

# LEA BRIDGE WARD

## HEALTH & WELLBEING PROFILE 2016



child overweight  
and adult obesity  
rates average for  
borough

socioeconomic  
deprivation similar  
to the borough  
average

smoking rate  
average for  
Hackney



14,500  
residents

higher than  
average rates of  
emergency  
hospital  
admissions



rates of stroke  
and dementia  
higher than  
Hackney  
average



lower access  
to open space  
than Hackney  
average

# Health & Wellbeing Profile

## – Lea Bridge Ward

This profile describes the health and wellbeing of residents of Lea Bridge Ward in the context of the wider Hackney population, including information concerning important contributory factors such as age, ethnicity, deprivation and population change.

This profile is intended to provide summary information on the health of the local population, to inform residents and support decision making. For more information on the health indicators found in this report, please see Hackney's Joint Strategic Needs Assessment – [www.hackney.gov.uk/jsna](http://www.hackney.gov.uk/jsna)

More general Ward level information can be found on the council's Shared Evidence Base website.<sup>1</sup>

There is also more information on Public Health England's Local Health website,<sup>2</sup> and the GLA also produces Ward level information.<sup>3</sup>

### Notes on the data:

**Data sources:** Much of the data come from local health services, including GP data extracted from EMIS via the Clinical Effectiveness Group at Queen Mary University. These data relate to diagnosed or recorded conditions so will not include undetected illness. In April 2015, geographically coded data were unavailable from 2 practices using a different IT system (the Dalston Practice in Hackney Central, and the Abney House Practice in Stoke Newington) – this makes the data for these areas somewhat less reliable, and will be improved in future versions of these profiles.

**Best-fit estimates:** Electoral boundaries changed in Hackney in May 2014. Data collected using boundaries from the previous system, or from the 2001 or 2011 Census, have been fitted to the new boundaries using attribution based on postcode level population estimates from the 2011 Census. This gives the best available estimate until data are released which fit the new geography. However it constitutes a source of potential imprecision, particularly where populations on Ward boundaries are very distinctive. Where possible, the maps in this document also show more detailed local area information – this should be viewed cautiously as it is based on smaller numbers of individuals.

**Confidence Intervals:** Confidence intervals show the range in which we have a 95% certainty that the true value lies based on the sample or population size. When making comparisons (either between areas or over time), values with overlapping confidence intervals are not "statistically significant" different from each other. It should be noted that these confidence intervals don't account for sources of inaccuracy and bias, for example in best-fit estimate of Ward boundaries, or people not reporting for example their smoking status correctly to their GP. Please note that the maps do not include confidence intervals and the geographical variation shown is therefore not necessarily statistically significant. Confidence intervals (where available) are shown as vertical lines on the bar charts in this document.

**Age standardised rates:** In health, almost everything changes with age. Age standardised rates (ASRs) take into account how many older or younger people are in the population being looked at, so that differences shown are not simply due to variations in the age structure of a Ward. ASRs are based on the revised European Standard Population 2013. For more information see <http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013--2013-esp/index.html>

**Comparators:** London and England figures are provided for comparison through this document where these are available

**Rounding:** Please note that numbers in the tables may not always add up due to data rounding

**More information:** If you have any queries or comments, please contact [PublicHealth@hackney.gov.uk](mailto:PublicHealth@hackney.gov.uk)

<sup>1</sup> [www.hackney.gov.uk/statistics-evidence-plans-and-strategies](http://www.hackney.gov.uk/statistics-evidence-plans-and-strategies)

<sup>2</sup> [www.localhealth.org.uk](http://www.localhealth.org.uk)

<sup>3</sup> <http://data.london.gov.uk/dataset/ward-profiles-and-atlas>

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## 1. Population

### 1.1 Age profile

The GLA estimate that the population of Lea Bridge Ward in 2016 is **14,500**.<sup>4</sup> Compared to national and London wide figures, Hackney has a relatively young population. Lea Bridge Ward has a similar age profile to the Hackney average (Table 1).

**Table 1: Population of Ward with percentage in each age band (GLA)**

	POPULATION (2016)	AGE BAND (2013)		
		0-15	16-64	65 plus
Brownswood	9,700	15%	78%	7%
Cazenove	14,900	29%	66%	5%
Clissold	13,600	21%	72%	7%
Dalston	8,900	17%	76%	7%
De Beauvoir	9,800	17%	76%	7%
Hackney Central	13,200	19%	73%	8%
Hackney Downs	13,600	20%	72%	7%
Hackney Wick	12,900	22%	70%	8%
Haggerston	13,600	17%	76%	7%
Homerton	12,800	22%	70%	7%
Hoxton East and Shoreditch	13,000	17%	76%	7%
Hoxton West	13,900	17%	76%	7%
King's Park	13,400	25%	66%	9%
<b>Lea Bridge</b>	<b>14,500</b>	<b>20%</b>	<b>72%</b>	<b>8%</b>
London Fields	13,200	18%	74%	8%
Shacklewell	8,900	17%	76%	7%
Springfield	17,000	31%	62%	7%
Stamford Hill West	10,000	28%	64%	8%
Stoke Newington	14,500	19%	73%	7%
Victoria	12,900	21%	72%	8%
Woodberry Down	11,800	24%	68%	8%
<b>Hackney</b>	<b>266,100</b>	<b>21%</b>	<b>71%</b>	<b>7%</b>
<b>London</b>	<b>8,726,540</b>	<b>20%</b>	<b>69%</b>	<b>11%</b>
<b>England &amp; Wales</b>	<b>58,139,200</b>	<b>19%</b>	<b>64%</b>	<b>17%</b>

<sup>4</sup> GLA Ward Atlas 2014 boundaries – accessed Jan 2016

## 1.2 Projected growth

The population of Lea Bridge Ward is expected to grow by 9% to 15,800 by 2028, lower than the average rate of growth in the borough (Table 2). Across Hackney, the proportion of the population aged over 65 is expected to grow fastest over the next 10 years.<sup>5</sup>

**Table 2: Projected population growth of Hackney Wards (GLA SHLAA March 2013)**

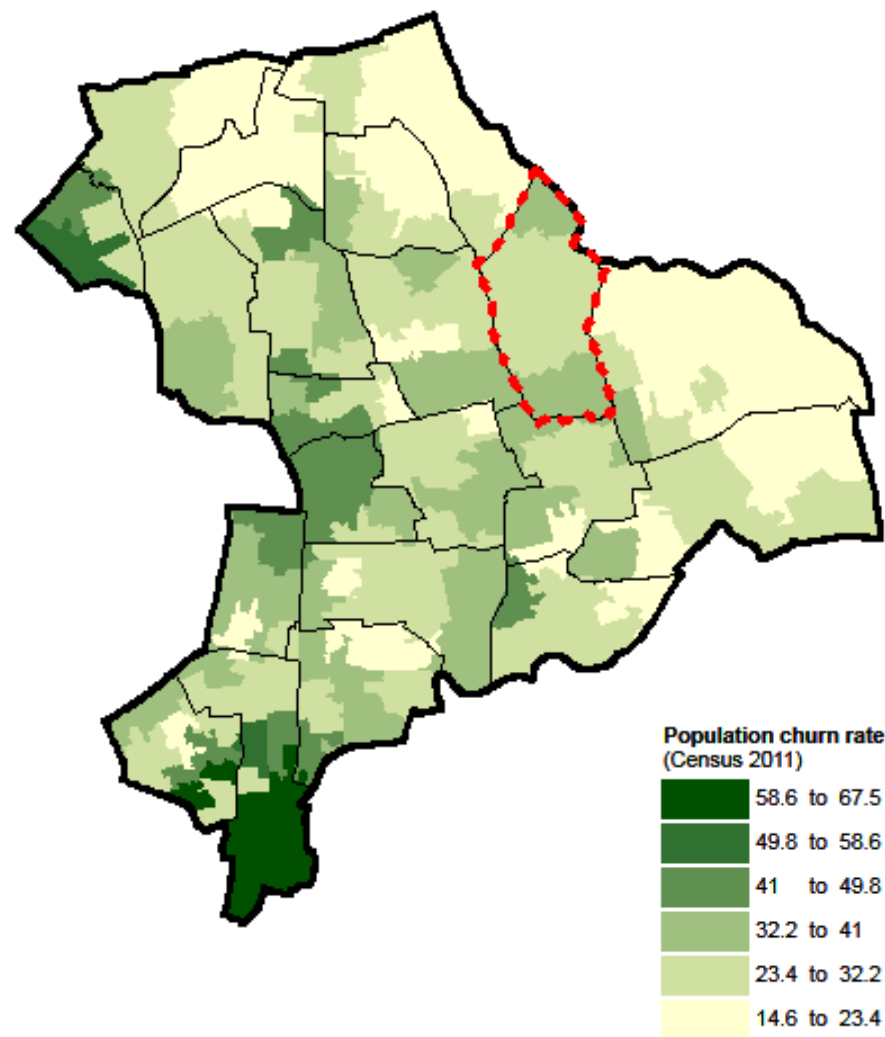
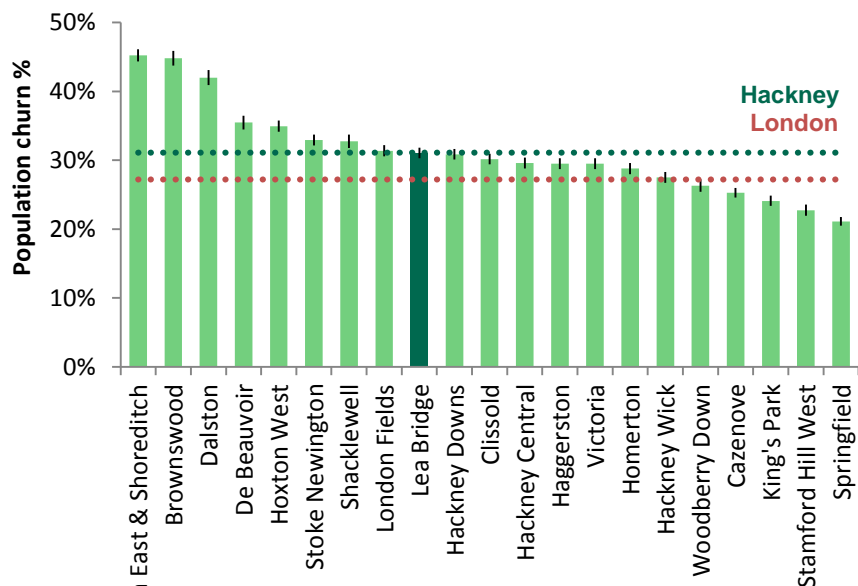
	2016	2023	2028	% growth (2016 to 2028)
Brownswood	9,700	10,700	11,400	18%
Cazenove	14,900	15,800	16,000	7%
Clissold	13,600	14,200	14,400	6%
Dalston	8,900	9,700	10,200	15%
De Beauvoir	9,800	10,700	10,900	11%
Hackney Central	13,200	14,000	14,500	10%
Hackney Downs	13,600	14,600	14,800	9%
Hackney Wick	12,900	16,200	17,400	35%
Haggerston	13,600	15,600	16,600	22%
Homerton	12,800	14,100	14,800	16%
Hoxton East and Shoreditch	13,000	14,500	15,200	17%
Hoxton West	13,900	14,700	14,700	6%
King's Park	13,400	14,800	15,700	17%
<b>Lea Bridge</b>	<b>14,500</b>	<b>15,500</b>	<b>15,800</b>	<b>9%</b>
London Fields	13,200	14,000	14,200	8%
Shacklewell	8,900	9,500	9,900	11%
Springfield	17,000	18,400	19,200	13%
Stamford Hill West	10,000	10,900	11,400	14%
Stoke Newington	14,500	15,200	15,500	7%
Victoria	12,900	13,500	13,900	8%
Woodberry Down	11,800	13,000	14,000	19%
<b>Hackney</b>	<b>266,100</b>	<b>289,600</b>	<b>300,500</b>	<b>13%</b>
<b>London</b>	<b>8,726,540</b>	<b>9,351,000</b>	<b>9,676,750</b>	<b>11%</b>
<b>England and Wales</b>	<b>58,139,200</b>	<b>60,913,050</b>	<b>62,716,900</b>	<b>8%</b>

<sup>5</sup> GLA population projections

### 1.3 Population change

Population change (or 'churn') can be defined as the number of people moving into an area, plus the people leaving an area, as a percentage of the total population. Hackney has a high rate of population change compared to the rest of the country. This can affect community cohesion as well as making the delivery of health services more challenging. The rate of population churn in Lea Bridge Ward is similar to the Hackney average.

Figure 1: Annual rate of population change in Hackney, by Ward (Census 2011)



## 1.4 Ethnicity

Hackney has an ethnically diverse population compared to the rest of the country. Lea Bridge Ward reflects this pattern. Just under half the population of Lea Bridge Ward are White and a quarter are of Black ethnicity (Table 3).

More detailed ethnicity data for the Ward are shown in Table 4.

**Table 3: Broad ethnic groups resident in Hackney, by Ward (GLA 2011)**

	White	Mixed	Asian	Black	Other
Brownswood	62%	6%	10%	16%	6%
Cazenove	57%	5%	13%	18%	7%
Clissold	66%	6%	8%	15%	5%
Dalston	56%	6%	10%	24%	5%
De Beauvoir	60%	7%	9%	20%	4%
Hackney Central	47%	7%	11%	30%	5%
Hackney Downs	48%	7%	14%	26%	5%
Hackney Wick	48%	7%	9%	32%	4%
Haggerston	55%	6%	11%	23%	5%
Homerton	46%	8%	10%	31%	4%
Hoxton East and Shoreditch	56%	7%	11%	21%	5%
Hoxton West	54%	7%	12%	22%	6%
King's Park	39%	7%	10%	39%	5%
<b>Lea Bridge</b>	<b>47%</b>	<b>7%</b>	<b>17%</b>	<b>25%</b>	<b>4%</b>
London Fields	55%	6%	10%	25%	4%
Shacklewell	57%	6%	10%	22%	5%
Springfield	56%	5%	8%	22%	9%
Stamford Hill West	67%	5%	7%	14%	8%
Stoke Newington	63%	6%	10%	17%	4%
Victoria	56%	7%	9%	24%	4%
Woodberry Down	61%	5%	8%	17%	8%
<b>Hackney</b>	<b>55%</b>	<b>6%</b>	<b>11%</b>	<b>23%</b>	<b>5%</b>
<b>London</b>	<b>60%</b>	<b>5%</b>	<b>18%</b>	<b>13%</b>	<b>3%</b>
<b>England and Wales</b>	<b>86%</b>	<b>2%</b>	<b>8%</b>	<b>3%</b>	<b>1%</b>



**Table 4: Detailed ethnic groups of Hackney residents, by Ward (Percentages; GLA 2011)**

	White British	White Irish	White Gypsy or Irish Traveller	Other White	Mixed White / Black Caribbean	Mixed White / Black African	Mixed White / Asian	Other Mixed	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	Black Caribbean	Black African	Other Black	Arab	Other Ethnic Group
Brownswood	38.3	2.9	0.1	20.5	1.5	1.0	1.6	2.2	2.0	0.7	2.1	2.1	3.6	8.8	4.7	2.4	1.4	4.2
Cazenove	36.2	1.6	0.2	18.6	1.5	0.8	1.0	1.6	7.8	0.8	2.3	0.8	1.8	8.8	6.4	2.7	0.4	6.7
Clissold	47.4	2.7	0.0	15.9	2.0	1.2	1.4	2.0	2.5	0.5	1.7	0.8	2.1	5.7	6.3	3.1	0.5	4.4
Dalston	35.9	2.4	0.2	17.0	1.6	1.0	1.4	2.2	2.0	0.6	2.2	1.5	3.1	11.1	8.4	4.2	1.0	4.0
De Beauvoir	41.5	2.2	0.1	16.2	1.8	1.2	1.5	2.3	2.0	0.5	1.5	1.5	3.3	11.3	5.6	3.2	0.7	3.5
Hackney Central	32.3	2.1	0.3	12.7	2.3	1.3	1.4	2.1	2.3	0.6	3.2	1.4	3.7	15.2	9.8	4.6	0.7	3.9
Hackney Downs	32.1	1.9	0.3	14.1	2.1	1.4	1.3	2.4	5.9	1.0	3.8	1.0	2.1	11.8	9.6	4.5	0.7	4.0
Hackney Wick	34.8	2.0	0.4	11.1	2.9	1.2	0.9	1.8	1.4	0.6	2.6	1.3	2.8	16.1	10.4	5.2	0.9	3.4
Haggerston	34.2	2.3	0.1	18.2	1.8	1.1	1.4	2.0	1.7	0.5	3.5	2.1	3.6	12.3	6.7	3.6	0.8	4.1
Homerton	30.2	1.7	0.1	14.3	2.6	1.8	1.1	2.5	2.2	1.0	2.7	1.7	2.8	15.8	9.6	5.8	0.6	3.4
Hoxton East/Shoreditch	36.3	2.2	0.1	17.7	1.8	1.2	1.4	2.1	1.9	0.5	2.5	2.3	3.7	12.2	5.6	3.4	0.9	4.0
Hoxton West	33.9	2.0	0.1	17.6	2.0	1.4	1.3	2.2	2.1	0.4	2.1	3.4	4.2	13.1	4.9	3.7	1.1	4.6
King's Park	24.2	1.8	0.7	12.2	2.5	1.4	1.0	2.1	2.8	1.3	2.8	1.2	2.4	19.7	12.8	6.6	0.9	3.9
<b>Lea Bridge</b>	<b>29.7</b>	<b>1.9</b>	<b>0.4</b>	<b>15.2</b>	<b>2.4</b>	<b>1.4</b>	<b>1.4</b>	<b>2.1</b>	<b>7.6</b>	<b>1.9</b>	<b>3.5</b>	<b>0.9</b>	<b>2.7</b>	<b>10.7</b>	<b>9.9</b>	<b>4.0</b>	<b>0.3</b>	<b>3.9</b>
London Fields	37.2	2.5	0.1	15.4	1.8	1.1	1.1	2.1	1.6	0.5	3.0	1.5	3.1	11.4	9.2	4.1	0.6	3.9
Shacklewell	37.8	2.5	0.1	16.7	1.7	1.0	1.5	2.2	2.8	1.0	2.2	1.3	2.8	9.7	8.3	3.9	0.8	3.7
Springfield	34.8	1.2	0.2	19.8	1.8	0.9	0.9	1.7	3.5	0.6	1.8	0.7	1.6	10.1	7.5	3.9	0.6	8.3
Stamford Hill West	46.6	2.3	0.1	18.6	1.6	0.7	1.0	1.5	2.1	0.4	1.3	0.7	2.0	6.0	5.0	2.5	0.5	7.1
Stoke Newington	43.6	2.7	0.1	16.2	1.9	1.0	1.5	2.0	3.7	1.2	1.9	0.8	2.2	6.5	7.2	3.0	0.5	4.0
Victoria	40.3	2.4	0.2	12.9	2.7	1.2	1.0	1.9	1.5	0.6	3.3	1.4	2.6	11.4	8.1	4.6	0.6	3.2
Woodberry Down	37.1	2.1	0.2	21.6	1.7	0.9	1.1	1.7	2.0	0.7	1.9	1.5	2.4	9.2	5.0	2.6	0.9	7.5
<b>Hackney</b>	<b>36.2</b>	<b>2.1</b>	<b>0.2</b>	<b>16.2</b>	<b>2.0</b>	<b>1.2</b>	<b>1.2</b>	<b>2.0</b>	<b>3.1</b>	<b>0.8</b>	<b>2.5</b>	<b>1.4</b>	<b>2.7</b>	<b>11.4</b>	<b>7.8</b>	<b>3.9</b>	<b>0.7</b>	<b>4.6</b>
<b>London</b>	<b>44.9</b>	<b>2.2</b>	<b>0.1</b>	<b>12.6</b>	<b>1.5</b>	<b>0.8</b>	<b>1.2</b>	<b>1.5</b>	<b>6.6</b>	<b>2.7</b>	<b>2.7</b>	<b>1.5</b>	<b>4.9</b>	<b>7.0</b>	<b>4.2</b>	<b>2.1</b>	<b>1.3</b>	<b>2.1</b>
<b>England and Wales</b>	<b>80.5</b>	<b>0.9</b>	<b>0.1</b>	<b>4.4</b>	<b>0.8</b>	<b>0.3</b>	<b>0.6</b>	<b>0.5</b>	<b>2.5</b>	<b>2.0</b>	<b>0.8</b>	<b>0.7</b>	<b>1.5</b>	<b>1.8</b>	<b>1.1</b>	<b>0.5</b>	<b>0.4</b>	<b>0.6</b>

## 1.5 Language and country of origin

Compared to England and Wales, Hackney has a higher proportion of residents who were born abroad and also a higher proportion of households where no-one speaks English as their main language. Lea Bridge Ward has similar rates of both to the Hackney average (Table 5).

**Table 5: Hackney residents born abroad and households that contain no-one with English as their main language, by Ward (GLA 2011)**

	% residents not born in UK	% households with no-one who has English as main language
Brownswood	43%	19%
Cazenove	37%	17%
Clissold	32%	11%
Dalston	41%	14%
De Beauvoir	38%	12%
Hackney Central	40%	13%
Hackney Downs	40%	15%
Hackney Wick	35%	11%
Haggerston	44%	16%
Homerton	41%	14%
Hoxton East and Shoreditch	43%	15%
Hoxton West	45%	17%
King's Park	43%	14%
<b>Lea Bridge</b>	<b>41%</b>	<b>17%</b>
London Fields	39%	12%
Shacklewell	39%	14%
Springfield	40%	18%
Stamford Hill West	33%	15%
Stoke Newington	35%	13%
Victoria	34%	10%
Woodberry Down	41%	19%
<b>Hackney</b>	<b>39%</b>	<b>14%</b>
<b>London</b>	<b>37%</b>	<b>13%</b>
<b>England and Wales</b>	<b>13%</b>	<b>4%</b>

## 1.6 Religion

Only just over a third of Hackney's residents describe themselves as Christians – less than the average for London or England. The borough has relatively high proportions of people of the Jewish and Muslim faiths and people with no religion or who declined to state one. Hackney has a significant population of Orthodox Jewish residents living in the north east of the borough.

Lea Bridge Ward contains fewer Jewish residents, and more Muslims, than Hackney as a whole (Table 6).

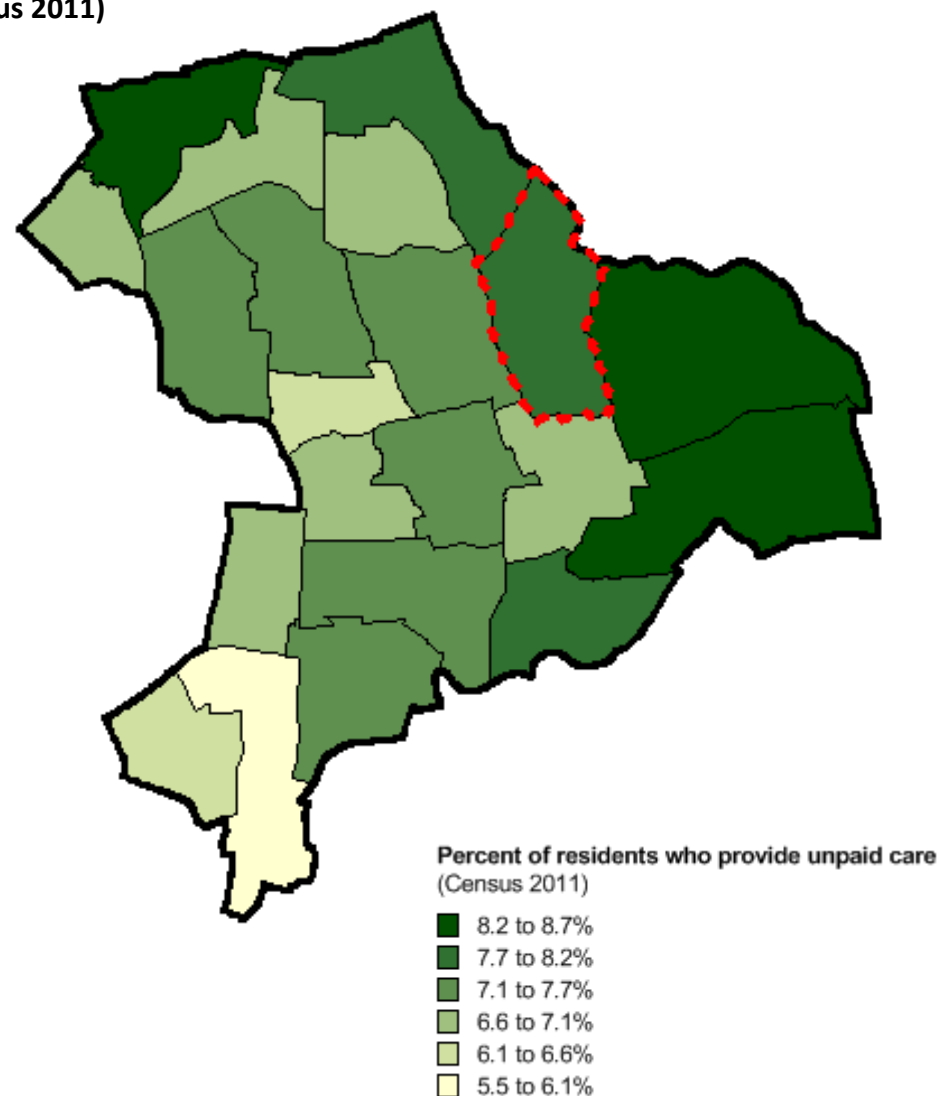
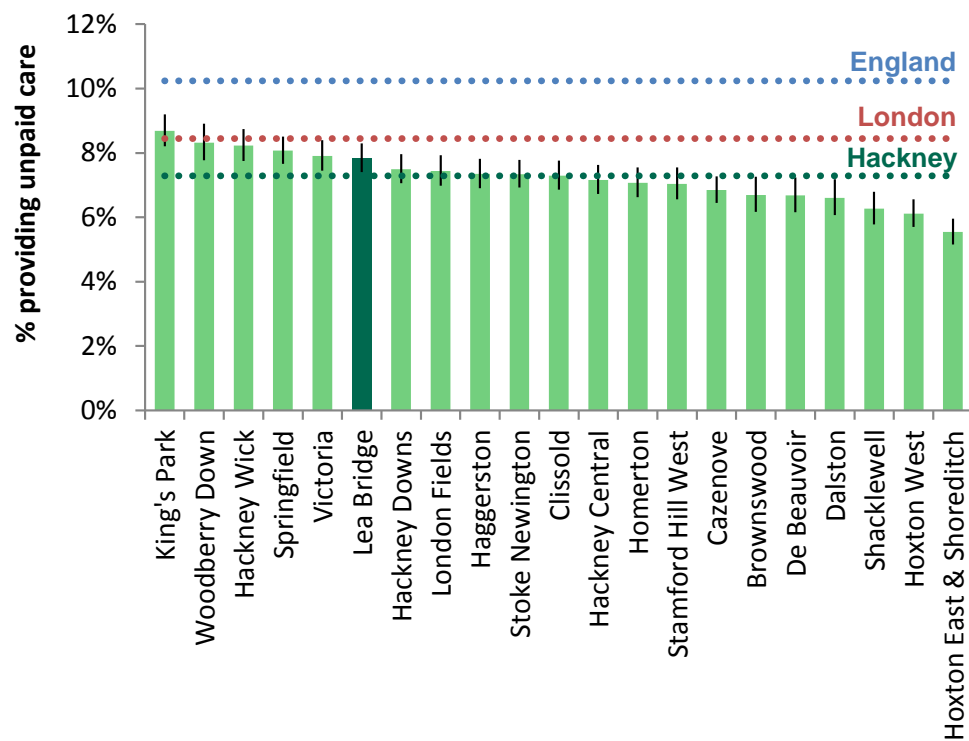
**Table 6: Religion of Hackney residents, by Ward (GLA 2011)**

	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religions	No religion	Not stated
Brownswood	39.2%	1.3%	0.6%	2.6%	14.2%	0.7%	0.6%	32.6%	8.2%
Cazenove	28.7%	0.7%	0.5%	21.9%	16.3%	0.9%	0.4%	19.8%	10.7%
Clissold	33.2%	1.3%	0.8%	5.6%	10.5%	0.9%	0.6%	37.8%	9.4%
Dalston	38.1%	1.6%	0.6%	0.9%	13.8%	0.8%	0.6%	34.8%	8.7%
De Beauvoir	42.6%	1.5%	0.7%	0.8%	12.5%	0.8%	0.6%	32.3%	8.1%
Hackney Central	42.2%	1.8%	0.4%	1.0%	14.0%	1.2%	0.6%	29.5%	9.2%
Hackney Downs	37.6%	1.3%	0.6%	1.3%	18.3%	1.2%	0.5%	30.2%	9.1%
Hackney Wick	50.3%	1.5%	0.4%	1.0%	12.7%	0.5%	0.4%	25.1%	8.1%
Haggerston	39.6%	1.5%	0.7%	0.9%	15.6%	0.3%	0.5%	32.2%	8.7%
Homerton	44.6%	1.5%	0.7%	0.7%	15.8%	0.6%	0.7%	26.5%	8.8%
Hoxton East and Shoreditch	41.4%	1.6%	0.7%	0.8%	14.2%	0.6%	0.5%	31.4%	8.7%
Hoxton West	43.1%	1.8%	0.9%	0.9%	13.5%	0.6%	0.5%	28.6%	10.2%
King's Park	49.0%	1.1%	0.6%	0.7%	18.2%	1.1%	0.6%	19.8%	8.9%
<b>Lea Bridge</b>	<b>37.7%</b>	<b>1.1%</b>	<b>0.8%</b>	<b>1.8%</b>	<b>18.0%</b>	<b>1.2%</b>	<b>0.8%</b>	<b>27.9%</b>	<b>10.6%</b>
London Fields	39.8%	1.2%	0.6%	1.0%	14.3%	0.4%	0.6%	32.9%	9.1%
Shacklewell	36.7%	1.3%	0.9%	1.1%	13.4%	0.8%	0.6%	36.2%	9.0%
Springfield	31.2%	0.6%	0.3%	27.7%	13.6%	0.8%	0.4%	13.2%	12.3%
Stamford Hill West	27.7%	0.7%	0.4%	26.5%	8.6%	0.7%	0.4%	23.0%	12.0%
Stoke Newington	32.6%	0.8%	1.0%	6.4%	11.5%	0.9%	0.5%	36.2%	10.0%
Victoria	44.3%	1.5%	0.7%	1.0%	12.2%	0.3%	0.4%	30.8%	8.8%
Woodberry Down	34.0%	1.0%	0.4%	20.5%	11.9%	0.5%	0.4%	20.4%	11.0%
<b>Hackney</b>	<b>38.6%</b>	<b>1.2%</b>	<b>0.6%</b>	<b>6.3%</b>	<b>14.1%</b>	<b>0.8%</b>	<b>0.5%</b>	<b>28.2%</b>	<b>9.6%</b>
<b>London</b>	<b>48.4%</b>	<b>1.0%</b>	<b>5.0%</b>	<b>1.8%</b>	<b>12.4%</b>	<b>1.5%</b>	<b>0.6%</b>	<b>20.7%</b>	<b>8.5%</b>
<b>England and Wales</b>	<b>59.3%</b>	<b>0.4%</b>	<b>1.5%</b>	<b>0.5%</b>	<b>4.8%</b>	<b>0.8%</b>	<b>0.4%</b>	<b>25.1%</b>	<b>7.2%</b>

## 1.7 Carers

Carers are often physically, financially and emotionally burdened, with the impacts increasing as they grow older, and they often suffer from poor physical and mental wellbeing.<sup>6</sup> In Lea Bridge Ward, 7.8% of the population provide some unpaid care.

