



Our journey

Area Profile: Westhoughton





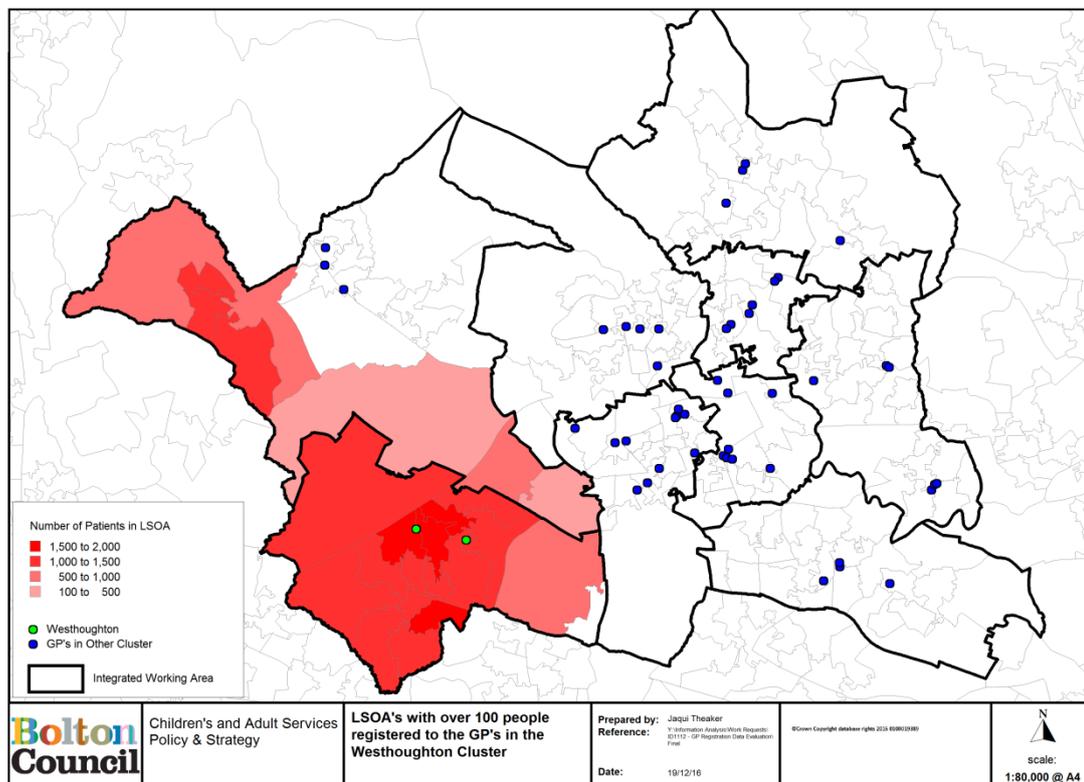
Area Profile: Neighbourhood West: Westhoughton

Introduction

The aim of this profile report is to give a demographic overview of each GP Cluster Neighbourhood.

The present report is for the West neighbourhood of Westhoughton which is made up from the following GP practices:

- P82005 – Stable Fold Surgery
- P82015 – Unsworth Group Practice



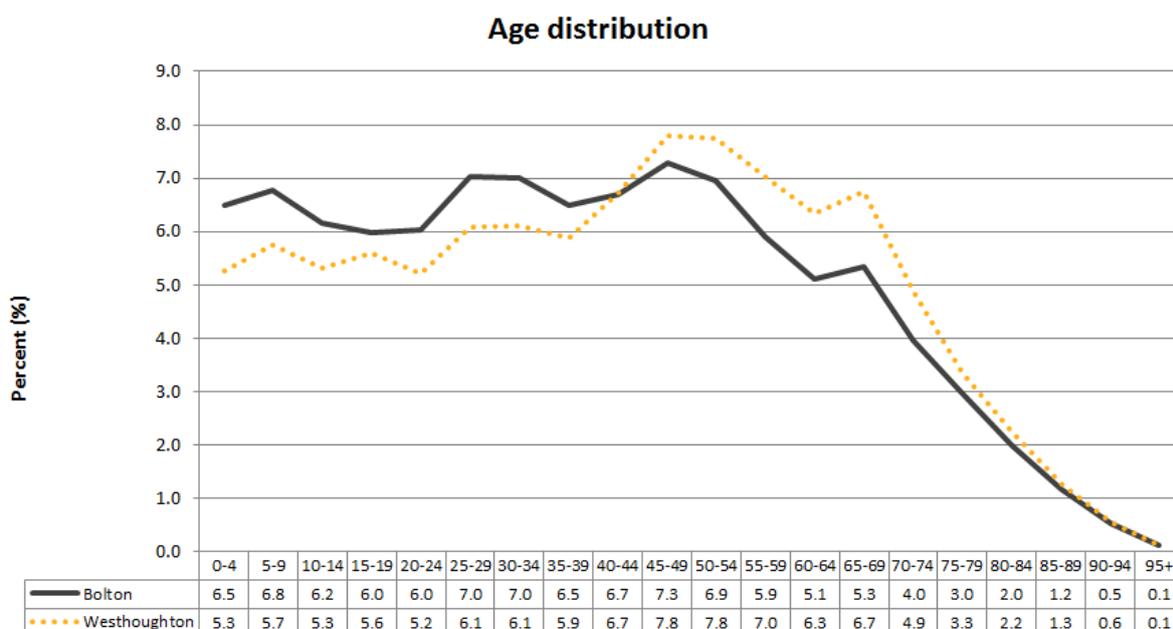
Population



Bolton’s total population is set to increase by around 12% or around 33,000 people by 2035. Although the borough is set to gain approximately 30,000 people, it is projected that Bolton will lose around 14,000 residents who will move elsewhere in the UK. The borough is projected to experience a marginally higher birth rate than the national average¹.

