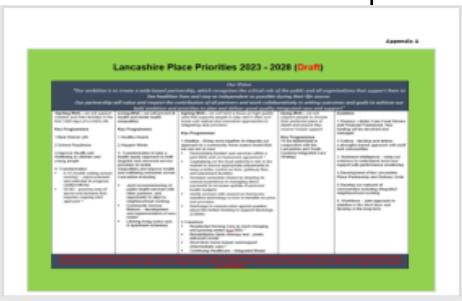
Appendix A - Draft Lancashire Priorities

	Starting Well	Living Well	Ageing Well	Dying Well
Lancashire Place Priority	**We will support children and their families in the first 1000 days of a child's life:** • Best start in life • School Readiness • Improve health and wellbeing in children and young people • Transform 0-19 and SEND services	**We will prevent ill health and tackle health inequalities:** • Healthy Hearts • Happy Minds • Transform to take a health equity approach to shift targeted and universal service provision to tackle inequalities and improve health and wellbeing outcomes across Lancashire including: 1. Joint recommissioning of public health services 2. Community service reform 3. Lifelong living	**We will have a focus on high quality care that supports people to stay well in their own home with radical and innovative approaches to integrating care provision, in particular we will:** • Stabilise – integrate our approach to a community home based model • Transform residential nursing care, rehab beds, intermediate care and CHC to an integrated model	**We will encourage our residents across all age ranges, including children and young adults where necessary, to feel comfortable in talking about planning for dying, and to be well-supported in bereavement.**
Does feedback from the Localities support the above as Lancashire priorities	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓	North ✓ Central ✓ East ✓
Additional priorities emerging from feedback pan-Lancashire	• Development of Family Hubs • Support implementation of Fuller recommendations	• Employment • Housing • Loneliness and social isolation	• Support for carers • Frailty/all age Hubs	• Palliative care nurses integrated within communities within INTs
Additional priorities emerging from feedback unique to an area(s)	• Teenage pregnancy • Social isolation • Transport in rural areas • European population • Neglect	• Rough sleeping • Poverty • Refugees and asylum seekers	• Dementia • Support during menopause	• Specific bereavement support tailored to suicide • Enable more people to die at home – develop hospice at home models
Does the data that we have now indicate specific areas that require addressing within localities?	TASS Team – engage with them more and enhance their priority workstreams through partnership working	The data shows we need to target the following in varying degrees specifically in Burnley and Lancaster • Cancer • Cardiovascular conditions • Diabetes • Kidney and liver disease • Musculoskeletal conditions • Respiratory conditions	The data shows we need to target the following in varying degrees specifically in Burnley, Hyndburn, Pendle, Rossendale, Lancaster, Wyre, Chorley, and Preston • Frailty • Dementia • Life expectancy • Suicides • Avoidable mortality • Mortality from all causes	*As per slide 8, the dataset for dying well requires further work.*

There is a clear need to look at a broader dataset to show where specific interventions are required, as there may be some differentiation as to how we address priorities within different district areas.