Figure 2: Percent of Hackney residents who provide unpaid care, by Ward (Census 2011)

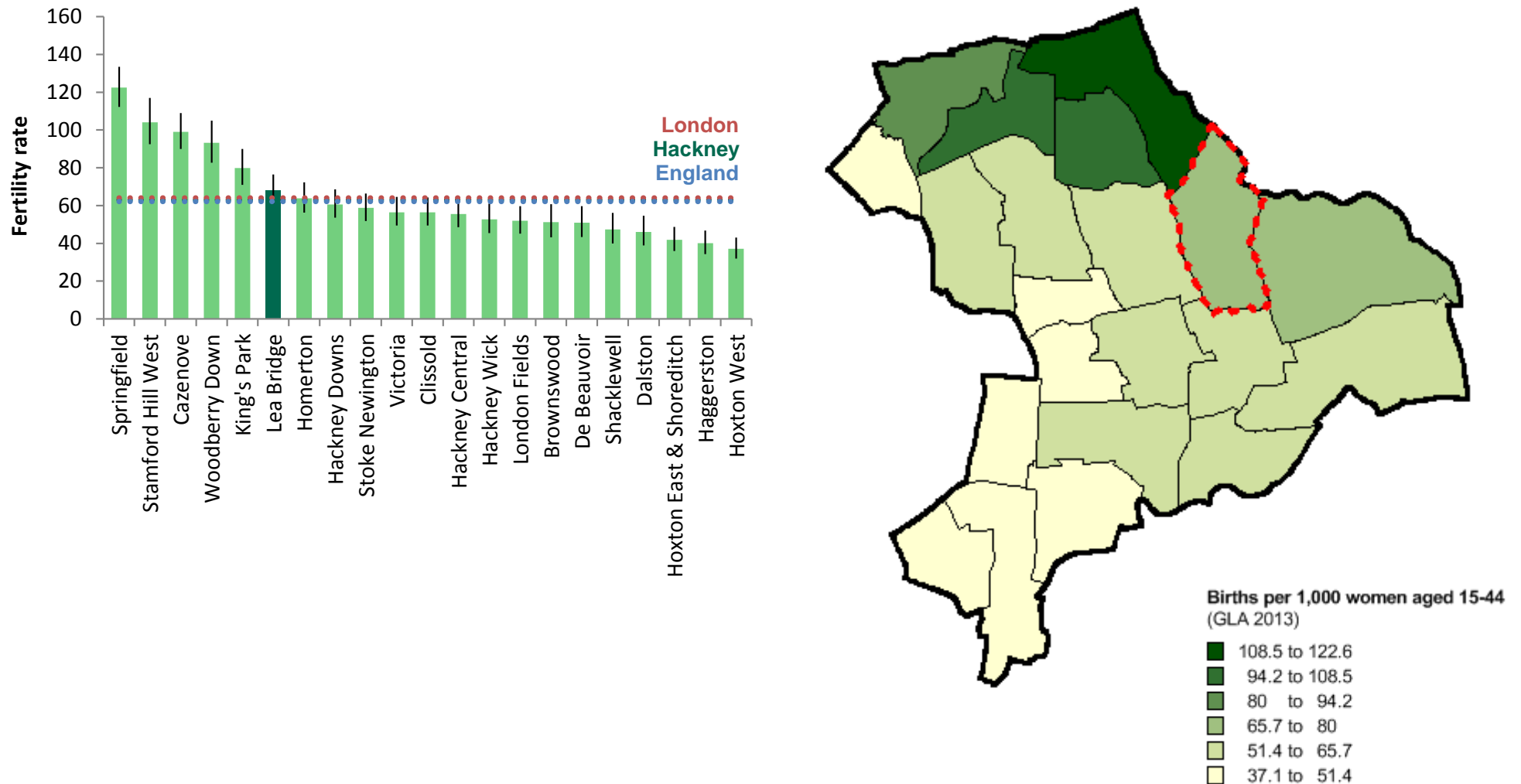


<sup>6</sup> In Sickness and in Health. Carers Week charities, 2012

## 1.8 Births

The fertility rate is the number of births per woman aged 15-44 in a population. At 63 births per 1,000, the overall fertility rate in Hackney is similar to that in London and England. However, there are wide variations at Ward level. The rate in Lea Bridge Ward is similar to the Hackney average. Each year, 260 babies are born to residents of Lea Bridge – of these, 88% are born at Homerton hospital (local data, 2013-2014).

**Figure 3: General Fertility Rate (births per 1,000 women aged 15-44) of Hackney residents, by Ward (GLA 2013)**



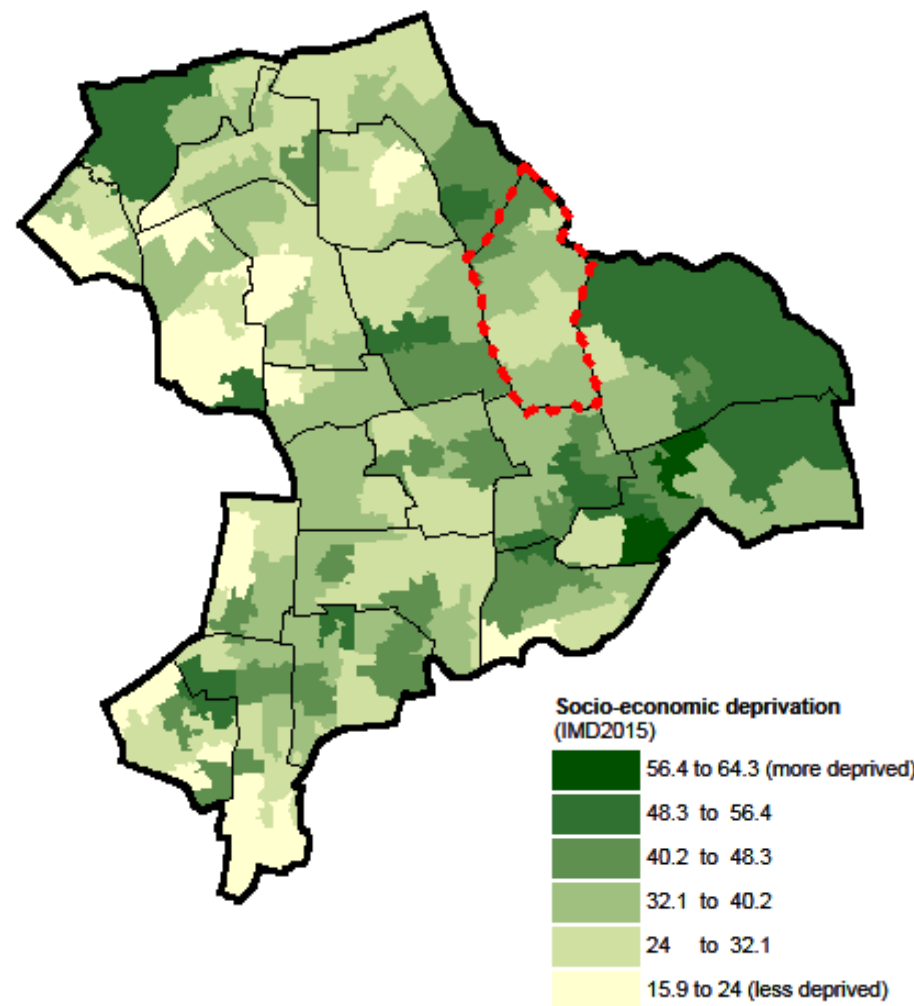
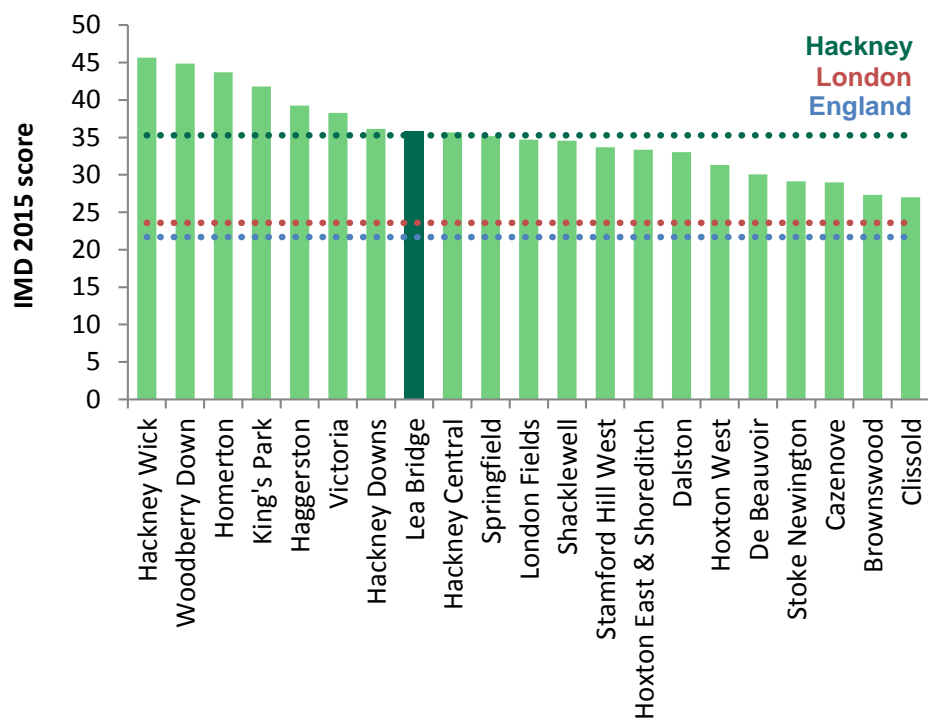
## 2 Socioeconomic influences on health

### 2.1 Socioeconomic deprivation

Social deprivation or disadvantage affects almost every aspect of population health.<sup>7</sup> Despite a recent fall, high levels of socioeconomic deprivation remain locally – Hackney is among the most deprived boroughs in London and nationally. The Index of Multiple Deprivation (IMD) is widely considered to be the best measure of social deprivation – it combines statistics on a range of relevant factors (income, employment, education, health, crime, barriers to housing and services, and the living environment) into a single weighted score. Lea Bridge is similar to the borough average in Hackney on this measure.

**Figure 4: The Index of Multiple Deprivation, by Ward (IMD2015)**

*Higher score indicates a more deprived population*



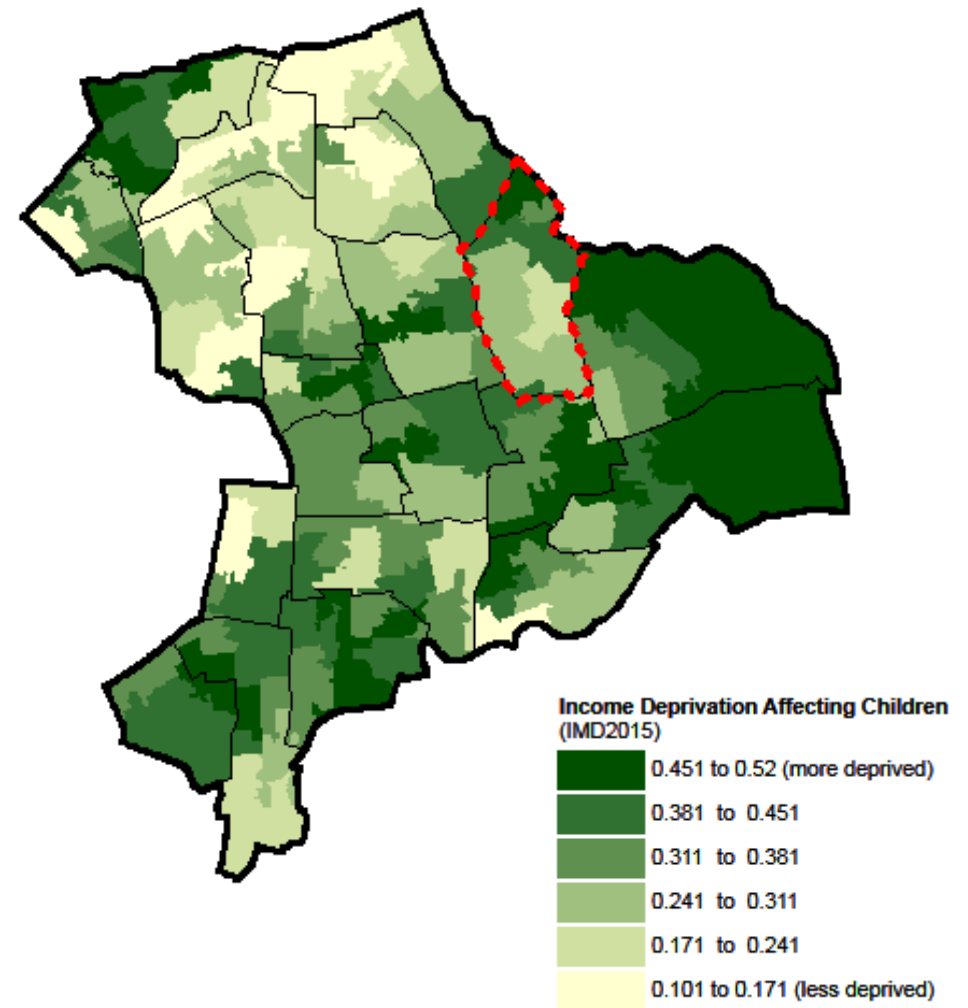
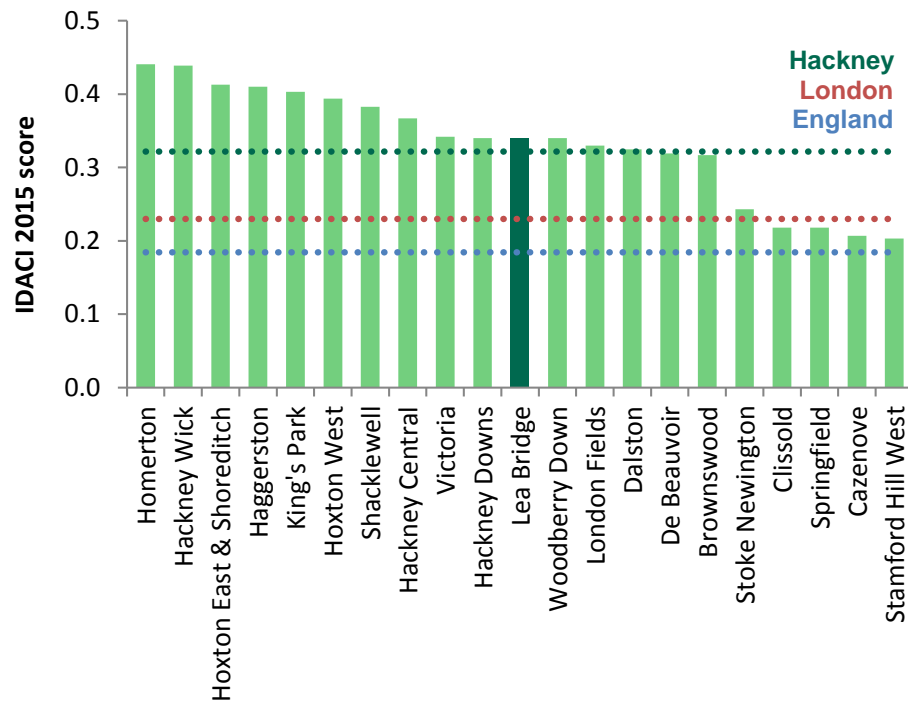
<sup>7</sup> Marmot, M. (2010) "Fair Society, Healthy Lives". [www.marmotreview.org](http://www.marmotreview.org)

## 2.2 Income deprivation affecting children

Growing up in an income deprived household can have a negative impact on child health, which can persist throughout their life. Lea Bridge Ward has a similar level of income deprivation affecting children to the borough average, which is higher than the average for London and England. There is more information about child poverty in Hackney in the 2014 Child Poverty Needs Assessment<sup>8</sup> and also in the JSNA.<sup>9</sup>

**Figure 5: Income Deprivation Affecting Children Index, by Ward (IMD2015)**

*Higher score indicates a more deprived population*



<sup>8</sup> Hackney Child Poverty Needs Assessment (2014) [www.hackney.gov.uk/cyps-needs-assessment](http://www.hackney.gov.uk/cyps-needs-assessment)

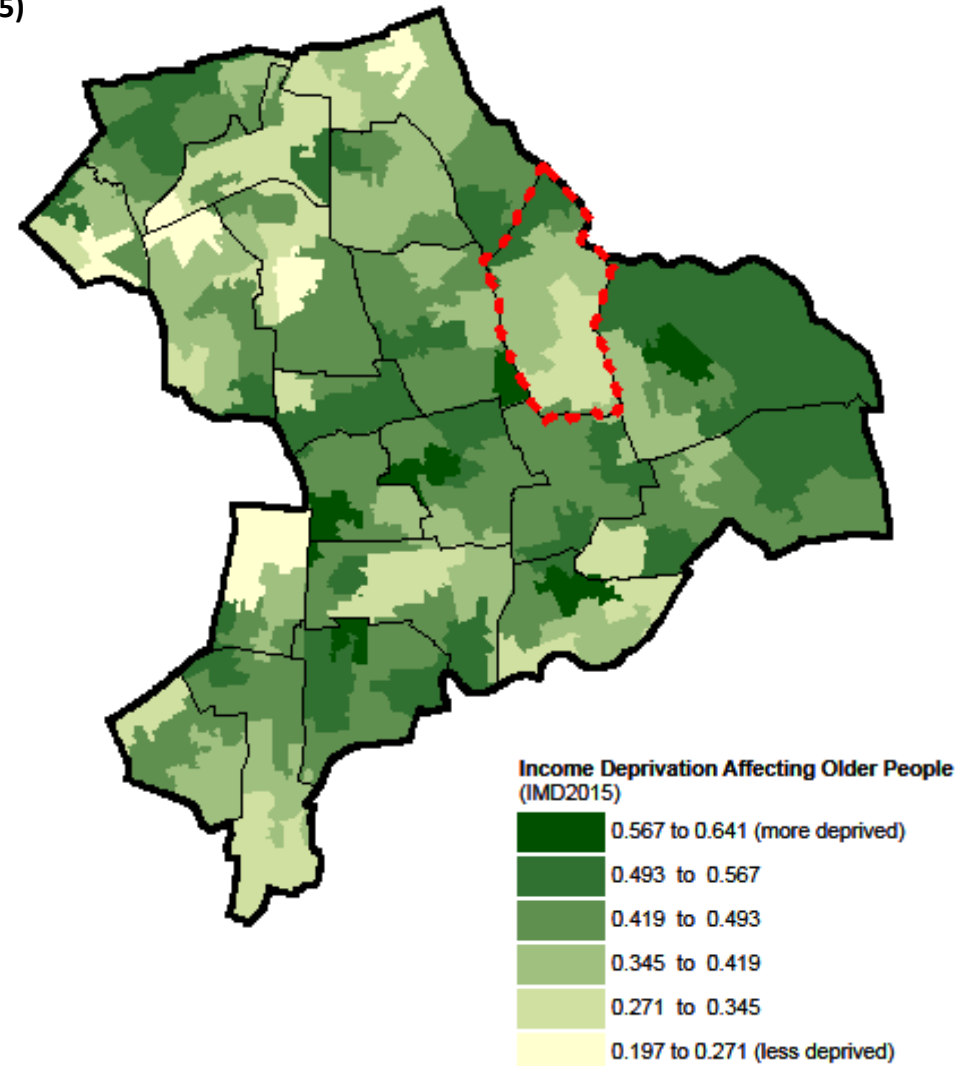
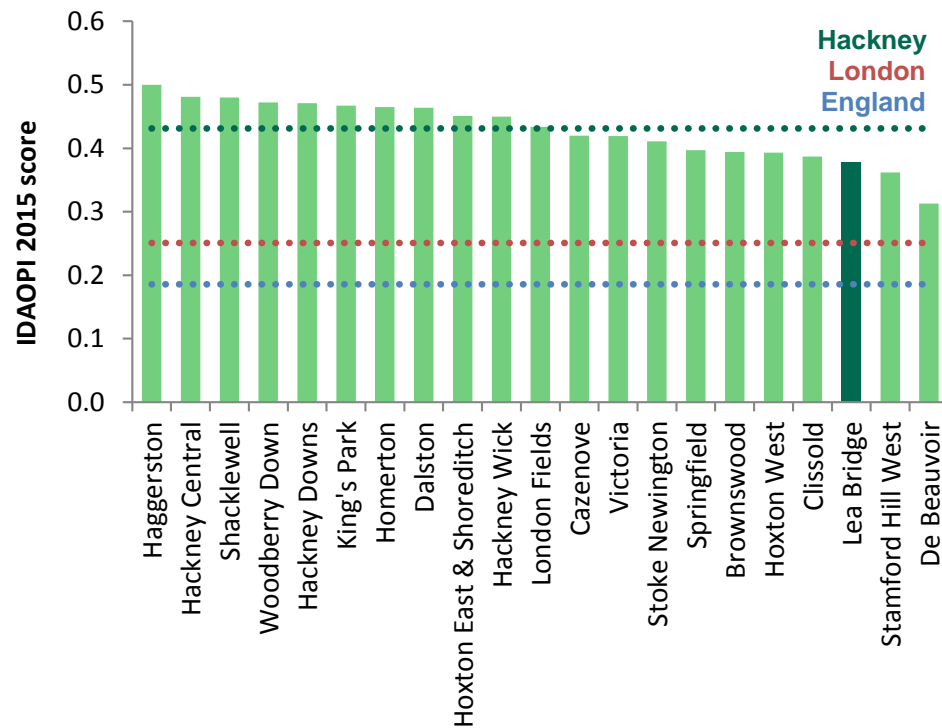
<sup>9</sup> Joint Strategic Needs Assessment [www.hackney.gov.uk/jsna](http://www.hackney.gov.uk/jsna)

### 2.3 Income deprivation affecting older people

The population of older people in Hackney is smaller than the national average, however levels of deprivation are particularly high in this population. Deprivation in older people is associated with poor physical and mental health, as well as other risk factors such as social isolation. Lea Bridge Ward has a lower level of income deprivation affecting older people than the borough average, which is higher than the average for London and England.

**Figure 6: Income Deprivation Affecting Older People Index, by Ward (IMD2015)**

*Higher score indicates a more deprived population*

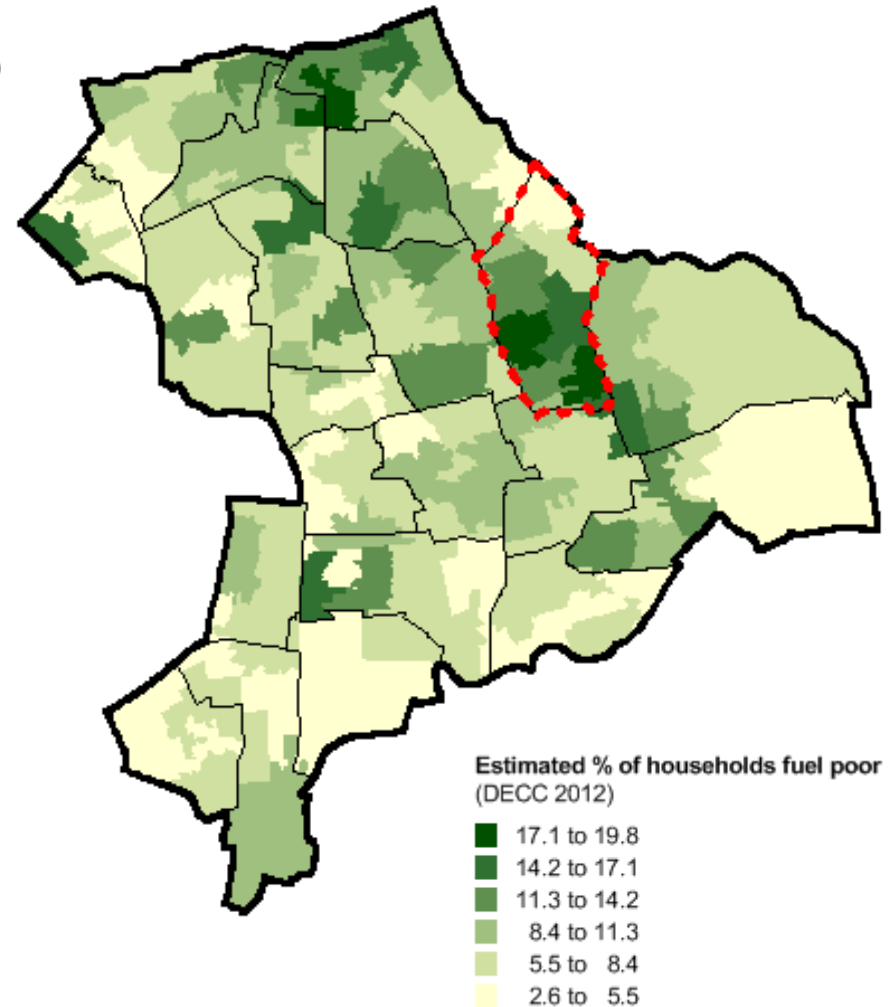
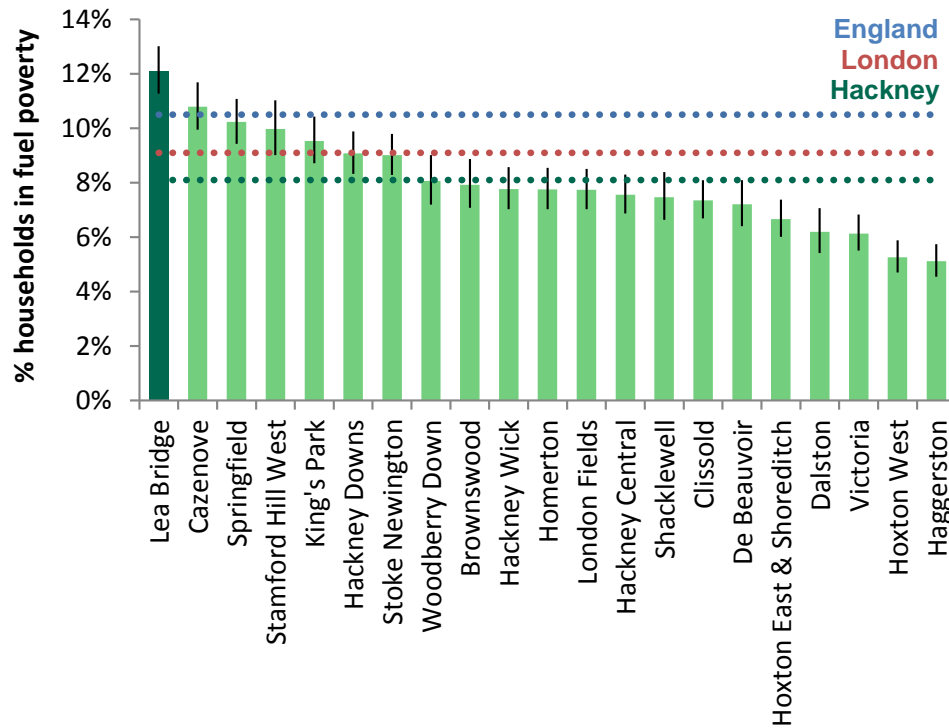




## 2.4 Fuel poverty

Fuel poverty can be defined as living in a household with a lower income which cannot be kept warm at reasonable cost.<sup>10</sup> As well as income, fuel poverty is affected by energy efficiency and energy costs. People with long term conditions or disabilities, younger people, older people, and people who live in the private rented sector are particularly at risk. Rates are thought to be relatively high in Lea Bridge Ward.

Figure 7: Estimated proportion of households 'fuel poor', by Ward (DECC 2012)

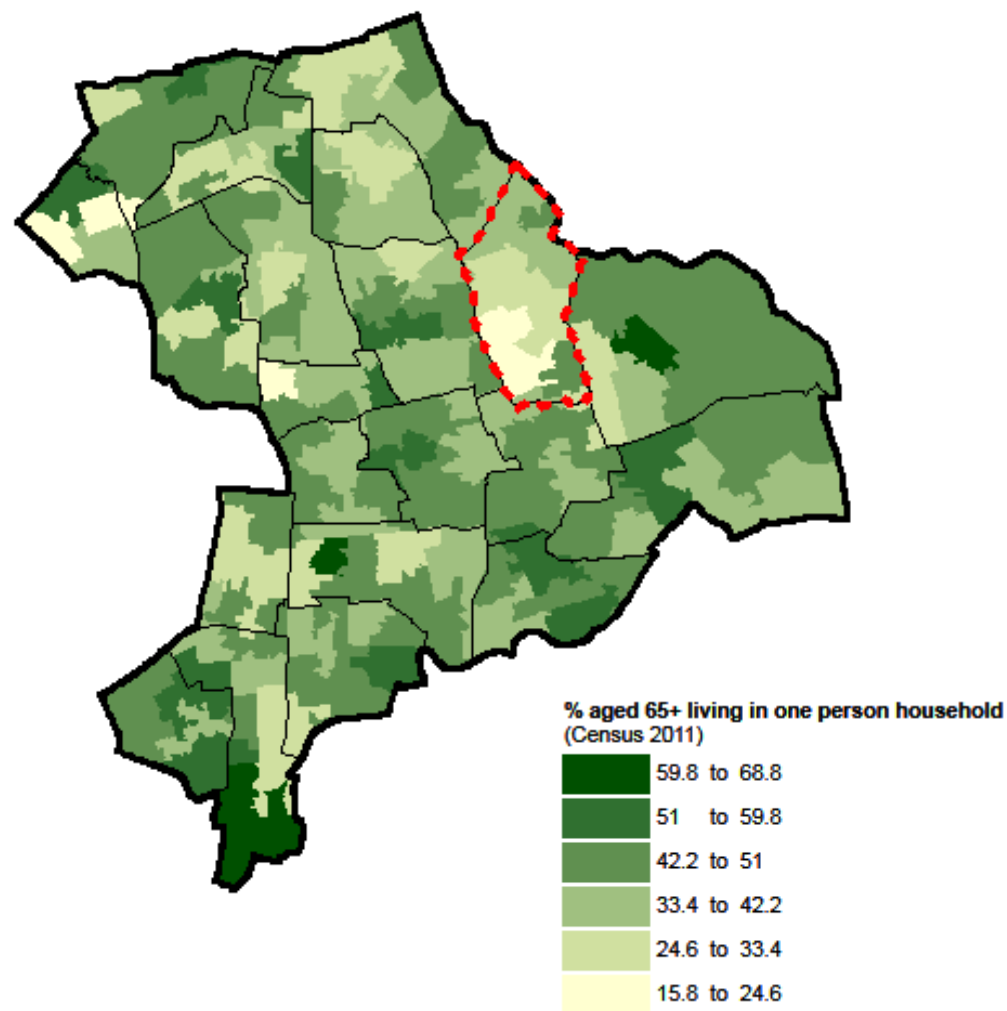
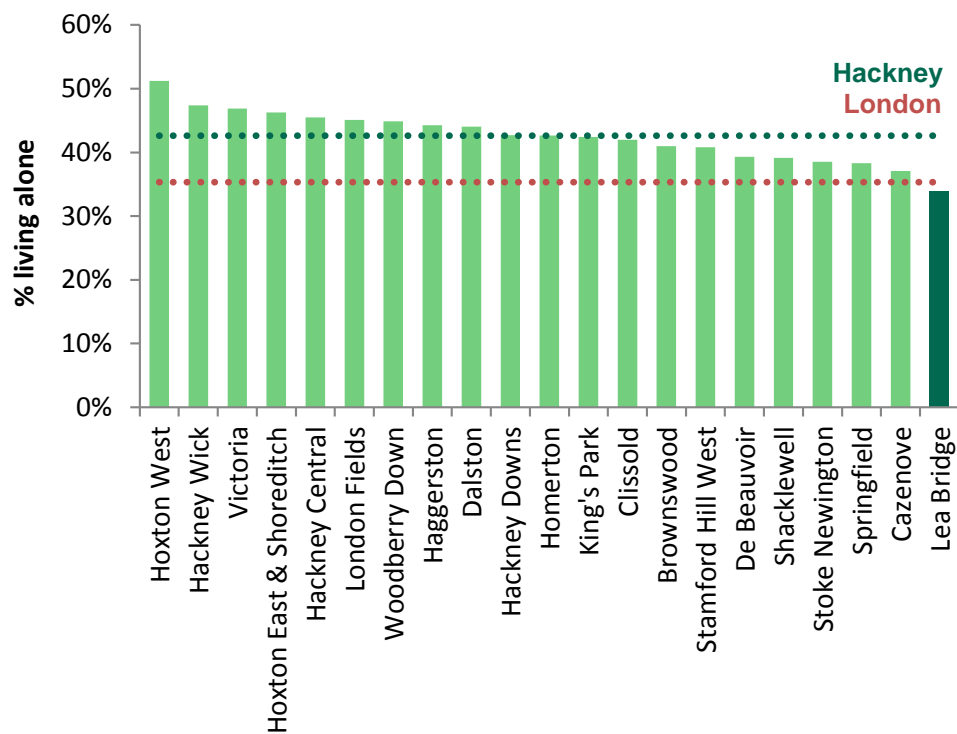


<sup>10</sup> Hills J. (2012) [Getting the measure of fuel poverty](#). CASE report 72. Centre for Analysis of Social Exclusion for Department of Energy and Climate Change (DECC) para 55, p.38

## 2.5 Social isolation in older people

Social isolation can have a major impact on physical and mental health. It is more common among older people, those who live alone, the more socioeconomically deprived, and those who have health problems. The proportion of older people who live alone is shown below. Lea Bridge Ward has a lower rate of older people living alone than the borough average.

