



## Kensington and Chelsea

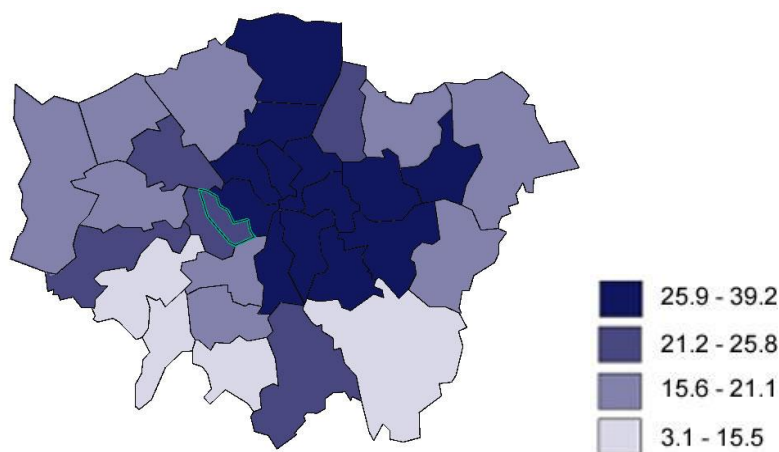
This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

### The child population in this area

	Local	Region	England
Live births (2015)	1,805	129,615	664,399
Children aged 0 to 4 years (2015)	9,000 5.7%	633,300 7.3%	3,434,700 6.3%
Children aged 0 to 19 years (2015)	31,300 19.8%	2,140,000 24.7%	13,005,700 23.7%
Children aged 0 to 19 years in 2025 (projected)	31,300 19.5%	2,438,300 24.9%	14,002,600 23.8%
School children from minority ethnic groups (2016)	8,107 78.4%	756,627 72.2%	2,032,064 30.0%
Children living in poverty aged under 16 years (2014)	22.0%	23.4%	20.1%
Life expectancy at birth (2013-2015)	Boys 83.4 Girls 86.4	80.2 84.1	79.5 83.1

### Children living in poverty

Map of London, with Kensington and Chelsea outlined, showing the relative levels of children living in poverty.



### Key findings

Children and young people under the age of 20 years make up 19.8% of the population of Kensington and Chelsea. 78.4% of school children are from a minority ethnic group.

The health and wellbeing of children in Kensington and Chelsea is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is worse than the England average with 22.0% of children aged under 16 years living in poverty.

Children in Kensington and Chelsea have average levels of obesity: 10.2% of children aged 4-5 years and 20.0% of children aged 10-11 years are classified as obese.

Local areas should aim to have at least 95% of children immunised in order to give protection both to the individual child and the overall population. For children aged 2, the MMR immunisation rate is 71.0% and the diphtheria, tetanus, polio, pertussis and Hib immunisation rate is 75.6%.

Nationally, asthma is the most common long-term condition in childhood. Locally there were 25 emergency admissions of children because of asthma in 2015/16. This gives a rate which is lower than the average for England.

Contains Ordnance Survey data

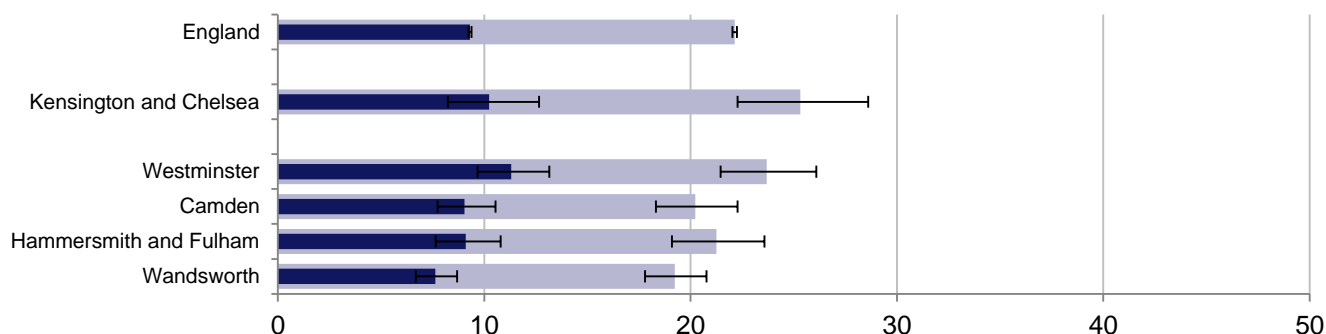
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## Childhood obesity

