This profile provides a snapshot of child health in this area. It is designed to help local government and health services improve the health and wellbeing of children and tackle health inequalities.

### The child population in this area

<table>
<thead>
<tr>
<th></th>
<th>Local</th>
<th>Region</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live births (2015)</td>
<td>2,707</td>
<td>129,615</td>
<td>664,399</td>
</tr>
<tr>
<td>Children aged 0 to 4 years (2015)</td>
<td>13,900</td>
<td>633,300</td>
<td>3,434,700</td>
</tr>
<tr>
<td></td>
<td>5.7%</td>
<td>7.3%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Children aged 0 to 19 years (2015)</td>
<td>47,600</td>
<td>2,140,000</td>
<td>13,005,700</td>
</tr>
<tr>
<td></td>
<td>19.7%</td>
<td>24.7%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Children aged 0 to 19 years in 2025 (projected)</td>
<td>55,400</td>
<td>2,438,300</td>
<td>14,002,600</td>
</tr>
<tr>
<td></td>
<td>20.4%</td>
<td>24.9%</td>
<td>23.8%</td>
</tr>
<tr>
<td>School children from minority ethnic groups (2016)</td>
<td>16,783</td>
<td>756,627</td>
<td>2,032,064</td>
</tr>
<tr>
<td></td>
<td>86.0%</td>
<td>72.2%</td>
<td>30.0%</td>
</tr>
<tr>
<td>Children living in poverty aged under 16 years (2014)</td>
<td>32.2%</td>
<td>23.4%</td>
<td>20.1%</td>
</tr>
<tr>
<td>Life expectancy at birth (2013-2015)</td>
<td>Boys 82.2</td>
<td>80.2</td>
<td>79.5</td>
</tr>
<tr>
<td></td>
<td>Girls 86.0</td>
<td>84.1</td>
<td>83.1</td>
</tr>
</tbody>
</table>

### Key findings

Children and young people under the age of 20 years make up 19.7% of the population of Westminster. 86.0% of school children are from a minority ethnic group.

The health and wellbeing of children in Westminster is mixed compared with the England average. The infant mortality rate is better than the England average. The child mortality rate is similar to the England average.

The level of child poverty is worse than the England average with 32.2% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

Children in Westminster have worse than average levels of obesity: 11.3% of children aged 4-5 years and 24.8% of children aged 10-11 years are classified as obese.

Local areas should aim to have at least 95% of children immunised in order to give protection both to the individual child and the overall population. For children aged 2, the MMR immunisation rate is 69.3% and the diphtheria, tetanus, polio, pertussis and Hib immunisation rate is 73.0%.

In 2015/16, there were 9,384 A&E attendances by children aged four years and under. This gives a rate which is higher than the England average. The hospital admission rate for injury in children is lower than the England average, and the admission rate for injury in young people is lower than the England average.
Childhood obesity

These charts show the percentage of children who have excess weight (obese or overweight) in Reception (aged 4-5 years) and Year 6 (aged 10-11 years). They compare Westminster with its statistical neighbours, and the England and regional averages. Compared with the England average, this area has a similar percentage of children in Reception (23.7%) and a worse percentage in Year 6 (39.7%) who have excess weight.

Children aged 4-5 years who have excess weight, 2015/16 (percentage)

Children aged 10-11 years who have excess weight, 2015/16 (percentage)

Note: This analysis uses the 85th and 95th centiles of the British 1990 growth reference (UK90) for BMI to classify children as overweight and obese.

1 indicates 95% confidence interval.

Young people and alcohol

Nationally, the rate of young people aged under 18 being admitted to hospital because they have a condition wholly related to alcohol is decreasing. Westminster is also showing a downward trend, although this is not significant. The admission rate in the latest period is lower than the England average.

Young people aged under 18 admitted to hospital with alcohol specific conditions (rate per 100,000 population aged 0-17 years)

Young people's mental health

Nationally, the rate of young people aged under 18 being admitted to hospital as a result of self-harm is increasing. There is no significant trend in Westminster. The admission rate in the latest period is lower than the England average. Information about admissions in 2015/16 is on page 4. Nationally, levels of self-harm are higher among young women than young men.

Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10-24 years)
Westminster Child Health Profile

These charts compare Westminster with its statistical neighbours, and the England and regional averages.