**Figure 8: Percentage of 65+ population who live alone, by Ward (Census 2011)**



## 2.6 Housing: tenure

Relative to national figures and the rest of London, Hackney has a high proportion of social and privately rented housing. The proportion of privately rented housing in the borough has grown rapidly in recent years.

Lea Bridge Ward has a lower concentration of socially rented stock, and more privately rented and owner occupied accommodation, than the borough as a whole (Table 7).

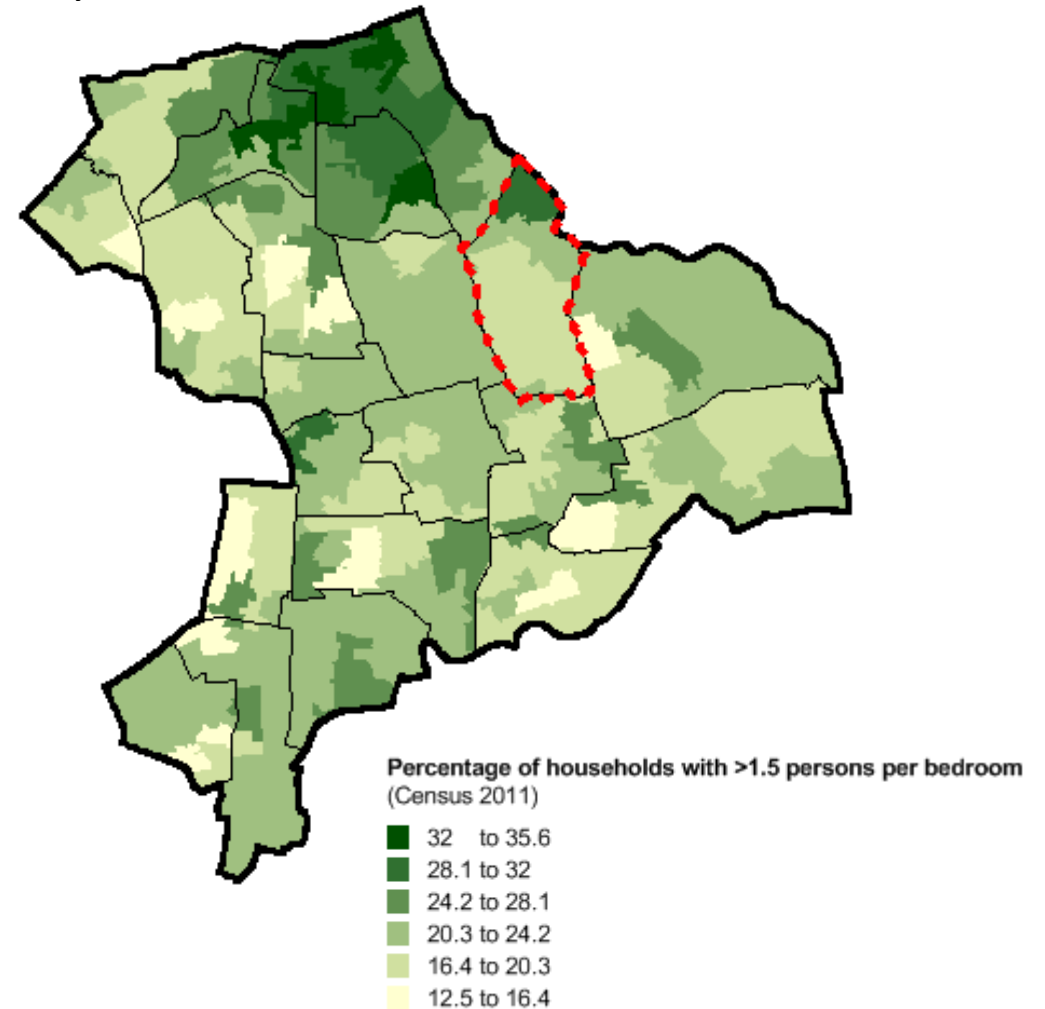
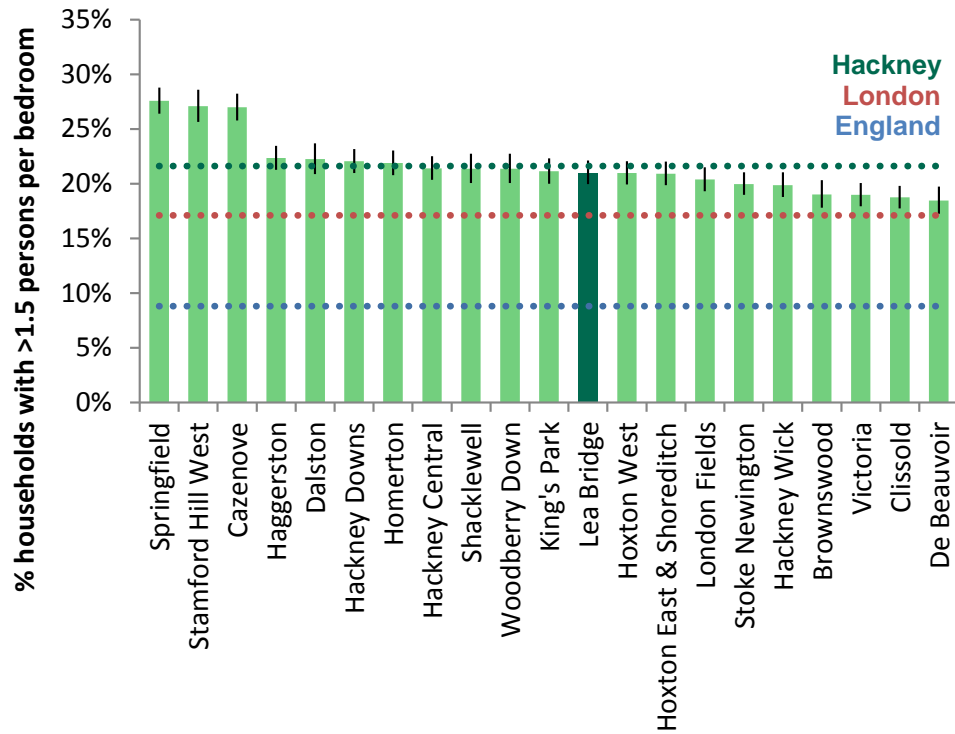
**Table 7: Percentage of households in Hackney Ward, by tenure (GLA 2011)**

	Owned outright	Owned with a mortgage or loan (inc. shared)	Social rented	Private rented	Rent Free
Brownswood	9%	19%	32%	38%	1%
Cazenove	11%	17%	35%	37%	1%
Clissold	13%	25%	35%	27%	1%
Dalston	8%	18%	39%	34%	2%
De Beauvoir	9%	20%	40%	30%	1%
Hackney Central	6%	15%	51%	27%	1%
Hackney Downs	8%	19%	43%	29%	1%
Hackney Wick	7%	17%	54%	21%	1%
Haggerston	6%	14%	45%	34%	1%
Homerton	7%	17%	51%	24%	1%
Hoxton East and Shoreditch	6%	16%	45%	31%	1%
Hoxton West	5%	14%	54%	25%	1%
King's Park	9%	16%	57%	17%	1%
<b>Lea Bridge</b>	<b>12%</b>	<b>20%</b>	<b>33%</b>	<b>34%</b>	<b>1%</b>
London Fields	7%	17%	49%	26%	1%
Shacklewell	9%	19%	37%	34%	1%
Springfield	10%	14%	46%	29%	1%
Stamford Hill West	11%	17%	39%	32%	1%
Stoke Newington	12%	22%	33%	32%	1%
Victoria	7%	19%	52%	21%	1%
Woodberry Down	9%	15%	40%	35%	1%
<b>Hackney</b>	<b>8%</b>	<b>18%</b>	<b>44%</b>	<b>29%</b>	<b>1%</b>
<b>London</b>	<b>21%</b>	<b>28%</b>	<b>24%</b>	<b>25%</b>	<b>1%</b>
<b>England and Wales</b>	<b>31%</b>	<b>33%</b>	<b>18%</b>	<b>17%</b>	<b>1%</b>

## 2.7 Housing: overcrowding

Household overcrowding can have a negative effect on mental and physical health, and has a detrimental impact on child development. The rate of households with more than 1.5 people per bedroom is higher than the national average in Hackney, and Lea Bridge is similar to the borough average.

**Figure 9: Estimated proportion of households with >1.5 people per bedroom, by Ward (Census 2011)**



## 2.8 Employment

Employment is a major determinant of health, with unemployed people usually experiencing worse mental and physical wellbeing. Hackney has a similar rate of adult employment as London and nationally, although with some variation across the borough. The employment rate in Lea Bridge ward (63%) is the same as the borough average.

Across Hackney as a whole, 8% of households with dependent children do not contain a working adult; in Lea Bridge Ward this figure is also 8% (Table 8).

**Table 8: Adult employment rates in Hackney, by Ward (GLA 2011)**

	<b>% 16-74 year olds employed</b>	<b>% of households with no adults in employment with dependent children</b>
Brownswood	70%	5%
Cazenove	62%	7%
Clissold	69%	6%
Dalston	68%	6%
De Beauvoir	69%	6%
Hackney Central	64%	8%
Hackney Downs	62%	7%
Hackney Wick	58%	10%
Haggerston	65%	7%
Homerton	61%	10%
Hoxton East and Shoreditch	66%	7%
Hoxton West	61%	8%
King's Park	55%	11%
<b>Lea Bridge</b>	<b>63%</b>	<b>8%</b>
London Fields	65%	7%
Shacklewell	69%	6%
Springfield	53%	9%
Stamford Hill West	61%	6%
Stoke Newington	69%	5%
Victoria	63%	9%
Woodberry Down	61%	7%
<b>Hackney</b>	<b>63%</b>	<b>8%</b>
<b>London</b>	<b>65%</b>	<b>6%</b>
<b>England and Wales</b>	<b>64%</b>	<b>4%</b>

## 2.9 Education

Levels of education are higher in London compared with England and Wales, and are higher still in Hackney. Over 40% of adults have a first degree or higher qualification. However, almost 20% of adults in Hackney have no qualification, which is higher than the London average though lower than the national average. Lea Bridge Ward adult residents have similar levels of qualifications (on these measures) to the rest of Hackney (Table 9).

Educational outcomes have significantly improved across the borough in recent years.

**Table 9: Levels of education of Hackney residents, by Ward (age 16 and over; GLA 2011)**

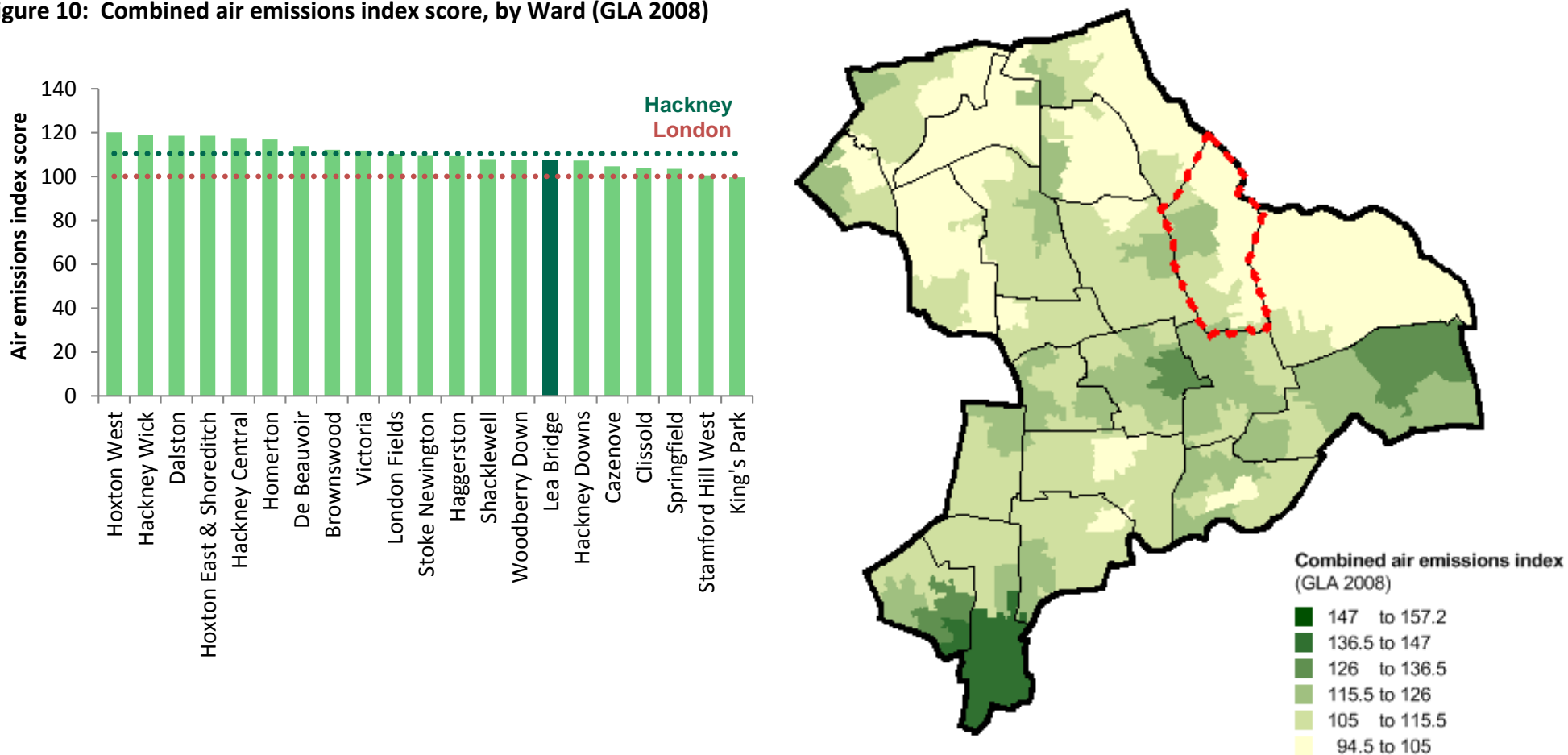
	No Qualification	Level 4 (degree or equivalent)
Brownswood	12%	57%
Cazenove	24%	35%
Clissold	15%	53%
Dalston	13%	55%
De Beauvoir	14%	54%
Hackney Central	18%	42%
Hackney Downs	19%	42%
Hackney Wick	23%	34%
Haggerston	14%	54%
Homerton	23%	35%
Hoxton East and Shoreditch	15%	46%
Hoxton West	17%	43%
King's Park	24%	32%
<b>Lea Bridge</b>	<b>18%</b>	<b>42%</b>
London Fields	17%	47%
Shacklewell	18%	45%
Springfield	31%	23%
Stamford Hill West	30%	32%
Stoke Newington	14%	52%
Victoria	19%	43%
Woodberry Down	26%	29%
<b>Hackney</b>	<b>20%</b>	<b>42%</b>
<b>London</b>	<b>18%</b>	<b>38%</b>
<b>England and Wales</b>	<b>23%</b>	<b>27%</b>

### 3 Environmental influences on health

#### 3.1 Air pollution

Air pollution is estimated to cause 5.3% of adult deaths nationally, and as many as 7.3% in Hackney.<sup>11</sup> Nationally, high levels of air pollution are associated with socioeconomic deprivation, largely due to the high urban concentration of road transport sources.<sup>12</sup> The indicator shown below is an estimate of the relative combined concentration of three major pollutants: nitrogen oxide, nitrogen dioxide, and particulate matter. On this measure, air pollution in Lea Bridge Ward is around the borough average. Note that concentrations of air pollution can vary greatly over small distances.

Figure 10: Combined air emissions index score, by Ward (GLA 2008)



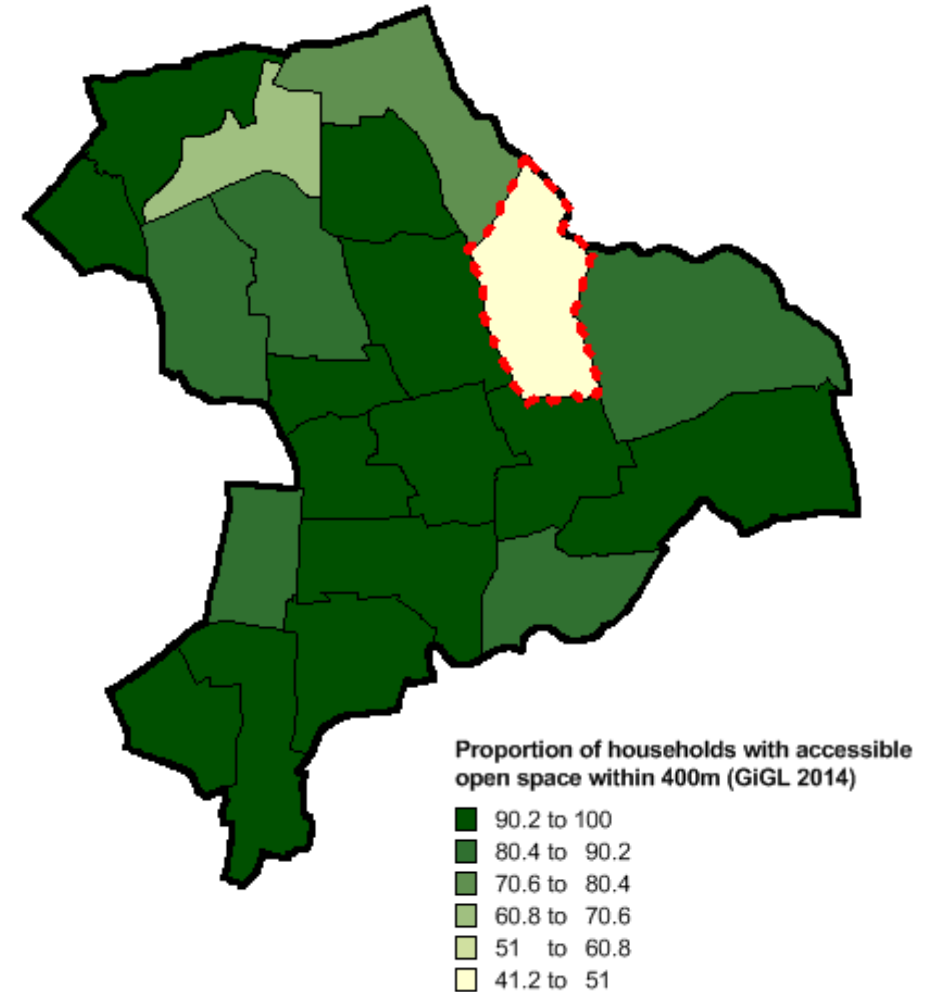
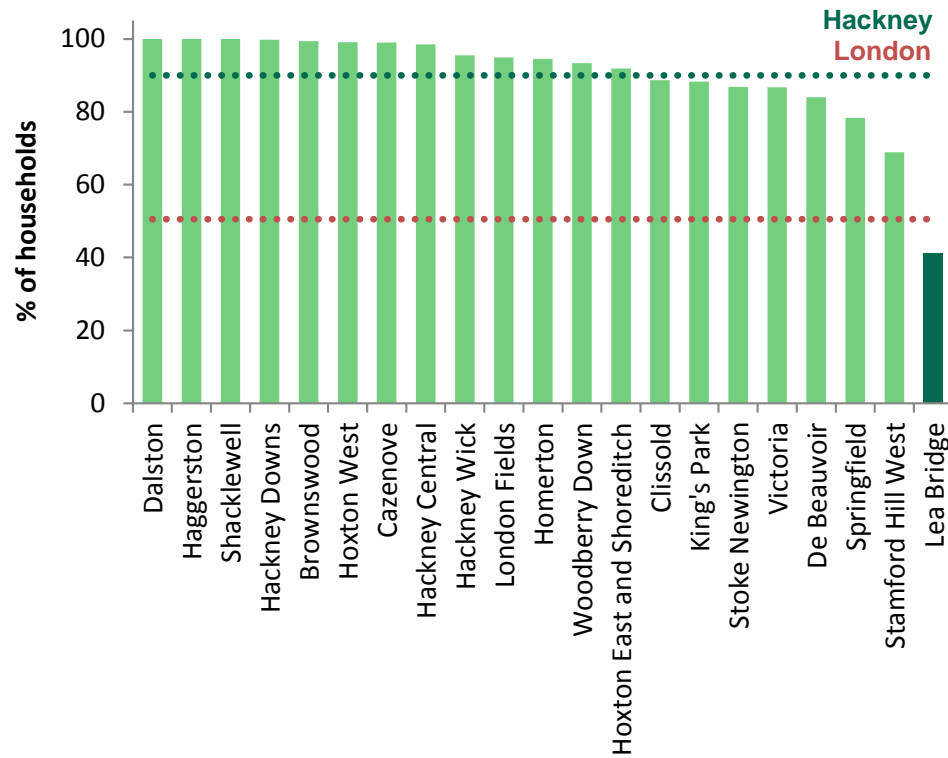
<sup>11</sup> 2013 estimate. Public Health Outcomes Framework

<sup>12</sup> Air Quality and Social Deprivation in the UK. (Defra 2006)

### 3.2 Open spaces

Access to urban green space has been shown to benefit physical and mental health, as well as providing public space for community interaction and reducing air pollution and urban heat island effects.<sup>13</sup> Hackney has a good proportion of accessible open space relative to the rest of London, with Lea Bridge Ward below the borough average.

**Figure 11: Proportion of households with accessible open space within 400m, by Ward (GiGL 2014)**



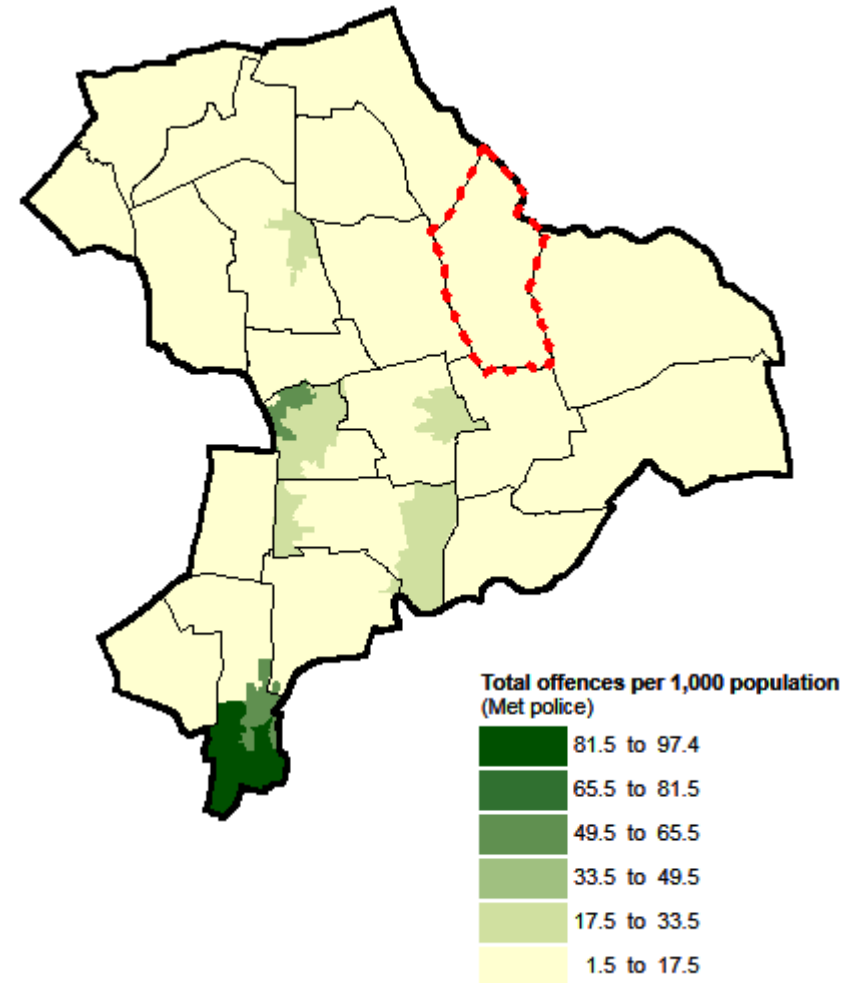
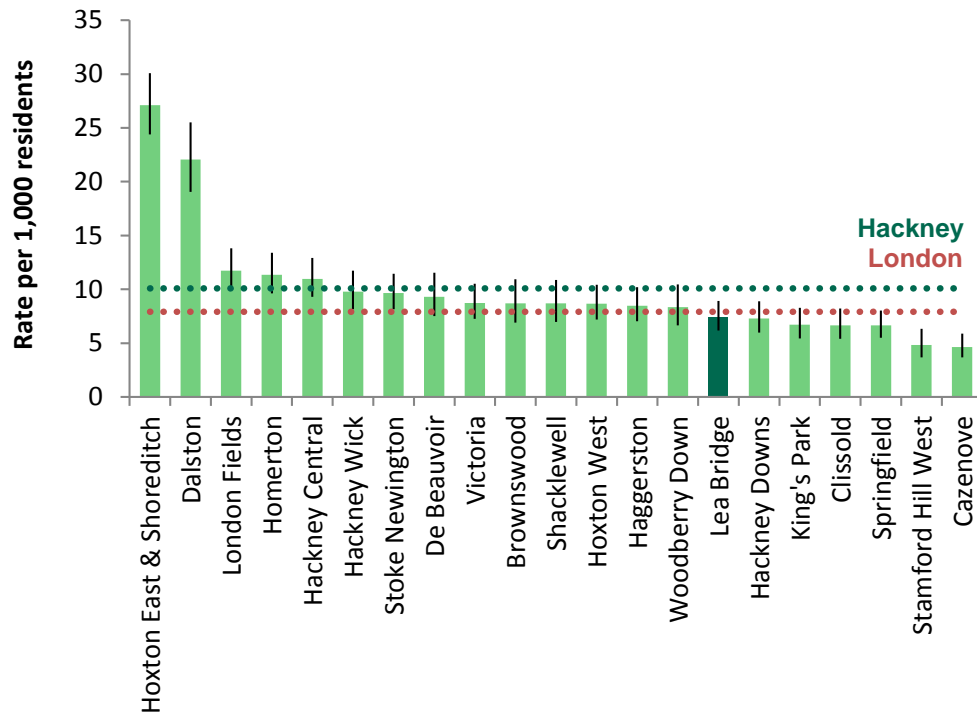
<sup>13</sup> PHE / UCL (2014) *Improving access to green spaces.*



### 3.3 Crime

Crime, and in particular violent crime, has a major impact on health and wellbeing.<sup>14</sup> Beyond the immediate impact, exposure to violence can have long-lasting physical and psychological effects. Fear of crime also reduces community cohesion and can make residents less likely to use services. Crime is strongly associated with socioeconomic deprivation, with the most deprived communities more likely to suffer. Overall crime rates in Hackney are higher than the London average and much higher in areas with vibrant night-time economies (Hoxton, Shoreditch and Dalston). Rates in Lea Bridge Ward are below the Hackney average.