The proportion of children in Bolton is slightly higher than average for Greater Manchester and England. In 2011, 25.8% of the population were aged 0-19, with 6.8% of these being 0-4 years. Population projections for Bolton suggest that the number of dependent children will increase by 17% between 2010 and 2035.

There are currently around 27,766 patients within the Westhoughton neighbourhood registered at one of their practices, with Unsworth Group Practice having a list size of around 20,300 and Stable Fold Surgery having 7,400².



Taken as a whole the Westhoughton neighbourhood has an older list than is average for Bolton practices; 20% of patients are aged 65+ in Stable Fold Surgery and 19% in Unsworth Group Practice compared to 16% across Bolton.

Resident population by key Census age groups			
Age	Stable Fold Surgery	Unsworth Group Practice	Westhoughton neighbourhood
0-4 years	357	1,097	1,454

¹Bolton’s Health Matters (Starting Well) - <http://www.boltonhealthmatters.org/>

² National General Practice Profiles - <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>





5-14 years	760	2,293	3,053
Under 19 years	1,365	4,070	5,435
65+ years	1,506	3,788	5,294
75+ years	589	1,492	2,081
85+ years	155	385	540

Around 3.2% of households within the neighbourhood are living in overcrowded circumstances – this is lower than typical for Bolton (6.9%), the national average (8.7%), and much lower than the most overcrowded area in Bolton (17.7%). A fairly average proportion (2%) of households in the area do not have central heating, but in many areas of Bolton almost 100% of households have central heating. Furthermore, almost a third (30.8%) of all pensioners within the neighbourhood are living alone. Finally, within the neighbourhood 830 people are currently providing 50 or more hours of unpaid care.

Tenure in Westhoughton differs from the pattern of the town overall with a notably higher proportion of ownership with a mortgage and significantly lower number of social rented properties.

Tenure (%)		
	Westhoughton	Bolton
Owned outright	31.3	30.6
Owned with a mortgage or loan or shared ownership	45.6	33.8
Social rented	10.9	20.5
Private rented or living rent free	12.2	15.2

Deprivation and economic activity

Known inequalities persist across the socioeconomic gradient of Bolton with older people living in the most deprived areas being more likely to develop long-term conditions, to rely on Adult Social Care, and to have more emergency admissions in their old age. There are 34 Lower Super Output Areas (LSOAs) in Bolton which rank in the most deprived 10% such areas in the country according to the Index of Multiple Deprivation 2015.

Around 15% of adults in the neighbourhood have a degree (or higher) qualification (slightly higher than the Bolton average (13%)), while around 20% have no formal qualifications. The unemployment rate in Westhoughton is currently 1.4%, lower than seen across Bolton as a whole (2.9%). In addition, 2.6 residents per 1,000 are long-term unemployed (JSA claimants for more than 12 months). This is one of the lowest rates observed locally. Net weekly income in the neighbourhood is around £580, which is the highest by neighbourhood in the town.





On the whole, 60.9% of the patients within the Westhoughton neighbourhood are in work, either participating in paid work or in full time education. This is similar to what is seen overall locally (59.1%)³.

The Westhoughton neighbourhood has a lower IMD 2015 score (15.9) than is average for Bolton (28.4), reflecting the fact that Westhoughton is one of the lesser deprived areas of Bolton. This equates to 13.0% of households living in poverty, that is, below 60% of the median income (before housing costs).

Ethnicity

In Bolton as a whole 18.1% of the population are from Black and Minority Ethnic (BME) communities. The GP practices making up the Westhoughton neighbourhood all have a much lower proportion of people from BME backgrounds, as do the Wards within these boundaries (Westhoughton South (3.8%) and Westhoughton North and Chew Moor (4.6%)). Overall, the Westhoughton neighbourhood has a BME population of 5.1% which equates to around 1,420 people.

As is to be expected given the smaller than average BME population, there are few local residents within the Westhoughton neighbourhood whose main language is not English – 1.4%, or 367 people; across the borough 2.3% of the population do not have English as their main language.

Child health

Children aged 5 to 19 face a range of transition stages, namely from primary to secondary school and the beginning of adolescence through to adulthood.

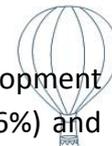
The needs of children and young people in this wide age range vary greatly as it is a period of rapid growth and development. Many of the health problems that young people develop as they grow older are rooted in their experiences of childhood and adolescence. Importantly, a sense of aspiration, achievement, and security are intrinsically linked to young people's life chances and their long term wellbeing⁴.

Turton has an average proportion of low birth weight births (6.9%) for Bolton; for comparison the highest local rate is 12.3% and the lowest is 4.2%. Teenage pregnancy is currently 0.6% (of all local deliveries being to a mother under the age of 18) which is amongst the lowest in Bolton.

