

Health and Social Care

LIFE EXPECTANCY

Life expectancy is a measure of the average number of years a person is expected to live, a theoretical estimate of total length of life at birth. Life expectancy for women in the Royal Borough is the highest in England and the third highest in England for men. These figures are illustrated in table 4.1. However, there are large differences across the borough – 12 years between the highest and lowest life expectancy in wards.

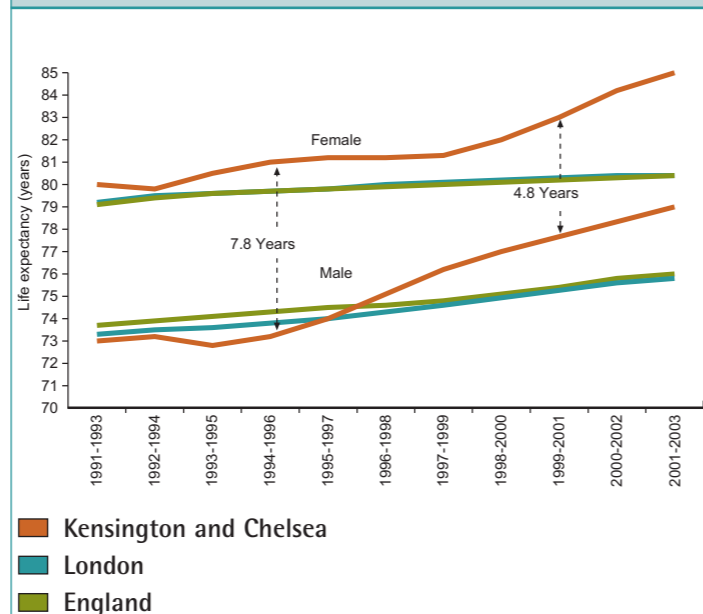
TABLE 4.1: LIFE EXPECTANCY (THREE YEAR AVERAGE) IN YEARS FOR KENSINGTON AND CHELSEA, LONDON AND ENGLAND 1991-1993 - 2001-2003

	K&C		LONDON		ENGLAND	
	MALES	FEMALES	MALES	FEMALES	MALES	FEMALES
1991-1993	73.0	80.0	73.3	79.3	73.7	79.1
1992-1994	73.3	79.9	73.6	79.5	74.0	79.4
1993-1995	72.9	80.4	73.7	79.5	74.2	79.4
1994-1996	73.3	81.1	73.9	79.7	74.4	79.6
1995-1997	74.1	81.4	74.1	79.7	74.6	79.7
1996-1998	75.5	81.4	74.5	80.0	74.8	79.8
1997-1999	76.6	81.6	74.9	80.1	75.1	80.0
1998-2000	77.3	82.3	75.2	80.3	75.4	80.2
1999-2001	78.1	82.9	75.5	80.5	75.7	80.4
2000-2002	79.0	84.1	75.8	80.8	76.0	80.7
2001-2003	79.8	84.8	76.0	80.8	76.2	80.7

Source: Office for National Statistics, www.statistics.gov.uk
Updated: Annually, on a three year rolling average

Figure 4.1 reflects the data in table 4.1, illustrating how life expectancy for residents of the Royal Borough has steadily risen over the last 10 years. The life expectancy between males and females has narrowed – 7.8 years between the sexes in 1994-1996 and 4.8 years in 1999-2001. The large life expectancy gap between men and women in the borough in the early to mid-nineties was a result of the burden of the AIDS virus on the male population and the current difference in years is a more standard position when comparing to England as a whole.

FIGURE 4.1: LIFE EXPECTANCY (THREE YEAR AVERAGE) IN YEARS FOR KENSINGTON AND CHELSEA, LONDON AND ENGLAND 1991-1993 - 2001-2003

