

The City

There were fewer than 10 children and young people with disabilities known to the City of London Corporation in 2013. A disability register is currently under review.

Travellers

The *Health and Wellbeing Profile 2011/12* is up to date: [page 192](#).

6. Adult health and illness

Self-reported health

The *Health and Wellbeing Profile 2011/12* data on self-reported health is up to date: [page 193](#).

Life expectancy

Life expectancy in Hackney is 77.7 years for males and 82.8 years for females.³² In the City, life expectancy is 83.8 years for men and 88.6 years for women.³³

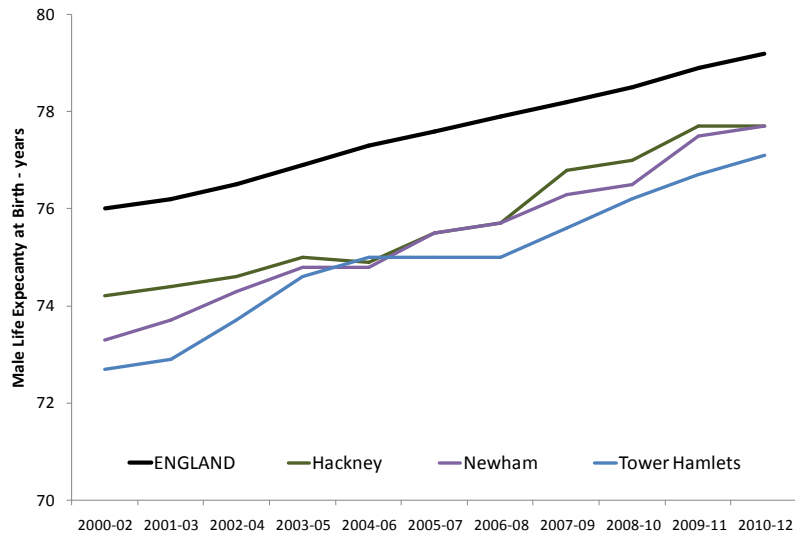
Life expectancy in Hackney has been increasing steadily over the past decade for both males and females (Figures 6.1 and 6.2). Female life expectancy in Hackney (82.8 years) has increased at a faster rate than male life expectancy and is now higher than the averages for Tower Hamlets (82.0 years) and Newham (82.6) but lower than the average for England (83.0 years). Male life expectancy remains lower than the average for England (78.6 years) but higher than the average for Tower Hamlets (77.1 years) and the same as the average for Newham (77.7 years).

There are variations in life expectancy within Hackney and the City. Within Hackney, male life expectancy ranges from 73.2 years in Chatham to 82.1 years in Springfield (Figure 6.3). Female life expectancy ranges from 77.5 years in Leabridge to 89.7 years in Cazenove (Figure 6.4).

³² ONS. Based on data for 2000–12.

³³ ONS. Based on data for 2000–12.

Figure 6.1 Trend of life expectancy for males, 2000–12



Source: ONS

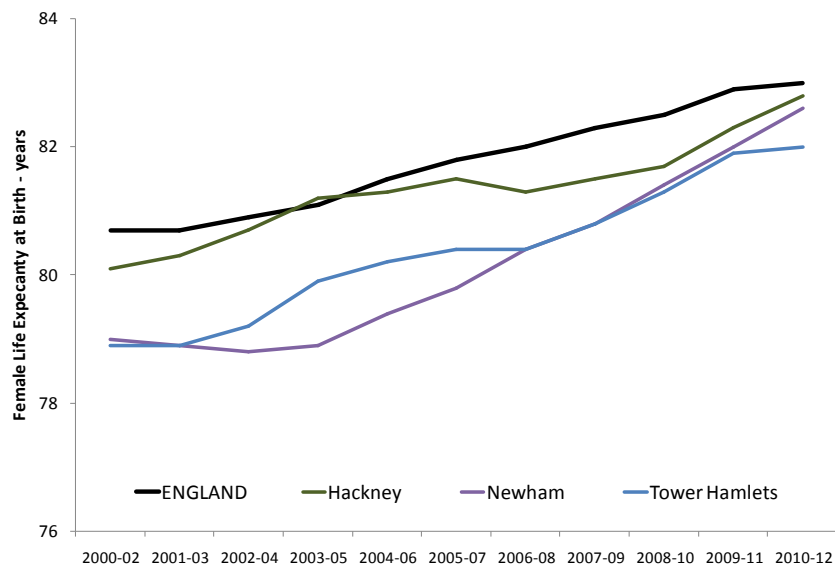


Figure 6.2 Trend of life expectancy for females, 2000–12

Source: ONS

Figure 6.3 Life expectancy for males, Hackney and the City 2006–10 (LHO)

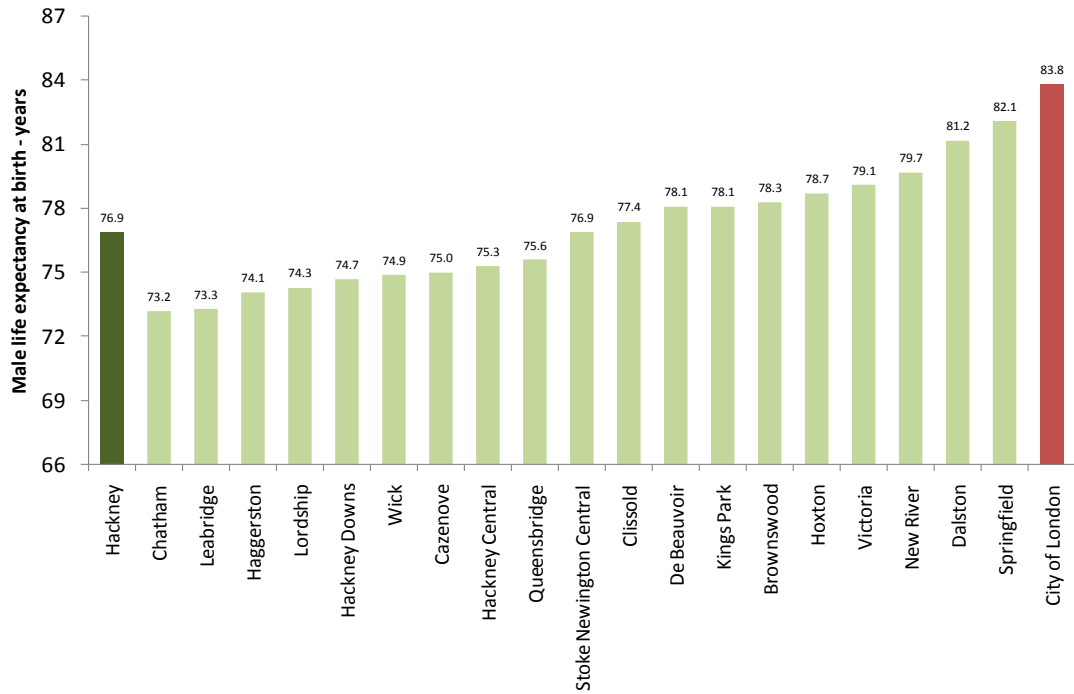
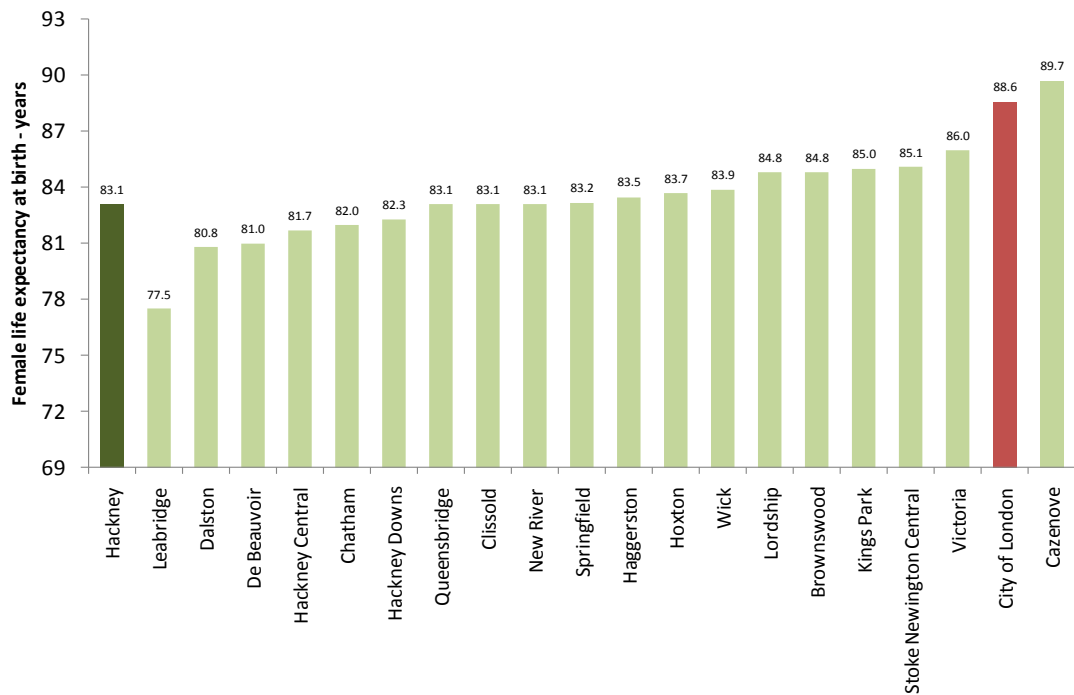


Figure 6.4 Life expectancy for females, Hackney and the City, 2006–10 (LHO)



Small-area life expectancies are prone to significant year-on-year variations. Also, it should be noted that these figures are based on previous Census data, and underlying population estimates may be prone to error.

In the City, both the male (83.8 years) and female (88.6 years) life expectancies are higher than the figures for England (78.6 years for males and 82.1 years for females) and the surrounding boroughs.

Deaths

The *Health and Wellbeing Profile 2011/12* data on deaths is up to date: [page 198](#).

