

## **Incontinence Amongst Women of Child-bearing Age**

### **Merton CCG Response to the Healthier Communities and Older People Overview and Scrutiny Panel Report – 10 October 2014.**

#### **1. Purpose of this paper**

This paper outlines the initial response of Merton Clinical Commissioning Group (CCG) to the recommendations contained in the report *Tackling Incontinence Amongst Women of Child-bearing Age* produced for the London Borough of Merton (LBM) Healthier Communities and Older People (HCOP) Overview and Scrutiny Panel by the LBM *Incontinence amongst women of child bearing age task group*.

In particular, this paper describes how Merton CCG will address the recommendations raised in the report.

#### **2. Scope of the Report**

The *Tackling Incontinence Amongst Women of Child-bearing Age* report primarily addresses the issue of urinary incontinence in women between the ages of 16 and 44. The reasons given for this focus are:

- Urinary incontinence often occurs following pregnancy
- An improvement in services for this age group would have a direct knock-on effect on older age groups.

The report particularly focuses on

- “The prevention agenda – identifying problems at an early stage and addressing them before they become worse”.
- “How to raise awareness of incontinence and tackle the stigma that prevents people seeking help”

In addition, the report references the 2011 *All Party Parliamentary Group for Continence Care report*.

#### **3. Alignment with Merton CCG Priority Delivery Areas**

Merton CCG has identified within its Operating Plan six priority delivery areas and the breadth of the issues related to continence mean that it touches several of these delivery areas. In order to provide focus the work to address the recommendations of this report will primarily be carried out within the *Early Detection and Management* delivery area, but will also link to the *Children’s and Maternity* and *Older and Vulnerable Adults* delivery areas as necessary.

#### **4. Findings of the Report**

##### **4.1. Services for people who suffer from incontinence in Merton (paragraphs 9 – 19)**

The report notes continence services provided by Epsom and St Helier University Hospitals NHS Trust and St George’s Healthcare NHS Trust, but identifies that the majority of continence services are community based. The community based continence service, which includes clinical services such as assessing people for treatment as well as specialist support to individuals, and also training for other staff, is currently commissioned by Merton CCG from Sutton and Merton Community Services (SMCS). In addition, SMCS also deliver a women’s health physiotherapy service, which provides exercises to strengthen the pelvic floor muscles.

Merton CCG is pleased to note the report’s finding that the community service had been improved following a review in 2010 but, in light of the fact that the task group considered that

many of the fundamental problems had not been addressed, the CCG will re-examine the review and identify outstanding areas for progression.

#### **4.2. Under-reporting of continence problems (paragraphs 20 – 26)**

Merton CCG notes the information regarding the number of people in Merton estimated to require help with incontinence and will work with Public Health to build on this information to provide, if possible, a current and local view of continence needs in Merton.

Merton CCG is disappointed that the *Incontinence amongst women of child bearing age task group* concludes that the service “is given a low priority by Commissioners” as it is not life threatening”. In fact, Merton CCG supports findings of the report that, in addition to having a huge impact on quality of life, incontinence has a significant effect on many areas, such as being a potential contributory factor for falls in older people, or potentially having an adverse effect on mental health.

In recognition of the importance of this issue, therefore, Merton CCG has included a Continence Work Package in the *Early Detection and Management* priority delivery area with the aim of taking forward the relevant recommendations of this report.

#### **4.3. Impact of incontinence on women of child bearing age (paragraphs 27 – 33)**

Merton CCG notes the analysis contained within the report of the impact of incontinence in women of child bearing age and will take forward the relevant recommendations to local service providers through the relevant channels, including local Maternity Networks.

#### **4.4. The Prevention Agenda (paragraphs 34 – 40)**

Merton CCG agrees with the report’s emphasis on prevention and targeting treatment early to prevent escalation and has therefore placed the work to take forward issues relating to incontinence within the *Early Detection and Management* delivery area.

#### **4.5. Health pathways and co-ordination of Continence Services (paragraphs 41 – 43)**

Merton CCG agrees with the report’s emphasis on clear pathways of care across co-ordinated services. We note the report’s finding that there is a fragmented service across south west London, and that some healthcare professionals are “not even clear where to refer people to”. Merton CCG will therefore take forward the development of/identification of a clear pathway for unified continence services.

