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# Health Needs of people aged 40-60 in Wirral

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Wirral Council Public Health  
Intelligence Team

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## Healthcare needs of people aged 40-60 in Wirral

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Version History	Date	Author	Reviewer	Actions
Version 0.1	26/01/2017	Brendan Collins	Sarah Kinsella	Made some changes
Version 0.2	06/02/2017	BC	Bev Murray	Made some changes

### Report Overview

<b>Abstract</b>	<p>This is a review of healthcare and lifestyle data around people aged 40-60 in Wirral. 40-60 year olds in Wirral have high rates of lifestyle issues like being overweight or obese, being inactive and drinking too much alcohol. Being overweight or obese and smoking both show a steep social gradient, with more deprived populations more likely to smoke and be overweight/ obese. 40-60 year olds have very high lifetime rates of depression (around 1 in 4). 40-60 years is the time period when rates of some long term conditions like diabetes and hypertension really start to show rapid increases. There are significant inequalities in disease prevalence, with many diseases like diabetes, coronary heart disease and chronic kidney disease being twice as prevalent in people in the most deprived areas compared to the least deprived areas. COPD for example, is 11 times more prevalent. Being from deprived groups means experiencing long term conditions like heart disease, COPD and stroke around ten years earlier than people from less deprived groups. A&amp;E presentations are lower for 40-60 year olds than other age groups, as are walk in centre attendances; it may be that this age group are more likely to use primary care than these other services.</p>
<b>Intended or potential audience</b>	<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>- Public Health Department</li> </ul> <p><b>External</b></p> <ul style="list-style-type: none"> <li>- Wirral Clinical Commissioning Group</li> </ul>

## 1. Introduction

This work has been prompted by Public Health England (PHE)'s work published in January 2017, looking at 40-60 year olds and the changes in health and lifestyle risk factors affecting this age group. From a data perspective a lot of data is available in five year age bands so much of the local data spans the 40-59 age groups (20 year span) rather than 40-60 (21 year span).

Age 40-60 is an age bracket where many people will be enjoying good health, but people who have long term conditions or disabilities may see deterioration in their quality of life. People are at risk of trauma and injury, or of mental health or alcohol problems. People who have comorbid depression and long term conditions may be at high risk of deterioration of their health status. People may be going through life changes such as becoming unemployed, early retirement, divorce or separation, bereavements or children leaving home. And these life events may cause changes in their levels of wellbeing. Risk factors like poverty, damp, pollution, adverse childhood experiences, and lifestyle factors like smoking, alcohol, diet, obesity and physical activity will play a big part in whether people are enjoying good health or are starting to see their health deteriorate. A considerable cause of ill health in this age group is musculoskeletal problems like chronic lower back and neck pain, which can have limited treatments. This age range provides a good opportunity for people to change their lifestyle or to have health problems like high cholesterol or hypertension diagnosed and treated.

## 2. Summary of Issues Affecting 40-60 year olds

- 40-60 year olds in Wirral have high rates of lifestyle issues like being overweight or obese, being inactive and drinking too much alcohol.
- Being overweight or obese and smoking both show a steep social gradient, with more deprived populations more likely to smoke and be overweight/obese.
- 40-60 year olds have very high lifetime rates of depression (around 1 in 4).
- 40-60 years is the time period when rates of some long term conditions like diabetes and hypertension really start to show rapid increases.
- There are significant inequalities in disease prevalence, with many diseases like diabetes, coronary heart disease and chronic kidney disease being twice as prevalent in people in the most deprived areas compared to the least deprived areas. COPD for example, is 11 times more prevalent. Being from deprived groups means experiencing long term conditions like heart disease, COPD and stroke around ten years earlier than people from less deprived groups.
- A&E presentations are lower for 40-60 year olds than other age groups, as are walk in centre attendances; it may be that this age group are more likely to use primary care than these other services.

### 3. National Data on 40-60 year olds

A recent analysis by PHE<sup>1</sup> of Health Survey for England (HSfE) data looked at changes over 20 years (1991-93 to 2011-13) in risk factor and health status for 40-60 year olds. This found that:

- A much greater proportion of men and women were obese or severely obese - the proportion of 40 to 60 year old men who are overweight or obese has increased from 66.7% in 1991 to 1993 to 76.8% in 2011 to 2013, and for females the figure has risen from 54.8% to 63.4%.
- Alcohol abstainers had increased in men and women, while harmful drinking had most likely increased as well – although changes in measurement and recommended units mean we cannot be certain about this.
- The proportion of 40-60 year old smokers has reduced significantly - from 29% to 22% in men, and from 29% to 20% in women. Some of this is due to people moving to e-cigs with 5% of this age group using e-cigs, although smoking fell significantly before e-cig use became widespread.
- Self-reported prevalence of diabetes and mental disorders had more than doubled in males and females, while prevalence of heart problems in men had increased considerably as well. The increase in mental disorders may in part reflect greater awareness and diagnosis of mental health.

Overall, this suggested that, in comparison in comparison to twenty years ago:

Men aged 40 to 60 are:

- more likely to be obese
- less likely to smoke and less likely to drink alcohol (although most do still drink alcohol)
- more likely to suffer from a heart condition
- more likely to have diabetes
- more likely to report suffering from a mental health disorder

Women aged 40 to 60 are:

- more likely to be obese;
- less likely to smoke and less likely to drink alcohol (although most do still drink alcohol)
- more likely to have diabetes
- more likely to report suffering from a mental health disorder

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<sup>1</sup> <https://www.gov.uk/government/publications/changes-in-the-behaviour-and-health-of-40-to-60-year-olds/changes-in-the-behaviour-and-health-of-40-to-60-year-olds-between-1991-to-1993-and-2011-to-2013>

This analysis looked in detail at three lifestyle risk factors (drinking too much, being inactive, and being overweight or obese) and how many people in England had zero, one, two or all three risks. Being inactive was defined as less than 30 minutes of moderate physical activity in a week. This analysis (shown in Table 1) found a high prevalence of overweight and obesity in this age group (around 70%), high rates of unhealthy drinking in males (34%), and high rates of inactivity in females (32%). It is important to note that recommended maximum alcohol consumption for men only reduced from 21 to 14 units per week in early 2016, so it is possible that in future men will reduce their drinking based on this advice.

