those who were renting reported significantly higher levels of vaccine hesitancy (10%) in comparison to those who were paying a mortgage (6%) or who owned their property (3%).
- In terms of annual income, there was a 9 percentage point difference in vaccine hesitancy between those who earned up to £10,000 (12%) and those who earned £50,000 or more (3%). Interestingly the income group which reported the highest amount of vaccine hesitancy was the £15,000 to £20,000 per annum band at 16%.
- Similarly, there was 9 percentage point difference in vaccine hesitancy between the most deprived quintile (88%) and least deprived quintile (3%). Vaccine hesitancy decreases as deprivation decreases in each quintile **[4]**.

### **Vaccine sentiment in adults by International Territorial Level 2 (ITL2) sub-regions**

ITL sub-regions for London includes Inner London – West, Inner London – East, Outer London – East and North East, Outer London – South and Outer London – West and North West.

- Highest positive vaccine sentiment in London was found within the Inner London – West sub-region at 95% and lowest in the Outer London – East and North East sub-region at 90%. This was also the sub-region that reported the lowest levels of positive vaccine sentiment in England.
- Within this sub-region, it was the female respondents that reported higher levels of vaccine hesitancy at 13%, compared to the male respondents at just 6%.
- Females reported higher levels of vaccine hesitancy in every London sub-region apart from the Outer London – West and North West sub-region, where 10% of male respondents reported vaccine hesitancy in comparison to 5% of females.

**[1]** Vaccine hesitancy includes those who: have been offered the vaccine but declined the offer; are very or fairly unlikely to have the vaccine if offered; are neither likely nor unlikely to have the vaccine if offered; don't know; preferred not to say.

**[2]** Positive vaccine sentiment includes those who: have received the vaccine; have been offered the vaccine and are waiting to be vaccinated; are very or fairly likely to have the vaccine if offered.

**[3]** Clinically extremely vulnerable (CEV) status is self-reported. The CEV group in this report includes all adults that identified as being clinically extremely vulnerable. From 3 to 7 March 2021, the CEV question wording changed to explicitly define CEV as those identifying as “high risk”. Prior to data collected over the period 3 to 7 March, the CEV group may have included adults in either “high risk” or “moderate risk” groups.

**[4]** The Index of Multiple Deprivation, commonly known as the IMD last updated in 2019, is the official measure of relative deprivation for small areas in England. The Index of Multiple Deprivation (IMD) ranks every small area in England from 1 (most deprived area) to 32,844 (least deprived area). Deciles are calculated by ranking the 32,844 small areas in England, from most deprived to least deprived, and dividing them into 10 equal groups. These range from the most deprived 10 per cent of small areas nationally to the least deprived 10 per cent of small areas nationally. For this analysis, to ensure robust sample sizes, we have further grouped deciles into quintiles. For further information see:

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

## 2. NHS Health Checks 2020-21 Q3Q4

On 06 July 2021, the quarterly performance figures for the NHS Health Check Programme 2020/21 Quarter 4 were released. The publication of these data are via the NHS Health Check profile on Fingertips <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed>

There were corrections to 2020/21 Quarter 1 for Barking & Dagenham, Barnet, Camden, Ealing, Harrow, Hillingdon, Kingston upon Thames, Merton and Redbridge. And for Quarter 2 for Barking & Dagenham, Barnet, Camden, Croydon, Ealing, Enfield, Harrow, Hillingdon, Merton, Redbridge, Richmond upon Thames and Waltham Forest.

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

Local authorities have a legal duty to make arrangements to provide the NHS Health Check programme to 100% of the eligible population over a five-year period and to achieve continuous improvement in uptake<sup>1</sup>.

Restrictions in relation to the COVID-19 pandemic are having a substantial impact on the NHS Health Checks programme. In addition to the goals for 2020/21 this will have an effect on the 2016/17-2020/21 five-year target period, and future rolling five-year target periods that include 2020/21.

### **Key points for London Q3 and Q4 2020/21:**

#### **Q3 2020/21 (October-December)**

- 1.7% of the eligible population in London were offered a health check in Q3, compared with 1.3% for England.
- 0.8% of the eligible London population received a health check in Q3, compared with 0.5% for England.
- The percentage of health checks received in London was 47.9% of the number of offers made, compared with 36.4% for England.

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<sup>1</sup> We are aware that there are discrepancies within the data caused by a combination of uncertainty in the eligible population and potential multiple recording of offers for an individual.

