

Health and Social Services Department  
Peter Crill House  
Gloucester Street  
St Helier  
Jersey  
JE2 3QS



Ann Esterson  
Chairman  
Family Nursing and Home Care  
Le Bas  
St Saviour's Road  
St Helier  
Jersey  
JE2 4RP

13 April 2016

Dear Ann

### **Re: Health and Social Services Commissioning Intentions for 2016**

Thank you for meeting with myself and my officers. I think we had some useful and interesting discussions, and I hope the meeting went some way to clarifying the way forward, which we have discussed at various times over the past 2 years. As I noted at the meeting, I appreciate and value the work that is done by Family Nursing and Home Care. You are a much-loved Jersey organisation, and I know that many Islanders benefit from your services and hold you in high regard.

I have attached a letter from Rachel Williams to Julie Gafoor, which I hope will provide you with the technical detail and clarity that you have requested. I hope this addresses your questions, and also those which you raised in your email last Monday. I will try to respond to your email firstly; I have written your original email in blue, for ease of reading:

(1) Health will no longer fund any home care for the elderly (unlike the UK which funds it albeit on a limited budget). It was unclear whether homecare services currently paid through a block contract would continue to be funded by Health, typically complex child cases.

- the Long Term Care Benefit funds care for some Islanders, others will be considered within 'policy 1', which is being developed this year. Towards the end of the year we will be able to confirm the funding sources for all adults. Notwithstanding this, HSSD will continue to fund care for anyone under the age of 18.

(2) Existing funding, largely targeted at the more vulnerable elderly through FNHC, will be withdrawn. There is no intent to purchase any social care for the elderly through any provider.

- As I explained in our meeting, from 1<sup>st</sup> January 2017 we will fully withdraw the subsidy which is being used to reduce your home care charges.

(3) Jersey residents in need of homecare support will have to find a provider and pay the full cost of such services at a price the market determines. (4) Those who qualify for the Long Term Care Allowance will have a component to cover all or part of the cost (depending on fees charged by providers.)

- this is correct, and has been the case since the introduction of the Long Term Care benefit in 2014. An individual's Long Term Care Benefit amount is determined by their needs assessment and their ability to meet their initial care costs themselves.

(5) The less well-off and cash poor who don't come into the LTCA categories may be helped through the Income Support System but this has yet to be confirmed. I am unclear whether the Policy 1 proposal has been approved by the Social Security Minister, what level of support, if any, might be given and the timeframe.

- HSS is working very closely with the Social Security Department to ensure that low income households will be able to receive means tested support with care costs through an extension of Income Support Personal Care components.

(6) You want to keep FNHC in the mix of providers but may be unable to help ease the transition of the elderly receiving home care services at a reduced to a full rate from FNHC ( and also FNHC's transition to the creation of a business model arm of the organisation) after the end of this year.

- I want Islanders to have choice, in order to achieve this we need a number of providers.

(7) The policy intent is to fund District Nursing Services in full but as yet the basis of assessing full costs and timeframe is unclear.

- I understand that both of our teams have agreed to complete this work by the end of this month; Rachel's letter (attached) refers to this.

As explained in the meeting, I am clear that my Department needs to cease the home care subsidy from 1<sup>st</sup> January 2017, and also needs to improve value for money from District Nursing. To that end, Rachel has set out a clear timescale and expectations in her letter to your Chief Executive. I believe this is a considered and achievable plan, which should provide you with enough time to make any changes, for example, by considering whether you wish to subsidise your services using other funding sources. I just wanted to be clear, though, that this isn't the same as 'removing a block contract', and I was heartened that you understood this in the meeting and expressed your commitment to achieving the subsidy removal.

In terms of District Nursing, our teams will continue to work together on the service specification, and the amount of services that Islanders need. I understand that this will be complete by the end of this month.

I can also confirm that the funding for Children's services will remain at 2015 levels for the remainder of 2016.

In summary, I wanted to note that I understand you are concerned about the changes facing FNHC, but I hope you also agree that there are many opportunities to develop and integrate care in order to ensure that services remain safe, sustainable and affordable and are delivered in partnership.

I intend to continue to support the most vulnerable individuals in our society, in particular by investing in rapid response, reablement home care, mental health and sustained home visiting, and I hope that FNHC will continue to be a key partner in this journey, receiving additional funding to provide some of these new and expanded services.

I trust this letter has helped to clarify your questions, and I would like to take this opportunity to thank you again for your hard work and dedication, and to the difference you make to Islanders on a daily basis.