It may be that future interventions should be focused on people who have two or more risks. In terms of health inequalities, previous research (also using HSfE for 2003 and 2008) has shown that unhealthy lifestyle behaviours (smoking, excessive alcohol use, poor diet, and low levels of physical activity) tend to cluster together and impose a significant health loss in the most deprived populations.<sup>2</sup> Inequalities in rates of obesity have increased significantly over the last 20 years. This clustering has been proposed as a contributory factor to the ‘alcohol paradox’ where people from more deprived areas actually drink less on average than more affluent people, but are more likely to suffer harmful consequences of alcohol.<sup>3</sup>

**Table 1. Estimated proportion of people with three risk factors, age 40-60, from Health Survey for England, 2014.**

England			
Risk factor	Men	Women	All
Drinking over CMO guidelines (14 units of alcohol)	33.6%	18.4%	25.9%
Inactive	22.7%	32.3%	27.6%
Overweight or obese	75.9%	63.3%	69.5%

England			
Number of risks	Men	Women	All
zero	12.6%	21.0%	16.8%
one risk	47.9%	46.2%	47.0%
two risks	35.0%	29.2%	32.1%
three risks	4.5%	3.6%	4.1%

<sup>2</sup> Buck, D. & Frosini, F. (2014) *Clustering of unhealthy behaviours over time. Implications for policy and practice*. The King's Fund. Available from: <http://www.kingsfund.org.uk/sites/files/kf/clustering-of-unhealthy-behaviours-over-time-appendices.pdf>

<sup>3</sup> Beard, E., Brown, J., West, R., Angus, C., Brennan, A., Holmes, J., & Michie, S. (2016). Deconstructing the Alcohol Harm Paradox: A Population Based Survey of Adults in England. *PLoS ONE*, 11(9), e0160666. <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0160666#sec016>

#### 4. Local Lifestyle Estimates for Wirral

Local estimates were produced using available data sources for Wirral. These sources may use different survey methods and so produce different results than the national Health Survey for England, meaning any comparison may be subject to some uncertainty. We estimated the proportion of people drinking above the CMO guidelines using data for 40-60 year olds in Wirral from the 2013 North West Mental Wellbeing Survey (NWMWBS). This survey seemed to implausibly overestimate the number of alcohol abstainers in Wirral, so to adjust for this we included only individuals who reported alcohol unit consumption and assumed that 10% of individuals were abstainers which fits in with previous estimates of alcohol consumption.<sup>4</sup> Overall this suggested that men in Wirral may be 15% more likely to drink over the guideline, and women 13% more likely, compared to England as a whole. The inactivity data was also from the NWMWBS, and suggested that men were 37% more likely to be inactive and women were 7% more likely to be inactive than the England average. The overweight and obesity figures were based on Active People Survey data for all adults in Wirral (2013-15) and simply applied the ratio of overweight and obesity in the whole population to the 40-60 age group; this suggested that overweight and obesity was around 3% higher in Wirral. There will be a lot of uncertainty around this estimate however.

To estimate the proportion of people with one or more risks we assumed that as prevalence of these three risk factors (alcohol, inactive, overweight/obese) was around 18% higher on average, 18% of people with zero risks would spill over into the next category of having one risk, and so on. This may not be a very robust methodology so the results should be treated with caution. Overall this suggested that 6.8% of men and 4.6% of women may have all three risk factors and are putting themselves at increased risk of diseases like CVD, cancer, diabetes and liver disease. It may be that efforts can be focused on these groups. Programmes like NHS Healthchecks may be a good opportunity to identify people and motivate them to change their lifestyle.

Another methodology could be attempted for this by applying the relationship between lifestyle and demographic factors like deprivation, age, gender, from the Health Survey for England to the Wirral population, but it may not necessarily produce more reliable results.

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<sup>4</sup> NWPHO, modelled estimated based on general lifestyle survey 2009.  
<http://www.lape.org.uk/downloads/alcholestimates2011.pdf>

Table 2. Estimated proportion of people with three risk factors, age 40-60, Wirral. Alcohol and inactivity based on NW Mental Wellbeing Survey 2013; overweight or obese based on Active People Survey, 2013-15.

Wirral				
Risk factor	Men	Women	All	Ratio Wirral: England
Drinking over CMO guidelines (14 units)	38.6%	20.9%	30.2%	1.17
Inactive	31.2%	34.7%	33.1%	1.20
Overweight or obese	78.1%	65.2%	71.5%	1.03

Wirral			
Number of risks	Men	Women	All
zero	5.6%	17.3%	11.3%
one risk	50.2%	47.9%	49.2%
two risks	37.3%	30.2%	33.8%
three risks	6.8%	4.6%	5.8%

## 5. Local Long Term Conditions Data

We used data from the CCG's long term conditions tool to look at lifetime prevalence of long term conditions in 40-59 year olds. This has data which covers around 89% of the Wirral population (around 281,000 people). It has disease prevalence in the same categories used in the Quality and Outcomes Framework (QOF). This data currently does not include some common illnesses like anxiety, liver disease, anaemia, migraines, vision or hearing loss, osteoarthritis, or chronic back or neck pain.

It is important to recognise that this is diagnosed lifetime prevalence only; disease prevalence is a function of the number of people alive with a disease, and some diseases are lifelong like hypertension, while people can recover from some diseases like childhood asthma. Consequently, this data is more accurate for those diseases individuals do *not* typically recover completely from, like CHD, diabetes, stroke, COPD, heart failure. It is less accurate for diseases like depression, severe mental illness, asthma and cancer where people can recover. In addition, we cannot infer incidence (number of new cases) from this data.