- Of the nine English regions, London made the second highest percentage of offers and had the third highest percentage of health checks received (out of the eligible population).

### **Q3 2020/21 compared with the previous quarter Q2 2020/21:**

- The proportion offered a health check in London increased to 1.7% in 2020/21 Q3 from 0.9% in 2020/21 Q2, compared to England, which increased to 1.3% from 0.8%.
- The proportion of the eligible population who received a health check in London increased to 0.8% in 2020/21 Q3 from 0.5% in 2020/21 Q2, compared to England, which increased to 0.5% from 0.3%.

### **Q4 2020/21 (January-March)**

- 0.8% of the eligible population in London were offered a health check in Q4, compared with 0.9% for England.
- 0.8% of the eligible London population received a health check in Q4, compared with 0.4% for England.
- The percentage of health checks received in London was 94.9% of the number of offers made, compared with 47.6% for England.
- Of the nine English regions, London made the joint third highest percentage of offers (the same as Yorkshire and the Humber, and West Midlands) and had the highest percentage of health checks received (out of the eligible population).

### **Q4 2020/21 compared with the previous quarter Q3 2020/21:**

- The proportion offered a health check in London decreased to 0.8% in 2020/21 Q4 from 1.7% in 2020/21 Q3, compared to England, which decreased to 0.9% from 1.3%.
- The proportion of the eligible population who received a health check in London remained the same at 0.8% in 2020/21 Q4, compared to England, which decreased to 0.4% from 0.5%.

### **2020/21 compared with the same quarter last year 2019/20:**

**In Q3 and Q4** - Health Check activity was running at about **40%** of the usual quarterly levels.

### **Local authority comparisons 2020/21 year to date**

- Four London boroughs have made no offers in 2020/21 and no health checks have been received in three boroughs.
- The boroughs with the highest proportions of the eligible population to which offers were made were Newham (12.8%), Southwark (10.9%) and Kensington and Chelsea (9.2%). No other borough made offers to more than 8.0% of the eligible population.
- In Newham 9.2% of the eligible population received a health check, in other boroughs it was no more than 7.4%
- As would be expected, no London borough is anywhere near being on schedule to meet the annual goal of 20% of the eligible population being offered a health check and 13.2% of the eligible population receiving one.

### 3. Seasonal Flu vaccination 2020-21

On 24 June 2021, Public Health England released three data reports for seasonal flu vaccine uptake during the 2020-21 campaign, from 1 September 2020 to 28 February 2021.

1. Data for seasonal flu vaccine uptake in children of school age in years reception, 1, 2, 3, 4, 5, 6, and 7 shows the proportion of children in England who received the 2020/21 influenza vaccine via school, pharmacy or GP practice. The report can be accessed [here](#).
2. Data for seasonal flu vaccine uptake in frontline healthcare workers in all NHS Trusts, STPs, and NHS Commissioning Region. The report can be accessed [here](#).
3. Data for seasonal flu vaccine uptake in GP patients by NHS Commissioning Region, STPs, CCG and local authorities. The report can be accessed [here](#).

#### Key Points for London:

##### *School children*

- For all eight school years (covering ages 4-12 years), vaccine uptake among those eligible for the vaccine was lower in London (51.8%) than the average in England (61.7%). The highest uptake in London was in year 1 students (55.6%) and the lowest was in year 7 students (45.2%) with a general trend for decreasing uptake with increasing age/year group.
- London ranked as the lowest NHS Commissioning Region for overall vaccine uptake across all eight school years and Tower Hamlets had the lowest overall vaccine uptake of any local authority in England (34.4%).
- Within London, there was wide-ranging variation in vaccine uptake in this period. While Wandsworth reported the highest uptake for a single year group (Year 1: 81.7%), Richmond upon Thames reported the highest vaccine uptake in seven out of eight school years (81.6% - 73.7%). In contrast, Tower Hamlets reported the lowest uptake for a single year group (Year 7: 21.3%) and the lowest uptake in five of the eight school years overall (38.8% - 21.3%). However, caution is advised when comparing uptake in local areas due to data limitations\*.

##### *Frontline healthcare workers*

- For frontline healthcare workers, London had the lowest vaccination uptake of the NHS Commissioning Regions for both Trusts (72.1%) and Primary Care (67.4%) over the September to end of February period. Compared to the equivalent period in 2019/20, vaccine uptake had increased in London by 1.5 percentage points for Trusts and 20.2 percentage points for Primary Care in 2020/21.
- Overall, uptake in all frontline healthcare workers was lower in London (71.9%) than the England average (76.8%).



