wellbeing
acorn
user
guide

The health and wellbeing classification
Understanding the health and wellbeing of the UK’s population
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Wellbeing Acorn segments the UK’s population into 4 groups and 25 types...

Wellbeing Acorn is a geodemographic segmentation of the UK’s population specifically designed with health and wellbeing issues in mind. Wellbeing Acorn segments the population into 4 groups (Health Challenges; At Risk; Caution; Healthy) and 25 types describing the health and wellbeing attributes of each postcode across Britain. The naming of the groups and types gives an easy understanding of the segments whilst avoiding names that could give offence to local communities.
...giving you a real insight into the health & wellbeing of consumers and communities...

Why choose Wellbeing Acorn?

As described in the recent Department of Health guidance note on the Public Health Advice Service to Clinical Commissioning Groups, geodemographic profiling has an important role to play in reviewing service provision.

The issues of clustering of health lifestyle risks were recognised in the King’s Fund paper on the clustering of unhealthy behaviours... “If policy-makers, public health commissioners and the NHS wish to address health inequalities, they will need to find effective ways to help people in lower socio-economic groups to reduce the number of unhealthy behaviours they have.”

Wellbeing Acorn provides the opportunity to identify these groups and their health and wellbeing needs at a local level as well as profiling existing service users to gain further insights into their behaviours and lifestyle.

The segmentation delivers an improved understanding of local communities’ needs and delivers an ability to target health and wellbeing improvement strategies.

It provides a unique approach to geodemographics focused on health and wellbeing rather than offering a general geodemographic product with limited relevance to the sector.

“...A unique approach to sector specific geodemographics...”
...so you can target resources effectively and deliver health improvement...

Targeting health and wellbeing needs

As shown in the Wellbeing Acorn Knowledge matrix, the segments reference data from the Health Survey for England as well as demographic characteristics.

For each Wellbeing Acorn type information is provided on a range of issues including:

- Illnesses
- Medication
- Lifestyle risk behaviours
- Social capital
- Participation in trust membership & events

With its wide range of data sources and a focus on health and wellbeing, it is the ideal segmentation for increased understanding of consumers’ requirements across public health, private health, pharmaceuticals and financial services sectors.

Wellbeing Acorn offers the ability to target health improvement resources at those neighbourhoods most in need.

As recognised by the Alliance for Useful Evidence paper, ‘Squaring the Circle’, “the need for robust evidence is typically strongest when local authorities and their partners seek to direct more spending into prevention and early intervention.” This will be particularly important as local authorities take on responsibilities for health improvement.

Wellbeing Acorn can be used to profile existing service users, assess needs and target health improvement campaigns with regard to alcohol reduction, smoking cessation, healthy eating and wellbeing issues.

“Wellbeing Acorn can be used to profile existing service users, assess needs and target health improvement campaigns...”
...and gain a better understanding of the health service users.

How can you access Wellbeing Acorn?

Wellbeing Acorn is licensed from CACI as a dataset of postcodes coded by Wellbeing Acorn groups and types or as counts of population and household by Wellbeing Acorn group and type for any geographic area. Additionally, there are a set of fifteen Wellbeing Indicators available at postcode level or above, giving a fuller insight into specific health and behavioural issues. For academic use Wellbeing Acorn is placed in the UK Data Archive.

Applying Wellbeing Acorn to your specific issues

Our consultants have experience in applying Wellbeing Acorn across a range of issues and sectors. If you wish to discuss the most appropriate segmentation for your needs please contact us or for details of licence fees please email marketing@caci.co.uk or call us on 0800 181 851.

For more details email marketing@caci.co.uk or call us on 0800 181 851
Group 1

Health Challenges

1. Limited living
2. Poorly pensioners
3. Hardship heartlands
4. Elderly ailments
5. Countryside complacency
Group 1

Health Challenges

These areas contain the population with the greatest levels of illness and consequently, those with the greatest health challenges and risky behaviours now and in the past. They contain some of the oldest people in the most deprived neighbourhoods.

This group contains some of the highest levels of smoking and the lowest levels of fruit and vegetable consumption. Issues around isolation and mental wellbeing are most prevalent here with many lacking a support network in their communities.

*Group 1 Types*

1. Limited living
2. Poorly pensioners
3. Hardship heartlands
4. Elderly ailments
5. Countryside complacency
The neighbourhoods in this type contain those people with some of the biggest health challenges in the UK. They are likely to include some of the oldest people with the highest number of medical conditions. Consequently, the proportion of individuals taking four or more prescribed medicines is almost 3 times the national average, with many treating issues concerning cardio-vascular, gastrointestinal, the central nervous system and the endocrine system.