For 40-59 year olds, depression was the most common illness recorded in the tool, having being diagnosed in one in four people at some point in their lifetime. This is much higher than the national prevalence of mental illness which was reported as 7.4% in females and 5.8% in males from 2011 to 2013 Health Survey for England. The most recent Adult Psychiatric Morbidity Survey (APMS) for England reported around 4.5% prevalence of depressive episode in the past week for this age group.<sup>5</sup> It would be interesting to look at this in the context of prescribing rates for

<sup>5</sup> Stansfeld, S., Clark, C., Bebbington, P., King, M., Jenkins, R., & Hinchliffe, S. (2016). Chapter 2: Common mental disorders. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

antidepressant drugs, and also referral rates into the IAPT (Increasing Access to Psychological Therapies) Service for this age group. This lifetime prevalence of depression in this age group may be higher because they are a cohort where antidepressant medication has been available to them in primary care through their adult lives, whereas before SSRI (selective serotonin reuptake inhibitor) type drugs were licensed in the late 1980s, prescribing for depression was generally restricted to Consultant Psychiatrists rather than GPs, and would be for more severe depression.

The age range 40-59 is where prevalence of diseases like hypertension and diabetes really start to creep up, with diagnosed hypertension increasing from 4.6% in 40-44 year olds to 21.3% in 55-59 year olds, and diabetes increasing from 2.7% to 8.4%. It is estimated that around 31,000 adults (11.5%) in Wirral have impaired glucose tolerance (pre-diabetes or non-diabetic hyperglycaemia), a large proportion of whom may be in this age group. Cancer lifetime prevalence increases from 1.0% to 3.8% - Wirral is significantly higher than England for cancer incidence and cancer mortality in under 75s.<sup>6</sup>

The smoking and obesity data in this sample may be biased as it will be collected more often for people with long term conditions than people without. BMI was measured for around 38% of individuals aged 40-59; 74% of people were either overweight or obese, which is slightly higher than the estimate in Table 2 of 71%. There is a very steep social gradient in weight with prevalence of severe obesity (BMI over 40), but underweight is also more than twice as high in the most deprived compared to the least deprived quintile (Figure 1). Weight categories should be interpreted as lying across a distribution, so people from the most deprived quintile are less likely to be overweight than the least deprived quintile, but this is probably only because the distribution is skewed towards more obesity (i.e. more are obese than overweight).

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<sup>6</sup> <https://www.cancerdata.nhs.uk/dashboard/#?tab=Trends&ccg=12F>

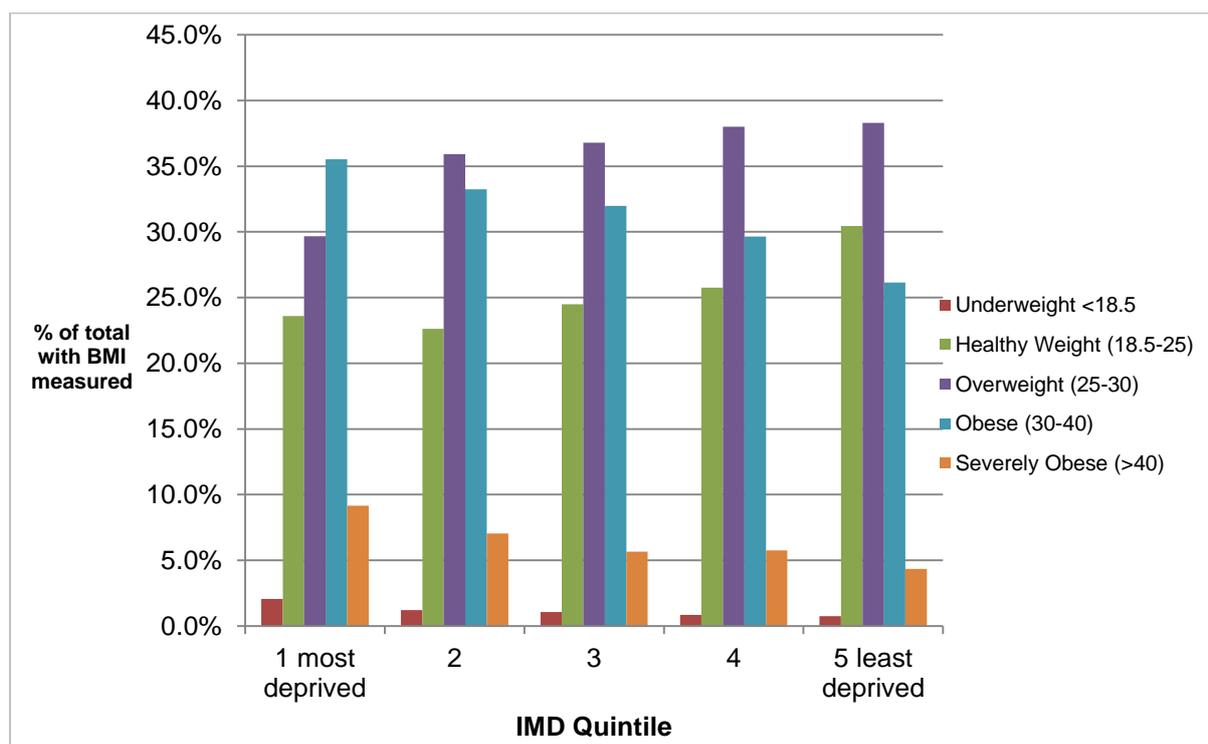
Table 3. Lifetime disease prevalence by age in Wirral, data as of October 2016.

Disease Group	All ages	<40	Age 40-59	60+
Average number of long term conditions	0.67	0.26	0.65	1.49
Diabetes	5.4%	0.7%	5.3%	14.8%
Hypertension	14.4%	0.5%	12.3%	44.2%
CHD (Coronary Heart Disease)	3.5%	0.0%	1.7%	12.7%
Atrial Fibrillation	2.3%	0.0%	0.8%	8.5%
Heart Failure	0.9%	0.0%	0.3%	3.2%
Stroke	1.1%	0.0%	0.5%	3.7%
Chronic Kidney Disease	0.1%	0.0%	0.0%	0.4%
Cancer	3.1%	0.3%	2.3%	9.7%
Palliative Care	3.3%	0.1%	1.1%	12.4%
Asthma	11.8%	13.5%	11.2%	9.1%
COPD (Chronic Obstructive Pulmonary Disease)	2.4%	0.0%	1.6%	7.8%
Depression	16.7%	9.9%	25.5%	19.6%
Dementia	0.8%	0.0%	0.0%	3.4%
Learning Disability	0.2%	0.2%	0.3%	0.1%
Mental Health (Severe Mental Illness)	0.3%	0.2%	0.5%	0.3%
Epilepsy	1.3%	1.0%	1.7%	1.6%
Osteoporosis	2.8%	0.1%	1.1%	10.2%
Obesity	9.5%	4.0%	13.0%	16.1%
Current Smoker	9.7%	7.5%	14.0%	9.2%

