

NORTH LINCOLNSHIRE COUNCIL

CABINET

**ENSURING EFFECTIVE CONTINENCE CARE – ACTION PLAN IN RESPONSE TO
RECOMMENDATIONS OF THE REPORT OF THE HEALTH SCRUTINY PANEL**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To update cabinet on an action plan in response to the recommendations of the Health Scrutiny Panel in relation to Ensuring Effective Continence Care.

2. BACKGROUND INFORMATION

- 2.1 At its meeting held on 12 November 2013 cabinet considered a report of the Health Scrutiny Panel on Ensuring Effective Continence Care. Cabinet agreed that an action plan in response to the recommendations should be submitted to cabinet at a future meeting.
- 2.2 Attached as an appendix to this report is an action plan prepared by the North Lincolnshire Clinical Commissioning Group, in cooperation with the Northern Lincolnshire and Goole Health Community, responding to the recommendations of the Health Scrutiny Panel.

3. OPTIONS FOR CONSIDERATION

- 3.1 Cabinet is asked to agree the action plan.

4. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 4.1 There may be some resource implications associated with the recommendations when they are implemented.

5. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 5.1 The Northern Lincolnshire Clinical Commissioning Group, in cooperation with the Northern Lincolnshire and Goole Health Community, will have dealt with the Impact Assessment of their work in relation to this matter.00

6. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTEREST DECLARED

- 6.1 Consultations have taken place with the Health Scrutiny Panel.

7. RECOMMENDATIONS

7.1 That the action plan be approved and adopted.

DIRECTOR OF POLICY AND RESOURCES

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Background Papers used in the preparation of this report - Nil

Ensuring Effective Continence Care – Response to the Report of the Health Scrutiny Panel, October 2013

1.	Scrutiny Recommendation 1 That NLCCG, in co-operation with NLAG and others, lead a piece of work to implement, assess and assure or update the following original recommendations from 2001 Needs Assessment, reporting to their respective Boards				
	Action / Response [summarised from report]	Action	Lead Person	Timescale	Progress March 2014
1.	1.1 A multi-agency continence service group is set up with representatives of all interests including service users is set up to guide the future development of integrated continence services.	A multi-agency group has been set up.	C Wylie, Director of Risk and Quality NL CCG	Meetings commenced January . Next meeting April 15 2014.	A group has been initiated. Last meeting 18 th March was useful and productive with regards to achievement of the actions and future planning of the service.
1.2	The continence group oversees the development and regular review of care pathways to ensure that people with continence problems gain access to the appropriate level of care for their clinical need.	Multi – agency Pathway review work to be undertaken	K Fanthorpe, NLAG	Update to April meeting	Scoping of pathways has commenced. There is a nationally recognised

					pathway that will be mapped. It was noted that the NICE guidance is aimed at females and work to be done to look at male pathway. LD and child pathways will also be included.
1.3	Contenance care forms part of a care plan for each individual and all agencies work to the same guidelines for prevention, promotion, treatment and management.	As point 1.2 Pathway review work to be undertaken	K Fanthorpe, NLAG	Update to April meeting	Scoping of pathways has commenced. Care planning will be undertaken as part of this work.
1.4	The contenance services group works with health promotion colleagues to develop a public awareness strategy that will reduce the stigma attached to contenance problems and increase awareness and use of local services.	Public awareness strategy to be developed	F Cunning Public Health	Work in progress	Links made to the Living well project and various ideas identified with regard to Every Contact Counts opportunities and media communications.
1.5	In order to reduce the potentially increasing numbers of people likely to need contenance services in the future a preventative treatment strategy should be developed.	This action will be addressed through the Pathways work.	K Fanthorpe, NLAG	Update to April meeting	Scoping of pathways has commenced. This will include a review of treatment plans. It was noted that

					Doncaster have a successful model and staff from Community services are visiting Doncaster to see what can be replicated in NLincs. Update to next meeting.
1.6	Options to increase access to the service are considered e.g. continence resource centre, drop in clinic advertised direct line telephone contact numbers. Arrangements are made to target groups identified as having difficulty in accessing continence services.	This will be assessed as part of the review of the pathway work and required capacity. A review of activity will be undertaken	All services represented	May 2014	Agreed to put on a multi – agency pathway development workshop in May once the current pathway is scoped. This will address the elements of this area.
1.7	A key debate is whether continence care should be a specialised service or everybody's business. Ownership of continence should be widespread.	Communication Strategy of revised pathways and services.	All services	Update to April meeting	Update following March meeting
2	Scrutiny Recommendation 2 The panel recommends that the proposed CCG-led multi-agency Continence Service Group also audit local performance against the recommendations within the National Audit of Continence Care (2010) and the All Party Parliamentary Group for Continence Care's report "Cost-Effective Commissioning for Continence Care", taking appropriate action to implement any actions not in place.				
2.1	Action / Response Audits will be carried out as described..	Audit to be agreed and undertaken	C Wylie	Update to April meeting]	Agreed two elements for the audit –

					1.Audit of the current pathways against national pathway. 2. Commissioning elements. CSU developing the audits.
3.	Scrutiny Recommendation 3 Similarly, The panel recommends that the proposed CCG-led multi-agency Continence Service Group also audit local performance against the recent revised NICE guidance on urinary incontinence (NICE clinical guideline)				
3.1	Action / Response As 2.1 an audit will be undertaken that will incorporate NICE clinical guideline elements.	Audit to be agreed and undertaken	C Wylie	Update to April meeting	CSU are developing the audit tool. And will liaise with Providers appropriately.
4.	Scrutiny Recommendation 4 The panel recommends that the proposed CCG-led multi-agency Continence Service Group explore options for implementing a programme of training and support (including on-line training) for care home and nursing home staff.				
	Action / Response This element will be incorporated into the pathways work.	Training plan that includes Care Homes	K Fanthorpe	Training Plan to be in place July 2014	A Band 4 carer is being appointed to undertake work and training with the Care homes. Pilot with a small number of homes to commence.

5.	<p>Scrutiny Recommendation 5 The panel recommends that North Lincolnshire Clinical Commissioning Group:</p> <p>(i) conducts a thorough assessment of current and likely future demand on the service, including financial costs</p> <p>(ii) compare the current and future demand against capacity, and</p> <p>(iii) take appropriate action when commissioning services for 2014/15 and into the future e.</p>	<p>Data and activity collated by NLAG.</p> <p>Commissioning Discussions to be cognisant of anticipated future demand.</p>	<p>K Fanthorpe J Ellerton</p>	<p>"2014/15 Commissioning Plans</p>	<p>Jane to be invited to the next meeting.</p>
6.	<p>Scrutiny Recommendation 6 That Northern Lincolnshire & Goole NHS Foundation Trust's Medical Director and Chief Nurse explore the costs and benefits of designating a specialist continence nurse at Scunthorpe General Hospital, to lead on actions to reduce unnecessary catheterisations, forging links between primary, community and acute care, and joining up continence care across specialties such as urology, gynaecology, geriatric medicine etc. The panel acknowledges that priorities and work streams for 2012/13 are agreed and are well underway, but would wish to see the above recommendations acted upon early within the 2013/14 commissioning cycle. As such, the panel will request a detailed action plan responding to each of our recommendations approximately six months after publication of this report.</p>				
6.1	<p>Action / Response</p> <p>To be included in Contracting Commissioning Discussions</p>	<p>Commissioning Plans reflect the Continence Pathways</p>	<p>NLAG /CCG</p>	<p>2014/15 Commissioning Plan</p>	<p>A Business Plan has been submitted for discussion in the plans.</p>