

# South Lakeland Health Improvement Plan

Baseline Assessment 2009

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# Executive Summary

The purpose of this report is to provide a summary assessment of the state of the health of residents of South Lakeland. This is in order to identify the broader determinants of ill health which affect the community, and to highlight priority areas for action. Differences in the health of the South Lakeland population compared to Cumbria and England are outlined, and inequalities within South Lakeland itself are also identified.

## The Population Structure and General Health of South Lakeland

- ❖ Despite having the largest population of all districts in Cumbria, the population density of South Lakeland is the second lowest in the region and is significantly lower than the England average. This is a result of both the large size and rural nature of South Lakeland.
- ❖ The current population has a much greater proportion of those aged 65 and over than the national average. This is also the highest proportion of any district in Cumbria.
- ❖ Population predictions show a 61% increase in those aged 65 and over by 2028. There is a predicted 2% decrease of those aged under 65, leading to a total population increase of 12% from 2008 levels by 2028.
- ❖ The health of people in South Lakeland is generally better than the national average. Overall mortality rates at all ages, from all causes are lower than the national average and life expectancy is higher for both men and women.
- ❖ All of the 47 wards in South Lakeland fall within the least three deprived of the five national deprivation groups. Quality of life in the region is high with 90% of residents claiming they are satisfied with South Lakeland as a place to live.
- ❖ Mortality rates for circulatory diseases in South Lakeland are lower than the national average despite Cumbria as a whole having higher rates. Mortality from circulatory diseases has decreased since 1995 at a rate which exceeds the national target.
- ❖ Mortality from cancers is also lower than the national average and has decreased since 1995 at a rate exceeding the national target.
- ❖ Adult mortality from land transport accidents is higher in South Lakeland than it is nationally. There is a large gap between the numbers of men and women who are killed on the roads.

- ❖ Despite the general good health of the South Lakeland population there are inequalities within the district and within towns in the district. For example: Ulverston Central, Ulverston East, Kendal Underly and Kendal Kirkland are particularly deprived areas, whilst Kendal Heron Hill, Kendal Parks and Windermere Bowness North are some of the least deprived areas in Cumbria.

### Causes of Ill Health – Lifestyle and Social Factors

- ❖ High levels of binge drinking in adults are a problem in Cumbria and South Lakeland shows a similar pattern of alcohol consumption. Years of life lost due to liver disease for men is particularly high in South Lakeland compared to other districts in Cumbria.
- ❖ The number of physically active children is statistically worse than the national average. Levels of participation in at least 2 hours of good quality P.E and sport have increased since 2006, but still remain below the national and regional levels.
- ❖ Despite poor levels of physically active children, South Lakeland has the lowest percentage of childhood obesity in Cumbria.
- ❖ As a whole population, 36% of South Lakeland consumes 5 or more portions of fruit and vegetables a day. This is higher than the Cumbria figure of 28%. However, there are inequalities between age groups: 75% of those aged 16-34 do not meet the government recommended daily intake of fruit and vegetables whilst for those aged 55+ the figure is 56%.
- ❖ The South Lakeland/Barrow region has the lowest uptake of immunisations in Cumbria for all vaccines. The uptake rate for MMR is 89% which does not meet the national target of 95%.
- ❖ The rate of mortality from accidental falls is statistically higher than the national average.
- ❖ Projected levels of dementia are the highest in South Lakeland of all regions in Cumbria. This is linked to the large projected population increase in the over 65 age group.

## Priority Areas for Action

- ❖ Reduce the number of years of life lost due to liver disease for men by reducing levels of hazardous and harmful drinking.
- ❖ New strategies need to be identified to address issues relating to elderly people, in particular to reduce the number of accidental falls and to provide support services relating to dementia.
- ❖ Increase uptake rates of the MMR vaccine in order to meet the national target.
- ❖ Strategies need to be implemented to reduce the number of men who are killed in road accidents.
- ❖ The health of young people can be improved by increasing the number of people under the age of 39 who consume at least 5 portions of fruit and vegetables and by encouraging an increase in physical activity in children.
- ❖ More comprehensive information needs to be collected on the initiation of breastfeeding.

# Introduction

South Lakeland covers an area of 1,551 square kilometres in the southern portion of Cumbria. It is the second largest district in the county and has the largest population. It is a mainly rural district and has the second smallest population density in Cumbria.

The local authority comprises 4 distinct areas centred on Kendal, Furness and Cartmel and the areas within the Lake District and Yorkshire Dales National Parks. Urbanised areas of South Lakeland include Kendal which is the largest town and administrative centre, as well as the smaller towns of Bowness, Windermere, Ambleside, Ulverston and Sedbergh.

The M6 motorway runs through the district in the East providing direct access to Manchester in less than 1 hour and the Midlands in 2 hours. A Frequent 'intercity' rail service connects Oxenholme (Lake District) to London Euston and local connections are provided to Windermere and the Furness Peninsula which links South Lakeland with Lancashire and West Cumbria.

The health of people in South Lakeland is generally better than the England average. All of the district's 47 wards fall within the three least deprived of the 5 national deprivation groups and overall death rates at all ages from all causes are lower than the England average for both men and women. The district is known as one of the finest areas in the country for its quality of life.

## 1. Population

South Lakeland covers 23% of the land area of Cumbria and has 21% of the total Cumbrian population with 104,900 inhabitants. It has a population density of 0.7 (persons per hectare) which is the second lowest in Cumbria and significantly lower than the England average of 3.9.

Figure 1.1 shows the population structure of South Lakeland. The proportion of residents over the age of 65 is 22.3%. This is higher than the England average of 16% and is the highest proportion for any district in Cumbria. The proportion of residents aged 15-44 is 32.7% which is lower than the England average of 41.6%. Table 1.1 shows vital statistics concerning births and deaths in South Lakeland. The rates shown are crude rates (not standardised by age: see section 5 for further explanation of rates and standardisation) and so the high death and low birth rates experienced in South Lakeland are explained by the district having a much older population than the national average.

### 1.1. Population Predictions

Population predictions given in Table 1.2 show an increase in population in South Lakeland of 12% from 2008 levels by 2028 despite the fact that there are more deaths than births each year. This is due to high rates of predicted population change in the over 65 age group with a predicted

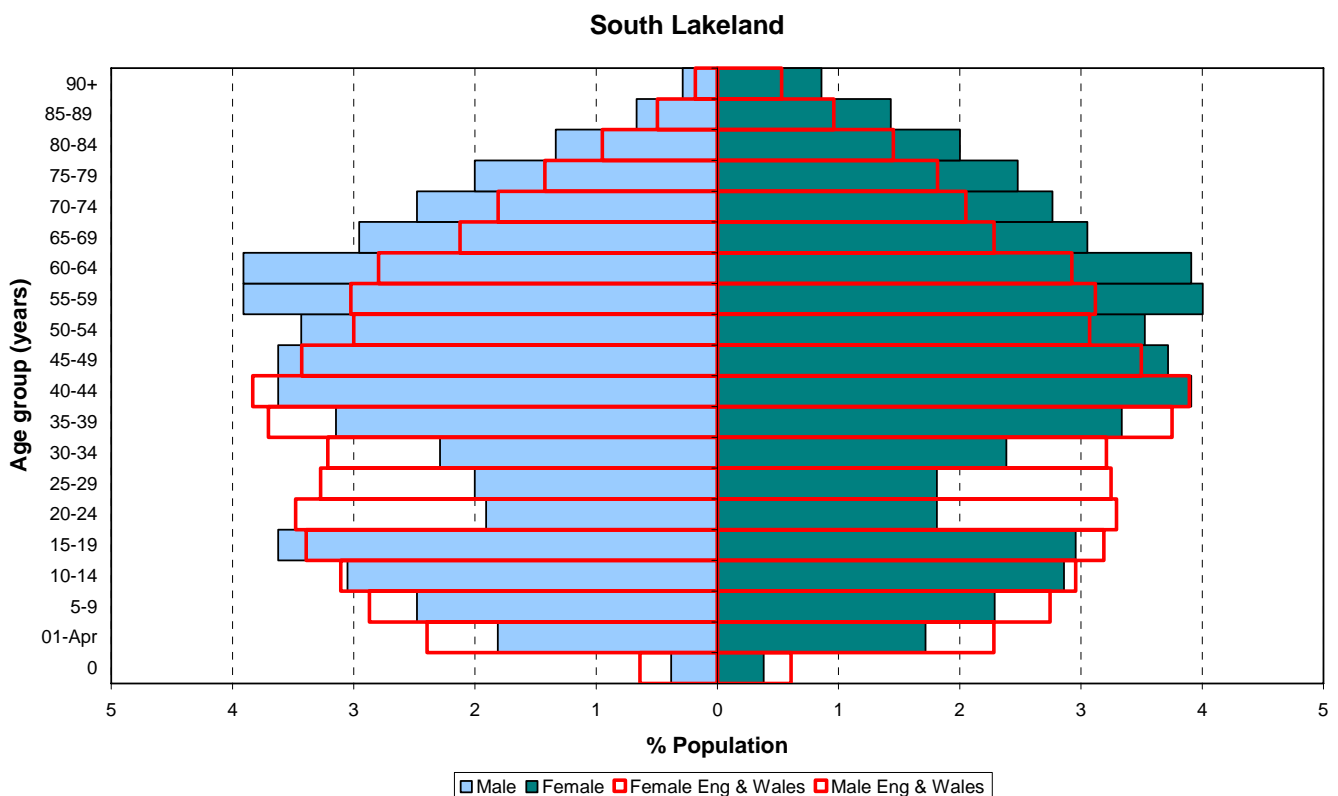
increase of 61%. This high proportion of elderly people in the region is the result of a combined effect of retirees entering the county and people living longer once here.

In addition, the population of those aged 64 and under is predicted to decrease by 2% from 2008 levels.

**Table 1.1) Vital Statistics 2005-2007: selected indicators (Infant deaths refer to those under the age of 1). Rates given are crude (non-standardised) rates. Data Source: ONS**

	Year	South Lakeland		Cumbria		England and Wales	
		No	Rate	No	Rate	No	Rate
Mid Year Population Estimate	2005	102,859		494,782		53,398,502	
	2006	102,948		498,870		53,691,179	
	2007	104,772		496,151		54,073,608	
Live Births	2005	<b>852</b>	8.3	<b>4,784</b>	9.7	<b>645,621</b>	12.1
	2006	<b>810</b>	7.9	<b>4,917</b>	9.9	<b>669,601</b>	12.5
	2007	<b>891</b>	8.5	<b>4,998</b>	10.1	<b>690,013</b>	12.8
Infant Deaths	2005	<b>3</b>	3.5	<b>21</b>	4.4	<b>3,217</b>	5
	2006	<b>6</b>	7.4	<b>23</b>	4.7	<b>3,368</b>	5
	2007	<b>4</b>	4.5	<b>22</b>	4.4	<b>3,345</b>	4.8
Deaths All Ages	2005	<b>1148</b>	11.2	<b>5,449</b>	11.0	<b>511,840</b>	9.6
	2006	<b>1200</b>	11.7	<b>5,384</b>	10.8	<b>502,599</b>	9.4
	2007	<b>1215</b>	11.6	<b>5,518</b>	11.1	<b>504,052</b>	9.3

**Figure 1.1) Mid 2007 Population Pyramid. Data Source: Cumbria in Numbers – Cumbria Intelligence Observatory (2009)**



**Table 1.2) Population predictions 2008-2028 for South Lakeland by age group. Source: ONS**

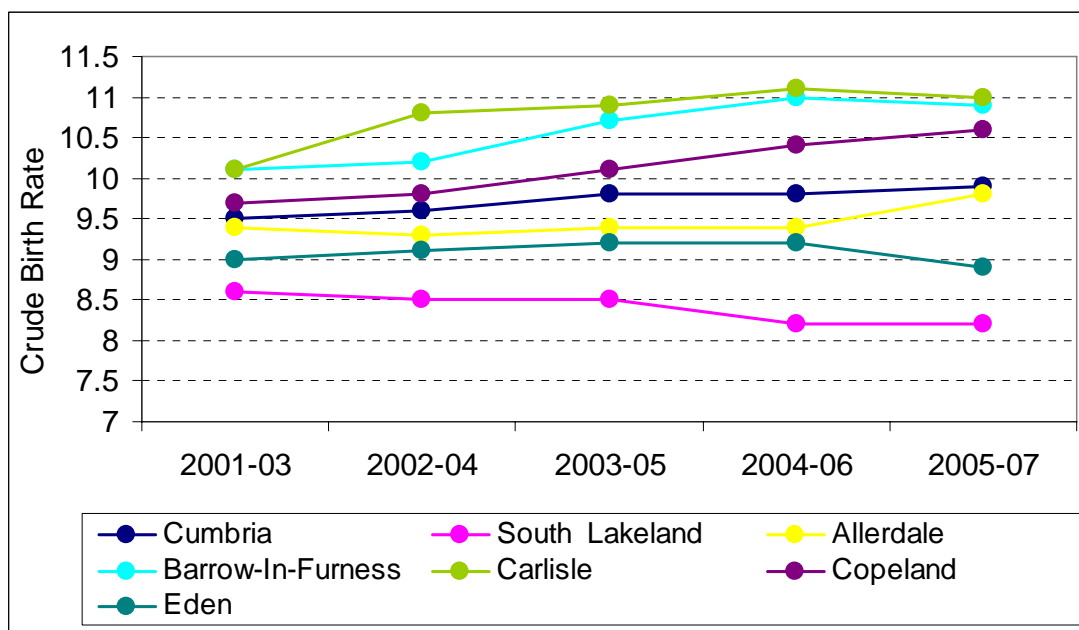
Age	Population			Change	% Change
	2008	2018	2028		
0-14	15,500	15,100	15,200	-300	-1.9
15-64	66,400	65,000	65,100	-1,300	-2.0
65+	23,900	31,200	38,500	14,600	61.1
<b>All ages</b>	105,800	111,500	118,700	12,900	12.2

## 1.2. Births

In recent years birth rates in Cumbria have been consistently lower than that of England and Wales. South Lakeland has the lowest birth rate of all districts in Cumbria: the 2007 birth rate in South Lakeland was 8.5, compared to 10.1 in Cumbria and 12.8 for England and Wales.

The South Lakeland birth rate has shown a small decrease over time from 8.6 in 2001 to 8.2 in 2007. This is in contrast to the trend for Cumbria as a whole which has steadily increased since 2001. This is shown in Figure 1.2:

**Figure 1.2) Comparison of Birth Rates (in three year periods) from 2001-2007. Source: ONS**



### 1.3. Infant Mortality

Infant mortality refers to the number of babies dying aged less than one year old compared to the total number of live births. The infant mortality rate in South Lakeland in 2007 was 5.1 (per 1000 births). This is comparable to the England average of 4.9 but is higher than the Cumbrian average of 4.4.

### 1.4. Low Birth Weight Babies

Birth weight is an important indicator of infant health and low birth weight is linked to perinatal death. A baby identified as low birth weight is born weighing less than 2500 grams. Nationally 7.5% of pregnancies result in a low birth weight baby. Cumbria is below the national average with a figure of 6.6% and South Lakeland falls below this with a value of 5.7%.

## 2. Ethnicity

Table 2.1 is taken from the 2001 census and shows ethnic group and cultural background. Raw counts and percentage of the population are given and Cumbria and Lancashire are grouped together.

In South Lakeland, 99.2% of the population is classed as 'White British' which is considerably higher than the national figure of 91.3% and also higher than the regional figure of 94.9%. The top 3 ethnic groups in South Lakeland are all classified as White (British, Irish and Other) whilst for the Cumbria and Lancashire region Asian ethnicities comprise the other highest ethnic groups, representing 4% of the population.

Interestingly, the largest ethnic minority group in England and Wales is Asian Indian making up 4% of the population; however in South Lakeland this group represents less than 1% (0.1%) of the population. The largest ethnic minority group in South Lakeland is Chinese which represents 0.2% of the population and many ethnic groups in the district are classed as representing 0% of the population.

South Lakeland is therefore much less ethnically diverse than the England average as well as Cumbria and Lancashire.

**Table 2.1) Ethnicity - 2001 Census. Source: ONS (2001)**

	England and Wales		Cumbria and Lancashire		South Lakeland	
	Count	%	Count	%	Count	%
White (British/Irish/Other)	47,520,866	91.3	1805477	94.9	101481	99.2
Mixed						
(White/Caribbean/African/Asian/Other)	661,034	1	10,883	1	374	0
Asian or Asian British						
(Indian/Pakistani/Bangladeshi/Other)	2,273,737	4	76,267	4	104	0.1
Black or Black British						
(Caribbean/African/Other)	1,139,577	2	3,481	0	89	0
Chinese	226948	0.4	4105	0.2	175	0.2
Other Ethnic Group	219754	0.4	2121	0.1	78	0.1
All People	45753495	100	1776332	100	99888	100

### 3. Life Expectancy

Life expectancy is a measure of the average age a person can be expected to live based on current mortality trends. Traditionally it is used as an indicator to measure health inequalities between areas.

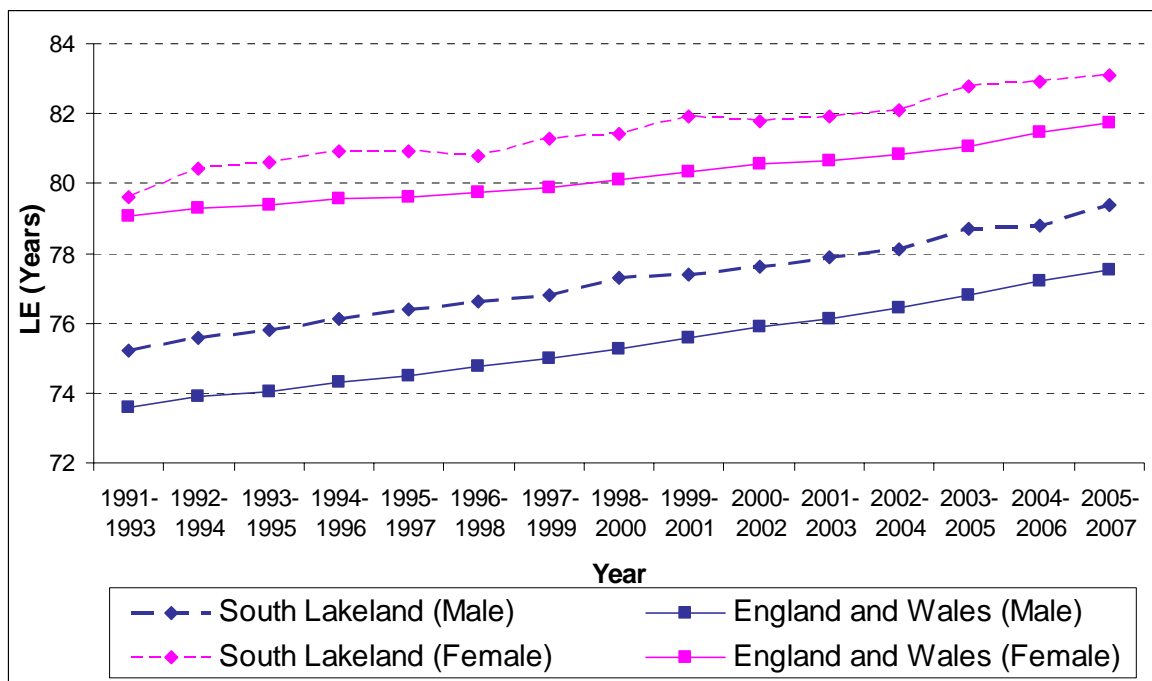
Female life expectancy is higher than male life expectancy; during the period of 2005-2007 male life expectancy in Cumbria was 77.4 years whilst female life expectancy was 81.6 years.

Figure 3.1 and Table 3.1 show that for both South Lakeland and England and Wales, life expectancy has steadily increased since 1991 and male life expectancy has increased more than female life expectancy, acting to narrow the gap between the two genders.

**Table 3.1) Change in Life Expectancy from 1991-2007 (Years) Source: ONS**

	Male	Female
<b>England and Wales</b>	3.95	2.69
<b>South Lakeland</b>	4.20	3.48

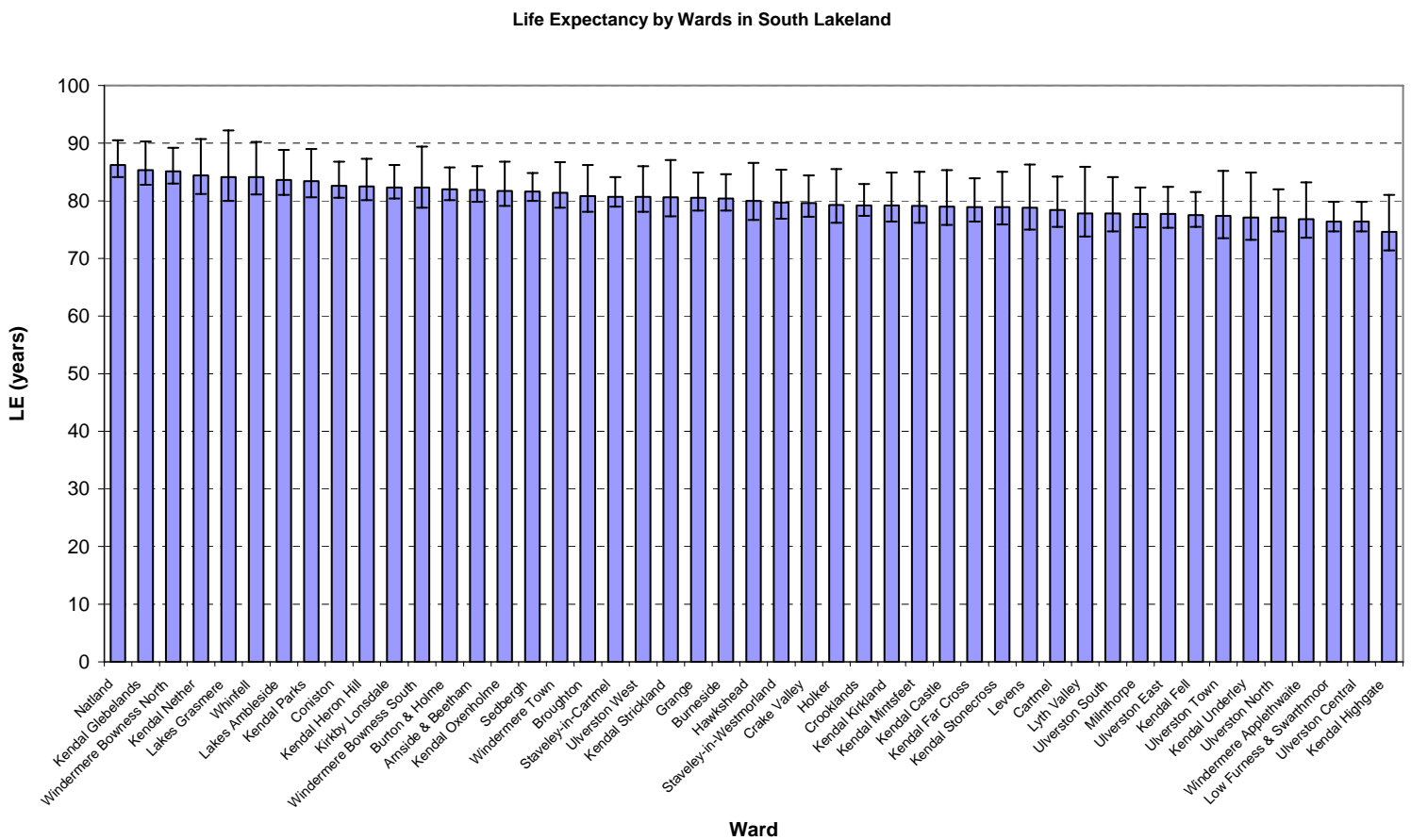
**Figure 3.1) Changes in Life Expectancy in South Lakeland and England and Wales: 1991-2007. Source: ONS**



Life expectancy in South Lakeland is higher than that of England and Wales and the increase since 1991 is also greater than the England and Wales average. South Lakeland has the highest life expectancy of all districts in Cumbria. For men it is 78.6 and for women it is 82.7 years.

Figure 3.2 shows life expectancy for the 47 wards within the South Lakeland area. Low Furness and Swarthmoor, Ulverston Central and Kendal Highgate have the lowest life expectancies of 76.4, 76.4 and 74.6 respectively, whilst Natland has the highest life expectancy of 86.2. This means that on average, residents of Natland can expect to live 11 years longer than those of Kendal Highgate.

