

## A unique and diverse central London borough, which is rich in culture and heritage





It is RBKC’s ambition to become the best council, and in order to achieve this, we recognise the need to address the health inequality that exists in the borough. RBKC is committed to making Kensington and Chelsea a greener, safer and fairer place to live, and the actions the council will take to achieve this are outlined in the 2023-27 Council Plan. These three priorities provide us with a solid foundation for a holistic approach to improving health and wellbeing in the borough.

Kensington and Chelsea is an area of huge social and cultural diversity, which includes significant differences in income, employment, and skills levels. Three of most deprived wards in London are in RBKC. These are Golborne, Notting Dale and Dalgarno, with Golborne being the most deprived ward in London.


**147,500 residents**


In 2022 there were:


 Births 1,387


 Deaths 858


## Where we do well in health and wellbeing


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Kensington and Chelsea has the highest percentage of residents who say their **health is very good** in England. **Life expectancy for women is the highest in the country.** For men it is the tenth highest. Healthy life expectancy is also high.
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The percentage of pregnant women who **smoke** by the end of their pregnancy is among the lowest in England. A high percentage of babies have **breastmilk** as their first feed. The borough has a low rate of **teenage pregnancies**.
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Hospital admissions caused by unintentional and deliberate **injuries in young people** aged 15-24 is the sixth lowest in England.
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The percentage of adults eating the recommended 5 portions of **fruit and vegetables** per day is among the highest in England
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While we have aspiration to improve, our **employment rate for residents with a learning disability** is higher than other areas
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Kensington and Chelsea has a low **under 75 mortality rate**. The rate of deaths due to cancer in people under 75 is the sixth lowest in England.

## Our health and wellbeing challenges

### We need to tackle health inequalities and reduce the gap in life expectancy

Kensington and Chelsea has the highest life expectancy for women in the country (women: 86; men: 81, the tenth highest). However, the difference in life expectancy between the highest and lowest wards is also high (18 years for women and 17 for men). Whilst many wards have life expectancy above the national average, Notting Dale (for both men and women ) and Dalgarno (for men only) are below the average.

### Whilst people are living longer, many people live for longer in poor health

Kensington and Chelsea has an ageing population: 15% of our population is aged 65 or over. Many people tend to live for longer in poor health, and with a diminished quality of life. On average men are living around 13 years in poor health and women around 16 years.

### Prevalence of obesity is high in both children and adults

Almost 2 in 5 children are overweight by the time they leave primary school. Children living in Golborne are 3 times more likely to be overweight than those living in Campden. Among adults, over 2 in 5 are overweight or obese.

### Mental health and wellbeing is important across the life course

1 in 5 adults report feeling anxious and 1 in 12 have a GP diagnosis of depression. Depression is more common among residents from a Caribbean, mixed White and Black Caribbean or British background and those living in more deprived areas. 1 in 5 children and young people have mental health needs

