

# Health and Well-being

## Life Expectancy

Residents of Kensington and Chelsea have the highest life expectancy in the country

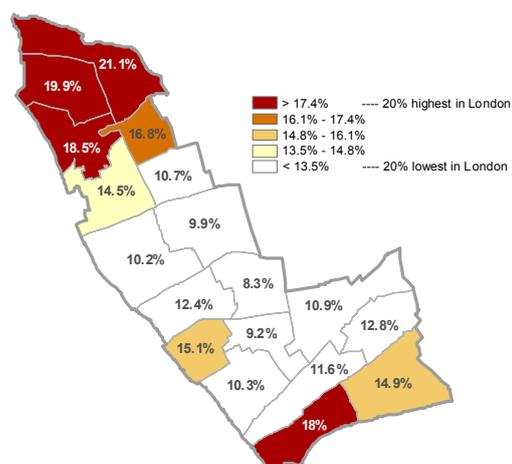
Overall, Kensington and Chelsea has the highest life expectancy in England for both men and women. Life expectancy in Kensington and Chelsea is 84 years for men, and 88 years for women, compared to 78 and 82 years in London, and 77 and 82 years in England.<sup>1</sup> However, this masks

considerable inequalities, with a seven to eight year difference in life expectancy between the most deprived and least deprived areas in the borough.<sup>2</sup>

## Health

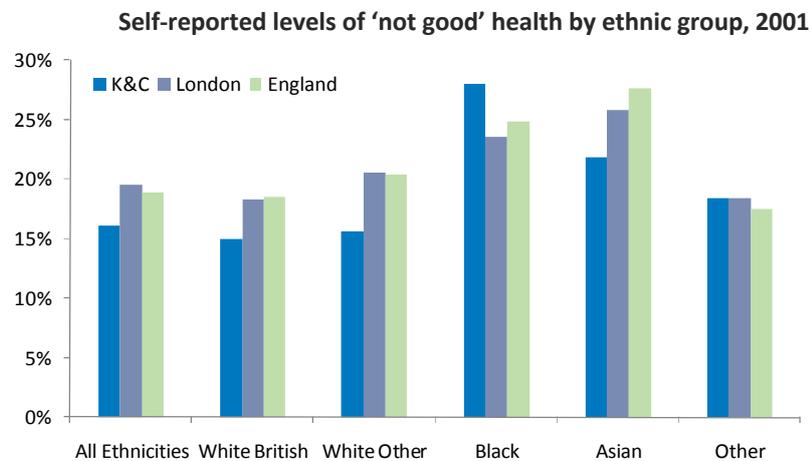
Kensington and Chelsea has a far lower proportion of its residents reporting a limiting long-term illness compared to London and England. This is likely to be attributable to both the younger age profile and better general health amongst the borough's residents. Thirteen per cent of people in the borough report a limiting long-term illness, compared to 15 per cent of London and 17 per cent of England residents. Within the borough there is large variation, with the four northern wards having nearly double the rates found elsewhere in Kensington and Chelsea.

Percentage of residents reporting a limiting long-term illness, 2001



In the 2001 Census, residents were asked to describe their own health over the past 12 months as either 'good', 'fairly good', or 'not good'. In Kensington and Chelsea, 16 per cent of residents described their health as 'not good', compared to 19 per cent in London and England. Self-reported 'not good' health is highest amongst the

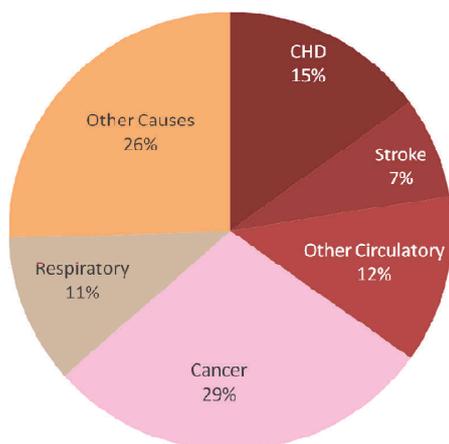
Black population in Kensington and Chelsea, which differs from the London picture, where the Asian population reports the worst health.



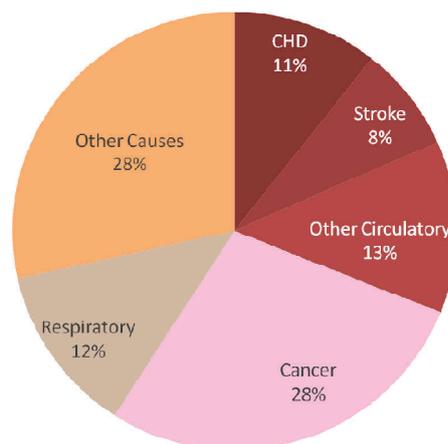
## Cause of death

The majority of deaths in Kensington and Chelsea are due to circulatory disease, which includes coronary heart disease, stroke and other circulatory diseases. The proportion of deaths from these causes is slightly higher for men than women.<sup>3</sup>