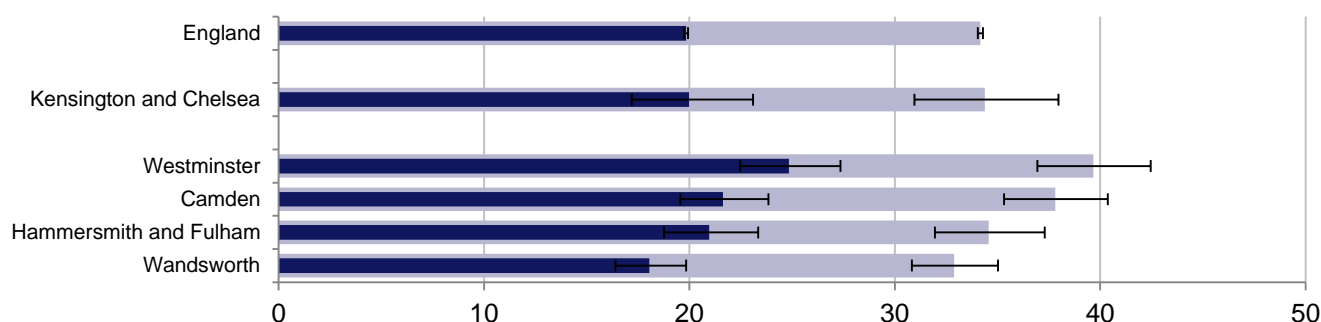
These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Kensington and Chelsea with its statistical neighbours, and the England and regional averages. Compared with the England average, this area has a worse percentage of children in Reception (25.3%) and a similar percentage in Year 6 (34.4%) who have excess weight.

■ Obese    ■ All children with excess weight, some of whom are obese

### Children aged 4-5 years who have excess weight, 2015/16 (percentage)



### Children aged 10-11 years who have excess weight, 2015/16 (percentage)



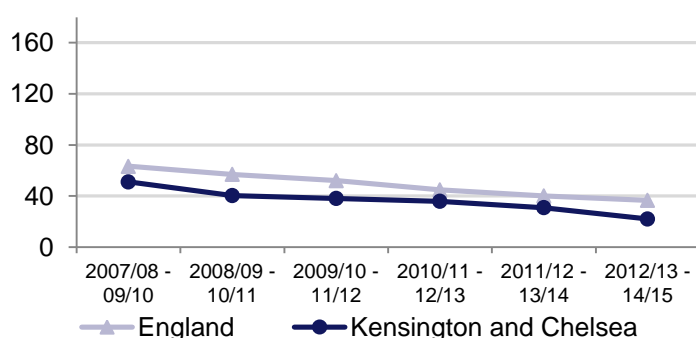
Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

I indicates 95% confidence interval.

## Young people and alcohol

Nationally, the rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing, and this is also the case in Kensington and Chelsea. The admission rate in the latest period is lower than the England average.