### Screening and immunisation rates are among the lowest in the country

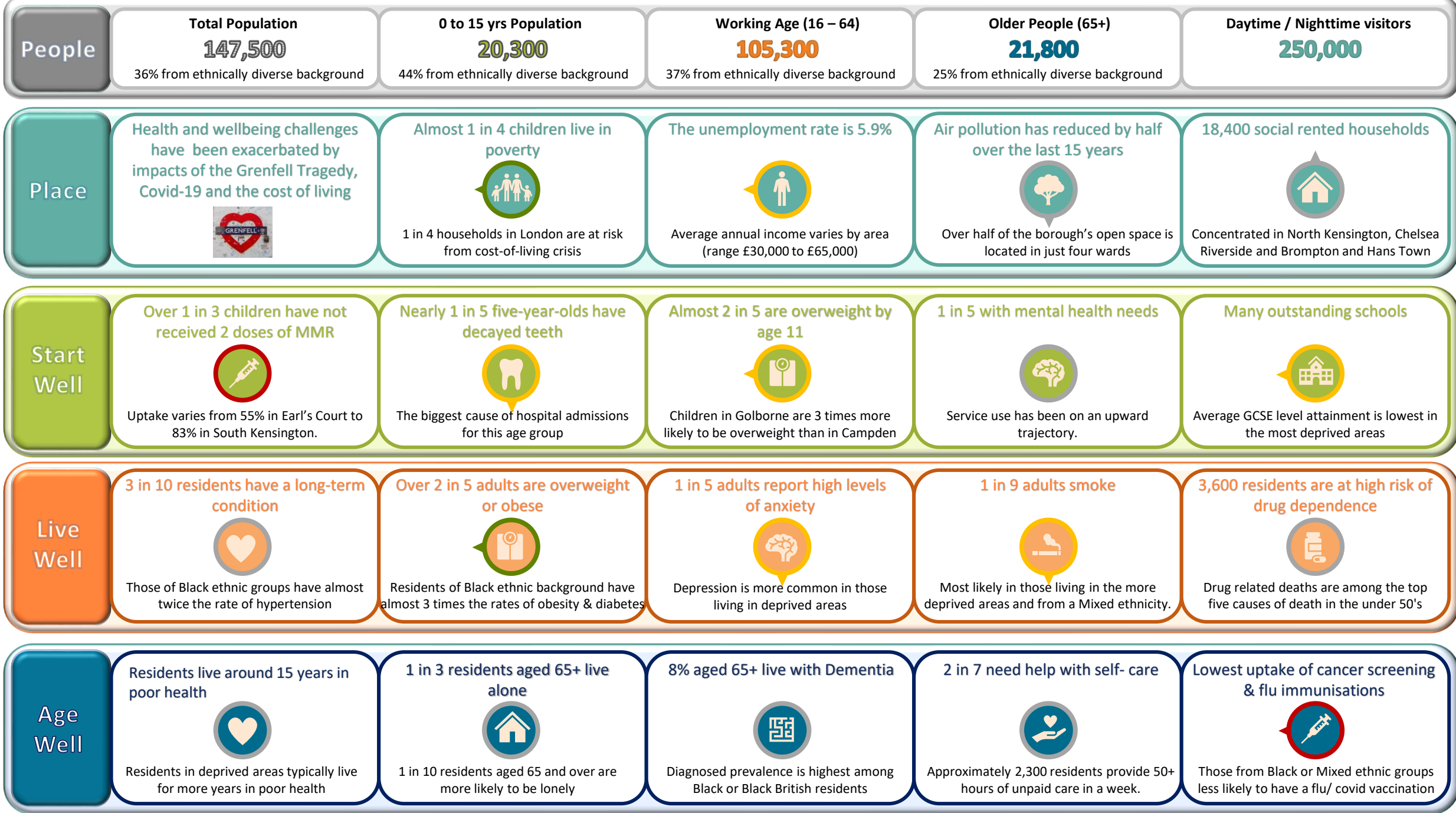
Cancer screening, particularly breast, cervical and bowel cancer, is among the lowest in the country. For all types of childhood vaccinations uptake is among the 25% lowest in England and below the 95% target to stop the spread and protect the community. For example, over 1 in 3 children have not received 2 doses of MMR. Uptake varies within the borough, ranging from 55% in Earl’s Court to 83% in South Kensington

## How do we address these challenges?

No single organisation can solve these challenges in isolation. A whole systems approach is required, harnessing the skills and resources of key partners and local communities, and working more closely together to improve the health and wellbeing of our residents.

This borough story has informed the 10-year Health and Wellbeing Strategy which is focussed on reducing health inequalities. A digital version of the strategy is available at [RBKC and WCC Health and Wellbeing Strategy 2023](#).





# People

## Residents

Kensington and Chelsea is home to **147,500 residents** and is the **smallest** London Borough both in terms of size and population. Despite its size there is **great diversity**. It is densely populated with a high proportion of single households. Whilst the number of children living in the borough is expected to decline, the number of **people aged 65 or over is expected to increase by almost 40%** in the next 20 years. There are 105,300 residents of working age (71%).

**A lot of residents move in and out of the borough each year:** 19% did not live at the same address as the year before. This is enabled by a sizeable private rental sector (40% of households). International migration is also among the highest in England: more than 12,000 RBKC residents arrived in the UK within the past 2 years, which is 9% of the borough’s total population.

36% of residents identify themselves as from a Black, Asian or other non-white ethnic background. From our local data, we have identified poorer health outcomes e.g. residents identifying from a Black ethnic background have almost double the rate of hypertension, and almost 3 times the rates of diabetes and obesity than those from a White background.

There are 80 languages spoken in Kensington and Chelsea and 24% of residents do not have English as their main language. Although **French is the most commonly spoken language after English**, there is great variation across all wards. In the 2021 Census, only 1.3% of residents reported that they could not speak English well.

