

**NORTH LINCOLNSHIRE COUNCIL**

**HEALTH & WELLBEING BOARD**

**LUNG CANCER JSNA INSIGHT PACK**

**1. OBJECT AND KEY POINTS IN THIS REPORT**

1.1 The objective of this report is to:

- Inform Health and Wellbeing Board (HWB) members that a joint strategic needs assessment (JSNA) insights pack on lung cancer has been published
- To identify key issues relating to lung cancer.
- To seek board members' views on how the insights pack can be used to improve outcomes.

**2.0 BACKGROUND INFORMATION**

2.1 The purpose of the JSNA insights pack is to provide an evidence base to help understand the epidemiology surrounding lung cancer in respect of:

- The prevalence of lung cancer.
- The biggest causes or risk factors associated with lung cancer.
- Which groups of people are more likely to be affected by lung cancer.
- What the impact of lung cancer is on people's health.

2.2 The JSNA insights pack is published on the [council's website](#) and has already been discussed at various fora, including North Lincolnshire's Population Health and Prevention Partnership.

**3.0 KEY FINDINGS FROM THE INSIGHTS PACK**

The key findings from the insights pack are presented below:

**3.1 Lung cancer prevalence**

- Over the last 20 years newly diagnosed cases of lung cancer have fallen in males but increased in females.
- North Lincolnshire had the 9th (out of 15) highest number of Lung Cancer registrations in the Yorkshire and Humber Region.

- Since 2011/13, lung cancer registrations in North Lincolnshire have consistently remained statistically significantly higher than the England average.

### **3.2 Lung cancer prevention**

- The stage of a cancer at time of diagnosis is an important factor that affects eventual outcomes. Earlier cancer diagnosis, particularly within stages 1 or 2, before cancer spreads, is generally associated with better prognosis.
- Within Sub ICB group 03K (North Lincolnshire) in 2020\*, 77% of new lung cancer registrations were in stages 3 or 4 (\*where stage is known).
- Between 2020/21-2022/23, of all first emergency admissions primarily for cancer, lung cancer was the second most common, with 18% of such admissions.
- Since 2005/07, the mortality rate for lung cancer in North Lincolnshire over a 3-year range has remained statistically significantly higher than the England average.
- In England, lung cancer survival rates at 1 year, 5 years and 10 years have all increased year on year.

### **3.3 Inequalities associated with lung cancer**

- The incidents of lung cancer is generally higher in deprived areas. For example the incident ratio of lung cancer is 230 in Frodingham (higher deprivation) compared with 73 in Axholme Central (lower deprivation).
- Across England, the lung cancer mortality rate in the most deprived decile is more than double the rate in the least deprived.

### **3.4 Risk Factors associated with lung cancer**

- Smoking is the biggest risk factor for lung cancer, with 90% of people who get lung cancer being smokers or ex-smokers and 72% of lung cancer cases in the UK being caused by smoking. For people who quit smoking, their risk of lung cancer decreases over time.
- Whilst smoking is the main risk factor, other risks and causes include occupational risks from asbestos, silica and diesel exhaust fumes, air pollution, prior lung disease such as COPD, exposure to radon gas and a family history of lung cancer
- Since 2013-15, smoking attributable deaths from cancer have fallen year on year, in both North Lincolnshire and England. However, rates in North Lincolnshire have consistently remained statistically significantly higher than the England Average.
- Since 2018, rates of adults smokers have shown a year on year decline, and in 2021 North Lincolnshire's rate was 12.3%, which was statistically similar to the England average.

### **3.5 Interventions to prevent lung cancer**

Lung cancer prevention is mainly aimed at helping people quit smoking and includes interventions such as:

- Smoking cessation programmes
- Health checks
- NHS Targeted Lung Health Checks are currently being introduced through a phased approach across the Humber and North Yorkshire
- Making every contact count initiative
- Support for pregnant women smokers
- Coordinated approach through the Tobacco Alliance
- Air quality monitoring

### **4.0 OPTIONS FOR CONSIDERATION**

- 4.1 **Option 1:** To note the content of the JSNA Insight Pack and to seek board members' views on how the evidence can be used to improve health outcomes.

### **5.0 ANALYSIS OF OPTION**

- 5.1 Collating all the relevant information and knowledge together into the insights pack helps provide consistent information which agencies can use to develop evidence based approaches to reducing lung cancer.
- 5.2 To increase the reach and impact of the document, board members' views on how the insights pack can be used to improve outcomes for our residents would be welcomed.

### **6.0 FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

- 6.1 None

### **7.0 OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

- 7.1 None

### **8.0 OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

- 8.1 Not relevant for this report.

## **9 OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

9.1 North Lincolnshire Health and Care Partnership was consulted on the JSNA insights pack.

## **10 RECOMMENDATIONS**

10 That the HWB approve option1

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