Road casualties

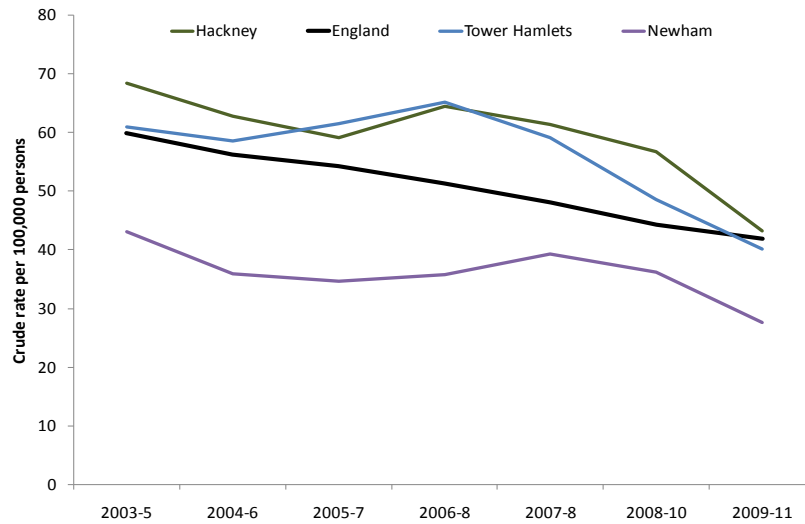
In 2012, 147 people were killed or seriously injured on Hackney's roads – an increase of 36% on the previous year. There is considerable year-on-year variation in this data, but the trend over recent years is a 37% decline in the rate of serious accidents (Figure 6.5).

In the City, 58 people were killed or seriously injured on the roads in 2012, an increase of 18% on the previous year. With smaller numbers in the City, there is even more year-on-year variability in this data.

Table 6.5 Road casualties by road user type, 2012 (Dept for Transport)

	Hackney (N=147)	City of London (N=58)	London (N=3022)	England (N=21,630)
Pedestrian	38%	33%	44%	31%
Pedal cycle	38%	45%	23%	16%
Motor cycle	18%	16%	21%	22%
Car	7%	3%	16%	35%
Bus or coach	3%	3%	3%	1%
Van / light goods	1%	0%	1%	1%
HGV	0%	0%	0%	1%

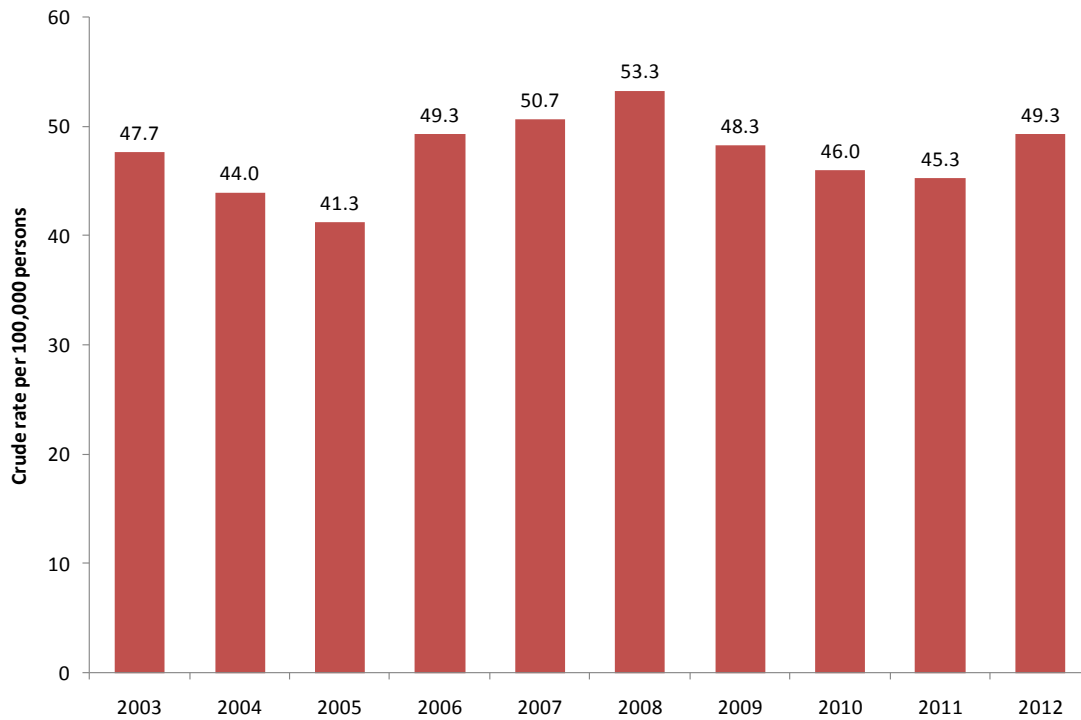
Figure 6.5 Rate of people killed or seriously injured on roads in Hackney, 2003–11 (DfT)



Given the smaller numbers involved, there is even more year-on-year variability in this data in the City. Since 2003, the long-term trend on a three-year rolling average shows a generally consistent number of casualties (Figure 6.6).

The unusual resident population in the City make it inappropriate to present the road casualty figures in direct comparison with those for neighbouring boroughs.

Figure 6.6 Three-year rolling average of killed or seriously injured casualties in the City, 2003–12 (DfT)

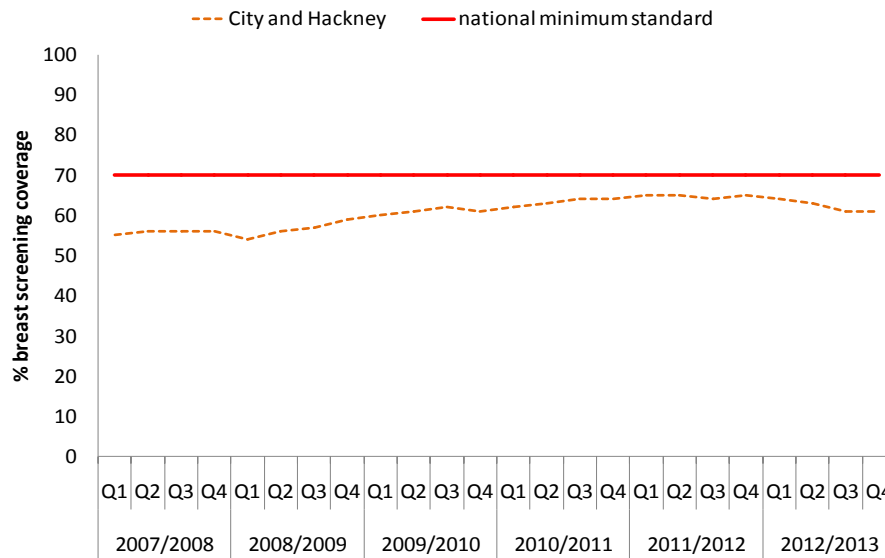


Cancer

Cancer screening

Breast cancer screening coverage rose between 2008 and 2012, reaching 67% in the last quarter of 2011/12. However, there was a small decrease in coverage in the course of 2012/13 (Figure 6.7). All breast screening initiatives from the previous year continued in 2012/13; these included sending information with screening invitations, phoning women to remind them of their appointments, and automatically ringing women who were undergoing DNA testing. However, due to lack of capacity the breast screening unit no longer automatically made second appointments for women who did not attend their first appointment; this could be linked to the decrease in screening coverage in 2012/13. 25,651 women were screened, 208 were diagnosed as positive.

Figure 6.7 Breast screening coverage in Hackney and the City, 2007–13 (London QARC)



The responsibility for cancer screening transferred to NHS England from 1st April 2013.

Cervical cancer screening uptake in Hackney and the City continues to rise year on year. In 2011/12 the uptake was 73.4%, compared with 72.7% in 2010/11 and 72.4% in 2009/10. However, this rate remains below the national minimum standard of 80% uptake.

Bowel cancer screening uptake in Hackney and the City in the last quarter of 2011/12 was 38.7%, almost unchanged from the previous year (38.2%). This remains well below the national target of 60%.

Cancer prevalence

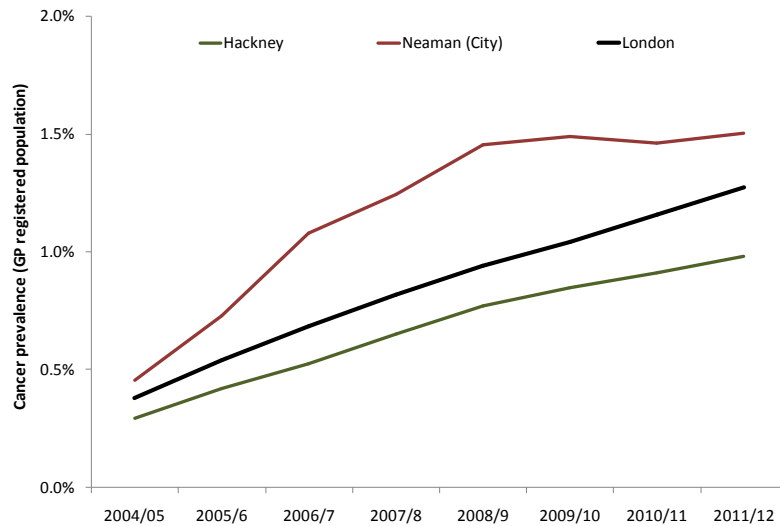
Hackney

In 2011/12 the crude prevalence of cancer among GP-registered residents in Hackney recorded by GP practices was 1%. This is lower than the rate for London. However, this could be because 13% of the City and Hackney population were not registered with a GP in 2011/12.

The City

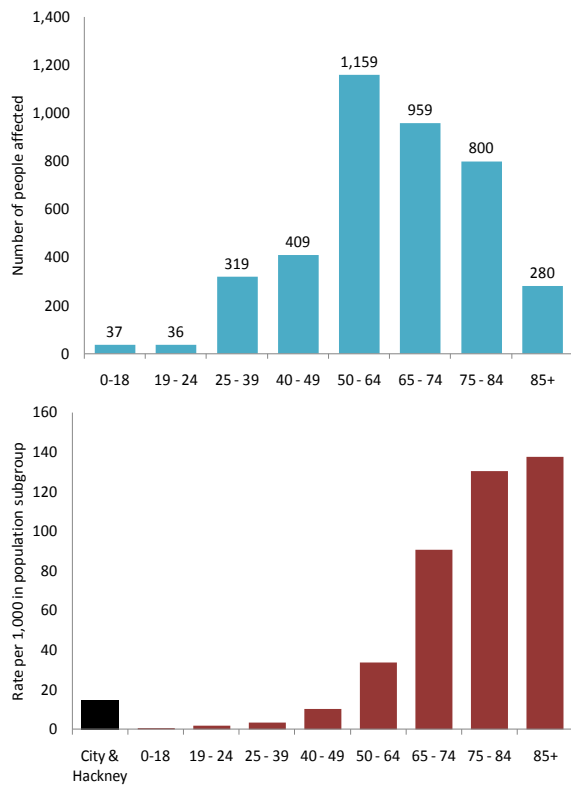
There is no data on cancer prevalence among residents of the City, except for those registered at the Neaman practice in the north-west of the area. In 2011/12 the crude prevalence of cancer recorded by the Neaman practice was 1.5% (134 individuals). This rate is relatively high due to the older population (rates are not age-standardised) (Figure 6.8).