**Table 4. Long term conditions lifetime prevalence by age 30-69 in Wirral (5 year age bands); data as of October 2016.**

Disease Group	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Average number of long term conditions	0.42	0.45	<b>0.50</b>	<b>0.57</b>	<b>0.69</b>	<b>0.83</b>	1.01	1.25
Diabetes	1.0%	1.6%	<b>2.7%</b>	<b>4.0%</b>	<b>5.7%</b>	<b>8.4%</b>	10.2%	13.6%
Hypertension	0.9%	2.0%	<b>4.6%</b>	<b>8.5%</b>	<b>14.1%</b>	<b>21.3%</b>	28.8%	38.3%
CHD	0.0%	0.1%	<b>0.4%</b>	<b>0.9%</b>	<b>2.0%</b>	<b>3.5%</b>	5.6%	9.2%
Atrial Fibrillation	0.1%	0.2%	<b>0.3%</b>	<b>0.5%</b>	<b>0.9%</b>	<b>1.5%</b>	2.6%	4.6%
Heart Failure	0.1%	0.1%	<b>0.1%</b>	<b>0.1%</b>	<b>0.3%</b>	<b>0.6%</b>	0.8%	1.4%
Stroke	0.0%	0.1%	<b>0.1%</b>	<b>0.3%</b>	<b>0.6%</b>	<b>1.1%</b>	1.7%	2.2%
Chronic Kidney Disease	0.0%	0.0%	<b>0.0%</b>	<b>0.0%</b>	<b>0.1%</b>	<b>0.1%</b>	0.1%	0.2%
Cancer	0.6%	0.9%	<b>1.0%</b>	<b>1.8%</b>	<b>2.7%</b>	<b>3.8%</b>	5.7%	8.1%
Palliative Care	0.1%	0.2%	<b>0.3%</b>	<b>0.6%</b>	<b>1.2%</b>	<b>2.2%</b>	3.5%	6.3%
Asthma	15.7%	13.9%	<b>12.5%</b>	<b>11.4%</b>	<b>11.0%</b>	<b>9.8%</b>	9.9%	9.1%
COPD	0.0%	0.1%	<b>0.4%</b>	<b>1.1%</b>	<b>1.9%</b>	<b>2.9%</b>	4.8%	6.8%
Depression	21.0%	23.0%	<b>25.1%</b>	<b>25.7%</b>	<b>25.5%</b>	<b>25.4%</b>	24.1%	21.5%
Dementia	0.0%	0.0%	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.1%</b>	0.3%	0.6%
Learning Disability	0.3%	0.2%	<b>0.3%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.2%</b>	0.2%	0.2%
Mental Health	0.4%	0.5%	<b>0.5%</b>	<b>0.5%</b>	<b>0.5%</b>	<b>0.5%</b>	0.4%	0.3%
Epilepsy	1.4%	1.7%	<b>1.8%</b>	<b>1.7%</b>	<b>1.8%</b>	<b>1.7%</b>	1.6%	1.7%
Osteoporosis	0.1%	0.2%	<b>0.3%</b>	<b>0.5%</b>	<b>1.2%</b>	<b>2.3%</b>	4.4%	7.1%
Obesity	7.8%	8.1%	<b>10.3%</b>	<b>12.2%</b>	<b>13.8%</b>	<b>15.4%</b>	16.8%	18.5%
Current Smoker	13.3%	12.7%	<b>14.3%</b>	<b>14.9%</b>	<b>13.7%</b>	<b>13.1%</b>	12.0%	11.0%

**Figure 1. Weight categories for people aged 40-59 with BMI measured by GP, in Wirral, data as of October 2016.**



In terms of inequalities in disease prevalence, many diseases had a higher prevalence in the most deprived quintile of the population nationally. COPD (chronic lung disease) for example, was nearly 11 times higher in the most deprived quintile. Dementia cases were rare in this age group, but there were more in the most deprived quintile. Many diseases were around twice as prevalent in the most deprived quintile compared to the least deprived quintile such as diabetes, coronary heart disease, chronic kidney disease, and learning disability. Cancer and atrial fibrillation on the other hand, were actually higher in individuals from the least deprived quintile. Severe mental illness was nearly three times higher in the most deprived quintile. Interestingly, given that COPD was 11 times higher, smoking was around five times higher which may indicate that wealth is a protective factor against smoking-related disease. It is important to note however, that COPD prevalence is a legacy of historical smoking prevalence over many years, so there will be large differences in numbers of cigarettes smoked per day and other risk factors such as exposure to industrial pollution. Around 90% of COPD is caused by tobacco smoke.<sup>7</sup>

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<sup>7</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2672326/>

**Table 5. Long Term Conditions; Lifetime Prevalence in Wirral 40-59 year olds, most deprived, and least deprived.**

Indicator	Age 40-59 Wirral average	Age 40-59 most deprived	Age 40-59 least deprived	Prevalence ratio most: least deprived in 40-59 year olds
Average number of long term conditions	0.65	0.82	0.50	1.65
Diabetes	5.3%	7.3%	3.5%	2.08
Hypertension	12.3%	13.9%	10.1%	1.38
CHD	1.7%	2.4%	1.1%	2.17
Atrial Fibrillation	0.8%	0.8%	0.9%	0.86
Heart Failure	0.3%	0.5%	0.2%	2.92
Stroke	0.5%	0.7%	0.4%	1.94
Chronic Kidney Disease	0.0%	0.1%	0.0%	2.13
Cancer	2.3%	2.0%	2.6%	0.76
Palliative Care	1.1%	1.3%	0.8%	1.75
Asthma	11.2%	12.5%	10.3%	1.22
COPD	1.6%	3.4%	0.3%	11.79
Depression	25.5%	33.2%	17.9%	1.86
Dementia	0.0%	0.1%	0.0%	13.31
Learning Disability	0.3%	0.3%	0.1%	2.23
Mental Health	0.5%	0.7%	0.2%	3.73
Epilepsy	1.7%	2.5%	0.9%	2.85
Osteoporosis	1.1%	1.2%	1.0%	1.13
Obesity	13.0%	16.3%	9.2%	1.77
Current Smoker	14.0%	24.7%	5.2%	4.79

The most prevalent combinations of health conditions for 40-59 year olds were around the combination of depression with other diseases, which is not a surprise as 25% of people had a lifetime diagnosis of depression. It is perhaps more surprising that there isn't a greater level of crossover between some other disease groups, like hypertension and CHD, etc.