³ National General Practice Profiles - <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>

⁴ JSNA Executive Summaries 2014 (Developing Well) - <http://www.boltonshhealthmatters.org/content/jsna-executive-summaries-2014>





A higher than average number (67.6%) of local children achieve a good level of development at age 5 in Turton (Bolton, 54.2%), which is higher than the national average (56.6%) and amongst the best observed locally. This pattern continues for local GCSE attainment, with 62.7% of local children achieving 5 A*-C including English and Maths.

Childhood obesity in Turton reflects the local picture with a third (33.2%) of Year 6 children and 18.1% of Reception children being overweight or obese.

For all A&E attendances under 18 years old, Bolton has a higher rate (362 per 1,000) than Unsworth Group Practice (350) and a lower rate than Stable Fold Surgery (402). Stable Fold Surgery have the higher rate of the two practices, despite having a smaller proportion of younger patients on the practice list. Westhoughton as a whole (364) has a similar rate to the Bolton average (362).

Westhoughton’s rate of child admissions shows a broadly similar pattern to that seen locally. Within the neighbourhood, Stable Fold Surgery has slightly higher child attendance/admission rates with the exception of those for injuries.

Child Health: Hospital activity (2012/13 – 2014/15)							
	Stable Fold Surgery		Unsworth Group Practice		Westhoughton neighbourhood		Bolton
	Number	Rate*	Number	Rate*	Number	Rate*	Rate*
A&E attendances (<18)	1,673	402	4,277	350	5,950	364	362
Emergency respiratory admissions (<18)	29	4.2	79	3.9	108	4.0	4.9
Emergency admissions for asthma, diabetes or epilepsy (<18)	25	3.6	55	2.7	80	2.9	3.6
Admissions due to injury (<18)	49	11.8	168	13.7	217	13.2	13.7

*Rate per 1,000 population

Health profile

Bolton’s biggest killers are CVD, cancer, and respiratory disease and these are conditions very strongly associated with poor lifestyle behaviours. The physical health conditions that are increasing in Bolton are diabetes, which is increasing in line with obesity, liver disease as a result of alcohol misuse, and skin cancer⁵.

CVD/risk factors

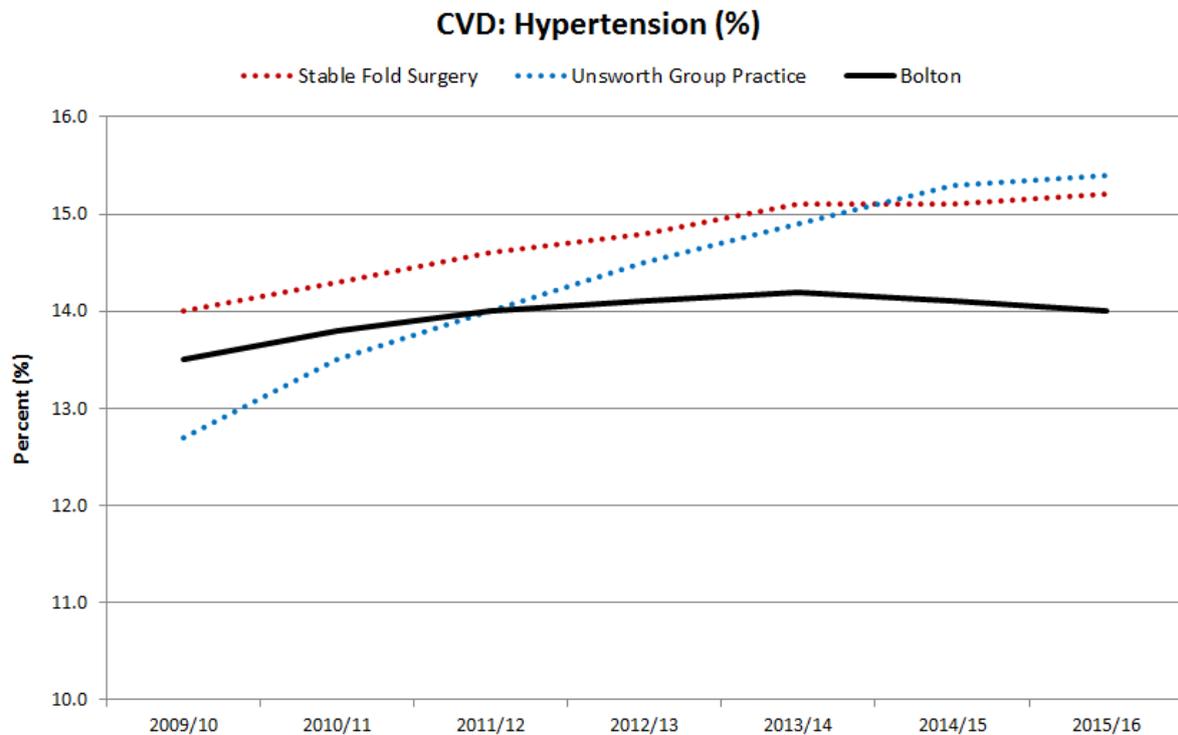
Hypertension

⁵ JSNA Executive Summaries (Living Well) - <http://www.boltonshhealthmatters.org/sites/default/files/LIVING%20WELL.pdf>





Overall, 15.3% (4,235 people) of Westhoughton practices have hypertension; this proportion is higher than average for Bolton (14.0%). The two Westhoughton practices have similar prevalence's (Unsworth Group Practice (15.4%); Stable Fold Surgery (15.2%)). We have seen increases in the prevalence of hypertension in Bolton, with a more significant rise than average within Westhoughton over the last six years.



