

Governing Body
31st March 2017

Quality and Performance Report

Author:	Eileen Clark – Chief Nurse
Other contributors:	Jackie Moody, Head of Quality Dave Weaver, Head of Quality Khalil Gooljar, Associate – Contract Analytics (Surrey)
Executive Lead(s) (delete those that do not apply):	Steve Hams, Interim Director of Clinical Performance and Delivery
Relevant Committees or forums that have already reviewed this issue (delete those that do not apply):	N/A

EXECUTIVE SUMMARY

This report is to assure the Governing Body that the CCG reviews the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and that those areas of concern or risk to patients are highlighted and addressed.

Key issues to note:

Section One

A summary of the key issues for each provider is placed in the Executive Summary and again at the end of their section in the report.

Recommendation(s):

The Governing Body is requested to:

- 1) Review the attached report
- 2) Discuss highlighted matters of concern and areas where further assurance is required.
- 3) Agree any matters for escalation to NHS or other regulatory organisations.

For further information contact:

Eileen.clark@surreydownsccg.nhs.uk

Date of Paper

24th March 2017

GOVERNANCE SUMMARY**Compliance:**

Finance: There continues to be a risk that the CCG will not achieve the level of performance in a number of areas of quality and that this will impact on the potential to receive the associated quality premium payments.

Engagement: Patient and public feedback is key to understanding the quality and experience of commissioned services. The CCG monitors its commissioned providers in respect of performance in this area.

Formal impact assessments: Quality and Equality Impact Assessments are carried out on all service developments and improvements and monitored for future impact. There is no Privacy Impact identified in this paper.

Risk: Where inadequacies in provider performance around quality and safety are assessed to be a risk to the CCG as a commissioner of those services, these will be

	<p>raised on the CCG's corporate risk register or Governing Body Assurance Framework.</p> <p>Legal: No issues identified.</p>
<p>CCG principal objectives relevant to this paper (delete those that do not apply):</p>	<p>P1) Deliver the Financial Recovery Plan, based largely on a successful transformational QIPP programme</p> <p>P2) Take responsibility, with other partners in the footprint, for the Surrey Heartlands STP and ensure that this contributes significantly to the creation of a sustainable health economy with improved outcomes and quality</p> <p>P3) Prepare the CCG to take on its responsibilities for the commissioning of primary care in 2017-18, ensuring that this is consistent with broader commissioning development</p> <p>P4) Ensure that the CCG's Organisational Development programmes for the Governing Body and Heads of Service create a radically different culture for the delivery of both objectives and Business As Usual.</p>
<p>CCG Operating plan objectives relevant to this paper(delete those that do not apply):</p>	<p>OP1) Implement the quality improvement strategy;</p> <p>OP2) Implement pathway programmes;</p> <p>OP4) Delivery of constitutional performance requirements;</p> <p>OP5) Delivery of other priorities</p>
<p>CCG core functions relevant to this paper(delete those that do not apply):</p>	<p>CSF1 Commissioning of services, including patient choice;</p> <p>CSF2 Meeting required national and local performance standards;</p> <p>CSF3 Improving quality, including research;</p> <p>CSF4 Compliance with standards including patient safety;</p> <p>CSF5 Reducing inequalities;</p> <p>CSF6 Patient and Public engagement;</p> <p>CSF11 Safeguarding children and associated legal duties;</p> <p>CSF12 Adult safeguarding and associated legal duties (including mental capacity);</p> <p>CSF17 Continuing Health Care;</p> <p>CSF18) Collaborative arrangements – NHS, local</p>

	authority and other; CSF19 Public Health responsibilities including child poverty; CSF21 Supporting
--	---

Integrated Quality and Performance Report – March 2017

1. Introduction

- 1.1. Ultimate responsibility for safeguarding the quality of care provided to patients rests with each provider organisation through its Board. However, CCGs, as statutory organisations are required to deliver the best possible services to and outcomes for patients within financial allocations. Therefore, Surrey Downs CCG (SDCCG) has a statutory duty to secure continuous improvements in the care that we commission and to seek assurance around the quality and safety of those services. This requirement is underpinned by national guidance and locally-determined commissioning intentions.
- 1.2. This report covers data reported at January 2017 Clinical Quality and Review Group meetings and is to assure the Governing Body that the CCG monitors the performance of NHS healthcare providers it commissions against the key performance and clinical quality and safety indicators and, that areas of concern or risk to patients are highlighted and addressed. The report presents an overview of quality of care and patient safety matters, with narrative around areas of concern, risk. A weekly performance report covering contract performance indicators is produced and circulated to CCG leaders. It is reviewed by the CCG Executive therefore general performance indicators are not covered in this report to the Governing Body
- 1.3. **Section One** of the report provides information about Surrey Downs CCG's main providers based on the performance dashboard at Appendix 1 and reports on all available data at the time of writing the report. This contains national and local data, formal and informal, for all patients (not only Surrey Downs). In depth review of key risk areas is contained here and, in this way, any wider concerns around quality and safety leading to potential risk to Surrey Downs CCG patients are addressed.
- 1.4. **Section Two** of the report summarises performance against the key areas outlined below and forms the basis of the NHS England Area Team's quarterly assurance meetings:
- CCG Outcomes Indicator Set
 - NHS Constitution

