

Summary Sheet

Council Report

Title Urinary Incontinence Scrutiny Review Update

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Teresa Roche, Director of Public Health

Report Author(s)

Rebecca Atchinson, Public Health Principal, Healthcare Public Health

Ward(s) Affected

All wards

Executive Summary

Rotherham's Health Select Committee completed a scrutiny review of urinary incontinence services in May – June 2014. This review identified a series of recommendations which cut across the Council's directorates. This report provides the Health Select Commission with an update of the progress to date. This has been coordinated by Public Health.

Recommendations

The Health Select Committee are asked to consider;

- The recommendations and responses to the urinary incontinence review
- The progress to date.

List of Appendices Included

Cabinet's Response to Scrutiny Review Urinary Incontinence – update April 2016

Background Papers

- Scrutiny review: Urinary Incontinence: Review of the Health Select Commission May – July 2014
- SLT paper – 9.12.14
- Cabinet paper – 14.1.15
- Annual update to Health Select Commission - 9.7.15

Consideration by any other Council Committee, Scrutiny or Advisory Panel

No further considerations

Council Approval Required

No further approvals

Exempt from the Press and Public

No exemptions required

Title Urinary incontinence scrutiny review update

1. Recommendations

- 1.1 The Health Select Committee are asked to consider;
- The recommendations and responses to the urinary incontinence review
 - The progress to date.

2. Background

- 2.1 There were three main aims of the urinary incontinence review which were:
- To ascertain the prevalence of urinary incontinence in the borough and the impact it has on people's independence and quality of life.
 - To establish an overview of current continence services and costs, and plans for future service development.
 - To identify any areas for improvement in promoting preventive measures and encouraging people to have healthy lifestyles.
- 2.2 The review focused primarily on prevention rather than the costs of current service provision, but recognised that preventative work contributes towards achieving savings for services, for example by reducing admissions to hospital or residential care. Centralisation of continence prescribing has improved outcomes for service users and future service development with greater emphasis on prevention should also produce both further savings and better outcomes. Awareness raising of the importance of having a healthy bladder and bowel and being physically active, including doing pelvic floor exercises as a preventive measure is essential. It is recognised that this could lead to fewer people having their quality of life diminished through urinary incontinence and result in lower future demand for services.
- 2.3 The spotlight review formulated the following six recommendations;
- 1 RMBC Streetpride and partner agencies such as South Yorkshire Passenger Transport Executive (SYPTTE) should ensure all public toilets in the borough are clean and well equipped to meet the needs of people who have urinary incontinence, including suitable bins for the disposal of equipment and disposable products.
 - 2 RMBC Sport and Leisure team should establish greater links with the Community Continence Service in order to support people to participate in appropriate sport and physical activity.
 - 3 RMBC Sport and Leisure team should liaise with other sport and leisure activity providers to consider building more pelvic floor exercises into the Active Always programme and wider leisure classes

4 There should be greater publicity by partner agencies, coordinated through the Health and Wellbeing Board, to reduce stigma associated with incontinence and to raise public and provider awareness of:

a) the importance of maintaining good bladder and bowel health and habits at all life stages (through media such as screens in leisure centres and GP surgeries, further website development, VAR ebulletin and a campaign during World Continence Week from 22-28 June 2015)

b) healthy lifestyle choices having a positive impact on general health but also helping to prevent incontinence, such as diet, fluid intake and being active

c) the positive benefits of pelvic floor exercises as a preventive measure for urinary incontinence, including the use of phone apps for support

d) the need to include the impact of incontinence due to medication, such as diuretics, within a patient's care

5 RMBC Neighbourhoods and Adult Services should work with care homes to encourage more staff to participate in the training offered by the Community Continence Service and to increase staff understanding of the impact of mobility, diet and fluid intake on continence.

6 That the Health Select Commission receives a report from Rotherham Clinical Commissioning Group in 2015 on the outcomes of the project considering future service development of the Community Continence Service.