Table 6. Combinations of lifetime long term conditions in 40-59 year olds, data for c.89% of Wirral population, data as of October 2016.

Combination of conditions	N	% of total
[Depression]	12,541	15.7%
[Asthma]	4,483	5.6%
[Hypertension]	4,413	5.5%
[Asthma] [Depression]	2,042	2.6%
[Depression] [Hypertension]	1,593	2.0%
[Diabetes]	1,180	1.5%
[Cancer]	869	1.1%
[Diabetes] [Hypertension]	849	1.1%
[Epilepsy]	552	0.7%
[Depression] [Diabetes]	527	0.7%
[Asthma] [Hypertension]	520	0.7%
[Depression] [Diabetes] [Hypertension]	378	0.5%
[CHD]	360	0.5%
[Cancer] [Depression]	335	0.4%
[COPD]	318	0.4%
[Osteoporosis]	292	0.4%
[Atrial Fibrillation]	261	0.3%
[COPD] [Depression]	259	0.3%
[Depression] [Epilepsy]	256	0.3%
[Asthma] [Depression] [Hypertension]	255	0.3%
[Depression] [Osteoporosis]	160	0.2%
[CHD] [Depression]	158	0.2%
[CHD] [Hypertension]	154	0.2%
[Asthma] [Diabetes]	140	0.2%
[Depression] [Mental Health]	133	0.2%
[Cancer] [Hypertension]	130	0.2%
[Asthma] [Depression] [Diabetes]	129	0.2%
[Asthma] [Diabetes] [Hypertension]	112	0.1%
Other combinations (less than 100 people with combination)	3,614	4.5%
No health conditions	42,852	54%
<b>Total</b>	<b>79,865</b>	<b>100%</b>

## 6. Cancer Incidence and Mortality

Cancer incidence and mortality data is available from PHE. This data is available for 25-49 and 50-59 year olds, but a large proportion of cancer in 25-49 year olds will be in 40-49 year olds. The most common cancer was breast cancer, followed by all other sites, lung cancer, colorectal, skin and prostate cancer (Table 7). The biggest number of deaths were from lung cancer, followed by other sites, breast cancer, and colorectal. Informing people in these age groups on how to recognise the early signs of cancer and the importance of attending screening for breast cancer and cervical cancer is crucial. Since lung cancer is the biggest cause of cancer deaths, this may indicate that more needs to be done around lung checks for smokers and ex-smokers who are high risk for lung cancer. Survival rates are much higher for people diagnosed at an early stage.<sup>8</sup>

**Table 7. Cancer Incidence (number of cases) in males and females aged 25-49 and 50-59 in Wirral, 2010-14 (five years pooled) excluding counts of less than five. Totals also exclude counts of less than five.**

Cancer Diagnosis	Female		Female Total	Male		Male Total	Total
	25-49 years	50-59 years		25-49 years	50-59 years		
Malignant Neoplasm Of Breast	259	315	574				574
All Other Invasive Malignant Neoplasms Excluding non-melanoma skin cancer	66	69	135	87	73	160	295
Trachea, Bronchus And Lung	24	72	96	15	71	86	182
Colorectal	23	51	74	30	73	103	177
Malignant Melanoma Of Skin	54	41	95	29	27	56	151
Malignant Neoplasm Of Prostate				8	119	127	127
Non Hodgkin's Lymphoma	12	25	37	21	35	56	93
Ovary	39	38	77				77
Malignant Neoplasm Of Kidney, Except Renal Pelvis	12	15	27	19	26	45	72
Brain And Other Parts Of Central Nervous System	13	6	19	24	17	41	60
Uterus (Body And Unspecified)	7	47	54				54
Leukaemia	11	12	23	10	17	27	50
Malignant Neoplasm Of Oesophagus	7	7	14	10	23	33	47
Malignant Neoplasm Of Liver And Intrahepatic Bile Ducts		6	6	6	11	17	23
Malignant Neoplasm Of Pancreas		8	8		13	13	21
Malignant Neoplasm Of Stomach		7	7		8	8	15
Multiple Myeloma And Malignant Plasma Cell Neoplasms		7	7		7	7	14
Malignant Neoplasm Of Bladder					11	11	11
Malignant Neoplasm Of Gallbladder							

From <https://www.cancerdata.nhs.uk/> - blank cells are counts less than 5, including zeros.

<sup>8</sup> <http://www.cancerresearchuk.org/about-cancer/type/lung-cancer/treatment/statistics-and-outlook-for-lung-cancer>

**Table 8. Cancer Mortality (number of deaths) in males and females aged 25-49 and 50-59 in Wirral, 2010-14 (five years pooled) excluding counts of less than five. Totals also exclude counts of less than five.**

Cancer Diagnosis	Female		Female Total	Male		Male Total	Total
	25-49 years	50-59 years		25-49 years	50-59 years		
Trachea, Bronchus And Lung	16	44	60	11	57	68	128
All Other Invasive Malignant Neoplasms Excluding non-melanoma skin cancer	12	24	36	12	38	5	86
Malignant Neoplasm Of Breast	25	38	63				63
Colorectal		13	13		23	23	36
Brain And Other Parts Of Central Nervous System				8	18	26	26
Malignant Neoplasm Of Oesophagus				6	16	22	22
Malignant Neoplasm Of Pancreas		1	1		11	11	21
Malignant Melanoma Of Skin					11	11	11
Ovary	9		9				9
Malignant Neoplasm Of Liver And Intrahepatic Bile Ducts					9	9	9
Leukaemia					7	7	7
Malignant Neoplasm Of Prostate					7	7	7
Non Hodgkin's Lymphoma					6	6	6
Malignant Neoplasm Of Kidney, Except Renal Pelvis		6	6				6
Multiple Myeloma And Malignant Plasma Cell Neoplasms					6	6	6
Uterus (Body And Unspecified)							
Malignant Neoplasm Of Bladder							
Malignant Neoplasm Of Stomach							
Malignant Neoplasm Of Gallbladder							

From <https://www.cancerdata.nhs.uk/> - blank cells are counts less than 5, including zeros.

