



Report to Health Scrutiny Sub-Committee

**Author/Lead Officer of Report: Sarah Burt,
Deputy Director, South Yorkshire ICB
(Sheffield)**

Report of: South Yorkshire ICB (Sheffield)
Report to: Health Scrutiny Sub-Committee
Date: 21st December 2023
Subject: Continence

Purpose of Report:

- To provide an update with regard to the review of the Sheffield continence service 2019 and related recommendations.

Recommendations:

That the Committee:

- Notes the update provided

Background Papers:

- Report to Healthier Communities & Adult Social Care Scrutiny Committee 16th March 2022
- Report to Healthier Communities & Adult Social Care Scrutiny Committee 14th October 2020

Continence Update

1. Introduction

In October 2019, the Healthier Communities and Adult Social Care Scrutiny Committee started a piece of task and finish work looking at continence services in Sheffield, through the Continence Services Scrutiny Working Group.

Due to the Covid 19 pandemic, the group's draft final report, setting out the process the group went through, and its findings and recommendations was reported to the Healthier Communities and Adult Social Care Scrutiny Committee on 14th October 2020.

On Tuesday 8th March 2022, the Healthier Communities and Adult Social Care Scrutiny Committee held an informal meeting with NHS Sheffield Clinical

Commissioning Group, and Sheffield Teaching Hospitals NHS Foundation Trust to discuss their response to the Scrutiny Committee's report on Continence Services and report on progress made. This was presented to Committee on the 16th March 2022.

2. Background

The Working Group set out to:

- Consider how current continence services are commissioned and delivered, how people access services and how care pathways work.
- Consider people's experience of incontinence and using continence services.
- Consider how services promote independence, dignity and fairness; particularly the number and quality of continence pads provided.
- Consider ways of improving prevention, and access to preventive services with particular reference to tackling health inequalities.

3. Findings

The Working Group summarised their findings within four themes; prevention, inequality, a person centred approach and communication.

Prevention

- The Health Service should give consideration to taking continence prevention services out into communities, especially in areas where there is low take-up, and work with the Council and the VCF to develop approaches to delivering continence prevention services that are tailored to the needs of local communities.
- The Health Service should ensure that consistent messages about continence prevention come from all parts of the health service that come into contact with new mums – particularly health visitors and community midwives - and that they are equipped to support and signpost people to the appropriate services.
 - The Health Service should consider how it could work to target pelvic floor education and raise continence awareness in schools by working with organisations such as Learn Sheffield, and Sheffield City Council.

Inequality

- The Health Service should consider how it can address inequalities in accessing continence services, and look at how working with the Council and the VCF, as well as through the developing Primary Care Networks – who are experts in what works in their local areas -could help.

A Person-Centred Approach

- The Health Service should consider how it can resolve the tension between the medical service model which focusses on the clinical effectiveness of products, and the lived experience of service, users to ensure a person-centred approach.
- The Health Service should consider how it could encourage better feedback from service users and use existing forums to gather evidence and intelligence to inform service development.

Communication

- The Health Service should consider how it can promote and incentivise take-up of continence product training amongst care providers.
- The Health Service should consider how it could improve people's experience of waiting for a continence assessment after being discharged from a hospital stay.
- The Health Service should consider what actions could be taken to raise awareness and tackle stigma around incontinence.

4. Progress

In March 2022, the Committee heard that good progress has been made within the continence service on several the areas identified and acknowledged the impact of the pandemic on the service and the ability of the health and care system to act upon some of the recommendations.

5. Current Position:

Currently, the ICB and partners continue to focus upon the key areas of recovery following the pandemic, managing winter pressures and our response to significant financial pressures. We are therefore unable to report any further improvement additional to those reported in March 2022.

The ICB will consider further work on continence in line with the priorities identified in the original report as part of its planning process and determination of future priorities following its current restructure.

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