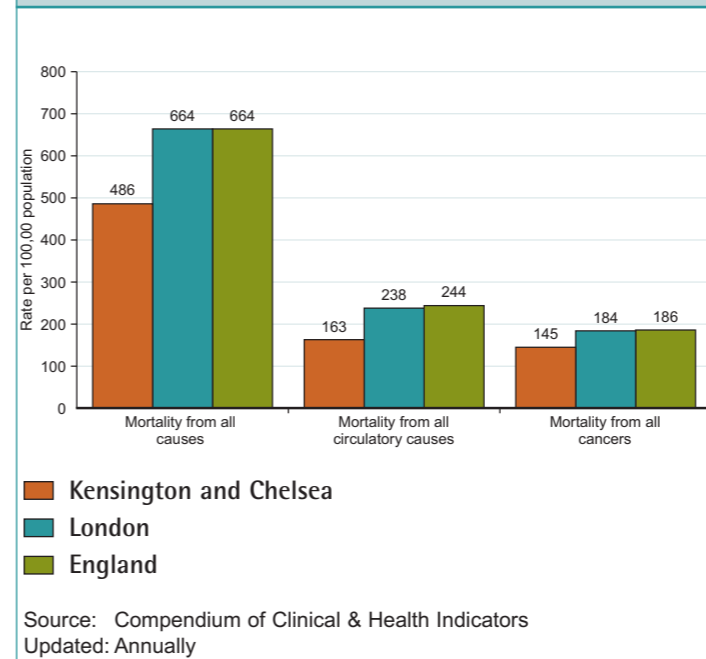


Source: Office for National Statistics, www.statistics.gov.uk
Updated: Annually, on a three year rolling average

MORTALITY RATES

Standardised mortality rates show the rate of death in a population (where variations in age structure are adjusted or 'standardised' in order to enable comparison between areas with younger or older populations). Kensington and Chelsea has a lower mortality rate than London and England for all causes of death. As illustrated in figure 4.2 this is also the case in relation to the two main causes of death, circulatory diseases and cancer.

FIGURE 4.2: DIRECTLY STANDARDISED MORTALITY RATE PER 100,000 POPULATION IN KENSINGTON AND CHELSEA, LONDON AND ENGLAND 2001-2003

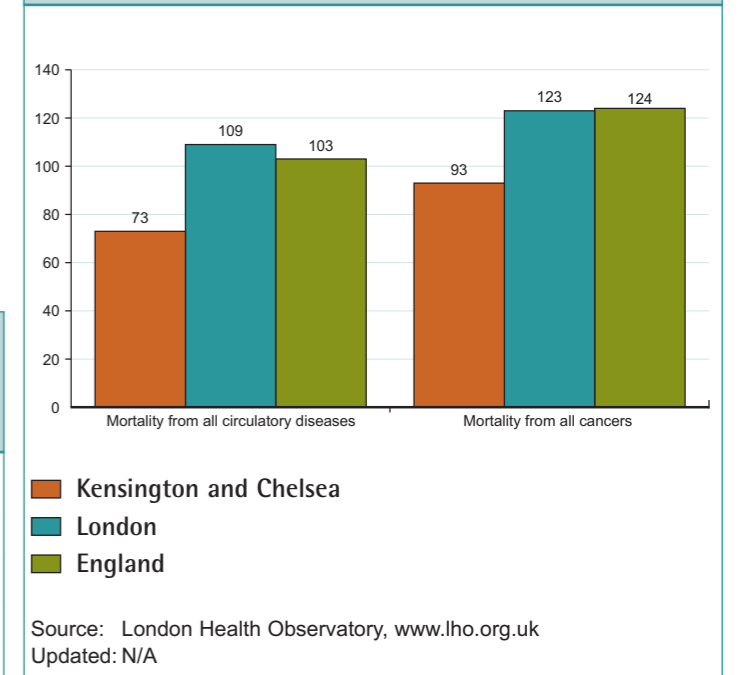


Source: Compendium of Clinical & Health Indicators
Updated: Annually

PREMATURE MORTALITY - DEATHS AGED UNDER 75 YEARS

Premature mortality rates are based on the number of avoidable deaths under the age of 75 years. The Royal Borough has the lowest premature mortality rate in London. There are 73 premature deaths per 100,000 population from circulatory diseases and 93 premature deaths per 100,000 population from cancers.