Incidents of smoking are high in these communities with spending on tobacco at almost 70% above average resulting in high incidents of breathlessness, asthma and cancer. However, alcohol consumption is low with almost 60% abstaining completely.

Their increased exposure to the health services means they are more likely to engage with and become members of their local NHS Foundation Trusts. The extent of their illnesses often sees them participating at all levels in many Trust led events.

These are generally deprived neighbourhoods containing many social renting pensioners living in high rise flats. Their accommodation is likely to suffer from a shortage of space and noise from the street. Those residents that are of working age tend to be in receipt of many unemployment related benefits or they are in routine or semi-routine occupations.

Possibly due to the ages of the people in these neighbourhoods and their traditional views, the proportion that are members of local residents or social groups is well above the national average as is their frequency of talking to their neighbours. Despite this, more than twice the national average does not have someone who will listen nor anyone who can help in a crisis.

High concentrations of these neighbourhoods can be found in Glasgow and Inverclyde.

Typically 42% might be obese with over 40% reporting that they generally eat less than two portions of fruit or vegetables per day. A similar proportion may have been diagnosed with high blood pressure. Other ailments such as diabetes, heart problems and asthma may also be more prevalent here. Unsurprisingly, the view of more than a quarter of these people is that their health is bad or very bad.

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These retired people, found in locations such as Sunderland and Berwick-upon-Tweed, tend to live in social rented low to mid-rise flats or semi-detached houses. They generally have a poor diet with more than 15% reporting that they eat less than 1 portion of fruit or vegetables per day and over 10% have no natural teeth.

Illnesses such as heart attack or angina are almost at 3 times the national average; diabetes and asthma are also more prevalent in these neighbourhoods. However, due to the relatively elderly population it is expected that most age related conditions will occur resulting in high instances of those who are not satisfied with their health.

There are high proportions of smokers and consequently over three quarters have whistling or wheezing in their chests. For a number, their health hinders and limits daily activities such as housework, climbing the stairs, getting dressed or walking more than 10 minutes.

As NHS Trusts recruit members on or near hospitals, it is those with the greatest exposure who are most likely to join. Poorly pensioners are more likely to engage with their local Acute Trust with a preference for services such as Carers Issues and Diabetes and Endocrinology. Actual participation in Trust led events is low.

“Retired people... social rented... poor diet... heart attack or angina... smokers... health hinders daily activities... inadequate heating... in receipt of benefits...”

Their accommodation may suffer problems such as inadequate heating or condensation, whilst the neighbourhood may be blighted by crime or vandalism.

There is a minority in this type that isn't of retirement age that would be working in routine occupations, unemployed and/or in receipt of benefits. Financially they may have problems with payments of debt with almost double the average having to borrow money to meet housing payments.
The population of these neighbourhoods are more likely to be either living alone or be a lone parent family in a small social rented terrace or flat. These relatively young people are likely to be employed in lower skilled trades with many being long term unemployed.

"Social renters... relatively young... long term unemployed... drinking in excess... eat fruit and veg... unhealthy lifestyle... anxiety and depression... high exposure to health services..."

Some may report that their accommodation tends to be affected by noise from their neighbours, condensation and lack of adequate heating and light with double the national average expressing dissatisfaction with their house or flat. Their neighbourhoods, found in areas such as Wrexham and Clackmannanshire, are likely to also have problems involving vandalism and crime.

For a community that has so many young people there is relatively high proportions that have oral problems. A number of key unhealthy behaviours are displayed here with many drinking in excess of double the recommended alcohol units, although there are some who abstain.

Smoking and low consumption of fruit and vegetables is also high. Interests and hobbies involving physical activities such as exercise, sports, hiking and walking are both less likely than average.

The consequence of such an unhealthy lifestyle can be seen in high incidence of conditions such as obesity, bronchitis/emphysema, asthma, kidney complaints and angina. There are also above average levels of mental illness including anxiety and depression. Possibly as a result of the ages of these people the proportion of people with high cholesterol is lower than expected.

Membership of their local NHS Foundation Trust is higher than average, reflecting their exposure to health services. They are especially prone to engage with their local Community Health Trust. They are happy to participate in surveys and seek opportunities to get more involved.
The age of the population in these neighbourhoods, with almost 40% over 65, may lead to more ailments such as heart attack or angina, arthritis and other bone or joint related problems. Conditions which are prevalent here are high blood pressure, obesity and cholesterol. Consequently, the number of medicines being prescribed is high.

“Over 65… high blood pressure… non-smokers… enjoy gardening… low alcohol consumption… mental wellbeing above average… own homes… life assurance policies… Older People’s Care…”

More people rate themselves highly on happiness and tend not to suffer with depression or anxiety.

The financial wellbeing of these people are better than many in their age bracket with more than half likely to own their own semi-detached or detached homes outright. Whilst they are unlikely to have private health care some will have life assurance policies.