- CCG Operating Plan including three local priorities

1.5. The performance dashboards for Surrey Downs CCG patients (Appendix 2) reflect the formal reporting of performance position against the goals and core responsibilities of the CCG as outlined in ‘*Everyone Counts: planning and priorities for patients in 2014/15 – 2018/19*’ and the ‘*CCG Improvement and Assessment Framework 2016/17*’. Matters of concern addressed in this section are cross reference to Section One where necessary.

1.6. Each provider has its own internal governance and risk management processes. Provider’s own risks relating to contractual requirement are discussed at contract meetings and Clinical Quality Review Group/ Monitoring meetings.

1.7. Where inadequacies in provider performance around quality and safety are assessed to be a risk to the CCG as a commissioner of those services, these will be raised on the CCG’s corporate risk register or Governing Body Assurance Framework.

2. Executive Summary of Key Areas of Concern

The Quality and Performance reports were discussed by the CCGs Quality Committee which was held on 10th March 2017.

At this meeting, there was a deep dive held into the future of stroke provision across Surrey and a presentation from NW Surrey CCG regarding commissioner assurance around the SECamb 999 and NHS111 contract.

Appendix 1 attached to this report gives the latest information about the provision of services to carers during Q3 of 2016/17.

2.1. Provider Performance

A summary of the key issues for each provider placed at the end of their section on the report and in the table below.

CSH Surrey	
Issue	Action
CSH Surrey was inspected by the CQC in January and is awaiting the draft report	No action required at present
CSH Surrey continues to report vacancies in their workforce	CSH Surrey continues to actively recruit and is using more innovative schemes to try and attract staff. They continue to match staffing capacity to demand to

	prioritise clinical need and maintain patient safety.
The imminent retirement of CSH Surrey's IPC Specialist Nurse	Plans are in place to mitigate any risk and these will be reviewed at each CQRG
Epsom and St Helier	
Issue	Action
The Trust received a rating of "Requires Improvement" from the CQC inspection in May 2016	The number of completed actions continues to rise with overdue actions and progress reported to the CQRG
Incidence of HCAI at the Trust with continued evidence of poor compliance with the hygiene code	Hand hygiene performance is expected to improve from January 2017 as the impact of the work of the new Infection Control Nurse takes affect
Dementia Screening Performance on a downward trajectory and not meeting required levels	The focus to date has been on improving the VTE KPIs which has now seen improvement. Dementia Screening is now being targeted and improvements in the KPIs are expected
Patient Transport Services – The Trust is out of contract with its provider and a new interim provider is expected to start from 1 st April 17	A urgent meeting is arranged with between the CCG and the Trust to gain assurance on the smooth transition between providers
Surrey and Borders Partnership FT	
Issue	Action
SABPFT were inspected in March 2016 and result was an overall 'Requires Improvement' rating. The report is published on the CQC website.	The Trust reported in January 2017 that 93% of actions had been completed and there were four overdue.
Data Quality During the implementation of a new data system the Trust has experienced a number of issues that have led to delays in producing good quality data.	This is being closely monitored through the CQRG meeting with specific challenge around alternative sources of assurance where there are particular reporting issues.
Prevention of Future Deaths SABP have received a report from the coroner regarding death of a patient on Blake Ward (2015/16).	The content will be shared with commissioners and improvement plan will be included in the Trust's corporate action plan. For monitoring at the CQRG
There has been an increase in numbers of serious incidents of people dying expectedly in adult and older adult community services and drug and alcohol services.	Action plan in place. Assurance received on governance, leadership and reporting back to the CQRG.
<u>PICU</u> The unit had been closed to admissions due to CQC concerns raised following the admission of a young person under 18.	Re-opened. On-going staffing issues are being managed by using substantive staff and five long term placement to ensure patient safety. Commissioners