**Causes of death- all age, male, 2009**



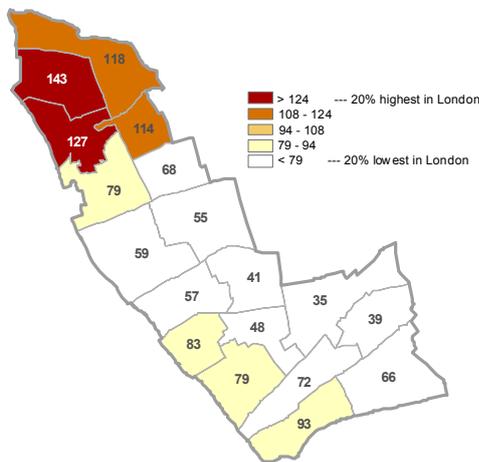
**Causes of death- all age, female, 2009**



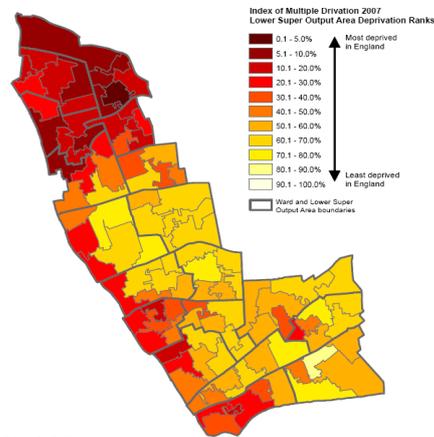
Thirty eight per cent of deaths in Kensington and Chelsea last year were premature (i.e. occurring among under 75 year olds).<sup>4</sup> Although Kensington and Chelsea has the lowest premature death rate in the country, two of the wards (St Charles and Notting Barns) fall into the highest 20per cent of wards in London.<sup>5</sup> This illustrates the inequalities in health across the borough. There is considerable correlation

between areas with high rates of premature death and areas with high deprivation rates.

**Under 75 standardised mortality ratios (SMRs), from all causes, 2004-08**



**Deprivation in Kensington and Chelsea, 2007**



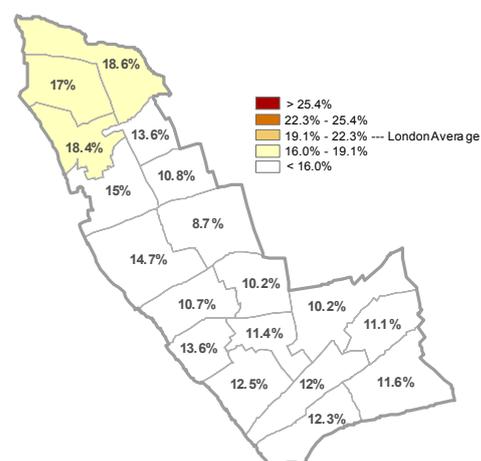
**Golborne and Notting Barns fall into the highest 20 per cent for premature death rates in London**

Cancer is the biggest cause of premature deaths in the borough, at 37 per cent<sup>6</sup>. Premature death rates in the area encompassed by the four northern wards has been improving at a faster rate than London, England and the rest of the borough since 2001, but the improvement appears to have slowed in the last three to four years.<sup>7</sup>

## Lifestyle Factors

Kensington and Chelsea is estimated to have one of the lowest rates of obesity in the country.<sup>8</sup> Roughly one in six adults in the north of the borough are likely to be obese, compared to one in ten in the rest of the borough.<sup>9</sup> Every ward in the borough has an estimated obesity rate lower than the London average.

**Estimated percentage of GP registered adult population who are obese**

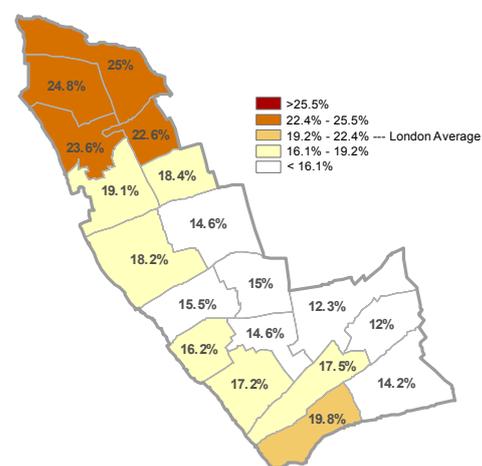


Of more concern is the situation with children. Levels of obesity among state primary school children has generally been falling among Reception age pupils (aged 4-5), but has been rising over time for pupils in Year six (aged 10-11) and is now ranked the eighth highest in the country.<sup>10</sup> Of all year six boys in the borough, 29 per cent were obese in 2009/10.<sup>11</sup>