#### **4.6. Raising awareness and tackling stigma (paragraphs 44 – 50)**

Merton CCG welcomes the findings of the report in the important area of raising public awareness, dispelling myths and tackling the stigma that some people feel when raising the issue of incontinence and will work with the other relevant stakeholders (both commissioners and providers) to implement the relevant recommendations.

### **5. Recommendations of the Report**

The report makes 13 recommendations of which ten are identified for implementation by Merton CCG. The Merton CCG approach to the implementation of these ten recommendations, many of which are also dependent upon contribution from current service providers, other local commissioners and LBM Public Health, is shown in Appendix A.

## 6. Next Steps

As described in Appendix A:

- Many of the recommendations of the report will be built into the work programmes of the relevant Merton CCG priority delivery areas.
- Merton CCG will liaise with LBM Public Health, both as part of the Early Detection and Management priority delivery group (which includes a representative from Public Health) and separately as issues arise, to address the relevant recommendations.
- Merton CCG will work with other local commissioners and with local maternity services providers through the local Maternity Networks to address the relevant recommendations.

In addition, Merton CCG will review the 2011 report of the *All Party Parliamentary Group for Continence Care*, and will re-examine the review of services carried out in 2010, with a view to identifying further items to incorporate into future programmes of work.

## Appendix A: Recommendations of the Report *Tackling Incontinence Amongst Women of Child-bearing Age*

The report makes 13 recommendations of which ten are identified to be implemented by Merton CCG. The Merton CCG approach to implementation of these ten recommendations is shown below. For completeness, all 13 recommendations are shown (in the order in which they are presented in the *Tackling Incontinence Amongst Women of Child-bearing Age* report).

No	Recommendation	To be implemented by:	MCCG Action
1.	That midwives and health visitors follow up first, second and third degree tears following childbirth to check for signs of incontinence.	NHS England	N/A
2.	That health visitors ask women 'trigger questions' after childbirth to identify the onset of incontinence.	NHS England	N/A
3.	That women are warned incontinence may be a problem following childbirth and that pelvic floor exercises are important to help prevent it.	MCCG	As a member of the local Maternity Networks, Merton CCG will work with local providers of maternity services to take forward these recommendations. Merton CCG will monitor this through the <i>Children's and Maternity</i> delivery group.
4.	That women should be given realistic information about the efficacy of pelvic floor exercises and advised what other options may be available in extremis.	MCCG	
5.	That women are advised they should not hesitate to contact either their GP or the continence service if they experience any problems with incontinence at any time in the future.	MCCG	
6.	NHS Trusts should place greater emphasis on early detection and prevention of continence issues. We suggest perhaps establishing local/regional clinical champions?	MCCG	Merton CCG will liaise with local service providers to identify the requirements to improve early detection and prevention.
7.	The Director of Public Health should investigate how easily accessible and free training can be rolled out to unpaid carers to help them deal with continence.	Merton Council	N/A
8.	Incontinence issues should be prioritised as part of the Falls Prevention Strategy.	MCCG	These recommendations will be included as work packages within the MCCG <i>Early Detection and Management</i> delivery group programme of work, linking to the <i>Older and Vulnerable Adults</i> delivery area as required.
9.	Merton Clinical Commissioning Group should develop a clear pathway for unified continence services across the borough.	MCCG	
10.	That MCCG and local acute NHS Trusts look into what role pharmaceutical companies may be able to take in hosting events to raise awareness on incontinence issues.	MCCG	
11.	That commissioners and the continence service seek to involve patient participation groups in raising awareness of continence issues.	MCCG	
12.	That an information leaflet is produced to advertise continence services.	MCCG	Merton CCG will liaise with local service providers to identify appropriate public information requirements and will work with Public Health colleagues to establish appropriate methods for communication to the public.
13.	That e-information leaflets and posters advertising continence services should be distributed in discreet locations such as Lavatory cubicles in local public buildings where women can access them privately.	MCCG	