FIGURE 4.3: DIRECTLY STANDARDISED PREMATURE MORTALITY RATE (DEATHS UNDER 75 YEARS OF AGE) PER 100,000 POPULATION FOR KENSINGTON AND CHELSEA, LONDON AND ENGLAND 2001-2003

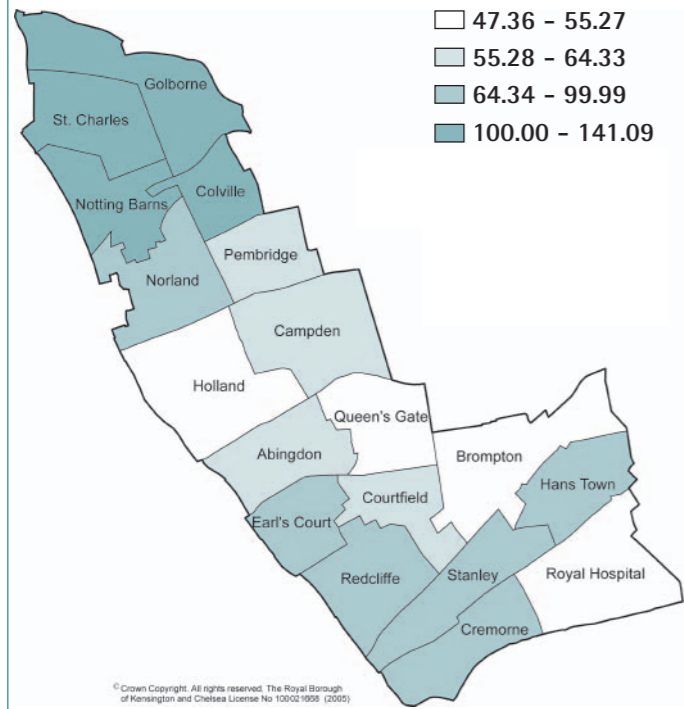


Source: London Health Observatory, www.lho.org.uk
Updated: N/A

However, the healthy population is not uniformly distributed across the borough. Map 4.1 illustrates premature mortality rates by ward compared with the England average for 2000 - 2002. Premature mortality is indirectly standardised to a rate of 100 per 100,000 population based on the rate for all of England. Anything below 100 is more healthy than the England average and anything above 100 is less healthy than the England average. The four northern wards of St Charles, Golborne, Notting Barns and Colville all have premature mortality rates that are higher than the England average. Holland, Queen's Gate, Brompton and Royal Hospital wards all have very low premature mortality rates compared with the England average.



MAP 4.1: INDIRECTLY STANDARDISED PREMATURE MORTALITY RATE (STANDARDISED TO ENGLAND) BY KENSINGTON AND CHELSEA WARDS 2000 - 2002



Source: London Health Observatory, www.lho.org.uk
Updated: N/A

Levels of self-reported poor health are lower in the borough than in London or England as a whole as illustrated in table 4.2. However, there are significant variations within the borough. The level of reported poor health in Golborne ward is the fifth highest in London, and four other wards are in the worst twenty per cent in London on this measure.

Figure 4.4 illustrates residents' self-reported health for all of the wards in the Royal Borough.

FIGURE 4.4: SELF-REPORTED HEALTH BY KENSINGTON AND CHELSEA WARDS 2001

Ward	More Healthy	Less Healthy	England
Queen's Gate	4%	13%	82%
Courtfield	5%	13%	82%
Campden	5%	14%	81%
Redcliffe	5%	15%	80%
Holland	5%	16%	79%
Brompton	6%	16%	79%
Stanley	6%	16%	78%
Pembroke	6%	17%	77%
Abingdon	6%	16%	78%
Royal Hospital	7%	17%	76%
Hans Town	7%	17%	76%
Norland	8%	18%	74%
Earl's Court	9%	19%	72%
Cremona	10%	20%	70%
Colville	10%	20%	70%
Notting Bams	11%	21%	68%
St Charles	11%	22%	67%
Golborne	13%	23%	64%