### GP patients

- In the NHS London Commissioning Region, 71.8% of those in the age 65 years and over category received the vaccine in the stated period, compared to 80.9% nationally. Within London, uptake ranged from 79.1% in Bromley LA to 63.5% in Hammersmith and Fulham LA.
- In the NHS London Commissioning Region, 45.0% of those in the under 65 years at-risk<sup>1</sup> category received the vaccine in the stated period, compared to 53.0% nationally. Within London, uptake ranged from 53.9% in Kingston upon Thames LA to 33.8% in Hammersmith and Fulham LA.
- In the NHS London Commissioning Region, 36.7% of pregnant women received the vaccine in the stated period, compared to 43.6% nationally. Within London, uptake ranged from 48.0% in Kingston upon Thames LA to 26.8% in Enfield LA.
- In the NHS London Commissioning Region, 45.8% of 2-year olds and 47.4% of 3-year olds received the vaccine in the stated period, compared to 55.3% and 58.0% respectively across England as a whole. Within London, uptake for 2-year olds ranged from 60.5% in Kingston upon Thames LA to 38.1% in Barking and Dagenham LA and 32.2% in City and Hackney LA, and for 3-year olds ranged from 63.0% in Kingston upon Thames LA to 40.2% in Barking and Dagenham LA and 33.5% in City and Hackney LA.

Table 1: GP patient uptake by STP

Sustainability and Transformation Partnership	65+	<65 (at risk)	Pregnant	>=50 and <65	2 year olds	3 year olds
<b>London Commissioning Region</b>	<b>71.8</b>	<b>45.0</b>	<b>36.7</b>	<b>33.9</b>	<b>45.8</b>	<b>47.4</b>
Our Healthier South East London STP	72.5	45.2	39.7	33.5	48.7	50.2
East London Health and Care Partnership STP	70.9	45.0	33.9	34.7	40.4	41.7
North London Partners In Health and Care STP	70.8	42.5	33.2	31.9	42.9	45.1
North West London Health and Care Partnership STP	71.0	45.8	36.0	34.4	46.5	48.2
South West London Health and Care Partnership STP	73.7	45.9	42.2	34.7	53.0	54.4
<b>England</b>	<b>80.9</b>	<b>53.0</b>	<b>43.6</b>	<b>45.2</b>	<b>55.3</b>	<b>58.0</b>

\* Note:

- Coverage figures are not consistent across all LAs, as not all data providers were able to include information on children where influenza vaccine may have been given by GPs or in other settings instead of the local delivery method.
- Caution should be exercised when comparing coverage figures as apparent trends could reflect changes in the quality of data reported as well as real changes in vaccination coverage. While this issue will be more apparent at a local level, it may also have an impact on the national figures. Due to the nature of school delivery models, some vaccine programmes are commissioned for mid to later October due to the autumn half term.
- <sup>1</sup>Clinical risk groups include those with chronic liver disease, immunosuppression, chronic neurological disease and various other conditions detailed here (See Appendix A)

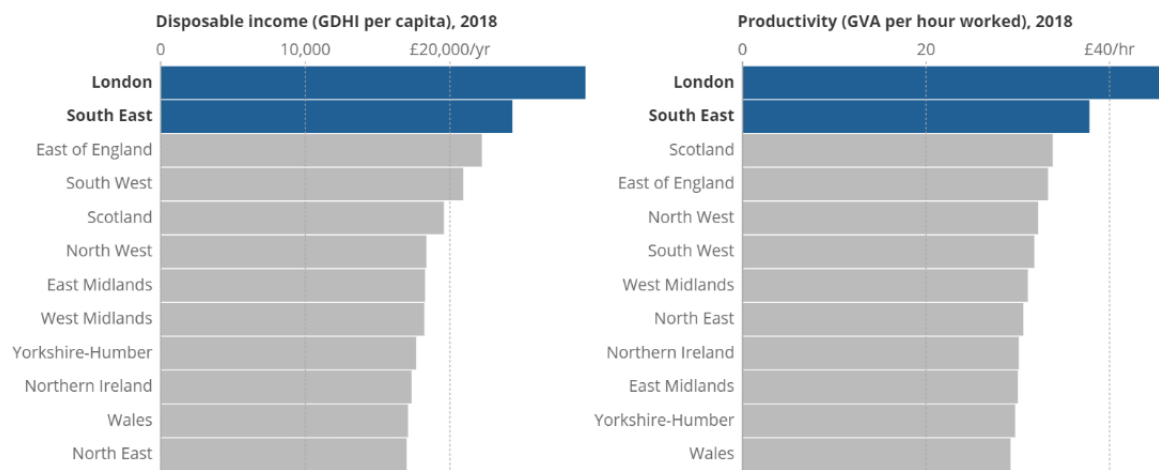
- During the 2020 to 2021 season, the national programme was extended to include children of Year 7 (aged 11 rising to 12 years old), with no pilot areas.
- The programme will have been impacted by the second and third national COVID-19 restrictions ('lockdowns') in England that began on the 31 October 2020, and 6 January 2021.