## 7. Conceptions and Parenthood

The average age of parents in England has increased by 4 years in the last four decades. At the birth of a child in 2015, fathers averaged 33.2 years of age and mothers 30.3 years.<sup>9</sup> This means that many 40-60 year olds may have young children. In 2014, 2.7% of conceptions in the North West of England were in women aged 40 and over. Women who are pregnant over 40 are at increased risk of complications of pregnancy and delivery, for both mother and infant, and increased chance of having twins or having babies with genetic disorders like Downs syndrome (Trisomy 21).

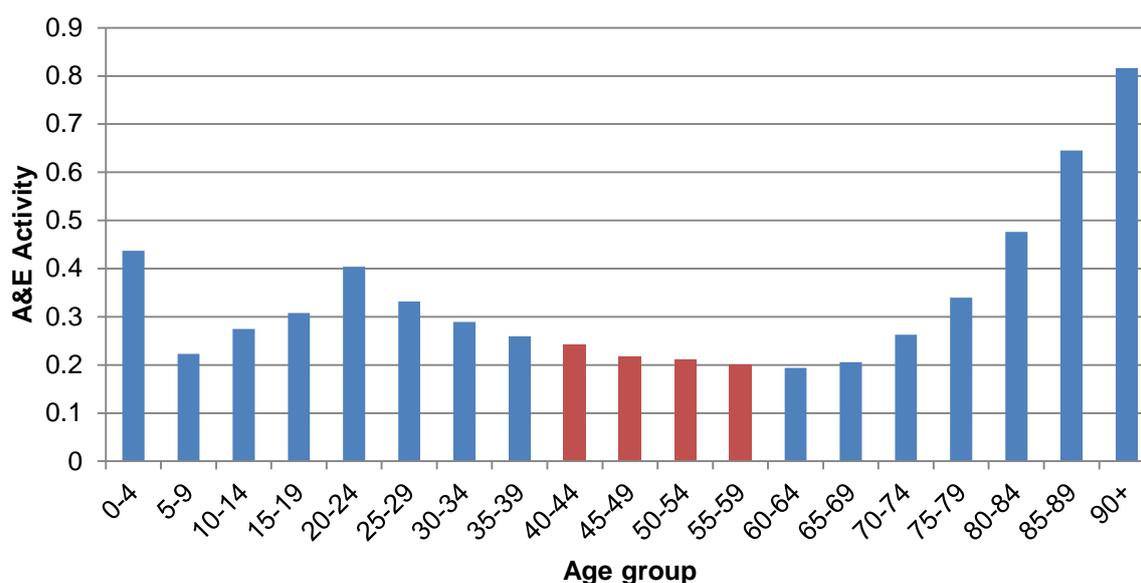
<sup>9</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsbyparentscharacteristicsinenglandandwales/2015>

## 8. A&E Presentations

A&E presentations in people aged 40-60 are lower than other age groups in Wirral at around 0.22 presentations per person, per year. 40-60 year olds make up around 21% of A&E presentations. A&E presentations are higher in 0-4s, 15-29 year olds, and then show a steady increase from age 70 onwards to 0.8 year for people aged 90 and over. We do not have data on diagnosis codes to know more about reasons for people presenting to A&E, unless they are then admitted to hospital.

Figure 2. Rate of A&E presentations per person year, Wirral, by age group. Data from April 2013-December 2015 (33 months annualised).



## 9. Hospital Admissions

Of hospital inpatient admissions in Wirral during the three years from 2013/14 to 2015/16, 22% were in 40-59 year olds. The diagnosis codes with the most hospital admissions were kidney disease (but this was primarily for kidney dialysis which results in a large number of admissions being coded for each individual), pain in throat and chest, abdominal and pelvic pain, dorsalgia (back pain), gastritis and duodenitis, and mental & behavioural disorders due to use of alcohol. The chapters with the most admissions were around digestive disease (eg liver disease or stomach problems), musculoskeletal disease, circulatory disease (e.g. heart disease or stroke), injuries and respiratory disease (e.g. chronic lung disease or asthma).

**Table 9. Hospital admissions by age group in Wirral, 3 years data from 2013/14 to 2015/16. Source: HES**

Age group	Males	Females	Total	% of Total
0 - 4	14,829	11,953	26,782	5.70%
5-9	3,299	2,649	5,948	1.30%
10-14	2,918	2,833	5,751	1.20%
15 - 19	3,788	7,758	11,546	2.40%
20 - 24	4,355	14,392	18,747	4.00%
25 - 29	4,707	16,017	20,724	4.40%
30 - 34	5,231	14,832	20,063	4.20%
35 - 39	5,717	11,142	16,859	3.60%
<b>40 - 44</b>	<b>9,972</b>	<b>11,552</b>	<b>21,524</b>	<b>4.60%</b>
<b>45 - 49</b>	<b>10,821</b>	<b>14,551</b>	<b>25,372</b>	<b>5.40%</b>
<b>50 - 54</b>	<b>14,324</b>	<b>15,100</b>	<b>29,424</b>	<b>6.20%</b>
<b>55 - 59</b>	<b>15,434</b>	<b>13,696</b>	<b>29,130</b>	<b>6.20%</b>
60 - 64	17,466	15,388	32,854	7.00%
65 - 69	22,396	18,838	41,234	8.70%
70 - 74	21,624	17,735	39,359	8.30%
75 - 79	22,303	19,700	42,003	8.90%
80 - 84	17,995	21,164	39,159	8.30%
85+	17,275	28,702	45,977	9.70%
<b>Total</b>	<b>214,454</b>	<b>258,002</b>	<b>472,456</b>	<b>100%</b>

