Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Reference: FOI.ICB-2324/282

Subject: Continence Products for Disabled Children and Young People

*I can confirm that the ICB **does hold some of the information requested**; please see responses below:*

QUESTION	RESPONSE
The purpose of the request I seek the information detailed below in order to better understand the process by which disabled children and disabled young people living in your Board's area are able to obtain the Integrated Care Board-funded continence pads and containment products that they need. Please provide the details specified in (a) - (c) below concerning the provision of continence pads and containment products (including nappies and 'pull ups') for disabled children and disabled young people within your Board's area.	
1. The eligibility criteria that determine what type and what quantity of continence pads and containment products can be provided for disabled children and disabled young people.	NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) currently funds continence products by a consumable budget held and managed by Sirona care and health CIC, the community services provider for adults and children in BNSSG. The community provider will assess for and prescribe clinically appropriate continence products where indicated wherever patients reside in BNSSG.
2. Please provide a copy (in printed or electronic form) of the guidance that your Board requires practitioners to have regard to when authorising the provision of continence pads and containment products for disabled children and disabled young people; and	Please see enclosed.

3. The work title (or post or qualifications or other designation) that identifies the practitioners who can authorise the provision of continence pads and containment products for disabled children and disabled young people.	The ICB does not hold this information. Please contact Sirona Care and Health CIC - Sirona.hello@nhs.net

The information provided in this response is accurate as of 20 November 2023 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

This specification must be read along with the overarching specification which applies to all services

1. Population Needs

1.1 National / local context and evidence base

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups (BNSSG) aspire to commission comprehensive community nursing services that will support out-of-hospital services for children with a community nursing or psychology need. Commissioners expect this service to play a key role in achieving outcomes for all children.

Commissioners recognise that community children's nursing services are fundamental to improving urgent care, through minimising unplanned hospital admissions and reducing the number of days that children and young people spend in hospital.

Emerging evidence on the efficacy of community children's nursing suggests that the provision of care at home is both cost effective and beneficial for children, young people and families' emotional wellbeing and quality of life.

NHS Bristol, North Somerset and South Gloucestershire Bristol, North Somerset and South Gloucestershire community children's nursing services will be required to deliver care that is evidence based and clinically safe, effective and efficient, and consistent with national and local policy, clinical guidelines and NHS Standards.

The Provider will be required to ensure the services adhere to NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups (BNSSG) principles for children's community health services, which are outlined in the overarching specification.

1.2 Policy Context and Legal Compliance

The provider must comply with all relevant policy and legal compliance, including but not limited to:

- Human Rights Act 1988
- Equality Act 2010
- Health Acts 1999 and 2006
- Health Bill 2009
- Health and Social Care Act 2012

- Care Standards Act 2000
- Safeguarding Vulnerable Groups Act 2006
- Vetting and Barring Scheme
- CQC Compliance
- CQC Safeguarding Standards
- Public and Patient Involvement requirements
- Children Acts 1989 and 2004
- Working Together to Safeguard Children (2015)
- NHS at Home: Community Children's Nursing Services (2011)

The provider must be familiar with and adhere to the principles and processes contained within:

- The Children and Families Act 2014
- Supporting pupils at school with medical conditions (Department for Education 2015, updated 16 August 2017
- The National Framework for NHS Children's Continuing Care.
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act (2004).
- Safeguarding Children and Young People: Roles and Competencies for Health Care Staff 2014.
- Information Sharing: Guidance for Practitioners and Managers.
- NHS Employment Check Standards.
- NHS Equality Delivery Scheme (EDS) – the provider should implement the EDS2 and aim to be performing at no lower than amber in the first year.
- NHS Commissioning Outcomes Framework.
- Joint Health and Wellbeing Strategies – Bristol, North Somerset and South Gloucestershire
- Children and Young People Plan/Partnership Strategies/Anti-Poverty Strategies – Bristol, North Somerset and South Gloucestershire
- South West Safeguarding and Child Protection Procedures 2013.
- The NHS Long Term Plan - 2019

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 or 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**	✓

The Community Children's Nursing & Psychology Service will contribute with other services to the following the Commissioning Outcomes Framework, NHS Outcomes Framework and Public Health Outcomes Framework. However the service is not solely responsible for achieving these outcomes and they will not form part of the monitoring framework for the service.

