



Kensington and Chelsea

Unitary Authority

This profile was published on 6 September 2016
Revised 9 September 2016

Health Profile 2016

Health in summary

The health of people in Kensington and Chelsea is varied compared with the England average. About 20% (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 16.0 years lower for men in the most deprived areas of Kensington and Chelsea than in the least deprived areas.

Child health

In Year 6, 23.8% (162) of children are classified as obese, worse than the average for England. The rate of alcohol-specific hospital stays among those under 18 was 22.0*, better than the average for England. This represents 6 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding initiation and smoking at time of delivery are better than the England average.

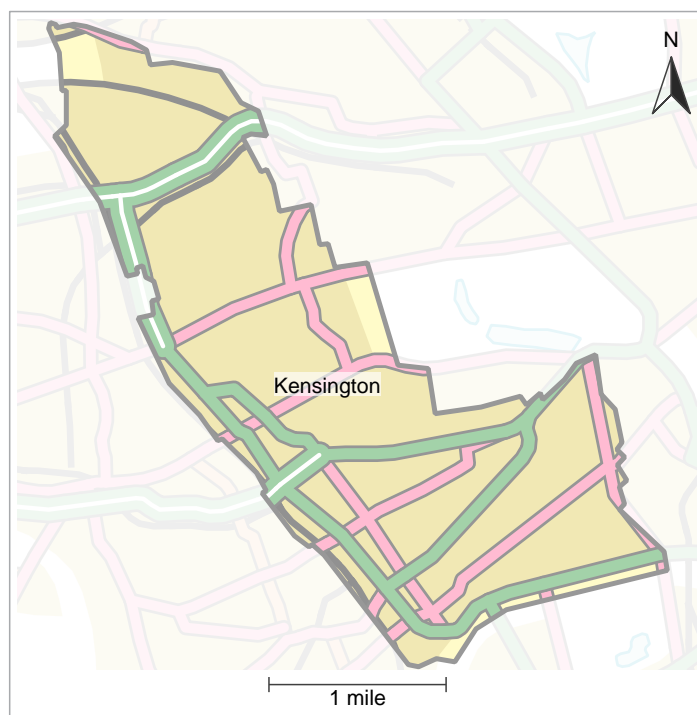
Adult health

The rate of alcohol-related harm hospital stays is 421*, better than the average for England. This represents 593 stays per year. The rate of self-harm hospital stays is 63.5*, better than the average for England. This represents 99 stays per year. The rate of smoking related deaths is 232*, better than the average for England. This represents 152 deaths per year. Estimated levels of adult excess weight and physical activity are better than the England average. Rates of sexually transmitted infections, people killed and seriously injured on roads and TB are worse than average. The rate of hip fractures is better than average. Rates of statutory homelessness and violent crime are worse than average. Rates of long term unemployment, 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, improving preventative services and encouraging more people to be physically active. For more information see www.jsna.info

* rate per 100,000 population



Contains OS data © Crown copyright and database rights 2016

Population: 156,000

Mid-2014 population estimate. Source: Office for National Statistics.

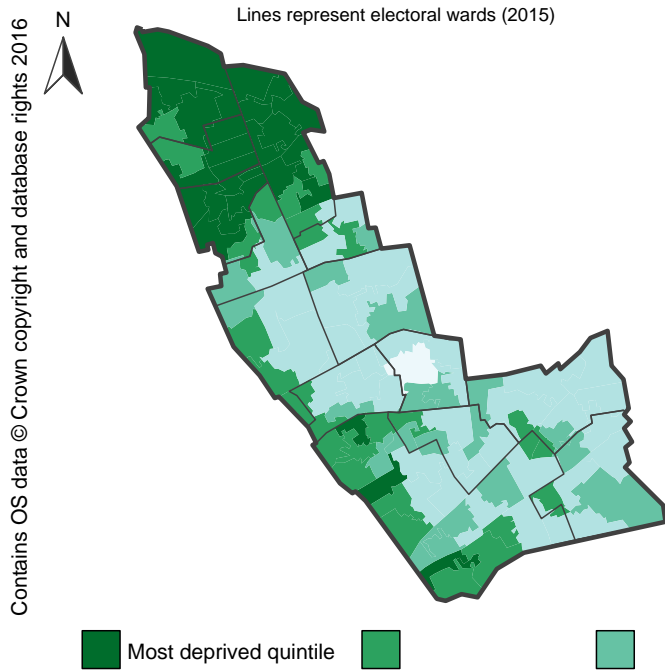
This profile gives a picture of people's health in Kensington and Chelsea. It is designed to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

