

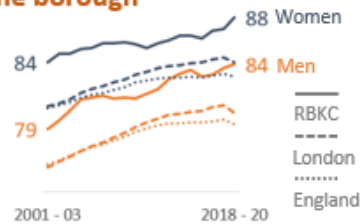
Appendix B – RBKC JSNA Kensington and Chelsea Life Expectancy Gap

[Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)

Kensington and Chelsea – Life expectancy gap

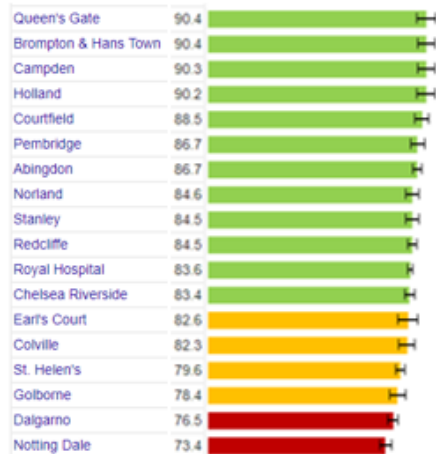
Life expectancy is high but varies across the borough

Kensington and Chelsea has the highest life expectancy for females in the country and the second highest for males. The average man lives to 84 years and the average woman to 88 years. Life expectancy has increased over time and remains higher for both men and women compared to London (Male: 80, Female: 84) and England (Male: 79, Female: 83).

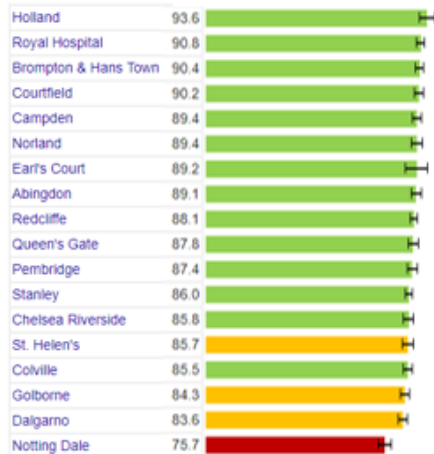


This average disguises the variation in how long and how well residents across the borough live. Kensington and Chelsea has the 4th highest life expectancy gap in the county for women (for men the gap is the 7th highest). Men can expect to live 17 years longer in Queen's Gate ward than in Notting Dale. Women in Holland ward live 18 years longer than those in Notting Dale.

Life expectancy (in years) of males

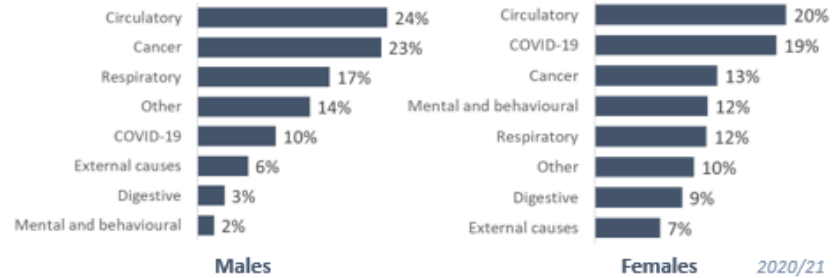


Life expectancy (in years) of females



Contribution of causes of death to the life expectancy gap

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 approximately a quarter of the difference for men and a fifth of the difference for women.
- Cancers account for a further quarter of the difference for men, and 13% of the difference for women.
- In 2020/21, Covid-19 explained a tenth of the difference for men and a fifth of the difference for women.
- Respiratory includes flu, pneumonia, and chronic obstructive respiratory disease. Digestive includes alcohol-related conditions such as chronic liver disease and cirrhosis. External includes deaths from injury, poisoning and suicide. Mental and behavioural includes dementia and Alzheimer's disease.

Wider determinants

Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.

Marmot principles

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle discrimination, racism and their outcomes.
- Pursue environmental sustainability and health equity together