



Kensington and Chelsea

Unitary authority

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Health Profile 2017

Health in summary

The health of people in Kensington and Chelsea is varied compared with the England average. About 22% (3,800) of children live in low income families. Life expectancy for both men and women is higher than the England average.

Health inequalities

Life expectancy is 13.8 years lower for men and 5.7 years lower for women in the most deprived areas of Kensington and Chelsea than in the least deprived areas.

Child health

In Year 6, 20.0% (140) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 is 24*, better than the average for England. This represents 7 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

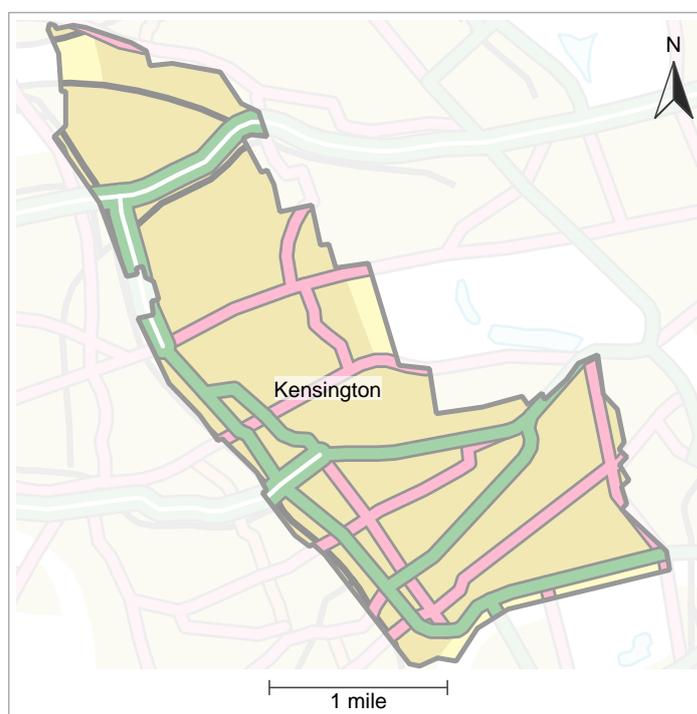
Adult health

The rate of alcohol-related harm hospital stays is 490*, better than the average for England. This represents 700 stays per year. The rate of self-harm hospital stays is 85*, better than the average for England. This represents 136 stays per year. The rate of smoking related deaths is 225*, better than the average for England. This represents 150 deaths per year. Estimated levels of adult excess weight and physical activity are better than the England average. Rates of sexually transmitted infections and TB are worse than average. The rate of hip fractures is better than average.

Local priorities

The vision is that Every Royal Borough of Kensington and Chelsea Resident Is As Healthy As They Can Be. Priorities in Kensington and Chelsea include children having a healthy start; relevant and reliable health information being accessible and digestible, which enables people to make informed decisions; ensuring everyone has the opportunity to connect to society and give back; ensuring people in need have access to services to prevent, address or manage key risk factors, while ensuring families and society are protected from health harms; and ensuring the physical environment is conducive, using place shaping approaches to support healthy choices. For more information see www.jsna.info

* rate per 100,000 population



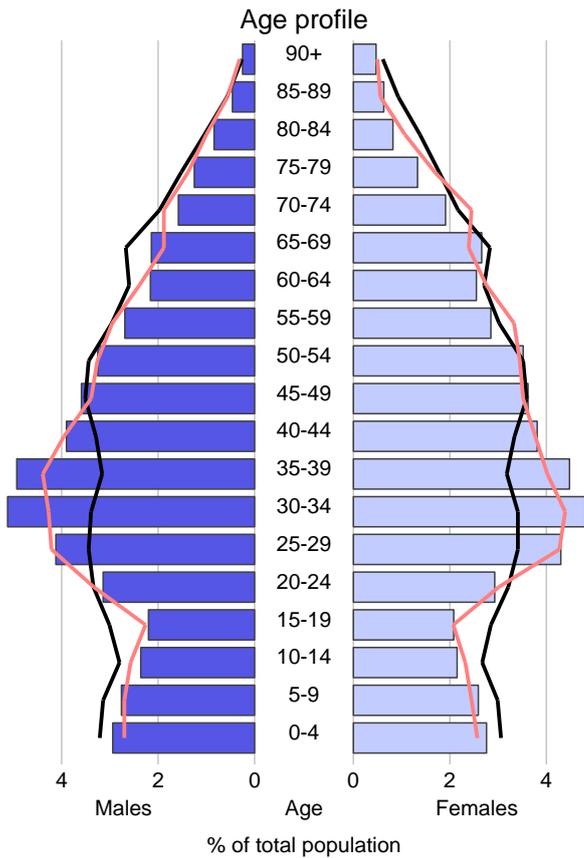
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This profile gives a picture of people's health in Kensington and Chelsea. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