Given their exposure to hospital services, membership of and engagement with their local Foundation Trusts is higher than average, where they are happy to participate in surveys, attend events and, in some cases, stand as Foundation trust Governor. Their preferred services from their Acute Trust include Orthopaedics and Rheumatology, Carers Issues and unsurprisingly, Older People’s Care; and from their Community Health Trust, they are interested in services concerning End of Life care and Long term Conditions.

High concentrations of these neighbourhoods can be found in Clacton-on-Sea, Essex and areas in Lincolnshire.
These rural and semi-rural neighbourhoods contain some of the poorest communities outside our towns and cities. Over 40% of the households in this type have an annual income that is below £20,000 and many are renting their homes from the local authority or housing associations.

“Rural and semi-rural areas... income below £20,000... rented homes... damp walls... illnesses typical of older populations... obesity, very high cholesterol... good mental wellbeing...”

The accommodation issues associated with living in a rural area for some of these people may include a lack of adequate heating and damp walls, floors etc. Areas such as Bridgend and Shropshire contain a high concentration of this type.

The location of these neighbourhoods means that their engagement and participation with their Foundation Trusts is low.

They do not have particularly high levels of smoking and the proportion drinking more than the recommended units of alcohol is well below the average. The people in these areas exhibit illnesses associated with much older populations with issues to do with bones and joints, breathlessness, angina and cataracts. Obesity, very high cholesterol, gastrointestinal and central nervous system problems are also more prevalent in these neighbourhoods.

The number of prescribed medicines is some 30% above average with the number of conditions being around 25% above average. They don’t consider themselves to be particularly happy. However, they tend to score above average on mental wellbeing with more people than expected achieving above 32 on the Warwick-Edinburgh Mental Well-being scale.
Group 2

At Risk

6 Dangerous dependencies
7 Struggling smokers
8 Despondent diversity
9 Everyday excesses
10 Respiratory risks
11 Anxious adversity
12 Perilous futures
13 Regular revellers
These neighbourhoods do not generally have high incidences of illness. However, multiple unhealthy behaviours, as a result of their lifestyles, could put their health at risk in the future.

They have the highest rates of smoking in the country along with some alcohol concerns. Social issues such as unemployment, debt and dissatisfaction with life overall contribute to one of the lowest scores on the mental wellbeing scale.

**Group 2 Types**

- 6 Dangerous dependencies
- 7 Struggling smokers
- 8 Despondent diversity
- 9 Everyday excesses
- 10 Respiratory risks
- 11 Anxious adversity
- 12 Perilous futures
- 13 Regular revellers
These are family areas in less well-off estates, often renting their terraced homes privately. Some households will contain a single parent and there are many children in these neighbourhoods, often under 10 years old. Almost half of the households have an annual income of less than £20,000 with benefits supplementing many incomes. Debt levels are notably higher than elsewhere with almost a tenth of households struggling to pay debts of over £5,000.

“Less well-off estates... many children... low income... benefits... debts... sense of community... poor diets... smokers... high alcohol... anxiety and depression...”

Although there is a sense of community here, with some people having membership of social and community groups, there are also significant problems within the neighbourhood with over a quarter experiencing some issue with vandalism or crime. There is also a lot of dissatisfaction with their houses and life overall.

Parts of Rhondda-Cynon-Taf contain very high proportions of this type, as do some areas in Barrow-in-Furness. Engagement with their local Acute or Community Health Trusts is slightly above average and they are happy to seek opportunities for further involvement.

Diets tend to be poor with more than 35% eating less than 2 portions of fruit and vegetables and obesity levels are almost 50% higher than average. 36% are smokers and some of the highest proportions of people drinking more than twice the recommended alcohol units are found here – issues with the endocrine system is almost 30% above the national norm.

Possibly because of the ages of the people in this type, the number of prescribed medicines is close to national levels, however, respiratory and skin complaints along with anxiety and depression are common.
In these neighbourhoods the residents, often younger adults, are likely to be living in large, terraced and semi-detached homes with many school age children. The proportion in receipt of Job Seeker’s Allowance and Illness or disability benefits are more than double the national average. Those that are in work tend to be in routine occupations.

These areas have the highest levels of smoking in the country, almost half are smokers. Their expenditure on tobacco is 43% above the national average. Consequently, some 10% may register at 3 or above on the MRC Breathlessness Scale. There is a gender divide regarding hazardous drinking, whereas men are more likely to be above the recommended level, women are less likely to be so.

Even though many of the people in this type express dissatisfaction with their health and rate their own health as bad or very bad, the actual number of conditions is well below the national average. The proportion taking 2+ prescribed medicines is about 23% below the average. Of the medications they do take, they are likely to be for respiratory conditions and problems with the central nervous system.