■ Kensington and Chelsea
■ London
■ England

Figures rounded up or down

Source: Census 2001, www.neighbourhood.statistics.gov.uk
Updated: Every 10 years

SELF-REPORTED HEALTH

TABLE 4.2: SELF-REPORTED HEALTH IN KENSINGTON AND CHELSEA, LONDON AND ENGLAND 2001

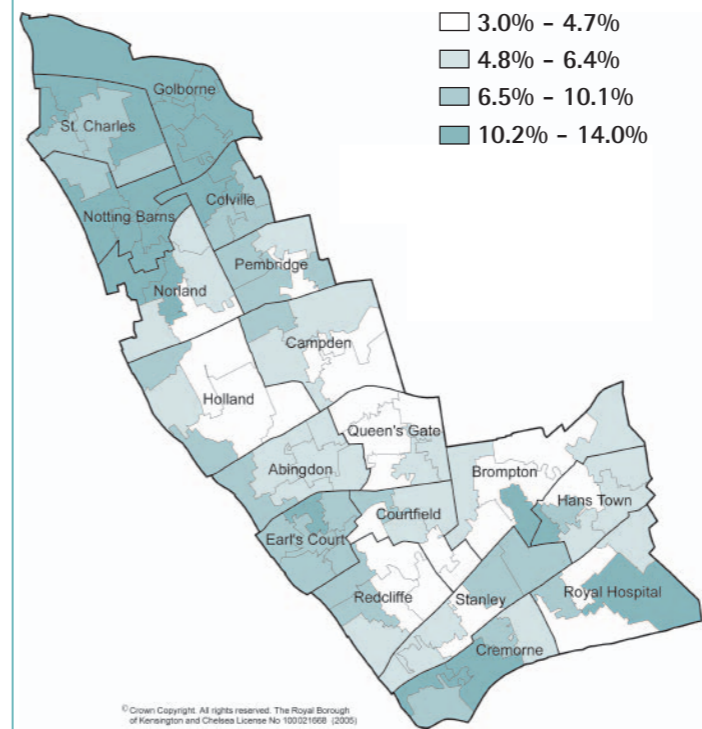
	GOOD	FAIRLY GOOD	NOT GOOD
Kensington and Chelsea	75.2%	17.3%	7.5%
London	70.8%	20.9%	8.3%
England	68.8%	22.2%	9.0%

Source: Census 2001, www.neighbourhood.statistics.gov.uk
Updated: Every 10 years

Map 4.2 also illustrates that the inequalities in 'not good' health lie not just between wards but within wards. Notably higher proportions of the population in northern areas of the borough state their health as 'not good'. There are also some pockets around the south of the borough where larger proportions of residents claim to have 'not good' health.

There is a strong correlation between the proportion of social housing and the proportion of self-reported poor health in the borough – please compare map 4.2 and map 5.1 in Chapter 5 'Homes and Housing' to see this relationship.

MAP 4.2: SELF-REPORTED 'NOT GOOD' HEALTH BY KENSINGTON AND CHELSEA LOWER SUPER OUTPUT AREAS 2001



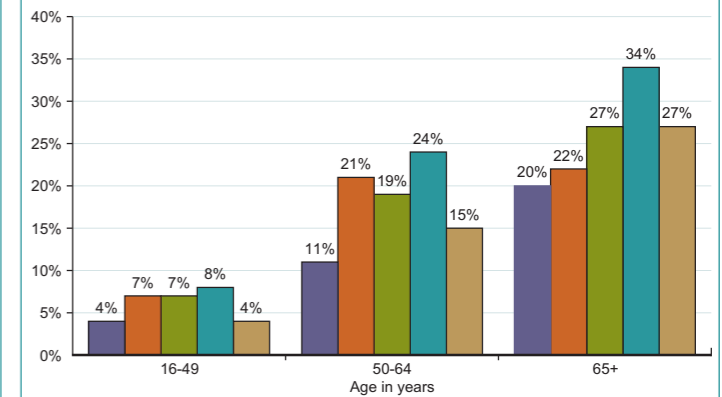
Source: Census 2001, www.neighbourhood.statistics.gov.uk
Updated: Every 10 years

SELF-REPORTED HEALTH BY DEMOGRAPHICS

There is a large increase in self-reported 'not good' health with increasing age in both Kensington & Chelsea and London.

Within Kensington & Chelsea, reports of 'not good' health and illness are more prevalent in Black, Asian and Mixed populations across all age bands, with levels of 'not good' health between one and a half to two times higher than the White population. Figure 4.5 illustrates the proportion of the population that rate their health as 'not good' by three main age groups across broad ethnic groups.

