



Kensington and Chelsea

Unitary Authority

This profile was produced on 2 June 2015

Health Profile 2015

Health in summary

The health of people in Kensington and Chelsea is varied compared with the England average. Deprivation is higher than average and about 20.9% (4,100) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer

Life expectancy is 14.3 years lower for men and 4.3 years lower for women in the most deprived areas of Kensington and Chelsea than in the least deprived areas.

Child health

In Year 6, 21.3% (187) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 30.9*. This represents 8 stays per year. Levels of GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average.

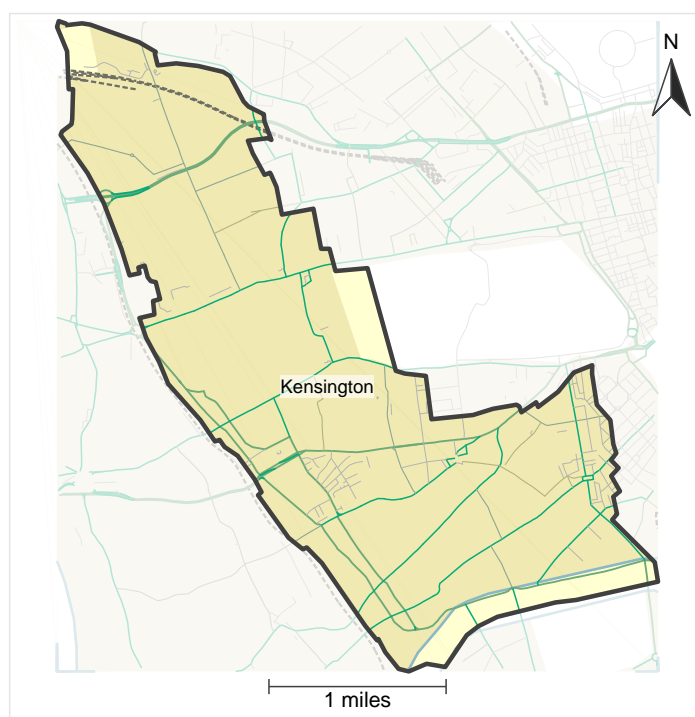
Adult health

In 2012, 11.2% of adults are classified as obese, better than the average for England. The rate of alcohol related harm hospital stays was 433*, better than the average for England. This represents 607 stays per year. The rate of self-harm hospital stays was 87.9*, better than the average for England. This represents 138 stays per year. The rate of smoking related deaths was 252*, better than the average for England. This represents 159 deaths per year. Estimated levels of adult excess weight are better than the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are worse than average. Rates of statutory homelessness, violent crime and drug misuse are worse than average. Rates of long term unemployment, new cases of malignant melanoma, early deaths from cardiovascular diseases and early deaths from cancer are better than average.

Local priorities

Priorities in Kensington and Chelsea include reducing levels of obesity in children, reducing smoking rates, improving sexual health, improving mental wellbeing, reducing substance misuse, and improving preventative health care. For more information see www.jsna.info

* rate per 100,000 population



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Population: 156,000

Mid-2013 population estimate. Source: Office for National Statistics.

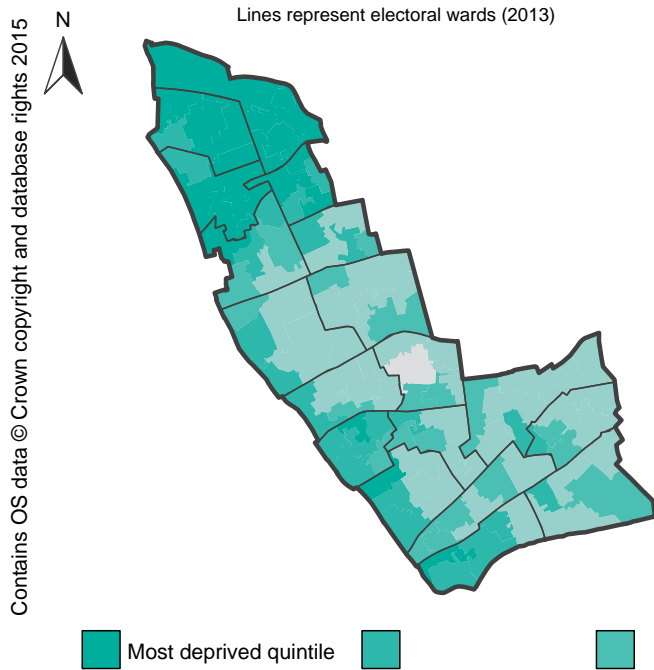
This profile gives a picture of people's health in Kensington and Chelsea. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit www.healthprofiles.info for more profiles, more information and interactive maps and tools.