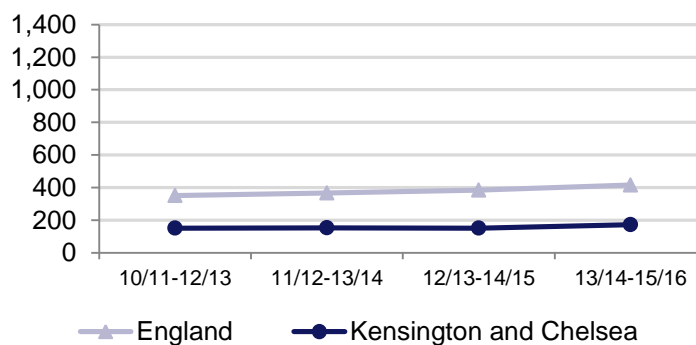
### Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)



## Young people's mental health

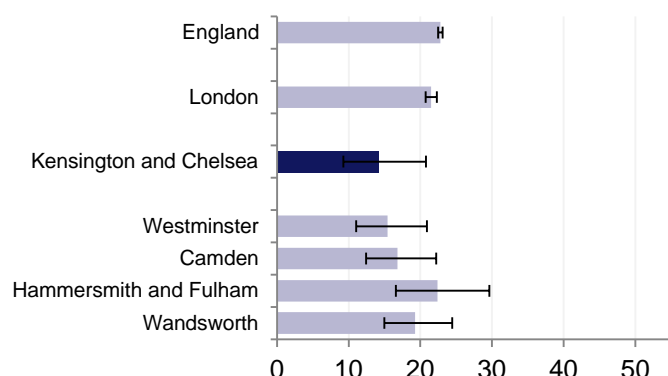
Nationally, the rate of young people aged under 18 being admitted to hospital as a result of self-harm is increasing. There is no significant trend in Kensington and Chelsea. The admission rate in the latest period is lower than the England average. Information about admissions in 2015/16 is on page 4. Nationally, levels of self-harm are higher among young women than young men.

### Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)



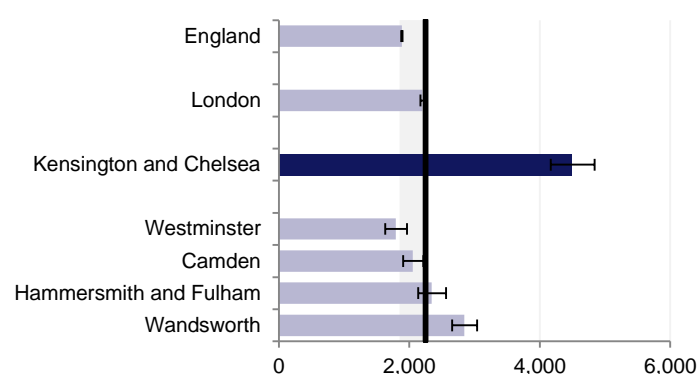
These charts compare Kensington and Chelsea with its statistical neighbours, and the England and regional averages.

## Teenage conceptions in girls aged under 18 years, 2014 (rate per 1,000 female population aged 15-17 years)



In 2014, approximately 14 girls aged under 18 conceived for every 1,000 women aged 15-17 years in this area. This is lower than the regional average (approximately 22 per 1,000). The area has a lower teenage conception rate compared with the England average (approximately 23 per 1,000).

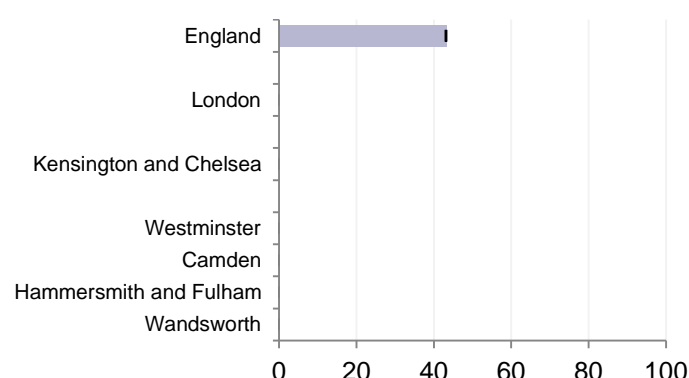
## Chlamydia detection, 2015 (rate per 100,000 young people aged 15-24 years)



Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2015, the detection rate in this area was 4,494 which is better than the minimum recommended rate.