**Figure 3.2) Life Expectancy in South Lakeland wards: 1999-2003. Error bars show the upper and lower 95 % confidence limits. Source: ONS**

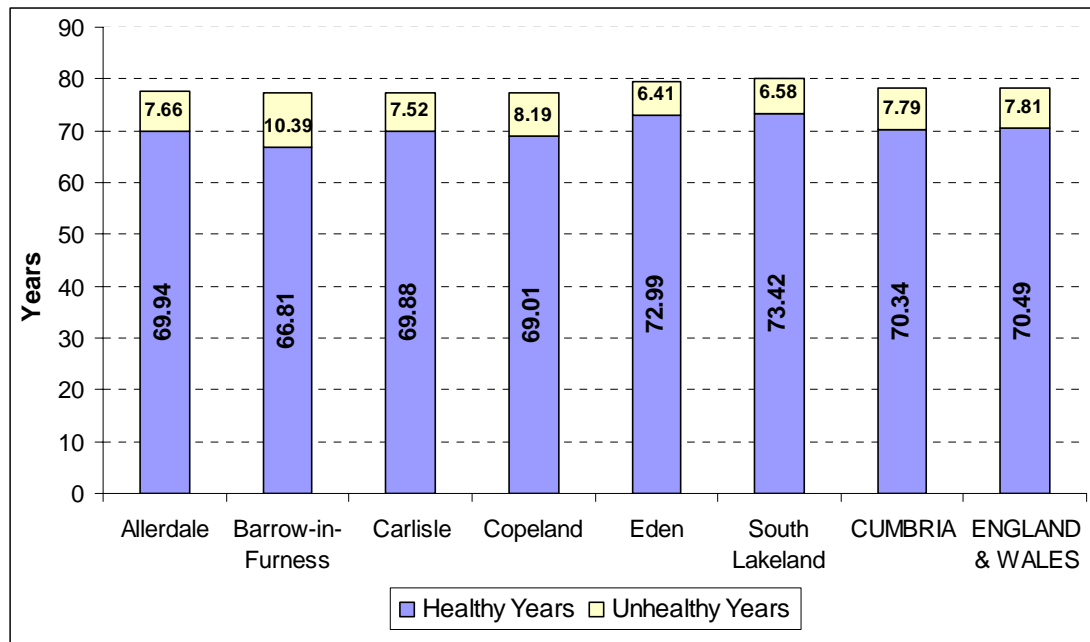


### 3.1. Years of Healthy Life

Healthy Life Expectancy (HLE) represents the number of years a person can expect to live in good health. The definition of 'good health' provided by the Office for National Statistics is: "In good or fairly good self-perceived general health". By combining life expectancy with data on the health of a population it is possible to calculate the years of healthy life.

Figure 3.3 illustrates that the HLE for South Lakeland is 73.42 years. This is higher than the England and Wales average and is the highest value of all Cumbrian Local Authorities. Therefore, not only does South Lakeland have the highest life expectancy, residents who live in this area can also expect to have some of the fewest years of unhealthy life.

**Figure 3.3) Healthy Life Expectancy for Cumbria Local Authorities (Male and Female). 1993-2003 (experimental statistics). Source: ONS**



#### 4. Deprivation

The Index of Multiple Deprivation (IMD) combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England (Lower Super Output Area). There are seven distinct dimensions of deprivation (Domain Indices) used: Income; Employment; Health Deprivation and Disability; Education Skills and Training; Barriers to Housing and Services; Crime and Disorder; and Living Environment.

The higher the IMD score, the more deprived an area is. South Lakeland has an average IMD of 11.67 which is much lower than the Cumbrian average of 21.19 (comparable to the England and Wales average of 21.58) and is the lowest IMD score of all districts in Cumbria. This can be seen visually in Figure 4.1: South Lakeland is shaded light grey and falls into the lowest category of IMD scores.

Figure 4.1) IMD 2007 scores by NW district, South Lakeland is highlighted in Yellow.  
Source: ONS

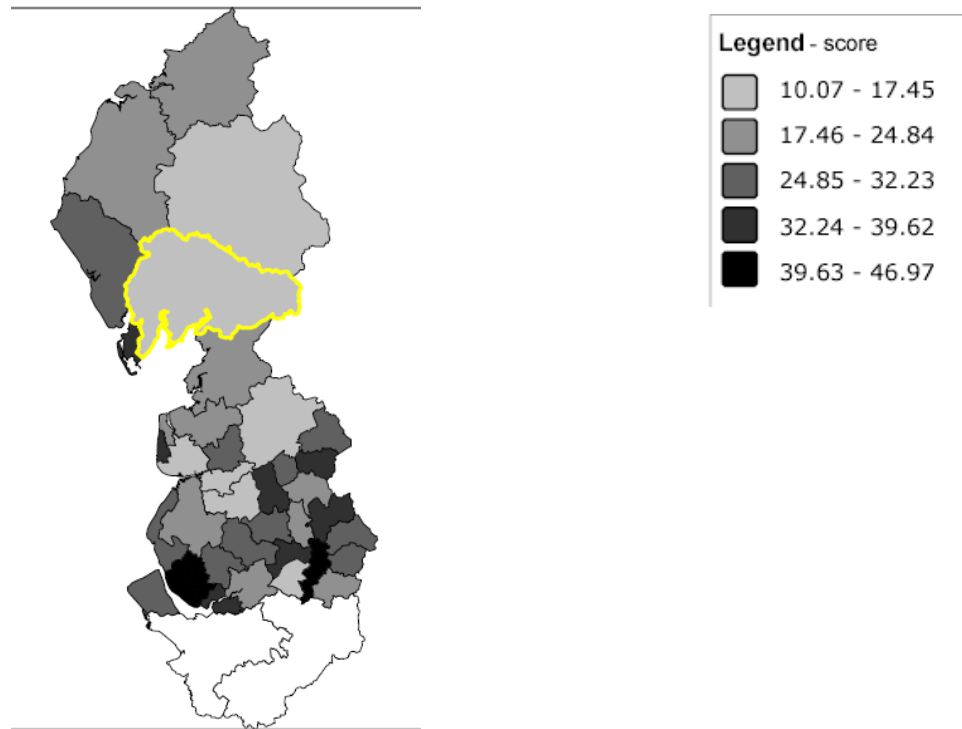
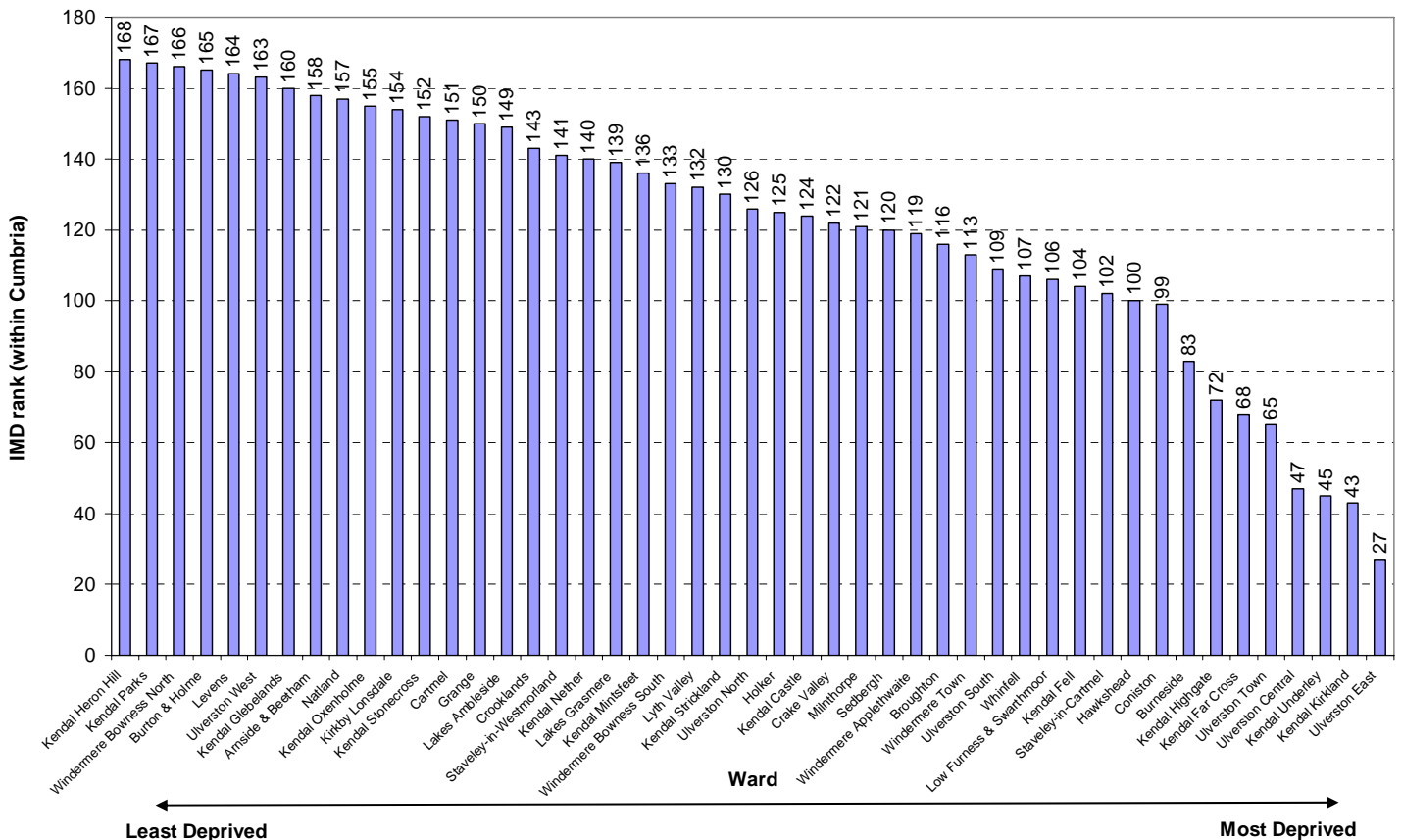


Figure 4.2) IMD scores 2007 ranked by electoral ward. The 47 South Lakeland wards are shown along with their rank within Cumbria (out of 168). 1 is most deprived, 168 is least deprived. Data source: Cumbria Area Profiler (Cumbria Intelligence Observatory)



Deprivation also varies at a smaller scale so that there are local differences between areas of South Lakeland. Figure 4.2 illustrates where each of the wards in South Lakeland falls when all 168 wards in Cumbria are ranked in order of deprivation.

The top six least deprived wards in Cumbria are all located in South Lakeland and include Kendal Heron Hill, Kendal Parks, Windermere Bowness North and Burton and Holme. Despite the majority of wards falling in the top 50% of wards in Cumbria, inequalities within the district exist and several wards are highlighted as being more deprived. These include: Ulverston Central, Kendal Underley, Kendal Kirkland and Ulverston East. Particular problem areas contributing towards low IMD scores in South Lakeland include: decent affordable housing, activities for teenagers and road and pavement repairs.

## 5. Mortality Rates

Mortality refers to the number of deaths in a population in a specific period of time and is usually expressed as a rate per 100,000. It is important to distinguish mortality from morbidity. Morbidity is classed as ill health (number of cases occurring (prevalence) or beginning (incidence) within a given period) rather than death.

The basic unit of measurement used in quantifying mortality in populations is the crude rate. Crude rate is calculated using three components: the number of people in the population who have died; the total population and the time period in which the deaths took place.

However, in order to allow valid comparisons of mortality rates between populations (both over time and between areas), it is necessary also to take into account the different age structures of the populations. This is done using age standardisation methods to produce a single summary aged standardised rate.

There are two common methods of age standardisation both of which are used in this report. Both involve choosing a standard population which is broken down into specific age groups. This is usually the European Standard Population (ESP).

- **Indirect Standardisation** - The death rates experienced by each age group of the standard population are applied to the population of the study group that has been broken down into the same age groups. This shows how many people in the study area *would have died* if the standard population's death rate had prevailed. The observed number of events is then compared to the expected number of events and is usually expressed as a ratio (observed/expected). A common example which is used in this report is the **standardised mortality ratio (SMR)**. A ratio greater than 100 means there were more deaths than expected and a ratio less than 100 means fewer deaths than expected. E.g. a SMR of 150 means that people are, on average, 50% more likely to die and a SMR of 50 means they are half as likely to die from a given condition.\*

- **Direct Standardisation** - The reverse process of the indirect method is used. The age specific death rates of the study population are applied in turn to the numbers in each corresponding age group of the standard population. This gives the overall rate that would have occurred in the study population if it had the standard age-profile. \*\*

**Note:** \*Direct standardisation is the preferred method for comparing populations against each other. Indirect methods should only be used for directly comparisons if the age structures of the populations are similar to the standard population. Indirect standardisation is more appropriate when dealing with small populations.

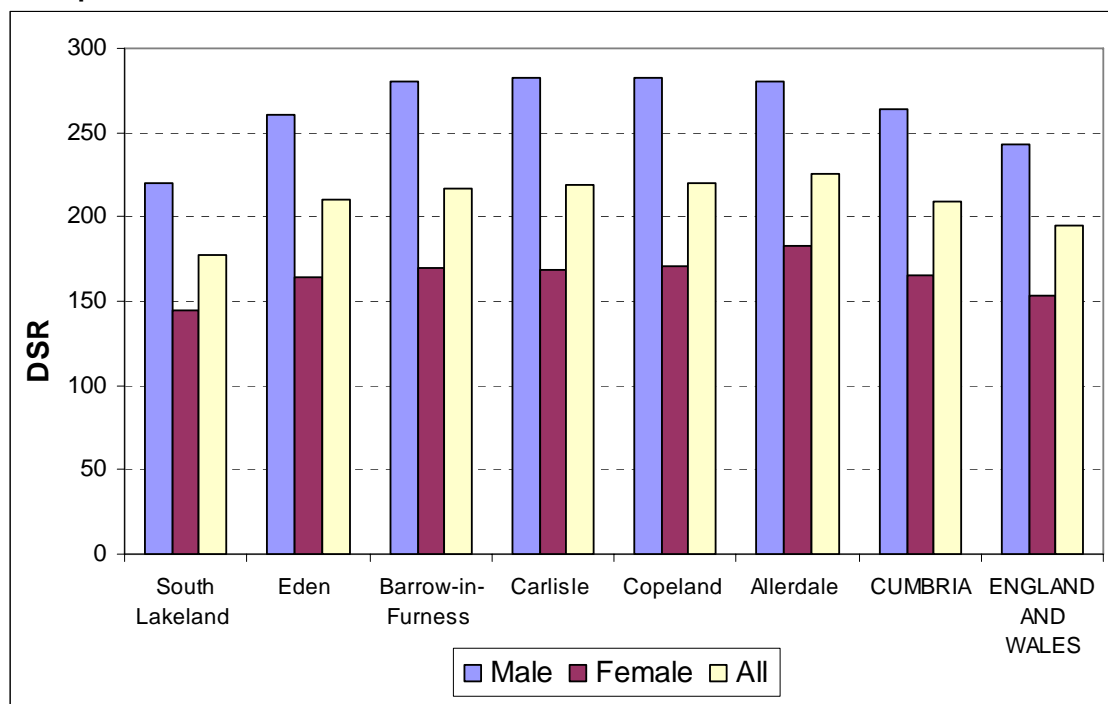
\*\*Further information on the calculation of standardised rates and advantages and disadvantages of each method is given in the APHO Technical Briefing 3.

### 5.1. Circulatory Diseases

The DSR for mortality from all circulatory diseases of all people for the period 2005-2007 in Cumbria is 209. This is higher than the England average of 194. South Lakeland has a DSR of 177 which is the best performing district in Cumbria and is also lower than the national figure.

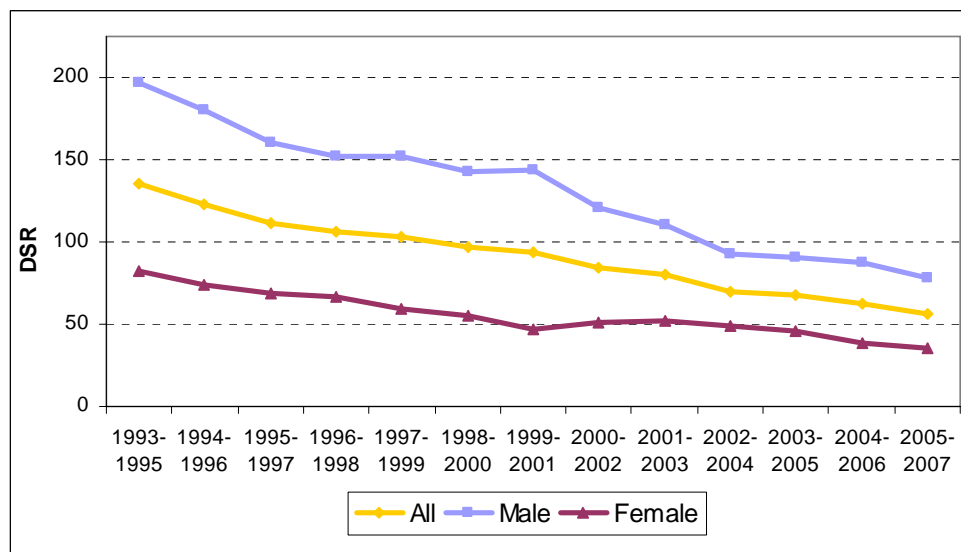
Figure 5.1 illustrates how in all regions, the DSR for women is lower than that for men, indicating that mortality from circulatory diseases is a higher risk for the male population. The percentage difference between men and women in South Lakeland is 43%. This is equal to Allerdale and is the smallest difference of all regions shown. The national figure is 46% so South Lakeland has a smaller difference between the number of men and women who die from circulatory diseases than the national average.

**Figure 5.1) DSR (per 100,000 population) for all circulatory diseases, all ages, 2005-2007 pooled data. Source: NCHOD**



The Department of Health Public Service Agreement (2000) has set a national target to substantially reduce mortality rates from heart disease and stroke (both classed as circulatory diseases) by at least 40% from a baseline of 139.6 deaths per 100,000 (1995-1997 rate) in those under 75 by 2010. Figure 5.2 shows how DSR's in South Lakeland have decreased over time for those aged less than 75. The 1995-1997 base rate in South Lakeland was 111.4. This has decreased to 56.5 for the period 2005-2007 which is a percentage decrease of 49.3%. In South Lakeland the Department of Health target has therefore already been exceeded.

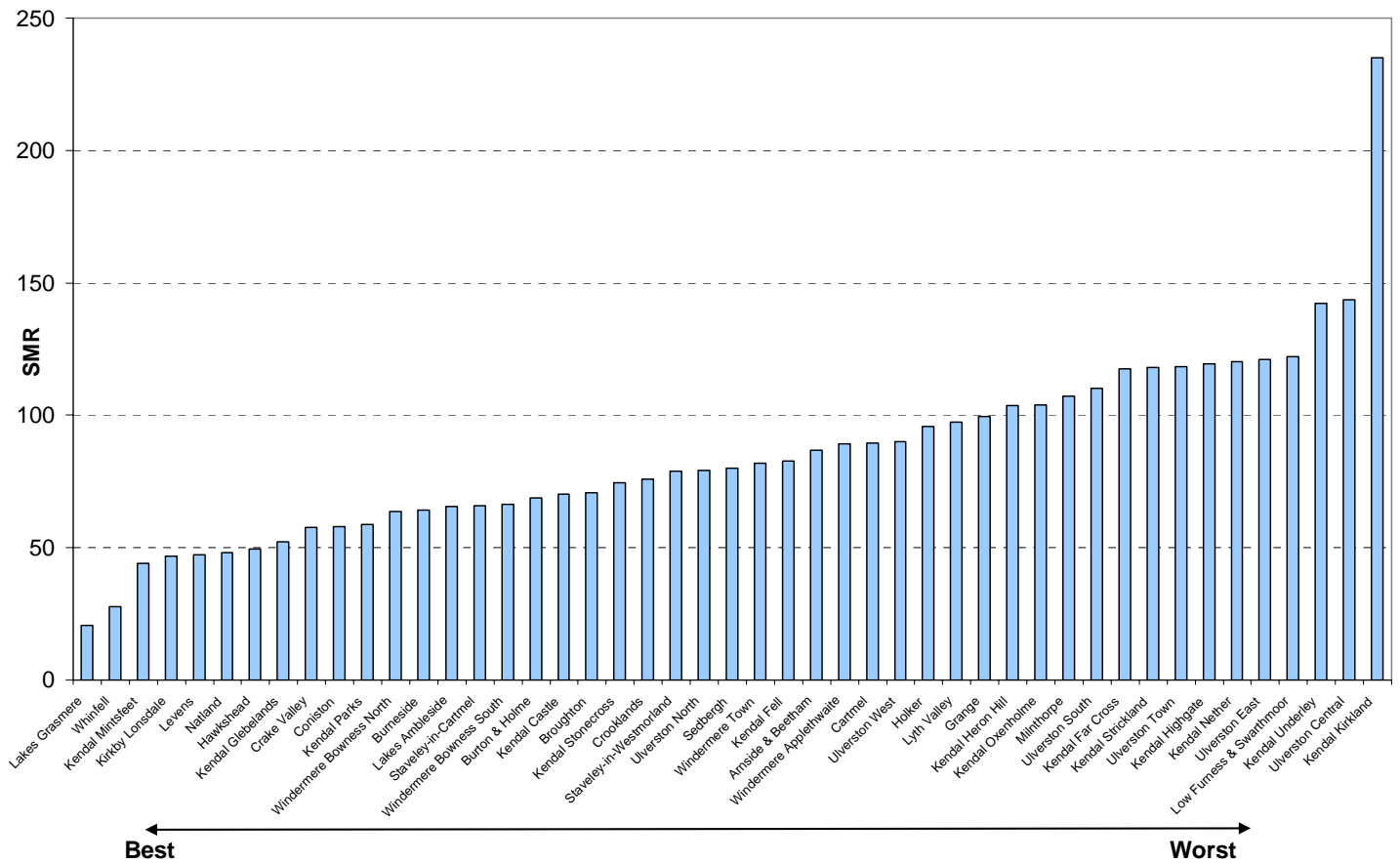
**Figure 5.2) DSR (per 100,000 population), mortality from all circulatory diseases in people aged less than 75 in South Lakeland. 1993-2007, 3 year moving averages. Data source: NCHOD**



SMR data is available on a ward level and is given in Figure 5.3. Smaller areas within South Lakeland have been ranked to allow comparisons with each other. However, caution must be exercised when using this data as the total numbers of deaths are low (confidence intervals are large) and this cannot be directly compared to national data in the same way that DSR's have been above.

Five wards have an SMR which is statistically significantly low (performing well) whilst only one ward (Kendal Kirkland) is statistically significantly high (performs poorly).

**Figure 5.3) SMR's for Circulatory disease in people under 75 by ward in South**

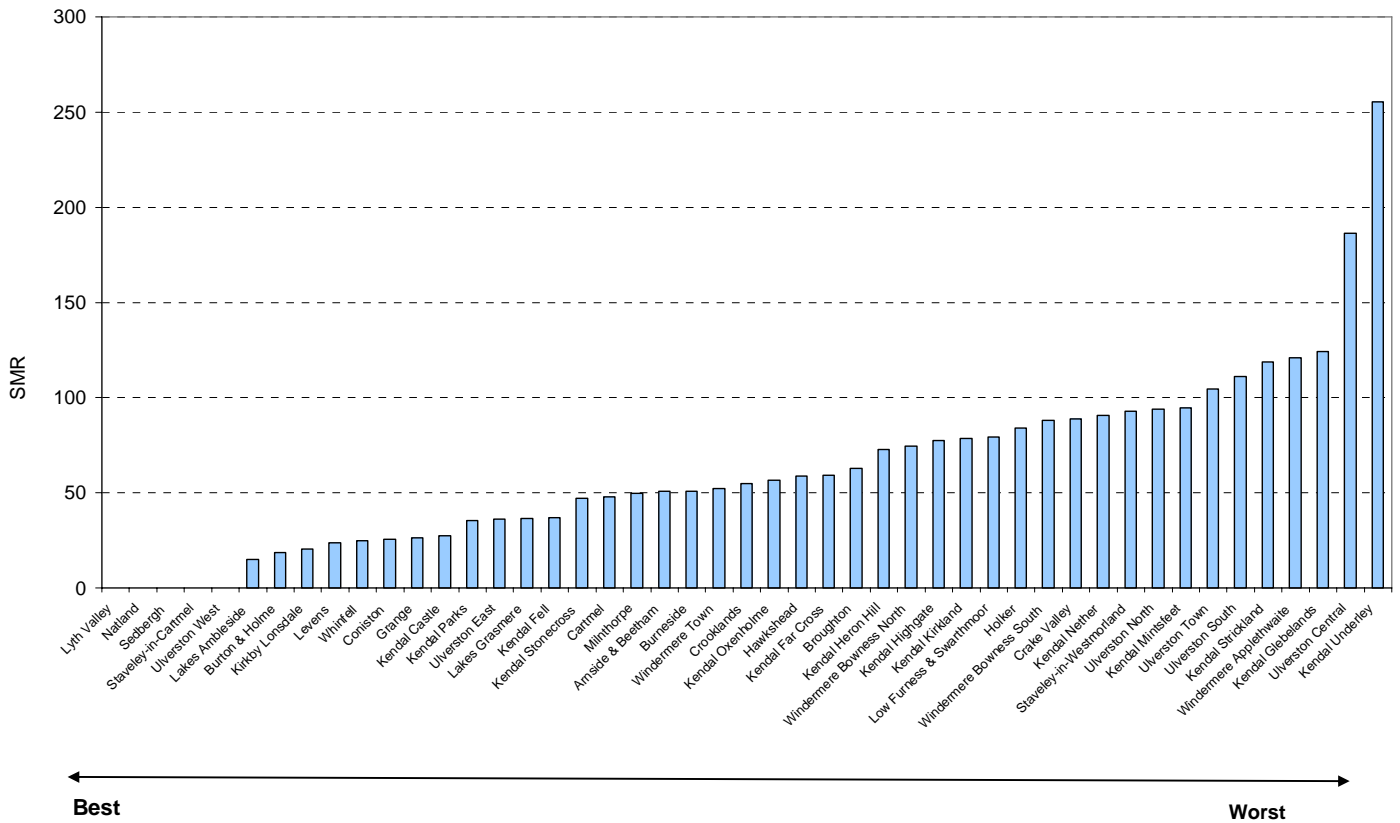


**Lakeland, 2001-2005. Data source: ONS**

## 5.2. Respiratory Diseases

Figure 5.4 shows similar SMR data for respiratory diseases. None of the wards in South Lakeland are classified as having an SMR for respiratory diseases which is statistically significantly high (poorly performing). Seven of the wards have an SMR which is statistically significantly low (performing well). The ward of Natland is highlighted as performing particularly well: having SMR's which are statistically low for both respiratory diseases and circulatory diseases.