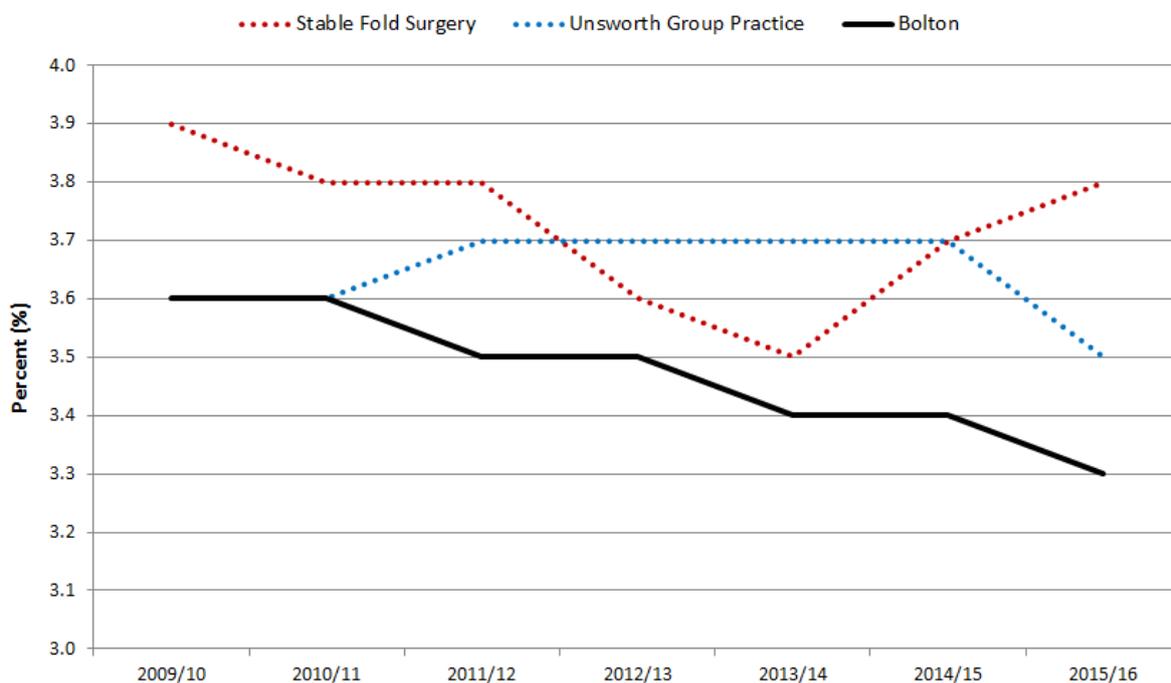
Coronary heart disease (CHD)

Within the Westhoughton neighbourhood around 990 patients registered at the two practices have CHD. The prevalence for CHD for all ages is 3.6%, which is typical for Bolton (3.3%).





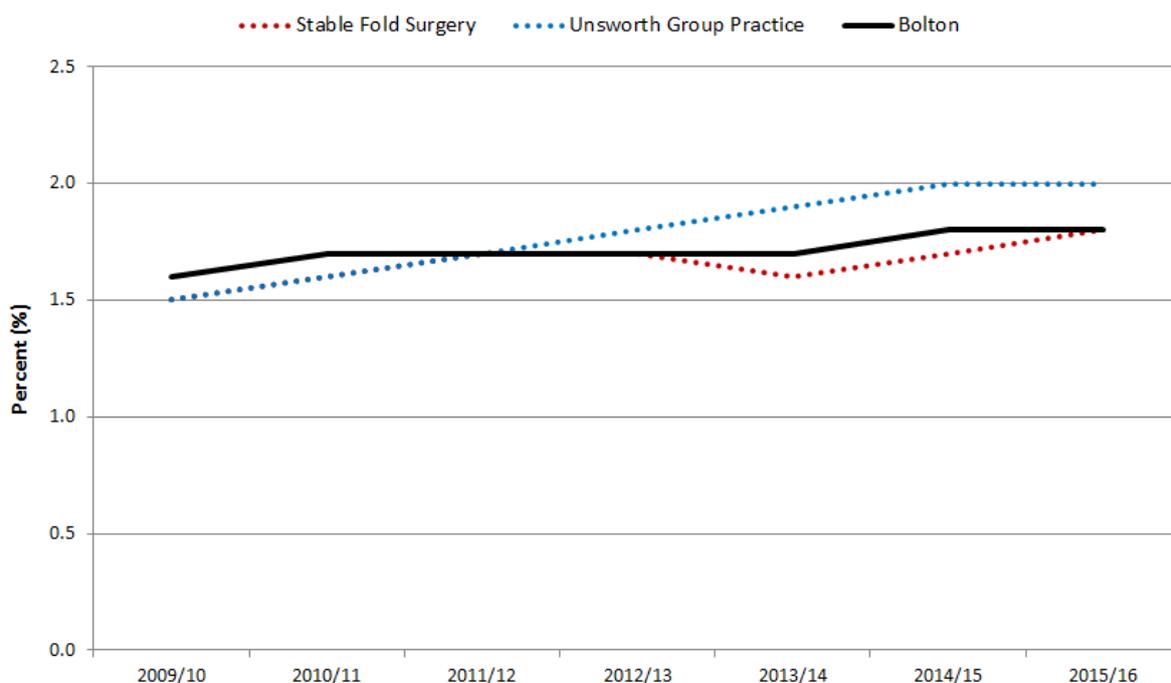
CVD: Coronary Heart Disease (%)



Stroke

The stroke prevalence for Westhoughton (1.9%) is similar to what we see locally (1.8%) and nationally (1.7%). This equates to 535 people in the Westhoughton neighbourhood.