	are monitoring through CQRG.
Kingston Hospitals NHS FT	
Issue	Action
CQC inspection – January 2016. Report published - 14 th July 2016. The result was an overall 'Requires Improvement' rating.	The Trust reported in January 2017 that they are making good progress. An update will be brought to the CQRG in May 2017.
A review of the screening, assessing and recording of dementia screening is being undertaken to determine the effectiveness of the process	Dementia is one of the Quality Priorities for 17/18. The Trust is holding a strategy planning/engagement event on 21 st April 2017. Monitor through the CQRG.
Surrey and Sussex Healthcare (SASH)	
Issue	Action
The number of falls has been rising in the Trust with severe and moderate harm continuing to be reported.	Pilot project on 8 high reporting areas underway with a 10% reduction in those areas already seen
Referral to Treatment target (18 weeks) not meeting standard	Unlikely to return to standard in this financial year but action plan in place using the same methodology as for cancer pathway improvements
South East Coast Ambulance (SECAMB)	
Issue	Action
On-going concerns regard R1 and R2" performance	A new improvement trajectory has now been agreed and monitoring started form October data.
Unified Recovery Action Plan and CQC Must Do action plan	The plan has now been received by commissioners along with the CQC Action plan – a full update from the lead commissioner will be presented to the Quality Committee.
Improvement in Ambulance Quality Indicators - system indicators	This forms part of the SECAMB Unified Recovery plan. AQI performance is being monitored within the 999 operational group. Following direction from NHS Improvement and the Single Oversight Group, commissioners will seek assurance on improvement of AQI recovery within the 999 OMAG as a sub group focusing on clinical outcomes.
Royal Marsden Hospital FT	
Issue	Action
The Trust did not meet the Cancer 62 day urgent GP referral standard (before reallocations) with performance at 78.2% in November 2016, nor the improvement trajectory in place.	Remedial Action plan is in place for the Trust and also with referring Trusts. The NHSE position in terms of assurance is to hold the STP to account rather than focusing specifically on particular Trusts.

The CQC visited the Trust in April 2016. The Trust received the CQC rating is 'Good'.	The action plan will be further developed and taken through internal governance in readiness for presentation to the Board and the CQC at the Quality Summit which is anticipated will take place in late-March 2017.
St George's Hospital	
Issue	Action
The trust has been non-compliant against RTT incomplete pathways since April 2016. Work on the backlog has revealed that there is a cohort of dermatology patients who are waiting a long period for follow-up appointments.	The Trust confirmed that, if harm is identified incidents or SIs would be declared. No serious concerns have been identified in the first 500 patient record reviewed and is not anticipated in the remaining 1100. The work is being monitored through the Clinical Harm Group which is chaired by a GP.

Out of Hospital Providers

Dorking Healthcare	
Issue	Action
Dorking Healthcare (DHC) reported a Never Event during the May 2016 contract/quality meeting that related to a potential wrong site surgery which took place at Ramsey Ashtead Hospital.	The investigation report was discussed at the January 2017 Serious Incident Review Sub-Committee and agreed for submission to NHSE for closure.
Dorking Healthcare reported a Never Event that took place on 12 th December 2016. It related to a wrong site surgery which took place at Spire St Anthony's Hospital under a sub-contract to DHC who are responsible for that activity.	St Anthony's have commissioned an external investigation which is expected to conclude by 10 th March 2017.
Epsom Medical	
Issue	Action
The CQC in their Quality reports have identified Must do's and Should do's that provider needs to action	The provider has sent us their action plan response which has been submitted to the CQC. This will be followed up at the next CQRG in March

3.0 Other Services

3.1 Safeguarding Children and Adults – exception report provided by Deputy Director for Safeguarding – Guildford and Waverley CCG

Local Context

Adults:

Mental Capacity Act (2005) Training

The Mental Capacity Act 2005 and Young People training event took place on 16th and 23rd January with good attendance, a further date has been arranged for 29th March. A half day training event for pharmacists on 'Consent and the Mental Capacity Act' is being planned for the end of March.

Surrey Safeguarding Adults Board (SSAB)

The SSAB have developed a new SSAB Competency Framework, this will soon be available on the SSAB website and will assist partner organisations in planning training

Children:

Child Protection-Information Sharing (CPIS)

CPIS is a national system that connects local authorities' child social care IT systems with those used by NHS unscheduled care settings in England, to provide better care and earlier intervention for children who are considered 'vulnerable and at risk. A working group has been established with Surrey Health providers, Surrey Social Care and Surrey CCG's Safeguarding Team in order to take the implementation of CP-IS forward. Two sessions are planned for March where members will develop the business processes and discuss implementation across each Health Trust. A further meeting of the working group is planned for May 2017, it is anticipated Surrey County Council and the majority of health trusts will go live at the end of May.