Teenage conceptions in girls aged under 18 years, 2014 (rate per 1,000 female population aged 15-17 years)

In 2014, approximately 15 girls aged under 18 conceived for every 1,000 women aged 15-17 years in this area. This is lower than the regional average (approximately 22 per 1,000). The area has a lower teenage conception rate compared with the England average (approximately 23 per 1,000).

Breastfeeding at 6 to 8 weeks, 2015/16 (percentage of infants due 6 to 8 week checks)

In this area 44.7% of babies received a six to eight week review by a health visitor before they turned eight weeks. No breastfeeding at six to eight weeks data is available.

Chlamydia detection, 2015 (rate per 100,000 young people aged 15-24 years)

Chlamydia screening is recommended for all sexually active 15-24 year olds. Increasing detection rates indicates better targeting of screening activity; it is not a measure of prevalence. Areas should work towards a detection rate of at least 2,300 per 100,000 population. In 2015, the detection rate in this area was 1,791 which is lower than the minimum recommended rate.

Measles, mumps and rubella (MMR) vaccination coverage by age 2 years, 2015/16 (percentage of eligible children)

Less than 95% (the minimum recommended coverage level) of children have received their first dose of immunisation by the age of two in this area (69.3%). By the age of five, only 56.5% of children have received their second dose of MMR immunisation. In London, there were 47 laboratory confirmed cases of measles in young people aged 19 and under in 2015.

Note: Where data is not available or figures have been suppressed, no bar will appear in the chart for that area.
The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England shown as a grey bar. The line at the centre of the chart shows the England average.  

### Notes and definitions

**1** Mortality rate per 1,000 live births (aged under 1 year), 2013-2015  
**2** Directly standardised rate per 100,000 children aged 1-17 years, 2013-2015  
**3** % children immunised against measles, mumps and rubella (first dose by age 2 years), 2015/16  
**4** % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2015/16  
**5** % children in care with up-to-date immunisations, 2016  
**6** % children achieving a good level of development within Early Years Foundation Stage Profile, 2015/16  
**7** Wider determinants of ill health  
**8** Persons under 18 admitted to hospital for alcohol-specific conditions  
**9** Infant mortality  
**10** Preventive health  
**11** MMR vaccination for one dose (2 years)  
**12** Dtap / IPV / Hib vaccination (2 years)  
**13** Children in care immunisations  
**14** Children achieving a good level of development at the end of reception  
**15** GCSEs achieved (5 A*-C inc. English and maths)  
**16** Children in care (age 2 years)  
**17** Children in low income families (under 16 years)  
**18** Family homelessness  
**19** Children in care (16-19 years old)  
**20** Time first entrants to the youth justice system  
**21** Children killed and seriously injured (KSI) on England’s roads  
**22** Low birth weight of term babies  
**23** Obese children (4-5 years)  
**24** Obese children (10-11 years)  
**25** Children with one or more decayed, missing or filled teeth  
**26** Hospital admissions for dental caries (0-4 years)  
**27** Under 18 conceptions  
**28** Hospital admissions caused by injuries in children (0-14 years)  
**29** Hospital admissions caused by injuries in young people (15-24 years)  
**30** Hospital admissions for mental health conditions  
**31** Hospital admissions for dental caries (0-4 years)  
**32** First time entrants to the youth justice system  
**33** Family homelessness  
**34** Children in care (16-19 years old)  
**35** Income  
**36** Children achieving a good level of development at the end of reception  
**37** Dtap / IPV / Hib vaccination (2 years)  
**38** MMR vaccination for one dose (2 years)  
**39** Infants attended emergency hospital admissions for asthma, 2015/16  
**40** Percentage of mothers breastfeeding at 6-8 weeks, 2015/16  
**41** Under 18 conceptions  
**42** Hospital admissions caused by injuries in young people (15-24 years)  
**43** Hospital admissions for mental health conditions  
**44** Hospital admissions caused by injuries in children (0-14 years)  
**45** Hospital admissions caused by injuries in young people (15-24 years)  
**46** Hospital admissions for dental caries (0-4 years)  
**47** First time entrants to the youth justice system  

*Numbers in italics are calculated by dividing the total number for the three year period by three to give an average figure*  

Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

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**Westminster - March 2017**

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