Domain	Outcome
Preventing premature death	Improving childhood mortality for long-term health conditions, including asthma, diabetes and epilepsy
Improving quality of life	Improving the number of children with long term conditions who have a co-ordinated package of care, quality assessment, access to key working and a multi-disciplinary care plan
	Improving progress towards a child and family's person-centred goals
	Reducing school absence for children with long term conditions, complex needs, disabilities and life-limiting conditions
	Increasing the number of children who report that their pain is managed
Protection from avoidable harm	Reducing the rate of catheter-associated and catheter - related bloodstream infections in children
	Increasing the number of children and families who receive appropriate equipment in a timely way to support their long-term condition, complex health need, disability or life-limiting condition

Ensure a positive experience of care	Increasing the number of young people in transition that have a defined and agreed plan for handover of care to adult services
	Increasing the number of children who die in the place of their choice
	Increasing the number of children and families who feel they have more control over improved personalised services
	Improved access and availability of services
	Increasing the number of children with diabetes who achieve required national quality standards
	Reducing the average length of stay in hospital for children
	Reducing the number of children attending hospital for less than 24 hours
Protection from avoidable harm	Reducing the number of medication errors
	Reducing the rate of unplanned hospital admission for constipation and urinary tract infection
	Reducing the number of serious incidents

2.2 Local defined outcomes

In addition to the outcomes defined in the overarching specification and associated appendix, the community children's nursing & psychology service will be expected to deliver care that focusses upon the improvements it can make to children, young people and families in terms of clinical effectiveness and enhanced emotional and social benefits:

- Parents are confident that they have the skills to care for their child or young person through a genuine partnership with health professionals.
- Schools are confident that they have the skills to care for their children and young people through a genuine partnership with health professionals.
- Children and young people are admitted to hospital only when it is clinically unsafe for them to stay at home, acknowledging the preferences of parents, children and young people.
- Children and young people in need of a comprehensive care package will experience fewer hospital admissions and fewer

accident and emergency department attendances for crisis management.

- Parents have easy and reliable access to the emotional and psychological support required to provide optimal care for their family. Provided by the nursing and psychology professionals, based on specific need within service resource.
- Families, school and health professionals have easy and reliable access to the equipment and training required to provide optimal care for their children and young people.
- There is genuine and realistic choice about end-of-life care, acknowledging the preferences of parents, children and young people.

3. Scope

3.1 Aims and objectives of service

The overarching aim of the community children's nursing & psychology service is to provide specialist support and clinical interventions to any child or young person with health needs that can be managed at home, at school or in community locations.

The key objectives of the service are to:

- Assess children and young people's symptoms, recognise sickness or deterioration and take the first steps in the management of conditions, including informing GPs or hospital paediatricians as appropriate.
- Provide care and treatment to prevent hospital admission and expedite discharge for ill children. Examples of clinical interventions include:
  - Intravenous drug administration, port flushes
  - Tracheostomies, oro/naso-pharyngeal suction
  - Gastrostomies, enteral and parenteral medication
  - Invasive and non-invasive ventilation
  - Catheter care
  - Unstable seizure management
  - Tissue Viability Assessment and assessment of wound management where required.
- Provide care to children and young people at home, at school and in community locations within the core hours of 8am to 6pm

