Report to:	**Strategic Commissioning Board**
Date:	27 March 2019
Reporting Member /Officer of Strategic Commissioning Board	Jessica Williams, Interim Director of Commissioning
Subject:	**CHILDREN'S ENURESIS SERVICE PROVISION IN GLOSSOPDALE**
Report Summary:	On confirmation that Derbyshire will met the costs it is therefore proposed to expand the service from the Tameside enuresis nurse to support children and young people aged 0-19 in Glossop.
Recommendations:	Note the expansion of the current Enuresis service, equitable to that delivered in Tameside, for the residents of Glossopdale with immediate effect. Note that Derbyshire County Council will be recharged for the cost of this additional service.

Financial Implications:

(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

ICF Budget	S 75 £'000	Aligned £'000	In Collab £'000	Total £'000
TMBC	-	-	-	-
CCG	-	-	-	-
Total	**-**	**-**	**-**	**-**

Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparison

This will not impact upon budgets of the Strategic Commission. Derbyshire County Council are the responsible commissioner for this service and have agreed to fund from the Better Care Fund with effect from April 2019

Legal Implications: (Authorised by the Borough Solicitor)

In discharging their functions, CCG's have regard to the need to safeguard and promote the welfare of children under section 11 of the Children Act 2004. There is also a duty on Health to co-operate with Local Authority arrangements to safeguard and promote the welfare of children under section 10 of the Children Act 2004. The CCG's area covers the whole of Tameside and part of Glossop and not coterminous with Council boundaries this requires Glossop to pay their share.

How do proposals align with Health & Wellbeing Strategy?	Reducing health inequality across Tameside and Glossop and contributing to wider outcomes such as reducing hospital admissions relating to complications and ensuring that families transition smoothly into adulthood.
How do proposals align with Locality Plan?	The service is part of the starting well agenda, promoting all children to have the best start in life, creating resilient families who have access to the right support they need at a time they need it.

How do proposals align with the Commissioning Strategy?	Not applicable
Recommendations / views of the Health and Care Advisory Group:	The service will be delivered from Dewsnap Lane Clinic, to maximise clinic time, clinical notes and service continuity
Public and Patient Implications:	
Quality Implications:	None
How do the proposals help to reduce health inequalities?	
What are the Equality and Diversity implications?	None
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	None
Risk Management:	
Access to Information :	The background papers relating to this report can be inspected by contacting the report writer Telephone: 07917 072370 e-mail: philippa.robinson5@nhs.net

1. BACKGROUND

1.1 The term bedwetting (sometimes called nocturnal enuresis) is used to describe the symptom of involuntary wetting during sleep in the absence of other medical conditions. Bedwetting can be described qualitatively by the amount of distress it causes to the child or family and impairment in social, academic (occupational) or other areas of functioning, or quantitatively based upon the frequency, that is at least twice a week for at least three consecutive months. The prevalence decreases with age and most studies show a higher incidence in boys (of up to 2:1).The Avon Longitudinal Study of Parents and Children (ALSPAC) survey identified that at 7.5 years old the prevalence of bedwetting is high (15.5%) but only 2.6% of this large population-based sample wet at a frequency of twice a week.

1.2 Extrapolating from the ALSPAC data and other studies, the estimated numbers of children and young people in NHS Tameside and Glossop are shown in the table below.

Children with nocturnal enuresis, estimates by age

	NHS Tameside and Glossop
Estimated number of children aged 5-6 years with nocturnal enuresis (2014)	1,315
Estimated number of children aged 7-9 years with nocturnal enuresis (2014)	1,035
Estimated number of children aged 10-15 years with nocturnal enuresis (2014)	370
Estimated number of young people aged 16-19 years with nocturnal enuresis (2014)	170

Source: Local authority mid year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

2. DAYTIME URINARY INCONTINENCE (DUI)

2.1 The term “daytime urinary incontinence” (DUI) is the current term accepted by the International Children’s Continence Society to describe wetting during the day in children (to replace the terms daytime wetting or diurnal enuresis). DUI can be described qualitatively by the amount of distress it causes to the child or family, or quantitatively based on the frequency of its occurrence i.e. at least twice a week in children over the age of five years in the absence of congenital or acquired defects of the central nervous system. As with bedwetting, the prevalence of DUI decreases with age. Unlike bedwetting, the prevalence is generally greater among girls than boys.

2.2 The table below shows the estimates, by age, of children in NHS Tameside and Glossop with (mostly infrequent) DUI. More frequent daytime incontinence (more than twice a week) is more commonly related to problems of urgency, bedwetting and faecal incontinence than infrequent incontinence.