Figure 12: Recorded crime per 1,000 population, by Ward (Met police 2014)

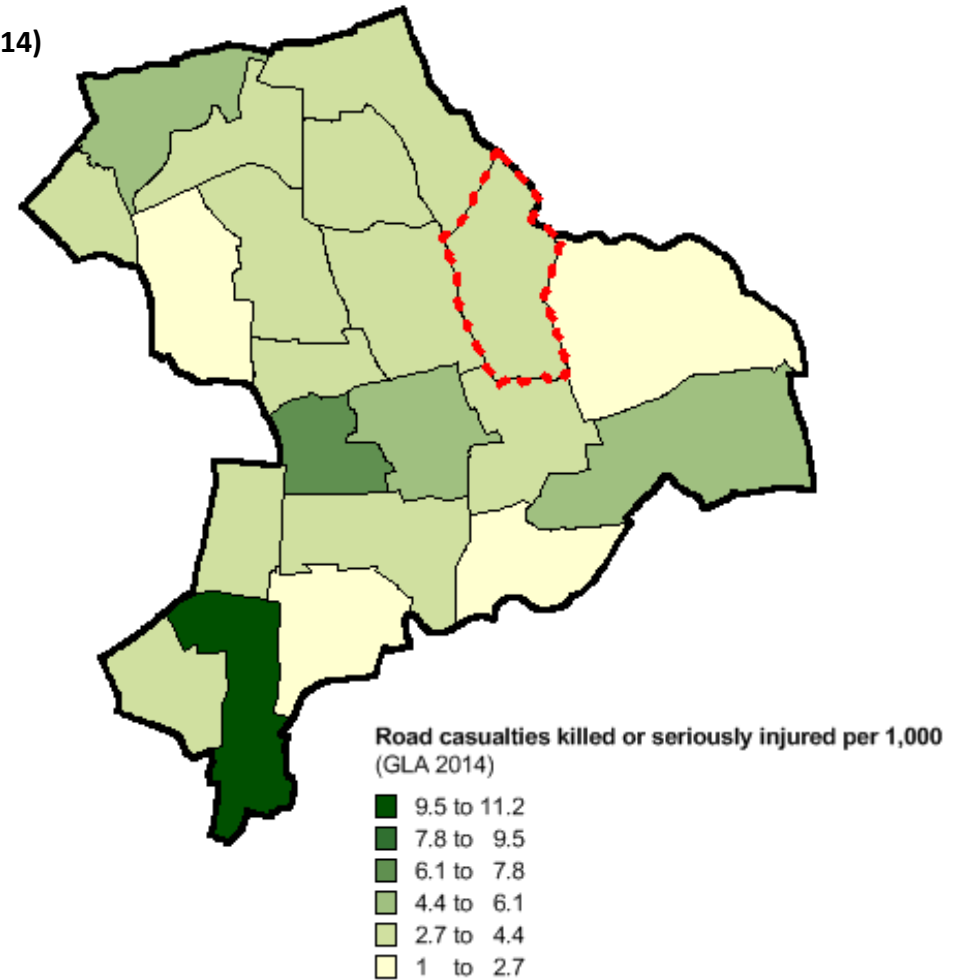
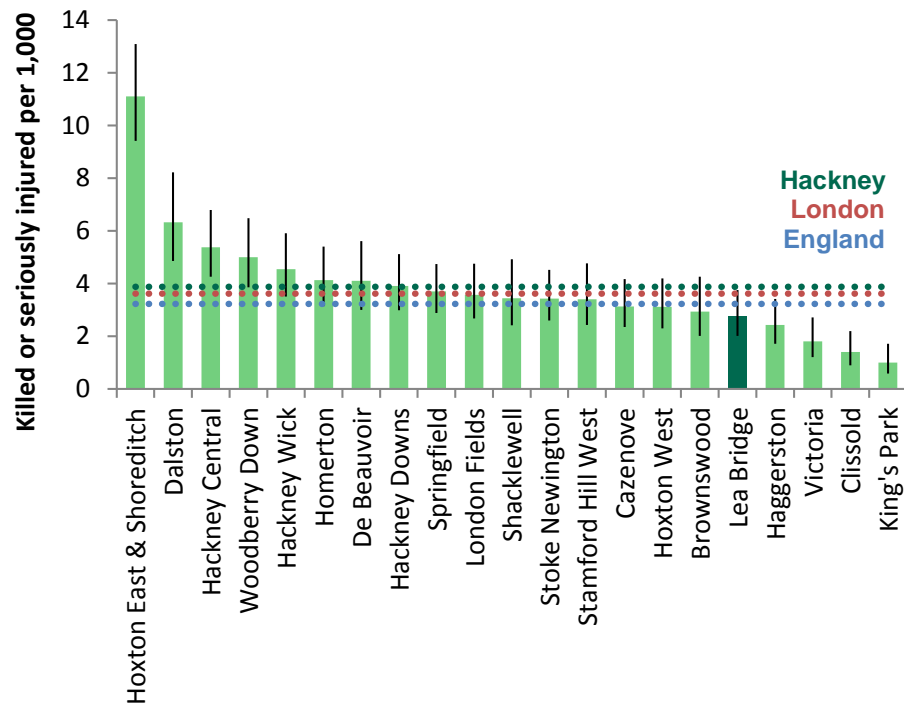


<sup>14</sup> McManus (2008) Better Health, Lower Crime. [www.nepho.org.uk/publications.php5?rid=653](http://www.nepho.org.uk/publications.php5?rid=653)

### 3.4 Road traffic accidents

Motor vehicle traffic accidents are a major cause of preventable injury and death, particularly in younger people. Rates are higher in socioeconomically deprived areas. Nationally, 3.2 people are killed or seriously injured on the road each year per 1,000 population. The rate is 3.9 per 1,000 in Hackney. Rates in Lea Bridge Ward are lower than the borough average.

Figure 13: Road casualties killed or seriously injured per 1,000, by Ward (GLA 2014)

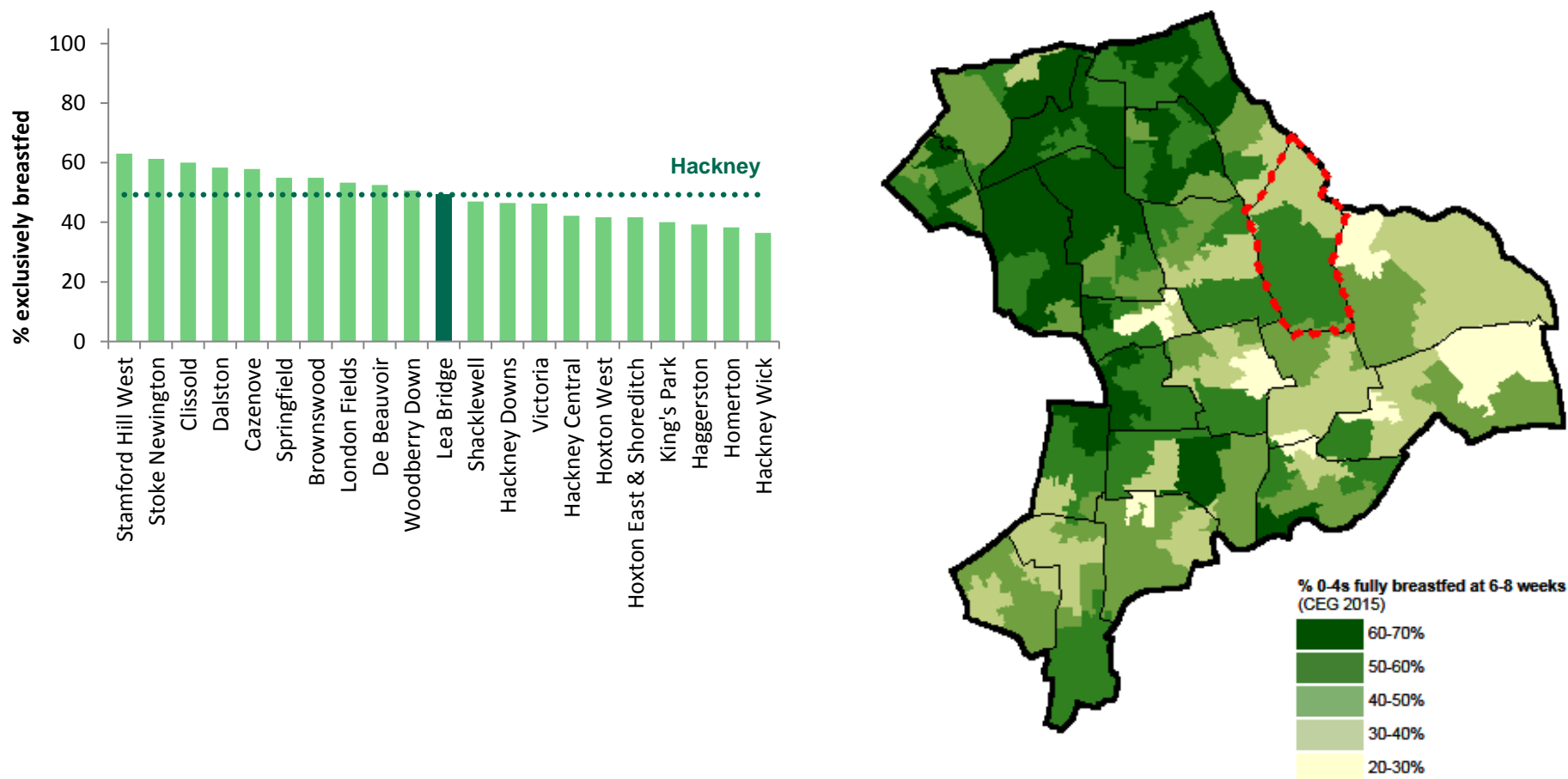


## 4 Preventable risk factors

### 4.1 Breastfeeding

Compared to artificial formula feeding, breast milk can provide long term health and psychological benefits for mothers and babies.<sup>15</sup> In England, socioeconomically deprived mothers are less likely to breastfeed than average, which exacerbates health inequalities. There is also wide variation in breastfeeding rates across different ethnic groups. NICE recommend exclusive breastfeeding for at least 6 months, but data are only available for 6-8 weeks after birth. Breastfeeding rates at 6-8 weeks in Hackney are relatively high, although there is variation within the borough.

**Figure 14: Proportion of 0-4 year old residents who were fully breastfed at 6-8 weeks, by Ward (CEG 2015)**

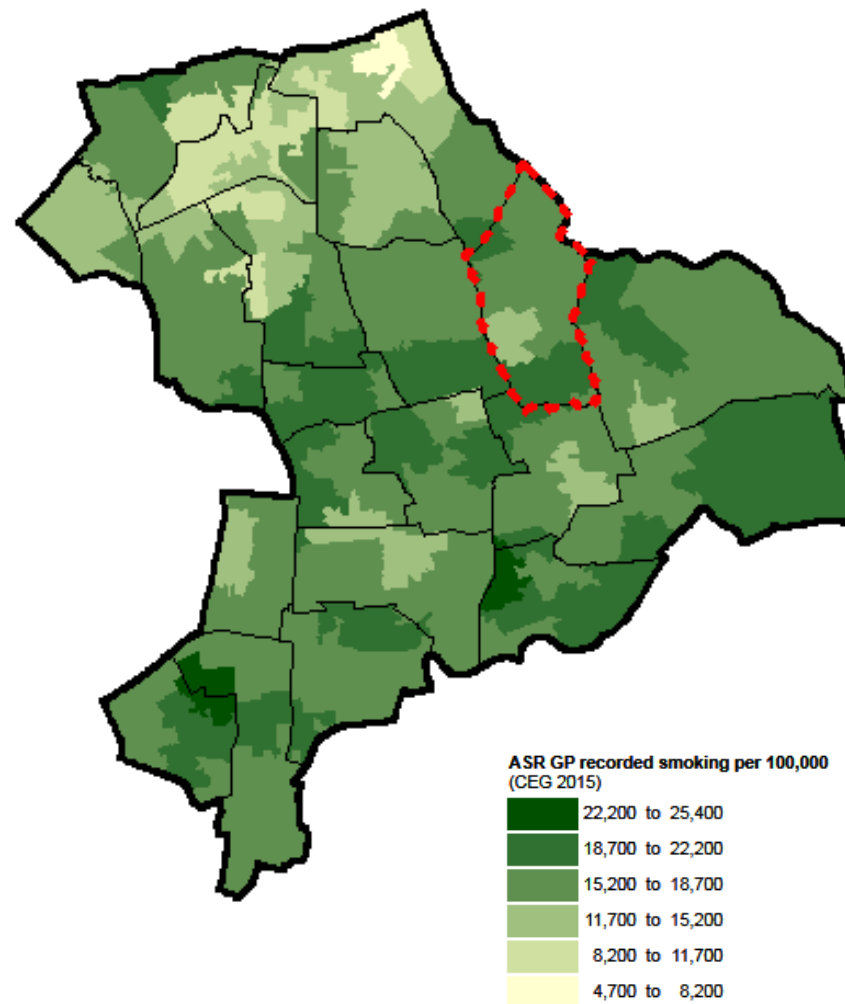
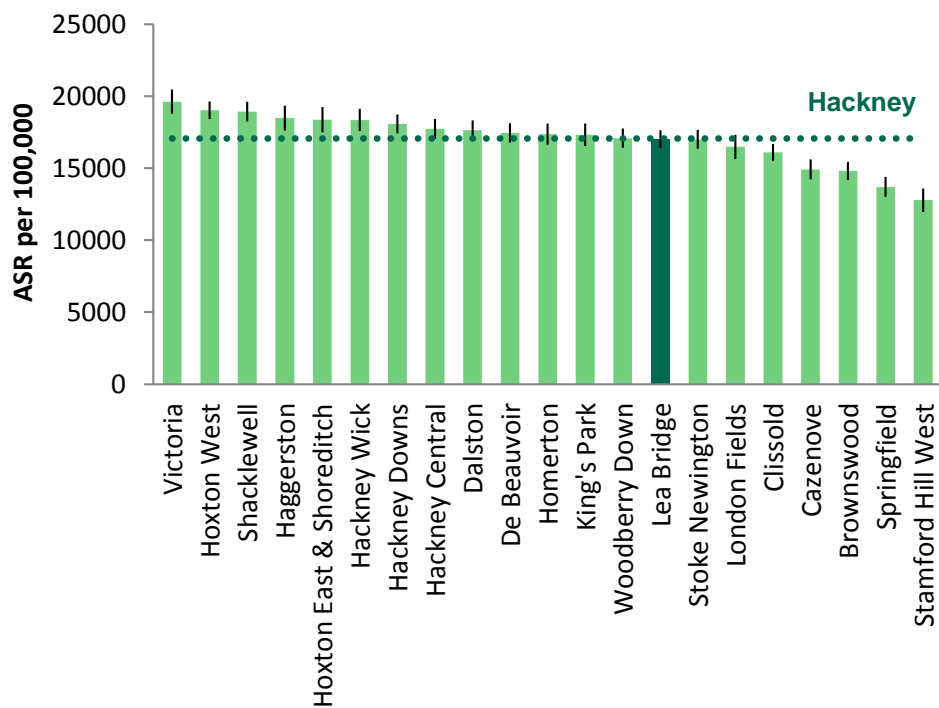


<sup>15</sup> Victora et al (2016) Breastfeeding in the 21<sup>st</sup> century: epidemiology, mechanisms and lifelong effect. The Lancet 387, p475-490

## 4.2 Smoking

Smoking remains possibly the biggest single preventable risk factor for disease and early death in Hackney. The borough has one of the highest rates of adult smoking in London, at 20.5% (over 40,000 people) compared with a 16.5% London average.<sup>16</sup> However, smoking prevalence has been falling locally (in line with national trends) and is now just above the England average. People living in more deprived circumstances are more likely to smoke, making it a major contributor to health inequalities. Data from local GPs suggest that Lea Bridge Ward has a similar age standardised rate of smoking to the borough average.

Figure 15: Age standardised rate of GP recorded smoking, by Ward (CEG 2015)



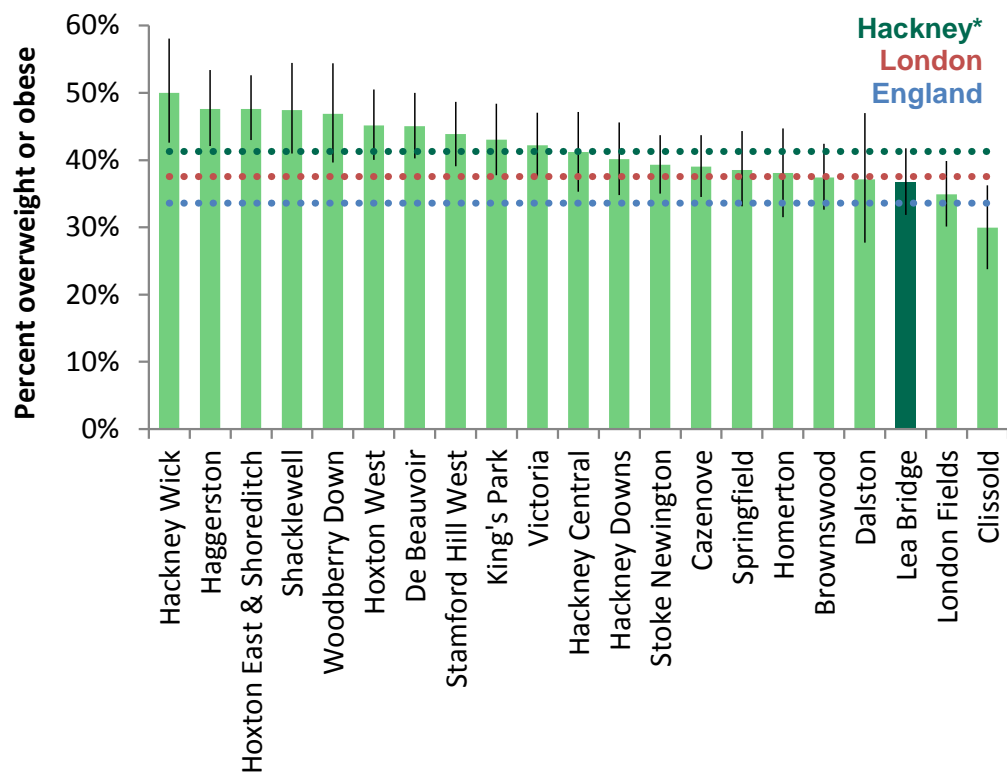
<sup>16</sup> 2015 Annual Population Survey

### 4.3 Child obesity

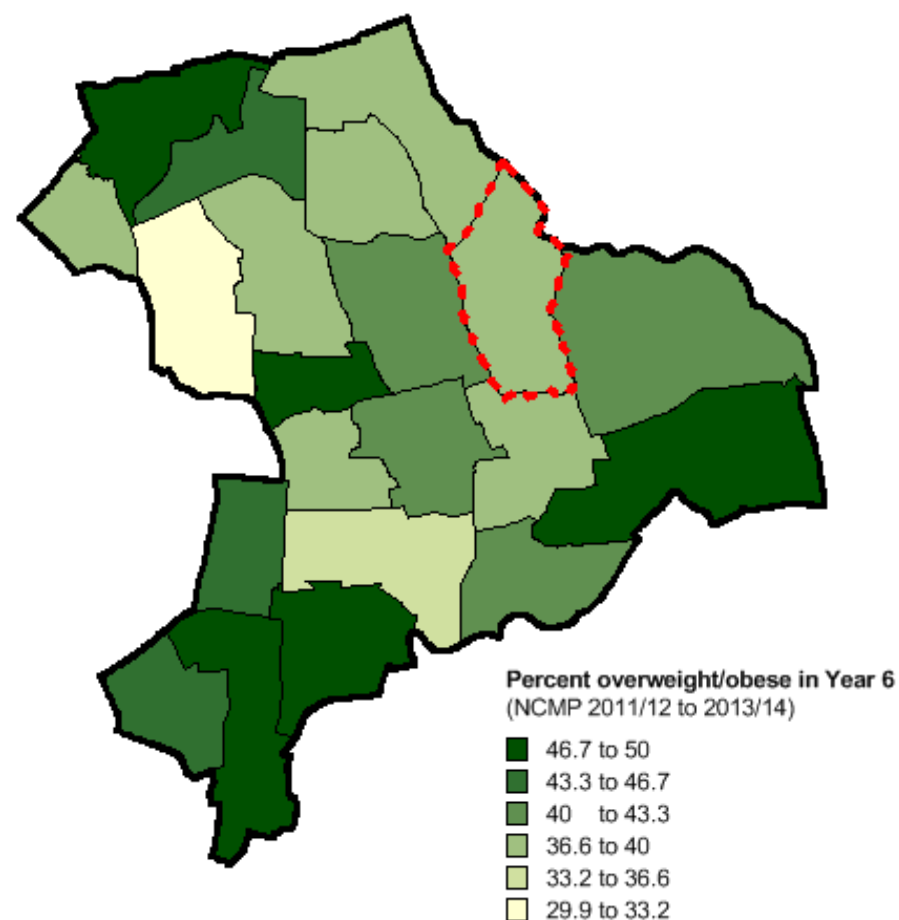
Obesity is linked to over-consumption of energy dense food and drink, as well as low levels of physical activity. It is measured using Body Mass Index (BMI), which is calculated from someone’s height and weight. BMI is used to assess whether someone is underweight, a healthy weight, overweight or obese; in children, BMI is compared to the average BMI for their age to assess their weight status.<sup>17</sup> Obesity in children in particular is a major public health priority in Hackney, with rates consistently above the national average. Rising rates of overweight and obesity in children is expected to lead to significant long term health problems in later life, such as diabetes. Overweight and obesity are strongly associated with socioeconomic deprivation.

The proportion of overweight Year 6 children in Lea Bridge Ward is similar to the Hackney average, and to the average for London and England.

**Figure 16: Percentage of state school Year 6 children (age 10-11) who are overweight or obese, by Ward (NCMP 2011/12–2013/14)**



\* including the City of London



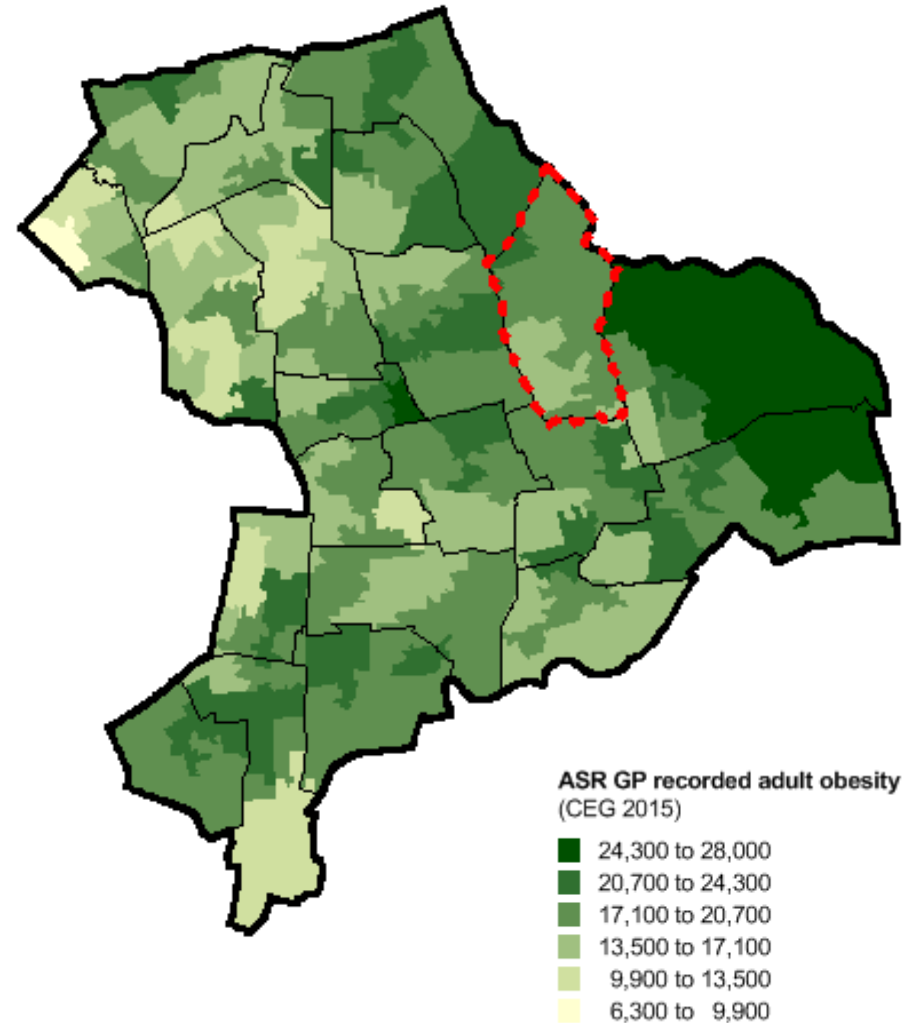
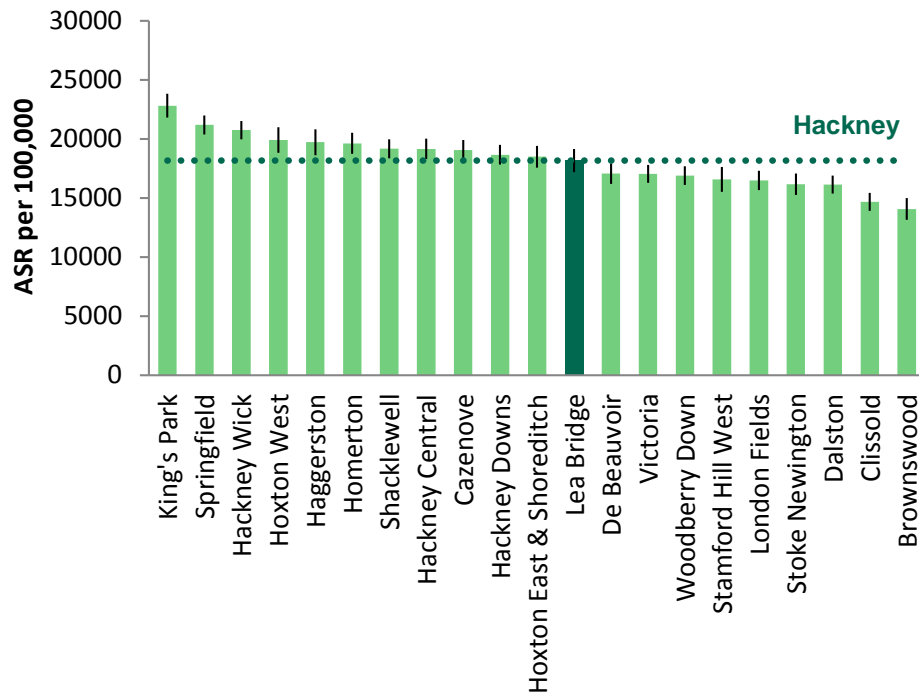
<sup>17</sup> “Overweight” is the top 15% of children for their age, and “Obese” are in the top 5% of their age.

#### 4.4 Adult obesity

Obesity is a major and growing risk factor for disease and early death in our population – almost 40,000 City & Hackney adult patients are recorded as obese by local GPs (BMI $\geq$ 30), with almost 5,000 of these being recorded as very obese (BMI $\geq$ 40).

People living in more deprived circumstances are more likely to be obese, making it a major contributor to health inequalities. Lea Bridge Ward has a similar age standardised rate of adult obesity to the borough average.

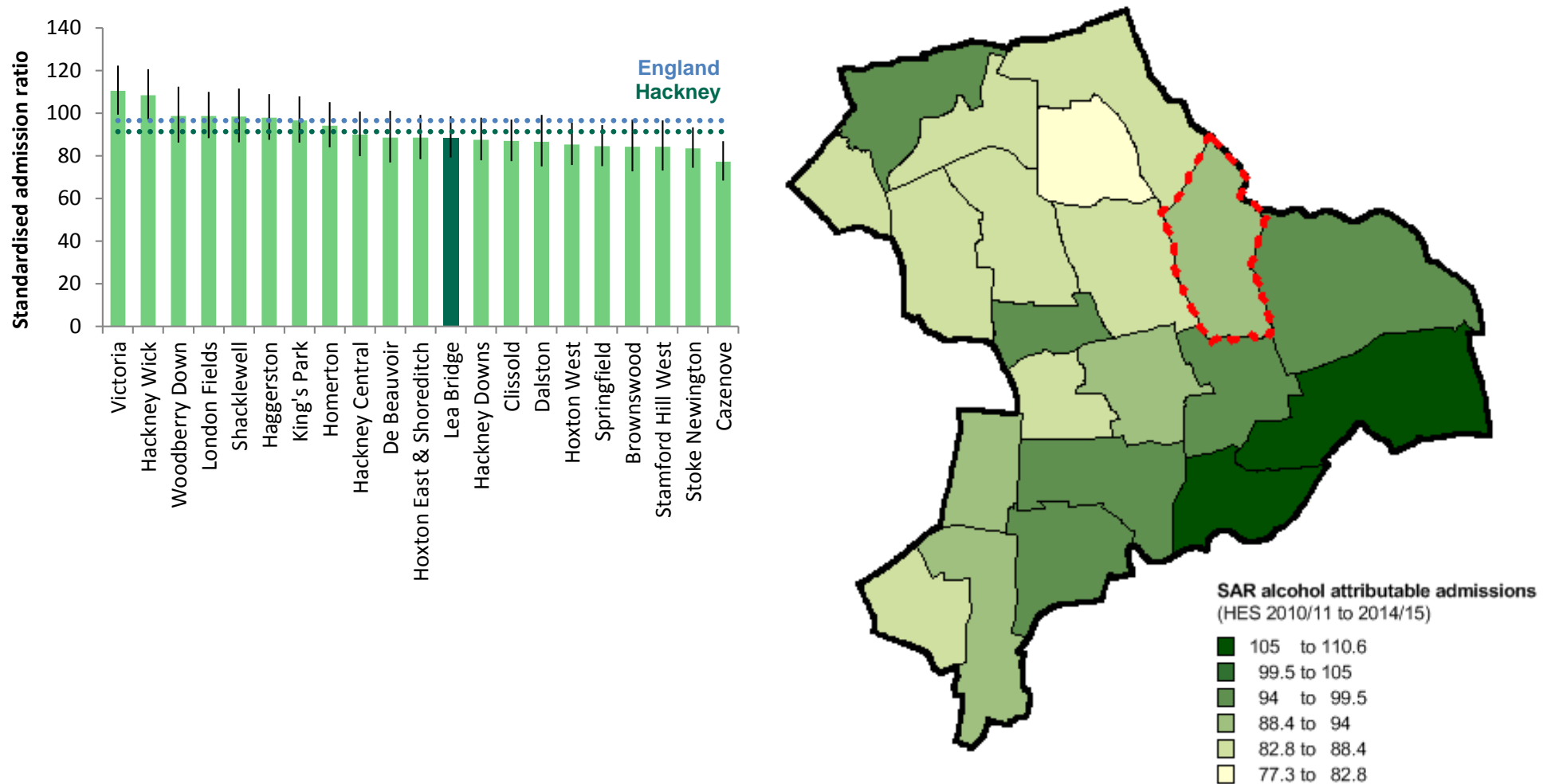
**Figure 17: Age standardised rate of GP recorded adult obesity, by Ward (CEG 2015)**



#### 4.5 Alcohol

Alcohol is a major cause of ill health and mortality. Though rates of consumption are often higher in wealthier groups, alcohol associated illness is more common in socioeconomically deprived communities. Rates of alcohol attributable hospital admissions in Hackney are lower than the national average. Within Hackney, rates are in Lea Bridge Ward are similar to the borough average.

**Figure 18: Standardised admission ratio for alcohol attributable hospital admissions, by Ward (HES 2010/11-2014/15)**

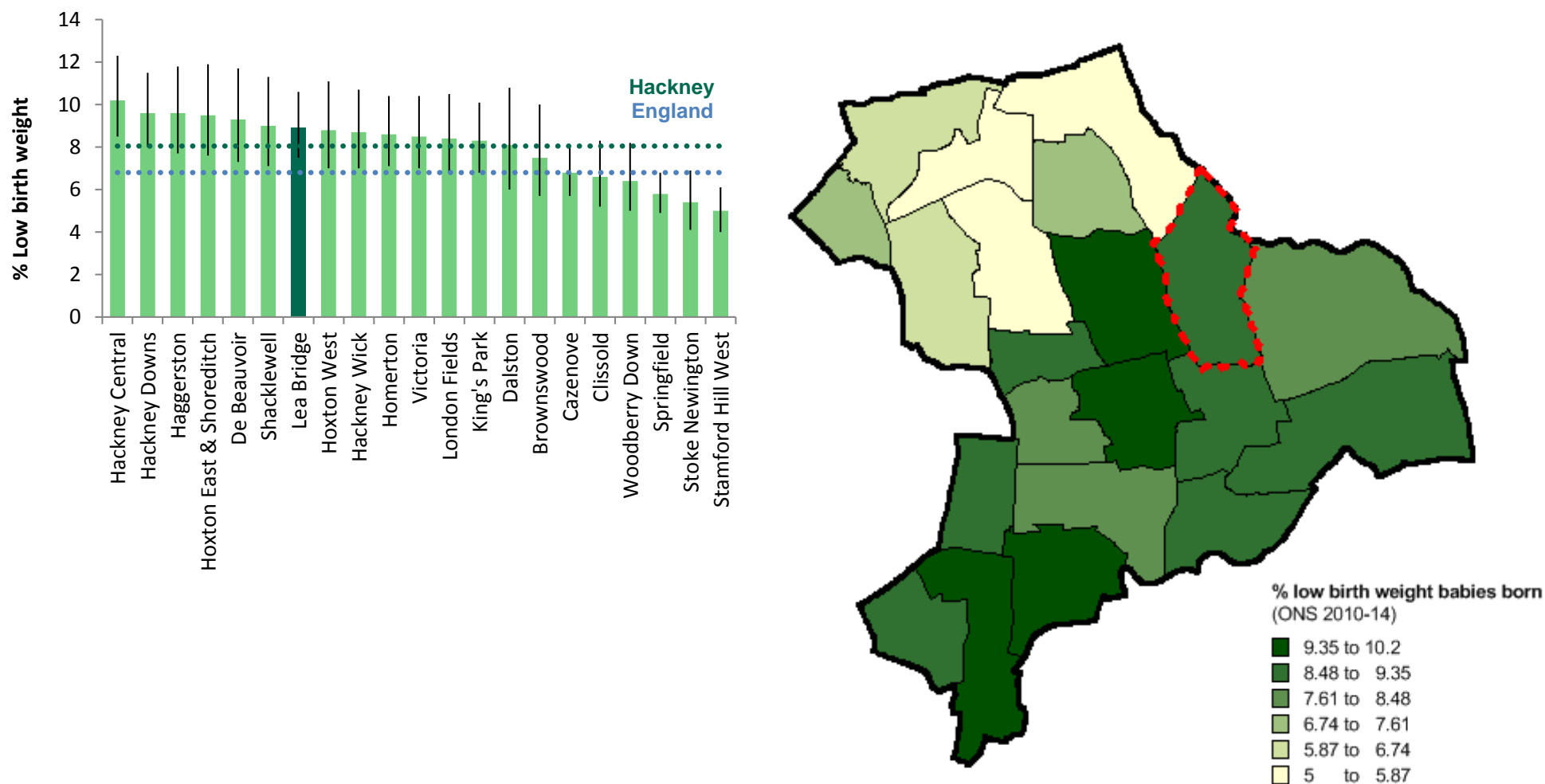


## 5 Health Outcomes

### 5.1 Low birth weight babies

Low birth weight babies are defined as those being under 2.5kg when born. Low birth weight is associated with maternal health and behaviours (smoking, hypertension, alcohol use, substance misuse) and maternal infections (such as HIV, malaria and syphilis). It is associated with higher rates of infant mortality and ill health. At a population level, rates are higher in communities that are socioeconomically deprived. Rates in Lea Bridge Ward are similar to the Hackney average, but above the England average.