Figure 6.8 Crude prevalence of cancer in the GP-registered population, 2006–12 (QOF)



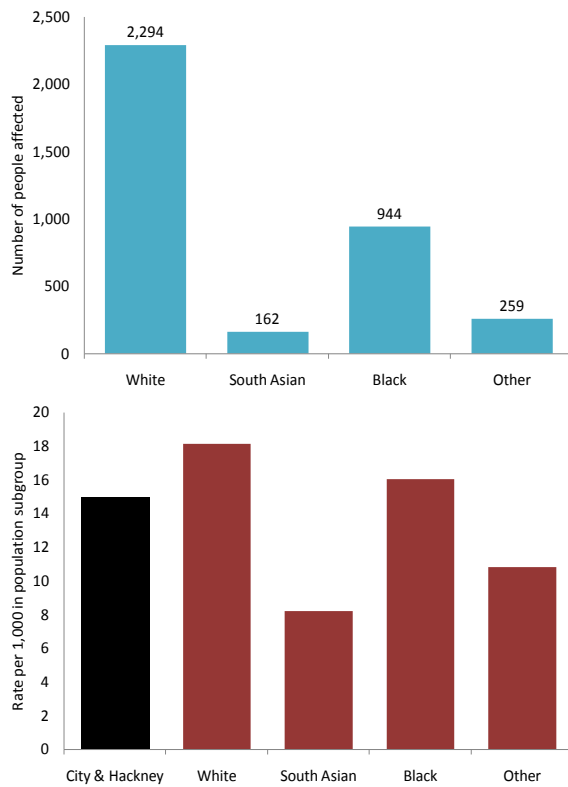
The incidence of cancer increases with age. The number of residents in Hackney and the City affected by cancer is highest in the age group 50–64, at 1,159. The rate of residents affected (per 100,000) is higher among the 75–84 and 85+ age groups as the populations of these groups are smaller (Figure 6.9).

Figure 6.9 Prevalence of cancer in Hackney and the City by age: overall numbers per age group and rate per age group (CEG 2013)



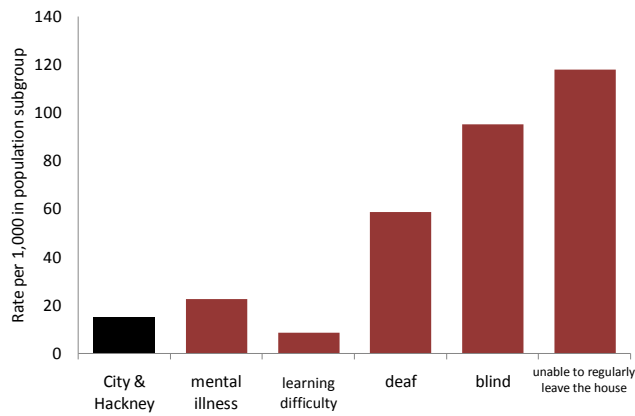
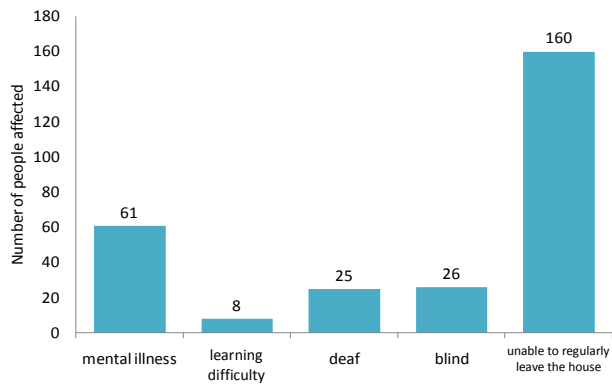
Cancer prevalence is highest among white residents, with 2,294 people affected, and lowest among the South Asian community, with 162 people affected. This is in line with the ethnic breakdown of residents in the borough. However, the rate of residents affected (per 100,000) is almost as high among black residents as it is among white residents (Figure 6.10).

Figure 6.10 Prevalence of cancer in Hackney and the City by ethnic group: overall numbers per ethnic group and rate per ethnic group (CEG 2013)



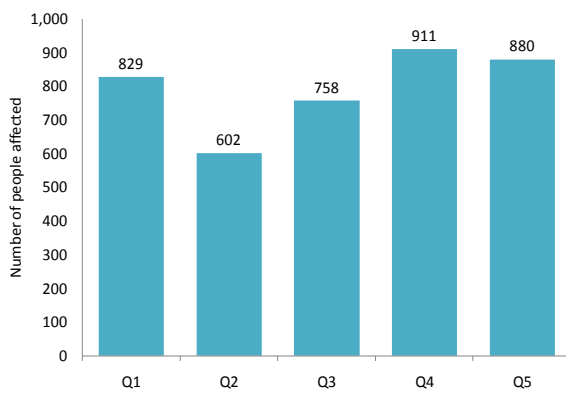
Cancer prevalence is highest among housebound residents, with 160 people affected, and second highest among residents with a mental illness, with 61 sufferers. By comparison, numbers are fairly low among the deaf and blind care groups, with 25 and 26 people affected respectively. However, the rate of residents affected is relatively high among the deaf and blind care groups, with 59 per 1,000 and 95 per 1,000 affected respectively. Residents unable to regularly leave the house are most affected, with 118 per 1,000 suffering from cancer (Figure 6.11).

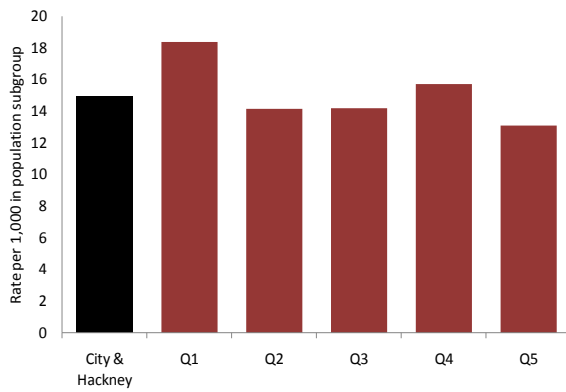
Figure 6.11 Prevalence of cancer in Hackney and the City by care group: overall numbers per care group and rate per care group (CEG 2013)



No clear association between total cancer prevalence and deprivation scores was apparent (Figure 6.12).

Figure 6.12 Prevalence of cancer in Hackney and the City by local deprivation quintile: overall numbers per quintile and rate per quintile (CEG 2013)





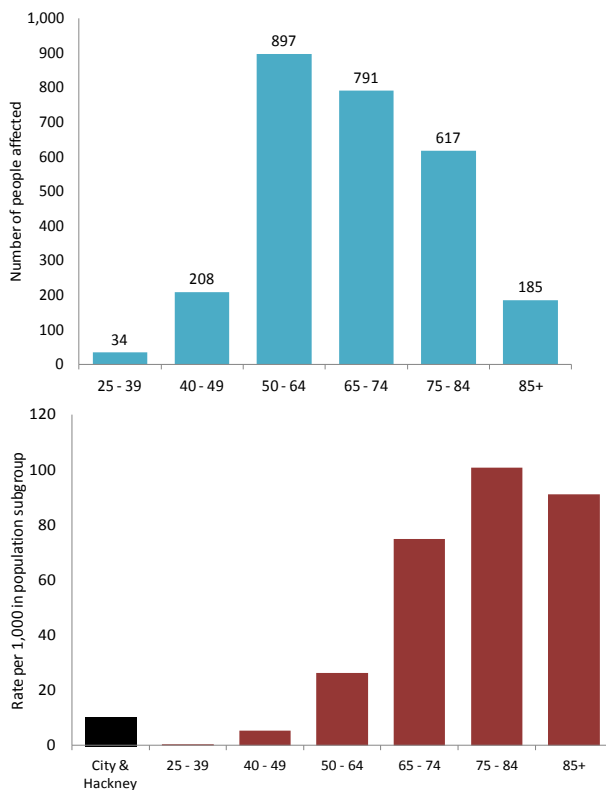
Cancer incidence and mortality

The *Health and Wellbeing Profile 2011/12* is up to date: [page 207](#).

Chronic Obstructive Pulmonary Disease (COPD)

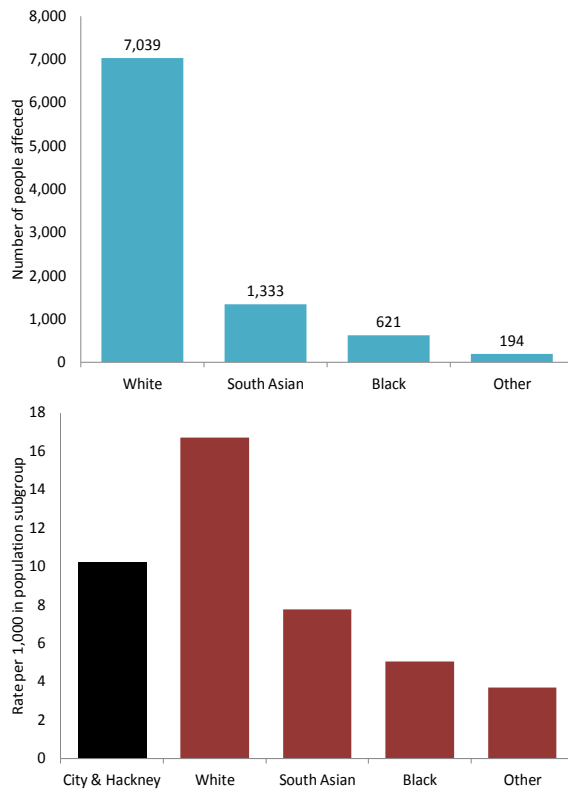
There were 2,736 GP-registered patients with COPD recorded in Hackney and the City in 2012/13, with the highest rates of prevalence in the 65+ age groups (75 cases per 1,000 in 65 to 74-year-olds; 101 cases per 1,000 in 75 to 84-year-olds; and 91 cases per 1,000 in those aged 85 and over) (Figure 6.13).