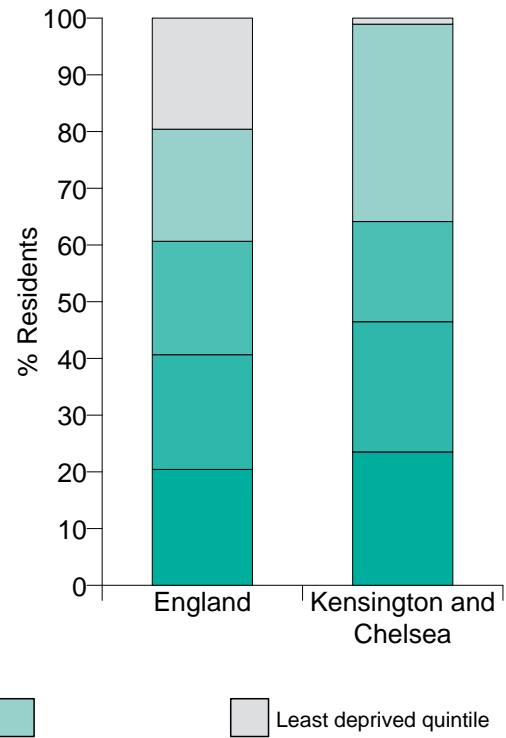
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Deprivation: a national view

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, 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.



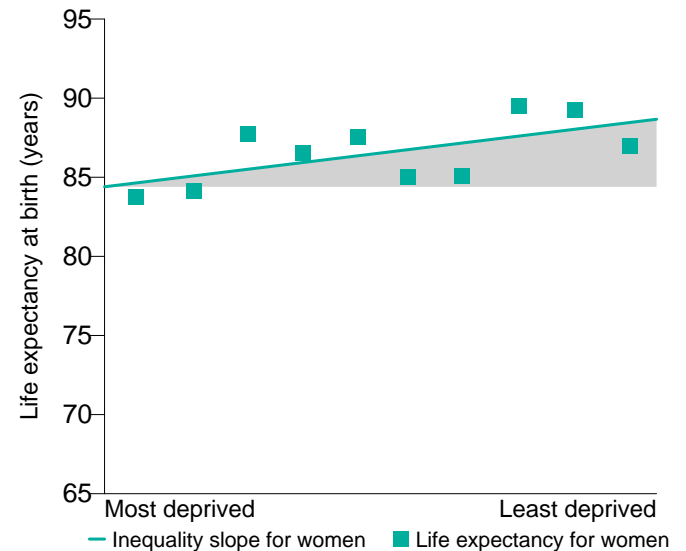
Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2011-2013. Each chart is divided into deciles (tenths) by deprivation, 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 were no inequality in life expectancy as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 14.3 years