**Figure 19: The proportion of low birth weight babies born to Hackney residents, by Ward (ONS 2010-14)**

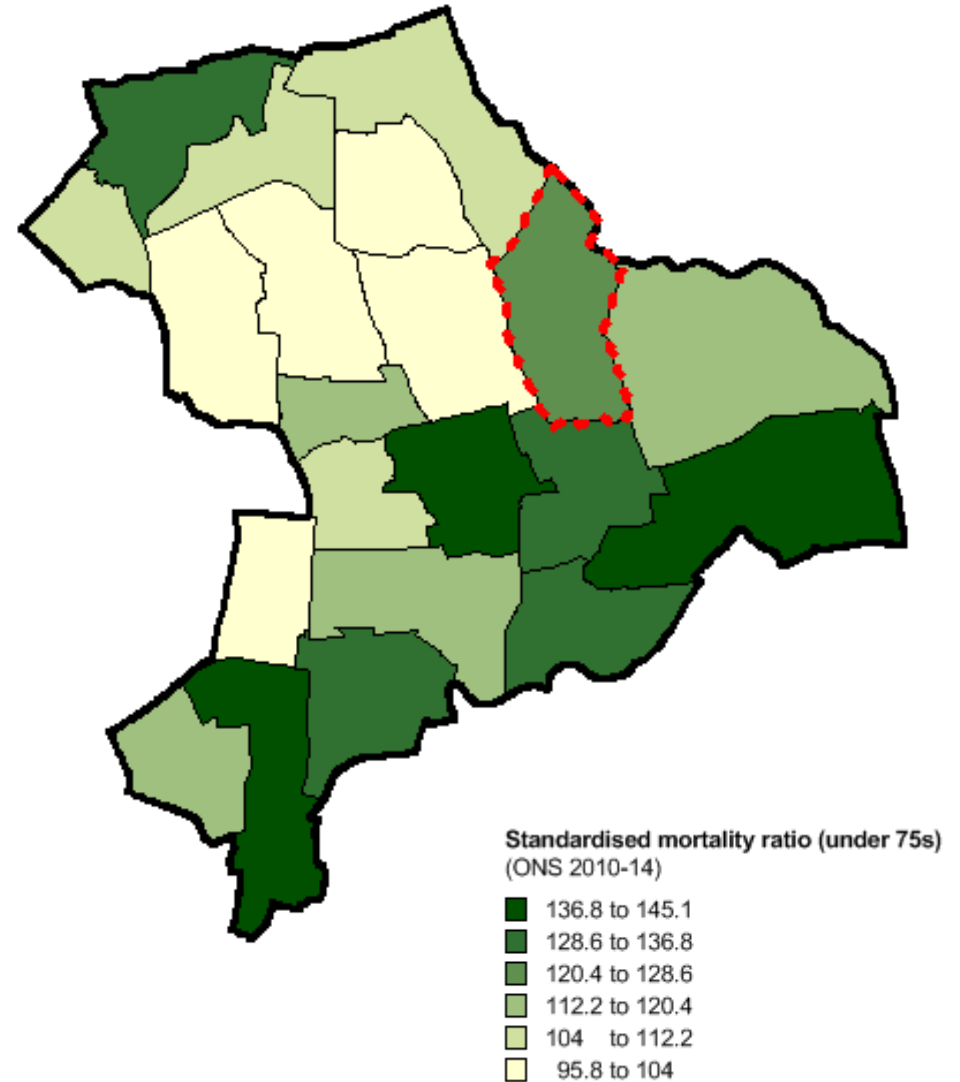
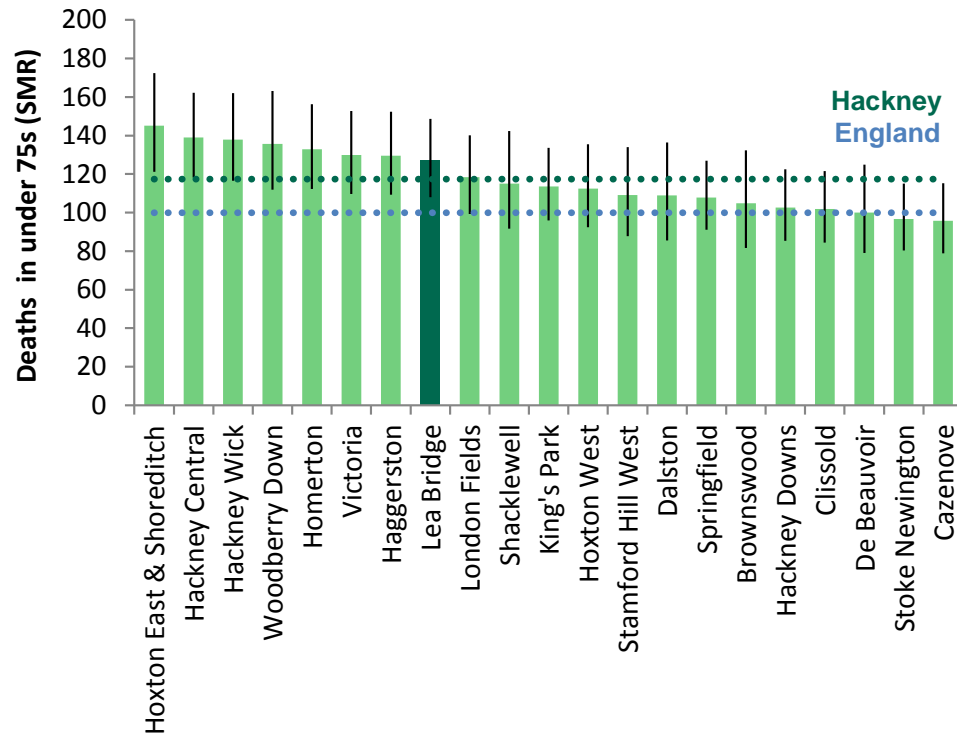




## 5.2 Premature mortality

Hackney has relatively high levels of socioeconomic deprivation, which is linked to higher rates of premature mortality than many other areas. Rates in Lea Bridge Ward are similar to the Hackney average.

**Figure 20: Standardised mortality ratio in under 75s, by Ward (ONS 2010-14)**

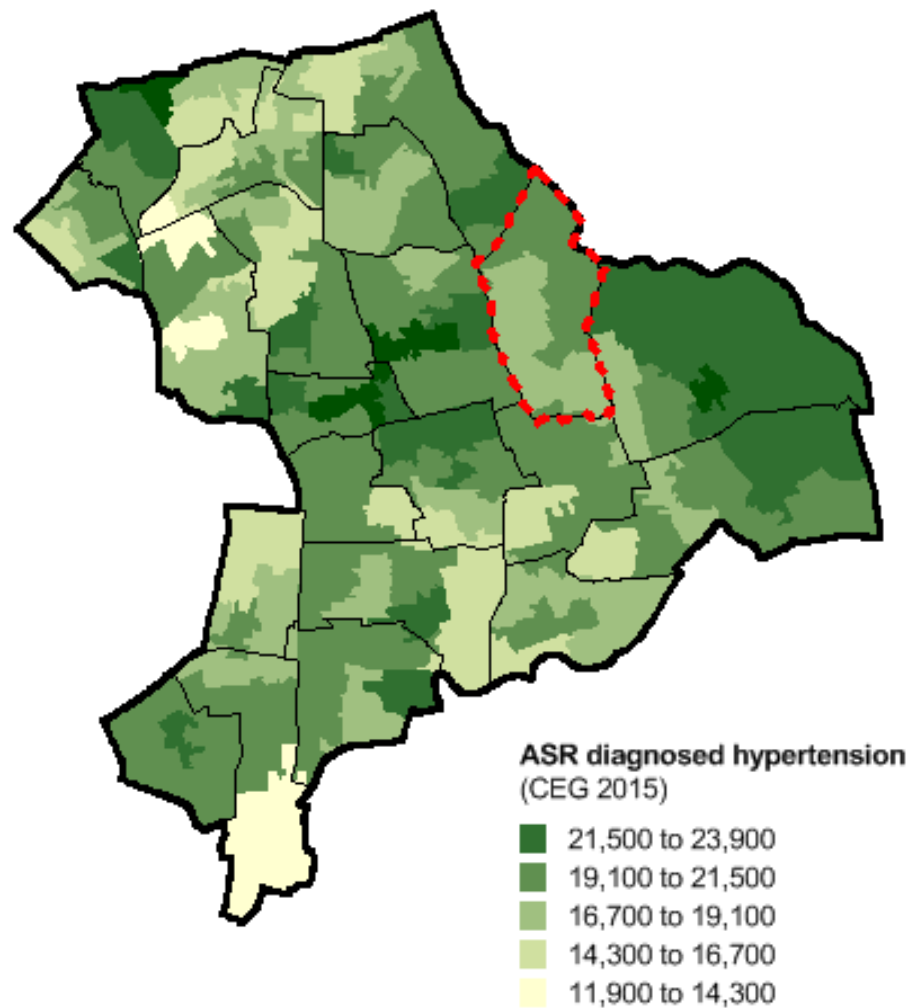
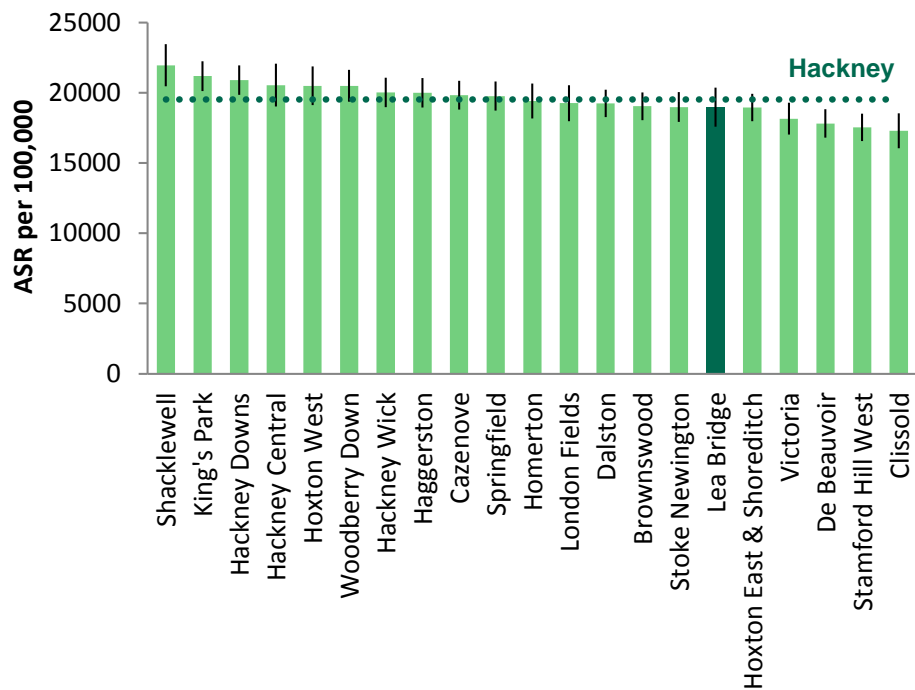


### 5.3 Cardiovascular disease: hypertension

High blood pressure (hypertension) is one of the most common long term health disorders, and is a major risk factor for heart disease, stroke, kidney disease and other conditions. Trends in obesity and physical inactivity are likely to contribute to rising hypertension prevalence in coming years. Cardiovascular disease is more common in socioeconomically deprived communities, and in Black and Asian populations. It is more common in older people, though diagnosis rates are lower in younger people.

Rates of recorded hypertension in Lea Bridge Ward are similar to the borough average.

**Figure 21: Age standardised rate of GP recorded hypertension, by Ward (CEG 2015)**

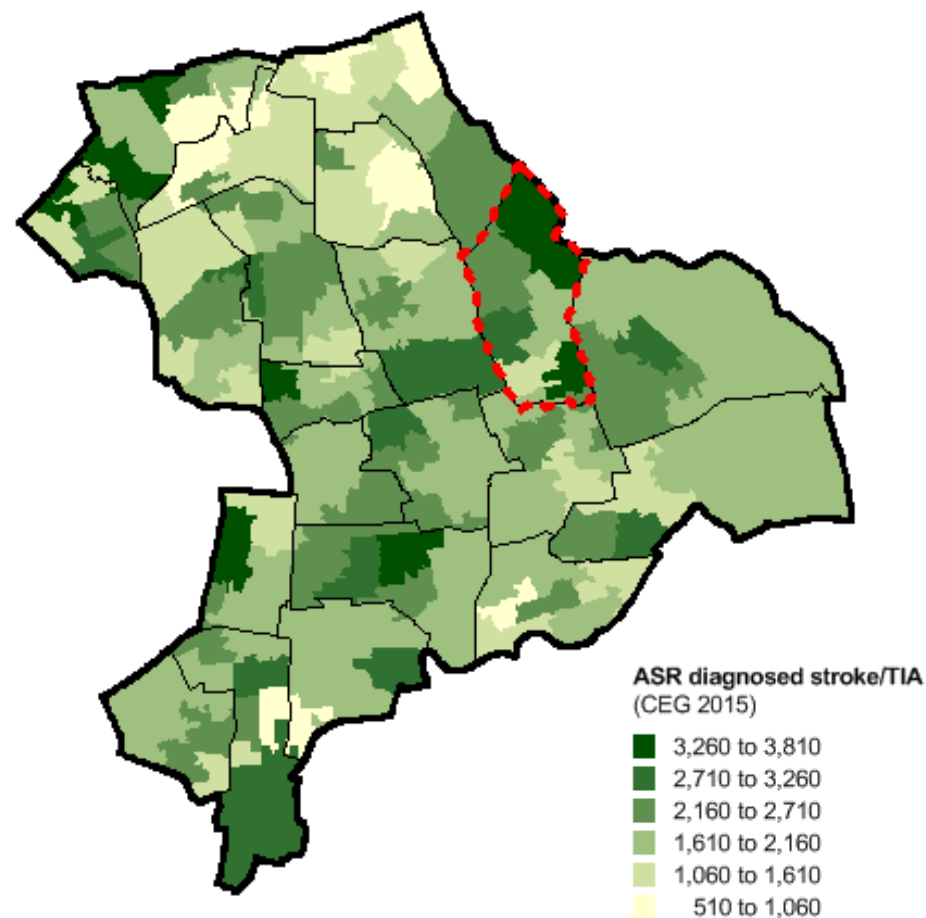
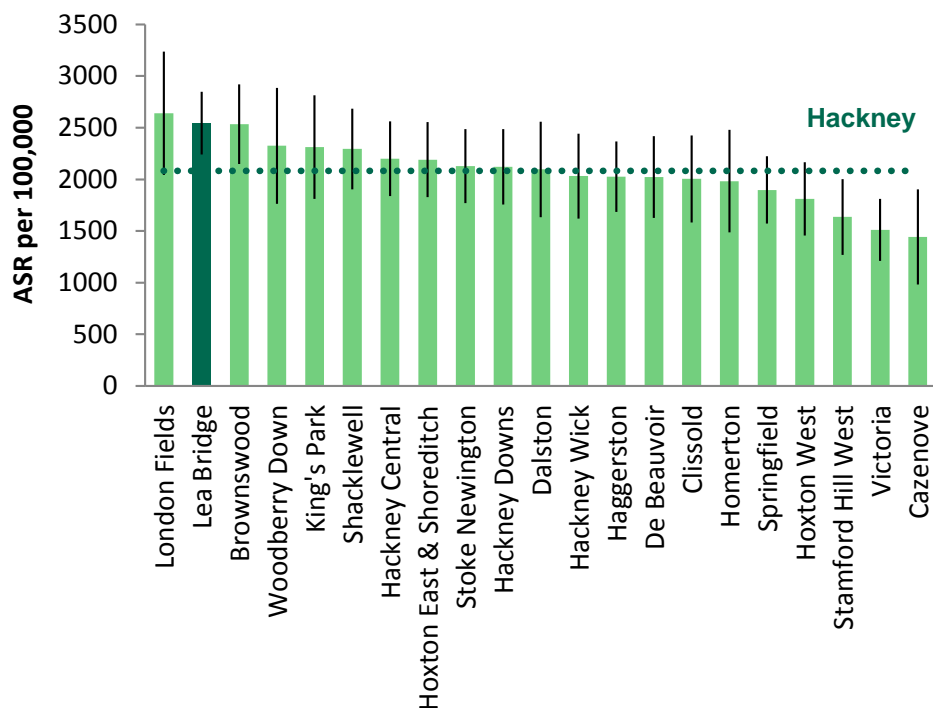


#### 5.4 Cardiovascular disease: stroke

Stroke and transient ischaemic attack (TIA) are a major cause of death and long term illness in Hackney residents. The major risk factor is age, but stroke is also more common among more socioeconomically deprived communities and in Black and Asian people. Data on local residents who have been diagnosed with a stroke or TIA are shown below.

Stroke/TIA prevalence rates in Lea Bridge Ward are higher than the borough average.

Figure 22: Age standardised rate of GP recorded stroke/TIA, by Ward (CEG 2015)

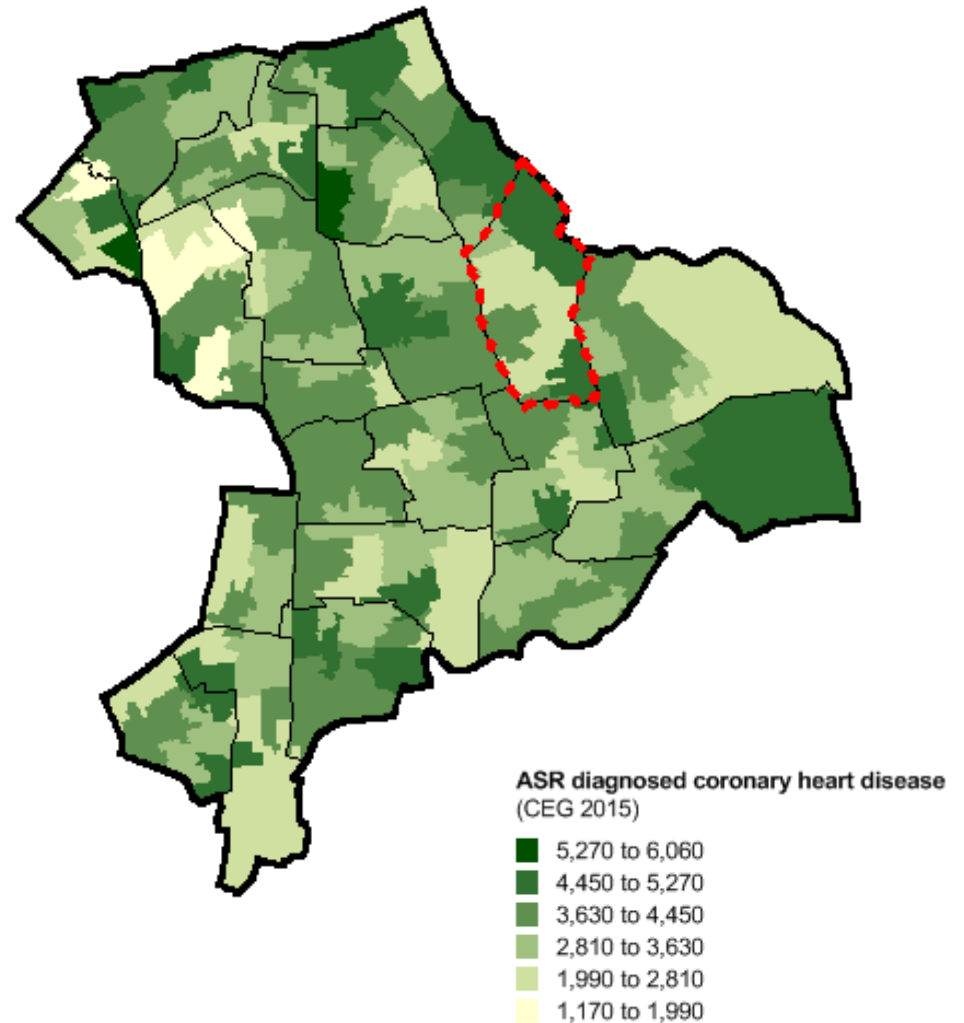
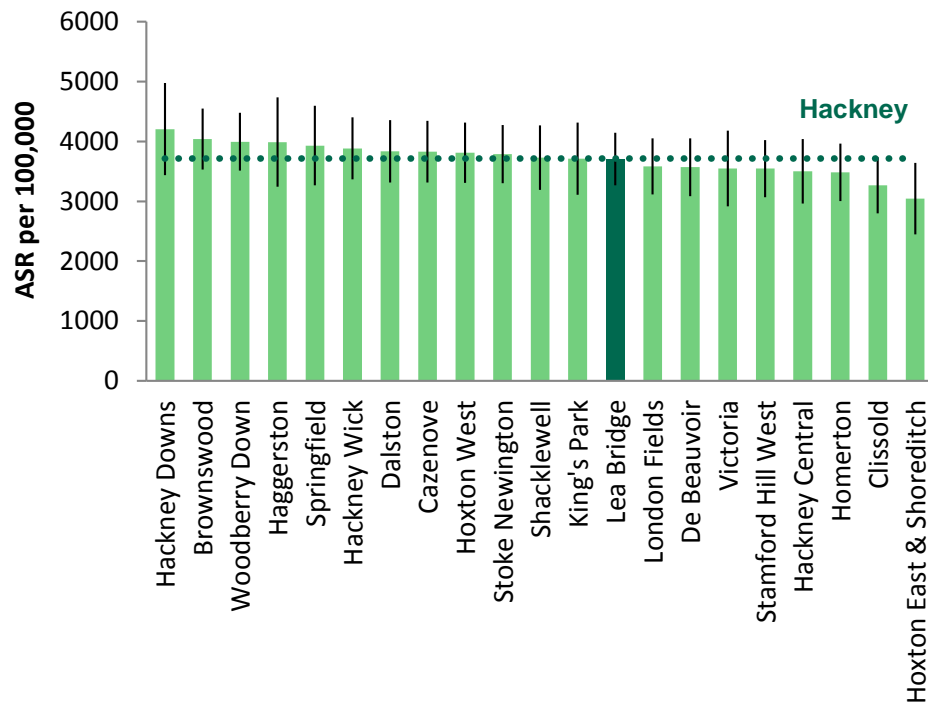


### 5.5 Cardiovascular disease: coronary heart disease

Coronary heart disease (CHD) is a leading cause of death in Hackney residents. It is linked to smoking, obesity and low levels of physical activity, and is more common in socioeconomically deprived communities, as well as in Black and Asian ethnic groups. Local data on people who have been diagnosed with CHD are shown below.

Rates of CHD in Lea Bridge Ward are similar to the borough average.

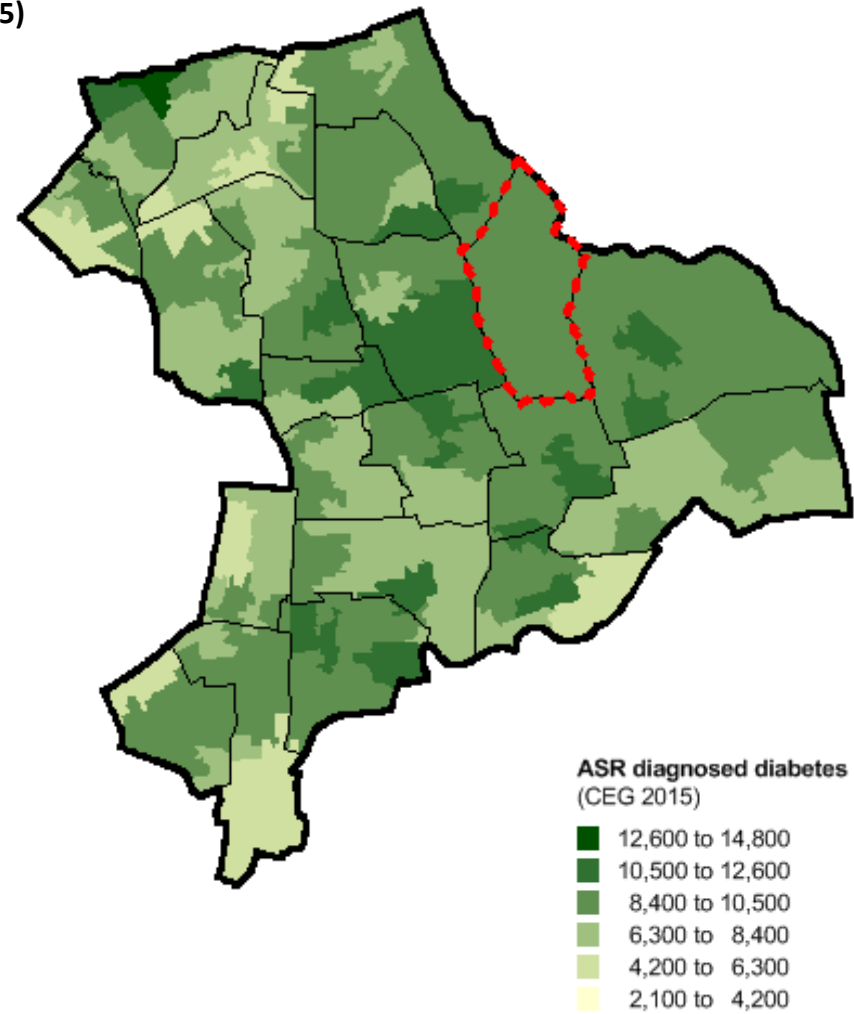
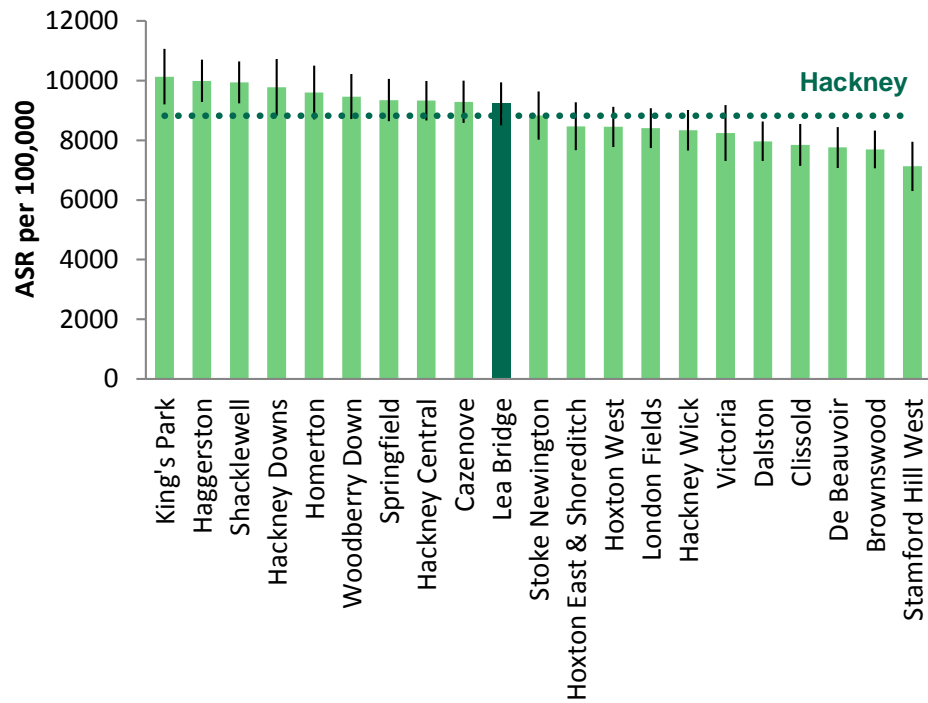
**Figure 23: Age standardised rate of GP recorded CHD, by Ward (CEG 2015)**



## 5.7 Diabetes

Trends in obesity and physical inactivity are likely to contribute to a longer-term rise in (Type 2) diabetes prevalence. Diabetes is more common in more deprived communities, and in Black and Asian populations. About two thirds of cases are thought to be diagnosed in Hackney.<sup>18</sup> Rates recorded in Lea Bridge Ward are similar to the borough average.

