

SECTION B PART 1 - SERVICE SPECIFICATIONS

Mandatory headings 1 – 5. Mandatory but detail for local determination and agreement.

Optional heading 6. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement.

Service Specification No.	
Service	Children and Young People Community Continence Service (Level 2)
Commissioner Lead	Lancashire & South Cumbria ICB
Provider Lead	
Period	April 2024 – March 2027
Date of Review	

1. Population Needs

1.0 National/local context and evidence base

Normal continence function is an important part of a child's/young person's development and their path to adult and independent living.

Continence is the ability to maintain bladder and bowel control until a socially appropriate time and place to urinate or defecate has been reached. Full control is normally acquired in early childhood as the result of an active learning process. Toilet training should start at 18 months – 2 years, but there is evidence that this is getting later, which causes problems at school entry and an associated increased risk of daytime wetting in primary school children.

It is estimated that 6.4% of children/young people nationally have a continence problem though this is expected to be significantly underestimated due to a lack of reporting because of stigma, embarrassment, or a belief that the problem will automatically resolve itself whilst the child grows and develops.

The negative impact for the child/young person of any continence difficulty should not be underestimated. Children/young people of all ages can be affected by continence difficulties. Children/young people with additional needs and those with neurodevelopmental disorders, such as attention deficit hyperactivity disorder and autism are particularly affected but often neglected in the mistaken assumption that incontinence is part of their wider condition.

There are about 14,051,000 children under 18 years of age living in the UK. It is estimated that of these about 900,000 have a continence problem. However, this is likely to be a significant under-estimate due to a lack of reporting because of stigma or embarrassment, or the mistaken belief that the problem will automatically resolve as the child grows and develops.

Continence problems occur at a formative time for children/young people and influence their health, wellbeing and emotional development. They are associated with reduced quality of life, affecting peer relationships and cause social isolation and feelings of difference. They are also a cause of reduced self-esteem, a sense of social stigma,

distress, and behavioural disorders. It is also noted that bullying, either as victim or perpetrator, is associated with increased lower urinary tract symptoms.

All children from birth to 19 with continence difficulties (bladder and/or bowel problems and/or delayed toilet training), should have access to a system wide fully integrated Children's Continence Service (CCS) that provides individualised evidence-based care in line with national guidance. A consistent, appropriate multi-disciplinary service will in return result in considerable savings for the NHS and provide care delivered to children/young people/parents/carers at the right time in the right place with the right people.

Of the estimated 8% of children with additional needs, a proportionally higher number have continence difficulties, due either to an associated disorder of the bowel/bladder, or to their physical or intellectual impairment. Delayed toilet training is common for these children, and they should be offered an appropriate continence assessment and support to achieve their potential. It should be the exception, rather than the rule, that children with additional needs are provided with continence containment products. Children with day and night-time wetting at ages 4 – 9 years are 23 times more likely to have enuresis at 14 years of age and 10 times more likely to have daytime wetting continuing into adolescence.

Children's continence issues should be addressed at the earliest possible stage and initially dealt with by the most appropriate service in the first instance. It should have clear and effective care pathways from Universal Services Level 1 – First Line Support, Level 2 - Paediatric Continence Services, and then finally Level 3 - Specialist Continence Services.

Appropriate training should also be given to other settings such as education, social services, child and adolescent mental health services, third sector organisations and other services as required.

All the levels of services should consist of an appropriately resourced fully trained multidisciplinary team to address these issues at the earliest stage of the child's continence journey to avoid further complications and possible hospital admittance.

Children and young people of all ages can be affected by continence difficulties. Children with additional needs and those with neurodevelopmental disorders, such as attention deficit hyperactivity disorder and autism are particularly affected but often neglected in the mistaken assumption that incontinence is part of their wider condition.

Children or young people who experience bedwetting may also have daytime wetting and/or constipation; children and young people with constipation/soiling may also have bedwetting/daytime wetting. There are causal links between these conditions, which require a more holistic approach to treatment.