CVD: Stroke (%)





Obesity

Westhoughton (10.5%) has a lower prevalence of obese patients (aged 18+) than typical for Bolton (12.2%). This equates to 2,310 obese patients in the Westhoughton neighbourhood. Over recent years Bolton has seen a decrease in the levels of obesity, but the prevalence still remains higher than the national average (9.5%)⁶.

The previous indicator (aged 16+) has been retired; as such no comparable trend data is currently available.

Estimated smoking prevalence

Smoking is the most significant preventable cause of ill health, premature death, and health inequalities in Bolton. Whilst the prevalence of smoking has reduced in recent years, approximately a fifth of the adult population are current smokers and ten people die each week in Bolton from smoking related illnesses⁷.

Public Health England (PHE) estimates the national smoking prevalence to currently be 18.1% with Bolton having the somewhat higher rate of 20.5%. Westhoughton neighbourhood has an estimated prevalence (15.5%) significantly lower than the local and national average with both practices having almost identical rates and equating to 3,580 people.

Heart failure and atrial fibrillation

Westhoughton has a slightly higher prevalence of both heart failure (1.0%) and atrial fibrillation (1.8%) when compared to Bolton as a whole (0.8%, 1.5%).

CVD (2015/16)							
	Stable Fold Surgery		Unsworth Group Practice		Westhoughton neighbourhood		Bolton
	Number	%	Number	%	Number	%	%
Hypertension	1,126	15.2	3,109	15.4	4,235	15.3	14.0
CHD	279	3.8	712	3.5	991	3.6	3.3
Stroke	136	1.8	399	2.0	535	1.9	1.8
Obesity (18+)	465	7.7	1,849	11.5	2,314	10.5	12.2
Smoking	979	15.6	2,597	15.4	3,576	15.5	20.5
Heart Failure	49	0.7	223	1.1	272	1.0	0.8
Atrial Fibrillation	127	1.7	390	1.9	517	1.8	1.5

⁶ National General Practice Profiles - <http://fingertips.phe.org.uk/PROFILE/GENERAL-PRACTICE>

⁷ Respiratory Disease JSNA Chapter - <http://www.boltonshhealthmatters.org/content/respiratory-disease-jsna>





CVD (Mar 17)							
	Practice List Size	High Risk CVD Review			Heart Failure with LVD		
		PP Register (>20% Risk)	On PP reg had annual review	(%) had annual review	LVD Register	HF Register	LVD Prev of HF Register
Unsworth Group Practice	20,276	489	486	99.4%	158	225	70.2%
Stablefold Surgery	7,392	214	180	84.1%	29	52	55.8%
Westhoughton neighbourhood	27,668	703	666	94.7%	187	277	67.5%

	Practice List Size	Atrial Fibrillation					
		AF Register	(%) Non SMK	(%) Pulse rate	(%) CHA2Ds2	(%) HAS BLED	(%) ANTI COAG
Unsworth Group Practice	20,276	434	93.5%	90.1%	48.4%	32.0%	26.7%
Stablefold Surgery	7,392	158	91.8%	93.7%	43.0%	39.9%	34.8%
Westhoughton neighbourhood	27,668	592	93.1%	91.0%	47.0%	34.1%	28.9%

Cancer

Around 650 deaths each year in Bolton are attributed to cancer, which accounts for just over a quarter of all local deaths. Digestive cancers and lung cancer are the most significant cancers when we consider mortality in Bolton, accounting for around 180 and 170 deaths respectively. Lung cancer is the chief cancer associated with local inequalities due to the differences in smoking prevalence across the social gradient.

The prevalence of all cancers in Westhoughton (3.1%) is around one percentage point higher than seen in Bolton (2.2%).

Cancer prevalence for all ages (2015/16)		
	Number	%
Stable Fold Surgery	219	3.0
Unsworth Group Practice	629	3.1
Westhoughton neighbourhood	848	3.1

Cancer Screening (Mar 17)							
	Practice List Size	Breast Screening (Women 50-70)			Bowel Screening (Patients 60-74)		
		Eligible Population (Women 50-70)	No. Screened within 3 YEARS	(%) screened within 3 YEARS	Eligible population (60-74)	No. screened in last 2y	(%) Uptake
Unsworth Group Practice	20,276	2,916	2,317	79.5%	3,614	2,178	60.3%
Stablefold Surgery	7,392	1,097	826	75.3%	1,404	878	62.5%
Westhoughton neighbourhood	27,668	4,013	3,143	78.3%	5,018	3,056	60.9%

