

The future of cancer care in Wales: Trends in demographics and lifestyle factors

Executive summary



Trends in demographics and lifestyle factors

Cancer prevalence is shaped by demographic factors like ageing, which increases risk due to prolonged exposure to carcinogens, biological changes, and lifestyle behaviours such as smoking and obesity, both of which significantly elevate cancer risk. Social determinants, including socioeconomic status and access to healthcare, further influence cancer incidence and early detection rates.

In Wales, shifting demographics and lifestyle trends, such as an ageing population, obesity, and smoking rates, are expected to alter cancer care demands. This report analyses these trends to suggest future cancer burdens, guide resource allocation, and support targeted interventions aimed at improving prevention, early detection, and treatment. The findings aim to inform evidence-based planning to ensure the sustainability and effectiveness of the healthcare system in Wales in addressing the evolving cancer landscape.

Population growth and ageing

According to the 2021 Census, Wales reached its highest recorded population of 3,107,500, reflecting a modest 1.4% growth since 2011—substantially lower than England's 6.6% increase. This growth was driven primarily by net migration, as natural population change saw more deaths than births. Cardiff remained the most populous local authority, while Newport experienced the highest growth rate at 9.5%.





Meanwhile, the proportion of residents aged 65 and over rose from 18.4% in 2011 to 21.3% in 2021, underscoring an ageing trend more pronounced than in most English regions. Projections indicate that by 2035, the total population will reach 3.35 million, with those aged 65 and over increasing to represent over 25% of the population.

This demographic shift will significantly impact healthcare, particularly cancer care, given the strong correlation between age and cancer incidence. The rise in the elderly population will drive increased demand for cancer services. Addressing these challenges will require investments in healthcare infrastructure, workforce expansion, and the adoption of integrated care models. Furthermore, a focus on prevention, early detection, and equitable access across regions will be critical to managing the growing cancer burden and ensuring sustainable healthcare delivery in Wales.

Social deprivation

Between 2011 and 2021, household deprivation in England and Wales declined from 57.6% to 51.7%, with Wales exhibiting slightly higher deprivation levels (54.1%) compared to England (51.6%). Deprivation is measured across employment, education, health, and housing dimensions, and while all Welsh local authorities saw improvements, areas like Blaenau Gwent (61.7%) and Merthyr Tydfil (59.8%) remained the most affected, contrasting with more affluent regions like Monmouthshire (48.3%).

The Welsh Index of Multiple Deprivation (WIMD) further highlights regional disparities, with Blaenau Gwent having 85.1% of its small areas in the most deprived 50%, whereas Monmouthshire had only 16.1%.

Future trends suggest continued reductions in deprivation, though persistent regional inequalities, particularly in post-industrial areas, and demographic shifts, such as an ageing population, may pose challenges. Social deprivation is closely linked to poorer cancer care outcomes due to delayed diagnoses, lower screening participation, and increased risk factors like smoking and obesity. Addressing these disparities through targeted interventions, health education, and improved healthcare access will be critical to reducing cancer incidence and ensuring equitable care across Wales.

Smoking prevalence

Smoking prevalence in Wales has significantly declined from 22.3% in 2011 to 12.6% in 2023, with decreases seen across all age groups and genders. The sharpest decline is among young adults aged 18–24, falling from 26.5% to 8.5%, while older age groups, especially those over 65, show slower reductions. Regional variations exist, with areas like Powys and Monmouthshire reporting some of the lowest smoking rates, while areas such as Merthyr Tydfil and Rhondda Cynon Taf maintain higher rates.

The future trend is likely to see continued declines, with societal attitudes and support services playing key roles, though challenges remain in high-prevalence regions and among older smokers. A reduction in smoking is expected to positively impact cancer care in Wales, particularly in reducing smoking-related cancers like lung cancer, although a residual burden of smoking-related cancers will persist in the short to medium term, particularly among older adults who have smoked for many years.





Obesity

Obesity in Wales has been steadily rising, with 26% of adults recorded as obese in 2022/23, up from 17.8% in 2003. This increase is projected to continue, with obesity prevalence expected to reach 32% by 2040. Obesity rates vary significantly across local authority areas, with Blaenau Gwent having the highest rate (36.9%) and Denbighshire the lowest (17.6%). Socioeconomic factors play a major role, with more deprived areas likely to see faster increases in obesity prevalence.

Obesity is a significant risk factor for at least 13 types of cancer, and as obesity rates rise, the incidence of obesity-related cancers is also expected to grow, particularly in regions with higher obesity rates. This will increase the strain on cancer care services, raising costs and complicating treatment. Public health initiatives like the Welsh Government's Healthy Weight: Healthy Wales aim to address the obesity epidemic, but effective implementation will be crucial to reducing future cancer burdens and easing pressure on the healthcare system.

Want to read more?

Email hello@lshubwales.com to get the full report, accessing key insights, statistics and know-how about the Welsh cancer landscape.

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How we can help you

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