**Figure 5.4) SMR's for all respiratory diseases in people under 75 by ward in South Lakeland, 2001-2005. Data Source: ONS**



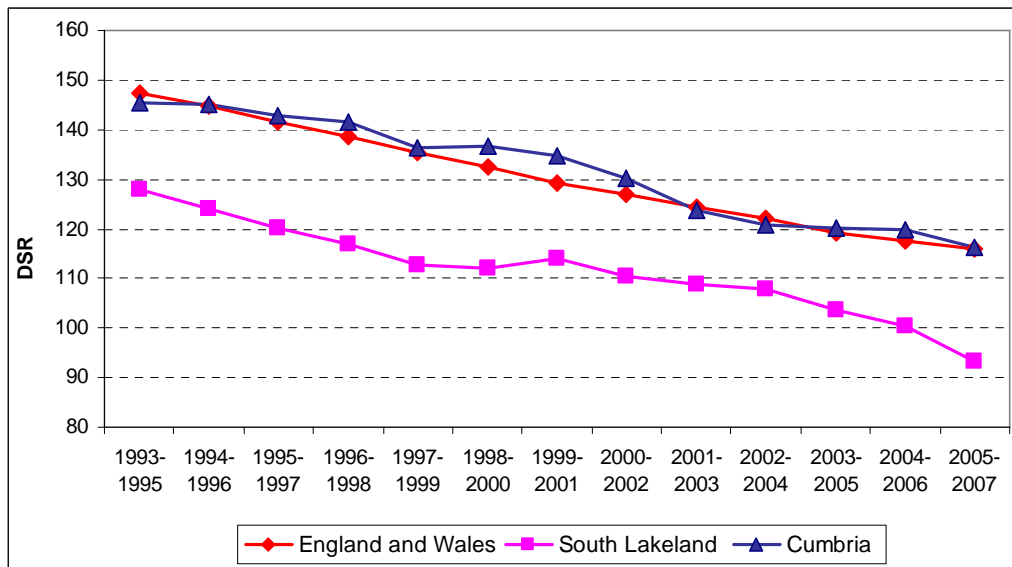
### 5.3. Cancer

An individual's risk of developing cancer depends on many factors, including age, lifestyle and genetic make-up. It is estimated that up to half of all cancer cases diagnosed in the UK could be avoided if people made changes to their lifestyles, such as ceasing to smoke, having a moderate alcohol intake, maintaining a healthy bodyweight and avoiding excessive sun exposure.

The Department of Health Public Service Agreement (2000) has set a national target to substantially reduce mortality rates from Cancer by at least 20% in those under 75 by 2010. Figure 5.5 shows how mortality rates have decreased since 1993.

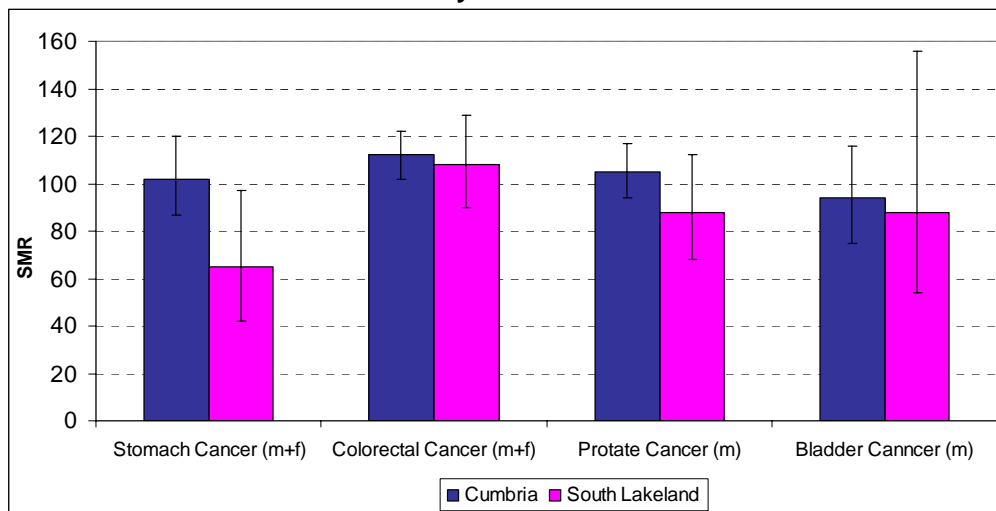
In Cumbria, the mortality rate from all cancers is at a similar level to England and has followed the same decreasing trend since 1993. South Lakeland, on the other hand has had a lower DSR for all cancers than Cumbria and England each year since 1993. Overall in South Lakeland, mortality from all cancers in those under 75 has decreased by 22.4% from 120.3 in 1995/1997 to 93.4 in 2005/2007. This means that in South Lakeland the national target of 20% reduction by 2010 has already been exceeded.

**Figure 5.5) DSR (per 100,000 population), mortality from all cancers in people aged less than 75 in South Lakeland. 1993-2007, 3 year moving averages. Data source: ONS**



The 2008 Cancer in Cumbria report highlights: stomach cancer; colorectal cancer; prostate cancer; bladder cancer (in men) and brain cancer (in women) as having statistically high occurrences in Cumbria. Figure 5.6 shows how the SMR for these cancers in South Lakeland compares with the Cumbria average.

**Figure 5.6) SMR's for different forms of cancer in South Lakeland and Cumbria, 2005-2007. 95% confidence limits indicated by error bars. Data source: NCHOD**



For each of the highlighted 'problem' cancers in Cumbria, South Lakeland has a lower SMR than the Cumbria figure. Colorectal cancer and bladder cancer have only slightly lower SMR's in South Lakeland whilst prostate cancer and stomach cancer have a larger difference in SMR between South Lakeland and Cumbria. However, the confidence limits on Figure 5.6 overlap indicating that we cannot be sure that the figures for Cumbria and South Lakeland are statistically significantly different from each other.

## 6. Under 18 Conception Rate

In 1999 the government produced a national teenage pregnancy strategy as a coordinated attempt to tackle both the causes and consequences of teenage pregnancy. There are 2 national target areas:

- Halve the under-18 conception rate by 2010 and establish a firm downward trend in the under 16 rate
- Increase the proportion of teenage parents in education, training or employment to 60% by 2010, to reduce their risk of long-term social exclusion

**Table 6.1) Rate of Under 18 Conceptions: girls per 1000. Data Source: Cumbria Intelligence Observatory**

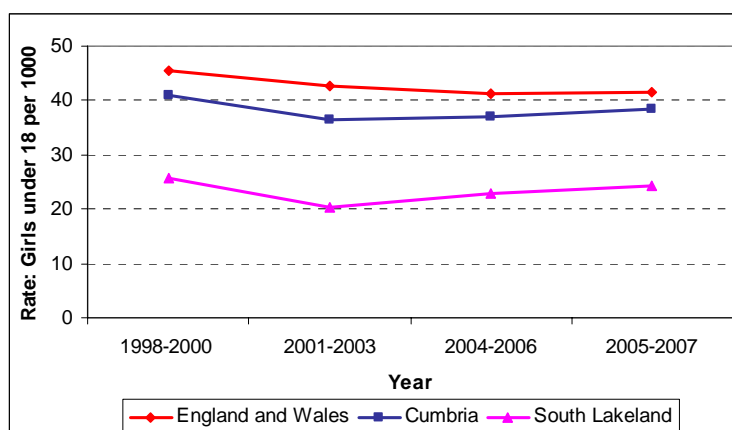
	1998-2000	2001-2003	2004-2006	2005-2007	% change in rate
England and Wales	45.4	42.7	41.4	41.4	-8.800
Cumbria	41.0	36.5	37.0	38.4	-6.400
South Lakeland	25.8	20.3	22.9	24.2	-6.200

Table 6.1 shows that the baseline conception rate in South Lakeland during 1998-00 was 25.8 (131 conceptions). A reduction of 50% would give a target rate of 13 by 2010.

Figure 6.1 illustrates how the rate of under 18 conceptions in Cumbria is lower than that for England and Wales. The rate in South Lakeland is consistently much lower than the rate in Cumbria and during 2001/03 the South Lakeland rate fell to below half of the England and Wales rate.

Despite the low conception rates in South Lakeland, the change in rate from 1998-2007 is comparable to Cumbria and is lower than the England and Wales rate. This means that there has been less improvement in under 18 conception rates in South Lakeland since 1998 than there has been in England and Wales as a whole. Interestingly, South Lakeland follows the trend in Cumbria of a recent small increase in under 18 conception rates following a dip during 2001-03.

**Figure 6.1) Changes in under 18 conception rates: 1998/00 – 2005/07. Data source: Cumbria Intelligence Observatory**



## 7. Abortions

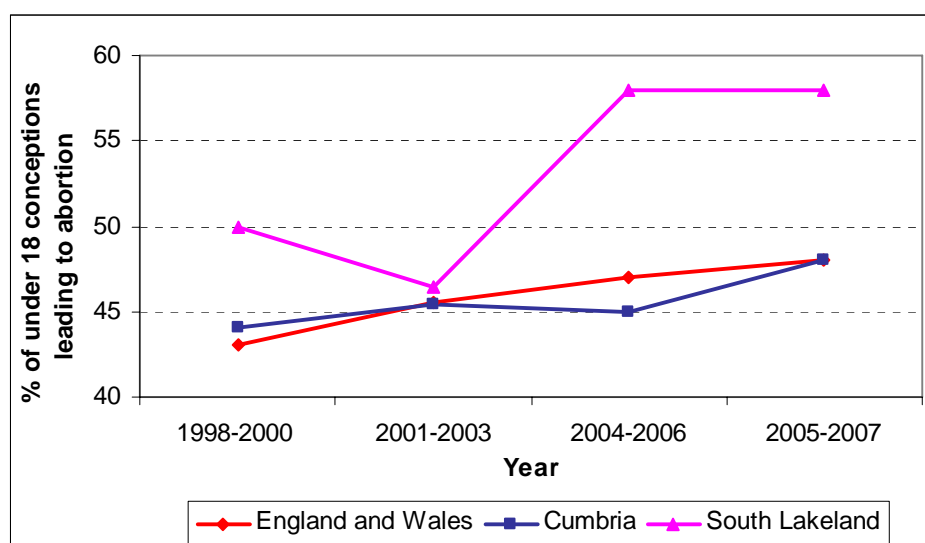
Data relating to abortions are available at Primary Care Organisation level and figures for 2007 are shown in Table 7.1. For all age groups, Cumbria has a lower rate of women undergoing abortions than the national rate.

**Table 7.1) Abortion rates per 1000 women, 2007. Data source: Cumbria Intelligence Observatory**

	Maternal Age							
	All ages	<18	<20	18-19	20-24	25-29	30-34	35+
England and Wales	17.8	19.8	25.5	33.9	32	23.8	15.7	6.9
Cumbria	13.7	18.6	22.9	30.1	29	17.8	11.1	4.6

Data is available for the South Lakeland region relating to abortion rates for under 18 conceptions and is shown in Figure 7.1. The percentage of under 18 conceptions leading to abortion in South Lakeland is higher than the national figure suggesting although overall under 18 conception rates in the region are low, women are more likely to undergo an abortion if they become pregnant under the age of 18 and live in South Lakeland than if they live elsewhere in the country.

**Figure 7.1) Percentage of under 18 conceptions leading to abortion. 1998/00 – 2005/07. Data Source: Cumbria Intelligence Observatory**



## 8. Lifestyle

There are a wide range of factors that have an important influence on people's health which are related to lifestyle. Many of these factors lie beyond the direct influence of health care and whilst health services have a part to play, any improvement in health relating to these factors must take a holistic approach with key organisations working together in partnership.

## 8.1. Body Mass Index (BMI)

Body Mass index is the most commonly used measure of adult (>16) weight. It is a measure of body fat based on height and weight and the following categories are used:

- Underweight: BMI <18.5
- Healthy: BMI between 18.5 and 24.99
- Overweight: BMI between 25 and 29.99
- Obese: BMI between 30 and 39.99
- Morbidly obese: BMI >40

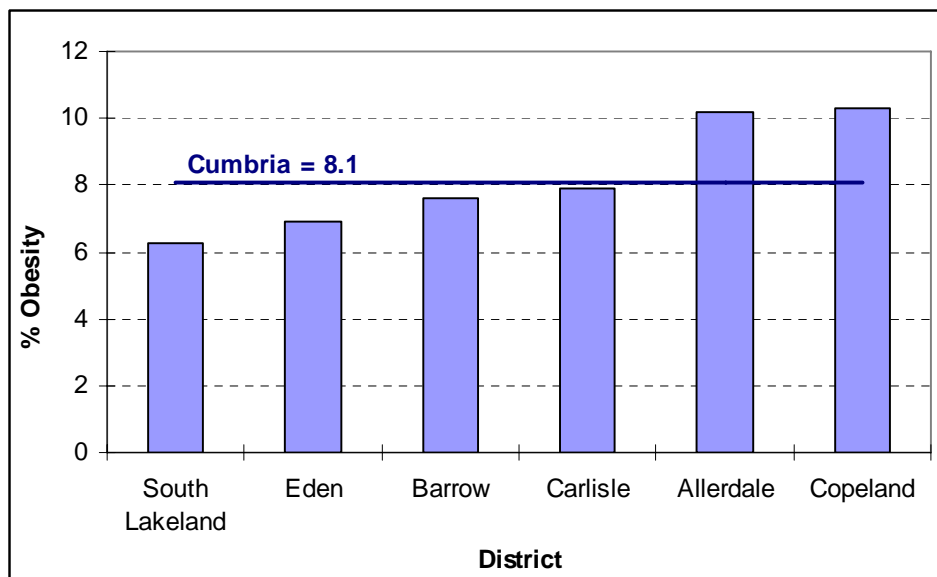
### 8.1.1. Adults

The number of overweight and obese adults in England has nearly trebled in the last 20 years, and in 2006, 24.9% of males and 25.2% of females were classed as obese.

Obesity is linked to many significant health problems including: coronary heart disease; stroke; diabetes; impaired fertility and poor mental health. The North West region shows the same growing trend and overall level of obesity as England as a whole. In 2006, 23.4% of men and 21.6% of women were classed as obese (BMI >30) in the North West region. In South Lakeland, 24.2% of the population is classed as obese which is not significantly different from the England average of 23.6%.

Figure 8.1 illustrates how levels of obesity among those living in South Lakeland compare with other areas of Cumbria. This data is based on those who attend GP's in the area and so can only be used to rank order areas within Cumbria rather than compare them with the national figures. South Lakeland can be seen to have the smallest percentage of its population classed as obese compared to other districts in Cumbria.

**Figure 8.1) Percentage of people in each district in Cumbria who are classified as obese (Based on data from GP practices. Only those who attend a GP are included in these figures). Data source: Cumbria Intelligence Observatory**

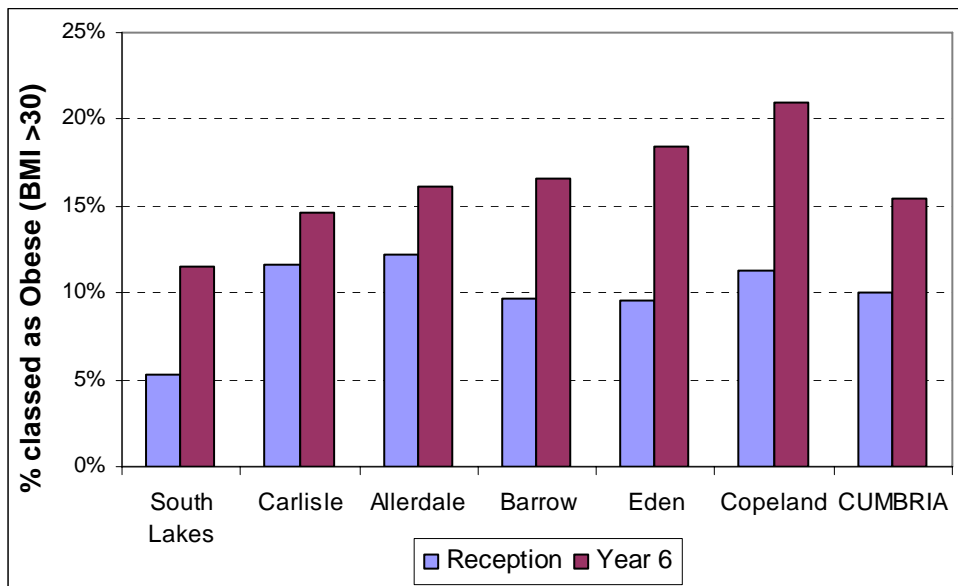


### 8.1.2. Childhood Obesity

The UK has seen dramatic increases in childhood obesity in recent years and the Government has set itself the ambition of reversing this trend so that by 2020 the number of overweight and obese children will be reduced to 2000 levels.

The National Child Measurement Programme was established in 2005 and is one element of the Governments work programme on childhood obesity. Every child in Reception (4-5 year olds) and Year 6 (10-11 year olds) is weighed and measured during the school year to allow analysis of trends in growth patterns and obesity.

**Figure 8.2) Childhood Obesity 2006/2007: Reception and Year 6 pupils, % of Pupils classed as Obese (BMI >30). Data source: National Child Measurement Programme**



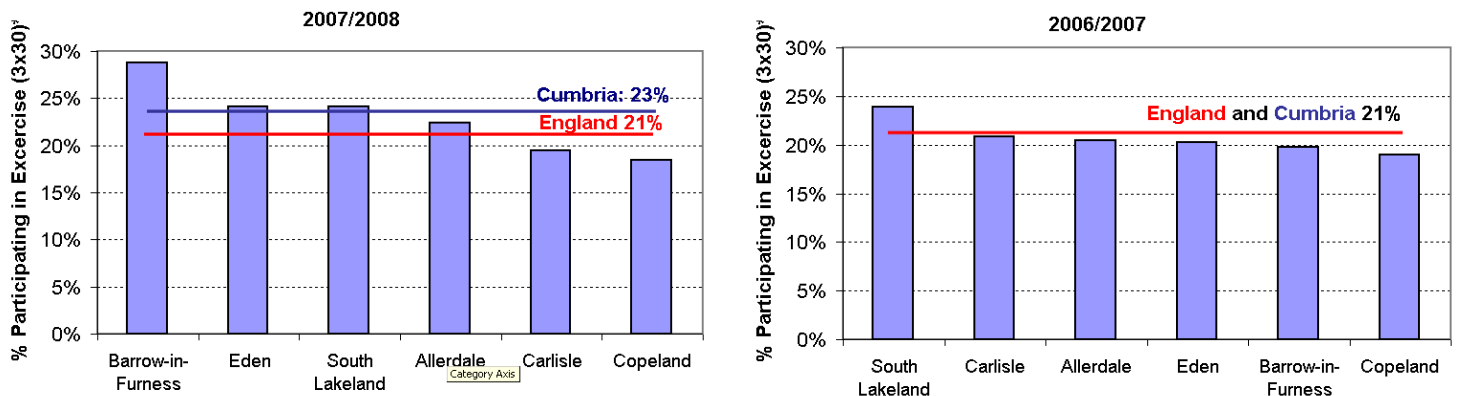
The results of the 2006/2007 survey are shown in Figure 8.2. The percentage of obese children in South Lakeland is 5.3% for Reception children and 11.5% for those in Year 6. These are the lowest levels in Cumbria. The result for Reception children is close to the England best of 4.9%.

### 8.2. Physical Activity

According to the department of health, an active lifestyle is key to improving and maintaining health. However, on a national level, at present only 37% of men and 24% of women are sufficiently active to gain any health benefit.

Sport England has conducted an Active People Survey which covers 6 aspects of Physical Activity within the community. The results for participation rates for 2007/2008 are shown in Figure 8.3.

**Figure 8.3) Participation in Exercise for Districts in Cumbria 2006/2007 and 2007/2008.**  
**Data source: Sport England (2008)**



**\*Participation (3x30):** the percentage of the adult population participating in at least 30 minutes of sport and active recreation (including recreational walking and cycling) of at least moderate intensity on at least 3 days a week.

\*\*The data in the 2006/07 survey was based on 1000 people in Cumbria whilst this was reduced to only 500 people for the 2007/08 survey. As a result the large difference seen in Barrow may in fact be due to the small sample numbers involved.

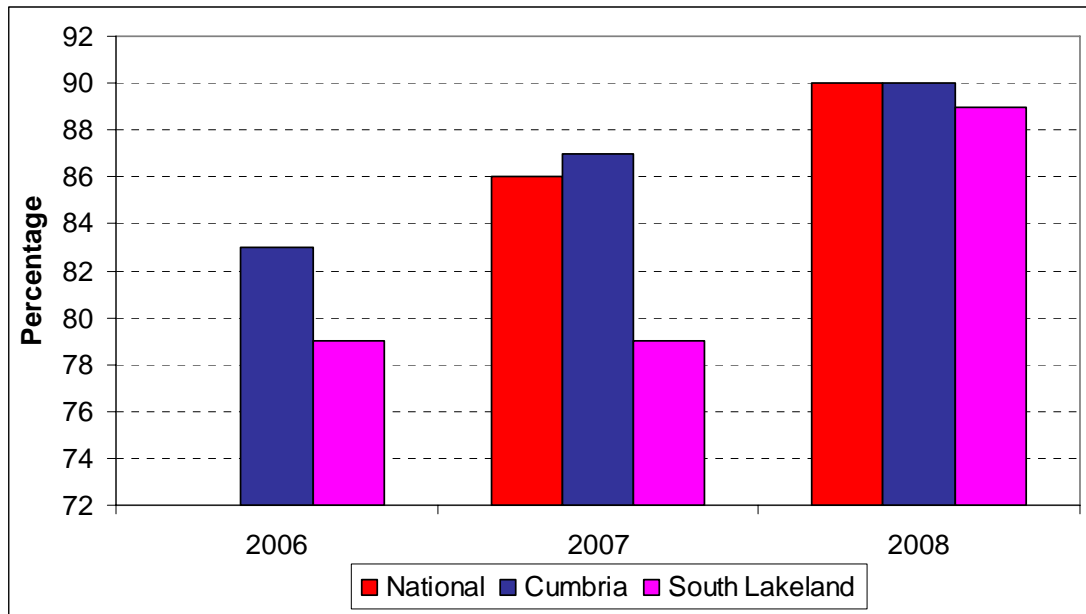
In 2006/2007, South Lakeland had the highest % of its population participating in exercise (24%) of all Cumbrian Districts. The difference between South Lakeland and the lowest performing district of Copeland was 5%.

More recent 2007/2008 data shows that the figure for South Lakeland has remained constant whilst Barrow- in-Furness and Eden have an increased % of people participating in regular exercise. This means that South Lakeland performs less well compared to other districts than it has done in the past. The difference between the best performing and worst performing areas in Cumbria has also increased from 5% to 11% mainly due to the improvement in Barrow-in-Furness\*\*.

### 8.2.1. Physically Active Children

In 2007, Cumbria had a greater percentage of children and young people participating in high quality PE and sport than the national average. However, according to the South Lakeland Health Profile (2009), the number of physically active children in South Lakeland is significantly below the England average. This is illustrated in Figure 8.4. In 2006 and 2007, levels of participation in high quality P.E and sport were particularly low (79%). They improved dramatically in 2008 but still remain below the national and regional figures.

**Figure 8.4) Percentage of 5-16 year olds participating in at least 2 hours a week of high quality P.E and Sport. Data Source: Cumbria Intelligence Observatory**



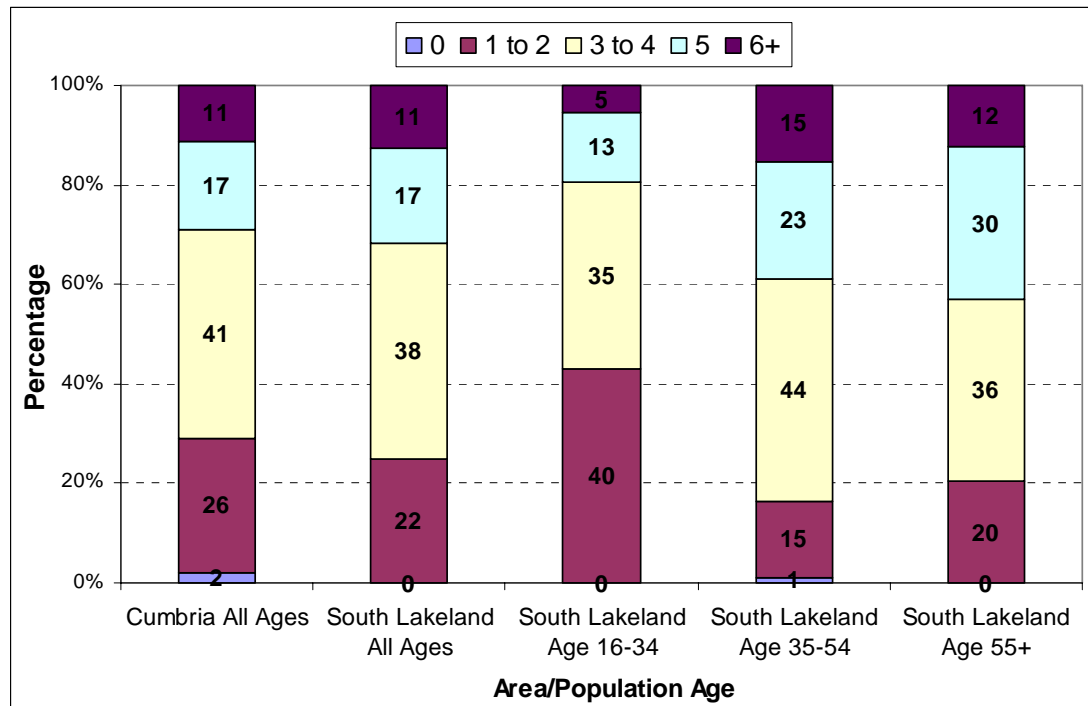
### 8.3. Balanced Diet

The Government recommends an intake of at least five portions (e.g. an apple or a handful of grapes) of fruit or vegetables per person per day to help reduce the risk of some cancers, heart disease and many other chronic conditions.