Ofsted

In January Surrey County Council had a two day Ofsted monitoring visit for children's services that focused on care leavers, missing children and CSE, Ofsted have formally published a letter summarising their findings which can be accessed via the link below:

<https://reports.ofsted.gov.uk/local-authorities/surrey>

Overall they felt that there was a sound understanding of the current position, which was confirmed by the self-assessment of strengths and weaknesses, and also outlined that the pace of change continues to gain much needed momentum.

Risk

The Surrey Wide Safeguarding Team met recently with the Guildford and Waverley Risk team to develop an overarching risk and agree the process for effectively monitoring safeguarding risks. The following overarching risk was agreed and as the host for safeguarding children, adults and looked after children, G&W have added this to their risk register. The underlying risks which are closely monitored by the Surrey Wide CCG Safeguarding Team are currently being reviewed and updated to include those relating to adult safeguarding.

There is an overarching risk that: *'If the CCG's safeguarding contract monitoring is not robust, they we will not meet the statutory obligations for safeguarding & Looked After Children'*

OFSTED Inspection / Care Leavers

In January Surrey County Council had a two day Ofsted monitoring visit for children's services that focused on care leavers, missing children and CSE, Ofsted have formally published a letter summarising their findings which can be accessed via the link below:

<https://reports.ofsted.gov.uk/local-authorities/surrey>

As part of the Ofsted inspection there was a focus on the *'effectiveness of arrangements for keeping in touch with care leavers, the quality of pathway plans, suitability of accommodation and the use of health passports'*

Although it has been noted, progress in relation to care leavers has been slow, work in relation to them accessioning their health history is being progressed.

A decision has been made to develop a health passport which will include the looked after child's health history. The draft has been completed and it is planned that the draft will be piloted with a focus on 17year old care leavers who do not have a health history report. The draft health passport has been shared with senior managers in the local authority and young people in care through apprentices and the care council. Once feedback has been received a final health passport will be completed and plans made for full implementation.

Unaccompanied Children Seeking Asylum in the UK

As of January 2017 there are currently around 159 children seeking Asylum supported by Surrey. In response to this the Guildford YMCA has been commissioned to provide 10 beds for children seeking asylum

3.2 Carers

Services for carers including Carers breaks are hosted by Guildford and Waverley CCG. The full quarterly report provided by the Partnerships Manager (Carers) is attached as an appendix to this report (Appendix 1). Areas to note include:

- Surrey Downs CCG GP practices had used 67.9% of the available carers breaks by the end of Q3
- Surrey Downs Practices referral rate to other carer's services increased during Q3
- The number of carers prescriptions offered by the Continuing Health Care service appears to be low but it is recognised that many of those individuals who receive NHS funded care will be cared for in a residential care facility. However, the quality team will explore opportunities with the team for further engagement with the system.
- The work that took place in October 2016 to inform carers about the pharmacy services that are available in Surrey
- The Surrey Carers Memorandum of Understanding "Together for Carers" was approved by the Surrey HWB on the 12th January.
- Additional information around the awarding of contracts to provide Home Based Care in Surrey.

3.3 Care Homes

The Surrey Downs CCG Quality Care Homes Team is now fully recruited and is beginning to engage with a number of stakeholders across the CCG. This team will work across the system to support a number of projects that are already in place such as Hydration, and Risk Stratification in Care Homes and will be working to support homes where issues have been identified affecting individual residents or the overall quality of care in Care Homes.

Once the team is more established, a regular report will be included in the Quality and Performance report.

3.4 Risk Management

The Governing Body governance review during 2015 highlighted that risk identification and management needed to be more prominent within the CCG.

The corporate risk register had previously been brought to the Quality Committee quarterly, to provide the organisational context plus narrative to support assurance on risks around quality and safety, with interim updates at the monthly Committee meetings by exception. Therefore, the corporate risk register is now brought to each formal meeting of the Committee and is taken earlier on the agenda immediately following the integrated quality and performance report.

The CCG assurance framework sets out the risks to the CCG's principle objectives a number of which come under the remit of the Quality Committee therefore the Assurance Framework will form part of the risk management report to the Committee going forward.

The risk register enables the Committee to focus on the areas of highest risk and assists the quality team to prioritise its work across all CCG commissioned services. The Chief Nurse and Board Secretary review progress and update the corporate risk register monthly. A pro-active approach is taken by the quality team to identify new risks as they arise. It is also anticipated that new risks may be identified through discussion at Committee meetings.

The Corporate risk register is in the process of being reviewed following the launch of Datix. Risks under the auspices of the Quality Committee with their current ratings are summarised below. A more detailed discussion will be held at the next Quality Committee.