#### 4. Mapping regional differences in productivity and household income: 2018

On 17 May 2021, the Office for National statistics released a report exploring economic inequality within the UK. The report and interactive map can be found [here](#).

**Household income** includes wages and income from property and financial assets - per person in an area. It does not include living costs such as rent or mortgages. The technical term is “gross disposable household income (GDHI) per capita”. Over time, how economically productive an area is, largely determines that region’s standard of living. **Productivity** was measured by ‘economic output’ — the value added to the economy from goods and services, or gross value added (GVA) — and dividing by the number of hours worked.

- Compared to other parts of the United Kingdom, **London** and the **South East** had the highest income and productivity in 2018



- Levels of income were particularly high in central London areas: Kensington & Chelsea and Hammersmith & Fulham (£63,286/year); Westminster (£54,847/year) and Camden and City of London (£47,401/year).
- London had higher relative levels of income than productivity.
- There is a clear North-South divide at a regional level. In the south of England, incomes tend to exceed productivity. Elsewhere they do not.
- In England, a significant number of southern areas had higher than average income, likely due to the wider influence of business and commuting around London.
- In Greater London, both income and productivity were higher than average in most areas. In parts of central London, income far outstripped productivity (Kensington & Chelsea and Hammersmith & Fulham Income: £63,286/year, Productivity: £42.6/hour).

- Tower Hamlets, home to Canary Wharf as well as some more deprived neighbourhoods, had the highest productivity in Great Britain (£63.2/hour), but its income (£25,949) was much closer to the national average.
- Areas with above average productivity but below average income were mostly urban areas outside of London such as Barking & Dagenham and Havering (Income: £20,673/year, Productivity: £36.4/hour).

## **5. Estimates of sub-regional fuel poverty in England: 2019**

The Department for Business, Energy & Industrial Strategy publishes annual statistics on the number and proportion of households that are fuel poor in local authorities, lower super outputs areas (LSOA), parliamentary constituencies, counties and regions. On the 29 April 2021, the data for 2019 was published and the publication can be found in the link below.

### **Estimates of sub-regional fuel poverty in England in 2019**

This is the first year that sub-regional breakdowns have been produced based on the Low-Income Low Energy Efficiency indicator (LILEE). The new fuel poverty metric LILEE was set out in the Fuel Poverty Sustainable Warmth strategy published in February 2021. The LILEE indicator considers a household to be fuel poor if:

- it is living in a property with an energy efficiency rating of band D, E, F or G as determined by the most up-to-date Fuel Poverty Energy Efficiency Rating (FPEER) Methodology; and
- its disposable income (income after housing costs (AHC) and energy needs) would be below the poverty line.

This report summarises the key findings of the data from 2019.

### **Key Findings**

- The lowest levels of fuel poverty were in the South East at 7.5% and South West 10.6%.
- The West Midlands has the highest rate of fuel poverty (17.5%) followed by Yorkshire and the Humber (16.8%) and London (15.2%).
- There were seven Local Authorities with a fuel poverty rate above 20% in 2019. Of these, four are in the West Midlands and three in London.

### **Sub-regional fuel poverty**

- The largest difference between the top and bottom 10% of Local Authorities was in the West Midlands, where the 90th percentile was more than 8 percentage points higher than the 10th percentile.
- London had the second most significant difference between the 90th and 10th percentile, with a gap of 6 percentage points.
- The South West had the smallest variation in fuel poverty rates, with a difference of only 3 percentage points between the 90th and 10th deciles.
- All the Local Authorities in the South East had below average fuel poverty levels, whilst of 21 Local Authorities with a fuel poverty rate of 18 per cent or above, 8 were in the West Midlands, 5 in London and 3 in Yorkshire and the Humber.
- The 5 Local Authorities in London with a fuel poverty rate of 18% or above were: Waltham Forest, Haringey, Newham, Barking & Dagenham and Lewisham.