3. Key Issues

3.1 Progress has been challenging due to the changes in staffing within Rotherham Council over the last six months. These changes were further challenged by technical problems with uploading information to the Public Health TV systems since September 2015. There are now plans in place to move the activity forwards, particularly in the area of prevention and early support agenda.

3.2 Public health met with the Continence Service in August 2015 to explore opportunities to deliver the recommendations in partnership with the Continence Service. Awareness raising training and practical skills is to be offered to all physical activity providers in the Summer 2016 to improve their awareness of bladder conditions and help target exercises to maintain a healthy bladder. Rotherham Public Health is working closely with Active Rotherham to ensure that our physical activity provision is sensitive to the needs of patients with urinary incontinence.

3.3 The challenge of addressing urinary incontinence in isolation from wider health and wellbeing issues may have resulted in it not receiving the profile it needs to fully implement the recommendations formulated by the

Review. There may also be a need to identify at risk groups for the physical activity recommendations e.g. mothers, older people, as it is recognised that their needs may be different. It may be advisable to review the recommendations and to consider the similar conditions/issues to help to raise the profile of the issue further.

4. Options considered and recommended proposal

4.1 The Health Select Commission are asked to consider the progress against the recommendations and the appropriate next steps.

5. Consultation

5.1 There is further consultation required with activity instructors to ensure that their requirements are being fully met.

6. Timetable and Accountability for Implementing this Decision

6.1 Timetable to be agreed with the Health Select Commission.

7. Financial and Procurement Implications

7.1 The responses which require additional resources are either low or no cost. The integration of the recommendations into ongoing activities will ensure that financial commitments are minimal and activities are joined up to maximise impact.

8. Legal Implications

8.1 There are no legal implications.

9. Human Resources Implications

9.1 There are minimal human resource implications to deliver the proposals. The majority of the activity sits within public health and EDS (Active Rotherham) working in partnership with the NHS Community Continence Service at The Rotherham NHS Foundation Hospital Trust. The most significant human resource is the delivery and attendance at the training session.

10. Implications for Children and Young People and Vulnerable Adults

10.1 The paper will support vulnerable adults with continence problems and provide preventative approaches improving the bladder wellbeing.

11. Equalities and Human Rights Implications

11.1 There are no additional equality or human rights implications.

12. Implications for Partners and Other Directorates

- 12.1 The majority of the activity sits within public health and EDS (Active Rotherham) working in partnership with the Continence Service at The Rotherham NHS Foundation Hospital Trust. There is additional interest from the CCG particularly prescribing as they are the commissioners of the consumables.

13. Risks and Mitigation

- 13.1 There are a number of risks and uncertainties are related to the changes in the funding available for facilities and activities which may be challenges as part of the Council budget reductions.

14. Accountable Officer(s)

Teresa Roche, Director of Public Health

Approvals Obtained from:-

Strategic Director of Finance and Corporate Services:- n/a

Director of Legal Services:- n/a

Head of Procurement (if appropriate):- n/a

Rebecca Atchinson, Public Health Principal, Healthcare Public Health

Cabinet's Response to Scrutiny Review Urinary Incontinence – update April 2016

Recommendation	Cabinet Decision (Accepted/ Rejected/ Deferred)	Cabinet Response (detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)	Officer Responsible	Action by (Date)
<p>1. RMBC Streetpride and partner agencies such as South Yorkshire Passenger Transport Executive (SYPTe) should ensure all public toilets in the borough are clean and well equipped to meet the needs of people who have urinary incontinence, including suitable bins for the disposal of equipment and disposable products.</p>		<p>Response - SYPTe have confirmed that the toilet facilities provided by SYPTe at its Interchanges meet the requirements recommended in Urinary Incontinence Scrutiny review. All SYPTe's toilet facilities are appropriately maintained, regularly cleaned and re provisioned with consumable products throughout the day including weekends to ensure a pleasant customer experience.</p> <p>July 2015 No further information</p> <p>Response – Asset Management Facilities Team have confirmed that toilet facilities in Rotherham have suitable waste disposal systems are cleaned regularly to meet the needs of people with urinary incontinence.</p> <p>July 2015 No further information</p> <p>April 2016 – Action completed</p>	<p>Dave Whittle SYPTe Centre Manager – Interchanges and Retail</p> <p>Kim Phillips</p>	<p>January 2015</p>