**Figure 24: Age standardised rate of GP recorded diabetes, by Ward (CEG 2015)**

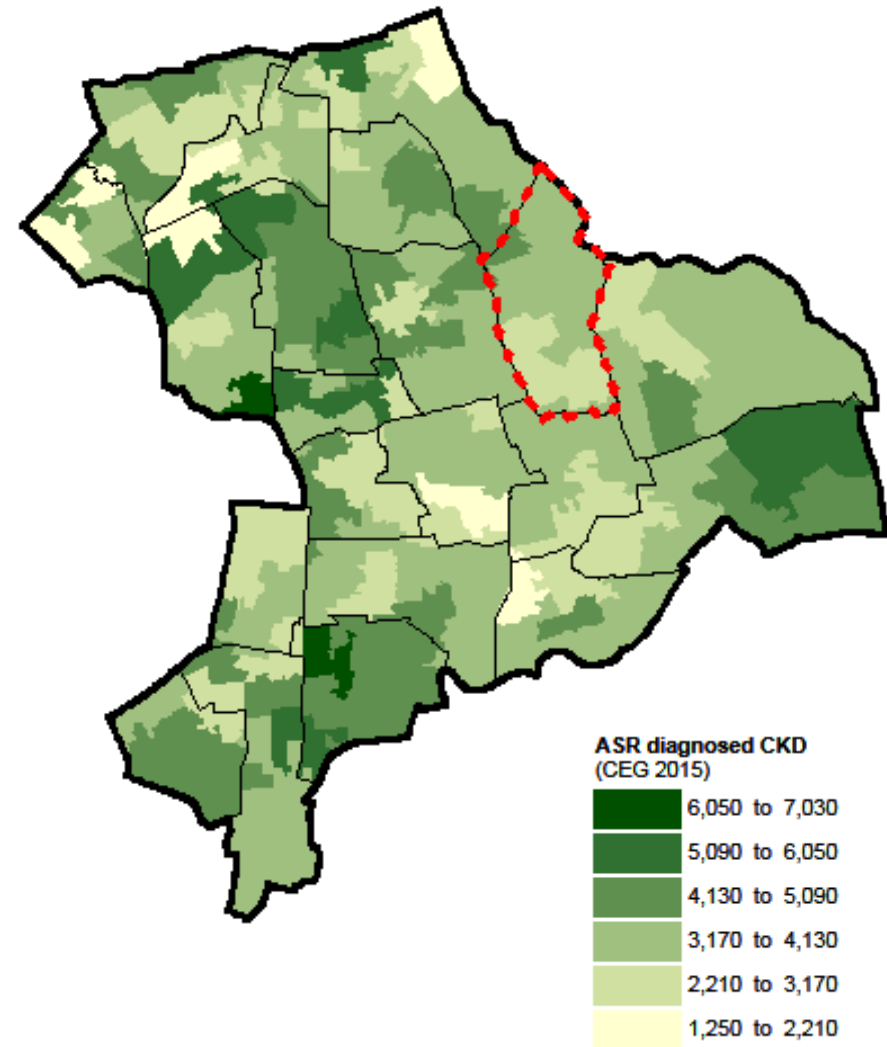
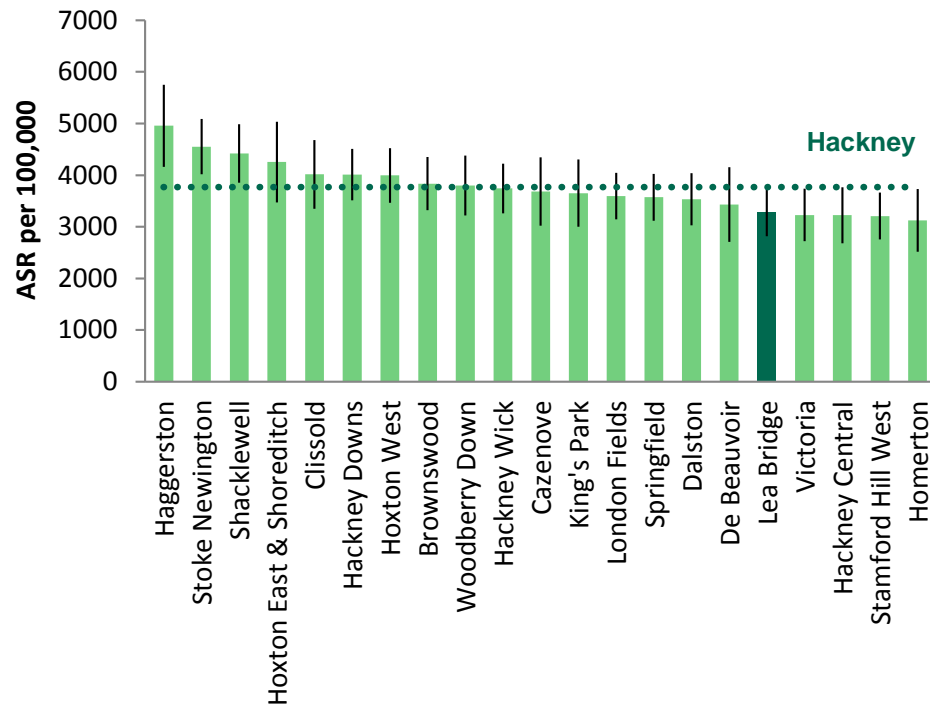


<sup>18</sup> NCIN (2016) Diabetes prevalence model for local authorities and CCGs

## 5.8 Chronic kidney disease

Chronic kidney disease (CKD) is a common long term condition affecting kidney function. It is associated with some cardiovascular conditions and diabetes, and is more common in socioeconomically deprived communities. The rate recorded in Lea Bridge is similar to the borough average.

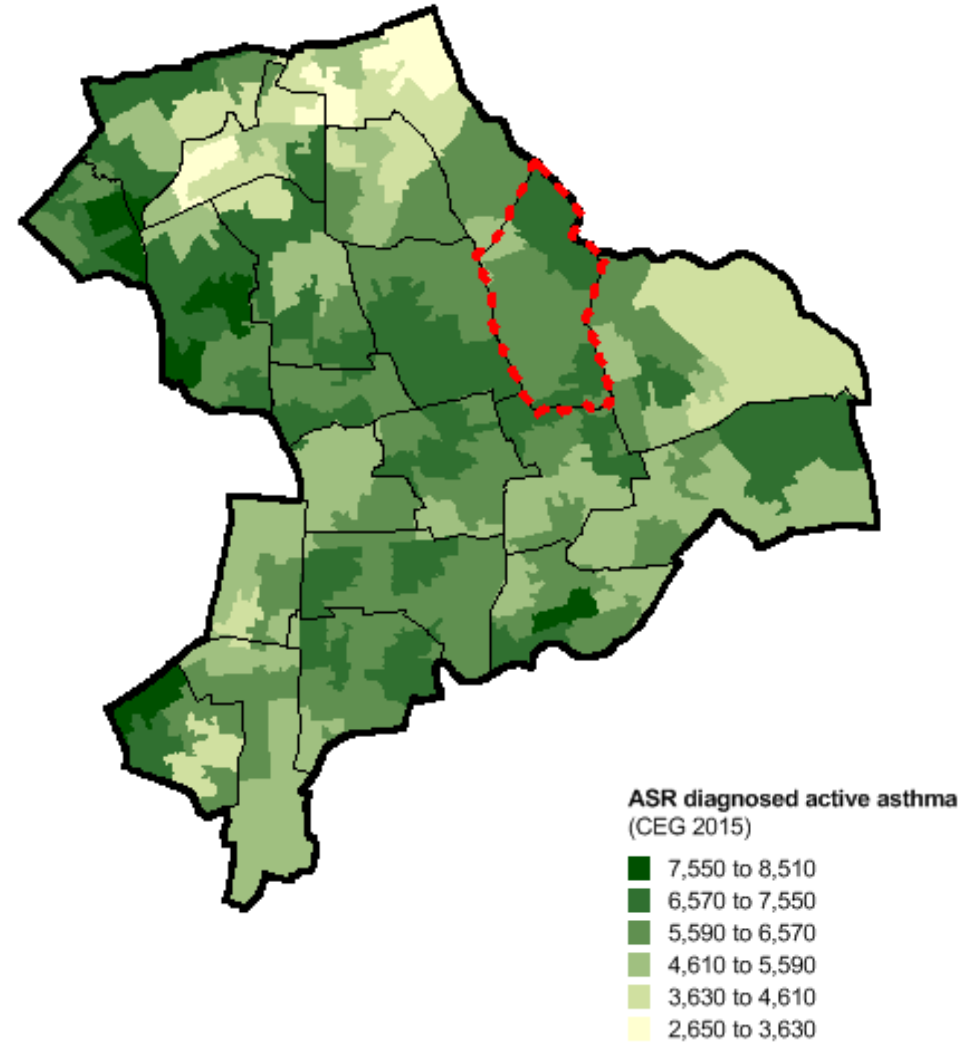
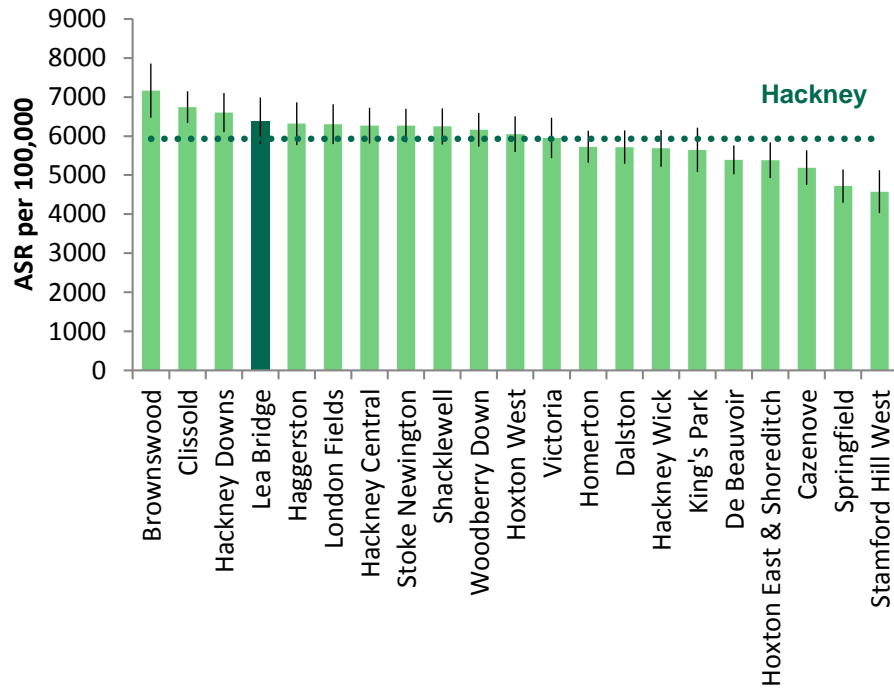
**Figure 25: Age standardised rate of GP recorded CKD, by Ward (CEG 2015)**



### 5.9 Respiratory disease: asthma

Asthma is a common respiratory condition, often associated with allergic sensitivity. It is associated with smoking, obesity, air pollution and hay fever, and is more common in socioeconomically deprived communities. Rates recorded in Lea Bridge Ward are similar to the borough average.

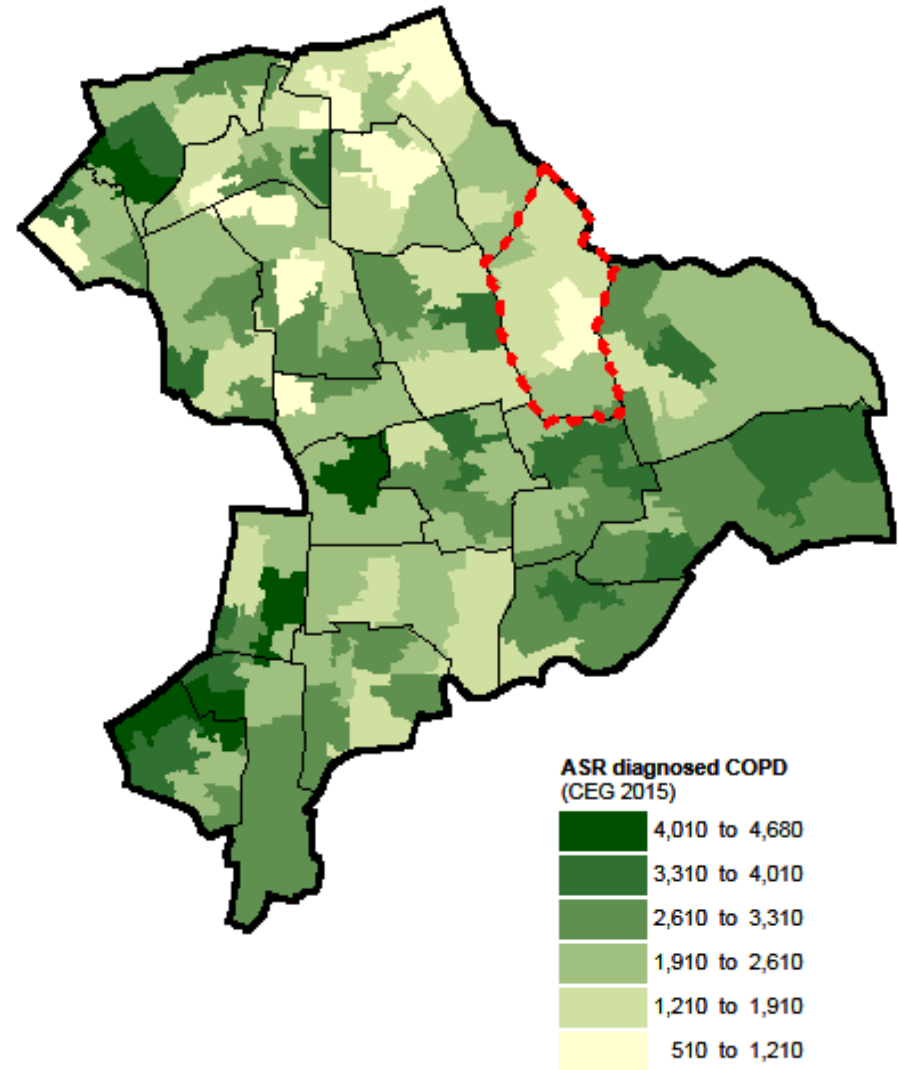
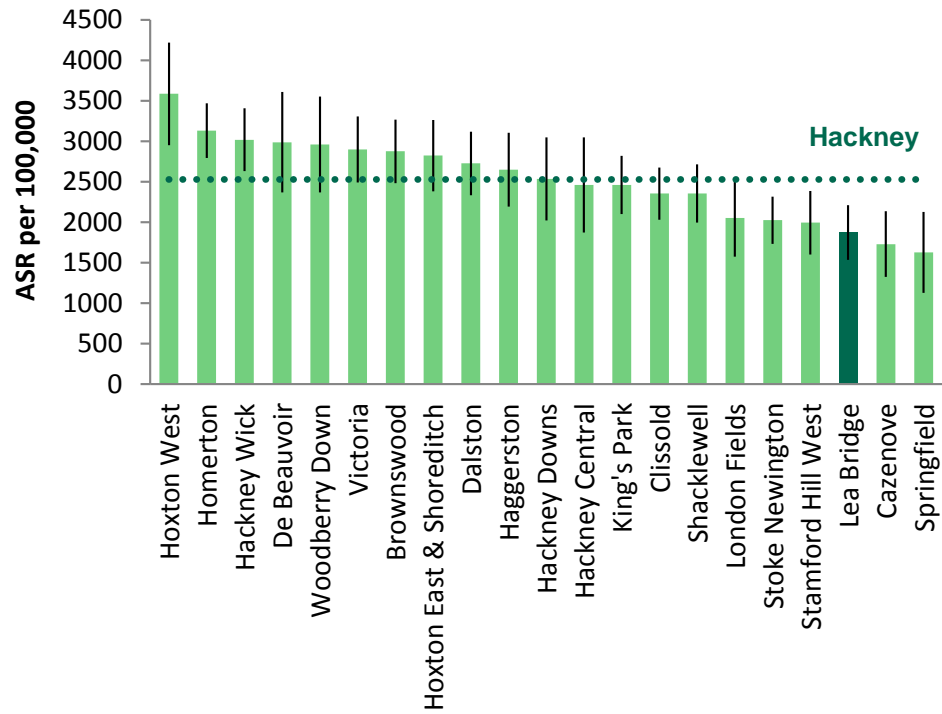
**Figure 26: Age standardised rate of active asthma, by Ward (CEG 2015)**



### 5.10 Respiratory disease: chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) is a progressive lung condition which is associated with ageing and smoking. It is more common in socioeconomically deprived communities. Rates recorded in Lea Bridge Ward are below the borough average.

Figure 27: Age standardised rate of GP recorded COPD, by Ward (CEG 2015)

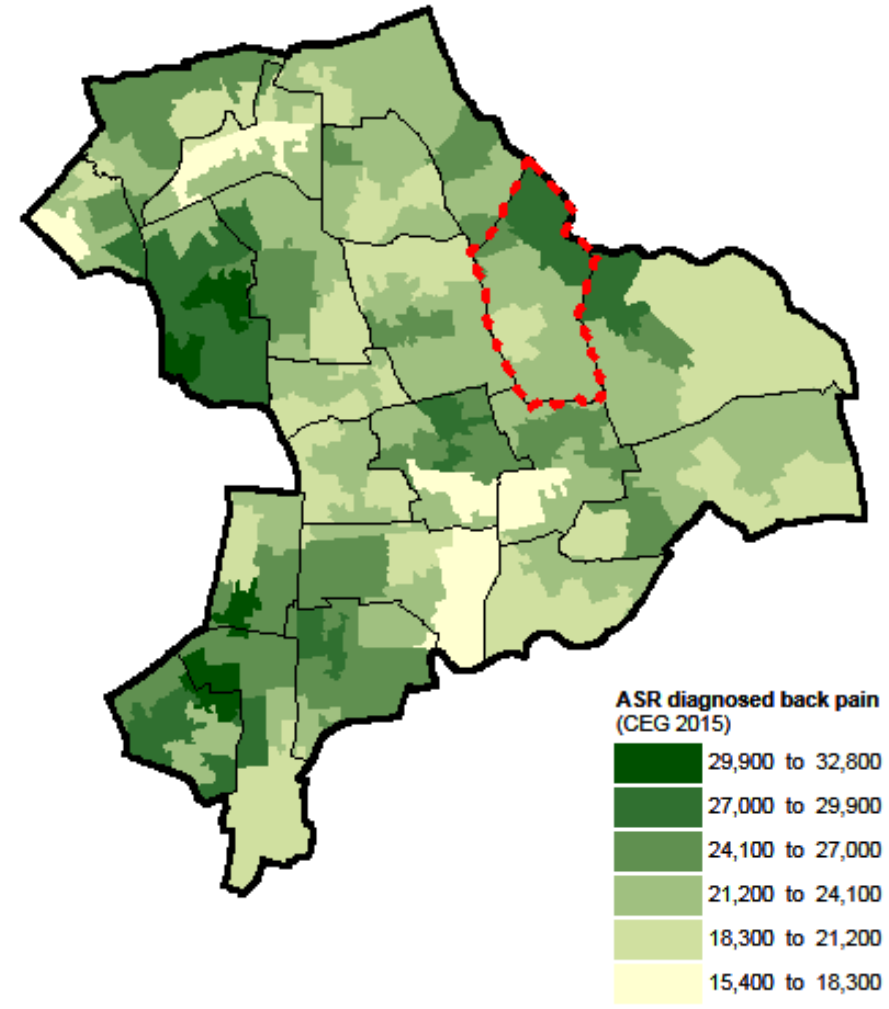
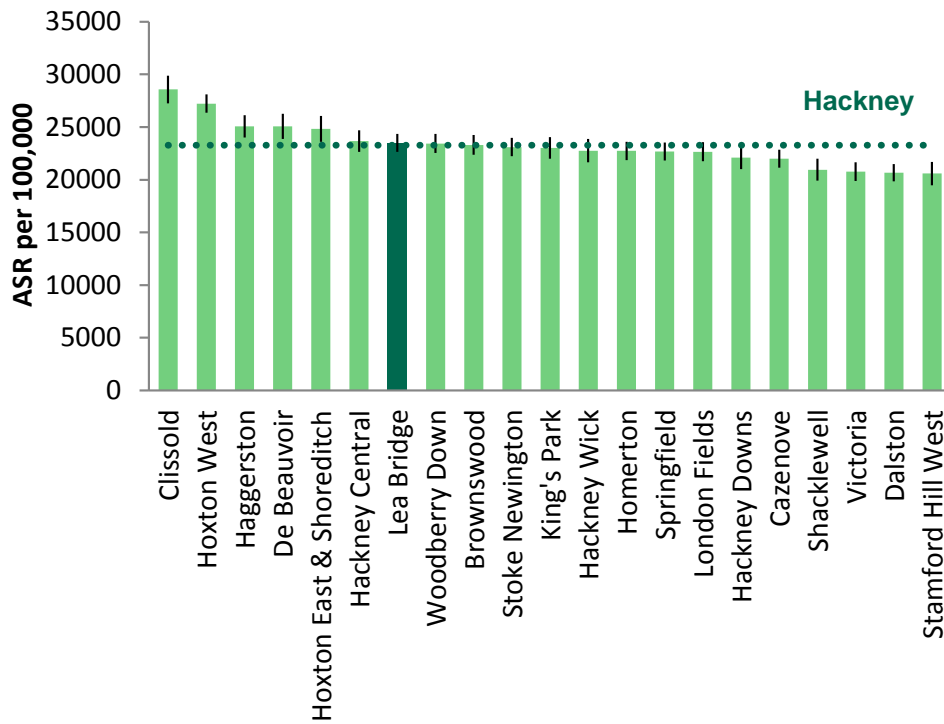




### 5.11 Musculoskeletal disorders: back pain

The recent Global Burden of Disease (GBD) study found that musculoskeletal disease was one of the main causes of ill-health in England.<sup>19</sup> It is one of the most common musculoskeletal problems and a major cause of absence from work. Age standardised rates of back pain recorded by GPs in Lea Bridge Ward are similar to the borough average.

**Figure 28: Age standardised rate of GP recorded back pain, by Ward (CEG 2015)**

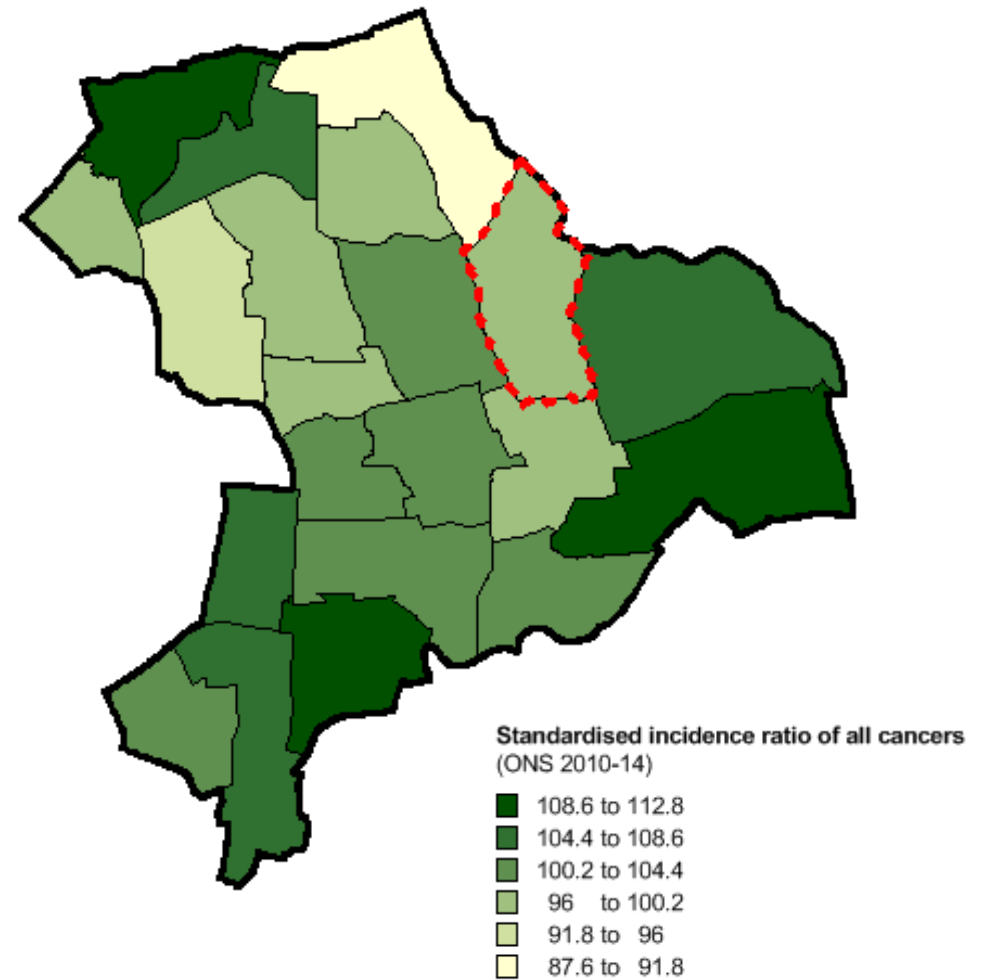
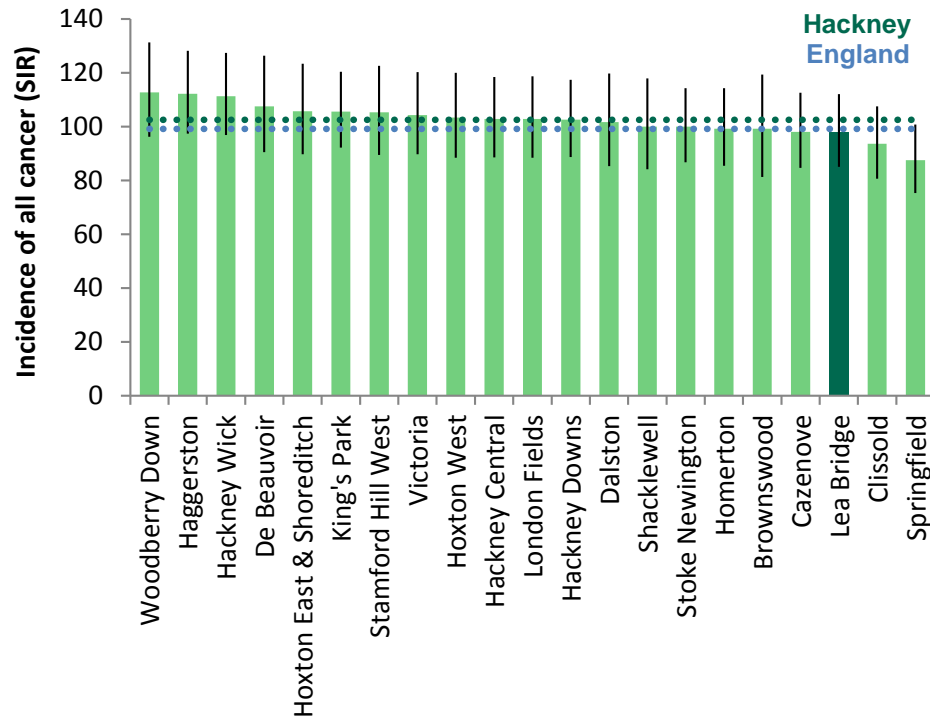


<sup>19</sup> Institute for Health Metrics and Evaluation (IHME). GBD Compare - Public Health England. Seattle, WA: IHME, University of Washington, 2015. Available from <http://vizhub.healthdata.org/gbd-compare>

## 5.12 Cancer

While survival rates are improving, cancer remains one of the biggest causes of death and illness nationally. Different cancers have different preventable risk factors, with smoking, physical inactivity and obesity being common contributors. Many cancers are more prevalent in socioeconomically deprived areas, and others are associated with gender or ethnicity. Most cancers are linked to increasing age. These figures show the age standardised rates of diagnosis with any cancer. The rate recorded in Lea Bridge Ward is similar to the borough average.

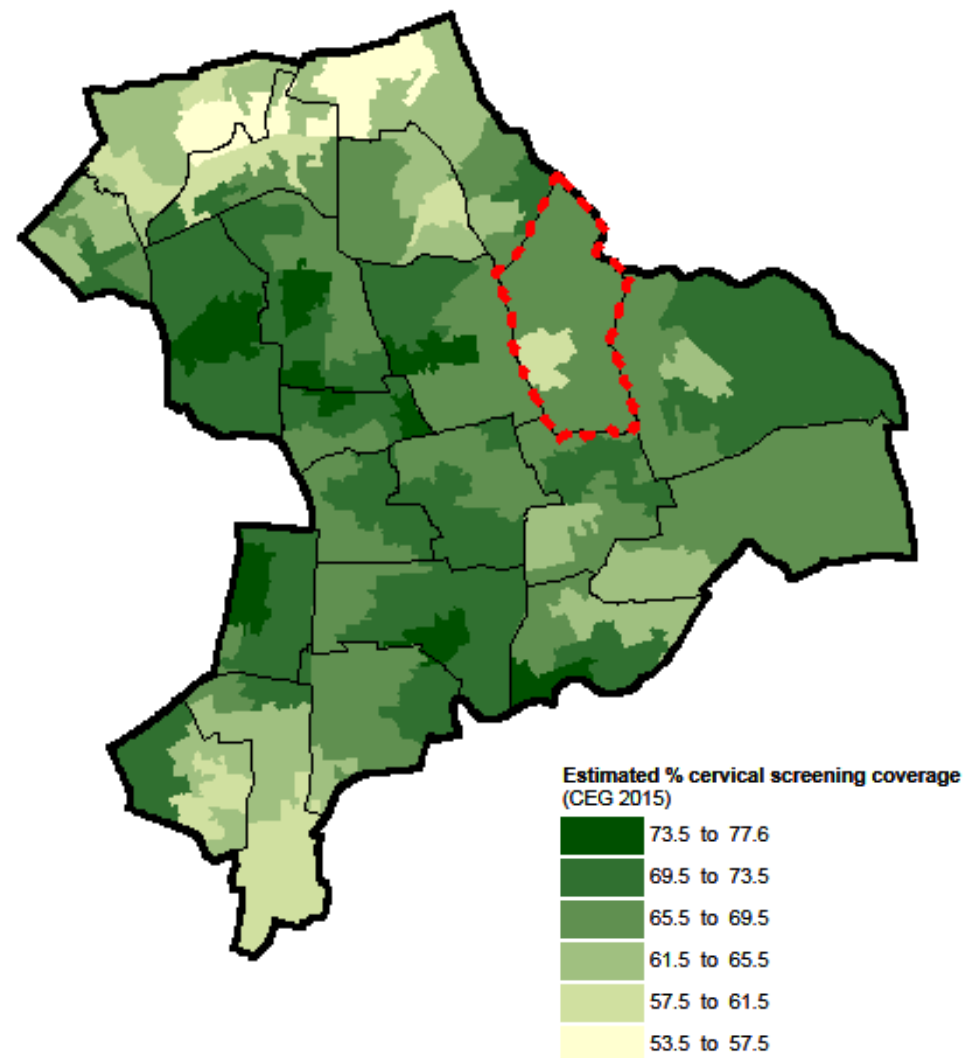
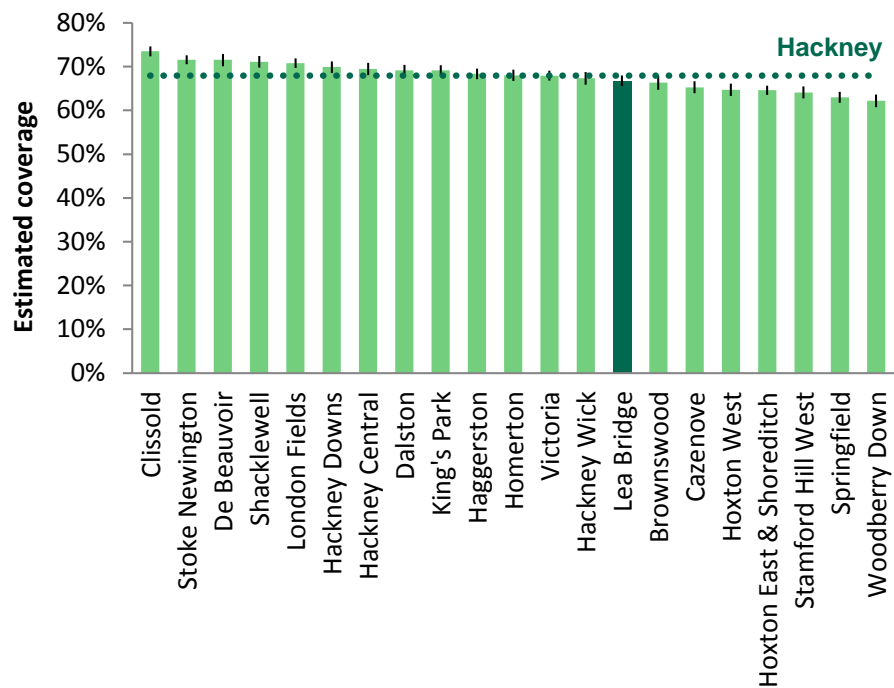
Figure 29: Standardised incidence rate of all cancers, by Ward (ONS 2010-14)



### 5.13 Cervical screening

Cancer screening programmes aim to prevent disease in a target population and reduce associated mortality – cervical screening is targeted at women aged 25 to 64. Nationally published rates of cervical screening uptake in Hackney are low at 68.6%, compared with 73.5% nationally. There is some variation across the borough, with coverage in Lea Bridge Ward similar to the average (local GP data, shown below).