NB – This service specification is to be used with The CYP LSC Continence Commissioning Framework

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	☑
Domain 3	Helping people to recover from episodes of ill-health following injury	☑
Domain 4	Ensuring people have a positive experience of care	☑
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	☑

2.2 Local defined outcomes

We expect as a result of this service that we will see:

- Reduction in the rates of A&E attendance for constipation
- Reduction in the rates of emergency admissions (unplanned hospitalisation) for constipation
- Reduction in inappropriate referrals
- Reduction in the DNA rates for the service
- Increased quality of care and user satisfaction with services through satisfaction surveys and monitoring of PALS/complaints
- Increased knowledge and understanding of the nature and implications of continence problems in the individual, their parents, carers and relevant others
- Additional service specific outcomes to be agreed with service after first 6 months

The above compliments more detailed service specific KPIs detailed within Appendix 3 will be captured through monthly performance reports.

Supporting analysis of referral patterns, referrals and trends and demographics of service users to be sent directly to commissioners to compliment these reports.

The provider must supply the ICB with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this specification.

3. Scope

3.1 Aims and objectives of service

The aims of the Lancashire and South Cumbria Children and Young People Community Continence Service are to provide high quality assessment, diagnosis, advice and intervention for Children, Young People, Parents and Carers across Lancashire and South Cumbria.

Through collaborative working with patients, families, partner organisations and professionals the Children's Continence Service aims to:

- To provide Children's Continence services for children and young people with daytime wetting, night-time wetting and constipation in order to provide effective and efficient clinical care, management and treatment, this includes assessment and on-going case management
- Advisory role to support level 1 and 3 services where required
- Promote understanding and awareness of continence related conditions and break down barriers that prevent people from accessing services
- Provide a holistic approach to continence care meeting the physical, social and psychological needs through specialist knowledge and skills
- Provide safe, personal, cost-effective, equitable and easy to access services across Lancashire & South Cumbria
- To empower families/young people in care planning using shared decision making process

Objectives

The Lancashire and South Cumbria Children's Continence Service will:

- Provide improved access to services and be seen by the right person at the right time in the right place
- Provide a nurse-based model of service with assessment and investigation where appropriate thus reducing inappropriate/unnecessary referrals to Secondary Care
- To deliver clinically effective treatments that reduce the demand on Secondary Care services and the need for more costly interventions
- To reduce the unnecessary treatment and inappropriate reliance on products for the containment of urinary/faecal incontinence
- To provide the best possible outcomes for children and young people through identification and intervention, resulting in the alleviation of symptoms and/or cure
- Refer on to level 3, Specialised Continence Service if necessary, working collaboratively as a team around the child

3.2 Service description/care pathway

The Lancashire and South Cumbria Children's Continence Service is a multi-faceted provision that is tailored to meet the needs of the patients. The service is provided for all groups of children, young people, including children & young people with specific medical conditions, from the age of 5 years old (under 5's can be seen where clinically appropriate).

The core hours of the service may vary between areas, but service will be delivered during core hours Monday to Friday (excluding Bank Holidays)

The service shall be provided by a multi-disciplinary team of healthcare professionals, who are appropriately registered with post-registration experience and recognised experience and skills. The service healthcare professionals are supported by health care assistants and administration staff.

The Lancashire and South Cumbria Children's Continence Service provides expert nursing assessment and interventions to prevent incontinence, resolve incontinence and manage a range of chronic continence conditions for children and young people across Lancashire and

South Cumbria.

The service is instrumental in managing continence in the context of other chronic and acute health problems and in facilitating a good standard of care for children & young people with chronic conditions and associated continence care needs by working collaboratively with the other service providers such as LD etc

Episodes of continence intervention may include any of the following direct and/or indirect interventions:

- Advice (face to face, video telephone or written) - both preventative or therapeutic
- Direct intervention with the individual
- Training others in order to continue/maintain treatment
- Referral on to level 3 services if required

Examples of the interventions provided within the service are detailed below:

Direct Intervention

One to one consultations in clinics (face to face, telephone, and virtual offers) and including:

- Bladder and/or bowel assessment
- Development of continence care plan
- Negotiation and agreement of goals with individuals
- Provision of information and education on how to achieve goals
- Use of motivational interviewing and solution focussed approaches
- Reassessment and evaluation of intervention with further advice as required

Indirect Intervention

- Training of other health and social care professionals
- Multi-disciplinary meetings discussing patient care plans
- Conduct audits to improve service delivery
- To produce guidelines relevant to the service provision
- To work collaboratively with other departments on their policies that will impact on the health and care planning of patients
- Clinical letter and report writing

Non-client Intervention

- Developing, planning, implementing and evaluating training education sessions for health professionals
- Develop, review and disseminate information and resources for patients and other health professionals
- Data collection and report writing
- Fulfilling Continuous Professional Development of Staff in accordance to local and National Guidance
- Attendance at statutory and Trust mandatory training

Assessment/Reassessment

Wait times will be dependent on clinical need following triage by the right professional, we would expect 18 weeks as the maximum amount of time the system would be expecting children/young people to wait.

Joint assessment between community and continence specialists is encouraged in complex cases.

Reassessment for those with long term continence needs including product provision should be carried out annually as a minimum, however, in line with good practice guidance children/young people aged 5 to 16 years should be re-assessed by the continence service 6 monthly to ensure care plan remains valid for the child/young person/parent/carer.

Product Provision

Where the provision of continence products is indicated, the children and young person's board, on behalf of the ICB expect supply to be strictly based on assessed clinical need.

Assessments are to be carried out by suitably trained healthcare professionals and a daily allocation of products will be supplied to meet the assessed clinical need. Providers will be expected to have a robust system in place to order Continence products. Please refer to the CYP LSC Continence Framework – Appendix 1

Transition from Children's to Adult services

Ensure all children being transitioned have a co-produced transition plan supported by the lead professional dependent on need with an expectation that this is first developed around age 14. The child developmental ability should be considered. The national tool "Ready, Steady, Go" is recommended to support transition process unless an alternative tool is identified by your service as best practice for your speciality.

Transition Conversations and Transition Planning

All practitioners and clinicians must have a transition conversation with young people from the age of 14 to encourage the young person and their family to complete a transition plan and to enable conversations to take place about what changes might happen to their healthcare over the next 3-6 years. It is important to discuss with the young person how they might involve adult services and GPs in their transition planning.

EHCP identification

Providers to identify a flagging system to enable children with an Education, Health and Care Plan (EHCP) to be identified within services to enable quick identification and support towards any health advice requests as per statutory responsibility. KPIs expected to report back to ICB how many children being supported in services have an EHCP. This will become part of the KPI's.

Multi-agency Audits

The service will be expected to take part in SEND multi-agency audits as part of the inspection process with an expectation to take part in 6 per year with the local authority partners.

Identification of vulnerable Groups

Providers to identify a flagging system to provide information for commissioners to

understand the following:

- How many children accessing the continence service are children in care
- How many children accessing the continence service are care leavers
- How many children accessing the continence service are in the youth justice system

This information will be help inform us on future planning for our most vulnerable children and young people.

3.3 Population covered

The service is provided to all Children & Young People from the age of 5 years old (under 5's can be seen where clinically appropriate), who are resident patients that are registered with a GP practice, or within a school in the Central and West Lancashire area or from the wider Lancashire and South Cumbria footprint on a case by case basis in the best interest of the child (including those in transit and temporarily registered within the Lancashire & South Cumbria geographical footprints. Children in Care and Care leavers should be prioritised.

3.4 Any acceptance and exclusion criteria and thresholds

Children and Young People who are registered with a GP in Lancashire and South Cumbria or Children In Care who are residing in the area. Children that are aged under 5 years of age with constipation may be seen in exceptional circumstances following joint consultation between the service and the paediatrician. Advice and guidance will sometimes be offered to children aged 0 – 4 years. (Insert SOP where appropriate)

Children under the age of 5 years with additional needs will be offered or referred to a package of support on toilet training at the discretion of the specialist nurses within the Children's Continence Service, children should be discussed on an individual basis by their healthcare provider with the nursing team.