“Younger adults... benefits... routine occupations... high expenditure on tobacco... hazardous drinking... respiratory conditions...”

Given the number of medical conditions in these neighbourhoods are low, membership of their local Foundation Trust is about average, although they are more likely to engage with their local Mental Health and Community Health Trusts where they tend to take part in surveys and provide feedback.

The highest concentration of this type can be found in Middlesbrough, where more than a tenth of the population is classified as ‘Struggling smokers’. They are also found in high numbers in parts of Nottingham and Rotherham.
This is the most ethnically diverse type across the Wellbeing Acorn segmentation with almost 25% of the population in these postcodes being Black and a further 20% of south Asian descent.

“Ethnically diverse... anxiety and depression... diabetes and cholesterol... low alcohol... young neighbourhoods... socially rented flats... high unemployment...”

The proportion that scores below 32 on the Warwick-Edinburgh Mental Well-being scale is more than 3½ times the national average. Anxiety and depression are also common.

There are few other medical issues within this type, although there are slightly above average instances of diabetes and high cholesterol.

Urban areas such as Inner London have very high concentrations of “Despondent diversity”. There are some communities in Southwark, Tower Hamlets and Lambeth where the proportion exceeds 60%. More than half never drink alcohol and the number of smokers is also lower than average. Consumption of fruit and vegetables is comparatively high.

These are relatively young neighbourhoods with many single parents and children. Their socially rented flats or maisonettes will be in urban areas and often have problems including noise from neighbours and the street together with vandalism and crime.

Unemployment is high with those receiving Job Seeker’s Allowance over twice the national average.

These issues mean that these people are more likely to engage with their Mental Health Trust, with many preferring to involve themselves with services including Adult Mental Health, Child and Adolescent Services, Carers Issues and Mental Health Support. Engagement with other local health services is low.
The residents in this mix of privately rented and owner occupied terraced houses tend to be young singles and couples, some with young children. They are typically found in places like Hastings and Scarborough.

“Terraced houses...young singles and couples...”doing alright”...semi-routine occupations...lack of adequate heating...high alcohol & smoking...low medication...”

Almost half consider themselves to be “doing alright” when considering their financial situation, although there are indications that some will be in financial difficulties with about 20% having been refused credit in the past. Work tends to be in lower supervisory or semi-routine occupations, although there are areas where Job Seeker’s Allowance claimants are above average.

Three times more households than average have no central heating, resulting in almost 10% reporting that their accommodation has a lack of adequate heating.

Over a quarter of the population in these postcodes drink more than twice the recommended alcohol units.

Approximately 30% are smokers, although their relatively young age means instances of breathlessness and asthma are around the national average. Some 70% of residents do not achieve the recommended 5 pieces of fruit and/or vegetables.

They take relatively few prescribed medicines and possibly due to their ages, do not currently suffer with high cholesterol, obesity or high blood pressure although asthma is slightly higher than average.

Membership of local NHS Foundation Trusts is average, although there is a slight preference to engage with the Mental Health Trust.
A quarter of the population in this type registers at 3 or more on the MRC Breathlessness Scale*, consequently over 70% more people than average take prescribed respiratory medicines. Many find their daily activities are limited due to their health.

Unsurprisingly conditions such as bronchitis, emphysema and asthma are more common here than normal. Other issues affecting the people in these neighbourhoods include diabetes, problems with the nervous system, angina and other heart problems.

The proportion that smoke cigarettes are 40% higher than average although instances of drinking more than the recommended alcohol units is low. The diet is relatively poor with almost 35% of people eating less than 2 portions of fruit and vegetables.

Many of these young people will live in social rented accommodation which will typically be a 3-bedroom semi-detached property. A little over 10% have pollution or environmental problems. Typical neighbourhoods of this type can be found in Port Talbot, Erewash in Derbyshire and Bridgend.

“Respiratory medicines… bronchitis, emphysema and asthma… poor diet… social rented …many children… lower supervisory occupations…”

Engagement with their local health services is about average, although they do have a preference for membership of their Acute and Community Health Trusts, where they are happy to take part in surveys.

Whilst most households contain couples with children, there is an over-representation of one parent families. Work tends to be in lower supervisory or routine occupations, although there are some in receipt of benefits.

* The MRC Breathlessness Scale: Grade 3 – Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace; Grade 4 – Stops for breath after walking about 100 yds or after a few minutes on level ground; Grade 5 – Too breathless to leave the house, or breathless when undressing.
The proportion of the population in these neighbourhoods suffering from mental illness, anxiety or depression is almost twice the national average. A similar ratio exists for those scoring below 32 on the Warwick-Edinburgh Mental Well-being scale.

