Ambitions Framework Gap analysis

Ambition 1 Each Person is seen as an individual	Ambition 2 Each Person gets Fair Access to care	Ambition 3 Maximising Comfort and Wellbeing	Ambition 4 Care is coordinated	Ambition 5 All staff are Prepared to Care	Ambition 6 Each community is prepared to help
Ambitions Foundations	What does this mean	LSC position	Action Plan	Rag Rating	Est. Completion Date
Personalised care and support planning	*People's planned and delivered care is focused around what matters most to them and there is earlier identification of people in the last year of life to ensure timely conversations about holistic needs. ICBs should consider:* *• Alignment of care registers across primary and secondary care, to ensure timely PCSP* *• Test and develop identification tools, e.g. EARLY, to support identification of people in last year of life.*	CYP are known to paediatric consultants and sometimes specialist nurses. Care plans would be in place when on a nursing caseload; some children will also have an EHCP. Known emotive subject when advance care planning is needed, natural reluctance by families to discuss. Ongoing ACP training for all staff ACPs are presently being instigated by Kentown Nurses, Consultants and Hospices Prompt Fields in Daily Sitreps and data collection now for ACP requirement and ACP in place	Improve numbers of ACPs Enhance quality of ACPs by increasing training numbers Begin to monitor the numbers in place across LSC. Utilise data from point prevalence audit to ensure all CYP have a PCSP		ongoing
Shared Care Records	*Key information about the individual's needs and priorities shared digitally through Shared Care Records enables more effective and efficient care. ICBs should consider:* *• Full implementation of EPaCCs*	Records are held by different organisations and different consultants EPaCCS not implemented across CYP	Explore a flag on records in primary and secondary care Scope possibilities for EPaCCs (or equivalent digital/accessible to all providers solution) To be cognisant that palliative care can be lifelong for some children – and not necessarily just the last		tbc

	• Adopting the refreshed Information standard locally		12mths of life – therefore coding on records needs to reflect this. *NB Link with Adult Teams essential*		
Evidence and Information	*Driving up quality and availability of PEoLC services which are responsive to people's needs and choices is a key role for commissioning. ICBs should consider:* *• accurate and up to date information to help the commissioning, delivery and improvement of services*	Point prevalence audit undertaken 2023 to understand current caseload numbers – data not yet released	Obtain up to date projections re expected numbers of children with a life limiting illness. Utilise point prevalence audit information when building the system wide commissioning framework based upon the national service specification		Mar 2024
Involving Supporting and Caring for those important to the person	*Commissioning good PEoLC care should include giving care and support to those important to the dying person, including (pre)/ bereavement care. ICBs should consider: • identifying, assessing and supporting care givers and those important of the dying person*	Bereavement DoS compiled by NW Coast Network Services provided by children's hospices and acute Trusts. Carers assessments data not routinely available to health	To check that all DoS services are current Explore avenues with LA regarding Carers Assessments / areas for improvement		tbc
Education and Training	*High quality PEoLC requires multi-disciplinary teams to work collaboratively across health and care, including VCSE partners. ICBs should consider:* *• adequate workforce with appropriate skill-mix, and high-quality education, training and professional development* *• better care for people as well as improving the wellbeing and resilience of workforce* *• incorporating the requirements for a PEoLC workforce within their wider workforce plan for the system • ongoing recruitment and retention of PEoLC workforce*	Matched funded educational programme - built on current training needs analysis to be delivered across all workforces and sustained. Access to ACP and Advanced Communication Skills training Specialist Nurses access to advice and support Funding for a Palliative Medicine Consultant post Recruited to 5 Kentown Specialist Nurse posts CYP Hospice staff Social Care staff (kentown project and respite) Bereavement Leads in trusts and hospices	To link to the ICB People / Workforce Plan To highlight gaps in service provision Nb this will link to community children's nursing teams to ensure 24/7 care. To monitor training uptake from the matched funding bid with Derian House		ongoing
24/7 access	*All commissioners must engage in defining how their services will operate population needs 24/7. ICBs should consider:* *• implementing the 24/7 Service specification* *• access to medicines.*	System wide commissioning framework to be developed with key stakeholders. Risk identified regarding ability to provide OOH and 24/7 care consistently. Service mapping currently underway	To recruit to Consultant in Palliative Medicine and explore alternative options e.g., remote support options. To enhance the skillset of the Specialist Palliative Care nurses ICB Specialist Community Nursing Review undertaken re gaps in community nursing teams – pursue avenues to put in place		Financial year 24-25

			Commissioning Framework to be drafted based upon the national Service Specification		
Co design	*The needs and wants of the public, patients and communities should be central to the commissioning process and delivery of PEoLC on a reoccurring basis. ICBs should consider:* *• involvement of lived experience/ patient voice at key meeting and development of local PEoLC strategies.*	Lundy model of participation detailed in the ICB Comms and Engagement Strategy	Parents / children with life limiting illnesses to be included in stakeholder group to develop system wide specification		Financial year 24-25
Leadership	*ICS leaders have a significant role in creating the conditions necessary for the commissioning of integrated and high-quality personalised palliative and end of life care. ICSs should consider:* *• setting up PEoLC ICB board, which has a dotted reporting line into the PEoLC Strategic Clinical Networks NHS E PEoLC pages 9 | Palliative and End of Life Care* *• embedding clinical leadership and peer leadership (lived experience) throughout ICS, ICP and place-based approaches* *• embedding PEoLC as part of wider ICS strategic plans*	PEoLC is an ICB strategic priority, and an SRO has been appointed by ICB PEoLC Board in place – heavily focussed on adults but joint work underway. CYP Health Board in place to feed into the ICB Boards CYP Leads represent at PEoLC Board NW Coast CYP Palliative Care Network in place ICB Plan on a Page developed for 23/24 Executive team sighted and including in plans.	Plan on a Page to be delivered.		Financial year 24-25
Integration	*An integrated approach to commissioning PEoLC will support high quality PEoLC. ICBs should consider:* *• working collectively with colleagues across health, social care, local government and the VCSE sector to develop systems and commission services which put the person at the centre of the care they receive* *• identifying funding to support the provision of PEoLC from budgets across health and care services to support joint commissioning and joined up patient journey.*	Commenced financial discussions around sustainability/security of current funding Awaiting national direction about the CYP Hospice Grant / national funding opportunities Risks re-funding highlighted on CYP risk register. Pooled budgets not yet in place	Further plans to be made following notification of any national monies. Plans to be taken to ICB Finance leads re existing financial envelopes. Commissioning framework currently being drafted in line with the national service specification. To discuss pooled budget arrangements once financial governance systems are established across health and care		Ability to deliver different elements of this will vary