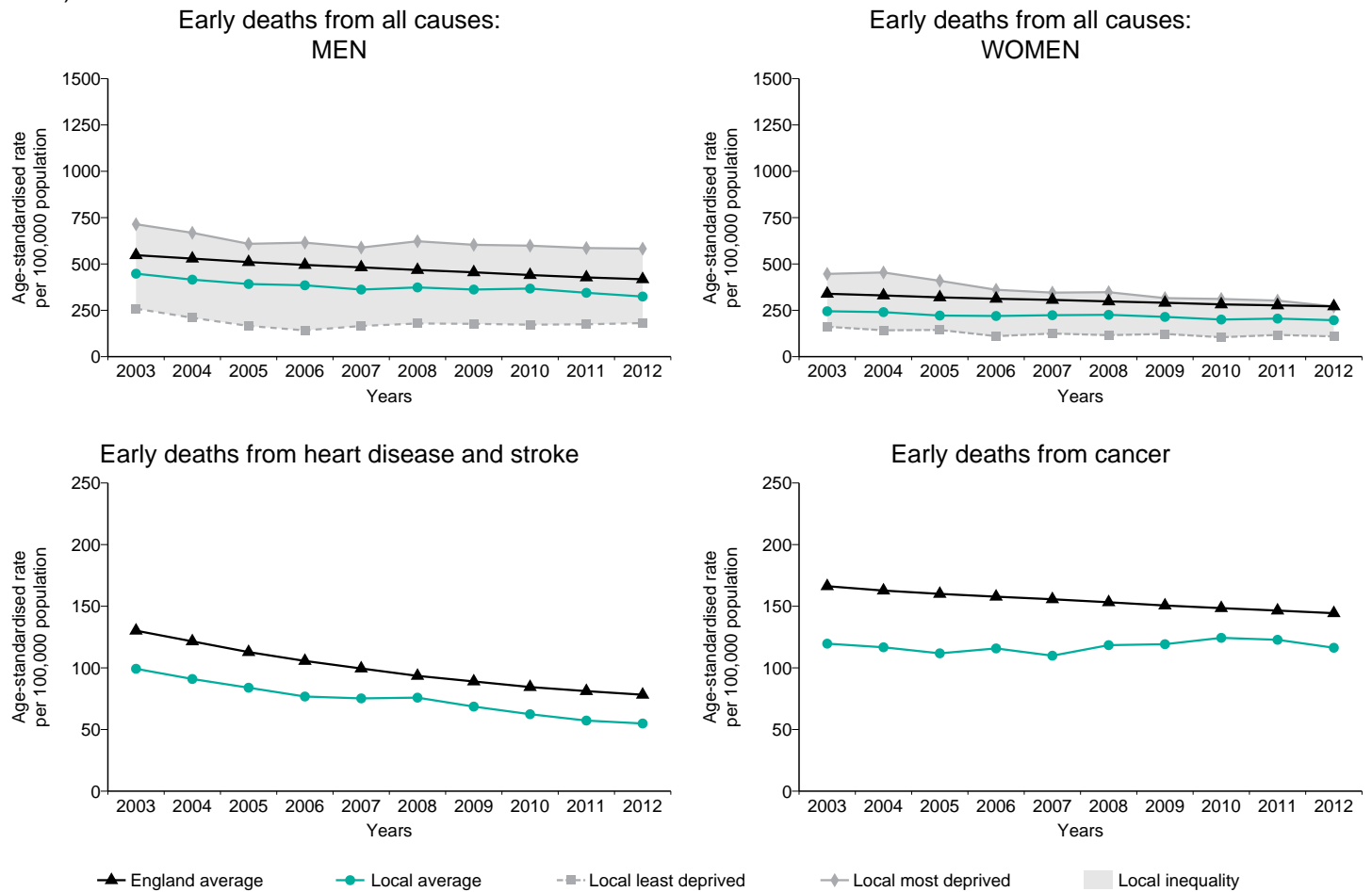


Life expectancy gap for women: 4.3 years



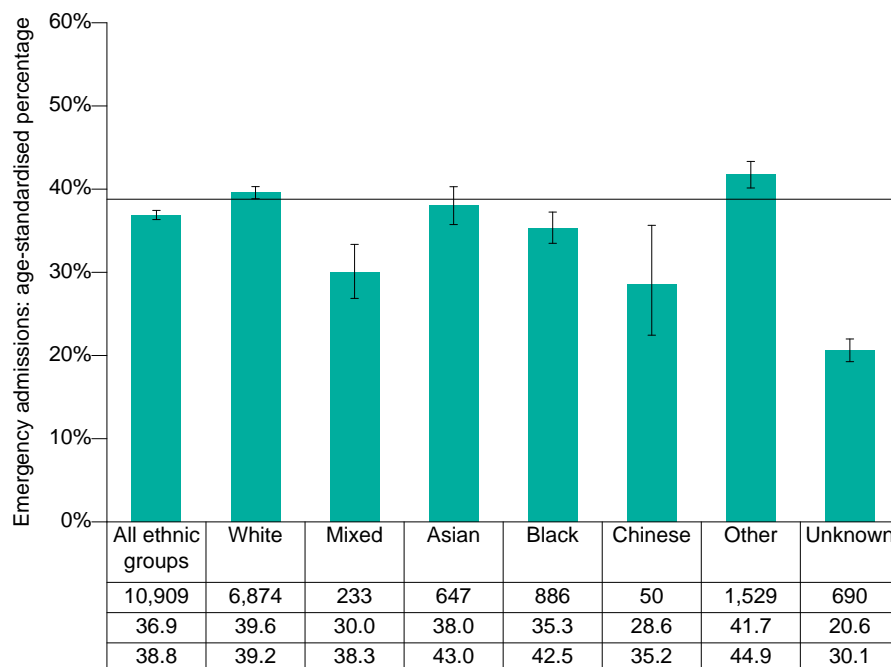
Health inequalities: changes over time

These charts provide a comparison of the changes in early death rates (in people under 75) between this area and all of England. Early deaths from all causes also show the differences between the most and least deprived quintile in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).



Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2013



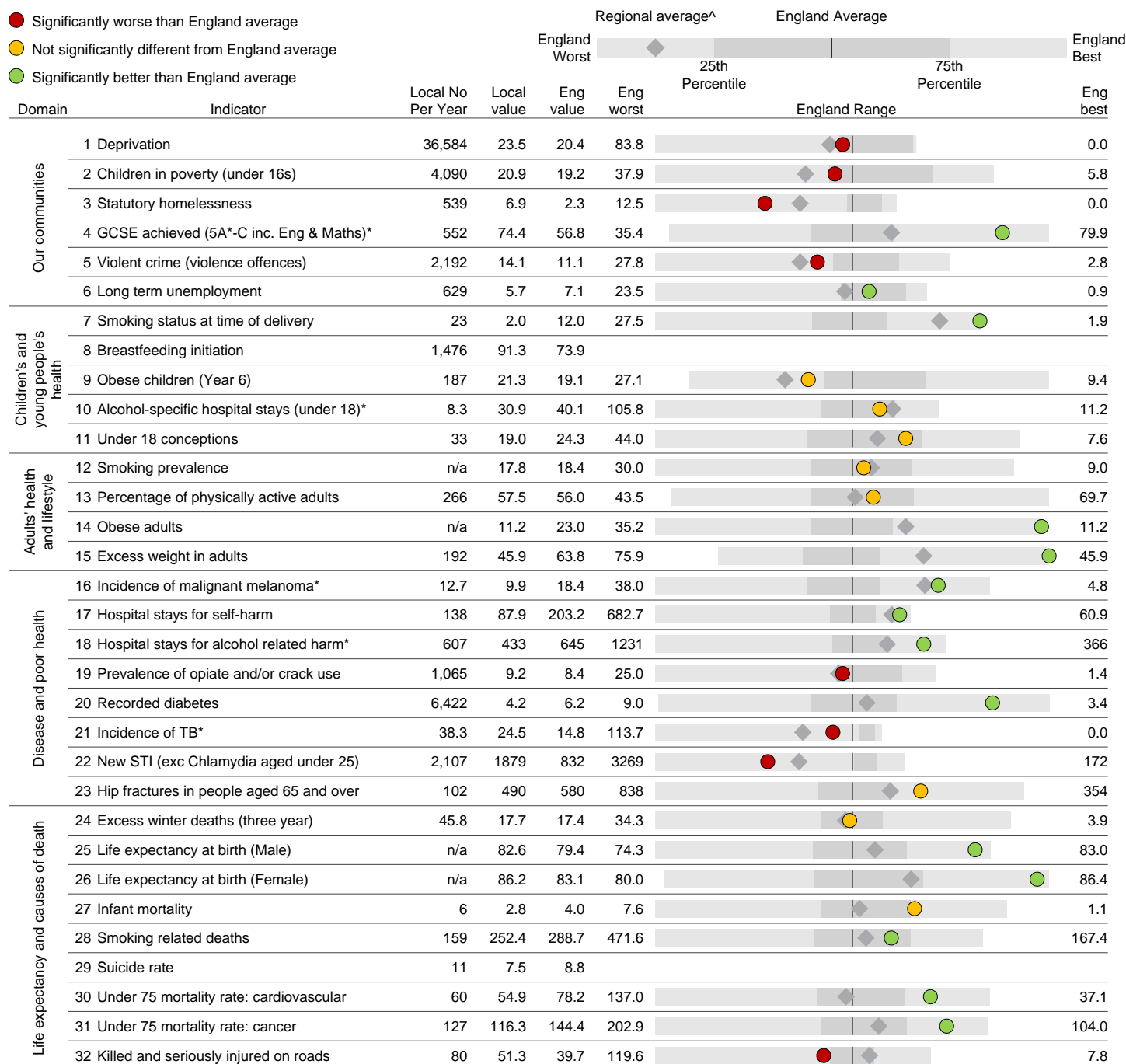
This chart shows the percentage of hospital admissions for each ethnic group that were emergencies, rather than planned. A higher percentage of emergency admissions may be caused by higher levels of urgent need for hospital services or lower use of services in the community. Comparing percentages for each ethnic group may help identify inequalities.