FIGURE 4.5: SELF-REPORTED 'NOT GOOD' HEALTH BY AGE FOR BROAD ETHNIC GROUPS IN KENSINGTON AND CHELSEA 2001



■ White
■ Mixed
■ Asian
■ Black
■ Chinese/other

Source: Census 2001, www.neighbourhood.statistics.gov.uk
Updated: Every 10 years

SATISFACTION WITH AND ACCESS TO LOCAL SERVICES

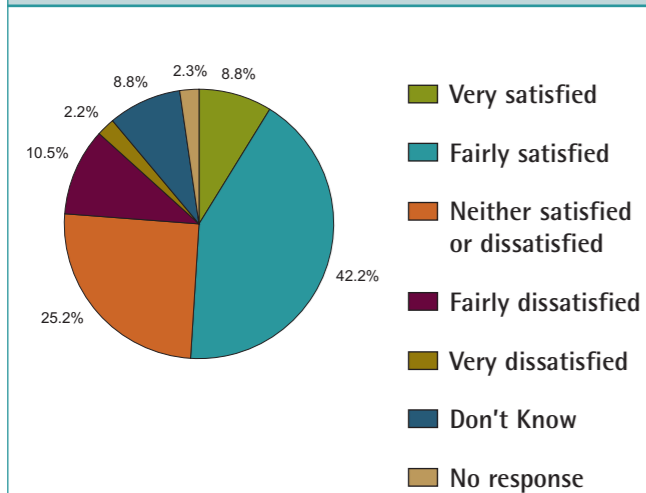
NHS Hospitals

The main hospitals serving Kensington and Chelsea residents are shown in map 4.3. Four are within the borough and three are in neighbouring boroughs. Chelsea & Westminster, St Mary's and Hammersmith (Charing Cross and Hammersmith hospitals) are the 'NHS Acute Trust's' used most commonly by the borough's residents. Of these, only Chelsea & Westminster hospital is located within the borough boundaries. Also located within the borough are St Charles' hospital (elderly and palliative care and mental health); the Royal Marsden (cancer treatment); and the Royal Brompton (heart and lung treatment).

Satisfaction with social services and health care

Figure 4.6 illustrates findings from a Residents' Panel survey in 2004 regarding satisfaction with health and social services. Only 13 per cent said that they were dissatisfied with the quality of health and social services.

FIGURE 4.6: SATISFACTION WITH HEALTH CARE AND SOCIAL SERVICES IN KENSINGTON AND CHELSEA 2004 (Q: HOW SATISFIED OR DISSATISFIED ARE YOU WITH THE QUALITY OR HEALTH AND SOCIAL SERVICES IN KENSINGTON AND CHELSEA?)

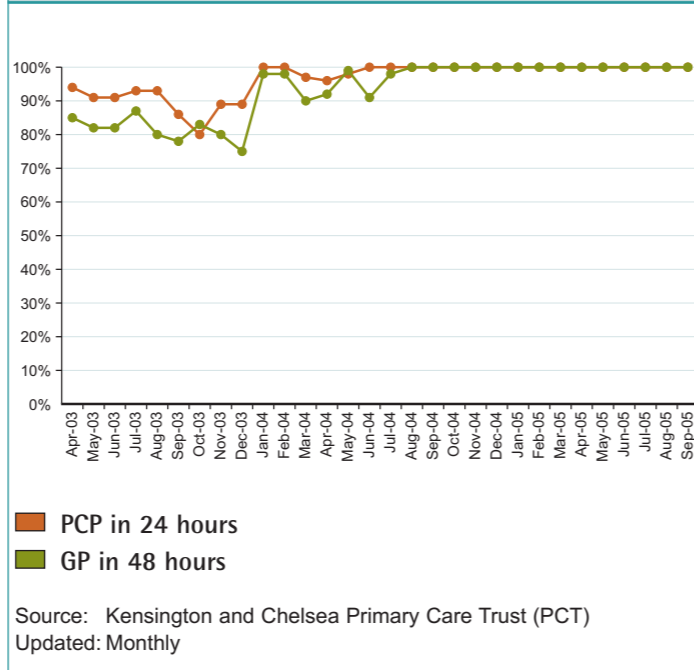


Source: The Royal Borough of Kensington and Chelsea Community Strategy Residents' Panel July 2004
Updated: N/A

Access to GP and Primary Care Professional services

Figure 4.7 shows the proportions of people who are able to access a primary care professional (PCP - e.g. a practice nurse or health visitor) in 24 hours and a GP in 48 hours.