In 2006, the Cumbria Quality of Life Survey found that 36% of people in South Lakeland consumed 5 or more portions of fruit and vegetables a day. This is higher than the 28% average for Cumbria. Figure 8.5 shows in more detail the daily fruit and vegetable consumption in South Lakeland by age.

Although South Lakeland as a whole has a high level of fruit and vegetable consumption, there are inequalities within the district between age groups. Most notably the youngest age group performs badly, with 40% of those aged 16-34 consuming only 1-2 portions a day. Above the age of 34, dietary habits change and 38% (rising to 42% with increasing age) of the population consume 5 or more portions of fruit and vegetables a day.

**Figure 8.5) Percentage of the population eating different quantities of fruit and vegetables in Cumbria and South Lakeland. 3 different age groups are also given for the South Lakeland District. Data Source: Cumbria Quality of Life Survey (2006)**



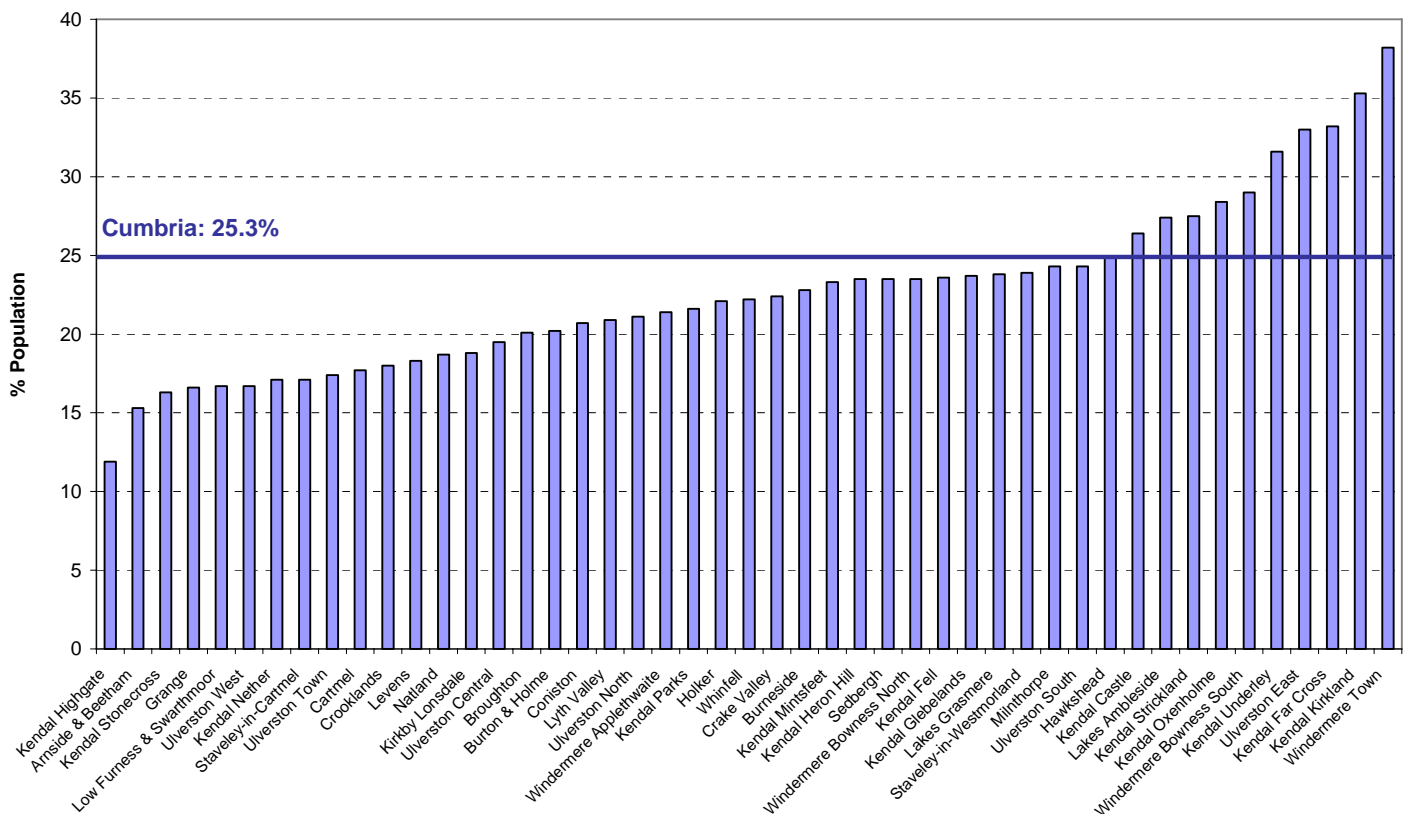
#### 8.4. Smoking

Smoking is known to be the principal avoidable cause of premature deaths in the UK. There are currently 106,000 deaths in the UK caused by smoking every year (87,000 in England) and over 9 million adults in England still smoke. The Department of Health has a tobacco program which has contributed to a national reduction in smoking rates: 1998 adult smoking rates in England have fallen from 28 percent to 22 percent in 2006 which is over 1.6 million fewer smokers.

Currently there are no accurate local figures for the number of people who smoke in South Lakeland. However Figure 8.6 shows synthetic estimates of smokers calculated by taking national statistics and applying them to the population of South Lakeland.

South Lakeland has the lowest prevalence of smokers in Cumbria (22.3%) and only 13 of the 47 wards have a higher percentage of smokers than the national average of 24%. The three wards with the highest levels are: Kendal Far Cross (33.2), Kendal Kirkland (35.3) and Windermere Town (38.2). Kendal Highgate has the lowest percentage of smokers (11%). Throughout South Lakeland there is a variation of 12% between wards.

**Figure 8.6) Synthetic estimates of percentage of smokers in South Lakeland wards – 2007. Data Source: Cumbria Intelligence Observatory**



### 8.5. Alcohol

The prevalence of binge drinking adults is highlighted as being statistically significantly worse than the England average in the 2008 South Lakeland Health Profile and is considered in more detail here.

Drinking excessive amounts of alcohol is associated with both physical and mental health problems. Risks associated with heavy drinking include: liver disease; nutritional problems; pancreatitis and heart disease as well as depression, dementia and memory loss.

The maximum recommended number of units of alcohol per day is 2-3 for women and 3-4 for men and research suggests that those who drink within these limits should not experience alcohol related adverse side effects.

**Figure 8.7) Prevalence of binge drinking (adults who consume more than twice the daily recommended amount of alcohol in a single drinking session: 8 or more units for men and 6 or more for women). Age standardised % 2004-2006. Data Source: Cumbria Intelligence Observatory**

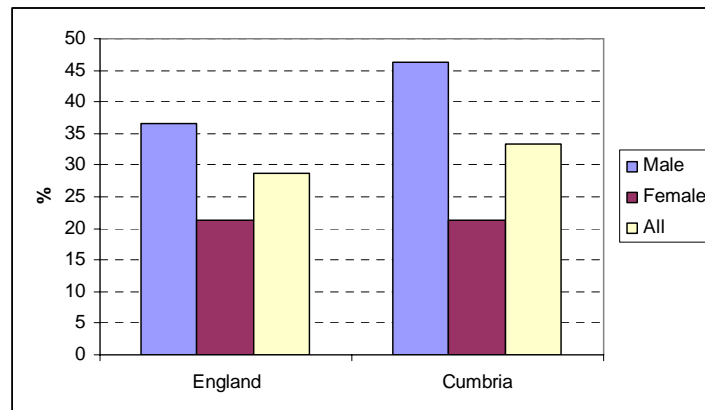
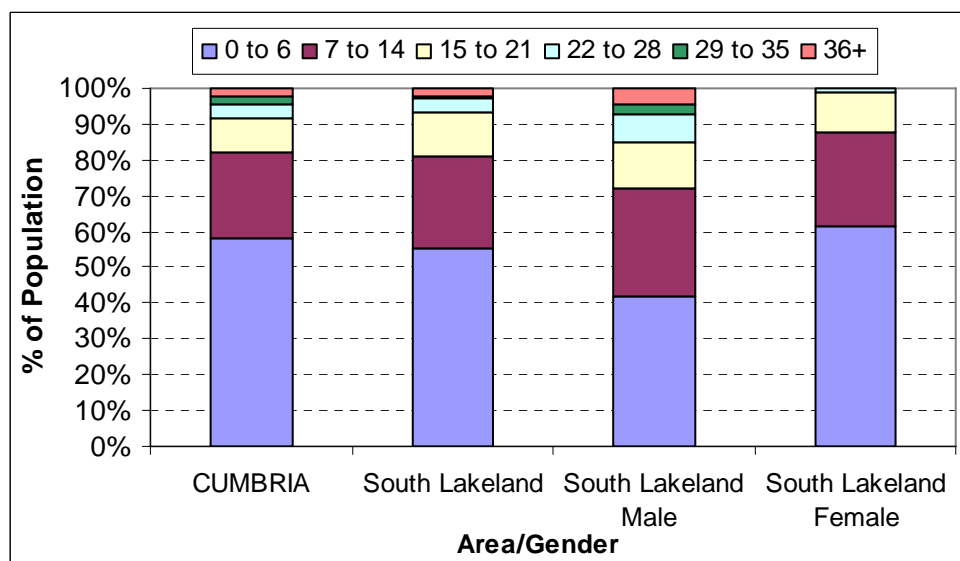


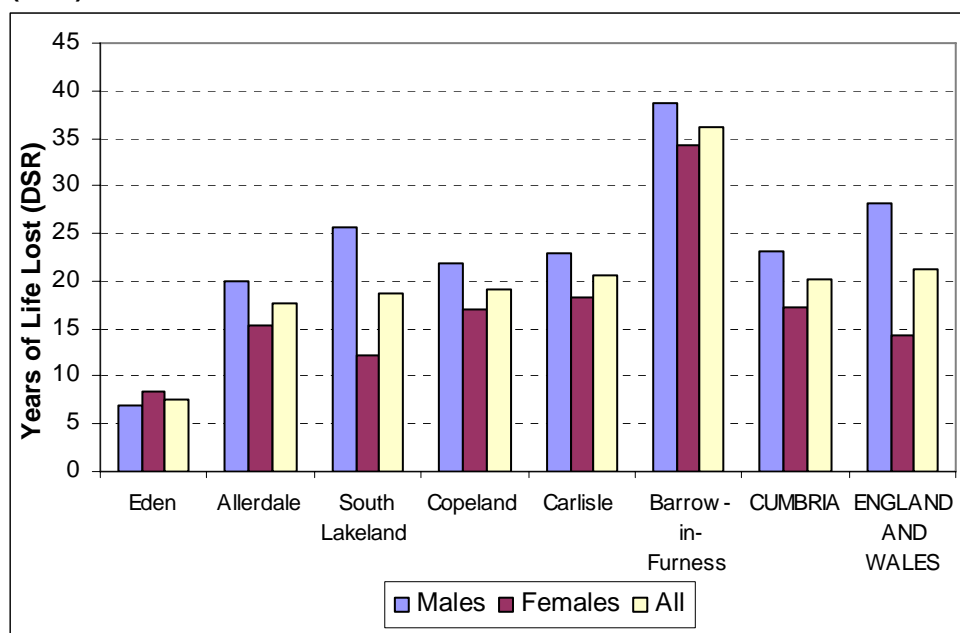
Figure 8.7 shows that the prevalence of binge drinking in Cumbria is 33.3% which is higher than the England average of 28.3%. However, women in Cumbria are no more likely to binge drink than the national average and so the high overall binge drinking rate can be attributed to a high rate of drinking in men.

The results from the 2006 Cumbria Lifestyle Survey in Figure 8.8 give more specific information relating to South Lakeland. Levels of 'hazardous' (22-50 units a week for men and 15-35 units per week for women) and 'harmful' (51+ units/week for men and 36+ units/week for women) drinking can be established from these figures. South Lakeland shows a similar pattern of alcohol usage to Cumbria as a whole. 13% of women are hazardous or harmful drinkers compared with 15% of men.

**Figure 8.8) Number of units of alcohol consumed in a week - 2006 Data Source: Cumbria Intelligence Observatory**



**Figure 8.9) Years of life lost due to chronic liver disease - Directly age standardised rates (DSR). Data source: NCHOD**



Liver disease is a risk associated with drinking excessive amounts of alcohol. Figure 8.9 shows that the years of life lost (a measure of premature mortality) for South Lakeland is lower than the England and Wales average. However, for men, it has the second highest figure of all districts in Cumbria.

## 9. Breast Feeding Initiation

Breastfeeding is highly beneficial to both mothers and their babies. As well as enabling mothers and babies to bond emotionally there are many physical benefits:

Breastfeeding helps protect a baby against:

- Ear infections
- Gastro-intestinal infections
- Chest infections
- Urine infections
- Childhood diabetes
- Eczema
- Obesity
- Asthma

Breastfeeding helps protect mothers against:

- Ovarian cancer
- Breast cancer
- Osteoporosis in later life

Where breastfeeding data has been collected, 64% of mothers in Cumbria initiated breastfeeding compared with 78% nationally. Data is currently unavailable at local authority level and this is an area which needs closer monitoring and more comprehensive data collection.

## 10. Income

Health and wellbeing is often linked to household income. Higher mortality and worse health occur in societies with higher income inequality. Figure 10.1 compares the mean income of households in Cumbrian Local Authorities. The average household income in South Lakeland is £31,113. This is higher than the Cumbria average of 30,193 and is the second highest mean income of all local authorities in Cumbria.

**Figure 10.1) Mean Household Income, 2007 by Local Authority. Data Source: ONS**

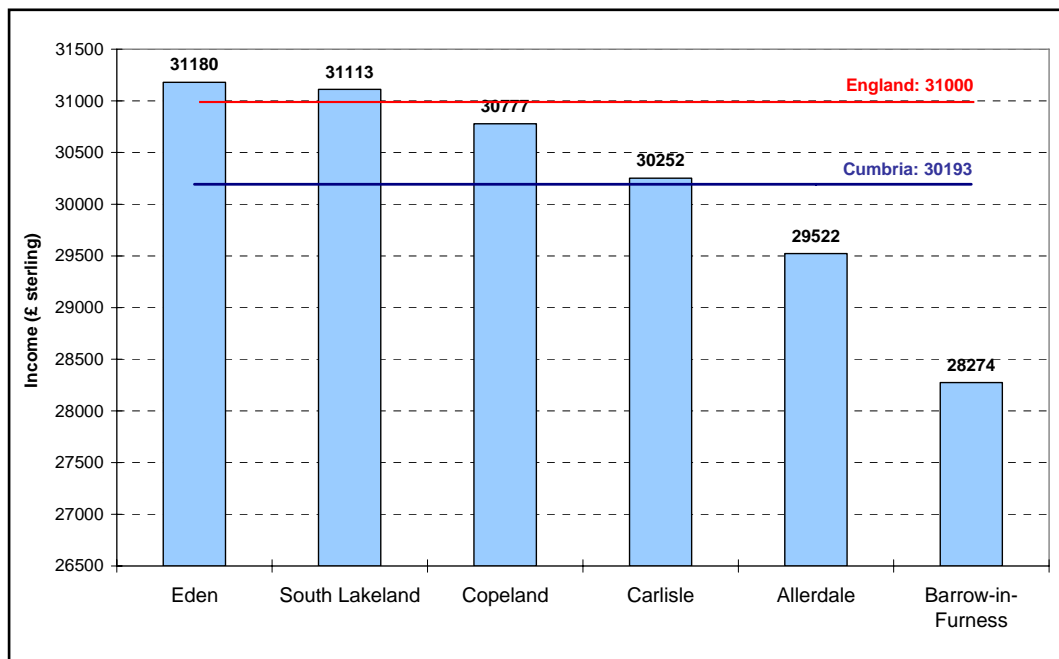
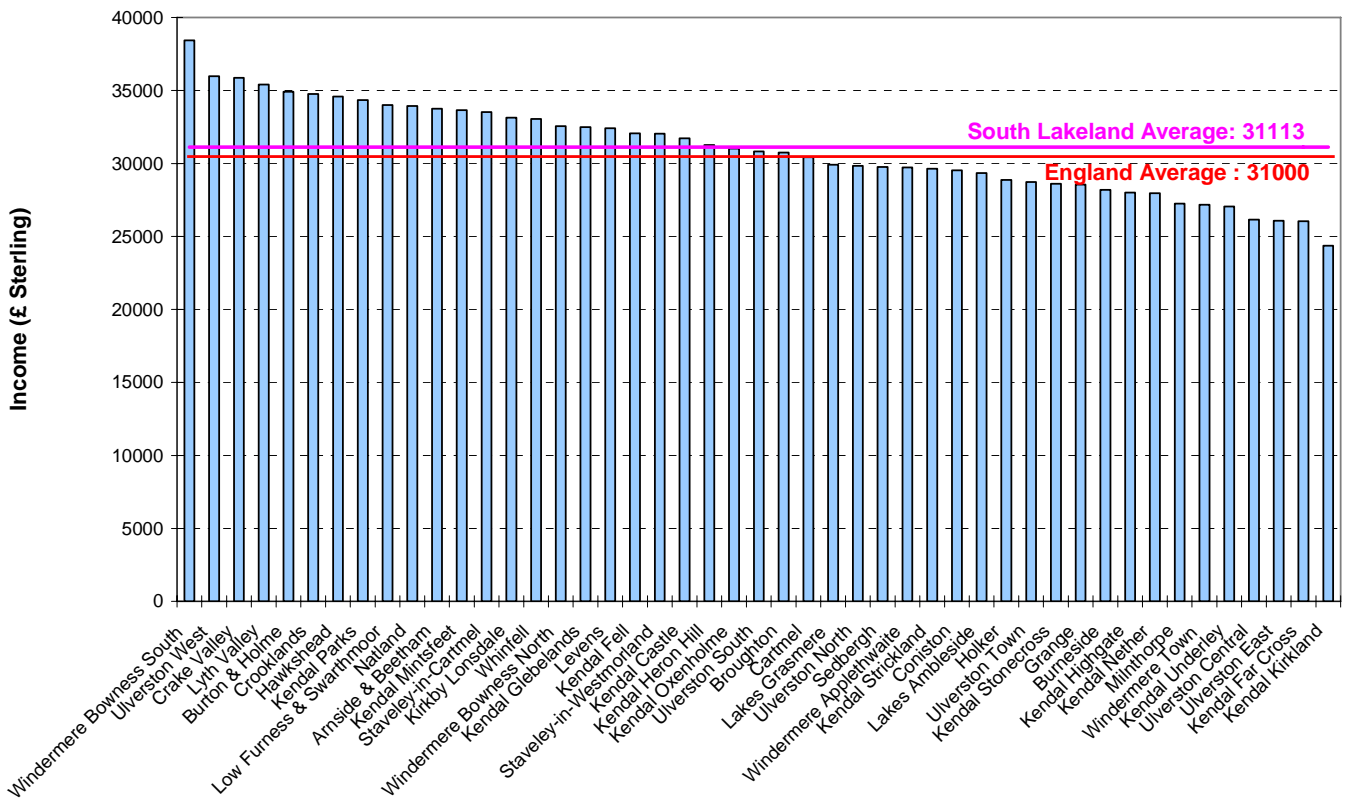


Figure 10.2 compares the annual mean household income in South Lakeland by ward. In Windermere Bowness South the average household income is £38,432 whilst in Kendal Kirkland it is £24,357. This represents a difference within South Lakeland of £14,075.

**Figure 10.2) Annual Mean Household Income by ward, 2007. Blue line represents Cumbria average of £31,113. Data source: ONS**



## 11. Employment

### 11.1. Employment Structure

Figure 11.1 compares the employment structure of South Lakeland with larger regions. The data is taken from the 2001 Census and shows the percentage of men and women aged 16-64 working in each socio-economic group.

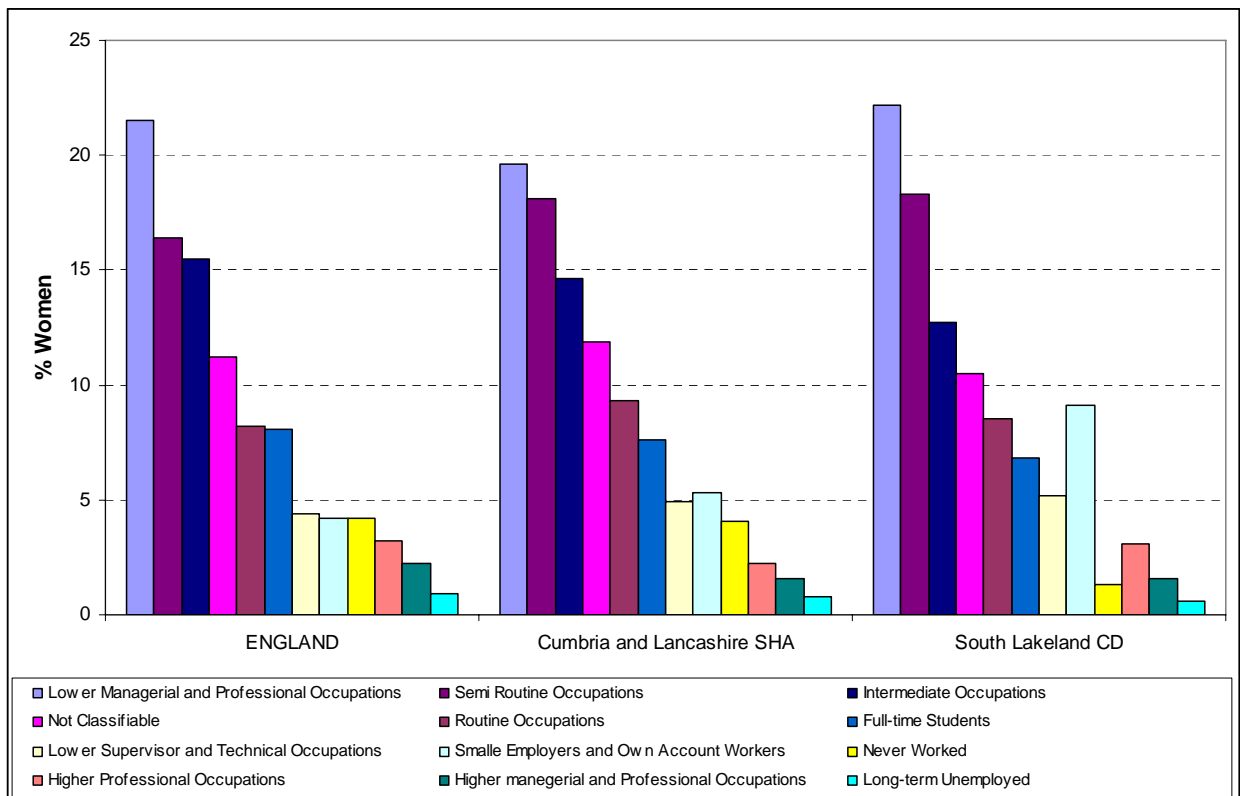
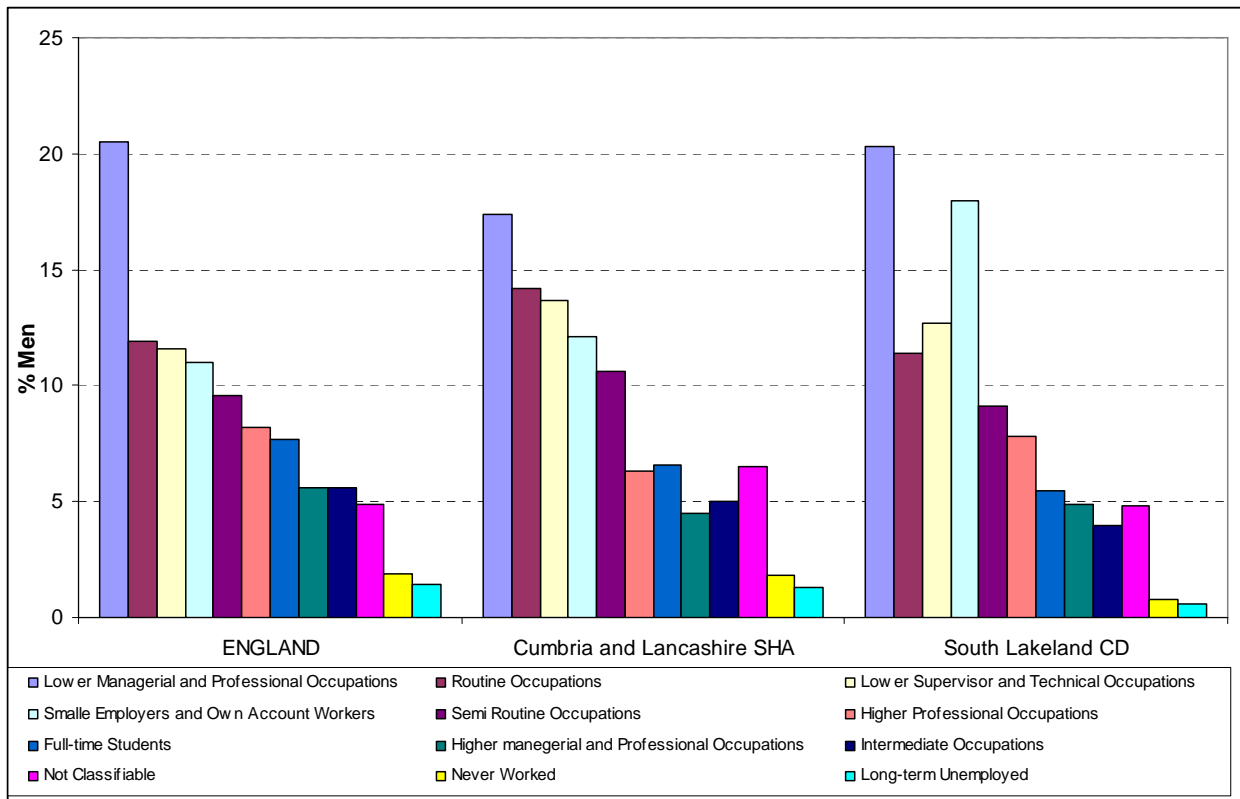
For men, South Lakeland follows a similar structure to the England average with the main exception of a higher percentage falling into the category of small employers and own account workers. There are also lower levels of those who are unemployed or have never worked.