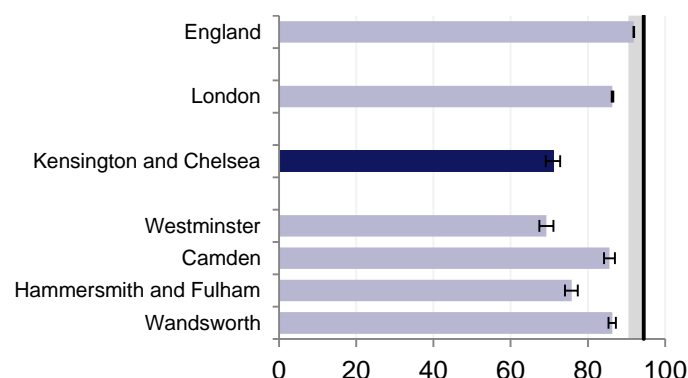
The shaded area from 1,900 shows the range of values approaching the minimum recommended rate of 2,300 (the black line).

## Breastfeeding at 6 to 8 weeks, 2015/16 (percentage of infants due 6 to 8 week checks)



In this area 65.9% of babies received a six to eight week review by a health visitor before they turned eight weeks. No breastfeeding at six to eight weeks data is available.

## Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2015/16 (percentage of eligible children)



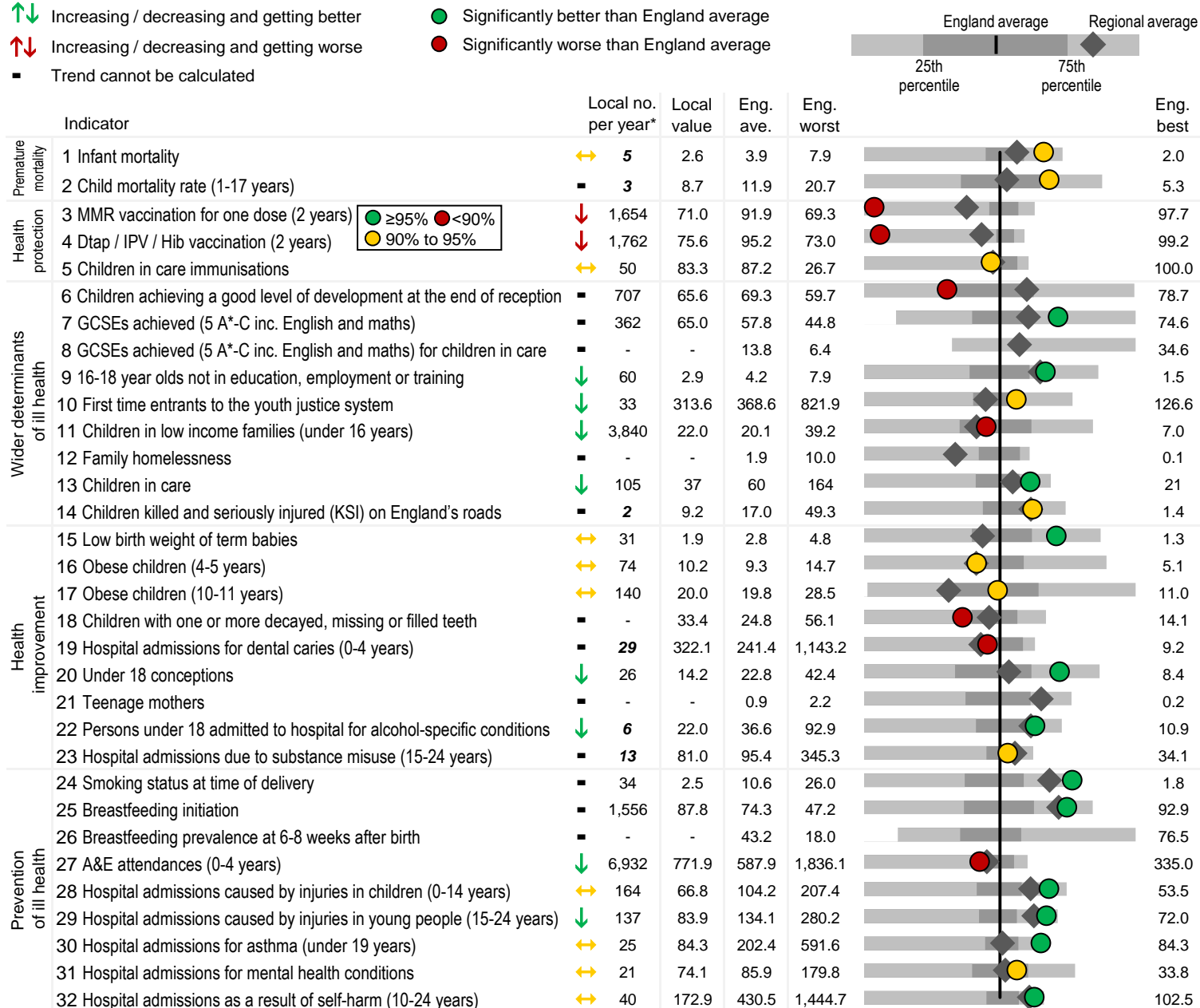
Less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (71.0%). By the age of five, only 57.2% of children have received their second dose of MMR immunisation. In London, there were 47 laboratory confirmed cases of measles in young people aged 19 and under in 2015.