Corporate Risk	Risk Rating	T-value	Trend
Stroke mortality and morbidity	Very Low	Treat	Improving
Safeguarding Children	8	Tolerate	Static
DOLs assessments	High	Treat	Static
CHC Safeguarding Alerts	High	Treat	Static
Immunisation Safety	Moderate	Treat	Improving
Catastrophic Provider failure	Low	Tolerate	Static
Infection Control	Moderate	Treat	Improving
Safeguarding Adults	High	Tolerate	Static
Quality of care in care homes	Moderate	Treat	Static

Appendix 1

Highlights Report – Surrey Downs CCG Carers Q3 (2016-17)

1. GP Carers Breaks Q3 2016-17

CCG	Total GP Carers Breaks	Q3
Surrey Downs CCG	567	385*

*Please note that following reallocation at the end of January SD CCG had 141 Carers Breaks available.

The conversion rate was 67.9% of total budget

2. GP Carers Breaks - Individual Practices Q3 data

Code	Practice Name	Actual List Size (14/15 figures remain in use)	Est. No. of Carers	Allocation (Indicative Budget)	Est. No. of referrals at £500	Referrals received to date
H81017	ASHLEA MEDICAL PRACTICE(Gilbert Hse)	18,923	1,873	17,872.02	36	23
H81071	ASHLEY CENTRE SURGERY	9,688	959	9,149.93	18	8
H81118	AURIOL MEDICAL PRACTICE	3,122	309	2,948.60	6	6
H81068	BROCKWOOD (inc Tan Med & N Holm)	11,677	1,156	11,028.46	22	16
H81109	CAPELFIELD SURGERY	7,691	761	7,263.84	15	9
H81067	COBHAM HEALTH CENTRE	12,864	1,274	12,149.53	24	17
H81051	DERBY MEDICAL CENTRE	13,281	1,315	12,543.37	25	7

H81028	DORKING MEDICAL PRACTICE	9,590	949	9,057.37	18	15
H81103	EASTWICK PARK MED PRACTICE	7,196	712	6,796.33	14	4
H81099	ESHER GREEN SURGERY	8,501	842	8,028.85	16	14
H81016	FAIRFIELD MEDICAL CENTRE	10,391	1,029	9,813.88	20	19
H81644	FOUNTAIN PRACTICE	8,699	861	8,215.86	16	5
H81125	GIGGS HILL SURGERY	8,729	864	8,244.19	16	10
H81078	GLENLYN MEDICAL CENTRE	15,889	1,573	15,006.52	30	23
H81070	HEATHCOTE MEDICAL CENTRE	12,154	1,203	11,478.97	23	14
H81133	INTERGRATED CARE PARTNERSHIP	32,609	3,228	30,797.90	62	47
H81672	LANTERN SURGERY	4,310	427	4,070.62	8	7
H81113	LEITH HILL PRACTICE	7,942	786	7,500.90	15	9
H81038	LITTLETON SURGERY	4,091	405	3,863.79	8	6

H81080	LONGCROFT CLINIC	11,572	1,146	10,929.29	22	13
H81072	MEDWYN SURGERY	10,275	1,017	9,704.33	19	18
H81618	MOLEBRIDGE PRACTICE	6,619	655	6,251.38	13	11
H81011	NORK CLINIC	7,196	712	6,796.33	14	10
H81107	OXSHOTT MEDICAL PRACTICE	6,648	658	6,278.77	13	5
H81611	RIVERBANK SURGERY	1,940	192	1,832.25	4	3
H81656	SHADBOLT PARK HOUSE SURG	7,939	786	7,498.07	15	11
H81091	SPRING STREET SURGERY	6,401	634	6,045.49	12	6
H81074	ST STEPHENS HOUSE SURGERY	5,569	551	5,259.70	11	8
H81613	STONELEIGH SURGERY	2,570	254	2,427.26	5	4
H81081	TADWORTH MEDICAL CENTRE	9,157	907	8,648.42	17	17
H81126	TATTENHAM HEALTH CENTRE	6,211	615	5,866.04	12	7

H81086	THORKHILL SURGERY	4,752	470	4,488.07	9	3
H81128	VINE MEDICAL CENTRE	6,057	600	5,720.59	11	10

3. GP Carers Prescription (OTHER CARERS SERVICES) – Q3 Activity

CCG	Carers Support	Young Carers	Other	Information	Carers Assessment	Total
Surrey Downs	35	1	28	47	22	123↑

CCG	Q3	CCG % of Surrey Total
Surrey Downs CCG	123	22.6

Surrey Downs Practices referral rate to other carer's services increased during Q3

4. Crossroads Care Q3 Waiting list

	Waiting List Adults Q3	Waiting List Children Q3
Epsom and Ewell	45	12
Mole Valley	55	11

5. Crossroads Care – Q3 Home based care

(Flexible respite breaks service – 3:5 hrs replacement care a week)