	Practice List Size	Cervical Screening (Women 25-49)	Cervical Screening (Women 50-64)
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		Eligible population (25-49)	No. screened in last 3y	(%) Uptake	Eligible population (50-64)	No. screened in last 5y	(%) Uptake
Unsworth Group Practice	20,276	3,202	2,314	72.3%	1,731	1,314	75.9%
Stablefold Surgery	7,392	1,178	882	74.9%	699	575	82.3%
Westhoughton neighbourhood	27,668	4,380	3,196	73.0%	2,430	1,889	77.7%

Respiratory disease

The term respiratory disease covers a range of conditions, but the key areas for Bolton are asthma, bronchitis, emphysema and other COPD, and pneumonia. Respiratory disease is one of the key contributing factors to reduced life expectancy in Bolton and is the third leading cause of death. NHS Bolton spends around £26million on problems of the respiratory system, the majority of which is split between secondary care non-elective activity (£11million) and primary care prescribing and pharmaceutical services (£8million)⁸.

Asthma

In Bolton there are currently around 19,500 people on the asthma disease register (aged 8 years and over). This is likely a slight underestimation of true prevalence. The Asian Pakistani community demonstrates the highest levels of asthma and chronic cough in Bolton.

The prevalence of asthma within the Westhoughton neighbourhood is marginally higher than we see in Bolton overall (6.4%) with 7.2% of the practice population on the asthma disease register; equating to around 2,000 patients.

COPD

As discussed above, the major risk factor in respiratory disease is smoking or exposure to tobacco smoke. For asthma and COPD, early diagnosis and effective treatment and management have a positive impact on long-term health outcomes.

COPD within the Westhoughton neighbourhood (2.1%) is similar to what we see across Bolton (2.3%). This is likely a balancing of the lower smoking prevalence and the older age profile.

Asthma/COPD prevalence for all ages (2015/16)				
	Asthma		COPD	
	Number	%	Number	%
Stable Fold Surgery	496	6.7	159	2.1
Unsworth Group Practice	1,493	7.4	416	2.1
Westhoughton neighbourhood	1,989	7.2	575	2.1

⁸ Respiratory Disease JSNA Chapter - <http://www.boltonshhealthmatters.org/content/respiratory-disease-jsna>





Asthma (Mar 17)								
	Practice List Size	List size ≥ 5 <12 yrs	Asthma Register	Child Asthma (5-11 years)				
				(%) Passive SMK Advice	(%) Mng Plan	(%) Trigger Fact	(%) Asthma Control test	(%) Inhaler Tech Good
Unsworth Group Practice	20,276	1,901	110	45.5%	72.7%	56.4%	56.4%	75.5%
Stablefold Surgery	7,392	623	46	67.4%	76.1%	69.6%	71.7%	78.3%
Westhoughton neighbourhood	27,668	2524	156	51.9%	73.7%	60.3%	60.9%	76.3%

Asthma (over 12 years)								
	Practice List Size	List size ≥ 12 yrs	Asthma Register	(% Non SMK)	(% Mng Plan)	(% Trigger Fact)	(% Asthma Control test)	(% Inhaler Tech Good)
Stablefold Surgery	7,392	6,477	462	85.7%	72.3%	80.7%	73.2%	78.8%
Westhoughton neighbourhood	27,668	24,016	1,864	89.1%	58.7%	72.1%	65.8%	66.3%

COPD (Mar 17)								
	Practice List Size	COPD Register	(% Non SMK)	(% Mng Plan)	(% Inhaler Tech Good)	(% Predicted Fev1)	(% screened)	(% Pulse O2)
Stablefold Surgery	7,392	170	71.8%	74.7%	81.2%	79.4%	74.7%	91.8%
Westhoughton neighbourhood	27,668	599	75.1%	67.9%	68.8%	69.1%	77.5%	91.3%

Diabetes

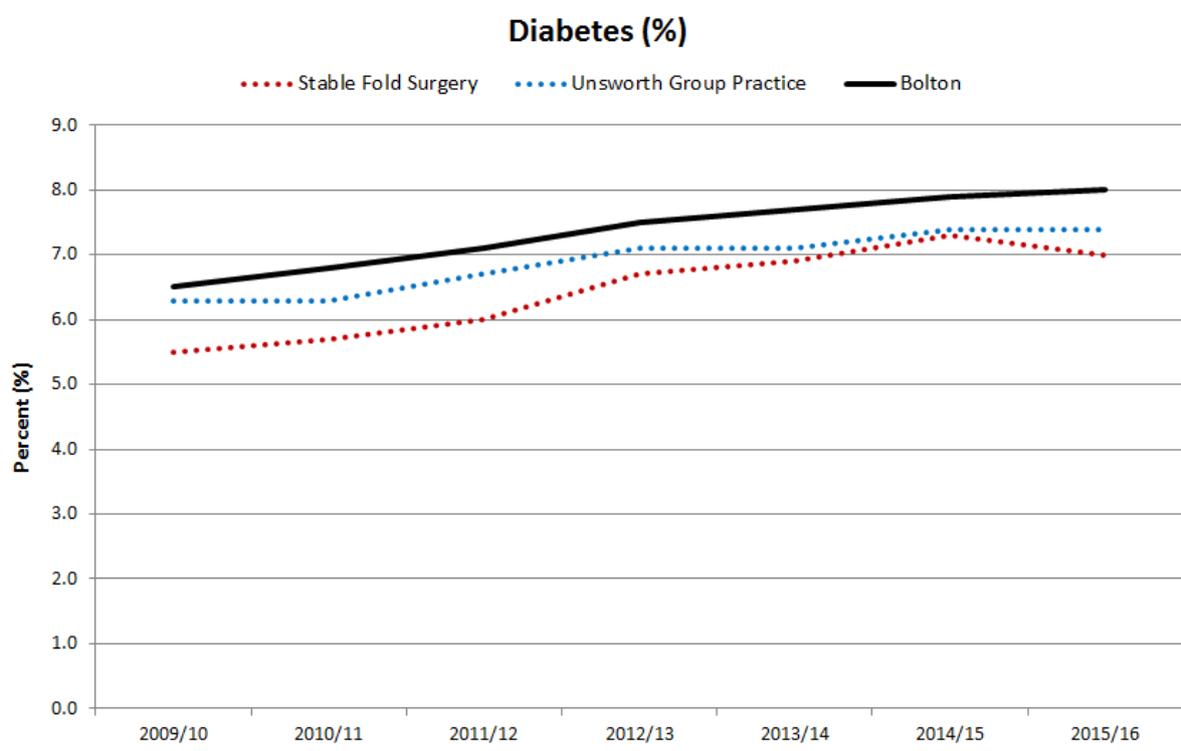
The number of people diagnosed with diabetes increases each year; nationally, the pace of the increase has been approximately 25% over the past six years. Commissioners need to ensure service capacity to cope with rising numbers of diabetes patients. Type 2 diabetes is by far the most prevalent diabetes and the one that is increasing. Local diabetes prevention strategies aiming to reduce the incidence of Type 2 diabetes need to engage especially with deprived communities.