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

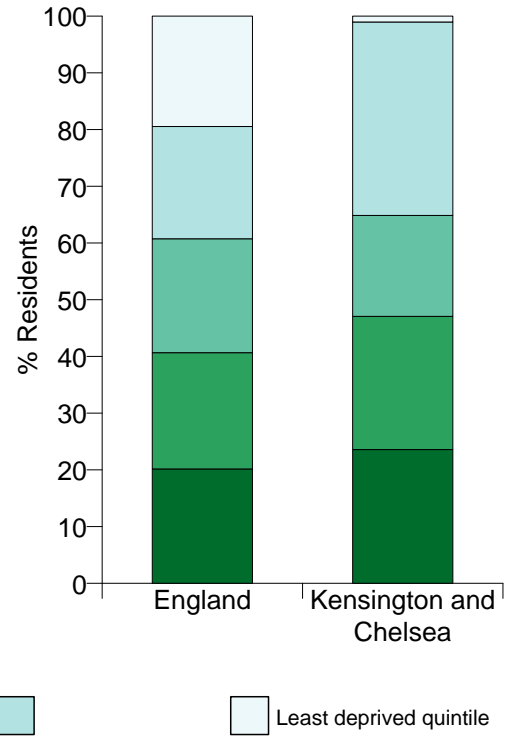
Follow [@PHE_uk](https://twitter.com/PHE_uk) on Twitter

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 2015 (IMD2015), 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.



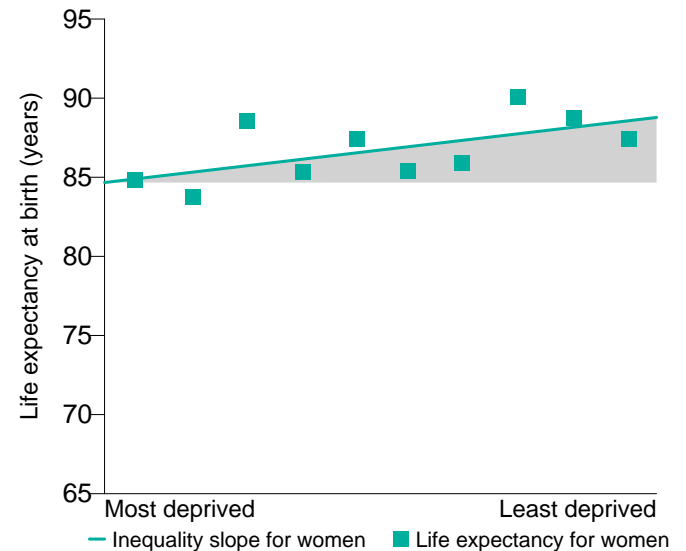
Life expectancy: inequalities in this local authority

The charts below show life expectancy for men and women in this local authority for 2012-2014. Each chart is divided into deciles (tenths) by deprivation (IMD2010), 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 as a result of deprivation, the line would be horizontal.

Life expectancy gap for men: 16.0 years



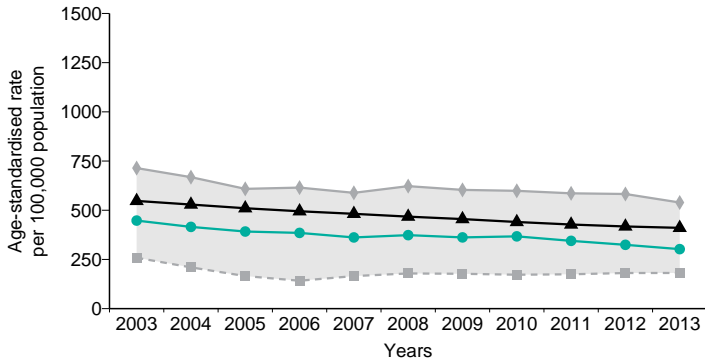
Life expectancy gap for women: 4.1 years



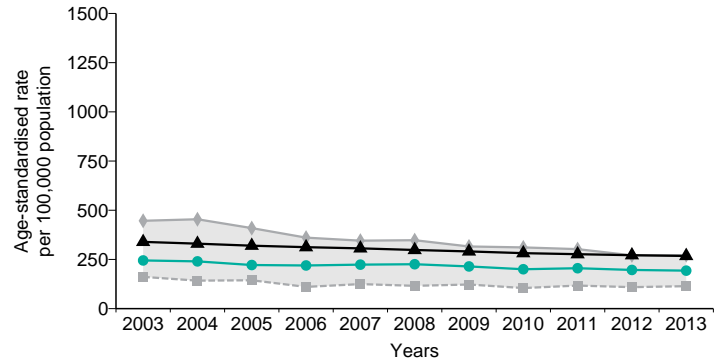
Health inequalities: changes over time

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 (IMD2010) in this area. (Data points are the midpoints of 3 year averages of annual rates, for example 2005 represents the period 2004 to 2006).