	Q3 Oct - Dec 2016
NHS Surrey Downs CCG	4,899

6. Crossroads – Q3 End of Life Carers Support Service

CCG	Q3
NHS Surrey Downs CCG	488

7. Carers Prescription Provider League Table Q3

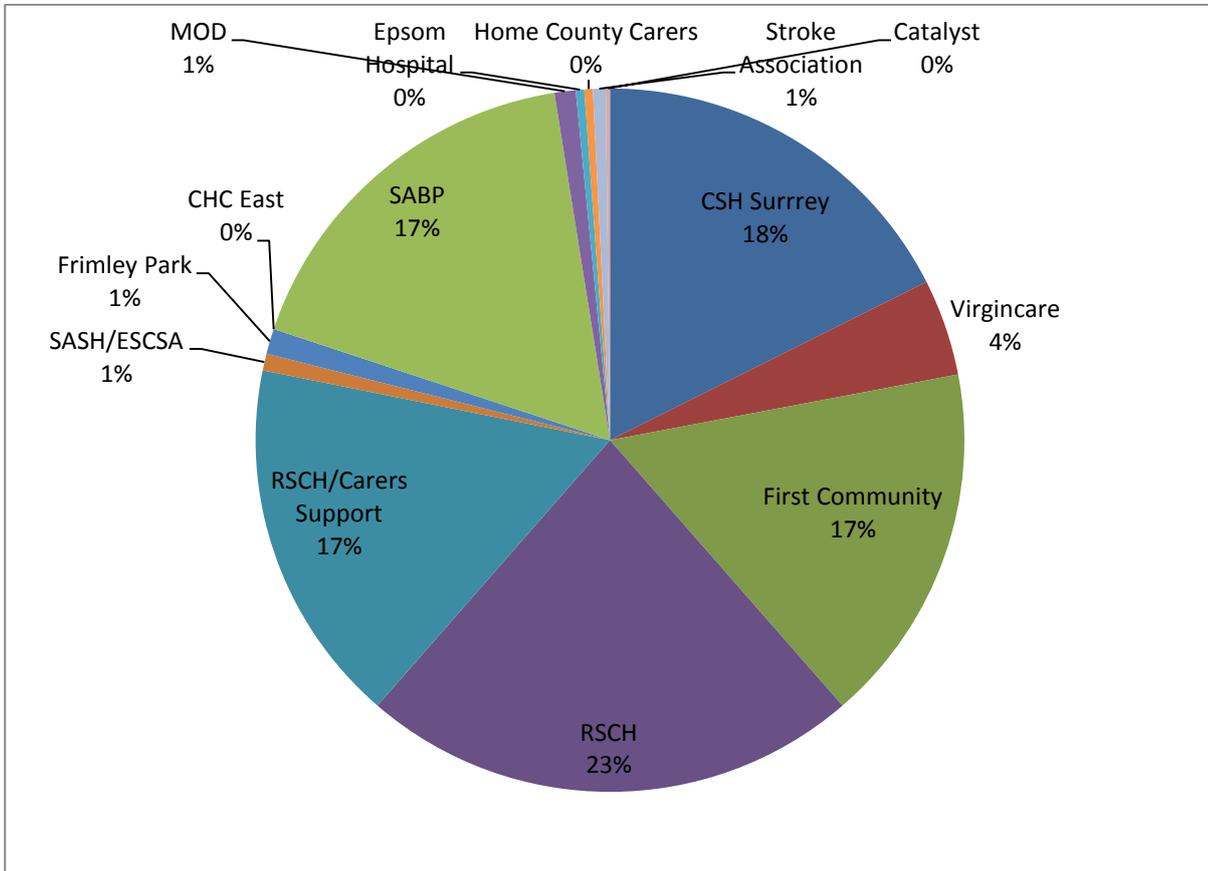
A total of 518 referrals were made in Q3 requesting 2,657 services.

	Q4	Q1	Q2	Q3
RSCH	36	60	150	118
S&B's	32	19	105	90
First Community	30	42	73	86
CSH Surrey	12	21	55	91
Virgincare	9	20	43	23
RSCH Hospital Carers Support	33	41	15	87
SASH Hospital Carers Support	1	7	13	4
Frimley Park Hospital		1	5	6
CHC	3	4	1	0
Epsom Hospital				2
MOD				5
Other , Stroke Assoc, GP, out of area	8	5	1	6
Total	165	221	461	518