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Population: summary characteristics



	Males	Females	Persons
Kensington and Chelsea (population in thousands)			
Population (2015):	78	79	158
Projected population (2020):	79	81	160
% people from an ethnic minority group:	32.8%	34.3%	33.6%
Dependency ratio (dependants / working population) x 100			46.5%

	Males	Females	Persons
England (population in thousands)			
Population (2015):	27,029	27,757	54,786
Projected population (2020):	28,157	28,706	56,862
% people from an ethnic minority group:	13.1%	13.4%	13.2%
Dependency ratio (dependants / working population) x 100			60.7%

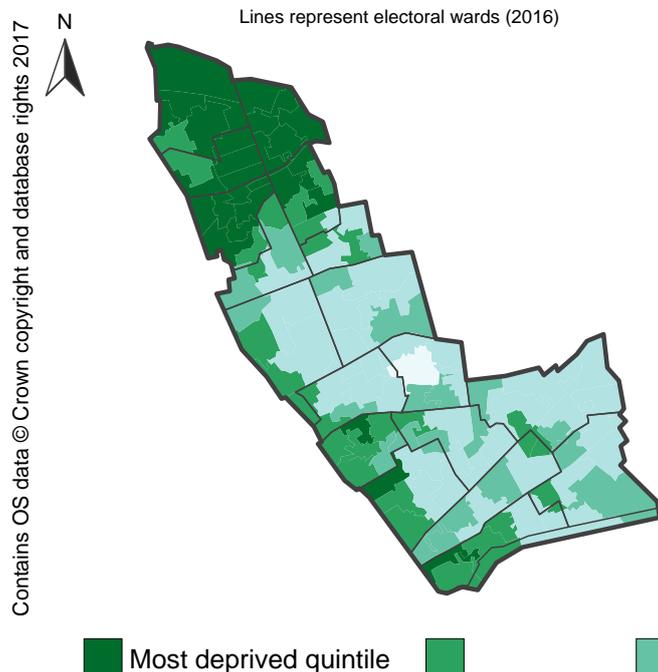
The age profile and table present demographic information for the residents of the area and England. They include a 2014-based population projection (to 2020), the percentage of people from an ethnic minority group (Annual Population Survey, October 2014 to September 2015) and the dependency ratio.

The dependency ratio estimates the number of dependants in an area by comparing the number of people considered less likely to be working (children aged under 16 and those of state pension age or above) with the working age population. A high ratio suggests the area might want to commission a greater level of services for older or younger people than those areas with a low ratio.

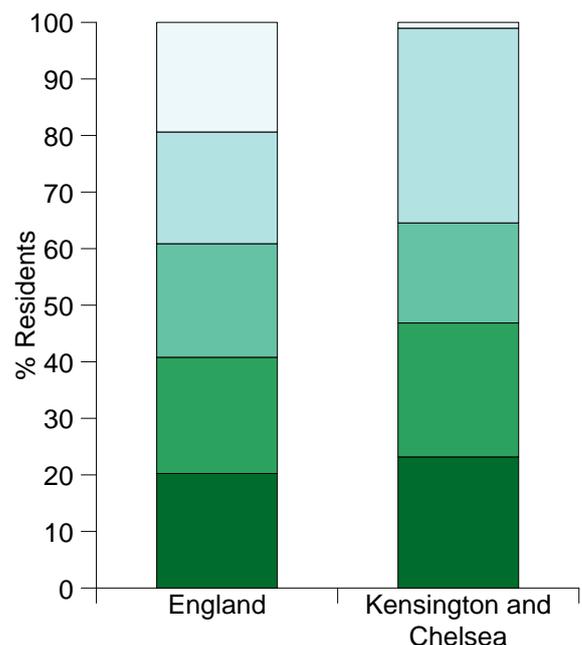
- Kensington and Chelsea 2015 (Male)
- Kensington and Chelsea 2015 (Female)
- England 2015
- Kensington and Chelsea 2020 estimate

Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using national quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD 2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.



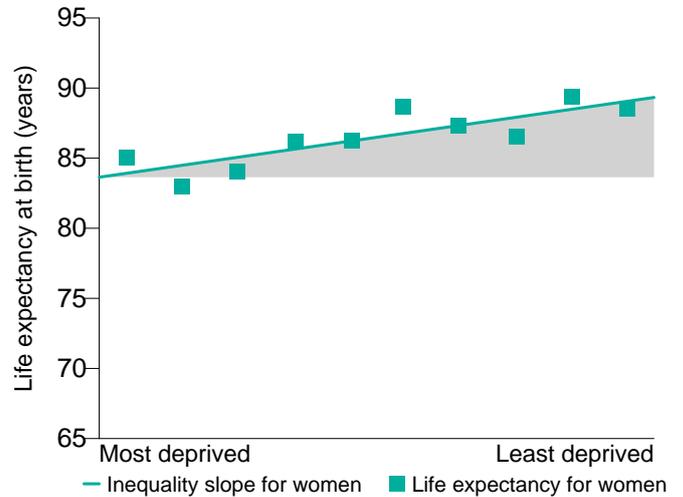
Life expectancy: inequalities in this local authority

The charts show life expectancy for men and women in this local authority for 2013-15. The local authority is divided into local deciles (tenths) by deprivation (IMD 2015), from the most deprived decile on the left of the chart to the least deprived decile on the right. The steepness of the slope represents the inequality in life expectancy that is related to deprivation in this local area. If there was no inequality in life expectancy the line would be horizontal.

Life expectancy gap for men: 13.8 years



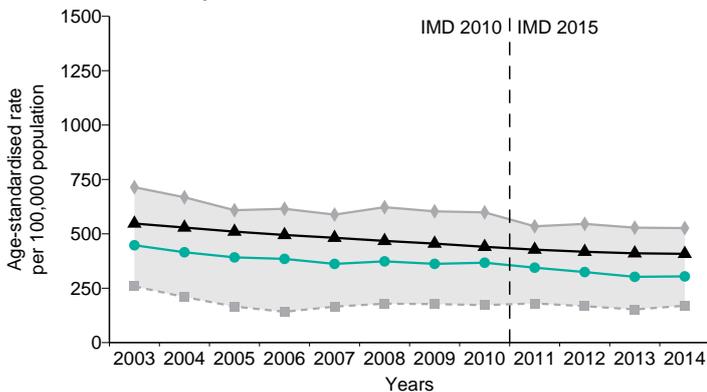
Life expectancy gap for women: 5.7 years



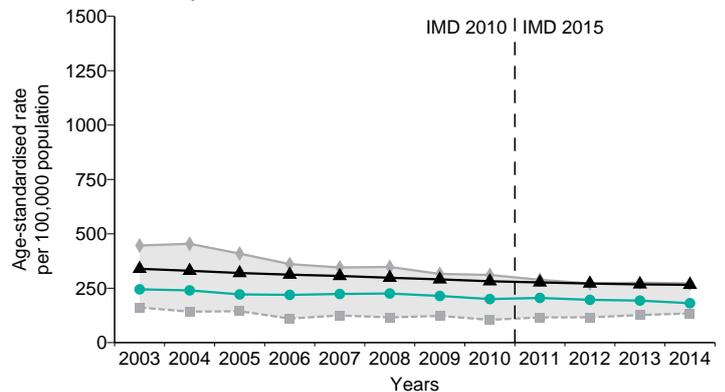
Health inequalities: changes over time

These charts provide a comparison of the changes in death rates in people under 75 (early deaths) between this area and England. Early deaths from all causes also show the differences between the most and least deprived local quintile in this area. Data from 2010-12 onwards have been revised to use IMD 2015 to define local deprivation quintiles (fifths), all prior time points use IMD 2010. In doing this, areas are grouped into deprivation quintiles using the Index of Multiple Deprivation which most closely aligns with time period of the data. This provides a more accurate way of discriminating changes between similarly deprived areas over time.