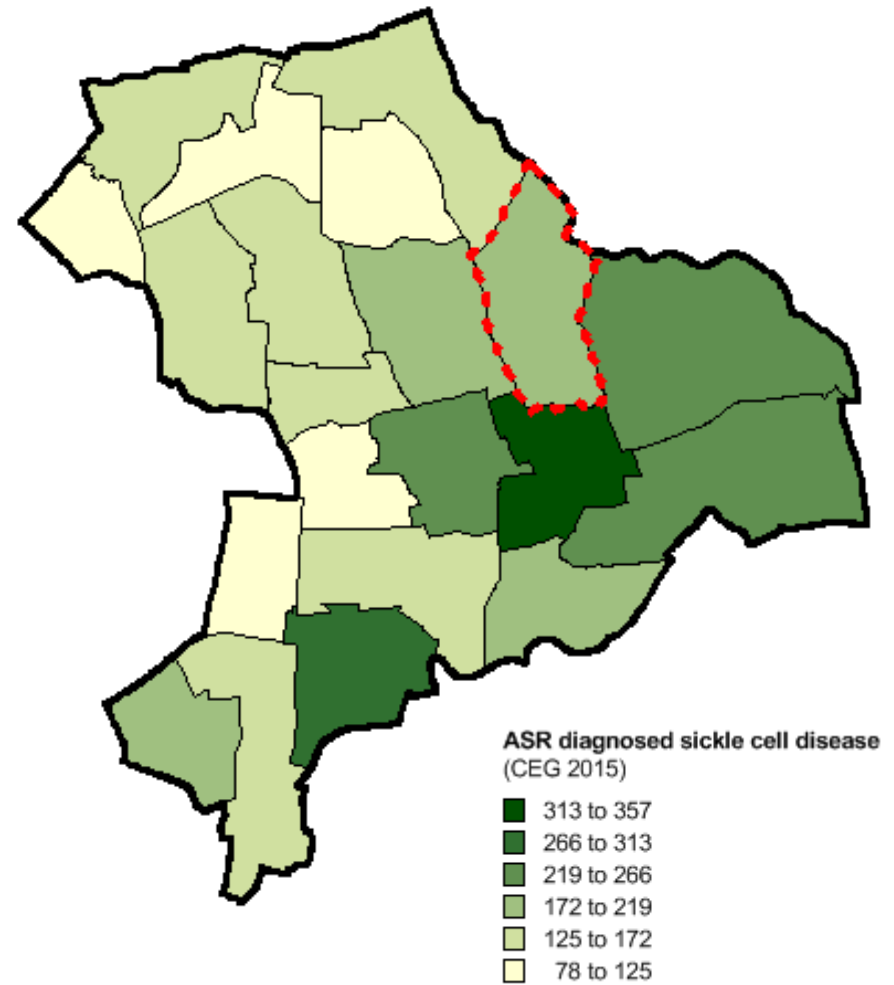
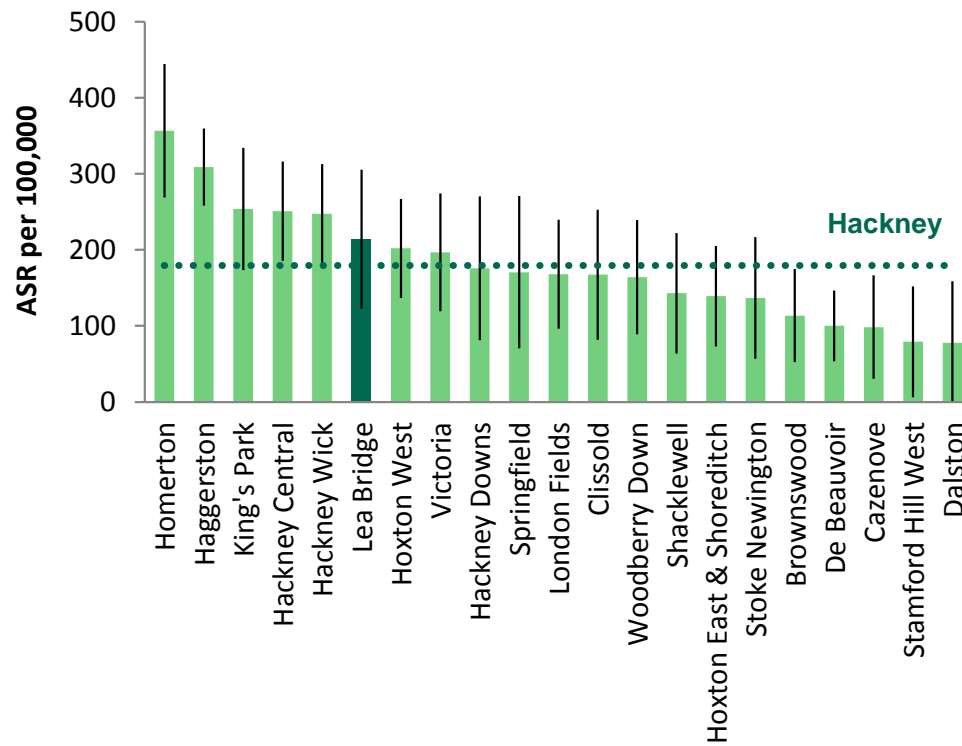
**Figure 30: Estimated coverage of cervical cancer screening, by Ward (CEG 2015)**



### 5.14 Sickle cell disease

Sickle cell disease is the most common of a group of inherited blood disorders - in the UK it is most commonly seen in people with African and Caribbean family backgrounds. Lea Bridge Ward has similar rates to the borough average.

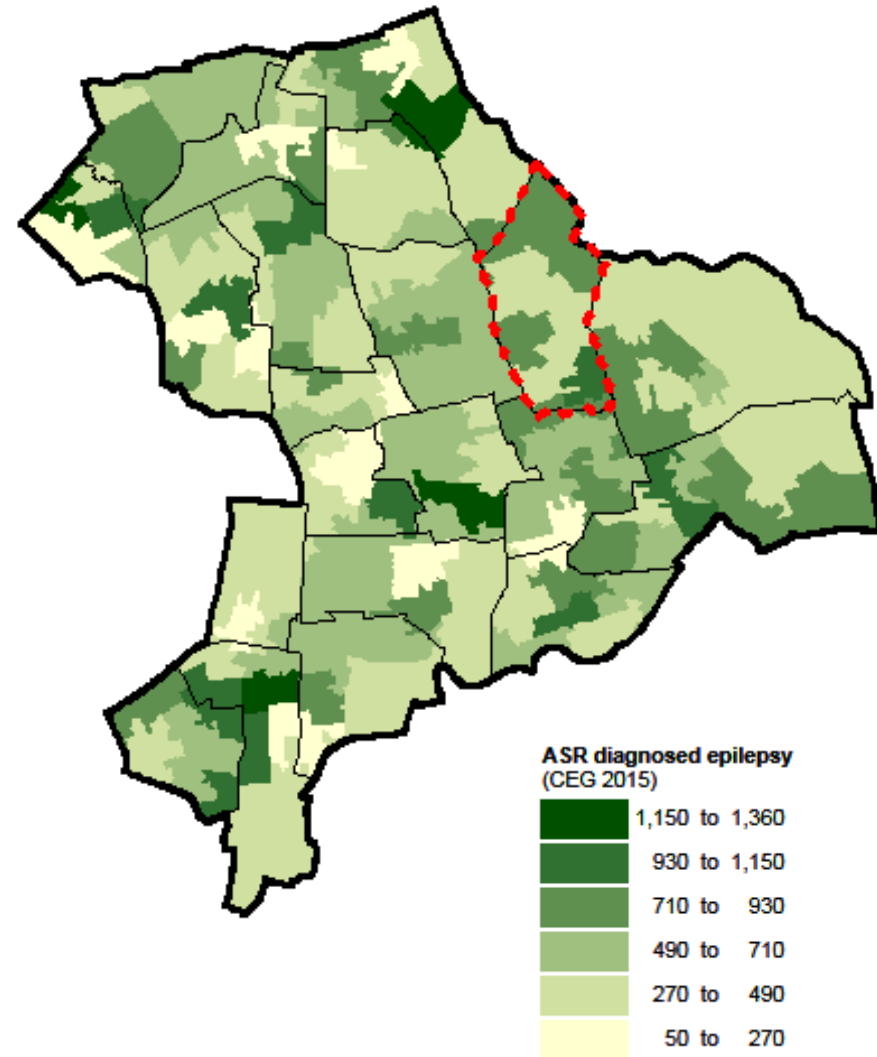
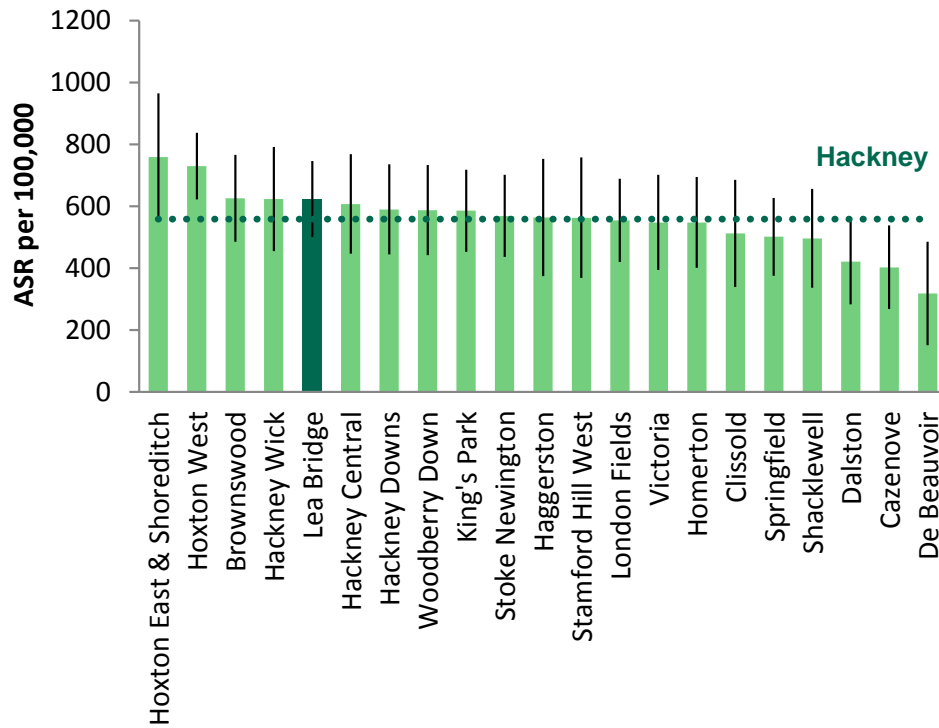
**Figure 31: Age standardised rate of GP recorded sickle cell disease, by Ward (CEG 2015)**



### 5.15 Epilepsy

Epilepsy is a condition affecting the brain which leads to seizures. It is often not possible to identify the cause, though it can be associated with cardiovascular disease, substance misuse, or learning disabilities for example. Rates recorded in Lea Bridge Ward are similar to the borough average.

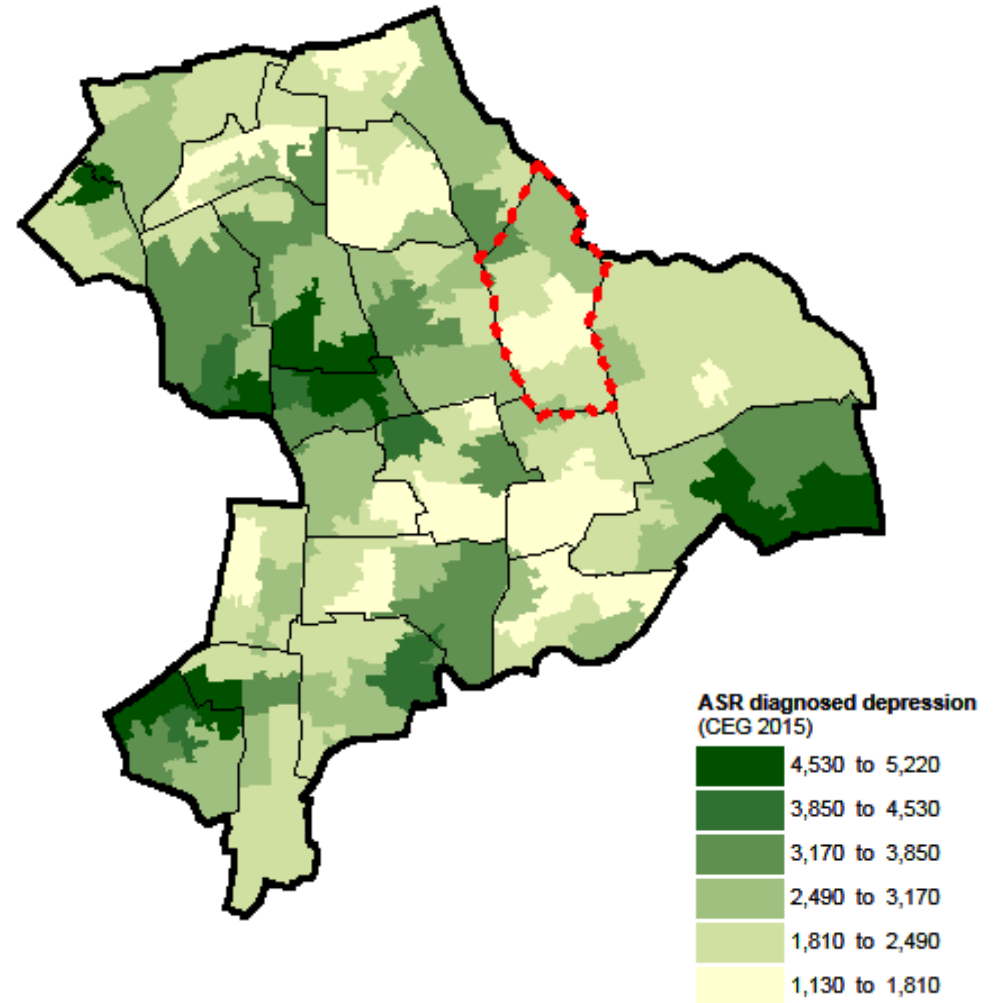
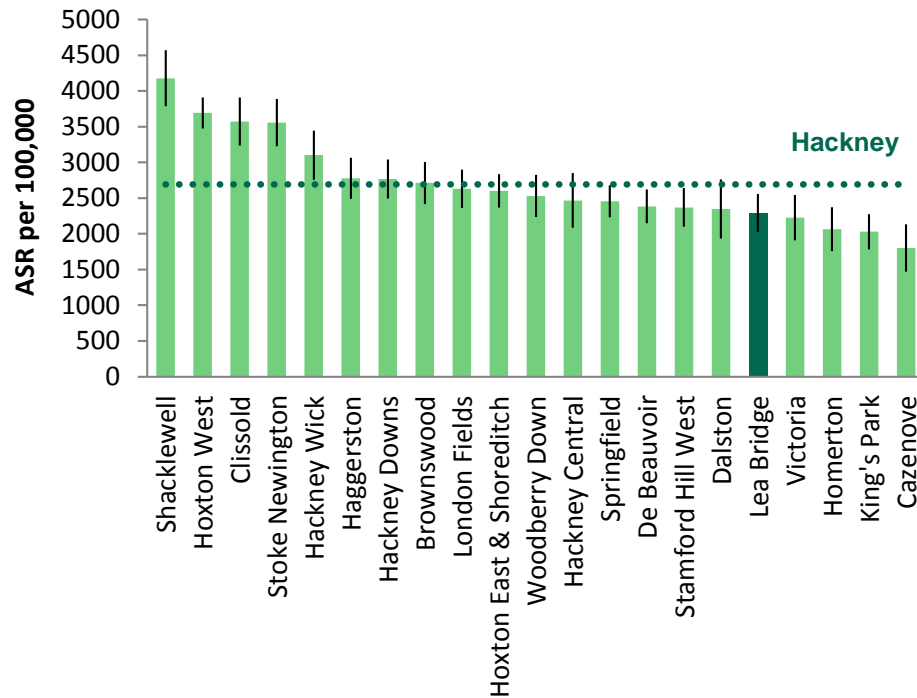
Figure 32: Age standardised rate of GP recorded epilepsy, by Ward (CEG 2015)



### 5.16 Mental health: depression

Estimated rates of mental health problems in Hackney residents are around twice as high as nationally. Less than a quarter of adult residents estimated to have depression in Hackney have this diagnosis recorded by their GP. It is likely that under-reporting is particularly high in more deprived parts of the borough, as people living in such areas are generally less likely to report symptoms. There are strong links between mental and physical health. Diagnosed depression in Lea Bridge Ward is lower than the average for Hackney.

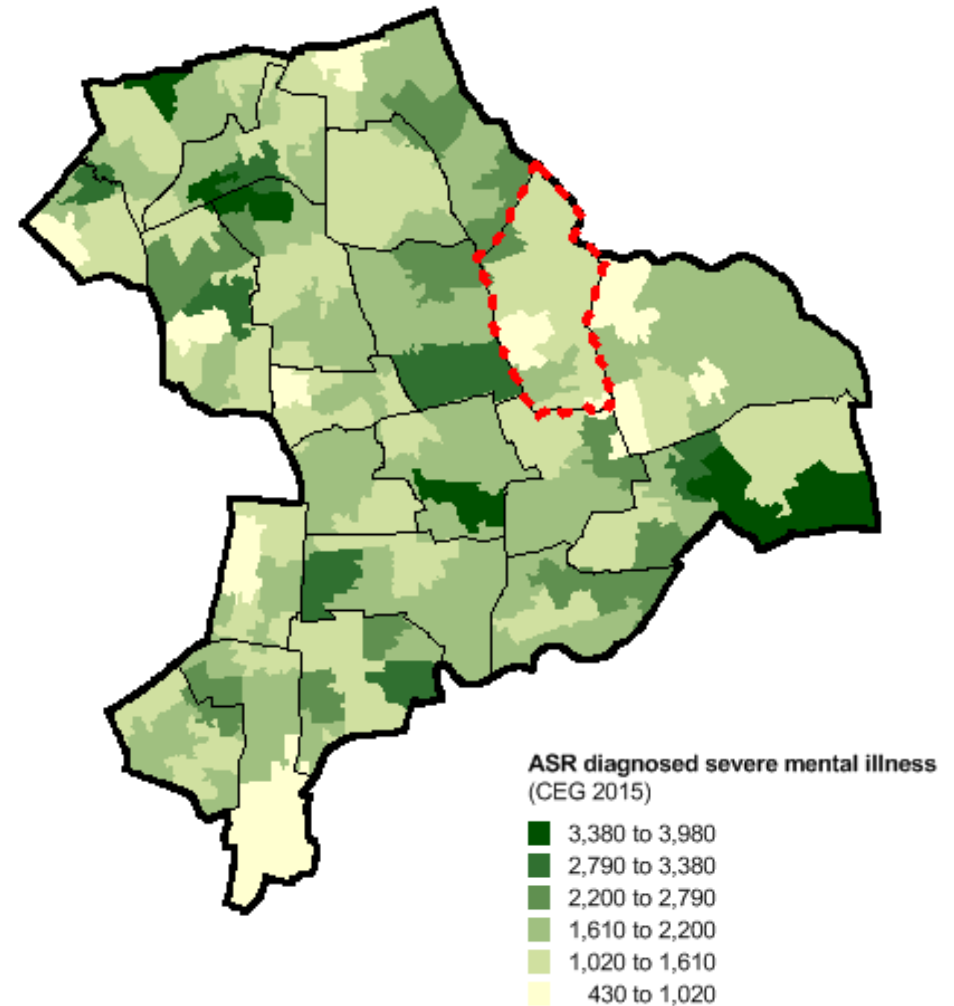
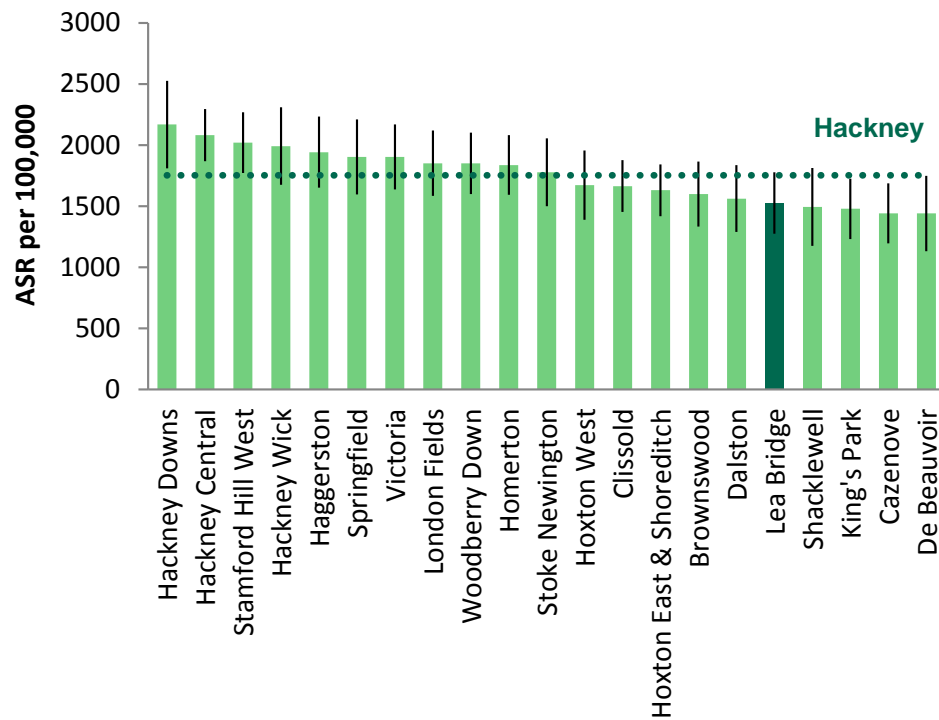
**Figure 33: Age standardised rate of GP recorded depression, by Ward (CEG 2015)**



### 5.17 Mental health: severe mental illness

Severe mental illness (SMI) includes bipolar disorder, schizophrenia and other psychosis. Hackney has high rates of these conditions compared to London and England, although only half of cases are thought to be recorded on GP registers locally. There are strong links between SMI and physical health, and people with mental illnesses die earlier on average. Rates of diagnosed SMI in Lea Bridge Ward are similar to the borough average.

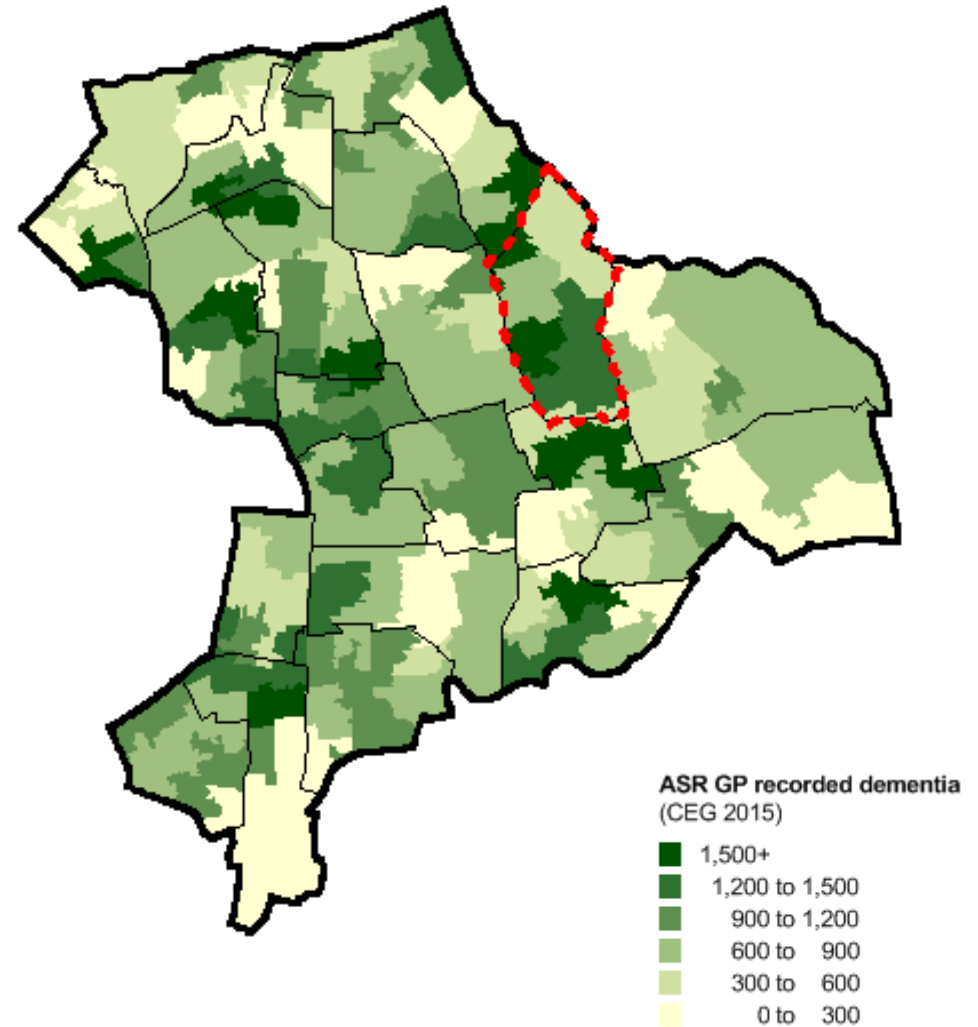
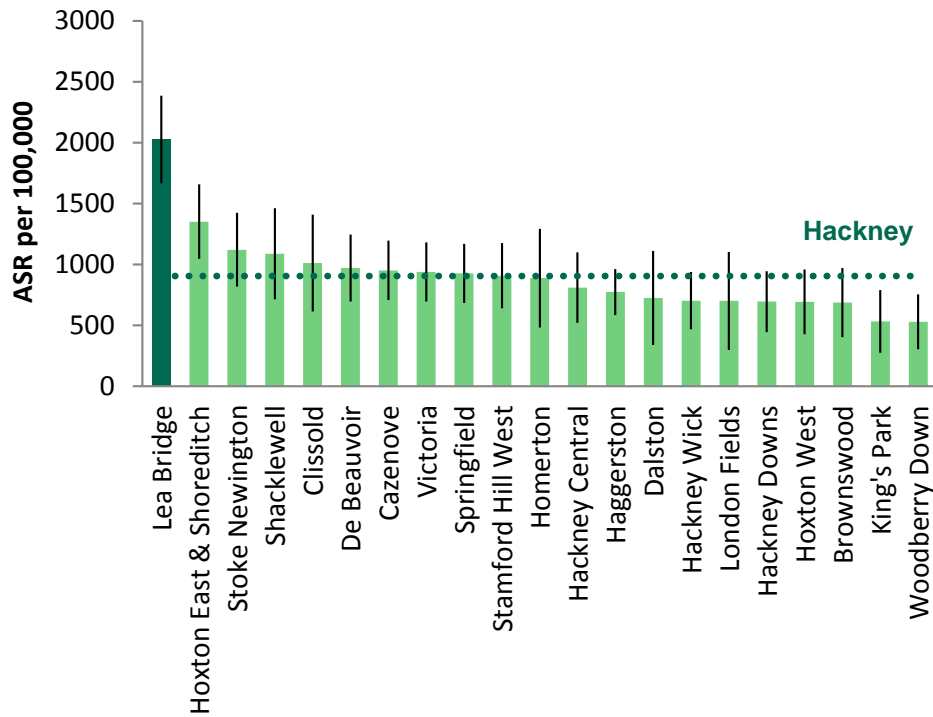
Figure 34: Age standardised rate of GP recorded SMI, by Ward (CEG 2015)



### 5.18 Dementia

Dementia includes a range symptoms which may include memory loss and difficulties with thinking or language. The main risk factor is advancing age. Around two thirds of dementia cases are estimated to have been diagnosed by GPs locally – a higher rate than London and England. People with learning disabilities (especially those with Down’s syndrome) are affected at an earlier age than other adults, on average. Recorded rates in Lea Bridge are higher than the borough average.

**Figure 35: Age standardised rate of GP recorded dementia, by Ward (CEG 2015)**

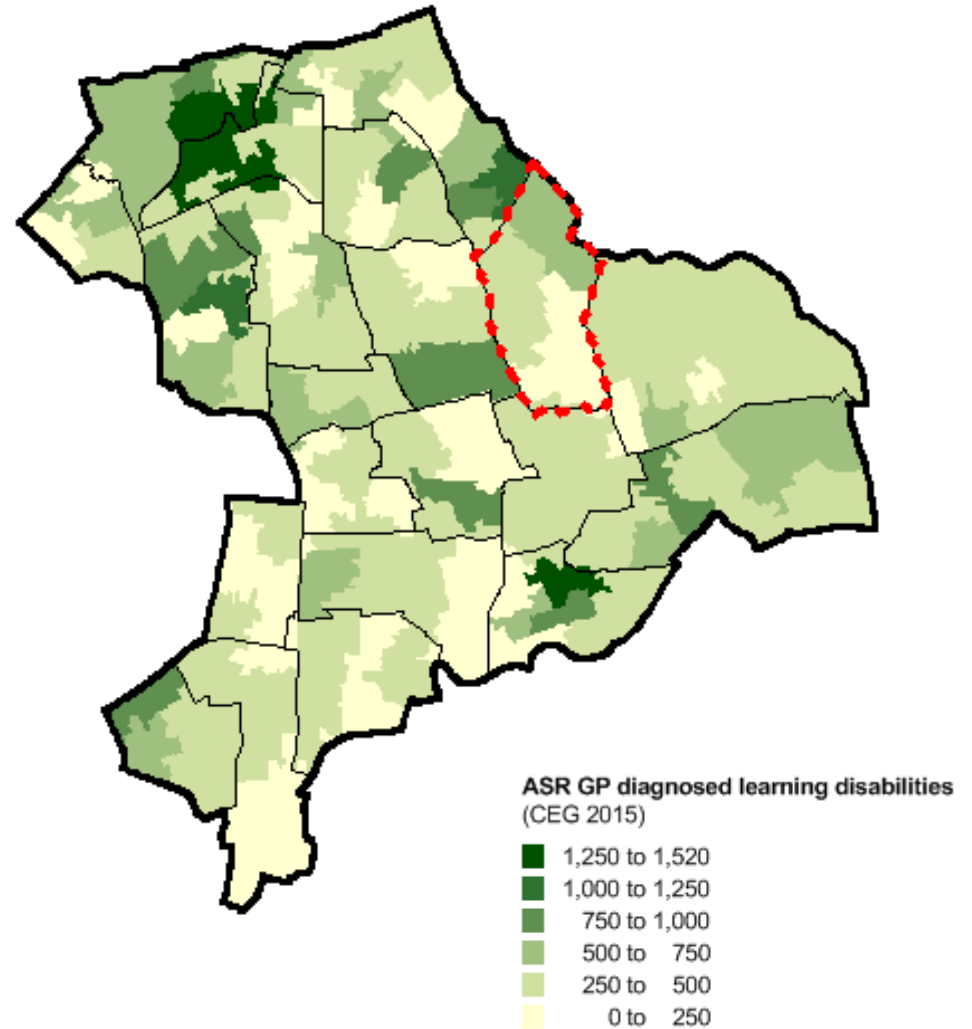
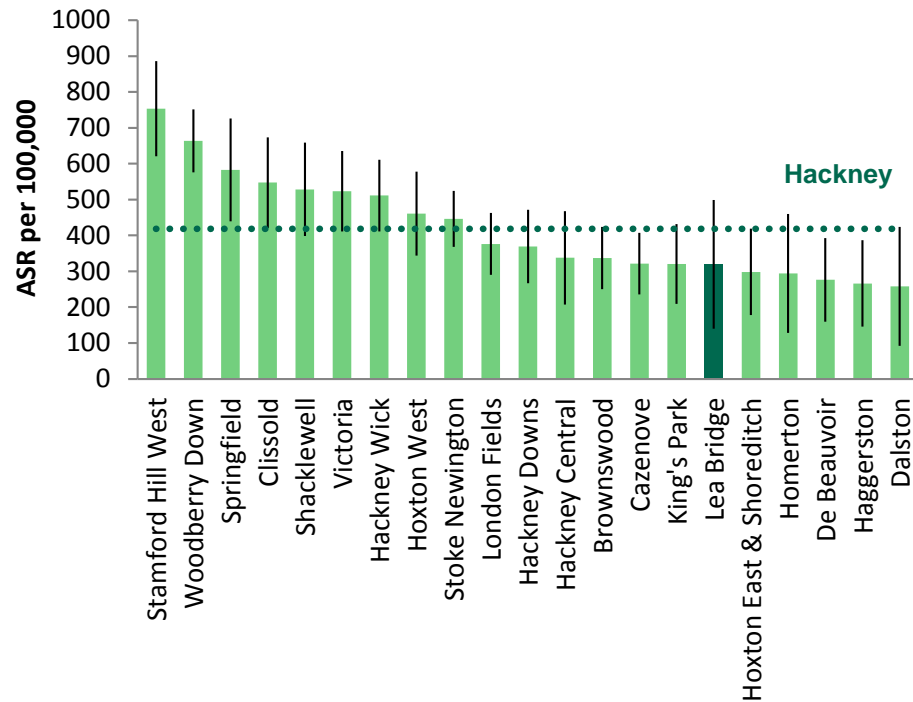




### 5.19 Learning disabilities

People with learning disabilities (LD) are at increased risk of poor physical and mental health, are more affected by socioeconomic disadvantage, and have a shorter life expectancy than average. There is a range of severity of learning disability and it is more likely that milder forms of disability will not be identified and recorded in GP data. Recorded rates in Lea Bridge Ward are just above the borough average.