The employment structure for men in South Lakeland differs from the Cumbrian trend in that there are fewer people employed in lower supervisor, routine and semi-routine jobs and a higher percentage of people employed in higher professional occupations.

For women, the employment structure more closely follows the regional and national trend with the exception of higher proportions of small employers and own account workers and those employed in higher professional occupations.

The South Lakeland employment structure is likely to be linked to the aging population structure of the region. An older population is linked to more people employed in higher level jobs as well as those who are self employed and running a small business.

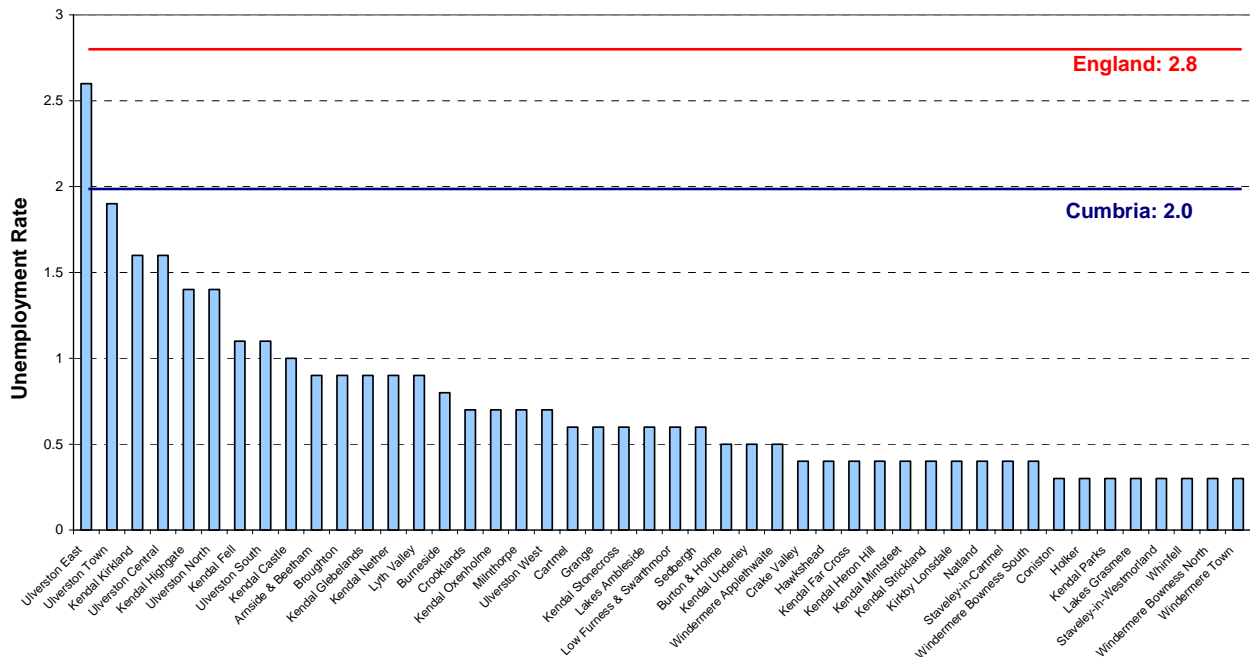
**Figure 11.1) Employment structures of England, Cumbria/Lancashire and South Lakeland for both men and women. The data is taken from the 2001 Census and shows the percentage of men and women aged 16-64 working in each socio-economic group**



## 11.2. Unemployment and People Claiming Benefits

The claimant count (number of people claiming benefits) in Cumbria rose by 766 between January and February 2009 to reach 8,135 with the count rising in all districts (In the same month last year, the count in Cumbria rose by 106). This is the highest it has been since August 2000.

**Figure 11.2) Unemployment rate for wards in South Lakeland, September 2008 \* Data unavailable for the ward of Levens. Data source: ONS**

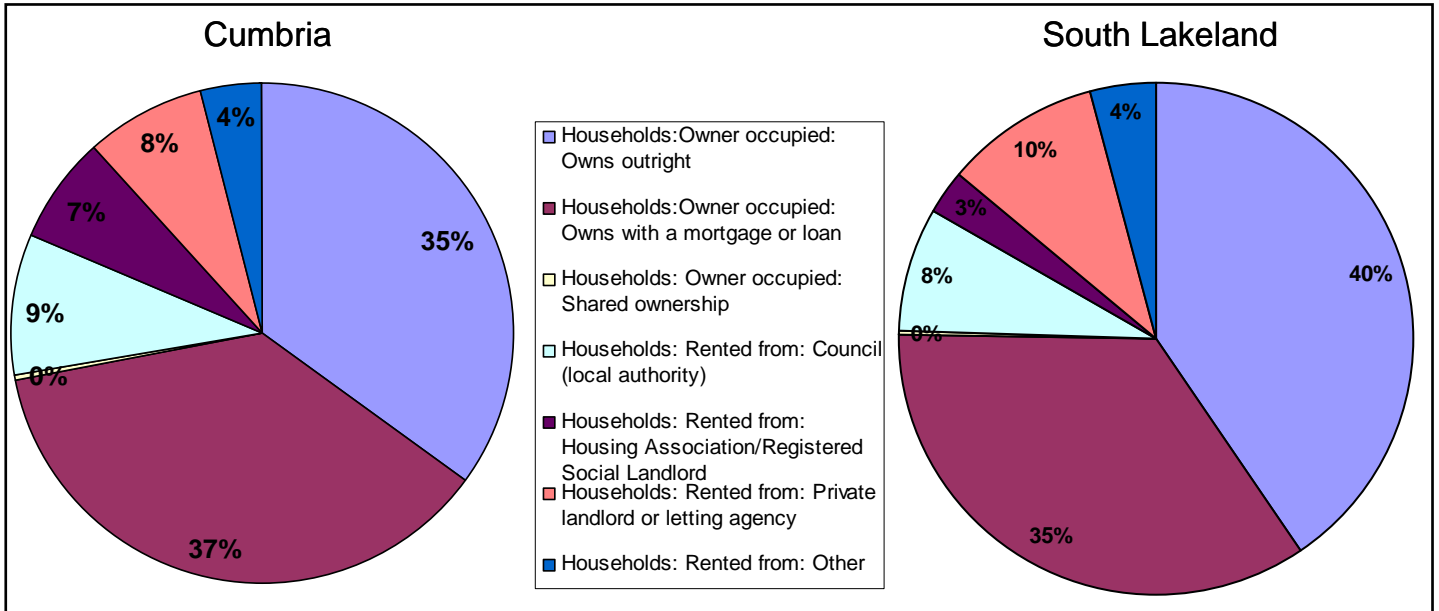


The average unemployment rate in South Lakeland in September 2008 was 0.7%. This is the lowest rate of all Local Authorities in Cumbria is also much lower than the North West average of 3.0. Figure 11.2 illustrates how unemployment rates vary throughout South Lakeland. The highest unemployment rates occur in Ulverston East, Ulverston South and Kendal Kirkland whilst the lowest unemployment rates occur in Windermere Town, Windermere Bowness North and Whinfell.

## 12. Housing Tenure

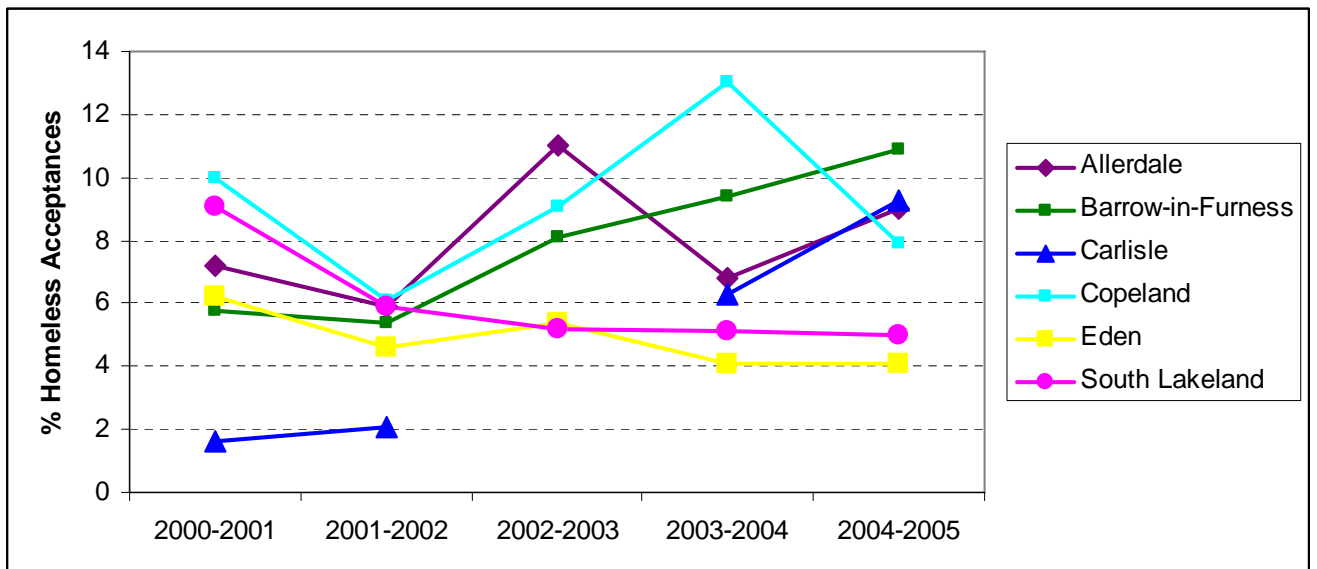
Figure 12.1 shows the proportions of household tenure in South Lakeland and Cumbria. South Lakeland follows a similar overall structure to Cumbria. The two main variations are that 5% more homes in South Lakeland are owner occupied: owned outright than in Cumbria and 4% fewer homes are rented from Housing association or Registered Social Landlord.

Figure 12.1) Household Tenure, Data source: 2001 Census



### 13. Homelessness

Figure 13.1) Homeless acceptances as a proportion (%) of total households on the Local Authority's housing register. No data is available for Carlisle for the year 2002-2003. Data source: Cumbria Intelligence Observatory



In 2004/2005 there were 161 homeless acceptances in South Lakeland. This represents 5% of the total households in South Lakeland on the housing register and is the second lowest level (Eden has the lowest of 4%) of homelessness for all local authorities in Cumbria.

Figure 13.1 shows how rates of homelessness have changed during the period 2001-2005. In south Lakeland there has been a decrease over time in contrast to Carlisle and Barrow which have seen a sharp increase since the year 2000.

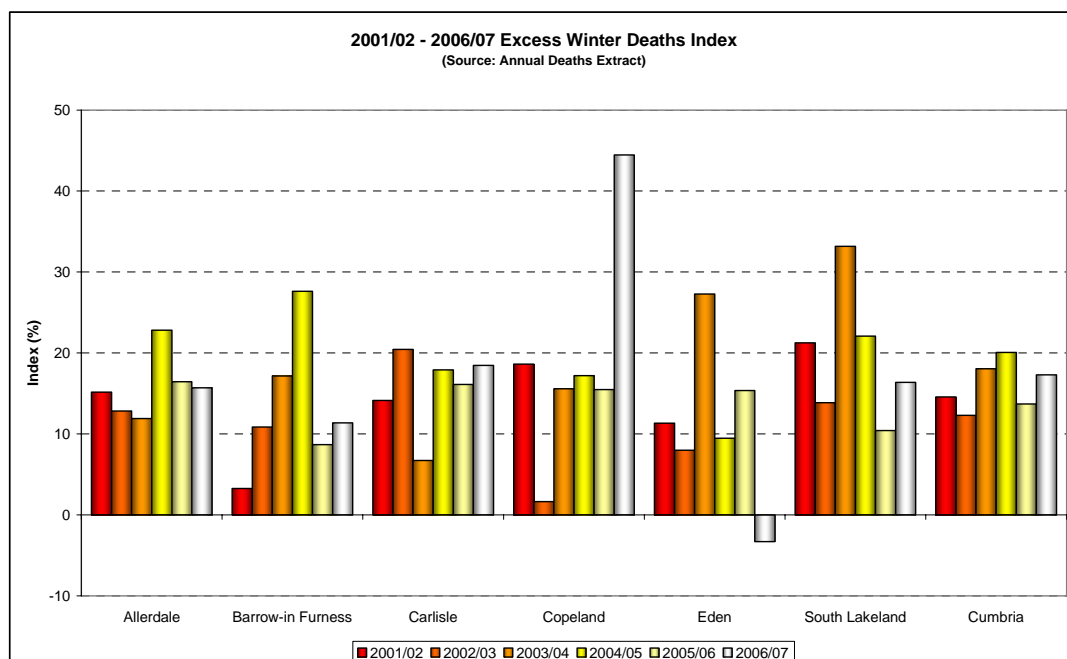
## 14. Winter Deaths

During the winter months, mortality in England and Wales reaches higher levels than during the summer months with excess winter deaths in England and Wales being amongst the highest in Europe. It is believed that low indoor temperatures and factors related to poor thermal insulation, ineffective heating systems and fuel poverty are associated with increased vulnerability to winter death from respiratory and circulatory diseases – especially in the elderly population. It is therefore likely that substantial health benefits could be achieved by measures aimed at improving the thermal efficiency of homes and the affordability of heating them

Excess winter deaths (taken from the annual deaths extract) are defined by the Office for National Statistics as the difference between the number of deaths during the four winter months (Dec - Mar) and the average number of deaths during the preceding autumn (Aug - Nov) and the following summer (Apr - Jul).

In South Lakeland during 2006/2007 there were a total of 63 excess winter deaths which gives an excess winter deaths index of 16%. This compares to the Cumbria average of 17%. Figure 14.1 highlights 2003/2004 as anomalously high, however excess winter death figures can naturally vary quite widely from year to year.

**Figure 14.1) 2001/02 - 2006/07 Excess Winter Deaths Index. Source: Cumbria Intelligence Observatory - Joint Strategic Needs Assessment**



## 15. Suicide

Despite general falling trends, a considerable number of years of life are still lost each year from suicides and, nationally it is one of the most common causes of death in young men aged between 15-44 years of age. The Department of Health National Suicide Prevention Strategy (2002) aims to support a 20% reduction in the number of deaths through suicide and undetermined injury by 2010. This is outlined in the Saving Lives: Our Healthier Nation White Paper (Department of Health 1999).

Official Suicides are those in which the coroner or official recorder has decided that there is clear evidence that the injury was self-inflicted and the deceased intended to take their own life. Open verdicts or undetermined injury are those where there may be doubt about the deceased's intentions. Research shows that most open verdicts are in fact suicides and figures in this report combine official suicides and open verdicts

The death rate from suicide in all people in Cumbria from 2005-07 was 10.88 deaths per 100,000 of the population. This is statistically significantly higher than the England rate for the same period which is 7.89 deaths per 100,000 (illustrated by the purple line in Figure 15.1).

Figure 15.1 compares the suicide rates between each district in Cumbria. South Lakeland appears to have a higher rate than England; however 95% confidence intervals (shown as error bars) illustrate that this is not statistically significant.

**Figure 15.1) Suicide rates in Cumbria , 2005-2007. Source: Epidemiological Review of Suicide in Cumbria.**

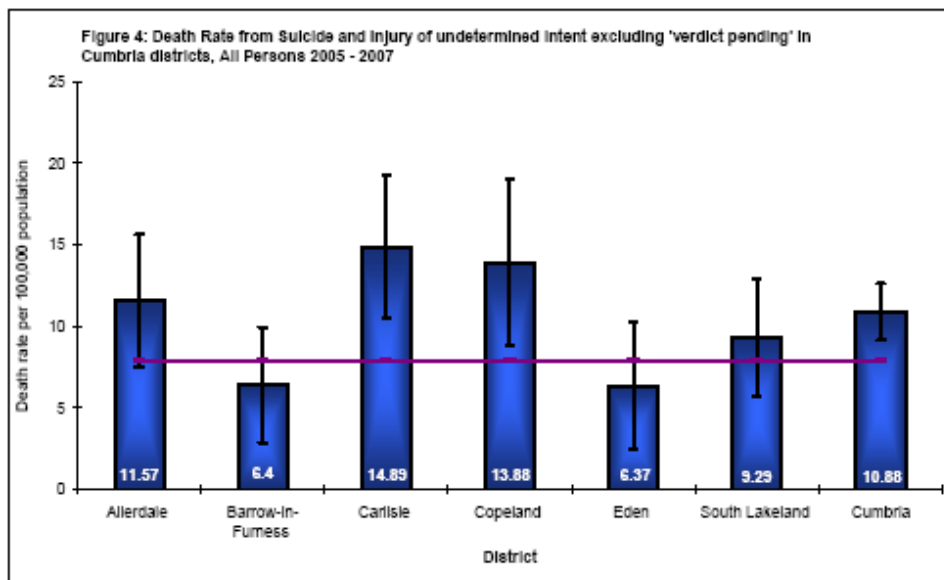
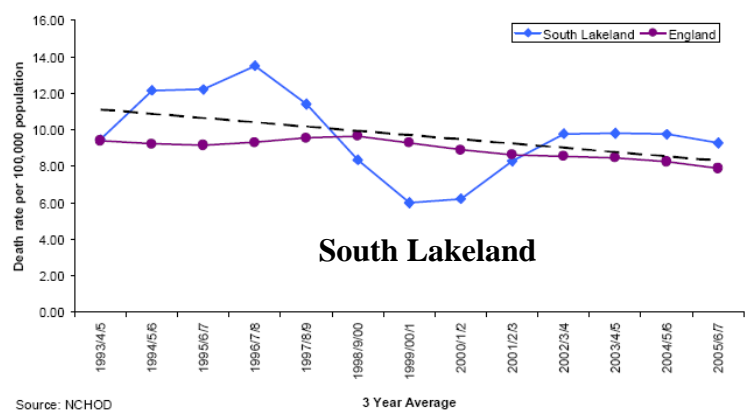
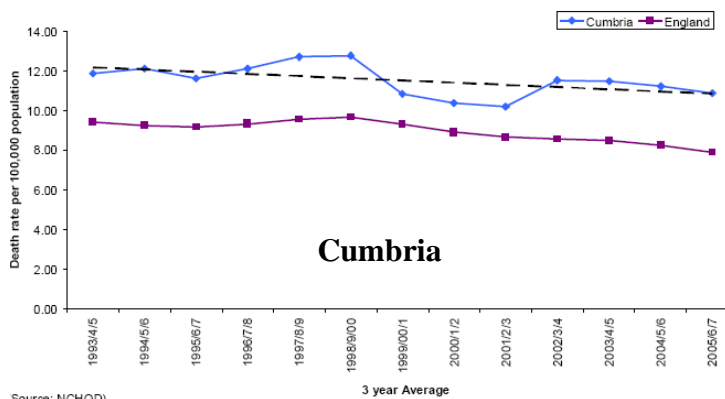


Figure 15.2 shows that in South Lakeland there has been a downward trend in suicide rates since 1993 so that in 2005-07 they are closest to the England average than they have been since 1993-95. The trend in South Lakeland is decreasing at a faster rate than for Cumbria as a whole.

**Figure 15.2) Death Rate from suicide and injury of undetermined intent excluding 'verdict pending' 1993-2007. Dotted lines illustrate the trend over time. Source: Epidemiological Review of Suicide in Cumbria.**



## 16. Problem Drug Use

Substance misuse can have many serious health risks due to the lack of control or supervision by medical professionals. Alongside the immediate health risks, some drugs can be addictive and lead to long-term damage to the body with heavy or long-term use of some illegal drugs causing the user to overdose, which may result in permanent damage to the body and can be fatal. The subsequent health care burden is just one further consequence of drug misuse with dependency often resulting in anti-social and criminal behaviour in order to fund a person's addiction (Cumbria Intelligence Observatory)

The ten-year drug strategy (2008-2018) is a cross Government programme of policies and interventions aiming to restrict the supply of illegal drugs and reduce the demand for them. It focuses on protecting families and strengthening communities.

Figure 16.1 gives a broad overview and highlights key problem areas in South Lakeland. These include: the Ambleside and Windermere region, areas of North and West Kendal including Kendal Underley and Kendal Strickland and an area in the South of the region focused around Low Furness and Swarthmoor and Ulverston.

**Figure 16.1) Number of Drug offences in South Lakeland during the month of October 2008. Source: Cumbria Constabulary Crime and Disorder Profiles (2008)**

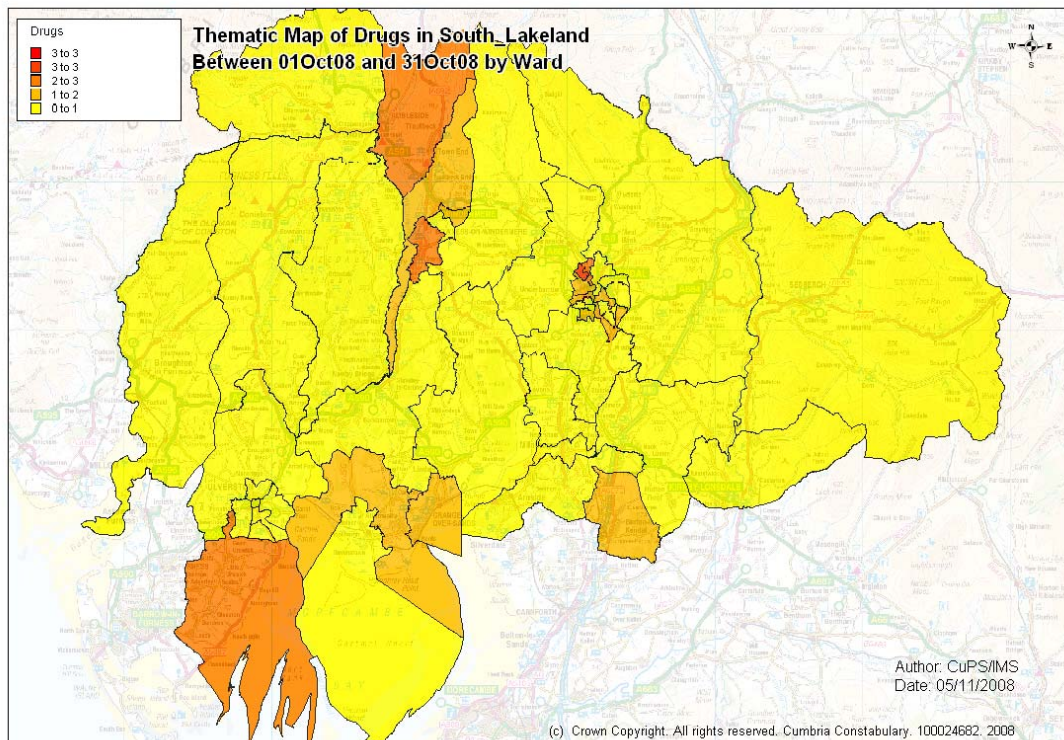
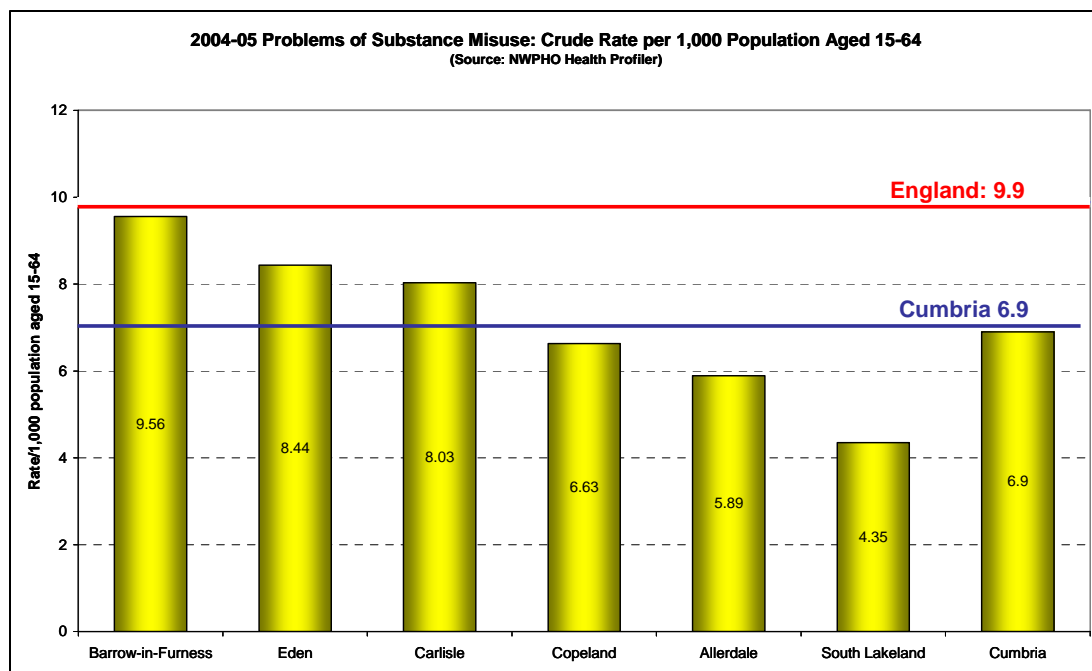


Figure 16.2 shows the rate of substance misuse in Cumbria. All Districts in Cumbria fall below the England average and South Lakeland has a rate of 4.5: the lowest of all districts.