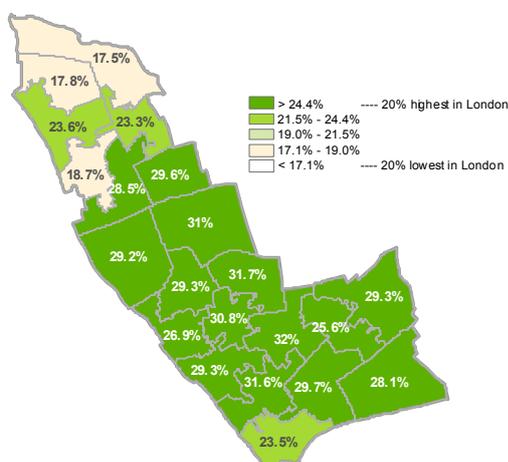
**Estimates and surveys suggest fewer people smoke and more people take regular exercise in the borough than in London or England**

Estimates suggest that smoking is less prevalent in Kensington and Chelsea than in London or nationally.<sup>12</sup> Whilst an estimated 18 per cent of adults in Kensington and Chelsea smoke, the proportion in London and England is 21 and 22 per cent respectively. There is a disparity however, between the north, where one in four people smoke; and the more affluent south and central areas in which only one in seven smoke<sup>13</sup>.

**Estimated percentage of GP registered adult population who currently smoke**



**Estimated percentage of residents exercising for at least 30 minutes, 3 times per week**



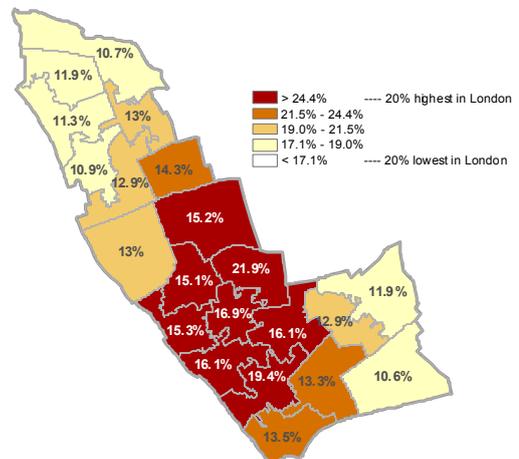
Results from the 'Active People' survey, suggest that Kensington and Chelsea residents have much higher levels of physical activity than the average for London and England: twenty eight per cent of adults in the borough participate in 30 minutes of physical activity three times per week, compared to 21 per cent in London and England. There is a large difference between areas of the borough however, with only 18 per cent of adults taking part at this level in the two most northerly wards.<sup>14</sup>

The number of hospital admissions as a result of alcohol consumption has been rising in Kensington and Chelsea over the last decade. However, it has been increasing at a slower rate than both London and England<sup>15</sup>. Forty five percent of the hospital admissions in the borough (2007/8-2009/10) were among residents of the four northern wards.<sup>16</sup>

**Binge drinking rates are estimated to be highest in the central and southern wards**

The estimated incidence of binge drinking, however, shows a very different geographical pattern, with the highest rates likely to be occurring in the central wards. Approximately 18 per cent of residents report having been binge drinking in the last seven days; this is higher than the London average of 14.3 per cent.<sup>17</sup> In addition to this it must be noted a high number of non-residents also socialise in the central and southern parts of the borough, which are home to a greater number of bars, pubs and restaurants than the north.

**Estimated percentage of residents who have been binge drinking in the previous 7 days**



See the **Data Factsheets** for more data and analysis:  
<http://www.rbkc.gov.uk/voluntaryandpartnerships/jsna/2010datafactsheets.aspx>

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- <sup>1</sup> ONS life expectancy data, 2006-2008
  - <sup>2</sup> Primary Care Mortality Database 2005-09
  - <sup>3</sup> ONS Vital Statistics (2008)
  - <sup>4</sup> Primary Care Mortality Database, 2009
  - <sup>5</sup> 2005-09 data. Extracted from Health Needs Assessment Tool, Commissioning Support for London
  - <sup>6</sup> ONS Vital Statistics (2008)
  - <sup>7</sup> PCT data analysis, using Primary Care Mortality database and GLA 2008 (low) population projections
  - <sup>8</sup> 2005-08 Synthetic estimates of obesity. Community Health Profiles. Association of Public Health Observatories (APHO)
  - <sup>9</sup> PCT data extraction from GP practices ,2009
  - <sup>10</sup> National Child Measurement Programme 2009/10, NHS Information Centre website
  - <sup>11</sup> Local PCT data collection for National Child Measurement Programme
  - <sup>12</sup> 2005-08 Synthetic estimates of smoking. Community Health Profiles. Association of Public Health Observatories (APHO)
  - <sup>13</sup> PCT data extraction from GP practices ,2009
  - <sup>14</sup> Active People survey for Sport England, 2005-06
  - <sup>15</sup> Local Alcohol Profiles for England Indicator NI39
  - <sup>16</sup> Dr Foster, 2007/08-2009/10
  - <sup>17</sup> Synthetic Estimates of binge drinking (2003-2005), Office for National Statistics