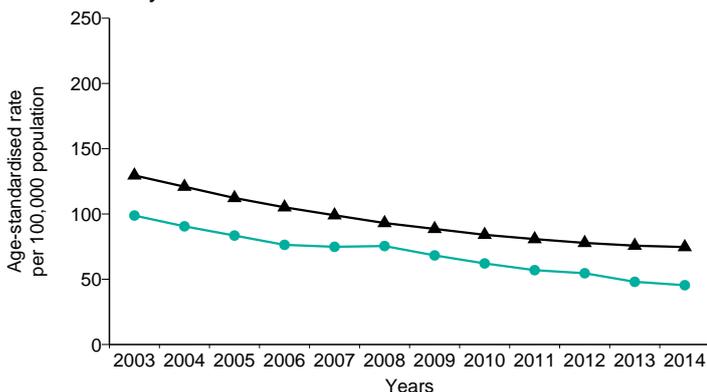
Early deaths from all causes: men



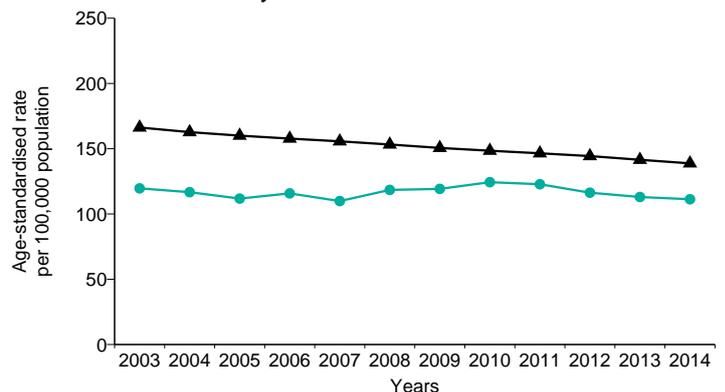
Early deaths from all causes: women



Early deaths from heart disease and stroke



Early deaths from cancer



Data points are the midpoints of three year averages of annual rates, for example 2005 represents the period 2004 to 2006. Where data are missing for local least or most deprived, the value could not be calculated as the number of cases is too small.

▲ England average ● Local average ■ Local least deprived ◆ Local most deprived ■ Local inequality