**Table 10. Hospital admissions by ICD-10 Chapter, 3 years data from 2013/14 to 2015/16. Source: HES**

ICD10 Chapter	Males	Females	Persons	% of Total
Certain infectious and parasitic diseases	815	1,184	1,999	1.9%
Congenital malformations, deformations and chromosomal abnormalities	72	116	188	0.2%
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	672	814	1,486	1.4%
Diseases of the circulatory system	4,272	2,584	6,856	6.5%
Diseases of the digestive system	7,451	8,722	16,173	15.3%
Diseases of the ear and mastoid process	187	215	402	0.4%
Diseases of the eye and adnexa	714	682	1,396	1.3%
Diseases of the genitourinary system*	10,586	10,034	20,620	19.6%
Diseases of the musculoskeletal system and connective tissue	4,332	5,878	10,210	9.7%
Diseases of the nervous system	1,396	1,730	3,126	3.0%
Diseases of the respiratory system	2,388	3,142	5,530	5.2%
Diseases of the skin and subcutaneous tissue	1,241	1,139	2,380	2.3%
Endocrine, nutritional and metabolic diseases	1,549	1,540	3,089	2.9%
Factors influencing health status and contact with health services	1,361	1,319	2,680	2.5%
Injury, poisoning and certain other consequences of external causes	3,217	2,875	6,092	5.8%
Mental and behavioural disorders	1,746	979	2,725	2.6%
Neoplasms	2,643	3,374	6,017	5.7%
Pregnancy, childbirth and the puerperium		818	818	0.8%
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	5,909	7,754	13,663	13.0%
<b>Grand Total</b>	<b>50,551</b>	<b>54,899</b>	<b>105,450</b>	<b>100.0%</b>

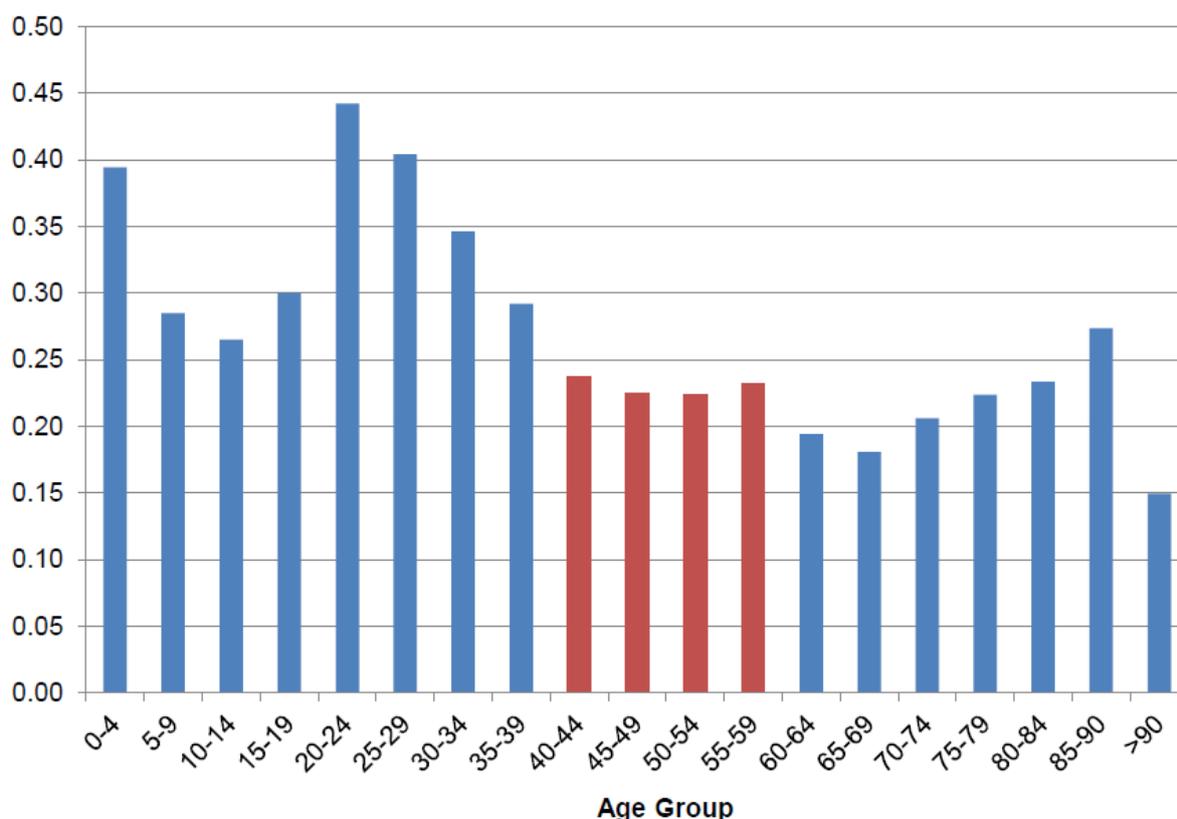
**Table 11. Hospital admissions by primary diagnosis codes for 40-59 year olds in Wirral, 3 years data from 2013/14 to 2015/16. Data for codes with more than 500 admissions in time period.**