<p>2. RMBC Sport and Leisure team should establish greater links with the Community Continence Service in order to support people to participate in appropriate sport and physical activity.</p>		<p>Response – Active Rotherham agree to work more closely with the Community Continence Service and take further guidance on how to improve the pathways to physical activity from the service. Suggestions include literature for patients and information on suitable exercises for pelvic floor to be added the new Get Active Rotherham website which is currently under development.</p> <p>July 2015 Active Rotherham had attempted to encourage pelvic floor exercises in the Active Always programme and make links with the Continence Nurses at Rotherham hospital.</p> <p>Outstanding action – website is still under development.</p> <p>April 2016 <i>Outstanding action – website is still under development but should be completed in the Summer 2016</i></p> <p>http://www.rotherhamgetactive.co.uk/activeforhealth</p> <p><i>Bladder health training planned for the summer will cement the links between the Active Rotherham team and NHS Community Continence Service.</i></p>	<p>Steve Hallsworth</p>	<p>January 2015</p>
<p>3. RMBC Sport and Leisure team should liaise with other sport and leisure activity providers to consider building more pelvic floor exercises into the Active Always programme and wider leisure classes</p>		<p>Response – Active Rotherham will include pelvic floor exercises into their existing “active always” provision. Public Health will also raise the importance of pelvic floor exercises at the next Rotherham Active Partnership meeting and long term conditions subgroup which covers most activity providers across the Borough. If there are any training requirements identified, these will be considered and delivered to the Rotherham Active Partnership members to ensure the exercises are embedded in all services.</p>	<p>Steve Hallsworth</p>	<p>January 2015</p>

		<p>July 2015 Active Rotherham had attempted to encourage pelvic floor exercises in the Active Always programme and make links with the Continence Nurses at Rotherham hospital. It had been slow progress, however, the aim was to deliver training to all instructors on the exercise programmes (including leisure centres) to help with providing examples of how people could incorporate suitable exercise into everyday activities and not just when they attended a class. Another aim was to ensure there was evidence to show the measures described had taken place. Active Rotherham was working with colleagues in Public Health on the programme and aimed also to roll it out in the new Sport England Active for Health project.</p> <p>Recently Public Health has received £500K of funding from Sport England to develop a Long Term Condition physical activity programmes which will include pelvic floor exercises, where it is deemed appropriate.</p> <p><i>April 2016</i> <i>Developing a strong core and pelvic floor exercises are included in most exercise sessions, particularly those targeting older age groups. Public Health are arranging for bladder health training (delivered by the Community Continence Service) to be offered to all physical activity instructors in Rotherham to ensure all opportunities to improve bladder health is maximised.</i></p>		
<p>4. There should be greater publicity by partner agencies, coordinated through the Health and Wellbeing Board, to reduce stigma associated with incontinence and to raise</p>		<p>Responses – SYLTE offered the opportunity to use Rotherham Interchange to promote health issues in either road show or poster display format.</p> <p>Public Health offer the opportunity for key messages to be</p>	<p>Rebecca</p>	<p>January</p>