The shaded area from 90% shows the range of values approaching the minimum recommended coverage of 95% (the black line).

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.

- ↗↘ No significant change  
 ↗↘ Increasing / decreasing and getting better  
 ↗↘ Increasing / decreasing and getting worse  
 ■ Trend cannot be calculated
- Not significantly different from the England average  
 ● Significantly better than England average  
 ● Significantly worse than England average



\*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure

### Notes and definitions

- Mortality rate per 1,000 live births (aged under 1 year), 2013-2015
- Directly standardised rate per 100,000 children aged 1-17 years, 2013-2015
- % children immunised against measles, mumps and rubella (first dose by age 2 years), 2015/16
- % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2015/16
- % children in care with up-to-date immunisations, 2016
- % children achieving a good level of development within Early Years Foundation Stage Profile, 2015/16
- % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2015/16
- % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2015
- % not in education, employment or training as a proportion of total 16-18 year olds known to local authority, 2015
- Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2015

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box

- % of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2014
- Statutory homeless households with dependent children or pregnant women per 1,000 households, 2015/16
- Rate of children looked after at 31 March per 10,000 population aged under 18 years, 2016
- Crude rate of children aged 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2013-2015
- Percentage of live-born babies, born at term, weighing less than 2,500 grams, 2015
- % school children in Reception year classified as obese, 2015/16
- % school children in Year 6 classified as obese, 2015/16
- % children aged 5 years with one or more decayed, missing or filled teeth, 2014/15
- Crude rate per 100,000 (aged 0-4 years) for hospital admissions for dental caries, 2013/14-2015/16
- Under 18 conception rate per 1,000 females aged 15-17 years, 2014

- % of delivery episodes where the mother is aged less than 18 years, 2015/16
- Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population, 2012/13-2014/15
- Directly standardised rate per 100,000 (aged 15-24 years) for hospital admissions for substance misuse, 2013/14-2015/16
- % of mothers smoking at time of delivery, 2015/16
- % of mothers initiating breastfeeding, 2014/15
- % of mothers breastfeeding at 6-8 weeks, 2015/16
- Crude rate per 1,000 (aged 0-4 years) of A&E attendances, 2015/16
- Crude rate per 10,000 (aged 0-14 years) for emergency hospital admissions following injury, 2015/16
- Crude rate per 10,000 (aged 15-24 years) for emergency hospital admissions following injury, 2015/16
- Crude rate per 100,000 (aged 0-18 years) for emergency hospital admissions for asthma, 2015/16
- Crude rate per 100,000 (aged 0-17 years) for hospital admissions for mental health, 2015/16
- Directly standardised rate per 100,000 (aged 10-24 years) for hospital admissions for self-harm, 2015/16