Figure 6.13 Prevalence of COPD in Hackney and the City by age: overall numbers per age group and rate per age group (CEG 2013)



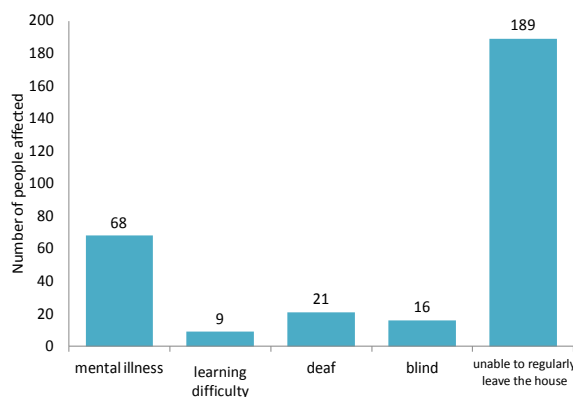
The majority of recorded COPD patients were white. The prevalence of COPD was highest among the white population (17 cases per 1,000) and the South Asian population (eight cases per 1,000) (Figure 6.14).

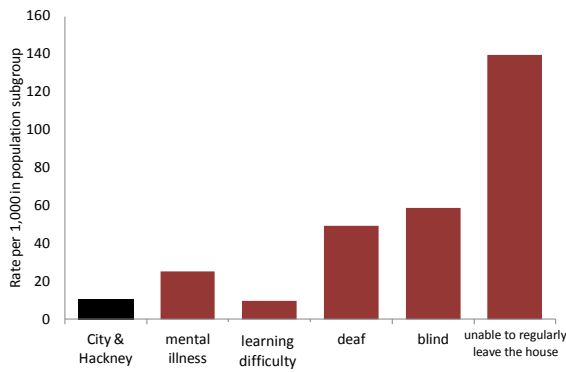
Figure 6.14 Prevalence of COPD in Hackney and the City by ethnic group: overall numbers per ethnic group and rate per ethnic group (CEG 2013)



Residents who are unable to regularly leave the house have a particularly high rate of recorded COPD cases (140 cases per 1,000) (Figure 6.15).

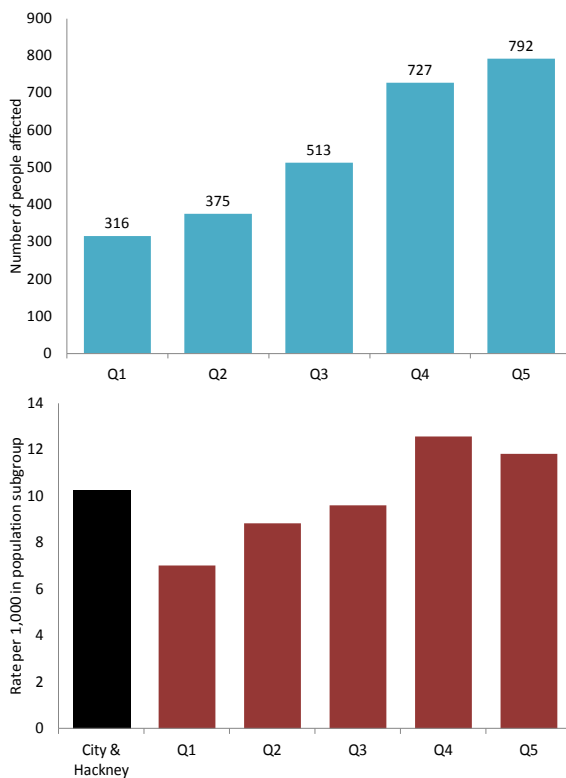
Figure 6.15 Prevalence of COPD in Hackney and the City by care group: overall numbers per care group and rate per care group (CEG 2013)





The prevalence of COPD shows some relationship with deprivation in Hackney and the City. COPD is most common in the more deprived quintiles (Figure 6.16).

Figure 6.16 Prevalence of COPD in Hackney and the City by local deprivation quintile: overall numbers per quintile and rate per quintile (CEG 2013)



Diabetes

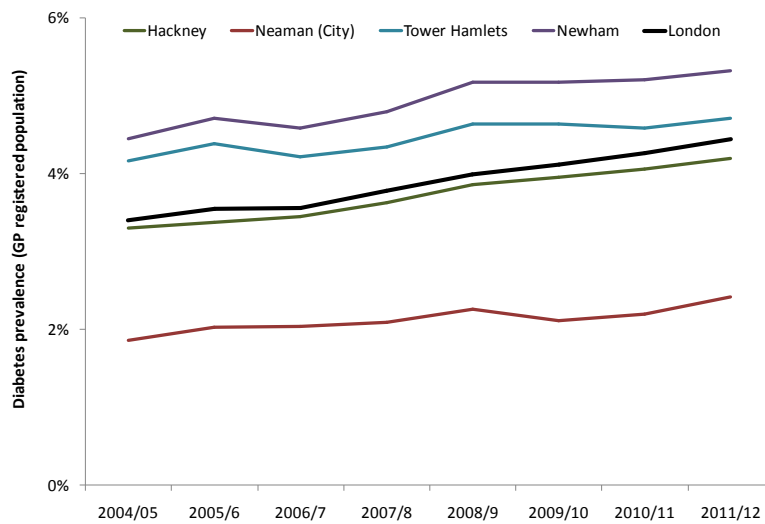
The prevalence of diabetes in Hackney has increased slightly to 4.2% from the previous figure, but remains below the average London figure of 4.4%. It is also lower than the figures for Tower Hamlets (4.7%) and Newham (5.3%).

The City

There is no data on diabetes prevalence among residents of the City, except for those residents registered at the Neaman practice in the north-west of the City. In 2011/12, the crude prevalence of diabetes recorded by the Neaman practice was 2.4% (215 individuals) (Figure 6.17).

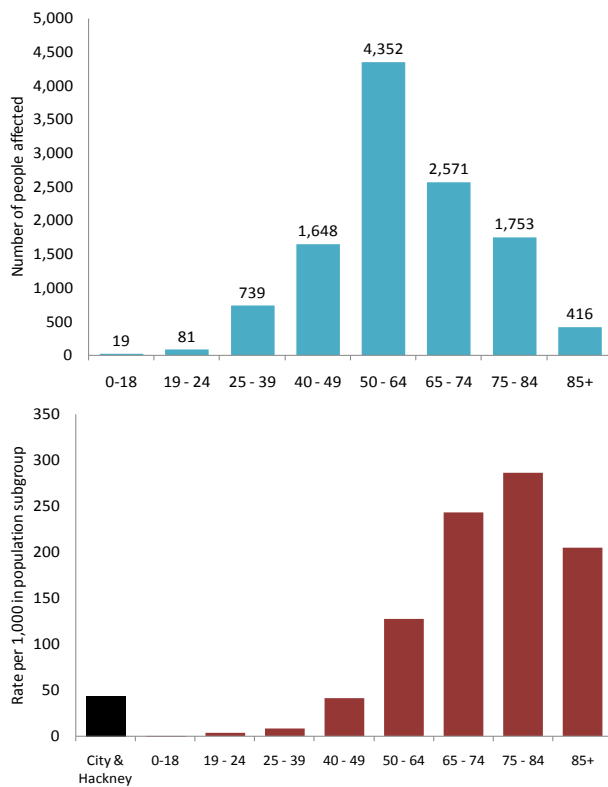
There are currently 12,561 cases of diabetes recorded with GPs in Hackney and the City.

Figure 6.17 Prevalence of diabetes, 2004–12 (QOF)



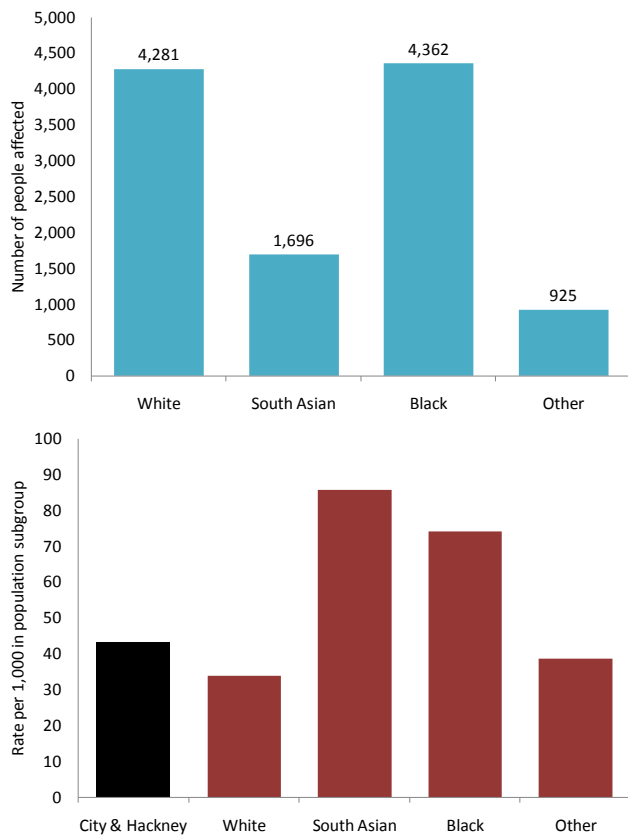
The number of diabetes sufferers was highest among the 50–64 age group, with 4,352 sufferers. The rate of diabetes peaks in the 75–84 age group, with 286 cases per 1,000 (Figure 6.18).

Figure 6.18 Prevalence of diabetes in Hackney and the City by age: overall numbers per age group and rate per age group, 2013 (CEG 2013)



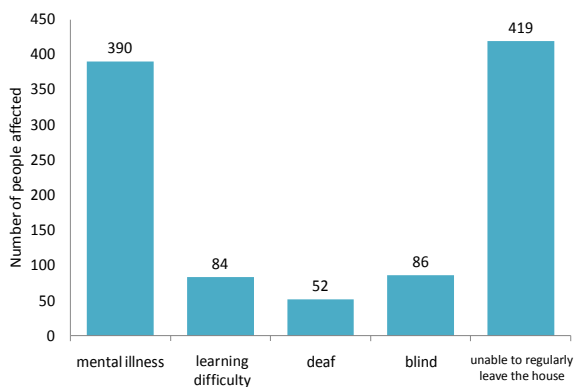
The numbers of diabetes sufferers are highest in the black and white communities, with 4,362 and 4,281 recorded cases respectively. However, the South Asian population has the highest prevalence of recorded cases (86 per 1,000) (Figure 6.19).