The most common religions are Christianity (48%) and Islam (12%). In the 2021 Census there was an increase in the proportion of residents who say they have no religion (from 21% to 25%). Those who identified as Muslim or ‘Other religion’ are more likely to say their health is bad or very bad.

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## A diverse borough...



36% of residents identify themselves as from a Black, Asian or other non-white ethnic background



53% of our residents are female



20,300 (14%) are aged 0-15 years, 105,300 (71%) are aged 16-64 and 21,800 (15%) are aged 65+



13% of our residents have a long-term condition or disability



1 in 25 residents identify as being LGBTQ+.



65% of residents have a religion.



0.56% (685) have a gender identity different from their sex registered at birth



36% are married or in a registered civil partnership



The impact of a person's social and environmental surroundings including employment, housing and factors such as size and quality of social network influence health behaviours. Unhealthy behaviours and exposures go on to account for a high proportion of disease



### At a glance....

Kensington & Chelsea is rich in culture and heritage. The borough hosts many nationally and internationally recognised cultural attractions. Kensington Palace, the Victoria & Albert, Natural History, Science and Design Museums are just some of our landmark institutions.

The challenges to health and wellbeing faced by our residents have been exacerbated by impacts of the Grenfell Tragedy, the Covid-19 pandemic, and more recently, the cost-of-living crisis.

- The council manages over 30 parks and open spaces including 10 with green flag status. However, over half of the borough's open space is located in just four wards. Queen's Gate ward contains the smallest amount of open space.
- There is a busy road network within the borough and air quality is a risk to health for all, most particularly for children and those with underlying health conditions. Based on modelled projections, two thirds of the borough does not meet the World Health Organisation 2005 guidelines on levels of particulate matter (PM2.5).
- There are 18,430 households living in social housing (28%). These are mostly concentrated in the five wards in North Kensington, Chelsea Riverside and in Brompton and Hans Town.
- The life expectancy for someone sleeping on the streets is 30-40 years less than average. Kensington and Chelsea has relatively few street homeless but 429 people are being supported by the Council in homelessness accommodation.
- We have some of the best schools in London but with almost a fourth of children living in poverty, there is significant disadvantage for families to overcome in order to ensure that children have the best start.
- The food environment influences whether healthy choices are the easiest choice. Residents living in more deprived areas report challenges accessing healthy, affordable food.
- Lack of access to digital services contributes to poor health and wellbeing, for example, by increasing the risk of social isolation, economic exclusion and reducing access to services and support.

"The best things about living in the area is the great transport links, it's absolutely beautifully diverse, multicultural. You feel relaxed when walking about despite the troubles with the youth gangs. Everyone seems to be open. It's rich with people who have contributed to their communities."

## Deprivation

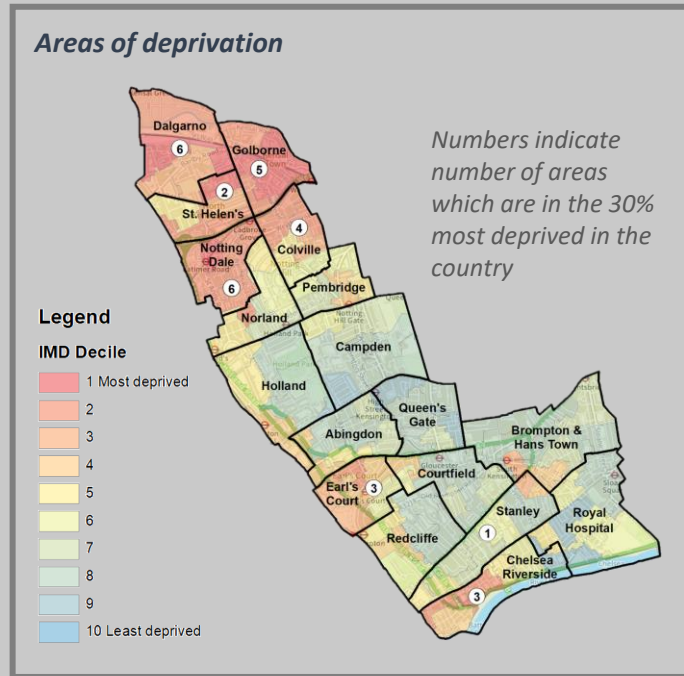
Health is closely associated with deprivation. Deprivation is a way to assess the extent to which people living in an area experience conditions which determine a healthy life. The measure of deprivation includes a measure of employment, education, health, crime, environment.