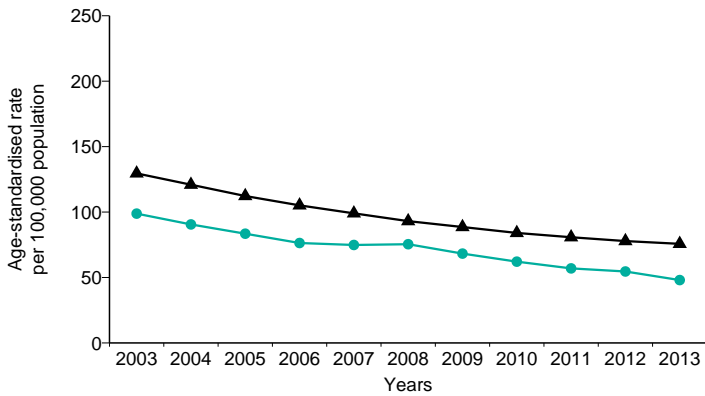
Early deaths from all causes:
MEN



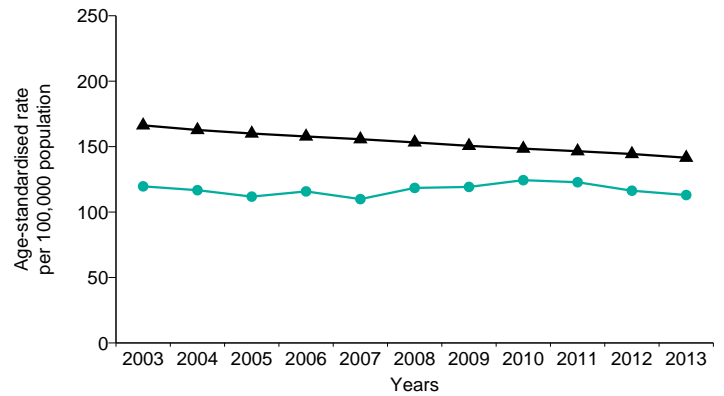
Early deaths from all causes:
WOMEN



Early deaths from heart disease and stroke



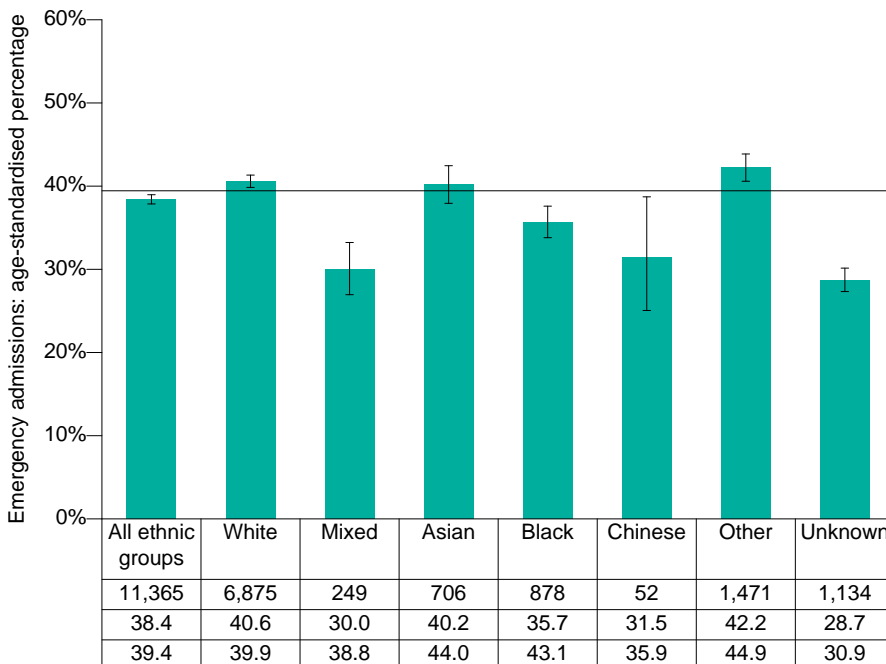
Early deaths from cancer



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

Health inequalities: ethnicity

Percentage of hospital admissions that were emergencies, by ethnic group, 2014/15



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.