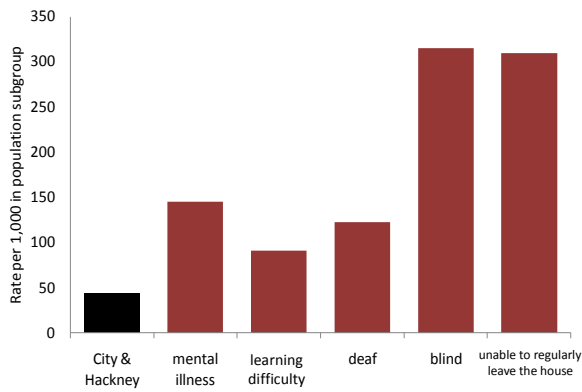
Figure 6.19 Prevalence of diabetes in Hackney and the City by ethnic group: overall numbers per ethnic group and rate per ethnic group (CEG 2013)



The highest number of diabetes sufferers is found in residents who are unable to regularly leave the house (419), followed by those with mental illness (390). Prevalence is highest among the housebound and blind groups (Figure 6.20).

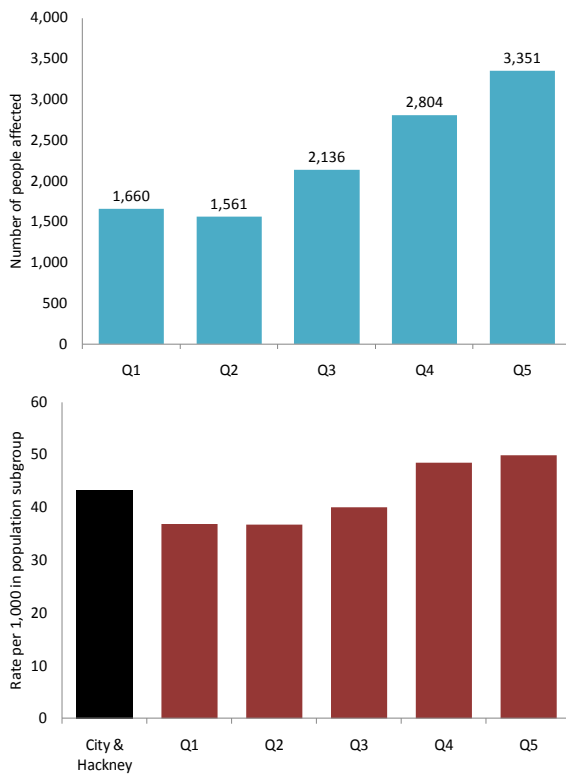
Figure 6.20 Prevalence of diabetes in Hackney and the City by care group: overall numbers per care group and rate per care group (CEG 2013)





The numbers of diabetes sufferers are higher in the fourth and fifth quintiles of deprivation, with 2,804 and 3,351 recorded cases respectively. There is also a higher prevalence of diabetes among the fourth and fifth deprivation quintiles, suggesting a link between the condition and deprivation (Figure 6.21).

Figure 6.21 Prevalence of diabetes in Hackney and the City by local deprivation quintile: overall numbers and rate per quintile (CEG 2013)



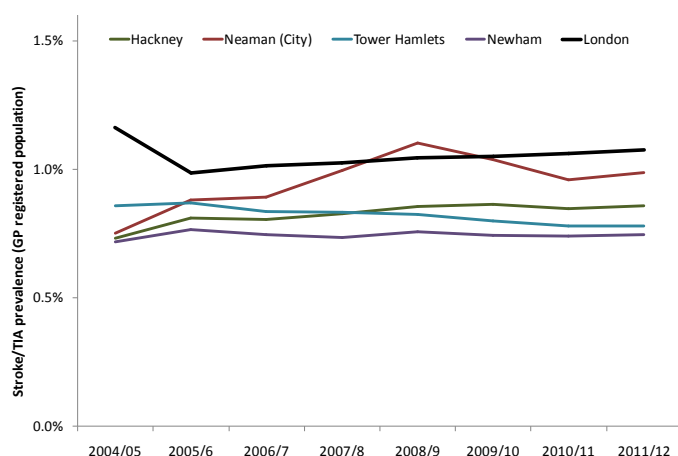
Stroke and Transient Ischemic Attack (TIA)

The crude prevalence rate of GP-recorded stroke and TIA in Hackney (0.9%) is lower than that of London (1.1%) and higher than that of both Tower Hamlets (0.8%) and Newham (0.7%). However, the Neaman practice in the City of London has a higher prevalence rate (1.0%) than Hackney which may reflect the different age profile of this practice.

The City

There is no data on stroke prevalence among residents of the City, except for those residents registered at the Neaman practice in the north-west of the City. In 2011/12, the crude prevalence of stroke recorded by the Neaman practice was 1.0% (88 individuals) (Figure 6.22).

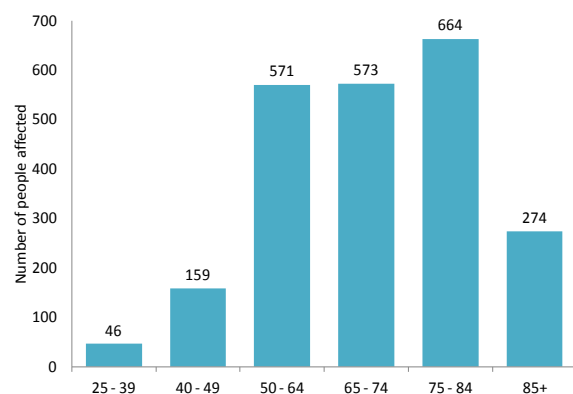
Figure 6.22 Crude prevalence of stroke/TIA in the GP-registered population, 2004–12 (QOF)

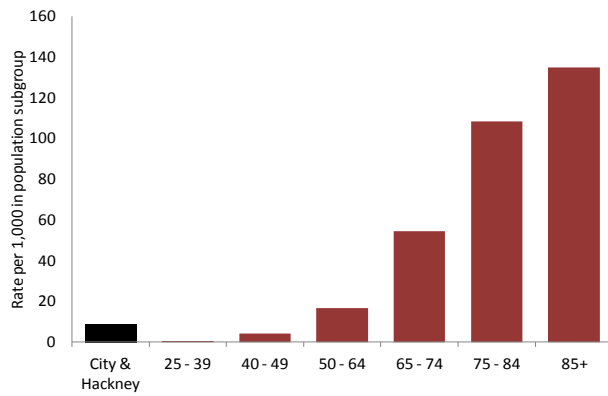


There were 2,287 cases of stroke/TIA in Hackney and the City, with the highest number in the 75–84 age group (664), followed closely by the 50–64 age group (571) and the 65–74 age group (573).

The rate per 1,000 population was highest in the 85+ age group (135 cases per 1,000), followed by the 75–84 age group (109 per 1,000) (Figure 6.23).

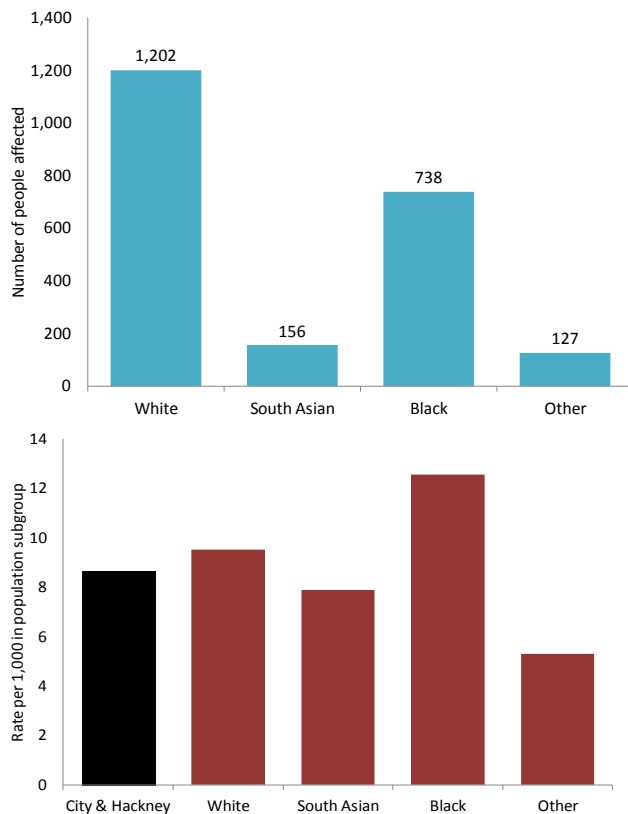
Figure 6.23 Prevalence of stroke/TIA in Hackney and the City by age: overall numbers per age group and rate per age group (CEG 2013)





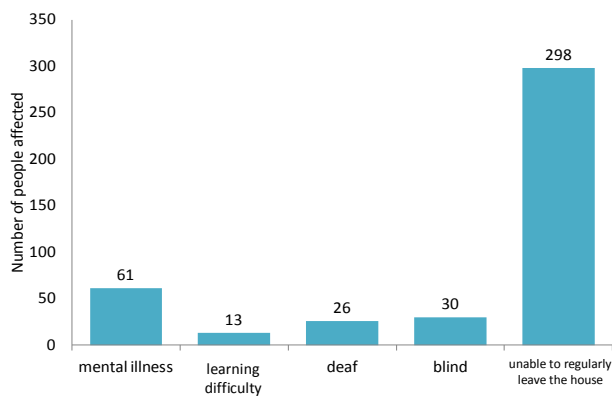
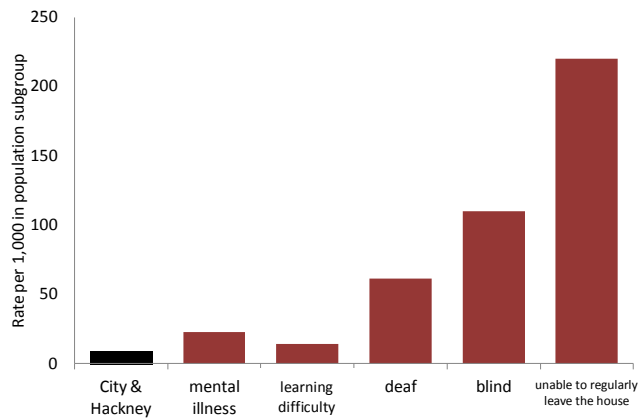
The white and black populations suffered the highest number of strokes/TIAs. The rate was highest among the black population (13 cases per 1,000), followed by the white population (10 cases per 1,000) (Figure 6.24).