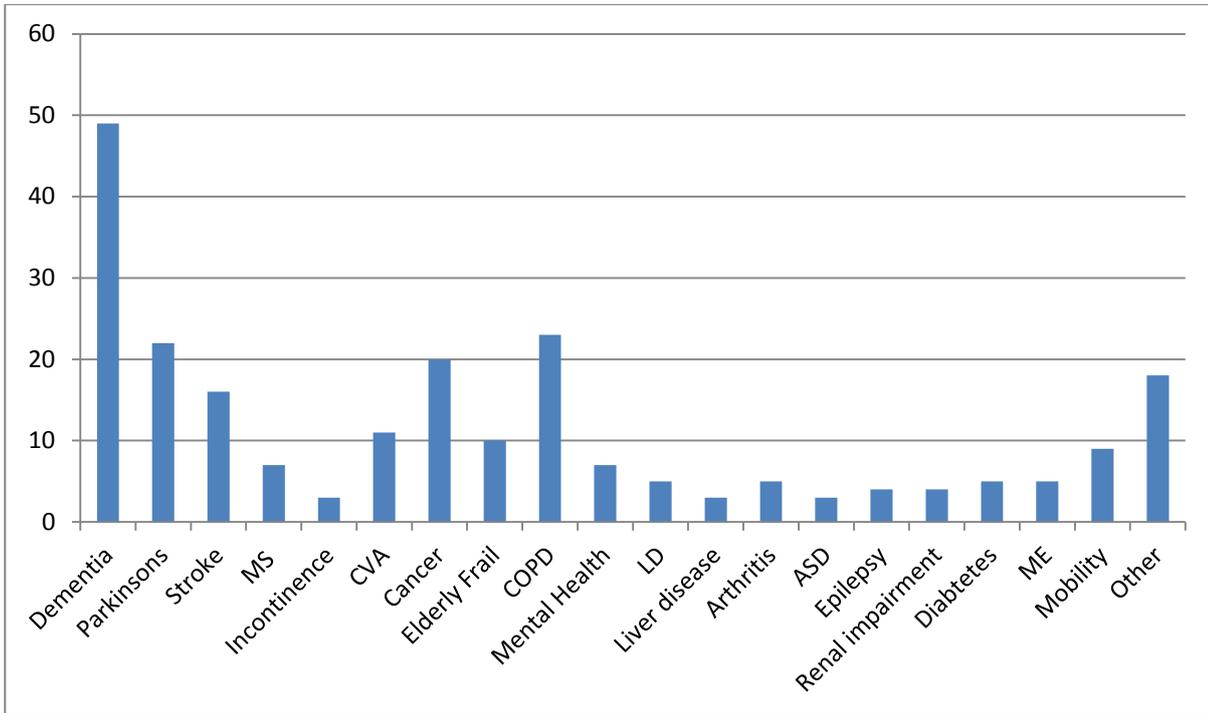
A total of 518 referrals were made in Q3 providing services.

This represents 12% growth on the previous quarter.