“Mental illness, anxiety or depression... very low alcohol... many smokers... urban communities... multi-ethnic... families with children... long term unemployed... shortage of space...”

These people are almost 50% more likely to suffer from epilepsy and fits and more than twice as likely to suffer from migraines. Whilst the proportion with high cholesterol is much lower than average, those eating the recommended portions of fruit or vegetables are also low. Possibly due to the cultural mix of these neighbourhoods, alcohol consumption is very low with many abstaining altogether. However smoking levels are high. Breathlessness and other health issues prevent almost 15% from walking for more than 10 minutes.

Engagement with their local Community and Mental Health Trusts is more common here. Within the Mental Health Trust they are three times more likely to prefer to engage with Mental Health Support.

These are urban communities with a multi-ethnic mix, where up to 20% of the population is Non-White and are commonly found in areas such as parts of Barking and Dagenham, Haringey and Lewisham. Many of the households are families with children with about 20% being single parent families. Almost a tenth of the working-age population have never worked or they are long term unemployed with more than twice the national average in receipt of income support.

Almost half of the, generally terraced, households are rented – either private, local authority or housing association. More than 90% have three or fewer bedrooms and a fifth complain of a shortage of space. Noise from neighbours and the street is also an issue in these areas.
The population in these neighbourhoods tend to be young with many children. Much of the housing is social rented with a mix of terraces and flats. These households are likely to suffer from a shortage of space whilst the residents feel that noise and vandalism and crime are an issue in their neighbourhoods. They are often found in the less affluent pockets of commuter belt towns in areas such as Ashford (Kent), the outskirts of Glasgow and areas to the north of Bury St Edmunds in Suffolk.

There is almost twice the typical level of single parent families in these areas. Long-term unemployment is particularly high as are claimants for income support, Job Seeker’s Allowance and other benefits. Those in work tend to be in routine occupations.

The level of smoking in these neighbourhoods is high and consequently those graded 5 on the MRC Breathlessness Scale are over 2½ times the national average and the rates of bronchitis and emphysema are over three times.

Over one in five consider their own health to be fair or worse, three quarters eat less than the recommended 5 portions of fruit and vegetables and obesity is high. Unusually for such a young population, there are problems with arthritis, rheumatism and fibrosis.

Overall engagement with their local NHS Foundation Trusts is below average, although membership of Community and Mental Health Trusts is more common than any other. Their participation is more likely to be around looking for personal improvement and fundraising.
These are neighbourhoods of well-educated young singles and couples, many of whom will be in professional occupations although some will be students. These people tend to live in metropolitan, ethnically diverse, areas in relatively small terraced houses or flats and apartments, often renting privately. Around the edges of the central areas of some of the larger towns and cities are where these people are to be found. Neighbourhoods in Edinburgh, Cardiff and Leeds all have high concentrations of ‘Regular revellers’.

The age profile means that they have some of the lowest levels of illness in the country and hence very low rates of prescribed medication. Few people are likely to suffer from high cholesterol or blood pressure and levels of obesity are some of the lowest across the Wellbeing Acorn segmentation, although there are higher than average instances of asthma.

Low contact with hospital services means that engagement and membership of NHS Foundation Trusts is very low.

“Well educated… professional occupations… ethnically diverse… renting privately… low illness… asthma… very high alcohol…”

Whilst unhealthy behaviours such as smoking and poor diet are not much in evidence in these neighbourhoods, the rate of consumption of alcohol is the highest in Great Britain reflecting their socialising. This is a type where health improvement should be targeted at a single issue rather than multiple risks. The proportion that drinks more than 8 (male)/6 (female) alcohol units per day is more than twice the national average.
Group 3

Caution

14 Rooted routines
15 Borderline behaviours
16 Countryside concerns
17 Everything in moderation
18 Cultural concerns
Group 3

Caution

These are areas where the health and wellbeing of the residents are generally good. Some behaviours do create health risks and may result in lifestyle related ailments in time.

There are lower levels of smoking and generally below average incidence of illness. They are less likely to have high blood pressure but tend to be overweight and have high cholesterol.

Whilst smoking is low, alcohol consumption can exceed the recommended limits.

Group 3 Types

14 Rooted routines
15 Borderline behaviours
16 Countryside concerns
17 Everything in moderation
18 Cultural concerns
These suburban, family oriented neighbourhoods contain a mixture of semi-detached and terraced 2-3 bedroom housing, much of which is owner occupied, possibly through right to buy schemes.

“Family oriented… owner occupied… modest incomes… diabetes… bronchitis… smoking… commuter towns…”

Incomes are modest with many working in lower supervisory or semi-routine occupations, although there are some that are claiming income support or Job Seeker’s Allowance. Almost three quarters consider themselves to be “doing alright” or “just about getting by” in view of their financial situation.