Monday to Friday, and flexibly on Saturday, Sunday and Bank Holidays

- Work with the Bristol, North Somerset and South Gloucestershire children's palliative care community to support seven day working, as required, for end-of-life care.
- Co-ordinate the care planning and management of children with long term conditions, disabilities and complex needs to prevent accident and emergency department attendances and unplanned admissions
- Co-ordinate the care planning and management of community palliative care and end-of-life needs
- Facilitate and support access to hospital care when necessary, for children with nursing needs who are normally cared for a home
- Provide reliable and sustainable care packages for children and young people who are technology dependent
- Provide training for parents and carers, children and young people and schools to support the self-management of long term conditions, complex conditions and disabilities
- Provide nursing care and home and school support workers, based upon assessed need, for families eligible for Children's Continuing Care
- To provide nursing and psychology interventions for children and young people with life limiting and life threatening conditions and to support their families. To provide clinical input into palliative and end of life care for children.
- Provide wellbeing and psychological support for families of children and young people on caseload with palliative care and end-of-life needs, and very complex conditions
- Provide a Disposable Supplies Ordering Service to health visitors / school nurses and families of children in Bristol, North Somerset and South Gloucestershire. Sirona care & health hold the disposables budget for Bristol and South Gloucestershire.
- Deliver the Paediatric Continence Pathway for Bristol, North Somerset and South Gloucestershire, including oversight of health visitor / school health nurse continence assessment and management plans, ordering and supply of continence products and the provision of specialist continence training to C&YP & their families.

3.2 Service model

The community children's nursing & psychology service will comprise of the Community Children's Nursing Team managed by University Hospitals Bristol NHS Foundation Trust and the Lifetime Nursing and

Psychology Service managed by Sirona care & health. It is the responsibility of Sirona care & health as prime provider for the CCHP contract to ensure that all policies and pathways for the services are aligned and that the services work together to maximise capacity and avoid duplication.

The service will be embedded within, and delivered from, community locations within each CCG area, including GP Practices, schools and homes

The service is led by registered children's nurses and psychologists with extensive experience of community care, supported by assistant practitioners and health support workers

The service has clear, locally agreed protocols for medical leadership with GPs and Bristol Children's Hospital.

The service will be informed by clear, locally agreed pathways which defined the community children's nursing contribution for:

1. Children and young people with acute and short-term conditions
2. Children and young people with long term conditions which require clinical, nursing and psychology support, where this is not provided by an any other dedicated children's specialist community nursing team
3. Children and young people with disabilities and complex conditions, including those requiring Children's Continuing Care
4. Children and young people with life-limiting and life-threatening illnesses, including those requiring palliative care and end of life care

There is access to diagnosis-specific advice and guidance and specialist community children's nurses

The service includes nurses trained as nurse prescribers

Where appropriate, the team will provide support to children with complex health needs in both mainstream and special school settings

The team will work collaboratively with Children's Continuing Care nurse assessors in Bristol, North Somerset and South Gloucestershire CCGs to plan personalised care packages

Included within this specification are nursing, homecare and school support services for children eligible for Children's Continuing Care in

Bristol, North Somerset and South Gloucestershire. This element of the service will be annually negotiated, ring-fenced and structured with a tolerance threshold to manage fluctuations in the number of children eligible for Continuing Care.

3.3 Homecare

The Lifetime Homecare service will develop and provide bespoke packages of care for children who meet the Children's Continuing Care criteria. All eligible families will be offered a Personal Health Budget which they may choose to use as a notional budget with the Lifetime Homecare Service

Key deliverables for this service will be to:

- Provide reliable and sustainable care packages for children and young people who require a continuing care packages, (including those who are care technology dependent) using outcome based person led care plans. Enabling children and young people to be cared for in a place of their choice and to have an improved quality of life.
- Provide services that can be purchased by personal budget holders.
- Co-ordinate the care planning and management of children with complex and continuing care needs to prevent accident and emergency department attendances and unplanned admissions.
- To pro-actively assess, support and care for children and families in a variety of settings enabling children to live and die in their preferred place of care.
- To provide a comprehensive training programme to enhance skills and confidence across a range of organisations to enable children with exceptionally complex health needs and/or technology dependency to access a wide range of settings for short breaks and education.
- To build positive relationships with families in order to demonstrate that children, young people and their carers are satisfied with the services they receive and are fully involved as partners in the delivery of care.
- To maximise continuity of carer and minimise the number of missed shifts and shifts covered by agency staff, while recognising that there will be a need to prioritise the care of the most complex children.

3.4 Equipment

The service will be responsible for ordering equipment which is required to support the health needs of children on their caseload. Equipment which is required to meet social care or education needs will be referred to the local authority. The service is not responsible for ordering medical equipment which is solely for use in an education setting.

Equipment should normally be ordered through the BNSSG Integrated Community Equipment Service (ICES) contract.