Health summary for Kensington and Chelsea

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared

Domain	Indicator	Period	Local count	Local value	Regional average [€]		England average		England range	England best
					Eng value	Eng worst	25th percentile	75th percentile		
Our communities	1 Deprivation score (IMD 2015)	2015	n/a	23.4	21.8	42.0				5.0
	2 Children in low income families (under 16s)	2014	3,840	22.0	20.1	39.2				6.6
	3 Statutory homelessness	2015/16	248	3.2	0.9					
	4 GCSEs achieved	2015/16	362	65.0	57.8	44.8				78.7
	5 Violent crime (violence offences)	2015/16	3,395	21.7	17.2	36.7				4.5
	6 Long term unemployment	2016	371	3.4 ^{^20}	3.7 ^{^20}	13.8				
Children's and young people's health	7 Smoking status at time of delivery	2015/16	34	2.5	10.6 ^{\$1}	26.0				1.8
	8 Breastfeeding initiation	2014/15	1,556	87.8	74.3	47.2				92.9
	9 Obese children (Year 6)	2015/16	140	20.0	19.8	28.5				9.4
	10 Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	20	24.0	37.4	121.3				10.5
	11 Under 18 conceptions	2015	20	10.6	20.8	43.8				5.4
Adults' health and lifestyle	12 Smoking prevalence in adults	2016	n/a	18.0	15.5	25.7				4.9
	13 Percentage of physically active adults	2015	n/a	67.1	57.0	44.8				69.8
	14 Excess weight in adults	2013 - 15	n/a	47.3	64.8	76.2				46.5
	15 Cancer diagnosed at early stage	2015	x ¹	x ¹	52.4	39.0				63.1
Disease and poor health	16 Hospital stays for self-harm†	2015/16	136	85.3	196.5	635.3				55.7
	17 Hospital stays for alcohol-related harm†	2015/16	700	490.0	647	1,163				374
	18 Recorded diabetes	2014/15	6,695	4.2	6.4	9.2				3.3
	19 Incidence of TB	2013 - 15	92	19.6	12.0	85.6				0.0
	20 New sexually transmitted infections (STI)	2016	3,018	2730.0	795	3,288				223
	21 Hip fractures in people aged 65 and over†	2015/16	86	390.9	589	820				312
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2013 - 15	n/a	83.4	79.5	74.3				83.4
	23 Life expectancy at birth (Female)	2013 - 15	n/a	86.4	83.1	79.4				86.7
	24 Infant mortality	2013 - 15	14	2.6	3.9	8.2				0.8
	25 Killed and seriously injured on roads	2013 - 15	185	39.5	38.5	103.7				10.4
	26 Suicide rate	2013 - 15	37	9.0	10.1	17.4				5.6
	27 Smoking related deaths	2013 - 15	451	224.8	283.5					
	28 Under 75 mortality rate: cardiovascular	2013 - 15	155	45.4	74.6	137.6				43.1
	29 Under 75 mortality rate: cancer	2013 - 15	380	111.3	138.8	194.8				98.6
	30 Excess winter deaths	Aug 2012 - Jul 2015	101	13.7	19.6	36.0				6.9

Indicator notes

1 Index of Multiple Deprivation (IMD) 2015 2 % children (under 16) in low income families 3 Eligible homeless people not in priority need, crude rate per 1,000 households 4 5 A*-C including English & Maths, % pupils at end of key stage 4 resident in local authority 5 Recorded violence against the person crimes, crude rate per 1,000 population 6 Crude rate per 1,000 population aged 16-64 7 % of women who smoke at time of delivery 8 % of all mothers who breastfed their babies in the first 48hrs after delivery 9 % school children in Year 6 (age 10-11) 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population 11 Under-18 conception rate per 1,000 females aged 15 to 17 (crude rate) 12 Current smokers (aged 18 and over), Annual Population Survey 13 % adults (aged 16 and over) achieving at least 150 mins physical activity per week, Active People Survey 14 % adults (aged 16 and over) classified as overweight or obese, Active People Survey 15 Experimental statistics - % of cancers diagnosed at stage 1 or 2 16 Directly age sex standardised rate per 100,000 population 17 Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (narrow definition), directly age standardised rate per 100,000 population 18 % people (aged 17 and over) on GP registers with a recorded diagnosis of diabetes 19 Crude rate per 100,000 population 20 All new diagnoses (excluding chlamydia under age 25), crude rate per 100,000 population aged 15 to 64 21 Directly age-sex standardised rate of emergency admissions, per 100,000 population aged 65 and over 22, 23 The average number of years a person would expect to live based on contemporary mortality rates 24 Rate of deaths in infants aged under 1 year per 1,000 live births 25 Rate per 100,000 population 26 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (aged 10 and over) 27 Directly age standardised rate per 100,000 population aged 35 and over 28 Directly age standardised rate per 100,000 population aged under 75 29 Directly age standardised rate per 100,000 population aged under 75 30 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths (three years)

† Indicator has had methodological changes so is not directly comparable with previously released values. € "Regional" refers to the former government regions.

^{^20} Value based on an average of monthly counts x¹ Value not published for data quality reasons \$¹ There is a data quality issue with this value

If 25% or more of areas have no data then the England range is not displayed.

Please send any enquiries to healthprofiles@phe.gov.uk

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