Figure 6.24 Prevalence of stroke/TIA in Hackney and the City by ethnic group: overall numbers per ethnic group and rate per ethnic group (CEG 2013)



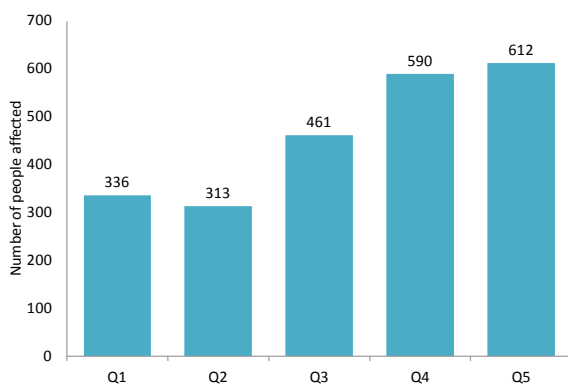
Residents who are unable to regularly leave the house were the most affected by stroke and TIA, both in terms of the number of people affected (298) and the rate (220 cases per 1,000) (Figure 6.25).

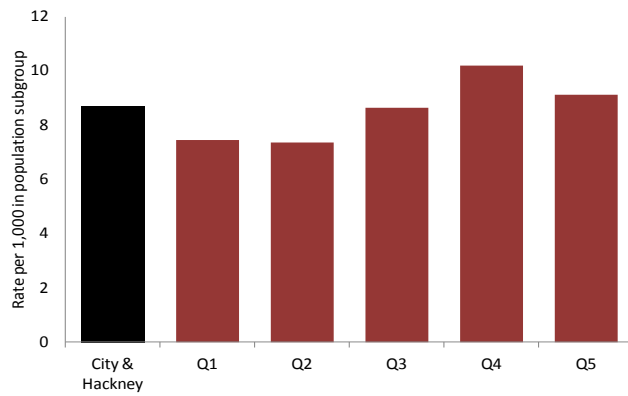
Figure 6.25 Prevalence of stroke/TIA in Hackney and the City by care group: overall numbers per care group and rate per care group (CEG 2013)



Some relationship between deprivation and stroke/TIA prevalence was evident. The number of people affected by stroke and TIA was highest in the fifth quintile of deprivation (612), with the rate highest in the fourth quintile (Figure 6.26).

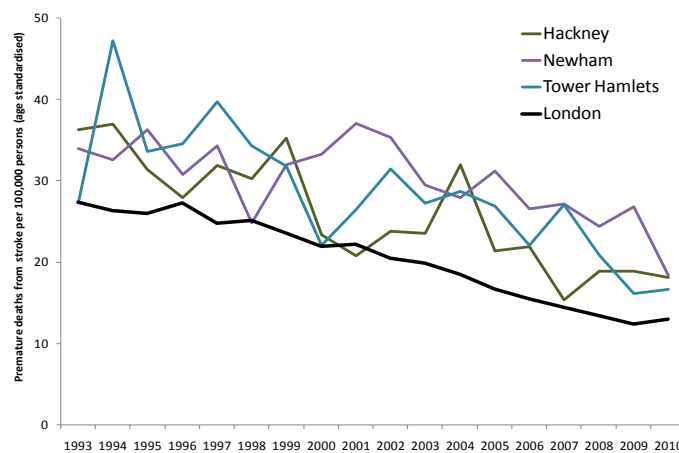
Figure 6.26 Prevalence of stroke/TIA in Hackney and the City by local deprivation quintile: overall numbers and rate per quintile (CEG 2013)





The age-standardised rate of premature death from stroke is highly variable. Rates in Hackney remained higher than the London average, though reduced slightly from 2009 to 2010 (Figure 6.27).

Figure 6.27 Age-standardised premature death rate from stroke (per 100,000 people aged under 75), 1993–2010 (NHSIC)



Hypertension

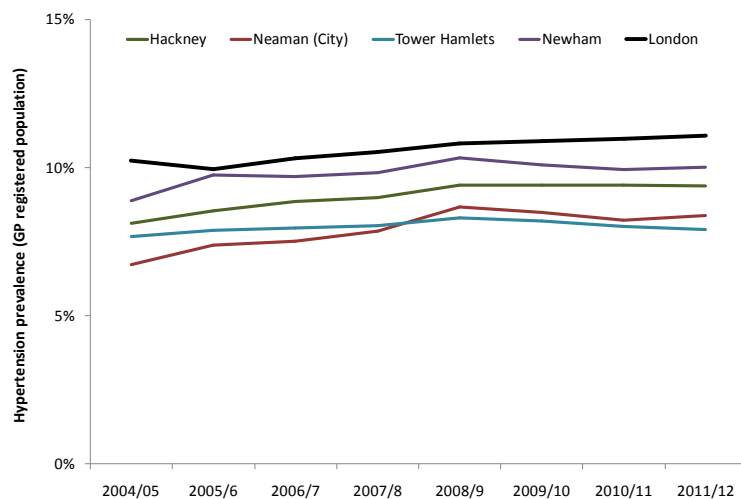
The crude prevalence of hypertension in the GP-registered population remained at 9.4% from 2008 to 2012, and remains lower than the corresponding London figure of 11.1%.

The City

There is no data on hypertension among residents of the City, except for those residents registered at the Neaman practice in the north-west of the City. In 2011/12, the crude prevalence of hypertension recorded by the Neaman practice was 8.4% (746 individuals).³⁴ This rate has been stable for the last four years (Figure 6.28).

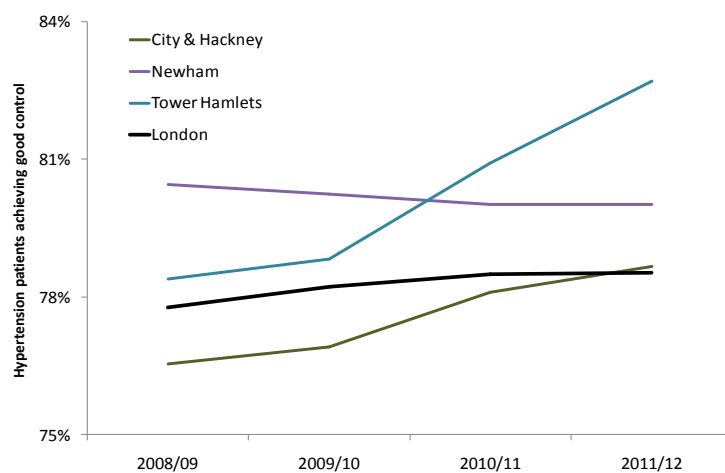
³⁴ QOF data

Figure 6.28 Crude prevalence of hypertension in the GP-registered population, 2004–12 (QOF)



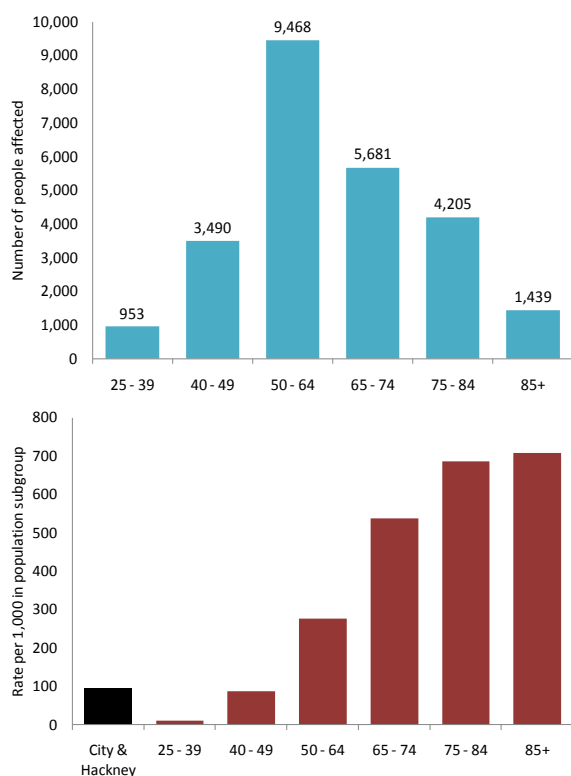
The proportion of diagnosed and treated hypertension patients achieving good blood pressure control improved from 2008 to 2012 and is now slightly higher than the corresponding London figure, although it remains lower than the figures for Tower Hamlets and Newham (Figure 6.29).

Figure 6.29 Proportion of diagnosed and treated hypertension patients achieving good blood pressure control, 2008–12 (QOF)



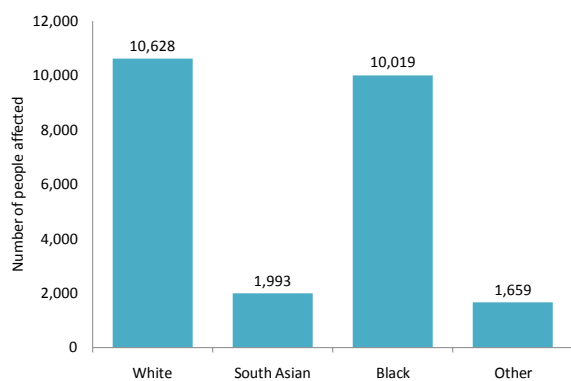
The 50–64 age group had the highest number of sufferers from hypertension in Hackney and the City (9,468). However, the rate was highest in the 75–84 and 85+ age groups (Figure 6.30).

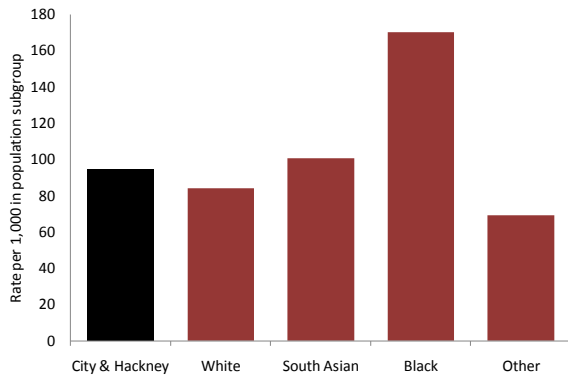
Figure 6.30 Prevalence of hypertension in Hackney and the City by age: overall numbers per age group and rate per age group (CEG 2013)



The highest numbers of sufferers from hypertension were found in the white (10,628) and black (10,019) populations, although the rate of hypertension was highest among the black population (Figure 6.31).