Whilst their health does not limit or hinder their day to day activities or work, almost a quarter consider their own health as being fair or worse. Instances of diabetes, angina and bronchitis are all over-represented here. Alcohol consumption is not particularly high, although women are slightly more likely to drink over the recommended units. Smoking is slightly above the national average, but many have recently given up.

Limited exposure to local health services means that these communities have a low engagement with their local NHS Trust.

Many of these neighbourhoods can be found in the Home Counties and other commuter towns around the country. There are particularly high proportions of them in parts of Epping Forest, Essex and Watford in Hertfordshire.
Whilst the population in these neighbourhoods is not particularly at risk currently, some of their behaviours may result in future problems. These are young singles and couples mostly living in privately rented terraces or flats in ethnically diverse, metropolitan areas. Some of them are students, but there are many who are currently in professional type roles.

“Future problems... young singles and couples... ethnically diverse... good incomes... metropolitan areas... good health... average alcohol... smoking...”

Incomes are slightly above average, but given the communities in which these people are found there are some who will be claiming Job Seeker’s Allowance.

They can be found in small neighbourhoods in many of the larger university towns in such as Oxford, York, Durham and Glasgow.

There are fewer people than average with asthma, angina, high cholesterol or blood pressure, however some report that health hinders their ability to do housework, but generally most state that their health is good or very good. Consequently, the number of prescribed medicines is low. A lack of contact with their local health services means memberships of local NHS Trusts’ are low.

Consumption of fruit and vegetables is about the same as the national average as is alcohol consumption for men however women tend to drink less. Smoking is 15% above the norm.
These are rural areas containing fairly well off residents, some of whom are farm managers or owners. They are a mix of traditional families, some with older children still living at home, others are empty nesters and retired. Unsurprisingly, the owner occupied properties tend to be larger with over 30% having 4 or more bedrooms.

“Rural areas... well off residents... traditional families... empty nesters... cardio-vascular medication... female drinkers... few smokers... Community Hospitals...”

Villages in Lincolnshire, around Cambridgeshire and Norfolk and in Shetland and Orkney Isles in Scotland are all home to these types of community.

Given the age profile the apparent problems with bones and joints and some cancers are to be expected. There is a higher than normal rate of people with high cholesterol and high blood pressure, consequently, a greater than average number are taking cardio-vascular medication. The proportion of people scoring below 32 on the Warwick-Edinburgh Mental Well-being scale, where it is advisable to begin talking to a friend or health professional, is over 60% higher than normal.

The overall alcohol intake is slightly above average, but it is the women in this type that are more likely to drink more than the recommended number of units. Generally, their diets mirror that of the country as a whole. Very few people are likely to be current smokers, although there is a higher proportion than average that have quit.

Overall membership of their local NHS Trusts is about average, however there are higher than average engagement for Acute and Community Health Trusts. Within the Community Health Trust, the preferred service for nearly four times the average is Community Hospitals.
In terms of family structure and housing, this type is the most average across the Wellbeing Acorn spectrum. These families are more likely to be living in a 3-bedroom semi-detached property which is owner occupied and some will own their houses outright. They are typically found in neighbourhoods in Tamworth, Leicester and Essex.

There are very low levels of benefit claimants, although many are dissatisfied with their current jobs. They tend to work in intermediate occupations or junior managerial roles, giving them an income that is slightly higher than the national average.

Being a family oriented area there are very low rates of isolation and loneliness. Whilst not necessarily a member of any residents’ groups they are more likely to be part of some sort of community or social group. Although, membership and engagement with their local NHS services is about average.

Their health is generally good with very few medical problems requiring treatment. However, almost 10% have high cholesterol and some complain of migraines or headaches.

The levels of obesity are average even though their diet could be improved with only around 35% of people consuming more than 5 portions of fruit or vegetables.

“Semi-detached… owner occupied… good income… low rates of isolation… community groups… health generally good… few smokers… above average alcohol…”

Smoking in these neighbourhoods is well below the national average although the proportion drinking more than the recommended alcohol units is higher.
The ethnic mix of these urban and metropolitan neighbourhoods contains a higher than average level of Black and Chinese people. They are well educated young singles and couples living in privately rented flats. There are very few children here.

“Ethnically mixed... urban and metropolitan... well educated... few children... low smoking... good health... depression and anxiety... fried food... low engagement with health service...”

Many have a better than average household income from their professional or managerial roles with over 10% of the residents working within the NHS or higher education. There are also some who are self-employed.

Levels of smoking are very low in this population as is the proportion with a BMI of greater than 30.