Medical equipment for children being discharged from hospital onto the Lifetime caseload, and which is not available through the ICES contract will be ordered by UHB/NBT and funded by the CCG. Of the Lifetime caseload on-going maintenance will be the responsibility of the Lifetime Service. Of the UHB caseload on-going maintenance will be the responsibility of UHB MEMO Department.

The budget for this service includes consumables for this equipment.

3.5 Referrals

Referrals to the community children's nursing & psychology service can be made by:

- GPs
- Health Visitors
- School Health Nurses
- Acute and community paediatric health services
- Schools and Early Years settings
- Children's Social Care and Preventative Services

Referrals can be made in writing, by telephone, email and or by an Electronic Patient Record. The services will work towards managing all referrals electronically.

The community children's nursing & psychology service will work with Bristol; North Somerset and South Gloucestershire Local Authority areas to develop systems and protocols for receive referrals through their Single Points of Entry.

The community children's nursing & psychology service will make onward referrals to other professionals as appropriate.

3.6 Acceptance criteria

All children and young people, from birth to their eighteenth birthday, who are registered with a Bristol, North Somerset and or South Gloucestershire GP

For young people aged between 16 and 18, with acute and short term conditions in the absence of co-existing long term conditions, complex needs or disabilities, community nursing needs should be met by adult district nursing services.

The teams will not accept new referrals after a child's 18th birthday but will remain responsible for the transition to adult services of children on the caseload.

Where known to a child through a clinical pathway, Specialist nurses will be available where required to provide Specialist clinical advice and information regarding management of conditions, to community nursing teams providing clinical nursing care in the community setting.

3.7 Exclusion Criteria

Referrals for families solely requesting psychology support, where no nursing need is identified

3.8 Response times and prioritisation

The service will meet the following response times:

- Assessment and triage of referrals (urgent and routine), including hospital discharge and end of life packages within 24 hours of referral.
- Assessment and Triage of Acute hospital discharge will require same day (in working hours assessment). Urgent response times will be monitored and adjusted in negotiation with commissioners as demand and capacity evidence is analysed.
- Assessment for SEN Education, Health and Care Plan – within local EHCP pathway requirements, currently within 6 weeks of referral.

3.9 Workforce

In addition to the workforce requirements in the overarching specification, in order to deliver flexible, equitable and accessible community nursing & psychology services to children and young people & their families, the service will have sufficient workforce capacity and skill mix.

The Provider will therefore ensure that:

- There are adequate numbers of appropriately skilled and qualified staff to support care and clinical symptom management
- Staffing establishment is based upon guidance and local population need
- Community children's nurses provide support, advice, supervision and competency-based training for non-registered carers who provide care for children with Children's Continuing Care needs
- Within the available resource, the Psychology service will psychological supervision to staff working within the Lifetime

Service and CCN team UHB. In turn, the UHB Consultant psychologist in long term conditions provides clinical supervision to the Sirona psychologist (BNSSG).

- The team is available to give expert advice and support to other professionals caring for children with nursing needs
- A supervision policy is in place that ensures staff have regular access to appropriately skilled clinical and safeguarding supervision
- Sustainability is actively pursued to ensure that there are minimal breaks in care for children and young people
- Staff have the ability to raise issues of concern regarding potential risks to children and young people's safety and clinical care.
- The service should be overseen by a qualified children's nurse holding a community qualification.
- Team members may include:
  - Children's Community Nurses
  - Children's Nurses
  - Trained carers for children with Continuing Care needs
  - Psychologists and Therapists
- The service will include one post as Bristol, North Somerset and South Gloucestershire 's Lead Nurse for Disability
- The service will include one post as Bristol, North Somerset and South Gloucestershire 's Specialist Continence Nurse
- Children needing end-of-life care must have access to nurses with additional skills in palliative care management
- The Provider will work with other Bristol, North Somerset and South Gloucestershire providers of acute, palliative and end-of-life children's nursing services, and the University of the West of England, to support and expand the Rotational Nurse Scheme

3.10 Safeguarding

Safeguarding requirements are covered in the overarching specification.

3.11 Equality and Diversity

In addition to the Equality and Diversity section in the overarching specification.