Smoking, obesity, hypertension and CHD are all associated with diabetes. The QOF prevalence of diabetes within the Westhoughton neighbourhood is lower than that of Bolton. Between the two practices Westhoughton sees a prevalence of 7.3% whereas Bolton as a whole is almost 8.0%. The practices combined have 1,642 patients on their register; however the number of people estimated to be diabetic is higher. Evidence suggests that being of South Asian ethnicity increases the likelihood of developing diabetes





and it should be noted that the population of the Westhoughton neighbourhood boundary is predominantly White British⁹.



Chronic kidney disease (CKD)

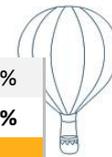
The main cause of chronic kidney disease is diabetes. Considering Westhoughton’s lower than average rate of diabetes, CKD follows a similar pattern. Westhoughton as a whole has a prevalence of 5.7% which equates to 1,268 people – this accounts for over three quarters of the diabetes register in Westhoughton.

Diabetes/CKD prevalence for patients aged 18+ (2015/16)				
	Diabetes		CKD	
	Number	%	Number	%
Stable Fold Surgery	431	7.0	362	6.0
Unsworth Group Practice	1,211	7.4	906	5.6
Westhoughton neighbourhood	1,642	7.3	1,268	5.7

Diabetes (Mar 17)						
	Practice List Size	Diabetes 9 care processes				
		DM Register size	(%) non smk	(%) BP ≤ 145/85	(%) Chol ≤ 5mmol/l	(%) HbA1c ≤ 53 mmol
Unsworth Group Practice	20,276	1,249	89.4%	88.9%	62.5%	52.6%

⁹ Nomis official labour market statistics - <https://www.nomisweb.co.uk/>





Stablefold Surgery	7,392	434	80.9%	86.9%	50.0%	51.8%
Westhoughton neighbourhood	27,668	1,683	87.2%	88.4%	59.3%	52.4%
Diabetes 9 care processes						
	Practice List Size	(%) ACR re	(%) DM_BMI (22K)	(%) DM_RET	(%) DM FOOT	(%) DM_CRE
Unsworth Group Practice	20,276	73.7%	86.4%	71.7%	75.5%	93.0%
Stablefold Surgery	7,392	54.8%	65.7%	85.7%	73.3%	87.1%
Westhoughton neighbourhood	27,668	68.8%	81.0%	75.3%	74.9%	91.4%

Admissions

Westhoughton experiences a similar number of emergency admissions for England and around 15% less than typical for Bolton. In general, admissions in the neighbourhood across all the main disease areas are lower than England and Bolton. The only issue appears to be COPD admissions, but relative to Bolton the neighbourhood still experiences a very low admission rate (the highest rate in Bolton being 220% higher than England).

Standardised admissions ratios					
	Westhoughton	Bolton average	Bolton best	Bolton worst	England
Emergency Admissions, All Causes SAR	98	115	77	160	100
Emergency Admissions, Coronary Heart Disease SAR	104	127	60	275	100
Emergency Admissions, Stroke SAR	107	119	76	197	100
Emergency Admissions, Chronic Obstructive Pulmonary Disease (COPD) SAR	112	127	37	320	100
Incidence of all cancers SIR	97	100	77	128	100
Incidence of breast cancer SIR	97	93	58	123	100
Incidence of colorectal cancer SIR	98	100	51	152	100
Incidence of lung cancer SIR	92	115	44	244	100
Hospital stays for intentional self harm SAR	87	119	33	271	100
Hospital Admissions for Alcohol Attributable Harm (narrow definition) SAR	85	106	58	207	100
Emergency Admissions, Hip Fracture in 65+ SAR	99	103	71	175	100

Mental health and depression

Mental health problems and depression are associated with high levels of deprivation for all age groups, but treatment for mental health problems can adversely affect physical health in vulnerable older people. Both physical and mental health difficulties can affect an individual's ability to care for themselves independently and potentially have major implications for their way of life and their need for services.