More than 85% consider their own health to be good or very good. This is to be expected in such a young population and is also reflected in the very low instances of illness and prescribed medication, although there are instances of depression and anxiety as well as migraine and headaches. However, whilst this group have some of the highest levels of consumption of fruit and vegetables, it also has the greatest proportion of people with high cholesterol in the country. This is possibly due to the way in which some ethnic minorities fry food using ghee and other oils.

There is also, perhaps, a cultural barrier to them participating within their local NHS Trusts, almost half the average proportion do not engage with their local health service.

They can be found in high numbers in areas of Brighton, Camden and Edinburgh.
Group 4

Healthy

19 Relishing retirement
20 Perky pensioners
21 Sensible seniors
22 Gym & juices
23 Happy families
24 Five-a-day greys
25 Healthy, wealthy & wine
Group 4

Healthy

These neighbourhoods are more affluent, often with older residents. Their health, given their age, is especially good with very low levels of illness and good lifestyle behaviours.

Smoking is very low and consumption of fruit and vegetables are extremely high. There are, however, issues with alcohol intake, particularly for women.

Group 4 Types

19  Relishing retirement
20  Perky pensioners
21  Sensible seniors
22  Gym & juices
23  Happy families
24  Five-a-day greys
25  Healthy, wealthy & wine
The population in these neighbourhoods is older with almost half over the age of 50. They tend to be well educated retirees living in semi-rural or suburban neighbourhoods in large detached houses, many of which are owned outright.

Given the age of the people in these neighbourhoods health is relatively good. The expected levels of issues with joints, such as arthritis, angina and other age related illnesses are surprisingly only slightly above average, although there is a slight increase in the likelihood of some cancers. The proportion with high cholesterol is a mere 7% above the national average. Many consider their own health to be good or very good. However, almost a quarter of the population have been diagnosed with high blood pressure resulting in many taking prescribed medication for the condition. Almost all other types of prescribed medication are at or about average.

These people are very community focused with high instances of memberships of social and community groups, especially voluntary and environmental groups. They are also more likely to be members of their local NHS Acute Trust, with many motivated to stand as a Foundation Trust Governor.

“Well educated retirees... detached houses... health relatively good... some cancers... high blood pressure... community focussed... good diets... low smoking...”

They can be found in large numbers in villages and small towns in Powys, Cumbria and Shropshire.

Their diets are good with the proportion consuming 5 or more portions of fruit and vegetables are 20% above the national average. Rates of smoking are amongst the lowest of any group. Overall the levels of harmful drinking are about average, however women tend to drink more than the recommended units of alcohol than men.
Whilst these empty nesters and pensioners may not have the highest incomes, they tend to feel that when it comes to their financial situation they are “doing alright” or “living comfortably”. Their 3 or 4 bedroom bungalows or semi-detached houses are likely to be owned outright. They are also more likely to complain about a lack of light or issues around pollution and the environment.

“Empty nesters… living comfortably… houses owned outright… small neighbourhoods… life assurance policies… local health service… high fruit and veg...”

Many of these small neighbourhoods can be found in coastal or village locations in areas around Lancaster, Gwynedd or Norfolk.

They are less likely to have private health care, but will have life assurance and life protection policies. The proportion that has had one or two visits to out-patients in the past year is slightly above the national average. This connection with their community hospital means that membership of NHS Acute Trust amongst these people is relatively high. They are likely to seek opportunities to get more involved with their local health service, with particular interest in End of Life care and older people’s services.

Certain ailments are to be expected given the age profile of the people in these neighbourhoods. Raised blood pressure and high cholesterol are both more common here, but also instances of angina and other heart problems along with arthritis and hearing problems are all above average.

Their diets are generally typical of the population overall, with a slightly higher than average consumption of fruit and vegetables.
These well-educated retirees have a good diet with over 50% consuming the recommended 5 or more portions of fruit and vegetables. The levels of alcohol consumption are much lower than average, as is the proportion of smokers.

About 20% of the population rate their own health as fair, although there are almost 30% with high blood pressure, 10% with very high cholesterol and over 25% who are obese. Other illnesses associated with age such as, angina, diabetes, some cancers and problems with hearing are also more likely here resulting in much higher than average levels of prescribed medication.

These suburban areas contain over 30% more Black residents than average. The neighbourhoods contain bungalows and detached houses, many of which are owned outright. The residents are likely to be involved with their local community with much higher proportions than average being members of groups relating to their environment, local residents and voluntary services.

“Well educated retirees... good diet... high blood pressure... high cholesterol... obesity... prescribed medication... suburban areas... bungalows and detached houses... voluntary services...”

Although their membership of local NHS Trusts is average, they will engage with the Community Health Trust where Community Hospitals and End of Life care are their preferred service interactions.