The cost of housing means that deprivation is often concentrated in areas with a large proportion of social housing. While many residents in these areas face challenges, these are also areas bursting with creativity and community life. Three of most deprived wards in London are in RBKC. These are **Golborne, Notting Dale and Dalgarno, with Golborne being the most deprived ward in London.**

Kensington and Chelsea is an area of huge social and cultural diversity, which includes **significant differences in income, employment, and skills levels.** Most employed residents are in highly skilled professional jobs, but the borough has areas where people are on low incomes, particularly in north Kensington and parts of the south and west of the borough.

Average **annual income** ranges from £30,000 in Golborne to £65,000 in the more affluent areas (Campden). 1 in 4 homes in London are at risk of the cost of living crisis; local support can be found on the cost of living support hub.

In 2023, the **unemployment rate in Kensington and Chelsea was 5.9%**, similar to the London average (5.0%).



## Life expectancy

Overall, our borough continues to have the **highest life expectancy** for females in the country and the tenth highest for males. The average man lives to 81 years and the average woman to 86 years.

However, this varies between the north and the south, between people from different ethnic backgrounds, and between homeowners, private renters, and those in social housing.

Kensington and Chelsea has the 4<sup>th</sup> highest life expectancy gap in the county for women (for men the gap is the 7<sup>th</sup> highest).

**Men can expect to live 17 years longer** in Queen's Gate ward than in Notting Dale. Women in Holland ward live 18 years longer than those in Notting Dale.

The gap is predominantly driven by exceptional high life expectancy in areas of the borough: life expectancy is similar or above the national average in all wards apart from Notting Dale (for both men and women) and Dalgarno (for men only).

The top causes of death are similar in both the most and least deprived areas but there are more deaths at younger ages in the deprived areas. Circulatory causes (including stroke and heart disease) account for over 20% of the difference in life expectancy between the most and least deprived areas (20% for women and 24% for men). Lung cancer accounts for 15% of the difference for men, and other cancers for a further 8%. For women, cancer accounts for 13% of the difference.

# Start well

What happens in pregnancy, childhood and adolescence impacts on physical and emotional health all the way through to adulthood.

Where our children live, their household income and how they are cared for all impact on the health and wellbeing of our children.

There are 20,300 children under 16 living in our borough (of which 6,540 aged under 5), with 44% from a Black, Asian or Other ethnic minority background. In contrast to the older population, the younger population is expected to reduce by a tenth over the next 20 years.

In Kensington and Chelsea nearly 1 in 4 children are living in poverty and there are 105 looked after children. Almost 2 in 5 children are overweight by the time they leave primary school and 1 in 5 are affected by mental health problems. Working with our communities to codesign activities to embed prevention and healthy lifestyles is key to ensuring we give our children the best start in life.

*"It's good for us to socialise as communities, our kids have become too used to using their screens during lockdown, they are more isolated. We need more group and physical activities for kids."*

## Over 1 in 3 children have not received 2 doses of MMR

For all types of childhood vaccinations **uptake is among the 25% lowest in England** and below the 95% target to stop the spread and protect the community. For example, only 65% have received 2 doses of measles, mumps and rubella (MMR) immunisation at or before the age of five. Uptake varies within the borough, ranging from 55% in Earl's Court to 83% in South Kensington.



## Nearly 1 in 5 five-year-olds have decayed teeth

By the age of 5, nearly 1 in 5 five-year-olds have one or more decayed, filled or missing teeth. It is a common cause of hospital admission and children who have toothache may have pain, difficulties with eating, sleeping and socialising and may have to be absent from school. 1 in 3 children have seen a dentist in the past year. While the majority of child dentist appointments are check up only, over 1 in 3 include a mid range treatment such as fillings, and 1 in 20 are urgent treatments.



## 1 in 5 children have mental health needs

A 2023 NHS survey estimated that 21% of 8-25 year olds in England have mental health needs: 6,900 children and young people in Kensington and Chelsea. While survey data of self-reported need has been static, service use has been on an upward trajectory. This would suggest that the proportion of children with mental health needs that are getting support is increasing.