Diagnosis	Male	Female	Total	% of Total
Chronic kidney disease	8,593	5,344	13,937	13.2%
Pain in throat and chest	1,786	1,977	3,763	3.6%
Abdominal and pelvic pain	953	1,873	2,826	2.7%
Dorsalgia [back pain]	959	1,442	2,401	2.3%
Gastritis and duodenitis	723	1,030	1,753	1.7%
Mental and behavioural disorders due to use of alcohol	1,221	512	1,733	1.6%
Disorders of mineral metabolism	917	739	1,656	1.6%
Pneumonia, organism unspecified	691	703	1,394	1.3%
Cholelithiasis [gall stones]	346	872	1,218	1.2%
Other chronic obstructive pulmonary disease	458	737	1,195	1.1%
Cystitis	6	1,098	1,104	1.0%
Internal derangement of knee	674	406	1,080	1.0%
Diverticular disease of intestine	458	568	1,026	1.0%
Headache	329	607	936	0.9%
Other soft tissue disorders, not elsewhere classified	360	567	927	0.9%
Other gastroenteritis and colitis of infectious and unspecified origin	345	546	891	0.8%
Other diseases of intestine	442	440	882	0.8%
Alcoholic liver disease	554	314	868	0.8%
Other diseases of oesophagus	499	356	855	0.8%
Chronic ischaemic heart disease	620	222	842	0.8%
Atrial fibrillation and flutter	597	239	836	0.8%
Other disorders of urinary system	210	624	834	0.8%
Other diseases of digestive system	445	389	834	0.8%
Calculus of kidney and ureter	493	245	738	0.7%
Gastro-oesophageal reflux disease	348	386	734	0.7%
Cellulitis	473	258	731	0.7%
Haemorrhoids	368	330	698	0.7%
Crohn's disease [regional enteritis]	253	443	696	0.7%
Abnormalities of breathing	302	386	688	0.7%
Shoulder lesions	281	389	670	0.6%
Mononeuropathies of upper limb	279	380	659	0.6%
Diaphragmatic hernia	266	389	655	0.6%
Other malignant neoplasms of skin	310	343	653	0.6%
Other joint disorders, not elsewhere classified	276	355	631	0.6%
Acute myocardial infarction	416	170	586	0.6%
Iron deficiency anaemia	127	451	578	0.5%
Dyspepsia	196	376	572	0.5%
Asthma	156	416	572	0.5%
Syncope and collapse	289	272	561	0.5%
Unspecified acute lower respiratory infection	230	328	558	0.5%
Other symptoms and signs involving the digestive system and abdomen	174	379	553	0.5%
Complications of procedures, not elsewhere classified	220	304	524	0.5%
Medical observation and evaluation for suspected diseases and conditions	244	271	515	0.5%
Inguinal hernia	475	33	508	0.5%
<b>Other</b>	<b>22,189</b>	<b>26,390</b>	<b>48,579</b>	<b>46%</b>
<b>Total</b>	<b>50,551</b>	<b>54,899</b>	<b>105,450</b>	<b>100.0%</b>

## 10. Walk In Centre (WIC) Attendances

As with A&E attendances, the 40-59 age group do not have a high rate of walk in centre (WIC) attendances when compared to other age groups. Unlike A&E attendances, walk in centre attendances do not peak in older age groups, rather they peak in 20-24 year olds. Attendances at walk in centres were typically for wound dressings, minor injuries, and infections.

Figure 3. Walk in Centre Attendances per person year by age group in Wirral, 2015/16. Source: Data from Wirral Community Trust.



## 11. NHS Healthchecks

NHS Healthchecks in Wirral are commissioned by Public Health and provided by General Practices. These should involve every adult aged 40-74 who does not already have heart disease, stroke, kidney disease or diabetes having their risk of these diseases assessed and then receiving support and advice to help them reduce or manage that risk. We know that most recent data on the Healthchecks programme suggested the proportion of people invited has reached 76.8% of the eligible population since 2013 (people are invited on a rolling schedule so that they have a check every five years), while people actually receiving a check has reached 33.3% (data as of quarter 2, 2016/17). Both of these metrics are better than the national average, but the proportion of people invited who attend their healthcheck is 43.3%, which is lower than the national average. There were 55 alcohol referrals, 217 weight management referrals and 21 smoking cessation referrals as a result of NHS Healthchecks in 2015/16. We do not currently have this data by age in order to look specifically at numbers for 40-60 year olds.

## 12. Public Health Weight Management Services

Wirral Council Public health has commissioned weight management services from Weight Watchers and Slimming World from April 2016. As of December 2016, 47% of Slimming World referrals were for 40-59 year olds, of whom 88% were female. For Weight Watchers, 55% of referrals were for 40-59 year olds, of whom 94% were female. For people in this age group, 57% of the 369 people accessing Slimming World and 62% of 93 people accessing Weight Watchers had lost 3% of their body weight as of December 2016.

## 13. Public Health Specialist Smoking Cessation Services

In 2015/16, around 15.4% of people using specialist stop smoking services were aged 40-59 (431 out of 2,792 people), which is quite low as it is likely that around 34% of smokers in Wirral are aged 40-59.<sup>10</sup> The four week quit rate was 55%, which was higher than the average quit rate across the whole service of 50%. These data suggests that more needs to be done to get people in these age groups into smoking cessation services, as they have a good quit rate when they do access it.

## 14. Drug and Alcohol Treatment Services

Drug and alcohol specialist treatment services are commissioned by Wirral Council Public Health Department. The majority of clients are actually aged 40-59. This is because many clients are long term opiate or alcohol users. Wirral had a large scale outbreak of heroin use in the 1980s and 1990s and many of these individuals are still in service, or have stopped using opiates but now have alcohol problems. The proportion of non-opiate users who are aged 40-59 is lower; these clients are generally younger drug users who use drugs like cocaine, amphetamine or cannabis.

Table 12. Number and % of total structured drug and alcohol treatment clients by age group, 2015/16.

Age group	Opiate		Non-opiate		Non-opiate & alcohol		Alcohol only		Total	
	n	%	n	%	n	%	n	%	n	%
<40	366	21%	275	86%	235	66%	307	30%	1184	34%
40-59	1346	76%	45	14%	120	33%	604	59%	2114	61%
60+	53	3%	*	0%	*	1%	106	10%	163	5%
Total	1765	100%	320	100%	360	100%	1017	100%	3461	100%

\*Number less than 5. Non-opiate groups are rounded to nearest 5 to suppress small numbers.

<sup>10</sup> We don't have exact data for this, but in the HSfE 2015 roughly 34% of smokers were aged 40-59 and in the NWMWS 2013 data for Wirral, 34% of smokers were aged 40-59.