<p>public and provider awareness of:</p> <p>a) the importance of maintaining good bladder and bowel health and habits at all life stages (through media such as screens in leisure centres and GP surgeries, further website development, VAR ebulletin and a campaign during World Continence Week from 22-28 July 2015)</p> <p>b) healthy lifestyle choices having a positive impact on general health but also helping to prevent incontinence, such as diet, fluid intake and being active</p> <p>c) the positive benefits of pelvic floor exercises as a preventive measure for urinary incontinence, including the use of phone apps for support</p> <p>d) the need to include the impact of incontinence due to medication, such as diuretics, within a patient's care</p>		<p>included on our Public Health TV screens as well as encouraging Pharmacies to consider prioritising incontinence as one of their Public Health Campaigns for 2015.</p> <p>Information will also be included on the Get Active Rotherham website to raise awareness and confidence of patients with urinary incontinence.</p> <p>It is recognised that the wide distribution of this review should also result in an increase in awareness of the needs of those experiencing urinary incontinence.</p> <p><i>July 2015</i> Public health to contact incontinence service for a short strapline for PHTV.</p> <p><i>Physical activity website still under development.</i></p> <p><i>April 2016</i> <i>Public health have suggested the inclusion of the following information on the PHTV screens:</i></p> <p><i>Do you have bladder problems? If so, doing pelvic floor exercises everyday could help? Why not try and include them into your daily routine to maintain a healthy bladder. Look on the NHS Choices website for more information.</i></p> <p><i>World Continence Week in June 2016 will be promoted to all attendees at the Active for Health sessions as part of promoting bladder and bowel health.</i></p>	Atchinson	2015
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<p>5. RMBC Neighbourhoods and Adult Services should work with care homes to encourage more staff to participate in the training offered by the Community Continence Service and to increase staff understanding of the impact of mobility, diet and fluid intake on continence</p>	<p>Response – NAS Neighbourhood and Adult services have previously offered incontinence training to care home staff but this was not taken up and as a consequence the training was cancelled. It is unclear if there was a need for training or if this is already being met by the Community Continence service support to Care Homes. Further information is being sought and NAS Learning and Development Team are happy to provide further training if necessary.</p> <p>July 2015 2 short training sessions were delivered in March 2015 at Queens Care Centre Maltby to promote continence products by a representative of the LA's current provider. This was widely advertised but only moderately attended. Care Homes however did request the need for repeated training but for this to be delivered on site with each provider.</p> <p>All requests were forwarded directly on to Stephen Skelton in the Continence Service to determine if the Service has the capacity to deliver on site.</p> <p>April 2106 <i>No further action required</i></p>	<p>Rebecca Atchinson/ Nigel Mitchell</p>	<p>January 2015</p>
<p>6. That the Health Select Commission receives a report from Rotherham Clinical Commissioning Group in 2015 on the outcomes of the project considering future service development of the Community Continence Service.</p>	<p>Response – The CCG have been forwarded the Health Select Commission report and will be invited directly to attend the Commission and report back their findings.</p> <p>July 2015 The CCG from money released from the continence contract has funded two nurses (not full time posts) to undertake audit/research in the following areas</p> <ul style="list-style-type: none"> o Catheter related infections 		<p>January 2015</p>

		<ul style="list-style-type: none"> o Referral pathways for continence issues o A/E attendances for continence issues <p>This work is now complete and will be presented to the CCG shortly, the CCG will consider the outcomes and recommendations that arise from this work stream and this will inform future commissioning decisions/intentions.</p> <p>April 2106 RCCG</p> <ul style="list-style-type: none"> • Catheter related infections <p>The project team developed a catheter care booklet which is now given to all patients who are discharged from hospital with an indwelling catheter. The booklet:</p> <ul style="list-style-type: none"> - contains essential clinical information which will reduce the patients risk of developing a symptomatic catheter associated urinary tract infection (UTI). - offers advice on how and when to seek medical advice if the patient experiences problems with their catheter. <p>The team also developed a set of catheter alert safety stickers which are used in the in-patient settings. The stickers remind health care professionals to review the patients on-going clinical needs and to remove the catheter as soon as clinically indicated.</p> <ul style="list-style-type: none"> • Referral pathways <p>Baseline data generated as a result of a retrospective audit of referrals into RFT services identified level 1 continence assessment is often not undertaken in primary care. This may result in inappropriate referrals to secondary care services. Further work is required in the future to decide what appropriate and effective referral pathways will look like.</p> <ul style="list-style-type: none"> • A&E attendances for continence issues 		
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		The project team identified a high number of patients attend A&E with symptoms of UTI. Further work is required in the future to understand why patients present at A&E rather than their GP or a Walk in Centre.		
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