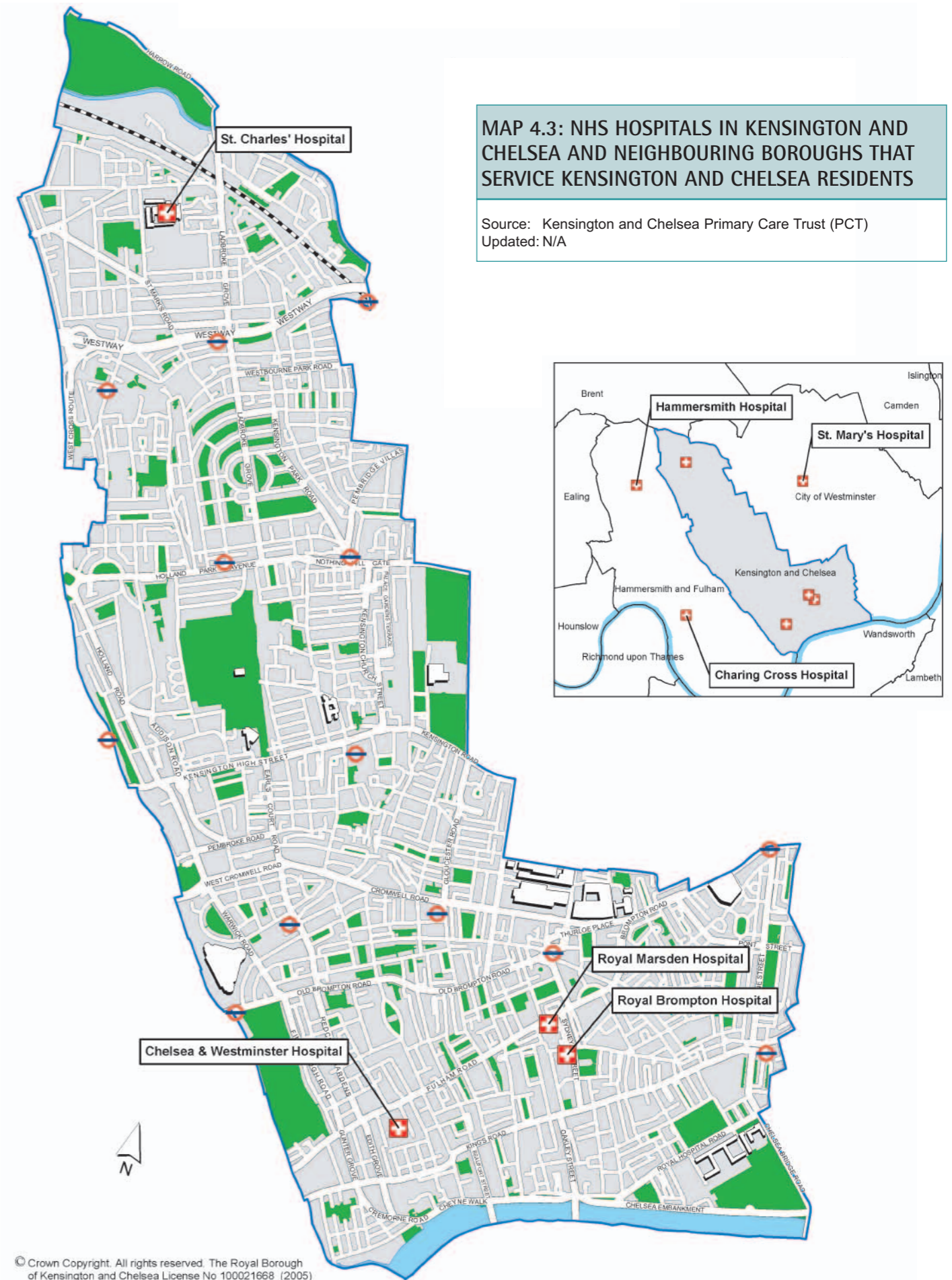
FIGURE 4.7: ACCESS TO GP AND PRIMARY CARE PROFESSIONALS IN KENSINGTON AND CHELSEA APRIL 2003 - SEPTEMBER 2005



Source: Kensington and Chelsea Primary Care Trust (PCT)
Updated: Monthly

MAP 4.3: NHS HOSPITALS IN KENSINGTON AND CHELSEA AND NEIGHBOURING BOROUGHS THAT SERVICE KENSINGTON AND CHELSEA RESIDENTS

Source: Kensington and Chelsea Primary Care Trust (PCT)
Updated: N/A



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