They can be found in villages in areas such as North Dorset, Pembrokeshire and Devon.
These are well educated, young professionals living in small privately rented flats. Their lives are relatively comfortable, with household incomes approximately 20% higher than the national average. However, there is a higher proportion than average who are claiming Job Seeker’s Allowance. The urban and metropolitan neighbourhoods in which they live tend to be multi-ethnic with almost a quarter of the population being south Asian and more than 10% Black. There are also some students here.

“Young professionals… relatively comfortable… multi-ethnic… some students… some isolation… low illness… low hazardous drinking...”

Unsurprisingly, much of Inner London and areas of the largest cities contain the bulk of these neighbourhoods. Newham and Ealing, in London, have especially high levels.

There is likely to be some isolation issues, with a higher average proportions reporting that they have no-one who will listen, help in a crisis or they can relax with. More than 12% speak to their neighbours less than once a month reflecting the transient nature of these neighbourhoods where the length of occupancy is almost 25% below the national norm.

This type has some of the lowest instances of illness, with obesity, raised blood pressure and high cholesterol all being particularly low. Consequently those taking prescribed medication is also much lower than average. This lack of illness leads to low interaction with local health services.

Hazardous drinking is also low in these neighbourhoods, but smoking is slightly above the norm perhaps resulting in a slight over indexing of those with asthma.
These are family oriented areas with almost a quarter of the population being married with school-aged children. Others are either empty nesters or those with older dependents. The residents of these neighbourhoods are educated and work in managerial or executive level roles. Typical locations for these are edge of town suburbs around London and the Home Counties, Newcastle and Leicester.

“Family oriented... school-aged children... empty nesters... professionals... ethnically mixed... semi-detached houses... low ailments...”

These suburban neighbourhoods are ethnically mixed with almost 20% being non-white. They are more likely to live in a 3 or 4 bedroom semi-detached house with a mortgage, although there are some larger detached properties also.

Almost 90% consider their general health to be either good or very good. The levels of obesity, high cholesterol and high blood pressure are all very low, consequently the level of prescribed medicines is low. Accordingly, their exposure to NHS services is low resulting in a below average membership of NHS Foundation Trusts.

The proportion that drink above the recommended alcohol units is about average with an above average rate of fruit and vegetable consumption. Instances of smoking are low.
These neighbourhoods are likely to be home to pensioners, families with older children or empty nester couples often in large detached properties owned outright. Small towns in south Buckinghamshire, Hertfordshire and Northumberland are typical locations for ‘Five-a-day greys’.

They are well educated and many of them will be in professional occupations. For those that have retired their income will be coming from a private pension or investment funds – over half of the population consider themselves to be “living comfortably”. More than 20% will have a private health plan either through their employer or organised personally.

The health of these people is generally very good with low levels of limiting long term illness considering their age. The proportions of people with a BMI greater than 30, raised blood pressure or high cholesterol are all much lower than the national average. Other illnesses less likely to be found here are diabetes and angina, although migraines and headaches occur more often. As a result, the level of prescribed medication is also below the norm.

“Large detached… professional occupations… private pensions… living comfortably… private health plans… good health… healthy lifestyle…”

Limited contact with local health services means that membership of NHS Foundation Trusts is low, although there are some who will be engaged with their local Acute Trust.

They tend to lead a healthy lifestyle with the highest rate of those consuming more than the recommended 5 portions of fruit and vegetables, they also have some of the lowest instances of smoking. Their alcohol intake is, however, slightly above average with women being more likely than men to drink more than their recommended units.
These are some of the wealthiest neighbourhoods in the country, more than 10% have a household income in excess of £100,000 per annum. The residents tend to live in large detached houses that are being bought on a mortgage and have access to 2 or more cars. Most will be well educated and in professional or senior managerial occupations although there will be some retired whose incomes come from a private pension.

Large numbers can also be found in the suburbs of areas such in Surrey, Hampshire and Leicestershire.

There is a mixture of family types in these neighbourhoods with mainly married couples with school age children and others with older non-dependents. There are also some empty nesters here. Whilst the ethnic mix of these areas is fairly homogeneous, the proportion of south Asians is higher than average.

The health of the population in these communities is very good. Given their ages, they have some of the lowest frequencies of obesity, high cholesterol and high blood pressure, although there is an over representation of some cancers.

Engagement with local NHS Trusts is low due to a lack of exposure to local health services, where recruitment mostly takes place.

“Wealthy… large detached houses… senior managerial occupations… private pensions… mix of family types… very good health… very few smokers… high alcohol consumption…”

Instances of smoking are the lowest in Great Britain and the rate of consumption of the recommended 5 portions of fruit and vegetables per day is slightly above average. Alcohol consumption, on the other hand, is well above the national average with men approximately 15% more likely to exceed the suggested alcohol units, and for women that figure is almost 30%.