Depression is higher in Westhoughton (10.7%) than is average for Bolton (9.1%), with a register size of 2,370. However, the average for Bolton should perhaps be higher because we know from further analysis that at GP practice level depression is not as associated with deprivation as we would expect from wider research. This suggests under-diagnosis in Bolton’s more deprived communities.

The prevalence of severe mental illness across Bolton, as measured by QOF, is recorded as 0.9%. Westhoughton neighbourhood has a lower rate than Bolton at 0.6%, equating to 160 patients within the Westhoughton practices that have a recorded mental health issue.

Mental Health Indicators: QOF register prevalence 2015/16							
	Stable Fold Surgery		Unsworth Group Practice		Westhoughton Neighbourhood		Bolton
	Number	(%)	Number	(%)	Number	(%)	
Depression	530	8.8	1,839	11.4	2,369	10.7	9.1
Mental health problems (severe)	55	0.7	103	0.5	158	0.6	0.6

The prevalence of dementia across Bolton, as measured by QOF, is recorded as 0.8%. Westhoughton neighbourhood has a similar rate at 0.7%, equating to 197 patients within the practices diagnosed with dementia. However, there will be a number of local people currently living with undiagnosed dementia – across Bolton we currently have a diagnosis rate of around 73%. Finally, there are 114 people currently residing in the Brightmet and Little Lever neighbourhood with learning disabilities.

Mental Health Indicators: QOF register prevalence 2015/16				
	Dementia		Learning disabilities	
	Number	%	Number	%
Stable Fold Surgery	59	0.8	25	0.3
Unsworth Group Practice	138	0.7	89	0.4
Westhoughton neighbourhood	197	0.7	114	0.4

Mental Health, Dementia and Learning Disabilities (Mar 17)							
	Practice List Size	Dementia			Learning Disabilities		
		Dementia register	Annual reviews	(%) review	LD register	Physical health checks	(%) health checks
Unsworth Group Practice	20,276	162	131	80.9%	88	83	94.3%
Stablefold Surgery	7,392	61	50	82.0%	23	21	91.3%
Westhoughton neighbourhood	27,668	223	181	81.2%	111	104	93.7%

	Practice List Size	Mental Health			Carers		
		MH register	Review / Physical health checks	(%) review / health checks	Carers register	(%) carers of list size	(%) health checks



Unsworth Group Practice	20,276	109	90	82.6%	316	1.6%	35.4%
Stablefold Surgery	7,392	53	45	84.9%	198	2.7%	71.7%
Westhoughton neighbourhood	27,668	162	135	83.3%	514	1.9%	49.4%

ACORN demographic profile

ACORN is a segmentation tool that groups households based on where they live, and helps to understand the different types of communities that make up a larger population and their likely needs, behaviours and opinions relating to a wide range of topics.

There are two different ACORN segmentations. Both give information about the likely demographics of households, the type of housing they live in, and their socioeconomic status. In addition ACORN gives information about their interests, spending habits and use of the internet while Wellbeing ACORN focuses on topics including likely health conditions experienced, adoption of healthy lifestyle behaviours, and extent of engagement with NHS patient forums.

Approximately 60% of Bolton's population is made up of an even split between the most deprived ACORN categories '4 Financially stretched', and '5 Urban adversity'. A further 40% are evenly split between the middling category '3 Comfortable communities' and most affluent category '1 Affluent achievers'.

A third of the Bolton population falls into the Wellbeing ACORN group '2 At risk'; these neighbourhoods do not generally have high incidences of illness, however multiple unhealthy behaviours could put their health at risk in the future. Around half of the Bolton population is evenly split between the two more healthy Wellbeing ACORN groups '4 Healthy' and '3 Caution'.

The below table identifies the key geodemographics for the Westhoughton neighbourhood and compares these proportionally with the extent to which these communities are found across Bolton as a whole.

ACORN geodemographic breakdown		
	Westhoughton	Bolton
1.B. Executive Wealth	23.0%	10.0%
4.L. Modest Means	15.0%	18.0%
Wellbeing ACORN key groups		
4.25. Healthy, Wealthy, and Wine	18.0%	7.0%
3.17. Everything in Moderation	11.0%	10.0%
2.9. Everyday Excesses	10.0%	11.0%





Summary of the neighbourhood population from key Wellbeing Acorn Types (figures in brackets are Bolton figures):

<p>4.25 Healthy, wealthy & wine</p> <p>18% (Bolton 7%)</p>	<p>“Wealthy... large detached houses... senior managerial occupations... private pensions... mix of family types... very good health... very few smokers... high alcohol consumption...”</p>	
<p>3.17 Everything in moderation</p> <p>11% (Bolton 10%)</p>	<p>“Semi-detached... Owner occupied... good income... low rates of isolation... community groups... health generally good... few smokers... above average alcohol...”</p>	
<p>2.9 Everyday excesses</p> <p>10% (Bolton 11%)</p>	<p>“Terraced houses... Young singles and couples... ‘doing alright’... semi-routine occupations... lack of adequate heating... high alcohol & smoking... low medication...”</p>	