3.5 Interdependence with other services/providers

The service will have interdependencies with the services noted below:

- Lancashire & South Cumbria Integrated Care Board
- Adult Continence Services
- Acute Trusts
- Allied Health professionals
- Tertiary and specialist centres
- Safeguarding partnerships
- Community Health Professionals – psychological services, nurses, community
- paediatricians, school nurses, learning disability services
- Local Authorities (Lancashire County Council)/Public Health
- GP Practices
- Schools, FE services, colleges etc
- Charitable agencies
- Voluntary agencies
- Carers groups

NB - This list is not exhaustive.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Bowel and Bladder UK (2021) Paediatric scoring tool for issuing of continence products
Bladder and Bowel UK 2021
HLSC ICB CYP Continence Commissioning Framework (2021)
Paediatric Continence Forum: Guidance for the provision of continence containment products for children and young people: a consensus document, 2021
The Paediatric Continence Forum's Children's Continence Commissioning Guide 2019
Paediatric Continence Forum, 2016
Ching C et al (2015) Bullying and lower urinary tract symptoms: Why the paediatric urologist should care about school bullying. Journal of Urology 193, 2: 650-654.
Department of Health (2010) Essence of Care: Benchmarks for Bladder, Bowel and Continence Care
Department of Health (2007) Continence exemplar linked to National Service Framework for Children, Young People and Maternity Services
Royal College of Nursing (2006) Improving Continence Care for Patients: The role of the nurse
Department of Health (2005) National Service Framework Long Term Conditions
Department of Health (2004) National Service Framework for Children, Young People and Maternity Services
Department of Health (2000) Good practice in continence services
Human Right Act (1998)
Disability and Discrimination Act (2005)
Health Services Accreditation (1997) Standards for Continence Services
Care Pathways for Continence:
Department of Health: NICE Guidance CG111 (2010) Bedwetting in under 19's
Department of Health: NICE (QS62) 2014 Constipation in children and young people – Quality Standard
<https://www.nice.org.uk/guidance/qs62>
Department of Health: NICE (QS70) 2014 Bedwetting in children and young people – Quality Standard
<https://www.nice.org.uk/guidance/qs70>
Outcomes Manager System,
<https://www.visionhealth.co.uk/population-health/>

It is expected that any additional NICE guidance will be incorporated in practice (e.g. relating to inflammatory bowel conditions, IBS and multiple sclerosis)

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Provider to be CQC registered.
- Essential standards for quality and safety, CQC March 2010
- Professional Codes of Conduct for staff such as 'The Nursing and Midwifery Council'

- Information sharing must be compliant with 'Caldicott Principles'.

4.3 Applicable local standards

The service will follow their local policies and procedures aligned to the Lancashire & South Cumbria Continence Commissioning Framework.

- Standard Operating Procedure (SOP) for the assessment and management of children with bowel problems
- SOP for the assessment and management of daytime and nocturnal enuresis children
- Policy for Supply and use of Continence Products
- Procedure for the use of portable bladder scanner

The delivery of the service is underpinned by the appropriate standards. The Directorate Governance Framework and Reporting mechanism has been embedded into the work of the Unit and ensures that we can evidence how we meet the standards outlined in 'Standards for Better Health'. This is quality assurance and improvement approach that is adopted within the Unit and includes:

- Annual clinical audit
- Mechanisms to ensure the continuous review of evidence based practice;
- Active support for continuing professional development
- Robust performance management system that identifies and deals with poor performance
- Mechanisms are in place for staff to raise concerns over any aspects of service delivery that they feel may have a detrimental effect on the care of service users
- Approaches to ensure service users and the public are involved in quality improvement activities
- Evidence based practice is in daily use and there is an infrastructure and support for activities relating to clinical effectiveness.
- Risk management is utilized to anticipate and minimize potential problems.
- Critical incident reporting is used to monitor and improve existing practice.
- Complaints are handled in accordance with national guidance and lesson learned from their investigation and their resolution.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-C)

5.2 Applicable CQUIN goals (See Schedule 4)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

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