Children with daytime wetting, estimates by age

	NHS Tameside and Glossop
Estimated number of children aged 5-6 years with daytime wetting (2014)	375
Estimated number of children aged 7-10 years with daytime wetting (2014)	400
Estimated number of children aged 11-15 years with daytime wetting (2014)	385
Estimated number of young people aged 16-18 years with daytime wetting (2014)	175
Estimated number of young people aged 19-24 years with daytime wetting (2014)	270

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014).

3. LOCAL CONTEXT

3.1 Prior to a national decision to separate out public/population health services from other health services and make them the responsibility of Local Authorities, Tameside and Glossop commissioned support for paediatric continence from school nurses to cover both advice and information and a level of assessment and treatment (tier 1 and tier 2), with the specialist and complex care available through paediatric services.

3.2 Following the transfer of responsibility for the commissioning of school nurses to Derbyshire County Council the service available in Glossop now no longer provides the same level of assessment and treatment; school nurses, health visitors and children's' centres in Derbyshire only offer Tier 1 support. Discussions have taken place between Derbyshire and the CCG to attempt to agree arrangements for Glossop children, however to date these have been unsuccessful.

- Parent complaints; there is one current active complaint within the CCG, which is a 6 year old child who needs to be seen for specialist care. Another example is a case that has been ongoing since 2010 (aged 3) to present day. The patient has been passed between specialists and now is under the care of Urologists at RMCH and Trafford Nursing team, which is a long way to travel and has taken far too long to get an adequate service. On discussion with parents, travelling to Dukinfield would be acceptable, and much closer than Manchester.

- A letter from Derbyshire County Council gives some context around the commitment from Derbyshire and responsibility to level 1 support only, which is school nurse provision. Level 2 support is the responsibility of a CCG commissioned service.

3.3 There are three levels of service in the continence pathway, Level 1 is preventative, with advice coming from School Nursing and Health Visitors, and is commissioned by Public/Population health. Level 2 and 3 include health input from specialist nurses and wider medical teams and is commissioned by Clinical Commissioning Groups.

3.4 Currently in Tameside, the pathway covers Level 1-3 for Tameside Residents, and the Derbyshire Pathway covers level 1 for Glossop residents.

3.5 The service will support children and young people 0-19 and be delivered from the existing base at Dewsnap Lane Clinic in Dukinfield.

3.6 Many continence problems can be cured and certainly managed better. People have the right to be heard, receive the right treatment at the right time and live the best achievable quality of life possible. Improving continence care provision through integrated services brings many benefits including:

- a better quality of life and more independence through finding solutions appropriate to individual needs
- less reliance on continence pads and products by using alternative treatments
- a reduction in admissions to hospitals
- fewer complications, such as urinary tract infections and skin breakdown
- a reduction in costs

3.7 Key Outcome

To help children and young people to achieve complete continence, or to manage the condition discreetly and effectively if full control is not clinically possible.

Key Outcome Indicators

- Rates of A&E attendance and unplanned hospitalisation for constipation and urinary tract infection
- Percentage of children and young people with bladder and bowel dysfunction successfully treated within the service or post discharge
- Quality of Life (QoL) assessment from the perspective of the child or young person and the family, or Patient Reported Outcome Measures (PROMs) can also be used

4. DEMAND

4.1 The service in Tameside receives four to five referrals per week. There are 240 patients on the caseload and they have a £6k equipment budget for specialist equipment.

4.2 For Glossop, 13% of the TG population (0-19), scaled down from Tameside would indicate a demand of around two to three referrals per month, with an expected caseload of 36, requiring an equivalent scaled down equipment budget.

5. CAPACITY AND FINANCE

5.1 The service estimates that the demand would require 15 hours a month to run a clinic, complete follow up assessments and administration, and also anticipate ‘new service influx’. The existing Enuresis nurse has capacity to pick this extra clinic up. Liaison and relationships with school nurses in Glossop and Glossop GPs is key to the development of the service.

5.2 The pathway would be the same as the current pathway in Tameside, and patients will need to travel to Dewsnap Lane Clinic to access the service.

5.3 A budget is required of £5,462 inclusive of nurse time and equipment.

6. RECOMMENDATION

6.1 Recurrent funding has been agreed with Derbyshire County Council from the Glossop Better Care Fund allocation with effect from April 2019 to expand the current service to ensure it is equitable to that delivered in Tameside.

6.2 The service will start with immediate effect.