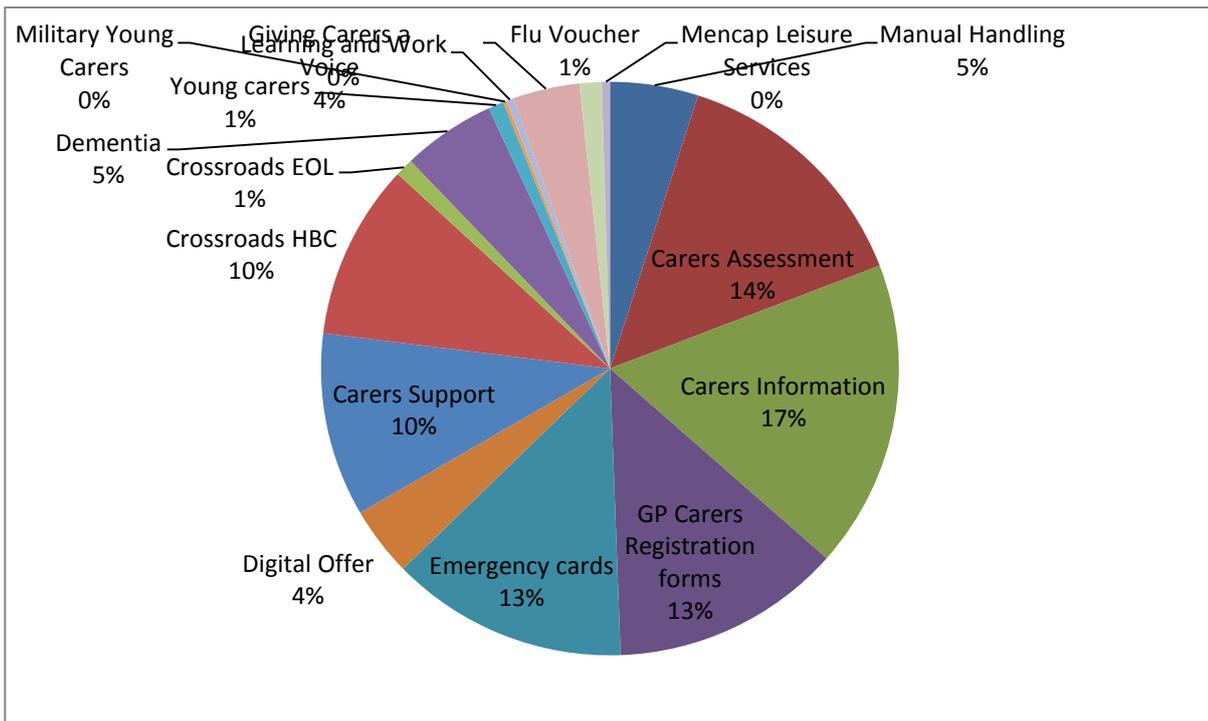
NHS Provider League Table Q3



Primary Condition of 'Cared for'



Services Requested



Flu Jabs	33
Carers Assessment	378
GP Registration	343
Information Pack	461
Carers Support	275
Moving & Handling	131
Emergency Card	353
Crossroads	263
Crossroads EOL	27
Dementia	139
Learning & Work	11
Giving Carers a Voice	99
Surrey Young Carers	23
Military Young Carers	5
Free Online Digital Resources	104
Mencap leisure services	12
Total	2657

For noting:

NHS Carers Prescriptions for young carers continue to remain proportionally low as compared to adults.

8. Surrey Carers and Pharmacy Information Week 2016

This annual event supported by SCC, Public Health, Action for Carers Surrey and Crossroads Care Surrey took place week commencing Monday 17th October. 68 community pharmacists took part and 4 acute trust pharmacies.

A dedicated website has been developed for Surrey Community Pharmacists as a one stop shop for all carers' information, resources and referral process.

www.surreypharmacycarersprescription.org.uk

A film was made which features a carer and a community pharmacists discussing how pharmacy can support carers.

<https://youtu.be/BGvZUIwbAlo>

This year we are focusing on Carers Flu Vaccination and have circulated 1,000 Surrey Carer Flu Vouchers with front line CSW and we have added this to our Carers Prescription service. We are planning to audit the number of flu vouchers used during the flu season at the end of February.

9. Military Young Carers

There have been 6 referrals to date which are being managed through Surrey Young Carers Service.

Further funding has been achieved via the Royal British Legion Fund which will help fund the service to include adult carers and so provide a whole family approach from the 3rd April 2017.

Paul Watson has left the service but continues to provide valuable support from a distance. As part of the delivery plan for the new Carers Support model AFCS plan to include this post within the current recruitment process.

New resources have been developed including a new MYC information leaflet.

10. Surrey Carers and Pharmacy Information Week 2016

This annual event supported by SCC, Public Health, Action for Carers Surrey and Crossroads Care Surrey took place week commencing Monday 17th October. 68 community pharmacists took part and 4 acute trust pharmacies.

A dedicated website has been developed for Surrey Community Pharmacists as a one stop shop for all carers information, resources and referral process.

www.surreypharmacycarersprescription.org.uk

A film was made which features a carer and a community pharmacist discussing how pharmacy can support carers

<https://youtu.be/BGvZUIwbAlo>

This year we are focusing on Carers Flu Vaccination and have circulated 1,000 Surrey Carer Flu Vouchers with front line CSW and we have added this to our Carers Prescription service. (21 have been requested 10/11/16)



Carers Flu Job Voucher FINAL 11.10 FIGHTERS - GUIDANC registered to provide

Work is being taken forward with PH colleagues to introduce carer fields to pharmoutcomes.

11. Surrey Carers Memorandum of Understanding “Together for Carers”

The Surrey Carers MoU “Together for Carers” was approved by the Surrey HWB on the 12th January.

A steering group has now been established to encourage all partners to:

- Identify some key actions they are taking to make this real for carers and young carers.
- Highlight some examples of progress already achieved that can be built on.

This will inform updates for the Health and Wellbeing Board and help us develop initial delivery plans which in turn will help inform the action plan for work with NHS England.

Adult Social Care Project Service has offered project support to help carry this forward.

12. The Carers Strategic Grants and Contracts Funding Programme

Formal notice was provided to Action for Carers Surrey that they had been awarded the Surrey Carers Support Contract and Crossroads Care Surrey had been awarded the Home Based Care Contract on the 29th December

A second tender for Young Carers, Manual Handling, Benefits Advice and Giving Carers a Voice has been evaluated and moderated and successful providers will be advised in February 2017.

Prepared: D.Hustings (28.02.17)

Contact: debbie.hustings@nhs.net