■ Kensington and Chelsea
 — England average (all ethnic groups)
 | 95% confidence interval

Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

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.



Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2013 **2** % children (under 16) in families receiving means-tested benefits & low income, 2012
3 Crude rate per 1,000 households, 2013/14 **4** % key stage 4, 2013/14 **5** Recorded violence against the person crimes, crude rate per 1,000 population, 2013/14
6 Crude rate per 1,000 population aged 16-64, 2014 **7** % of women who smoke at time of delivery, 2013/14 **8** % of all mothers who breastfed their babies in the first 48hrs after delivery, 2013/14 **9** % school children in Year 6 (age 10-11), 2013/14 **10** Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2011/12 to 2013/14 (pooled) **11** Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2013 **12** % adults aged 18 and over who smoke, 2013
13 % adults achieving at least 150 mins physical activity per week, 2013 **14** % adults classified as obese, Active People Survey 2012 **15** % adults classified as overweight or obese, Active People Survey 2012 **16** Directly age standardised rate per 100,000 population, aged under 75, 2010-12 **17** Directly age sex standardised rate per 100,000 population, 2013/14 **18** The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2013/14 **19** Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2011/12 **20** % people on GP registers with a recorded diagnosis of diabetes 2013/14 **21** Crude rate per 100,000 population, 2011-13, local number per year figure is the average count **22** All new STI diagnoses (excluding Chlamydia under age 25), crude rate per 100,000 population, 2013 **23** Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2013/14 **24** Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 01.08.10-31.07.13, aged 65+ **25, 26** At birth, 2011-13 **27** Rate per 1,000 live births, 2011-13 **28** Directly age standardised rate per 100,000 population aged 35 and over, 2011-13 **29** Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2011-13 **30** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **31** Directly age standardised rate per 100,000 population aged under 75, 2011-13 **32** Rate per 100,000 population, 2011-13

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

More information is available at www.healthprofiles.info

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