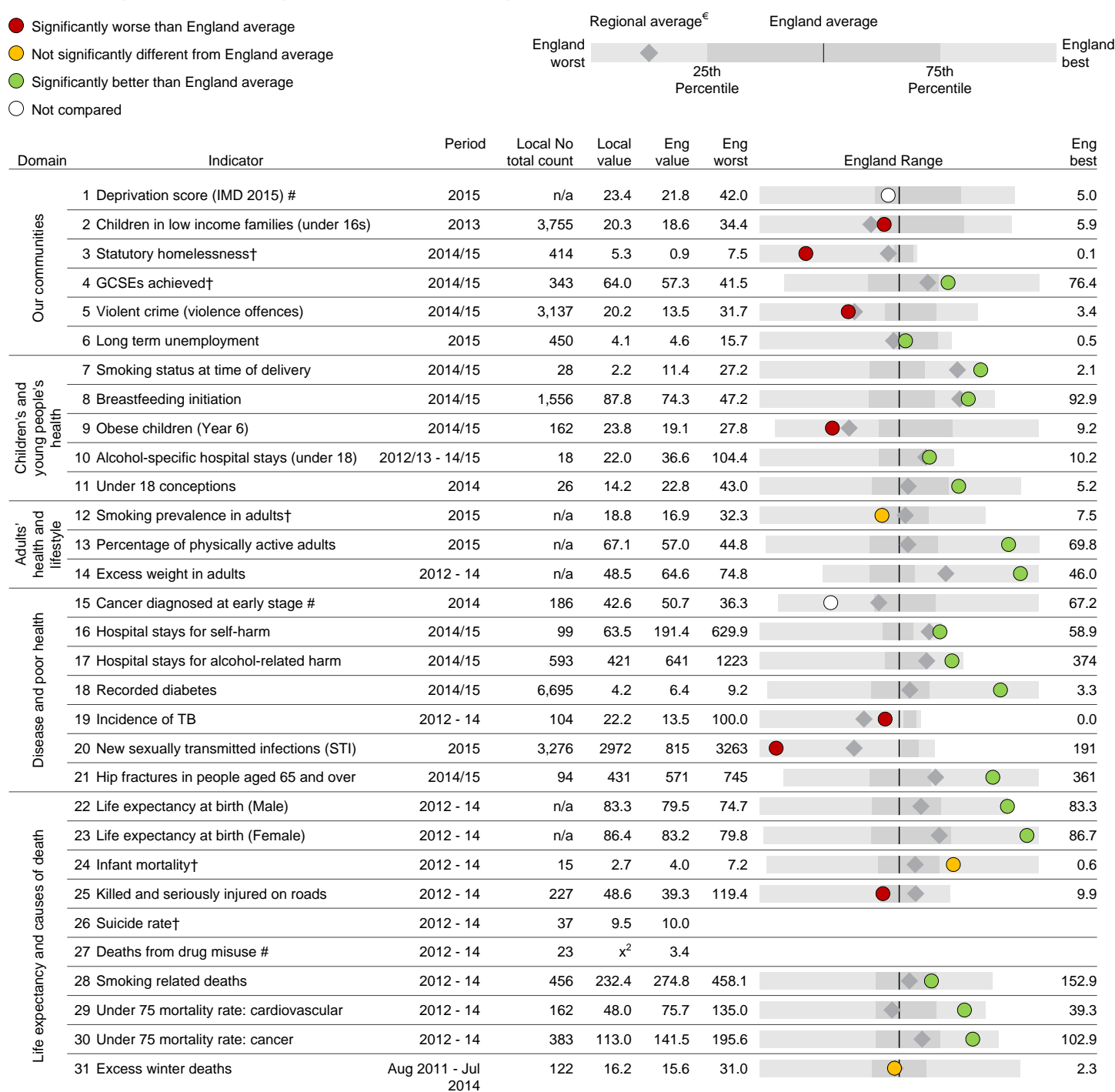
■ Kensington and Chelsea
 95% confidence interval
 England average (all ethnic groups)

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.

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



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 15-17 (crude rate) 12 Current smokers, Annual Population Survey (APS) 13 % adults achieving at least 150 mins physical activity per week 14 % adults 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 The number of 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 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 21 Directly age and 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 <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+) 27 Directly age standardised rate per 100,000 population 28 Directly age standardised rate per 100,000 population aged 35 and over 29 Directly age standardised rate per 100,000 population aged under 75 30 Directly age standardised rate per 100,000 population aged under 75 31 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.

New indicator for Health Profiles 2016. x² Value cannot be calculated as number of cases is too small

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

More information is available at www.healthprofiles.info and <http://fingertips.phe.org.uk/profile/health-profiles>

You may re-use this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/version/3/