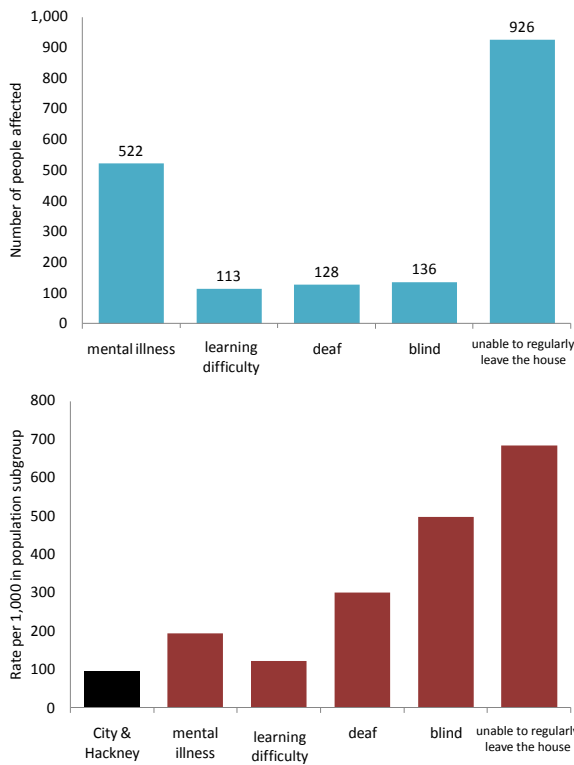
Figure 6.31 Prevalence of hypertension in Hackney and the City by ethnic group: overall numbers per ethnic group and rate per ethnic group (CEG 2013)





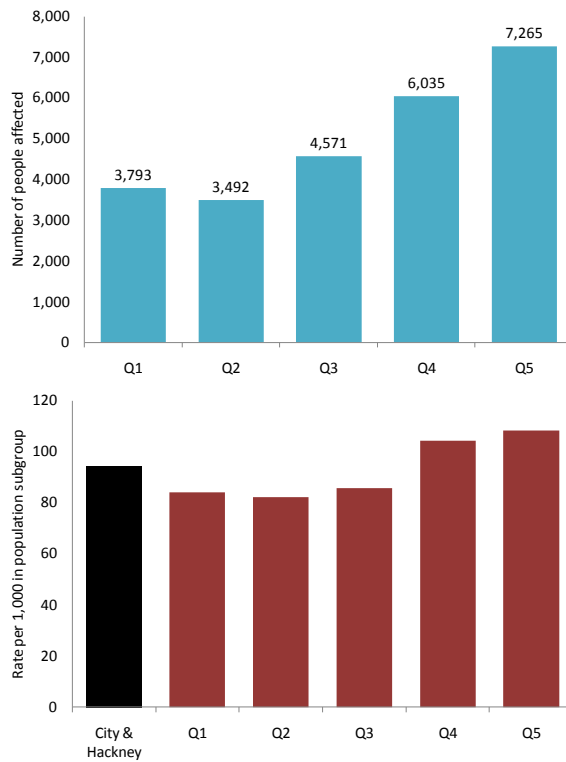
Residents who are unable to regularly leave the house are the group most affected by hypertension (926) and rate of hypertension (684 per 1,000 population) in Hackney and the City (Figure 6.32).

Figure 6.32 Prevalence of hypertension in Hackney and the City by care group: overall numbers per care group and rate per care group (CEG 2013)



A relationship between deprivation and hypertension was evident. The fourth and fifth quintiles of deprivation had both the highest number of hypertension sufferers and the highest rates of hypertension per 1,000 population (Figure 6.33).

Figure 6.33 Prevalence of hypertension in Hackney and the City by local deprivation quintile: overall numbers and rate per quintile (CEG 2013)



Coronary heart disease

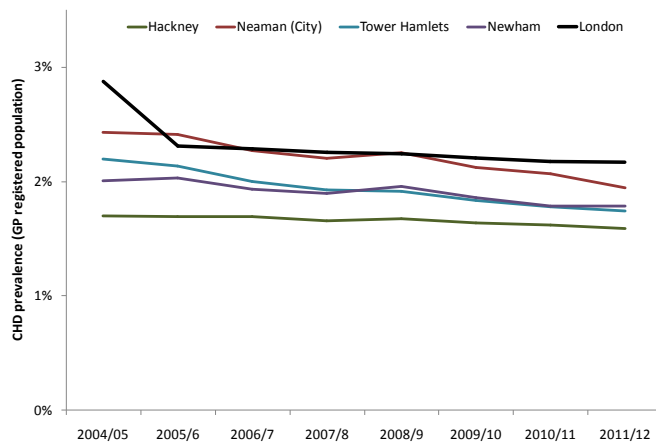
The prevalence of GP-recorded coronary heart disease (CHD) has fallen slightly in Hackney and the City since 2009 and is lower than the corresponding London figure.

The City

There is no data on coronary heart disease among residents of the City, except for those residents registered at the Neaman practice in the north-west of the City. In 2010/11, the crude prevalence of CHD recorded by the Neaman practice was 1.9% (173 individuals).³⁵ This crude rate is comparable with the average for London. Prevalence has fallen slightly in the past eight years (Figure 6.34).

³⁵ QOF data

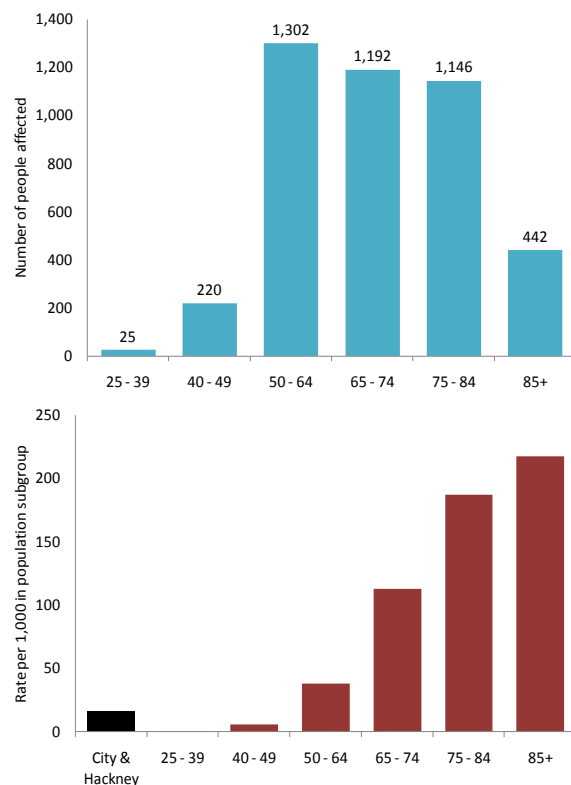
Figure 6.34 Prevalence of CHD in the GP-registered population, 2004–12 (QOF)



There are 4,326 patients with CHD in Hackney and the City. The numbers of CHD sufferers are highest among the 50–64 age group (1,302), the 65–74 age group (1,192) and the 75–84 age group (1,146).

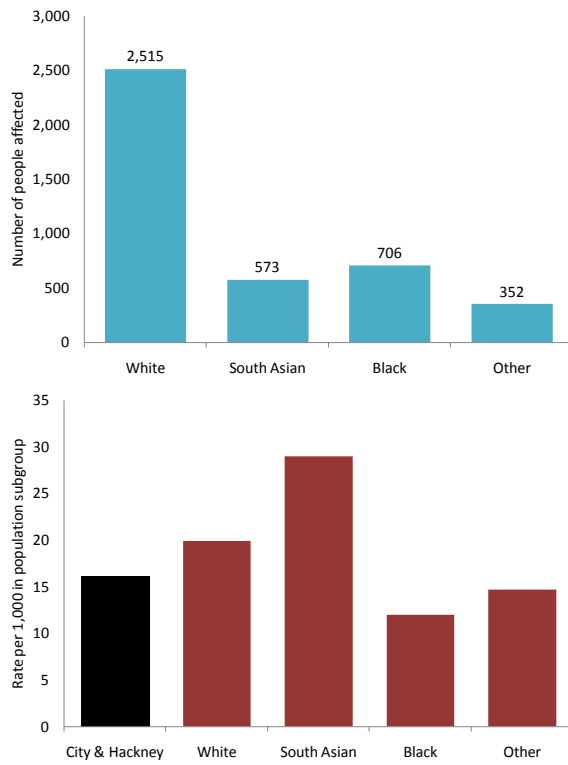
The rate of CHD is highest among the 85+ age group (218 cases per 1,000) (Figure 6.35).

Figure 6.35 Prevalence of CHD in Hackney and the City by age: overall numbers per age group and rate per age group (CEG 2013)



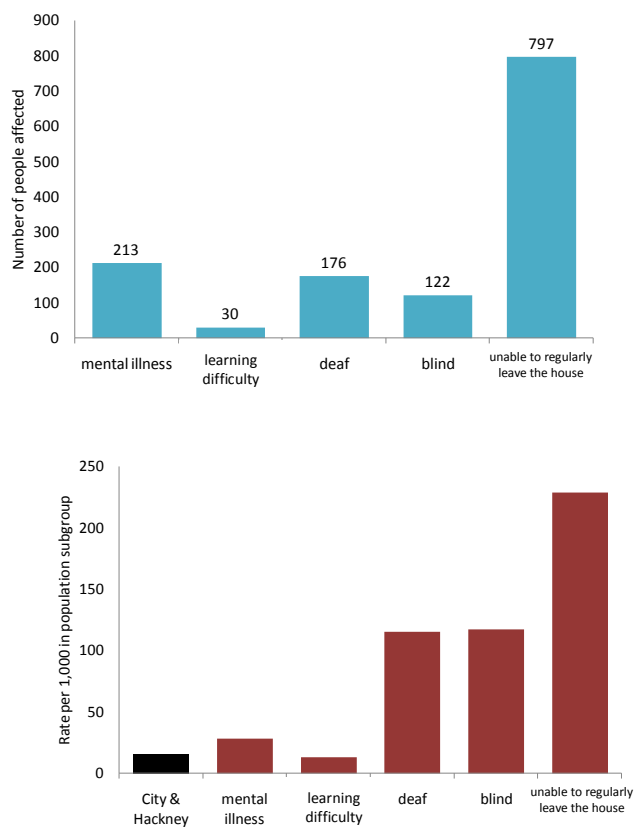
The highest number of CHD sufferers is found in the white population (2,515), although the rate of CHD is highest among the South Asian population (29 cases per 1,000) (Figure 6.36).