- Equality Impact Assessment must be undertaken and documented

as part of any service review process or if any change is made to the provision of the service which could impact on those in receipt of the service.

- All staff employed by the community children's nursing services will recognise and respect the religious, cultural and social backgrounds of children, young people and parents, in accordance with legislation and local and national good practice. This is particularly important for carers who are working in the child's home.
- The Community children's nursing services will ensure that they have access to appropriate translation services and resources to enable equity of access and understanding

3.12 Interdependence with other services / providers

In addition to the interdependences section in the overarching specification, seamless provision is essential to meeting the needs of children, young people and families.

The community children's nursing services will therefore:

- Children's Community Nursing and Psychology Services will work in partnership with children, young people, parents and carers to develop agreed health outcomes as part of a personal care plan. Services will be required to work effectively with a range of local services to deliver the evidence based, progressive and specialist elements of the service
- Work closely with their colleagues in specialist roles at Bristol Royal Hospital for Children, such as the Diabetes Specialist Nurses. They also liaise with the public health School Nursing service which has a focus on the wider health and wellbeing needs of children and young people aged 4 – 19
- Strive to become an integrated part of GP led primary care networks by attending care planning meetings, regular face-to-face discussions with GPs and other members of the primary care health team
- Have collaborative working relationships with NHS 111 and GP out-of-hours providers in each CCG area
- Have a collaborative working relationship with the Local Authority Special Educational Needs and Disability Services, contributing to the integrated assessment and management of children and young people with Education, Health and Care Plans and those eligible for Children's Continuing Care
- As part of the collaborative working arrangements with the Local Authority Special Educational Needs and Disability Services,

provide training to short break providers. This activity will attract additional funding on a case by case basis.

- Actively engage in communication with Bristol Children's Hospital and other acute health services to ensure that full and prompt handovers of care are facilitated and the interface with clinical nurse specialists is maximally effective
- Align service delivery in mainstream and special schools with the developing Core Offer for School Health Nursing

3.13 Service Developments

As previously described, commissioners view the comprehensive community nursing service as the bedrock of out-of-hospital services for children, and recognise its fundamental role in improving urgent care through minimising unplanned hospital admissions and reducing the number of days that children spend in hospital.

Commissioners aspire to grow and develop the service, subject to availability of resources, to:

- Provide care to children and young people at home and school and in community locations from 8am to 10pm.
- Provide 24/7 access to telephone advice and support for families and carers on the service caseload, with the ability to make out-of-hours home visits as necessary. Where possible within existing resource the service will offer out of hours support during the end of life phase for children on the caseload.
- Provide wellbeing and psychological support for families of children and young people with long term conditions, complex needs and disabilities

The Provider is required to support this aspiration through:

- Providing robust local data to support the case for increased investment in community nursing
- Proactively identifying opportunities for innovation and the development of new community pathways that reduce dependence upon secondary care
- Developing the evidence base for safe community management of children and young people with acute and short-term conditions

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

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

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements

As set out in the main contract and quality and performance framework

5.2 Applicable CQUIN goals

None applicable to this contract

Appendix One – Local Definitions

Palliative

- Palliative care for children and young people with life-limiting conditions is an active and total approach to care, from the point of diagnosis or recognition, embracing physical, emotional, social and spiritual elements through to death and beyond. It focuses on enhancement of quality of life for the child/young person and support for the family and includes the management of distressing symptoms, provision of short breaks and care through death and bereavement. (Together for Short Lives)

Life threatening/Life limiting conditions

- Life-threatening conditions for which curative treatment may be feasible but can fail
- Conditions where premature death is inevitable Progressive conditions without curative treatment options
- Irreversible but non-progressive conditions causing severe disability, leading to susceptibility to health
  (Together for Short Lives)

Long term conditions

- Long term conditions or chronic disease are conditions for which there is currently no cure and which are managed with drugs and other treatment. (The Kings Fund)

Disabilities

- A Physical or mental impairment that has a substantial and long term negative effect on your ability to do normal daily activities.
  (Equalities Act 2010)

Complex Needs

- A diagnosis of an illness, disability or sensory impairment and needs a lot of additional support on a daily basis.
  (NHS)