- A further 5 Local Authorities in London had a fuel poverty rate between 16-18%: Brent, Enfield, Hackney, Greenwich and Croydon.
- In 2019, the Local Authorities with the lowest proportion of households in fuel poverty were all in the South East and included Wokingham, Hart, Surrey Heath, Elmbridge, Fareham, and Bracknell Forest; all of which were estimated to have fewer than 5.5 per cent households in fuel poverty.
- Barking and Dagenham, Stoke-on-Trent, Newham, Birmingham, Wolverhampton, Waltham Forest and Sandwell had the highest proportion of fuel poor households. All were estimated to have more than 20 per cent households in fuel poverty.

## 6. Annual fuel poverty statistics in England, 2019 based projections to 2021

On 04 March 2021, the Department for Business, Energy & Industrial Strategy produced the latest Annual fuel poverty projections report. This report builds on the [Annual Fuel Poverty Statistics](#) for 2019 also published on 04 March 2021, by seeking to make projections for 2021 fuel poverty levels. The full publication can be found below.

### **Annual fuel poverty statistics in England, 2019 based projections to 2021**

The metric used to measure fuel poverty is the Low-Income Low Energy Efficiency indicator (LILEE). This is a new fuel poverty metric was set out in the Fuel Poverty Sustainable Warmth strategy published in February 2021. The LILEE indicator considers a household to be fuel poor if:

- it is living in a property with an energy efficiency rating of band D, E, F or G as determined by the most up-to-date Fuel Poverty Energy Efficiency Rating (FPEER) Methodology; and
- its disposable income (income after housing costs (AHC) and energy needs) would be below the poverty line.

This report summarises the key findings from the latest annual fuel poverty projections data.

#### **Key Statistics**

- The share of households in fuel poverty in England is projected to fall from 13.4 per cent of households (3.18 million) in 2019 to 12.5 per cent (3.00 million) in 2021 under the LILEE metric.
- The aggregate fuel poverty gap for England is projected to be £599 million in 2021 under the LILEE metric down by 13 per cent in real terms since 2019 (£687 million). The average fuel poverty gap for England in 2021 (the reduction in fuel costs needed for a household to not be in fuel poverty) is projected to be £200, down by 8 per cent in real terms since 2019 (£216).
- Since 2019, further progress was made towards the interim 2030 fuel poverty target, with an estimated 52.4 per cent of all low-income households in 2021 living in a property with a fuel poverty energy efficiency rating of band C or better.

## Projected Headline Figures, 2019-2021

Headline Figures	2019	2020	2021
	Annual report	Projection	Projection
Average fuel poverty gap <sup>(1)</sup> (£)	216	207	200
Aggregate fuel poverty gap <sup>(1)</sup> (£ millions)	687	642	599
Proportion of households in fuel poverty (%)	13.4	13.0	12.5
Number of households in fuel poverty (millions)	3.18	3.10	3.00
Percentage of low income households, Band C or above	47.8	50.3	52.4

### Changes to key drivers

- The key drivers in determining fuel poverty are incomes, energy efficiency and energy prices. Higher incomes, increased energy efficiency and lower energy prices would each have a positive impact on a fuel poor household.
- The modelling shows that the impact of energy efficiency continues to bring households out of fuel poverty. If the incomes and prices seen in 2021, were the same as in 2019 before the start of the Covid-19 pandemic, an estimated 12.2 per cent of households would be fuel poor in 2021 (0.3 percentage points less than the overall estimate).
- Between 2019 and 2021, the pandemic affected the incomes of a large number of households. However, because incomes are compared to the median, there was only a slight increase in the overall share of low-income households from 25.7 per cent in 2019 to 26.2 per cent in 2021. Of these, 12.5 per cent are in fuel poverty. The AHC median income is projected to fall by 6 per cent from £23,500 in 2019 to £22,100 in 2021. If the 2019 median income in cash terms was used to derive the threshold, 29.3 per cent of households would be considered as low income. With the improvements in energy efficiency this would leave 14.1% of households in fuel poverty.
- Energy bills for households on all payment types are projected to reduce between 2018-19 and 2020-21 than other payment types (real terms) (2). Prepayment price is projected to fall 6.5 percentage points, standard credit is projected to fall 7.7 percentage points and direct debit is projected to fall 7.6 percentage points.