## Almost 2 in 5 are overweight by age 11

18% of children are overweight or obese when they enter primary school aged 4-5 years old. This rises to 37% of children aged 10-11 leaving primary school. This varies by ward, for example those living in Golborne 3 times more likely to be overweight than those living in Campden. Children whose parents are obese are more likely to themselves be obese. This highlights the complexity of supporting families to maintain or reach a healthy weight. Being an unhealthy weight is more likely in children who identify themselves as being from Black ethnic groups at age 10-11. No significant differences are observed in Reception.



## Education creates opportunities for better health

We have some of the highest levels of outstanding schools in London. Almost **1 in 4 children** live in poverty and 4,500 children are **eligible for free school meals**. Education can trigger healthier futures and protect against disadvantage in later life. **68%** of children had a good level of development at the end of reception year and **59%** of children achieved 9-5 in GCSE English and Mathematics (75% achieving 9-4). **Average attainment 8 score was 53.5**. Average GCSE level attainment is lowest in the most deprived areas. **4.3% of children have educational health care plans** and **13.8% children have special educational needs support**.





The impact of a person's social and environmental surroundings, including employment and housing, and factors such as loneliness and isolation influence healthy behaviours and outcomes.

Differences in the lived experience of these wider determinants of health drive inequalities in health and wellbeing across and within the borough.

There are 105,300 residents of a working age (71%) in our borough. 37% of the working age population identify themselves as being from a Black, Asian, or Other ethnic minority background. There are approximately 1,700 autistic adults living in the borough.

1 in 9 smoke, over 2 in 5 adults are overweight or obese and 1 in 5 feel anxious. As well as health disparities between different locations in the borough, we see different health outcomes among residents from different ethnic backgrounds, with people from Black, Asian and Other minority groups more likely to have diabetes, be overweight, impacted by mental health and suffer from hypertension.

The rising cost of living is the biggest issue our residents face at the moment, and can affect our mental and physical health. We must continue to support residents to maximise their income and opportunities, whilst also providing crisis support to our most vulnerable residents.

*"Many of my neighbours report challenges with confidence and isolation, I would like to see opportunities for meeting up with other people to do meaningful creative activities such as repairing old clothes, art, music, photography trips, cooking and crafts; and having a person of reference to talk to when things get tricky. Is it that difficult?"*

## 2 in 5 residents drink more than is recommended

The causes of long-term conditions are complex. Unhealthy behaviours and exposures go on to account for a **high proportion of disease**. Someone in mid-life who smokes, drinks too much, exercises too little and eats poorly is **four times as likely to die** over the next 10 years than someone who does none of these things. **2 in 5 drink more than is recommended** and 4,370 residents aged 18 or over have a high risk of alcohol related health issues. Alcohol related hospital admissions are similar to the London average.



## Over 2 in 5 adults are overweight or obese

Obesity is associated with **reduced life expectancy** and can impact on our mental health and wellbeing. 8,600 of adults are diagnosed obese. Over 1 in 5 residents are inactive. There are a wide range of drivers of obesity including access to healthy food, physical activity as well as social and psychological factors. **Residents from a Black ethnic background have almost 3 times the rates of obesity** than those from a White background.



## 1 in 9 adults smoke

**1 in 9 (11%)** residents aged over 18 smoke. Most likely to smoke are those living in the more deprived areas of the borough, those from Mixed White and Black Caribbean ethnic backgrounds, people with mental health conditions and people in treatment for drugs or alcohol. The **smoking quit rate** is above the London average (56%). It is estimated that smoking costs Kensington and Chelsea £144M per year due to productivity loss, social care costs, healthcare costs and fire costs.



## 2,850 sexually transmitted infections

In 2023 there were 2,850 new diagnoses of sexually transmitted infections (STIs) such as syphilis, HIV, gonorrhoea and chlamydia. This is the ninth highest in England.



## 1 in 5 report feeling anxious

1 in 5 residents (20%) reported that they felt high levels of anxiety the day before. A local Citizen Panel survey found that life satisfaction, motivation and optimism were lower for respondents from an ethnically diverse background, females and those under 60. 1 in 12 have a GP diagnosis of depression; this is higher among residents from a **Black and Black British or Mixed (particularly Caribbean) background**, and those living in more **deprived areas**. Rates of suicide in the borough are similar to the average for England and Wales, on average 14 residents take their life each year.



## 3 in 10 residents have a long term condition

**Over 30% of residents** have one or more long term conditions in our borough. The proportion increases with age and is higher among those living in more **deprived areas**. Residents from a Black ethnic background have **double the rate of hypertension**, and **three times the rates of diabetes and obesity** than those from a White background. The uptake of NHS **health checks** (once every 5 years) is among the top 10 boroughs in London, with 65% of residents taking up the offer.