**Figure 16.2) Substance misuse: crude rate per 1000 population. 2004-2005. Source: Cumbria Intelligence Observatory**



## 17. Screening Programmes

Reducing the incidence of cancer is vital to long term efforts to reduce cancer mortality. Where screening is possible, it is an important method of detecting abnormalities at an early stage, allowing treatment when the cancer is most likely to be curable, or in some cases, even before it develops (Department of Health).

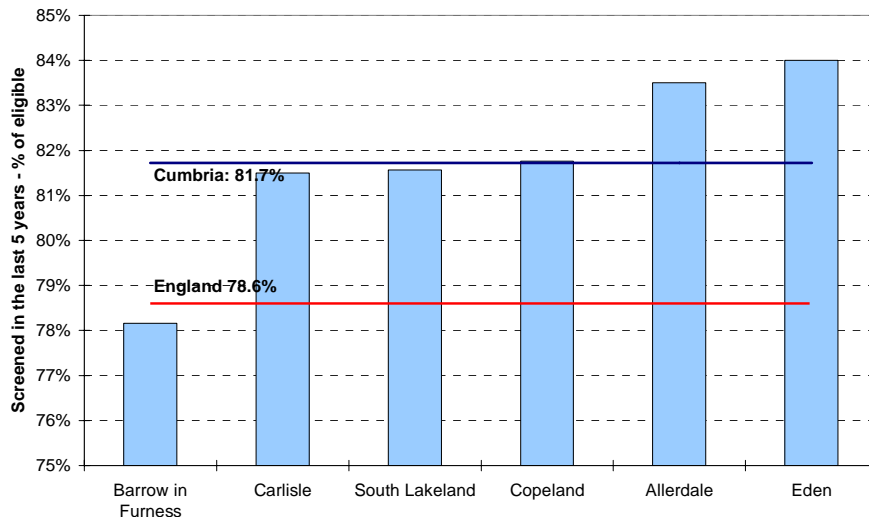
### 17.1. Cervical Cancer

The NHS Cervical Screening Programme aims to reduce the number of women who develop invasive cervical cancer (incidence) and the number of women who die from it (mortality). It does this by regularly screening all women at risk so that conditions which might otherwise develop into invasive cancer can be identified and treated.

Around 900 women die of cervical cancer in England each year (Department of Health 2006). However, many of those who develop it have not been screened regularly. All women between the ages of 25 and 64 are eligible for a free cervical screening test every three to five years and not going for cervical screening is one of the biggest risk factors for developing cervical cancer.

The North West region has a higher incidence rate of cervical cancer than the England and Wales average. Figure 17.1 illustrates screening rates in Cumbria for 2008. The percentage of eligible women screened in South Lakeland is 81.5% and is comparable to the Cumbria average. However, 6 of the 21 General Practices in South Lakeland have not achieved the Department of Health target of 80% coverage of the eligible population. Therefore there is potential to improve on this figure and increase overall uptake rates to a level similar to that occurring in Eden (84%).

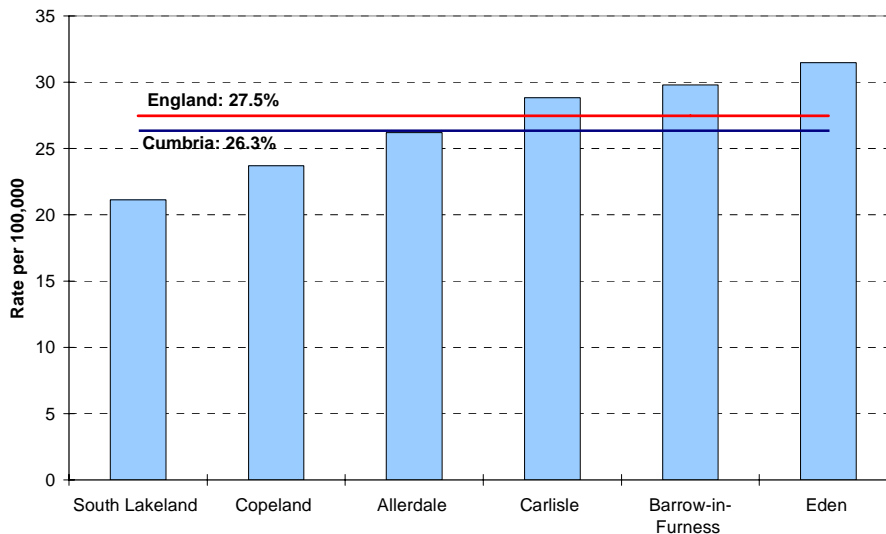
**Figure 17.1) Cervical Screening Coverage in Women aged 25-64 years as of 31/03/2008.**  
Data source: ONS



## 17.2. Breast Cancer

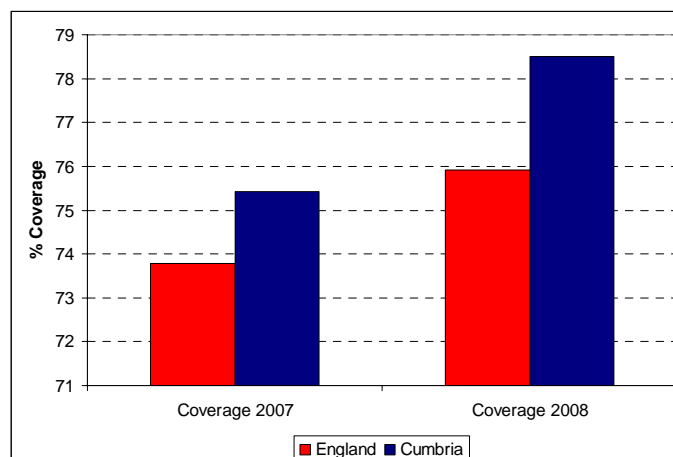
Breast cancer is the most common cancer in the UK and almost 46,000 new cases are diagnosed every year. More than 12,300 women in the UK still die of breast cancer each year. However, as a result of earlier detection and improved treatment, breast cancer death rates in the UK have fallen by a fifth over the last ten years (Cancer Research UK). Figure 17.2 shows how rates of mortality from breast cancer vary across Cumbria. South Lakeland has the lowest rate in Cumbria and is lower than the England average.

**Figure 17.2) Mortality from breast cancer, all ages, Directly age-standardised rates (DSR), 2005-2007. Data source: NCHOD**



The NHS breast screening programme provides free breast screening every three years for all women in the UK aged 50 or over as method of early breast cancer detection. The Department of health has set a target for primary care organisations to achieve a minimum of 70% of the eligible population attending breast screening and a desirable target of 80%. Figure 17.3 shows that attendance has increased from 2007 – 2008 for both England and Cumbria, whilst Cumbria as a whole performs better than England.

**Figure 17.3) Coverage of women aged 53-70 attending breast screening: 2007 and 2008. Data source: Cumbria Intelligence Observatory**



## 18. Childhood Immunisation

Immunisation is one of the most important methods of protecting individuals and the community from serious diseases. The NHS advises that all children are immunised against the following diseases: Diphtheria, Tetanus, Pertussis, Polio, Haemophilus Influenzae Type b (Hib), Pneumococcal Infection, Meningitis C, Measles, Mumps and Rubella. Cumbria performs well when comparing rates of childhood immunisation to the national picture.

As can be seen in table 18.1, uptake of the MMR vaccine performs particularly well with rates in Cumbria being 6% higher than for England as a whole. However, the Department of health has set a target rate of 95% and although we are hitting this target for most vaccines, uptake of MMR in Cumbria still falls short of this goal.

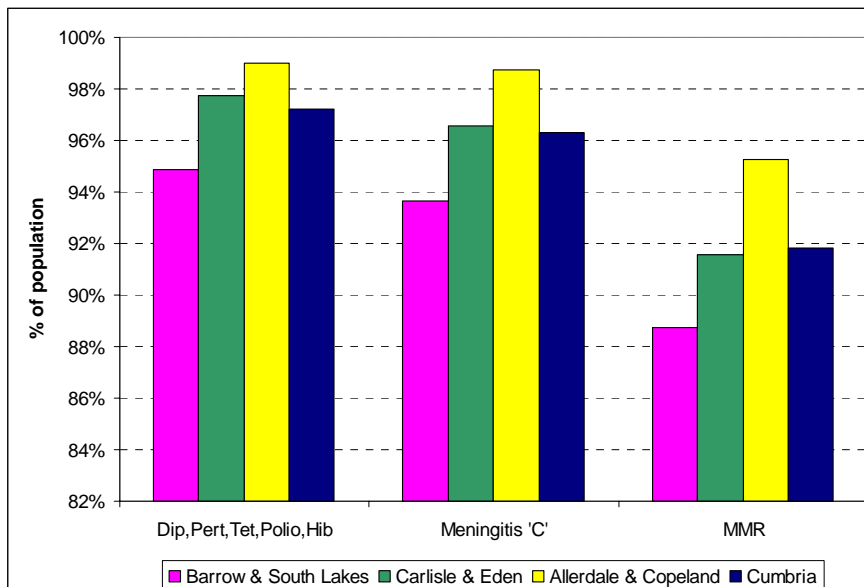
**Table 18.1) Percentage of children immunised at 24 months old, 2006-07. Data unavailable for Pneumococcal Infection. Data source: Cumbria Intelligence Observatory**

	Vaccine		
	Dip, Tet, Polio, Pert, Hib	MMR	Men C
England	93	85	93
Cumbria	98	91	97

Figure 18.1 gives more up to date immunisation figures for areas within Cumbria. For all regions MMR has the smallest uptake. Allerdale and Copeland is exceeding the national target of 95% however Barrow and South Lakeland has the lowest uptake of only 89%. If MMR uptake rates are increased in this region, it should contribute significantly to improving the Cumbria average uptake.

Barrow and South Lakeland also has the lowest immunisation rate in Cumbria for all other vaccines.

**Figure 18.1) Percentage of children immunised at 24 months old. Quarter ending 31 December 2008. Data source: Cumbria Intelligence Observatory**



## 19. Influenza Vaccine

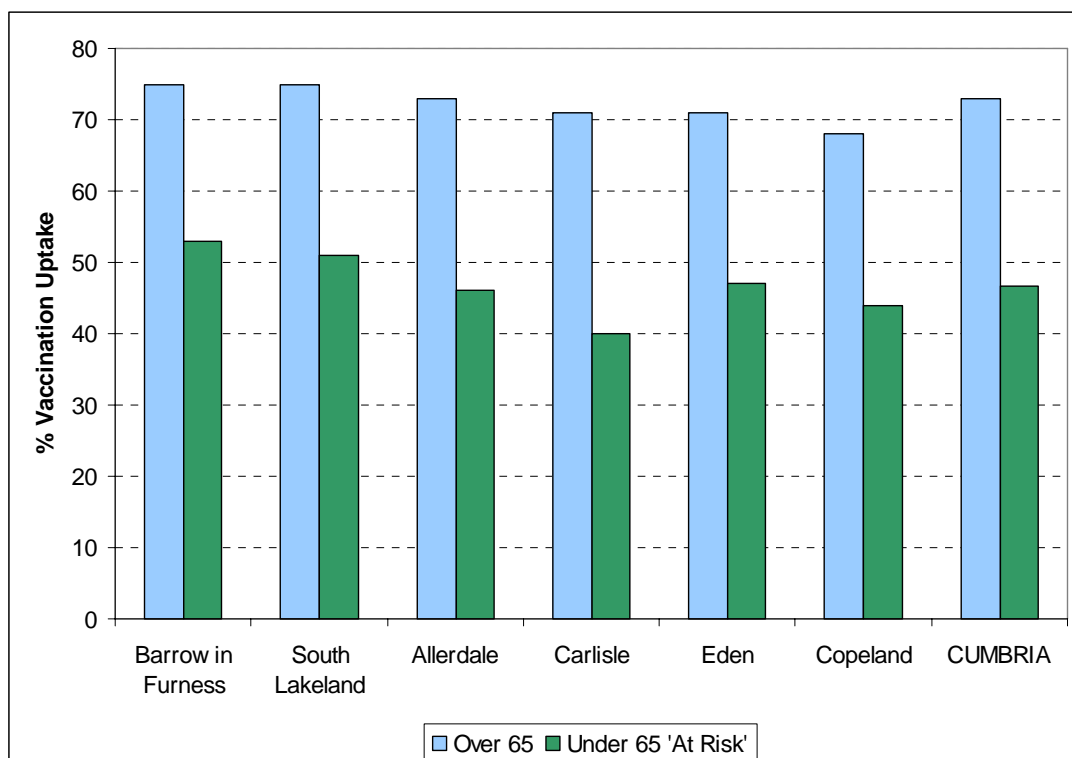
Influenza (flu) is a highly infectious disease caused by the influenza viruses. It occurs every year mainly during the winter months and affects people of all ages but it is more serious for people aged 65 years and over and people of any age with a chronic medical condition.

A vaccine is produced every year based on the strains of virus expected to be circulating and is offered to the following 'at risk' groups:

- Chronic respiratory disease including asthma
- Chronic heart disease
- Chronic renal disease
- Chronic liver disease
- Diabetics
- Those aged 65 and over
- Health and social care professionals
- Those who are Immunosuppressed

The target set by the World Health Organisation is that 75% of people over the age of 65 should receive the annual flu vaccination. Figure 19.1 shows that in South Lakeland this target was reached but not exceeded. South Lakeland is the second highest performing district in Cumbria. For those aged under 65 but 'at risk', the uptake rate is lower with a figure of 51% for South Lakeland and 47 for Cumbria.

**Figure 19.1) Percentage uptake of those eligible for a free flu vaccination – Sep-Nov 2008. Data source: Cumbria Intelligence Observatory**



## Dental Health in Children

The national targets for children's oral health, set in 2003, are:

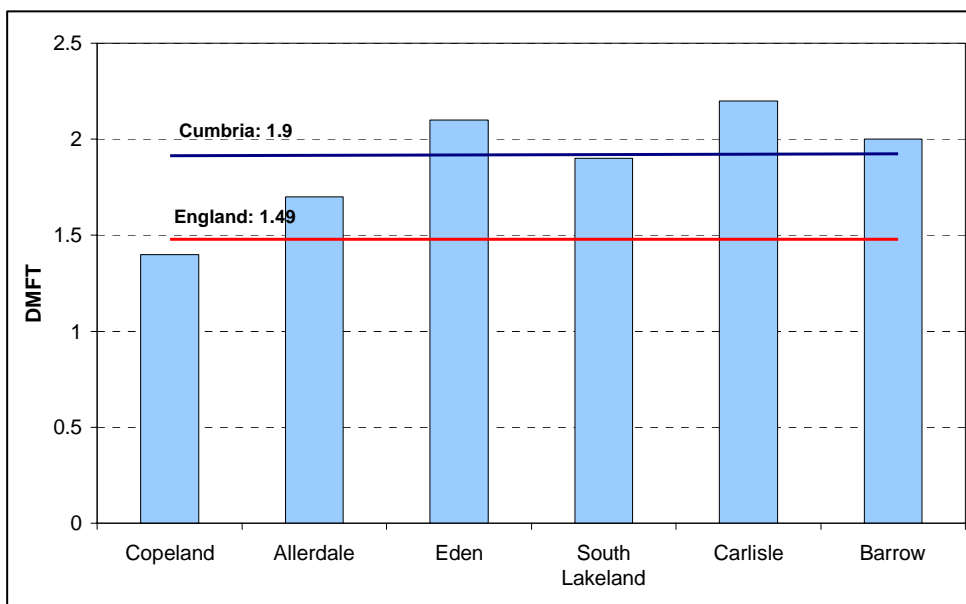
- 70% of five-year-old children should have no experience of tooth decay
- On average, five-year-old children should have no more than one decayed, missing due to decayed or filled primary tooth

Dental health is a good indicator of a child's diet (linked to childhood obesity) and overall health. Poor dental health in children may contribute to dental problems in later life through dental decay, gum disease and associated problems with pain and infection.

Dental health of children is measured by the DMFT Score (average no of decayed, missing or filled teeth). DMFT is collected on a 2 year basis, from cluster samples in different schools at age 5.

The national average DMFT is 1.49. Figure 20.1 shows how Cumbria and South Lakeland compare to this national figure. Children across Cumbria show significantly worse dental health than the national average with a DMFT score or 1.9 which is 0.41 higher than the national figure. South Lakeland also has a score of 1.9 which makes it an average performing district within Cumbria but poorly performing when compared to England.

**Figure 20.1) Number of decayed, missing or filled teeth (DMFT) in Children aged 5 – 2003/2004. Data Source: NCHOD**



## 20. Mental Health

Mental health is linked to many factors which include physical health of a person, quality of life/deprivation as well as the quality of the environment in which they live.

Incapacity benefit is a weekly payment for people who become incapable of work while under the State Pension age as a result of illness or disability. One way of measuring the mental health of a region is to look at the number of people claiming incapacity benefits for mental health reasons.

**Figure 21.1) Percentage of all incapacity claimants in South Lakeland that have a mental health disease code. August 2008, data shown by ward. Data source: Department for Work and Pensions**

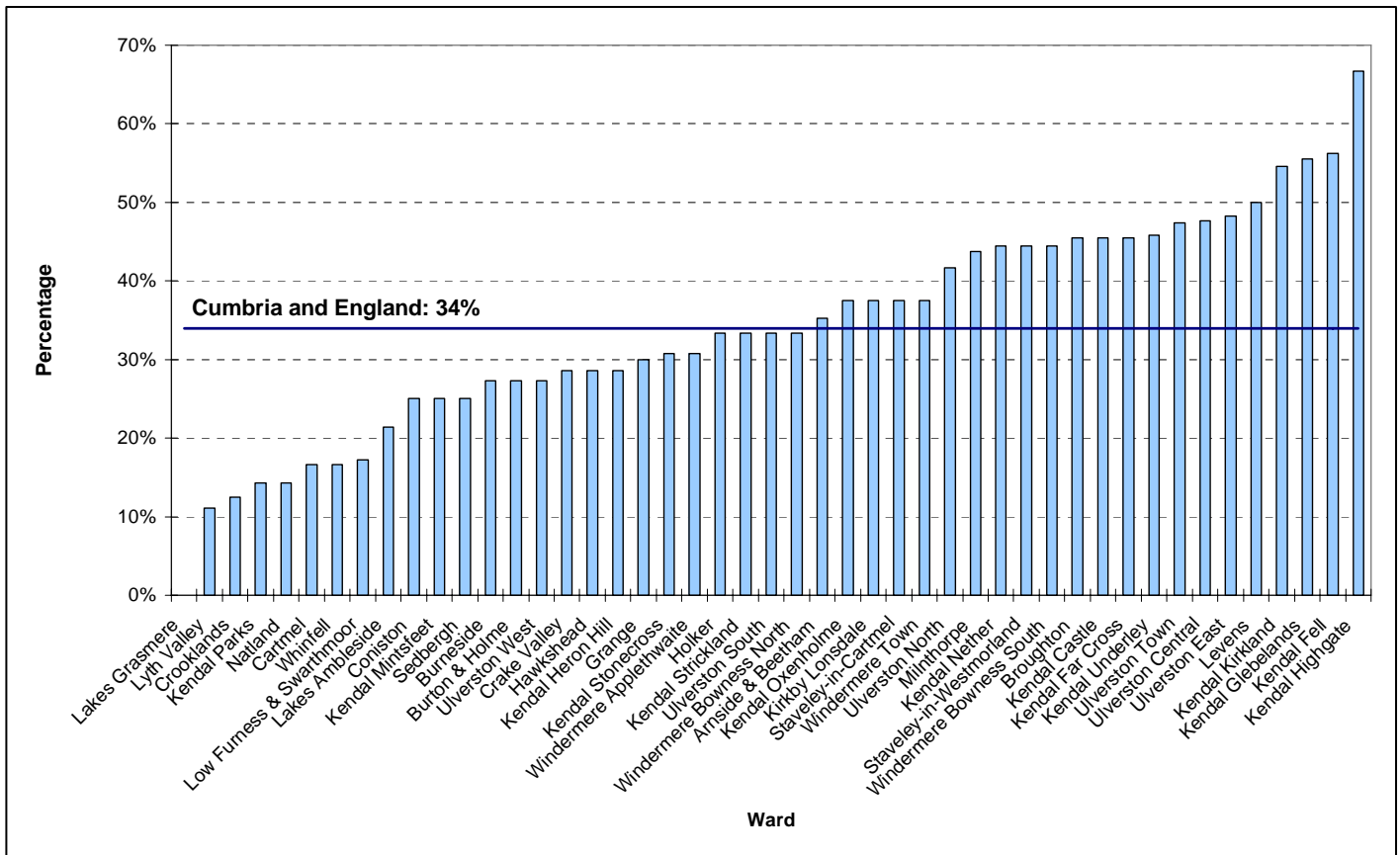


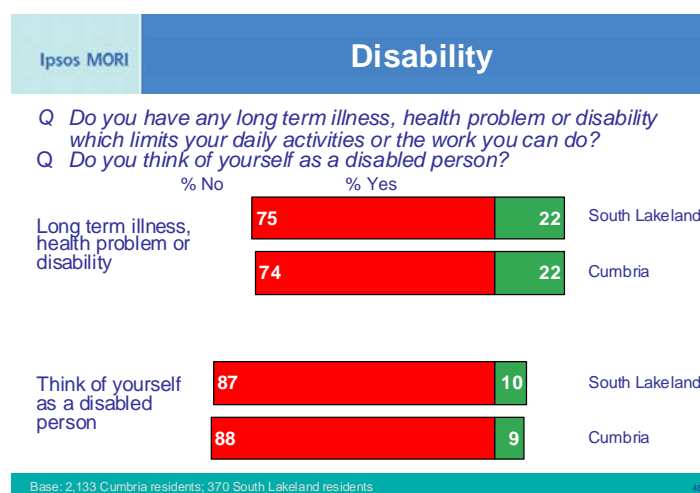
Figure 21.1 shows that the wards with the most incapacity claims for mental health are all located in Kendal: Kendal Kirkland (55%), Kendal Glebelands (56%), Kendal Fell (56%) and the worst performing ward; Kendal Highgate which has a figure of 67%. The best performing ward is Lakes Grassmere which has no people claiming incapacity benefit for mental health reasons.

The data in Figure 21.1 gives a rough picture of mental health in South Lakeland and enables areas with increased mental health problems to be highlighted. However it must be noted that the total number of people claiming in some wards is small and so individual cases may act to exaggerate the results in that ward.

## 21. Long Term Limiting Illness

Figure 22.1 shows that percentage of people in South Lakeland reporting that they have a long term limiting illness is 22% and is equal to Cumbria as a whole.

**Figure 22.1) Comparison of people in South Lakeland and Cumbria who have a long term limiting illness or disability. Taken from the 2006 Cumbria Quality of Life Survey (discussed in detail in section 23).**



## 22. Quality of Life

The Cumbria Quality of Life Survey was conducted in 2006 by the Ipsos MORI Social Research Institute on behalf of Cumbria County Council. 4006 residents across Cumbria are included in the results. The key findings of the survey are given below under the main research topics covered:

- **Satisfaction with Cumbria as a place to live:**

The key findings of the report show that levels of satisfaction with the local area are high with 90% of residents saying they are satisfied with South Lakeland as a place to live.

- **Views on Council participation, volunteering and community cohesion:**

43% of South Lakeland respondents say they have volunteered in the past 12 months compared to 35% in Cumbria and only 25% nationally. There is a stronger sense of community cohesion than in Cumbria generally with three quarters of residents saying they trust most people locally. However more residents are keen to have more of a say in council decisions with 2 in five giving this view compared to the one in five national figure.

- **Perceptions of community and safety in the local area**

Perceptions of safety are high, with 11% of South Lakeland residents saying they feel unsafe outside after dark compared with 21% in Cumbria.

- **Attitudes towards the local environment**

Access to nature is seen as more important in South Lakeland and liveability issues such as clean streets are important to resident's satisfaction with the local area. Issues raised as being of concern include poor conditions of roads and pavements, dog fouling and litter. Addressing these issues would be likely to increase satisfaction of South Lakeland as a place to live.

- **Satisfaction with service provision**

Health services are seen as more important in South Lakeland and job opportunities as less important than Cumbria overall – this is likely to reflect the older age profile (Figure 1.1) of the region. Top priorities for service delivery are: affordable decent housing, activities for teenagers and road and pavement repairs. Satisfaction of services aimed at adults is high whereas satisfaction with facilities for young people is lower in South Lakeland than in Cumbria.

- **Transport and mobility**

Higher levels of people in South Lakeland use a car or motorbike for weekday travel than in Cumbria overall and the majority (50%) of people travel more than 8 miles to get to work. Such high levels of car usage reflect the rural nature of the district.