### Projected progress against the target

- The Government's statutory fuel poverty target for England is to ensure that as many fuel poor households as reasonably practicable achieve a minimum energy



efficiency rating of band C by 2030, with interim targets of band E by 2020, and band D by 2025.

- Progress towards the interim milestones and the 2030 target is projected for 2021, with 52.4 per cent of low income households projected to be in Band A to C, 90.1 per cent of low income households projected to be in Band A to D and 97.8 per cent of low income households projected to be in Band A to E. In other words, 2.2 per cent of low-income households in 2021 are projected to be in Band F or G.

## **Notes**

(1) The fuel poverty gap figures are adjusted to 2019 prices.

(2) Source: Figures are based on standard consumption for standard electricity (3,100kWh) and gas users (12,000kWh) and are derived from estimates in Quarterly Energy Prices and the announced Ofgem default tariff cap levels for 2021. Figures in real terms (2019 prices) and cover England and Wales.

## **7. Statistics on NHS Stop Smoking Services in England - April 2020 to March 2021**

On 07 September 2021, NHS Digital released updated statistics from the monitoring of the NHS Stop Smoking Services (SSS) in England during the period April 2020 to March 2021. NHS Stop Smoking Services offer support to help people quit smoking. This can include intensive support through group therapy or one-to-one support. The link to the latest report can be found at the link below:

[Statistics on NHS Stop Smoking Services in England - April 2020 to March 2021](#)

This report includes information on the number of people setting a quit date and the number who successfully quit at the 4-week follow-up. It also presents in depth analyses of the key measures of the service including pregnant women, breakdowns by ethnic group and type of pharmacotherapy received. The results are provided at national, regional and local authority levels. This briefing summarises the key findings from the report:

### **Key points for London**

- 26,244 Londoners set a quit date through NHS Stop Smoking Services in 2020/21. This represents a slight decrease from last year's figure of 29,244. Compared to other regions in England, London had the third highest number of those setting a quit date, after the North West and South East.
- 15,141 Londoners successfully quit smoking (self-reported [1]) in 2020/21, which again was slightly down on the figure for 2019/20 (15,346). London, again, ranked third of the regions for those successfully quitting. Of those who set a quit date in London, 58% were successful, which is up from last year's proportion (52%). In comparison to the other regions, however, the figure trails Yorkshire and the Humber, the East Midlands, and the West Midlands.
- The estimated rate of self-reported successful quitters per 100,000 smokers was 1,643 per 100,000 smokers in London in 2020/21 – slightly lower than the England average of 1,670 and also lower than the rate in 2019/20 which was (1,665). Compared to the other regions, London ranked seventh in this metric. The highest rate was 2,213 per 100,000 smokers in the North East region.
- By gender: 13,611 females set a quit date through the SSS in comparison to 12,633 males. However, a higher proportion of males self-reported successfully quitting smoking (60%) than for females (56%).
- By age group: The age group with both the lowest number of those setting a quit date (211) and successful quitters (97) was the under-18 group. The under-18 group also had the lowest proportion of successful quitters (self-reported) at 46%, with the highest proportions coming in the 45-59 and 60 and over age groups (both 59%).
- By ethnicity: The proportion of successful quitters (self-reported) in London was highest in the Asian/Asian British ethnic group (60%), and lowest in those in the Mixed ethnic group (55%).

### **Key points for London Boroughs** <sup>[2]</sup>

- Setting a quit date: In 2020/21, Hackney had the highest number of people setting a quit date (1,925) while Hammersmith and Fulham had the highest rate of people setting a quit date with 9,001 per 100,000 smokers, which was the second highest rate nationally behind Wirral (9,811). Data for Bromley and Ealing were not available.
- Successful quitters (self-reported): In 2020/21, Hackney had the highest number (1,268) of successful quitters. In terms of rates, however, Hammersmith and Fulham had the highest number of successful quitters per 100,000 smokers (6,014). The highest proportion of those who set a quit date and went on to successfully quit was in Havering (78%), while the lowest was in Harrow (21%).

**[1]** A self-reported quitter is defined as a treated smoker who reports not smoking for at least days 15-28 of a quit attempt and is followed up 28 days from their quit date.

**[2]** Excluding the City of London.