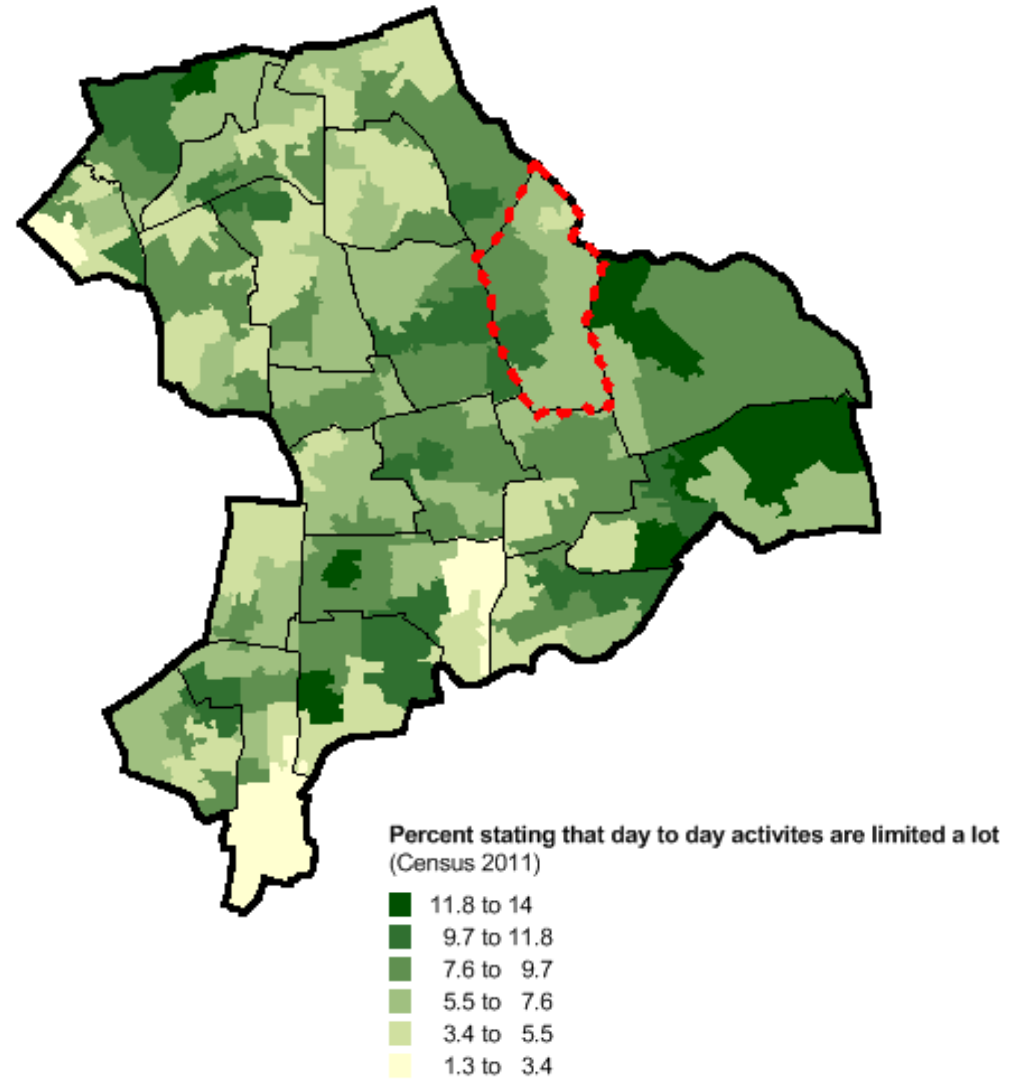
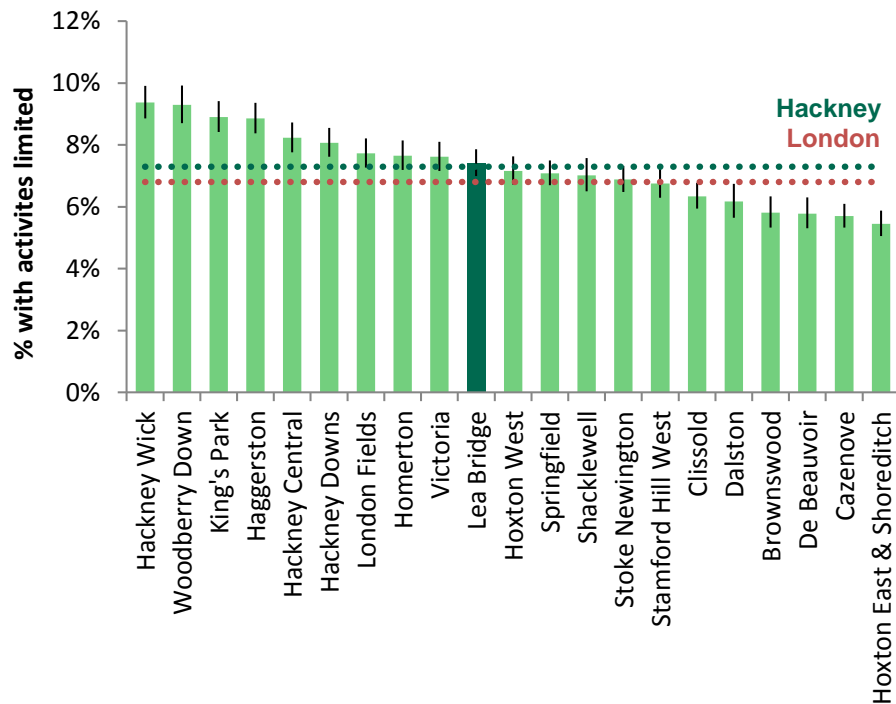
**Figure 36: Age standardised rate of GP recorded LD, by Ward (CEG 2015)**



## 5.20 Limiting conditions

In the 2011 Census, a higher proportion of Hackney residents than the London average reported having a condition which limits their day-to-day activities a lot. People who live in socioeconomically deprived areas are more likely to report such conditions, as are older people. The rate in Lea Bridge Ward is similar to the borough average.

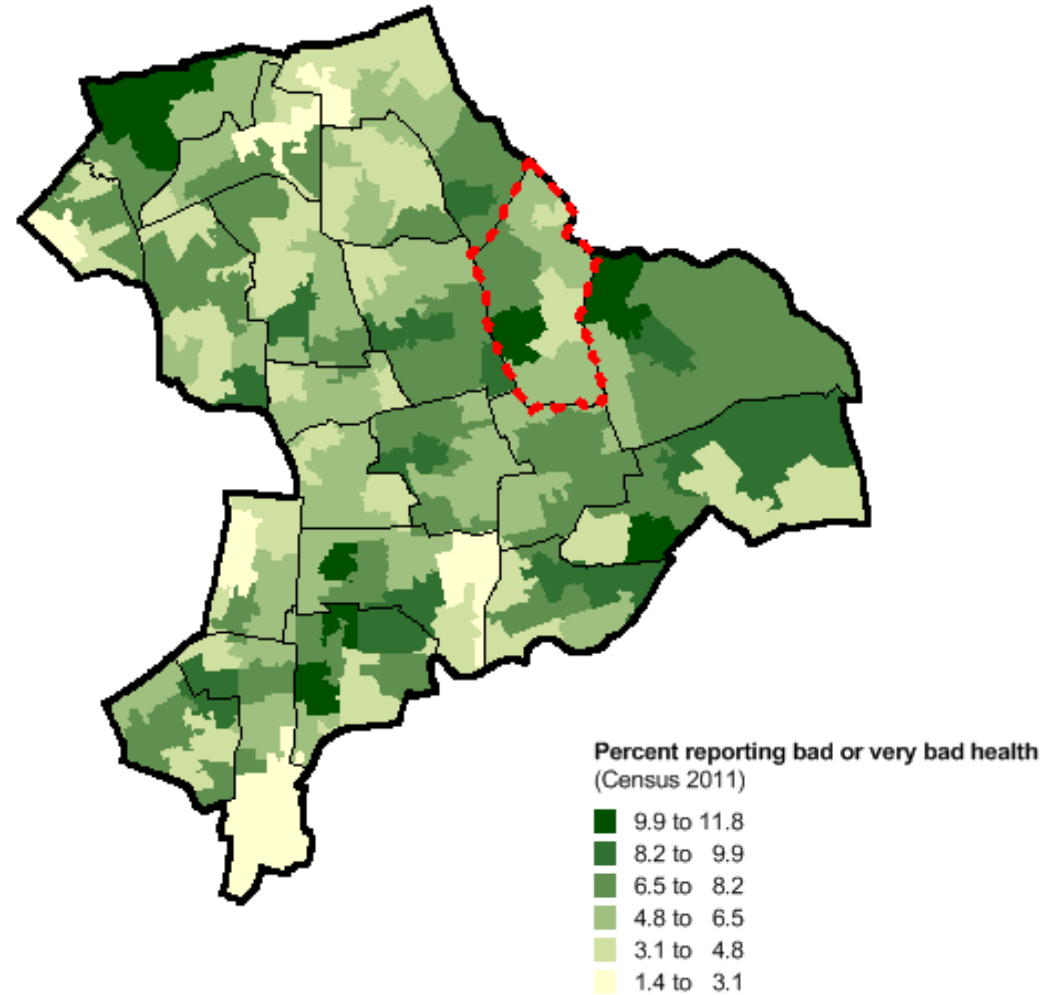
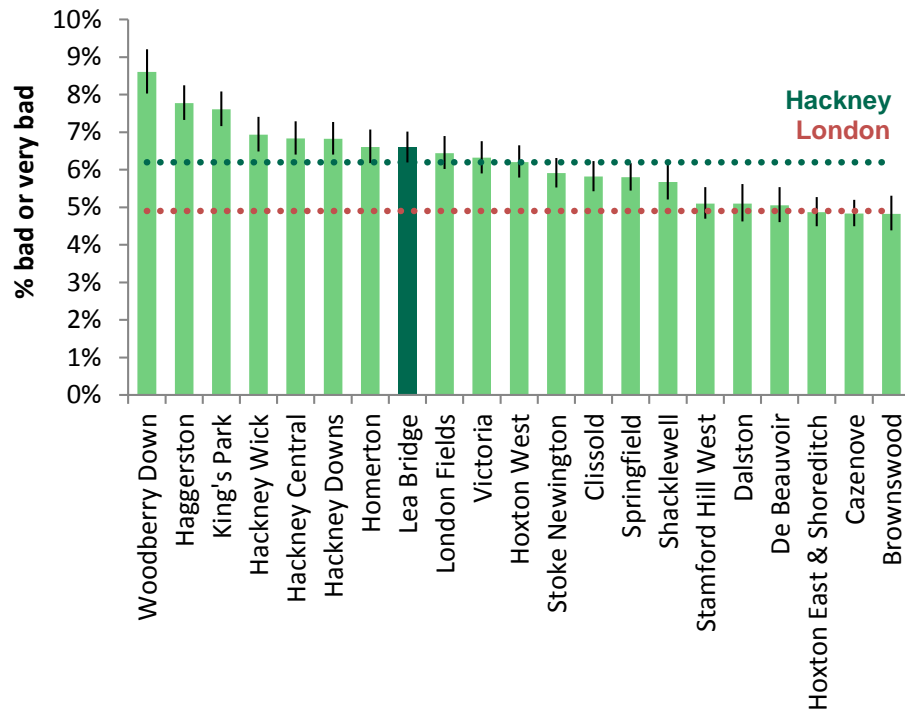
**Figure 37: Percent population reporting day to day activities limited a lot, by Ward (2011 Census)**



### 5.21 Self reported health

In the 2011 Census, the proportion of people in Hackney who reported having bad or very bad health was higher than the London average. People who live in socioeconomically deprived areas are more likely to self-report poor health, as are older people. Studies have shown that self-reported health status is quite strongly associated with objective health outcomes. The rate of self reported bad or very bad health in Lea Bridge Ward is similar to the borough average.

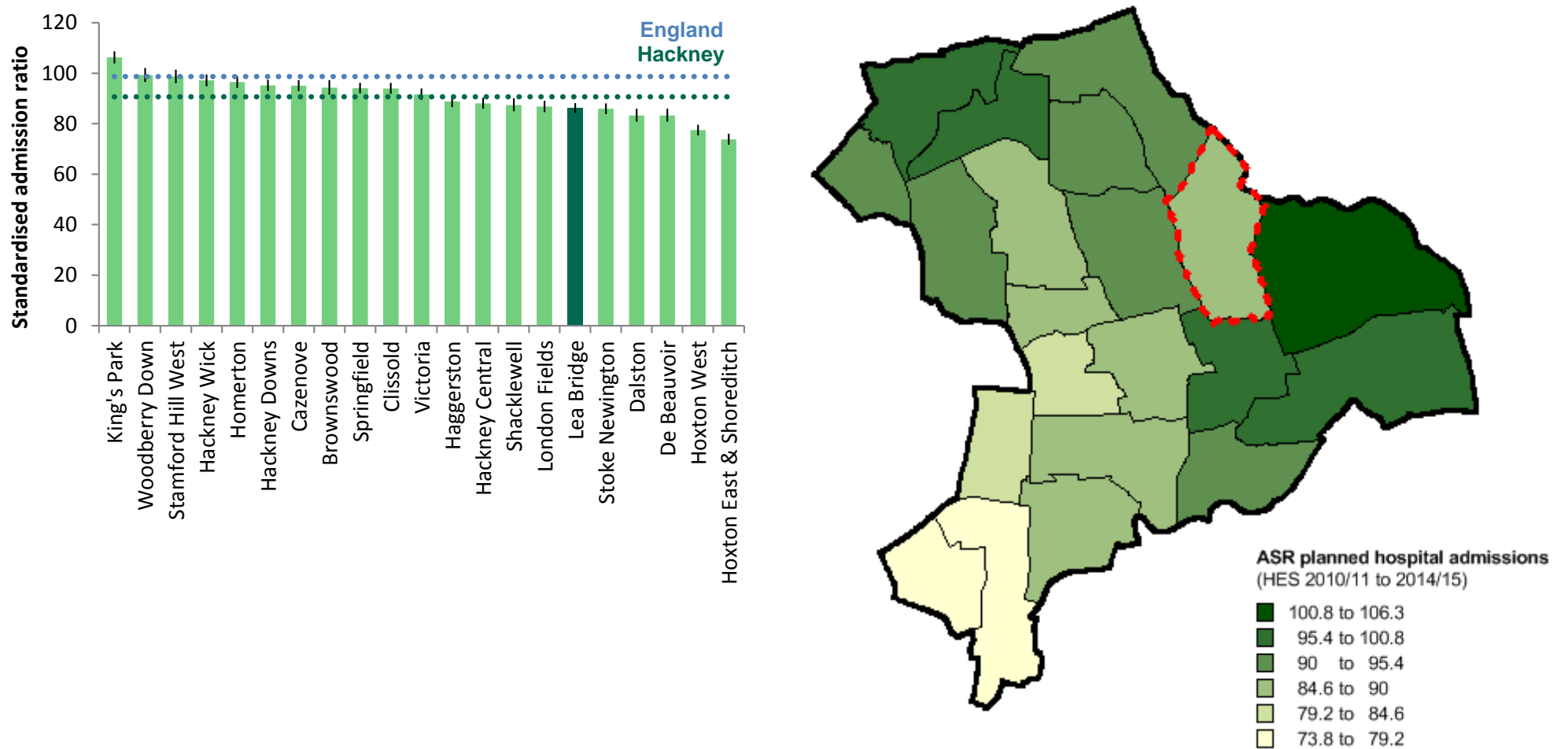
**Figure 38: Percent population reporting bad or very bad health, by Ward (2011 Census)**



## 5.22 Planned hospital admissions

Planned admissions are those which are scheduled in advance and not the result of an emergency. Lower rates of planned admissions are generally associated with more socioeconomically deprived areas. Rates of planned admissions in Hackney are below the national average. Rates in Lea Bridge Ward are lower than the borough average.

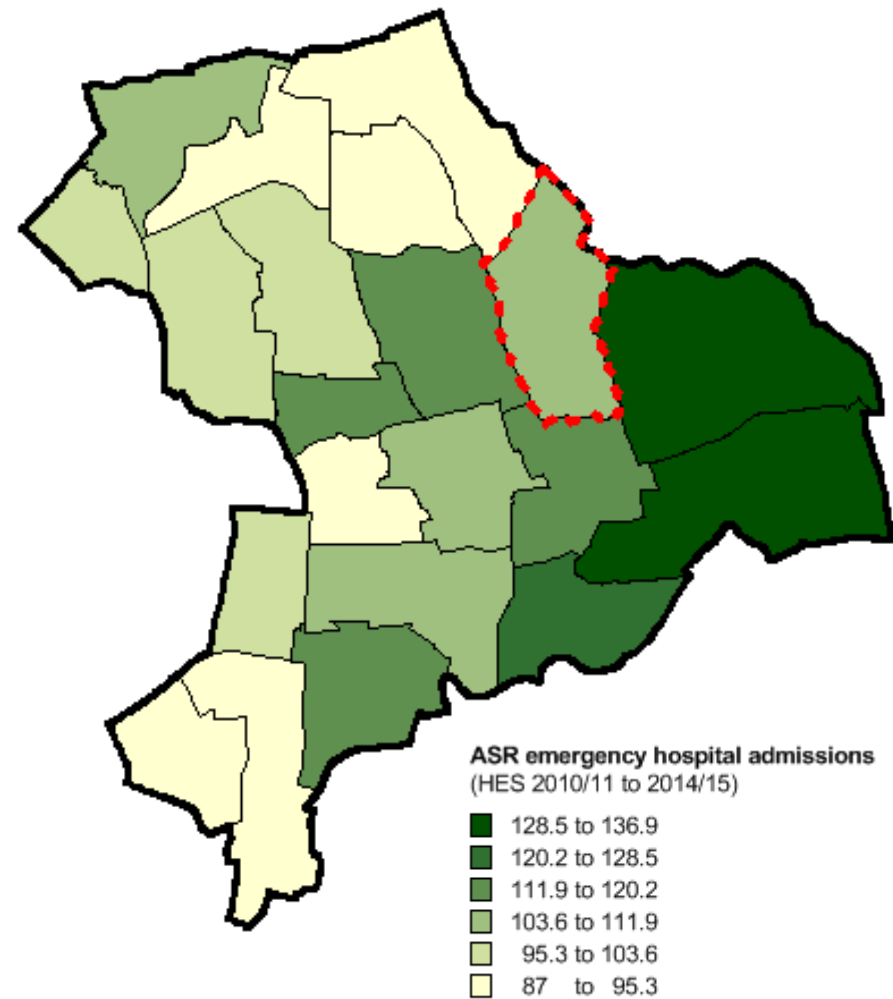
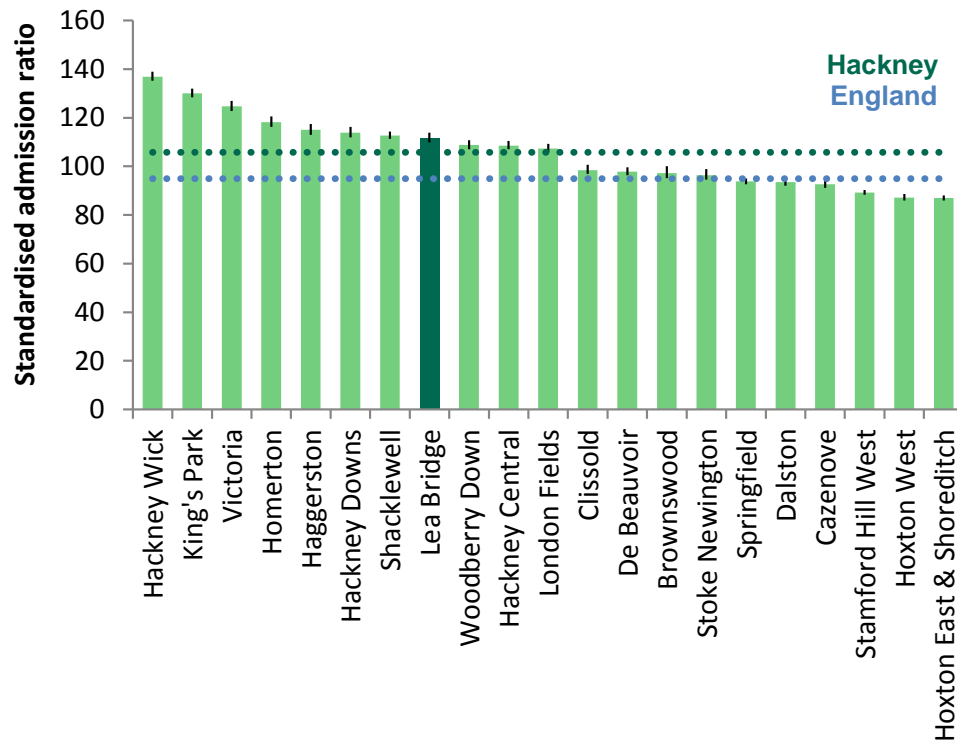
**Figure 39: Age standardised ratio of planned hospital admissions, by Ward (HES 2010/11-2014/15)**



### 5.23 Emergency hospital admissions

Higher rates of emergency admissions are found in more socioeconomically deprived areas. Rates of emergency admissions in Hackney are above the national average. Rates in Lea Bridge Ward are above the borough average.

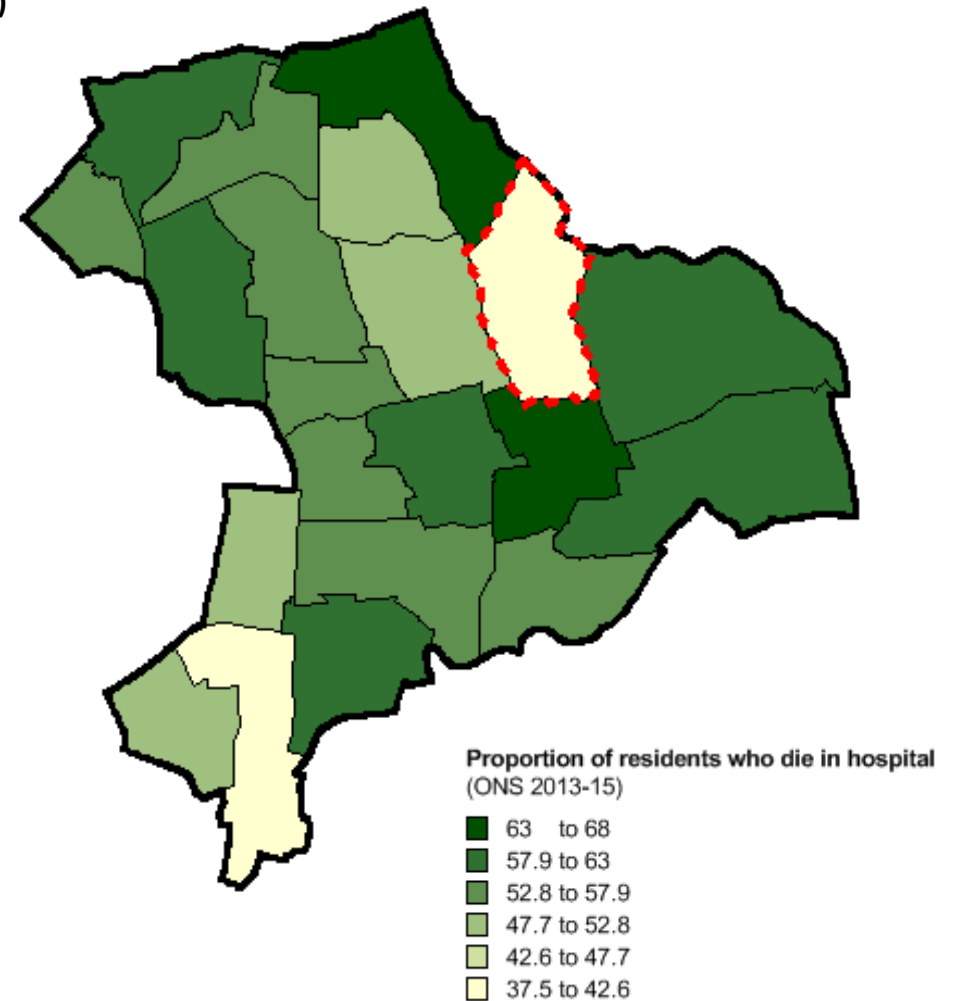
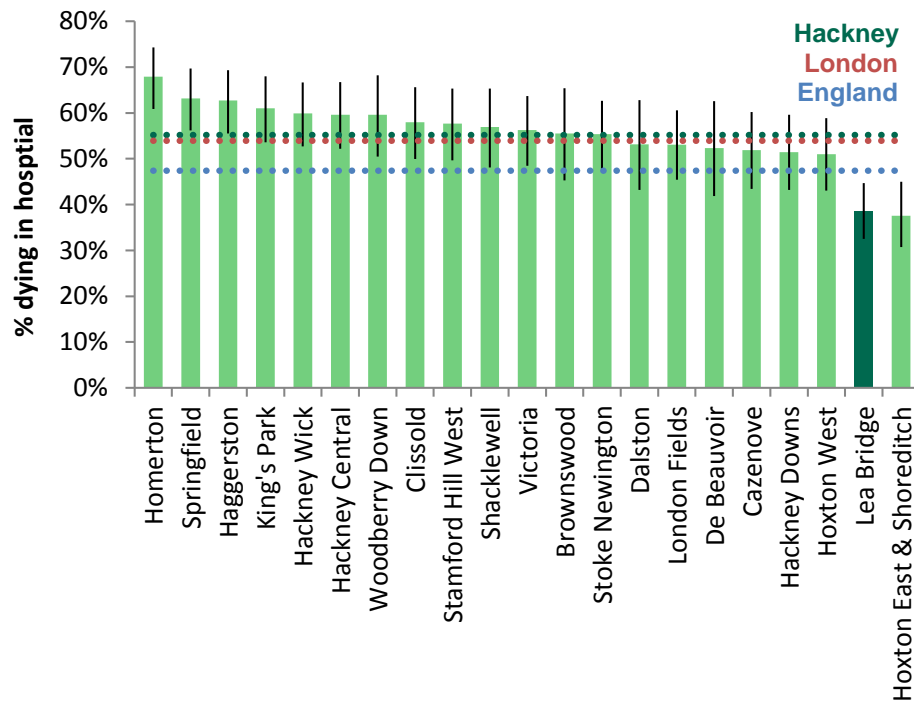
Figure 40: Age standardised ratio of emergency hospital admissions, by Ward (HES 2010/11-2014/15)



## 5.24 End of life care

Surveys suggest that most people in Britain would prefer not to die in hospital.<sup>20</sup> In 2014, almost half (47%) of all deaths in England occurred in hospital, compared to 54% in London and 55% in Hackney.<sup>21</sup> Over the past 10 years, the proportion of deaths occurring in hospital has declined by around 10% in the borough with a similar fall evident in national data. The proportion of Lea Bridge Ward residents who die in hospital is below the borough average.

**Figure 41: Proportion of residents who die in hospital, by Ward (ONS 2013-15)**



<sup>20</sup> Actions for End of Life Care: 2014-16 (NHS England)

<sup>21</sup> Public Health England – End of Life Care profiles. Hackney data includes City of London.

## 6 Key health services in Lea Bridge Ward

<b>Dentist</b>	Kumar S. Sehgal	84 Lower Clapton Road	E5 0RN
	Clapton Dental Surgery	83 Chatsworth Road	E5 0LH
<b>GP practices</b>	The Clapton Surgery	14 Urban Hive	E5 9BQ
	Athena Medical Centre	21 Atherden Road	E5 0QP
	The Riverside Practice	Theydon Road Health Centre	E5 9BQ
<b>Optician</b>	Copec Ltd	1 Station Road	E5 8BD
<b>Pharmacies</b>	Cohens Chemist	15a Urban Hive	E5 9BQ
	Friends Pharmacy	46 Lower Clapton Road	E5 0RN
	Regal Pharmacy	48-50 Chatsworth Road	E5 0LP

**Dentists, GP Practices, Opticians, and Pharmacies - based on information from NHS Choices [www.nhs.uk](http://www.nhs.uk)**

For further information, see:

Hackney i-care: [www.hackneyicare.org.uk](http://www.hackneyicare.org.uk)

Hackney Directory of Services <http://apps.hackney.gov.uk/servapps/hackneydirectory/>

Find My Nearest [www.map.hackney.gov.uk](http://www.map.hackney.gov.uk)

## Glossary

<b>CHD</b>	Coronary heart disease
<b>CKD</b>	Chronic kidney disease
<b>COPD</b>	Chronic obstructive pulmonary disease
<b>DECC</b>	Department of Energy & Climate Change
<b>Defra</b>	Department for Environment, Food & Rural Affairs
<b>GBD</b>	The Global Burden of Disease Study. For more information see <a href="http://vizhub.healthdata.org/gbd-compare">http://vizhub.healthdata.org/gbd-compare</a>
<b>GiGL</b>	Greenspace Information for Greater London. For more information see <a href="http://www.gigl.org.uk">www.gigl.org.uk</a>
<b>GLA</b>	The Greater London Authority. For more information see <a href="http://data.london.gov.uk/">http://data.london.gov.uk/</a>
<b>HES</b>	Hospital Episode Statistics
<b>IMD</b>	The index of multiple deprivation. For more information see <a href="https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015">https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015</a>
<b>JSNA</b>	Joint Strategic Needs Assessment
<b>LD</b>	Learning disabilities
<b>NCMP</b>	The National Child Measuring Programme. For more information see <a href="http://www.noo.org.uk/NCMP">www.noo.org.uk/NCMP</a>
<b>ONS</b>	Office for National Statistics. For more information see <a href="http://www.ons.gov.uk">www.ons.gov.uk</a>
<b>SHLAA</b>	Strategic Housing Land Availability Assessment. Used for population projections – see: <a href="http://data.london.gov.uk/demography/population-projections/">http://data.london.gov.uk/demography/population-projections/</a>