- **Perceptions of health and well-being**

**Figure 23.1) Results of Cumbria Quality of Life Survey 2006: questions regarding happiness and health**

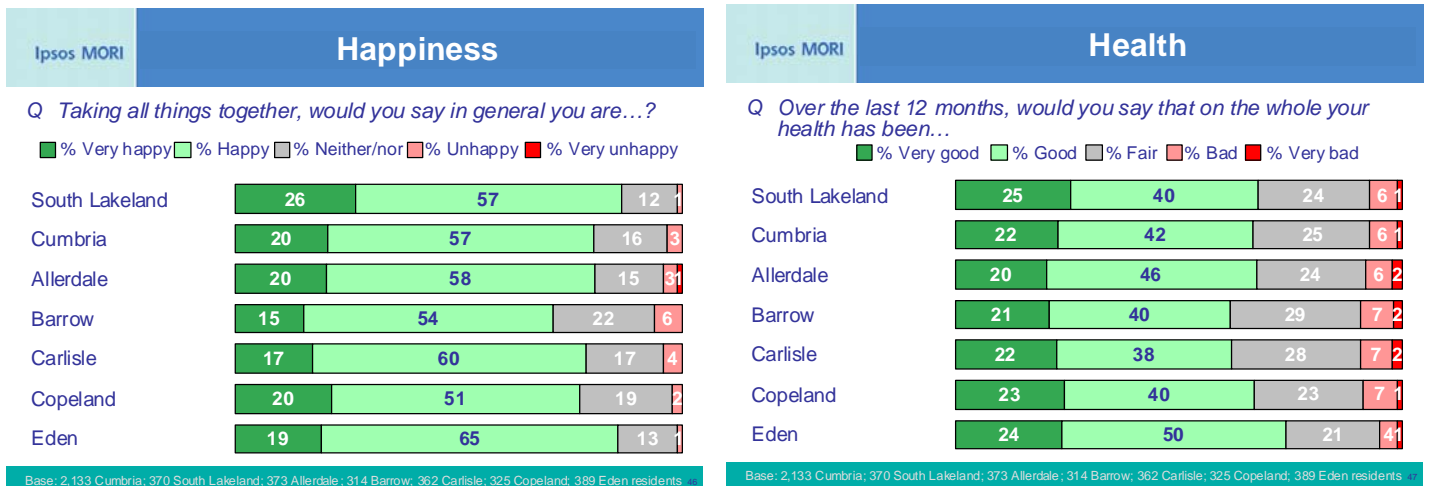


Figure 23.1 shows responses to questions relating to health and well-being. South Lakeland has the highest levels of respondents claiming to be very happy and in very good health of all districts in Cumbria.

## 23. Fuel Poverty

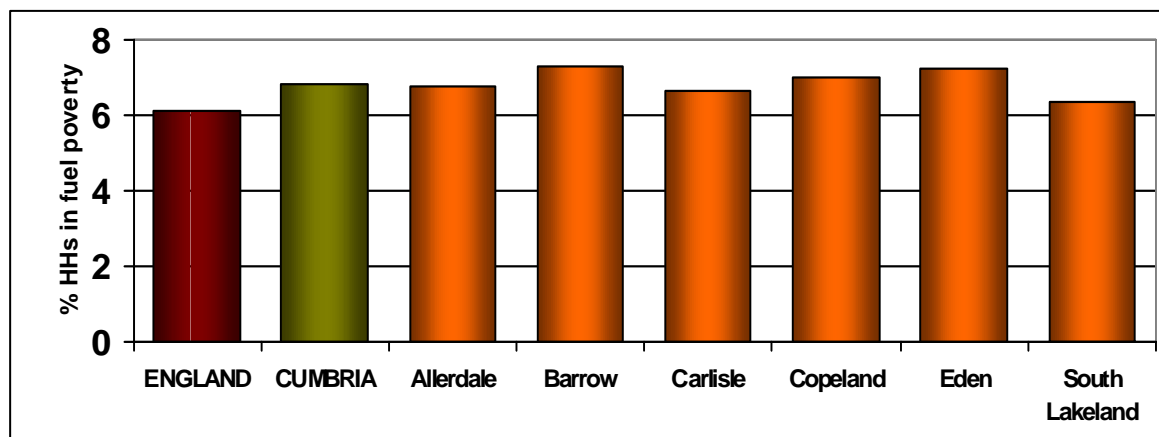
Fuel Poverty is commonly defined as where a household needs to spend more than 10% of household income in order to maintain a satisfactory heating regime (South Lakeland Fuel Poverty Report).

The effects of fuel poverty are mainly health related and cold homes are linked to excess winter mortality, ill health, and poor quality of life. Fuel poverty arises from a combination of factors including: low income; poorly insulated housing; inadequate heating systems and under-occupation of houses.

Fuel poverty is a particular issue in Cumbria mainly as a combined result of rising fuel prices coupled with a largely rural setting. In Cumbria 6.8% of households are classified as being in fuel poverty. This compares to 6.1% of households in England as a whole.

Figure 24.1 shows the variation in fuel poverty by district. South Lakeland has the least % of households in fuel poverty of all districts however, it is still higher than the national figure.

**Figure 24.1) Proportion of households in fuel poverty areas. Data based on the 2003 English House Condition Survey and 2001 Census.**



## 24. Access to Services

Inequalities in access to key services can have detrimental effects on health and well being of a population. One such inequality is the distance travelled to access these services. This is of particular relevance in Cumbria as much of the population lives in more remote areas and is therefore faced with poorer access to services compared to their urban counterparts.

When looking at the information concerning distances, it must be remembered that actual road distances often conceal the difficulty involved in completing the journey due to the geography of the county and poor transport networks.

## 24.1.Distance to Nearest GP

**Figure 25.1) Percentage of lower super output areas (LLSOA) in each district by distance to GP premises in km, 2007. Data source: Cumbria Intelligence Observatory**

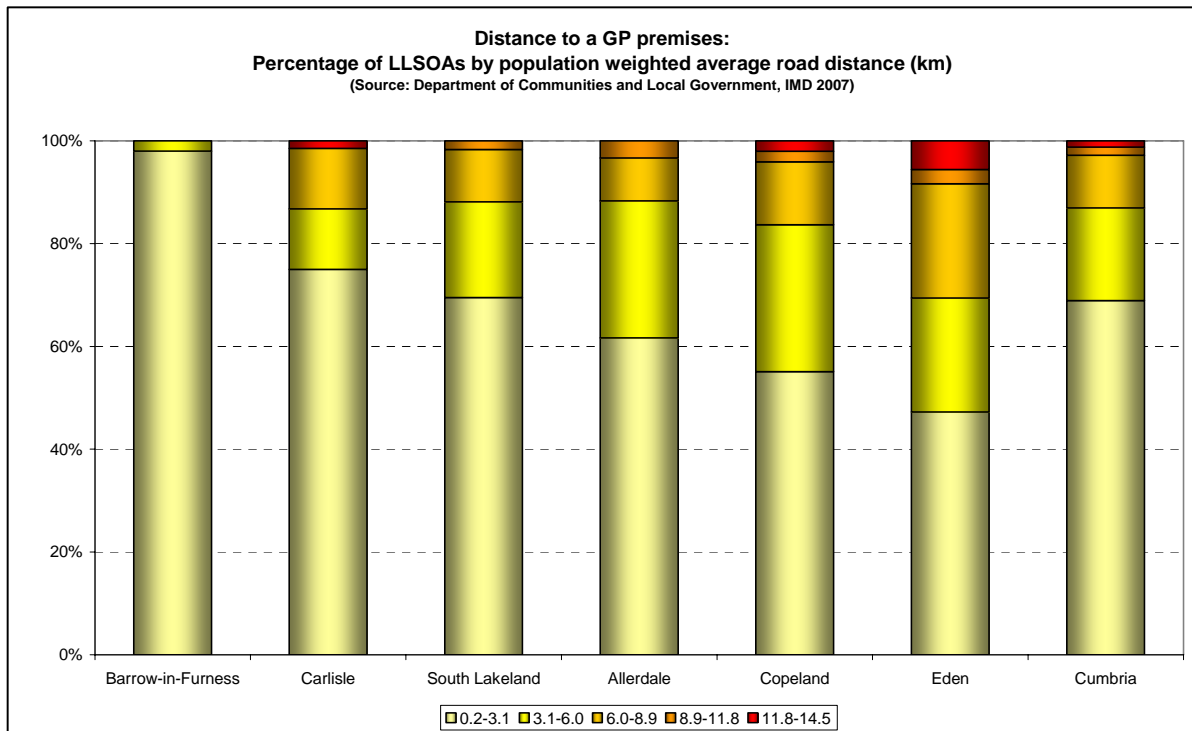
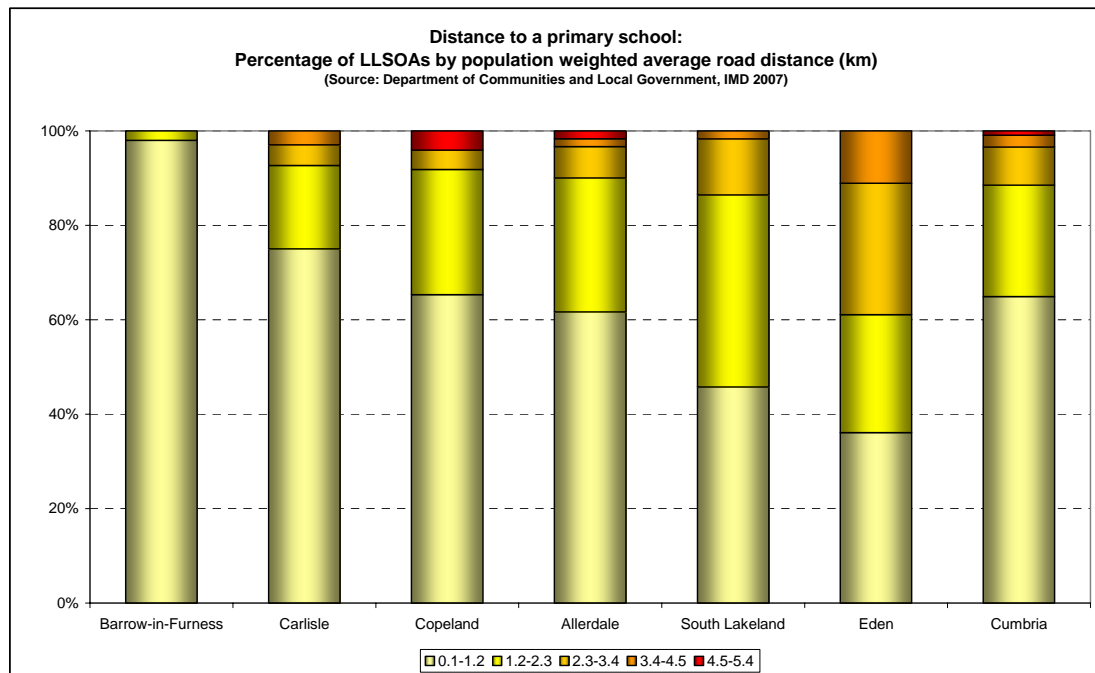


Figure 25.1 shows that the distance travelled to nearest GP in South Lakeland follows a similar pattern to Cumbria as a whole. It has the third highest percentage of LLSOA's located less than 3.1 km from a GP and has no LLSOA's which are located 11.8 km or more from a GP. This is impressive given the rural nature of the district.

## 24.2.Distance to Nearest School

Figure 25.2 shows that South Lakeland does not perform as well when comparing the distance to the nearest primary school with other districts in Cumbria. The average road distance to a primary school in Cumbria is 1.2km. In South Lakeland only 45 percent of LLSOA's are located 1.2km or less from a primary school. This compares poorly to the 98 percent figure for Barrow-in-Furness.

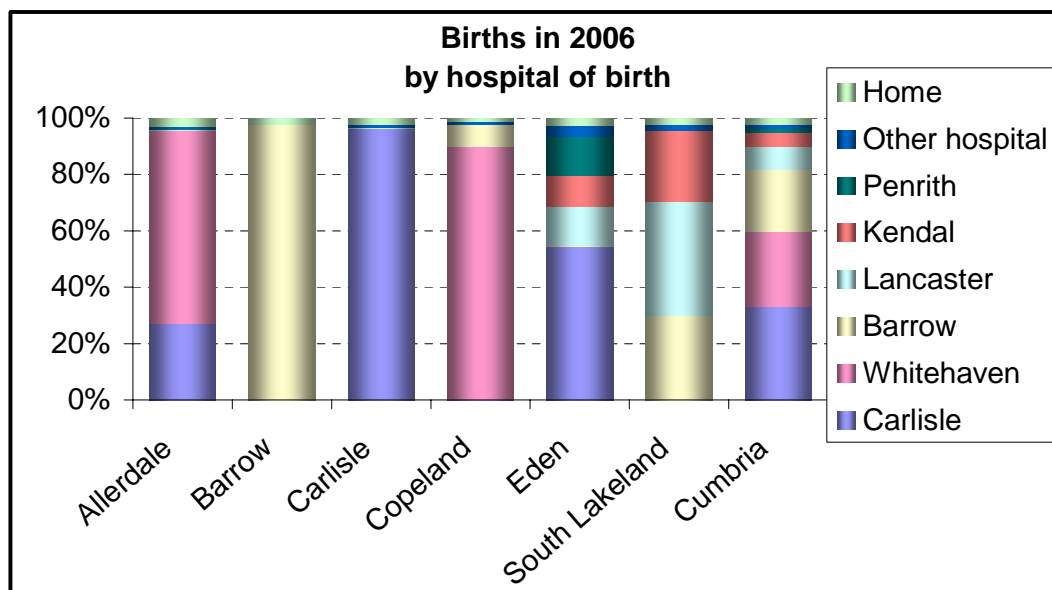
**Figure 25.2) Percentage of lower super output areas (LLSOA) in each district by distance to nearest primary school in km, 2007**



### 24.3. Distance to Nearest Maternity Unit

Seven maternity units serve the population of Cumbria, one of which is located in South Lakeland in Kendal. Figure 25.3 shows that mothers living in South Lakeland are more likely to travel outside their district to give birth than other areas of Cumbria. The majority of mothers living in South Lakeland give birth in Barrow and Lancaster maternity units rather than Kendal.

**Figure 25.3) Location of births by hospital of birth, 2006. Data source: Cumbria Intelligence Observatory**

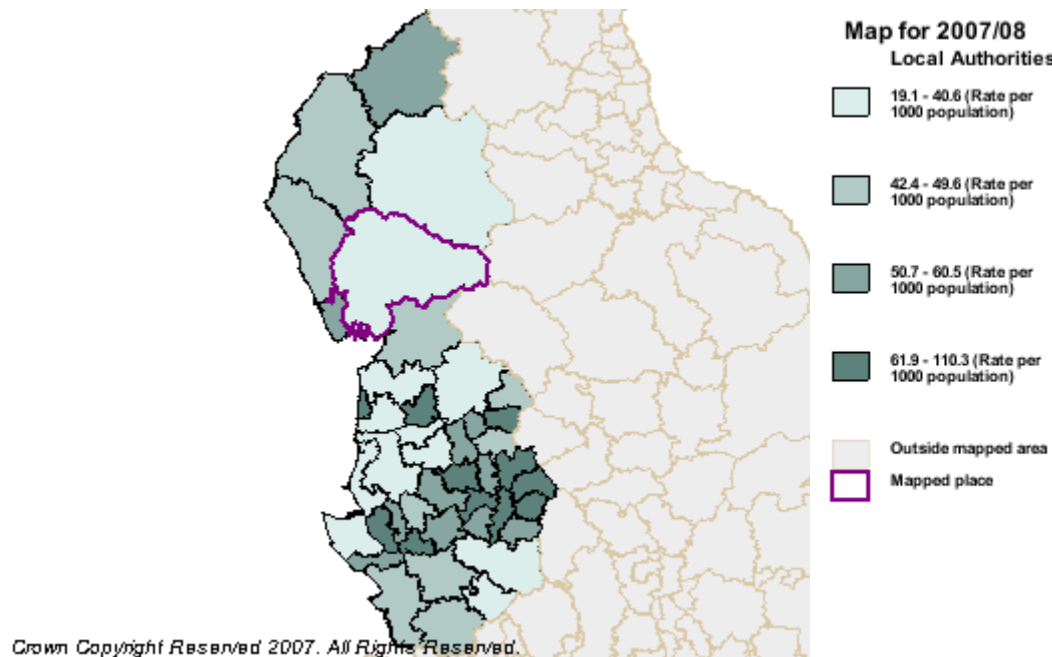


## 25. Crime and Safety

The findings of the 2006 Cumbria Quality of live survey discussed in section 23 show that people in South Lakeland perceive the area as a safe place to live. This suggests that overall crime rates are low in the district.

Figure 26.1 shows how actual overall crime rates in the North West compare for the year 2007/08. South Lakeland falls into the lowest crime rate category of 19.1- 40.6 (Crimes per 1000 population). Therefore South Lakeland has not only one of the lowest crime rates in Cumbria but also in the North West.

**Figure 26.1) Overall Crime Rates for South Lakeland (highlighted in purple) – 2007/08.**  
Source: Floor Targets Interactive



**Figure 26.2) Changes in overall Crime rates (per 1000 population) in districts within Cumbria. 2005/06 – 2007/08.** Data Source: Cumbria Constabulary

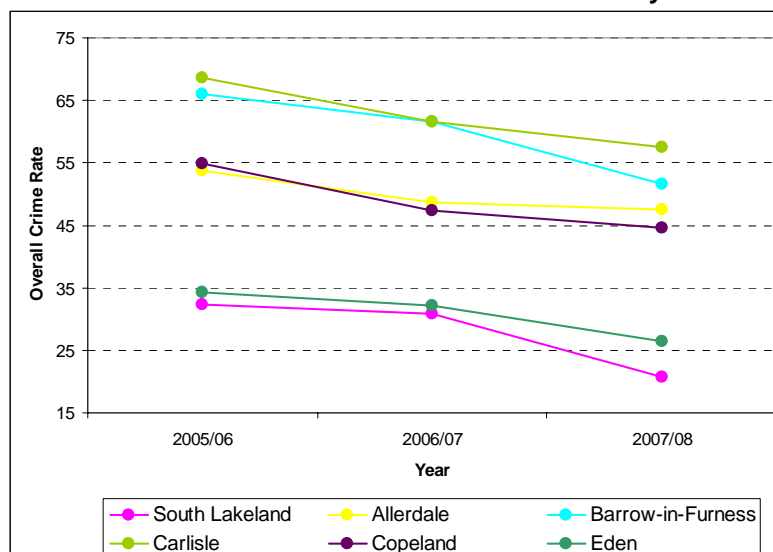


Figure 26.2 illustrates how crime rates in South Lakeland have improved over time from a rate of 32.3 in 2005/06 to a rate of 20.8 in 2007/08. Not only does South Lakeland have the lowest overall crime rate in Cumbria, but it has seen the largest reduction in crime rates since 2005.

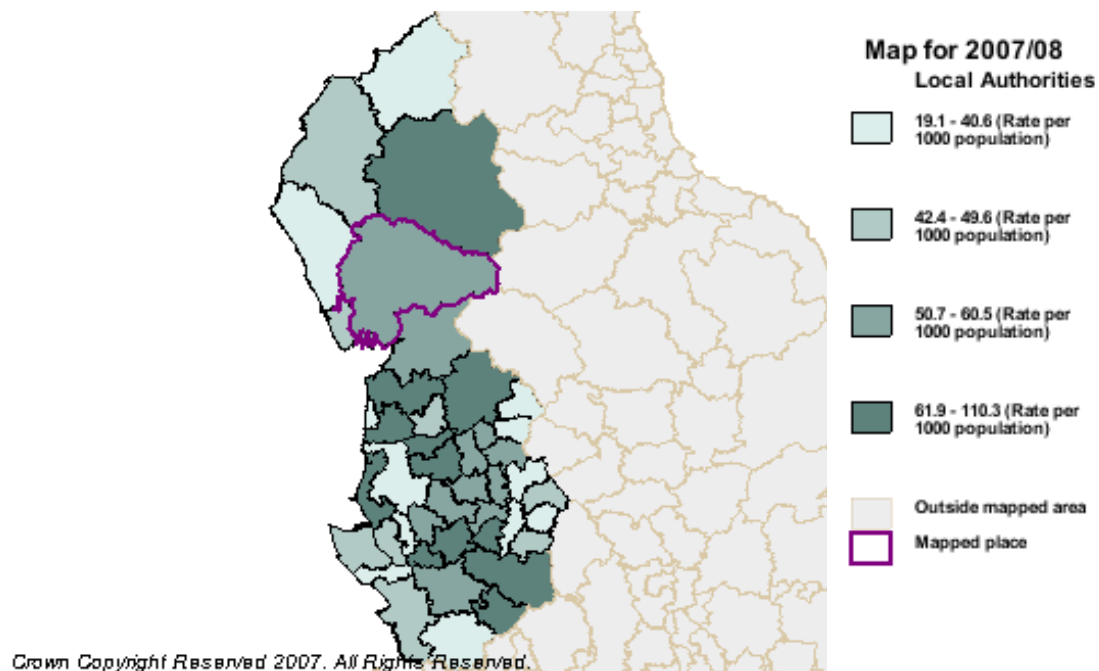
## 26. Education

It can be seen in Figure 27.1 that South Lakeland is one of the best performing districts in Cumbria with respect to the GCSE pass rate. It falls into the category of 50.7 – 60.5 which is second only to Eden in Cumbria. However, when comparing this to the North West region, there are many districts which have a higher rate than South Lakeland. Therefore there is room to improve on the current pass rate so that South Lakeland becomes one of the top performing wards in the region.

Table 27.1 shows how the GCSE pass rate has increased over time in South Lakeland from 62.5% in 2001/02 to 69.1% in 2007/08.

Figure 27.2 shows information taken from the IMD (Index of Multiple Deprivation) education, skills and training deprivation subset. South Lakeland has the lowest rate of adults with no/low qualifications and of people not entering higher education.

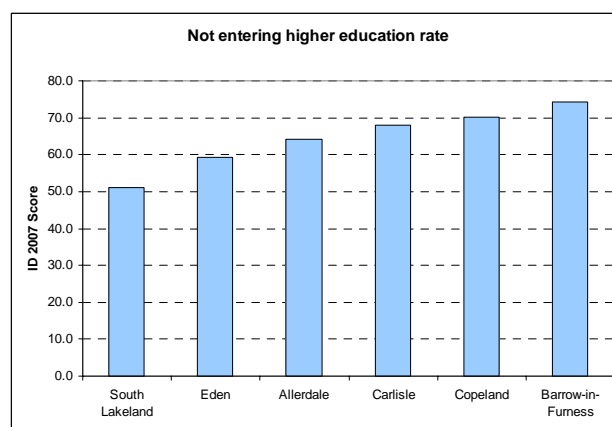
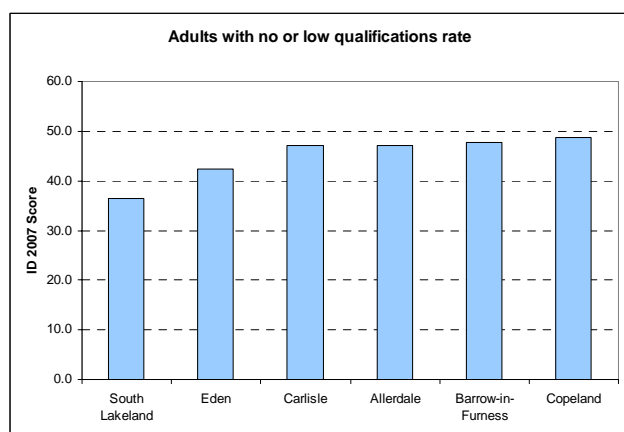
**Figure 27.1) Percentage of 16 year olds achieving 5 A\* - C grades at GCSE. 2007/2008.**  
**Source: Floor Targets Interactive**



**Table 27.1) Percentage of 16 year olds achieving 5 A\* - C grades at GCSE Source: Floor Targets Interactive**

	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08
Allerdale DC	54.5	57.2	57.2	61.8	63.5	61.4	66
Barrow-in-Furness DC	46.3	49.1	48.5	53.7	51.3	56.4	63.3
Carlisle DC	49.4	48.3	52.1	54	48.9	53.3	56
Copeland DC	43.6	45.8	47.8	47.6	55.2	51.4	55.1
Eden DC	57.9	55.9	60.5	58.2	62.8	67	69.8
South Lakeland DC	62.5	61.1	64.6	62.5	64.4	66.5	69.1

**Figure 27.2) Adults with no or low qualifications Index of Deprivation score: Taken from the Index of Multiple Deprivation – education subset – 2007 (NCHOD).**



## 27. Accidents

### 27.1. Land Transport Accidents

Road injuries and deaths in South Lakeland are statistically higher than the England average (South Lakeland Health Profile, 2008). This is clearly shown in Figure 28.1 where South Lakeland is shaded dark green; indicating the highest rate of 5.9 - 8.4 casualties per 1000 of the population.