## Drug misuse

3,600 residents aged over 18 are at high risk of drug dependence. Drug related deaths are among the top five causes of death in the under 50's.



*"Relaxing activities for kids, coffee mornings for isolated people, and more group activities for those with diabetes and for older people such as swimming will support all of our health and wellbeing."*



Whilst people are living longer, this has not been matched by a similar increase in the length of time people live in good health. As a result, people tend to live for longer in poor health, and with a diminished quality of life.

The number of people in Kensington and Chelsea aged 65 or over is 21,800, this is expected to increase by almost 40% in the next 20 years. 25% identify themselves as being from a Black, Asian, or Other ethnic minority background.

There are 296 residents who live in a care home (with or without nursing). Oral health can deteriorate on admission for care home residents, and can lead to pain, difficulty eating, and potentially heart disease, and pneumonia.

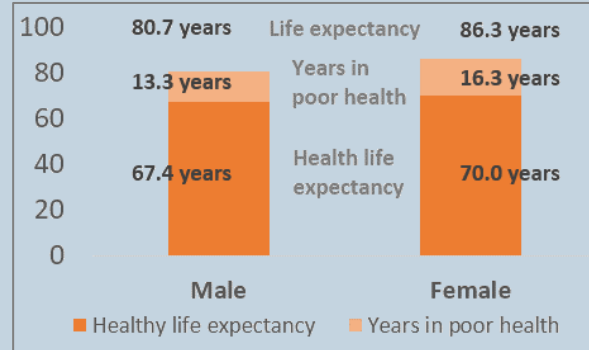
1 in 12 of our older population are living with dementia, and our diagnosis rates are below the London average. Early identification of health conditions, quality of care and support of carers helps to maintain the health and wellbeing of residents and ensure they maintain independence for as long as possible.

*"The community around me is very special to me. As an old lady living alone, when my local support services check in on me and take time to listen, I get the feeling that 'somebody cares for me', and that is very special."*



## Residents live around 15 years in poor health

The lifestyle choices we make can have a significant impact on our health in later life. On average males are living 13 years in poor health and females 16 years. Residents in deprived areas typically live for more years in poor health.



## Nearly a third of residents aged 65 and over live alone

It is estimated that 8,900 people over 65 are living alone in Kensington and Chelsea. Nationally, it is estimated that around **10% of the population** aged over 65 are lonely. There are **four life events associated with social isolation among older people: retirement, falling ill, a spouse dying, and going into care.**

## 1 in 5 older people are digitally excluded

Around **8% of residents are at risk of digital exclusion**. However, older people are more likely to be digitally excluded, with **1 in 5 people aged 65 and over** affected. Digital exclusion impacts social isolation and access to services.

## Lowest uptake of Screening & Immunisations

Cancer screening, particularly breast, cervical and bowel cancer, is among the **lowest in the country**, with those with **mental health needs the least likely to access services**. Uptake of the flu vaccination in winter, by people who are at greater risk of developing serious complications if they catch flu, is low. Those from a Black or Mixed background are less likely to have a flu vaccination.



## 2 in 7 need help with self-care

7,800 adults over 65 are estimated to need help with at least one self-care activity e.g. getting in and out of bed. Looking after an adult with a disability or health problem can be tiring, stressful and isolating. Our borough now has approximately 2,300 residents providing 50+ hours of **unpaid care in a week**.

## 1 in 12 residents aged over 65 live with dementia

Dementia is probably the **biggest health care challenge** we face and is now one of the most **common causes of death** in London and our borough. There are an estimated 1,800 patients living with dementia in our borough, with only 950 with a formal diagnosis from their GP. Diagnosed prevalence is highest among **Black or Black British** residents. Leading a **healthy and active lifestyle can delay** the onset of some dementias.



## Dying well

In 2022 there were 858 deaths in Kensington and Chelsea. The majority of people died of one of 4 major conditions: cancer (29% of deaths), cardiovascular disease (25% of deaths), respiratory disease (11% of deaths) or dementia (9% of deaths). Almost 1 in 3 people die at home. Three in 5 people who die have at least one emergency admission in the last 3 months of life, and around 1 in 20 have three or more emergency admissions in their last 3 months of life.