Figure 6.36 Prevalence of CHD in Hackney and the City by ethnic group: overall numbers per ethnic group and rate per ethnic group (CEG 2013)



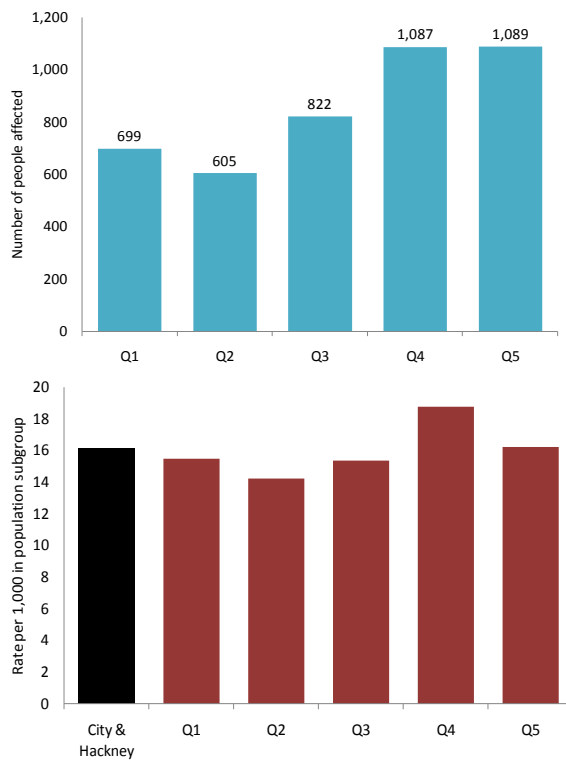
The number and rate (per 1,000 population) of sufferers of CHD were both highest among residents who are unable to regularly leave the house (Figure 6.37).

Figure 6.37 Prevalence of CHD in Hackney and the City by care group: overall numbers per care group and rate per care group (CEG 2013)



The numbers of CHD sufferers were highest among the fourth and fifth deprivation quintiles, and the rate of CHD (per 1,000 population) was highest among the fourth deprivation quintile. This suggests some link between deprivation and CHD prevalence (Figure 6.38).

Figure 6.38 Prevalence of CHD in Hackney and the City by local deprivation quintile: overall numbers and rate per quintile (CEG 2013)



Since 2007, there has been a decrease in premature deaths from CHD for both men and women in Hackney and the City (Figure 6.39). More men are victims of premature death from CHD than women (Figure 6.40). Rates of premature death from CHD are higher than the corresponding London figures.

Figure 6.39 Premature deaths from CHD per 100,000 people aged under 75, age-standardised, 1993-2010 (NHSIC)

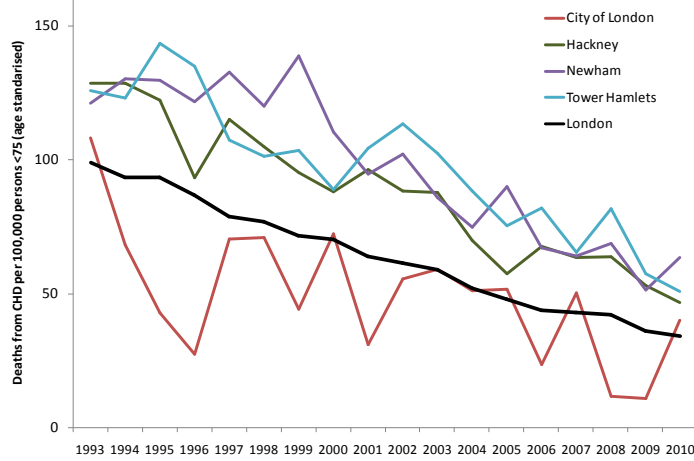
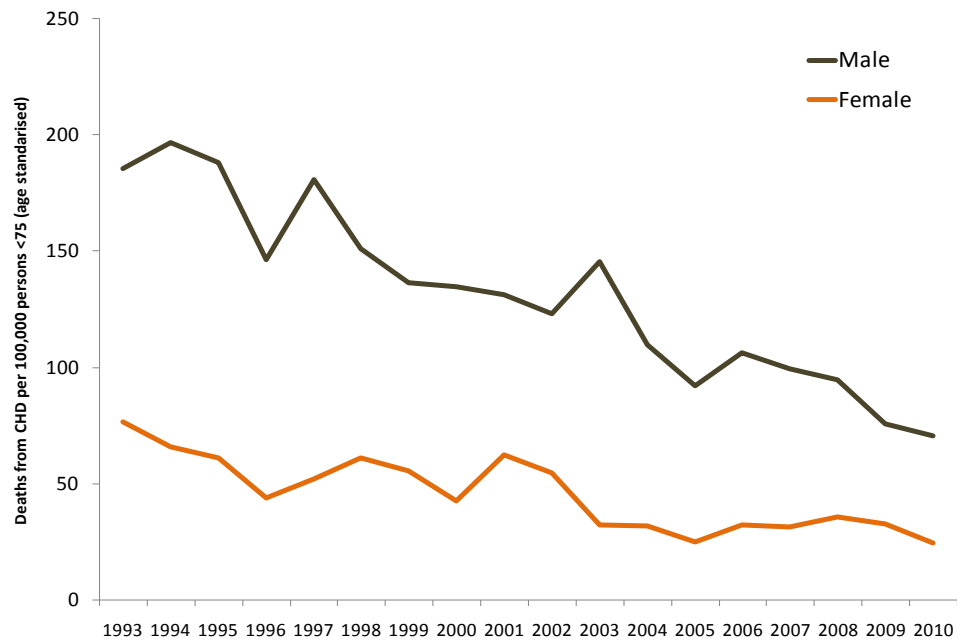


Figure 6.40 Premature deaths from CHD among men and women in Hackney (per 100,000 people aged under 75), age-standardised, 1993-2010 (NHSIC)



Oral health

Dental hygiene and health

2013 update

Local research has revealed high levels of dental decay among adults in Hackney and the City and high rates of poor mouth hygiene.

The possession of 21 or more natural teeth is used to define a minimum functional dentition, necessary to ensure good oral health. In Hackney and the City, 88% of adults have a functional dentition, compared with 91% in Newham, 92% in Tower Hamlets and 86% in England.

A high proportion of adults in Hackney and the City have poor mouth hygiene. According to a local survey conducted in 2008,³⁶ 94% had visible debris and 80% had tartar on their teeth. Gum disease was present in 49% of adults. There were significant differences between ethnic groups: Asians were the most likely to have gum disease (65%), followed by white (50%) and black (44%) respondents.

The survey also found that 46% of adults in Hackney and the City had decayed teeth. This compared with 39% in Tower Hamlets, 58% in Newham and a national average of 28%. Again, there were marked variations between ethnic groups, though these were not consistent with the differences found for gum disease. Dental decay was most common in the white population (71%), followed by black (54%) and Asian (45%) respondents.

Clinical indicators of dental problems may not directly reflect the problems people experience. Several measuring tools have been developed to provide insights into the quality of life experiences of both patients and the general public. In the survey, two-thirds (66%) of adults who had their own teeth reported having experienced one or more oral problems that had an impact on some aspect of their life. The most frequently experienced problem was dental pain (32%), followed by psychological impacts such as self-consciousness or embarrassment.

According to a local survey of adults aged over 65 (older adults) carried out in 2012, 23% of residents in Hackney and the City had decayed teeth (27% in Tower Hamlets and 22% in Newham). White and black older adults were more likely to have decayed teeth than Asians. The presence of bleeding and gum pockets was used to assess the condition of the gums and bone that support the teeth. 38% had bleeding gums, while 63% had moderate and 17% severe gum disease. The level of gum disease in older adults in Hackney and the City was comparable to that of older adults in England.³⁷

³⁶ Awojobi O, Wright D et al. Oral health of adults in inner north east London 2008 (unpublished).

³⁷ Marcenes W, Muirhead V, Wright D, Evans P, O'Neill E, Fortune F (2012) *The oral health of older adults in East London and the City*
<http://www.dentistry.qmul.ac.uk/images/downloads/OHNA/pdf/The%20Oral%20Health%20of%20Older%20Adults%20in%20East%20London%20and%20the%20City%202011.pdf>

Oral cancer

People over 50 years old are more at risk of developing mouth cancer. Mouth cancer is more common in men, but rates in women are increasing. Alcohol consumption and smoking are both risk factors for mouth cancer, and these risks are multiplied when both behaviours are present. Chewing tobacco, which is a social habit in parts of the Asian community, is also known to lead to mouth cancer. Studies have shown that the Human Papilloma Virus (HPV) is also a risk factor for oral cancer.

Between 2008 and 2010 the directly standardised rate of new cases of mouth cancer in Hackney and the City was 10.6 per 100,000 population. This was higher than the average for London (10.0) and England (9.5), but lower than the rates in Tower Hamlets (16) and Newham (12.9).³⁸

For information about oral health in children, please refer to section 5 'Children, young people and families'.

Sickle cell disease

The *Health and Wellbeing Profile 2011/12* data on sickle cell disease is up to date: [page 235](#).

7. Shared needs

Mental health

Prevalence of mental illness

It is estimated that one in four people in the UK will suffer a mental health problem over the course of a year.³⁹

At any one time, it is estimated that one in six adults of working age experiences symptoms of mental illness that impair their ability to function. A further sixth of the population have symptoms (such as anxiety or depression) that are severe enough to require healthcare treatment. Between 1% and 2% of the population are likely to have more severe mental illnesses such as schizophrenia or bipolar affective disorder, which require intensive and often continuing treatment and care.

Depression

The crude prevalence of depression in GP practices in Hackney was 10.25% (20,898 individuals) in 2011/12.

This was the fourth highest recorded prevalence of depression in London, which has an average prevalence of 8.07%. However, this figure is significantly lower than the England average of 11.68%.

³⁸ Public Health England, London Knowledge and Intelligence Team (based on data extracted from the National Cancer Data Repository 2010 and ONS source data).

³⁹ The Mental Health Foundation, <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>