Figure 28.1) Overall road casualty rates for South Lakeland and the NW region, 2006.  
Source: Floor targets interactive

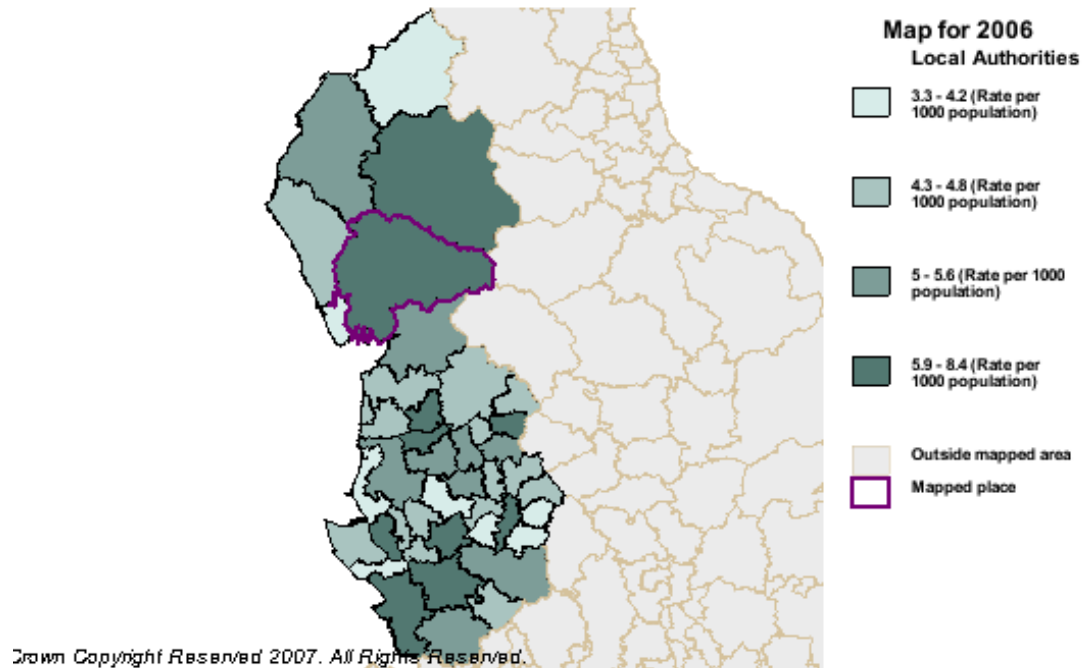


Figure 28.2) Mortality from land transport accidents, all ages, 2005-2007. Directly standardised rates. 95% upper and lower confidence limits are illustrated by error bars.  
Data source: NCHOD

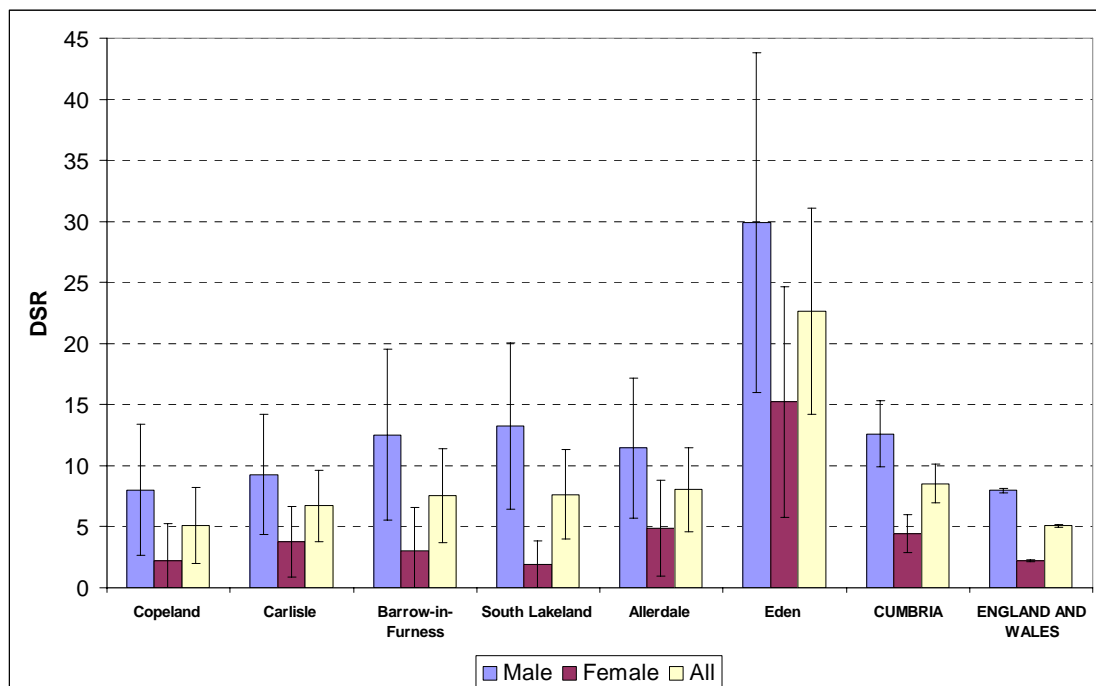


Figure 28.2 gives directly standardised rates for mortality (number of deaths – in contrast to information on casualties shown in Figure 28.1) from land transport accidents during the period 2005-2007. For all regions, the mortality rate for men is higher than that for women. The difference between men and women in South Lakeland is 11 which is the second largest difference in the county.

South Lakeland appears to have the second largest overall rate of land transport accidents in Cumbria. However, the district level information shown in Figure 28.2 is based on small data sets and so the error bars are large. As a result the difference between districts (with the exception of Eden) is not statistically significant.

An area for improvement in South Lakeland highlighted by the data which is statistically significant is to reduce the number of men involved in land transport accidents in order to close the gap between men and women and reduce overall rates.

### 27.2.Children Killed/Injured on Roads

According to the Department of Transport, there were a total of 3,294 children killed or seriously injured on the roads nationally in 2006: this is a decrease of 5% from 2005. In contract to this, in Cumbria, 196 children died on the roads during 2006 which is 20% more than in 2005.

**Figure 28.3) 0-15 year olds killed/injured in road accidents, 2006. Data source: Cumbria Intelligence Observatory: Health and wellbeing status.**

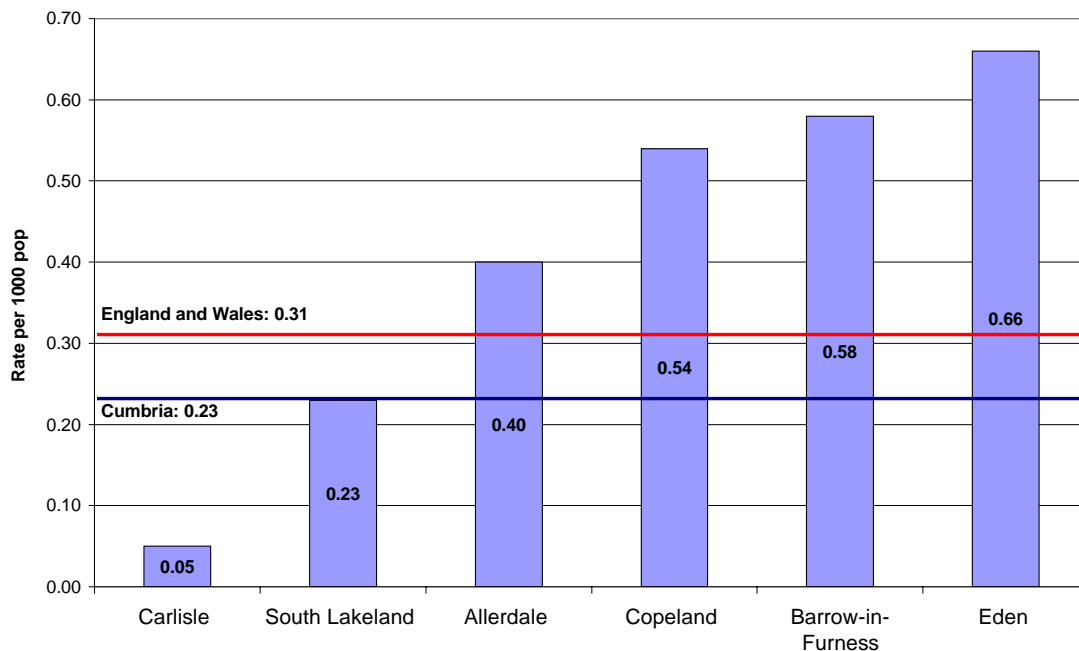


Figure 28.3 shows that whilst the majority of districts in Cumbria fall above the England average of 0.3, South Lakeland performs much better with a rate of 0.2.

### 27.3.Falls

Falls are a major cause of disability and the leading cause of mortality due to injury in people aged over 75 in the UK. Over 400,000 older people in England attend A&E Departments following an accident and up to 14,000 people a year die in the UK as a result of an osteoporotic hip fracture (Department of Health, 2001)

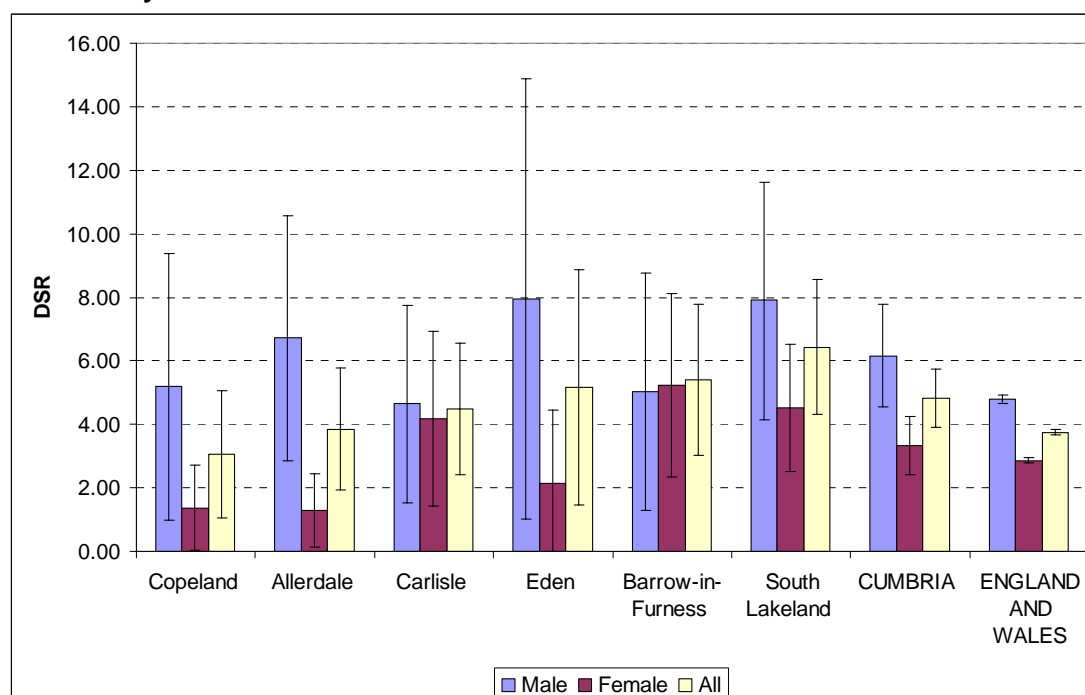
Figure 28.4 shows that South Lakeland is ranked as having the highest DSR for all people who die from accidental falls in Cumbria. When comparing the rates for districts within Cumbria however, the error bars are large and so firm conclusions cannot be drawn. Nevertheless, the confidence levels on the data do show that South Lakeland has a higher mortality rate from accidental falls than the England and Wales average rate.

This raised mortality from falls rate is likely to be linked to the high percentage of elderly people in the South Lakeland population and, given the large predicted rates of future population change in the over 65 age group it is also likely to increase in the future without effective measures in place to reduce the number of falls.

One of the aims of The National Service Framework for Older people (Department of Health, 2001) is to reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen. This is to be done through 3 primary areas:

- Prevention including the prevention and treatment of osteoporosis
- Improving the diagnosis, care and treatment of those who have fallen
- Rehabilitation and long-term support.

**Figure 28.4) Mortality from falls, all ages, 2005-2007. Directly age standardised rates (per 100,000 European standard population. 95% upper and lower confidence limit indicated by error bars. Data source: NCHOD**



## 28. Key Issues Relating to the Elderly Population

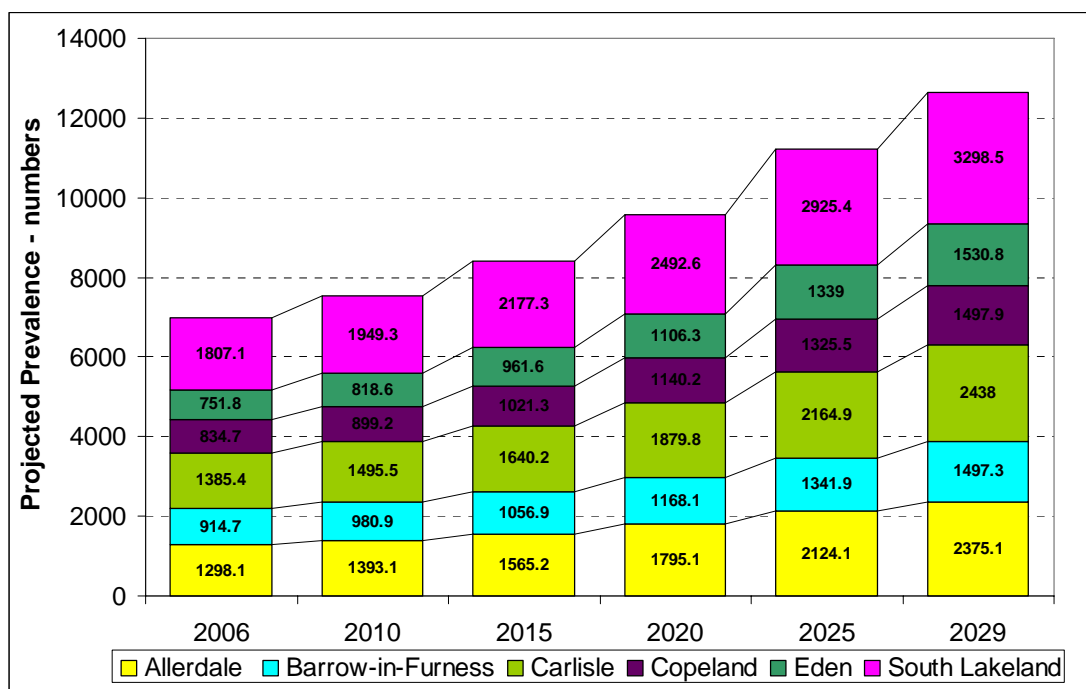
The district of South Lakeland has a high percentage of elderly people and future population projections show further increases in the number of people aged 65 and over. As people get older, remaining independent often depends on health and social care services in their local area being effective enough to support them. The following sections examine some key issues which are of particular concern to South Lakeland as a result of the large elderly population. Other relevant indicators previously addressed include excess winter deaths (section 14) and falls (section 28.3).

### 28.1. Dementia

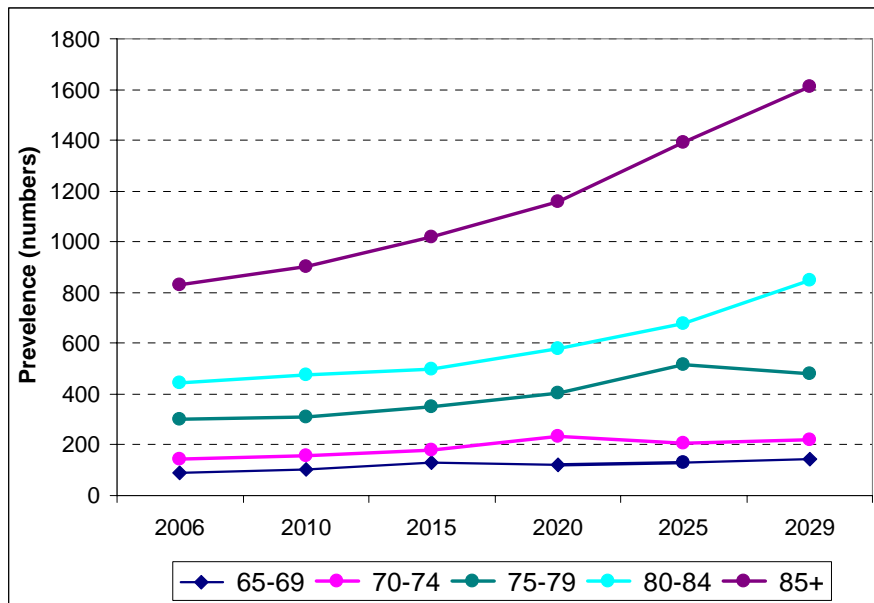
South Lakeland has the highest projected prevalence of dementia in Cumbria shown in Figure 29.1. Projections show an increase of 2212 cases from 1087 in 2006 to 3299 in 2029. The number of women with dementia is expected to be greater than the number of men.

Figure 29.2 illustrates in more detail how the increase over time will vary between age groups. For those aged 65-74 there will be a minimal increase in the prevalence of dementia. The age group which will see the largest increase is those aged 85 and over.

**Figure 29.1) Projected prevalence (numbers) of dementia in Cumbria population aged 65+. Data source: Cumbria Intelligence Observatory**



**Figure 29.2) Projected prevalence (numbers) of dementia for different age groups within South Lakeland 2006-2029. Data source: Cumbria Intelligence Observatory**



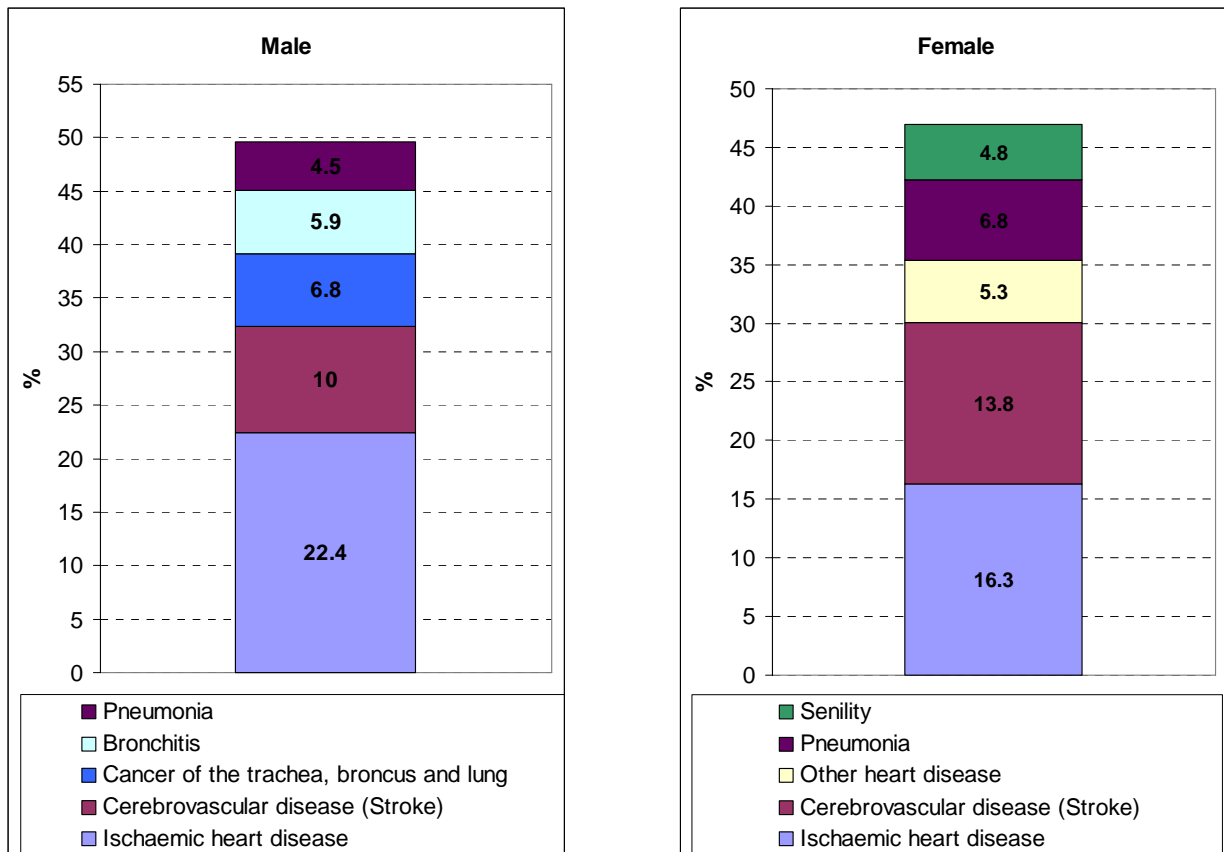
## 28.2. Top Causes of Mortality in Over 65 Year Olds

Information on the leading causes of death in the 65 and over population is important in the planning and delivering of health services. Furthermore, many of these conditions are preventable with lifestyle changes and so by improving knowledge and service provision, health can be improved and life prolonged.

In 2006, in Cumbria for the male population aged 65 and over, the greatest number of deaths by cause was that of ischaemic heart disease which accounted for 21.9% of all deaths. This was also the top cause of death in the female population (17.5%), closely followed by cerebrovascular disease (stroke) accounting for 13.6% of all deaths.

Figure 29.3 shows that in South Lakeland the top causes of death for both men and women are very similar to the national figure. Bronchitis and cancer of the trachea, bronchus and lung are common causes of death for men, whilst for women, senility and other heart disease are the top causes.

**Figure 29.3) Top five causes of mortality in the 65 and over male and female populations of South Lakeland, 2006. Data source: Cumbria Intelligence Observatory**

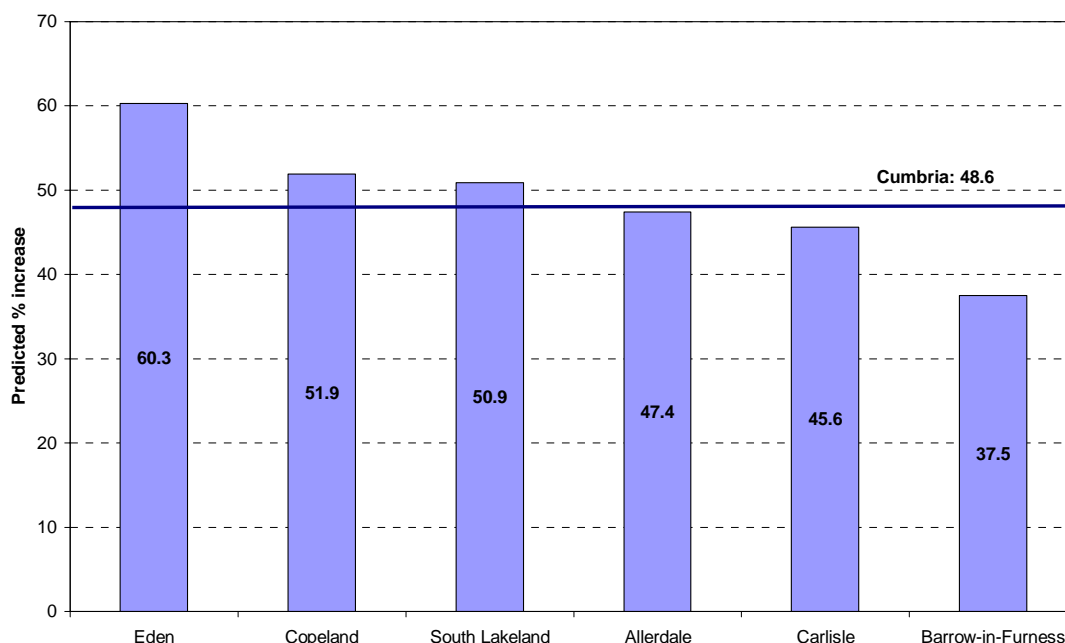


### 28.3. Number of Old People Living Alone

In general, older people who live alone are believed to be less happy and have lower life satisfaction than those who live with others. They are more likely to feel isolated, socially excluded and have difficulty in accessing services. In England there are 2,939,465 old people of pensionable age who live alone.

When comparing the percentage of elderly people who live alone as a percentage of the total population of a district, South Lakeland has the greatest proportion of elderly living alone (8%) of all districts in Cumbria. However, in order to take into account the fact that South Lakeland has a larger proportion of elderly people than other districts, it is more meaningful to compare the proportion of people of pensionable age who live alone with other areas in Cumbria. This has been done in Figure 29.4 which shows predicted increases in the proportion of elderly people who will be living alone.

**Figure 29.4) Predicted percentage increase (2008-2025) in the elderly population who live alone. Data source: Cumbria Intelligence Observatory**



South Lakeland is predicted to have an increase of 50.9% in the numbers living alone from 2008-2025. This is just above but still comparable to the 48.6% increase for Cumbria as a whole. However it is well above the England average.

## 29. Sport and Leisure

Physical activity can prevent many major illnesses. Evidence shows that regular exercise can:

- Promote healthy blood sugar levels to prevent or control diabetes
- Promote bone density to protect against osteoporosis
- Reduce the overall risk of cancer
- Increase levels of HDL or "good" cholesterol -reducing the risk of developing heart disease
- Lower high blood pressure-reducing the risk of developing heart disease
- Boost the immune system
- Boost self-confidence and help prevent depression
- In combination with a balanced diet, help to maintain a healthy weight

In South Lakeland, July 2005 saw the launch of the Sport, Play and Physical Activity Action Plan 2005-2008. The purpose of the plan is to improve and develop the infrastructure of sport, play and physical activity in South Lakeland for local residents and visitors and to increase participation to

the level that Sport England North West wants to achieve (an increase from 33% to 50% of the population participating in sport).

The landscape of South Lakeland is a natural area which lends itself to participation in physical activity. It is well known as a popular area for fell walking with many of the Lake Districts most popular fells being located in the district. This provides a natural, free resource for participation in physical activity.

Council owned sports facilities in South Lakeland include: the Lakes Leisure Kendal; Lakes Leisure Ulverston and Indoor Tennis Centre; Windermere Outdoor Adventure; Troutbeck Bridge Swimming Pool. Various Astro Turf pitches and sports halls in Kendal, Windermere, Kirkby Lonsdale, Ambleside and Ulverston.

There are also a number of parks and gardens available for members of the public to access. These include urban parks as well as more formal gardens. Popular parks include:

- Castle Hill in Kendal – This 13<sup>th</sup> century castle dominates the skyline of Kendal and the hill which it sits on is a popular leisure area for walkers, children and dog walkers. It is within walking distance of Kendal town centre and provides views of the surrounding fells and countryside.
- Lightburn Park in Ulverston – A very popular park in the heart of Ulverston, used by both locals and visitors. Sports facilities include a children's play area and five-a-side football pitch.
- Rothay Park in Ambleside – one of the most popular parks, situated in the centre of Ambleside and surrounded by dramatic landscape. Facilities include a full-size football pitch, children's play area, large grassed areas, natural rock outcrops and a wetland area.

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