Yours sincerely

Senator Andrew Green MBE  
Minister for Health and Social Services  
States of Jersey

Copy  
Constable Refault  
Deputy McLinton  
Julie Garbutt  
Rachel Williams  
Jason Turner

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Julie Gafoor  
Chief Executive  
Family Nursing and Home Care  
Le Bas  
St Saviour's Road  
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JE2 4RP

13 April 2016

Dear Julie

**Re: Health and Social Services Commissioning Intentions for 2016**

I am writing following the meeting between HSSD and yourselves on 1<sup>st</sup> April. In that meeting, and in your recent letter, you requested further clarity regarding HSSD's Commissioning Intentions and in particular regarding timescales.

I will address each of the three services in turn (Home Care, District Nursing and children's services):

**Home Care**

As noted at the meeting, it is useful to consider two elements separately:

1. Withdrawal of home care subsidy and reduction in home care cost base
2. Clarity over funding sources (Long Term Care Benefit and Policy 1)

To be completely clear, we are not 'removing a block contract'; we are withdrawing the (anti-competitive) HSSD subsidy and also working with you to identify the most appropriate funding sources for your clients. This needs to have been fully implemented by 1<sup>st</sup> January 2017, but the subsidy transition needs to start immediately.

I will outline each of the two elements separately:

**Withdrawal of subsidy**

As your Chairman recognised in the meeting, the Department cannot continue to subsidise the cost of your home care services, as these services are now provided in a competitive market; to continue the subsidy using taxpayers' money would be unfair to the other providers.

In my letter of 18<sup>th</sup> December 2015, I offered an extension to your 2015 Agreement for a further 3 months, in order to provide you with some additional time to transition (noting that the subsidy withdrawal had first been signalled in 2014). It was agreed that you would produce a project plan, and John Spicer was made available to you 1 day per week

to assist with either reducing your cost base / increasing productivity (a contractual obligation from 2014 and 2015), or making decisions regarding utilisation of charitable funding to subsidise your market rates.

Calculations undertaken by our Finance Department indicate that your direct costs of home care are c£40 per hour; I am aware that you receive income of £11 per hour from clients, therefore the required subsidy is £29 per hour. If the income you received from clients was set at the market rate of £19 per hour, you would require a £21 per hour subsidy from HSSD in order to achieve your current full direct cost recovery of £40 per hour.

With this in mind, the following timescales will apply:

- i. From 1 May, HSSD will fund 100% of Home Care activity at £29 per hour (i.e. covering your direct costs of care)
- ii. From 1 August, HSSD will fund at £21 per hour (i.e. covering the direct costs of care after deducting the market rate for care)
- iii. From 1 August, all 48 clients currently receiving LTCB will no longer receive any HSSD subsidy.

The rate at which you market your services is, of course, a matter for you to decide. Whilst we cannot require you to utilise alternative funds to subsidise your Home Care, I would expect you to consider using your charitable funds or reserves in the period to 1 January 2017 (when the Income Support Personal Care Component 4 is planned to be introduced), in order to protect individuals from financial hardship.

In terms of the safe transition and achievability of my proposals, my understanding is that you are projecting home care activity in 2016 that is 30% below your activity levels from 2015; I am assuming this will have an associated cost base reduction and, when considered along with the financial information above, an immediate reduction in HSSD's subsidy should be safely achievable.

#### **Funding Sources**

I understand that previous discussions have clarified there are 4 categories of clients:

1. Individuals currently in receipt of Long Term Care Benefit, who are already appropriately using this to purchase home care services
2. Individuals currently in receipt of Long Term Care Benefit, who are not using this to purchase home care services
3. Individuals who may be eligible for the Long Term Care Benefit, but have not yet been assessed
4. Individuals who do not meet the Long Term Care Benefit criteria ('policy 1')

I understand that you have reduced the number of clients for whom you provide home care, to approximately 220 individuals, c58% of whom you believe have care needs at GNS 3 – 5. You also currently have 48 clients who are already in receipt of Long Term Care Benefit.

With this in mind, I am proposing that, over the course of 2016, we will assess all of your clients using our standard assessment tool, and will transfer their funding to the Long Term Care Benefit at that point.

I have asked Chris Dunne to confirm the timescales for these assessments with you.

As you are aware, we are also progressing political decisions regarding 'policy 1'; this being the clients who are not eligible for the Long Term Care Benefit but for whom the States will in future provide means tested funding through Income support. This policy will be complete by Q4 2016.

In our January meeting you agreed to alter your financial reporting to provide clarity regarding funding sources, and to progress service line costing once the 2015 accounts are closed; this should provide you with clarity in order to robustly plan the transition of funding sources.

## **District Nursing**

As stated in the Commissioning Intentions and in meetings in January and February, HSSD will commission and fund District Nursing, against a revised specification and metrics. I understand that the specification has been completed by John Spicer and Tia Hall; the next step is to specify the level (volumes) of services that HSSD wish to commission, based on international benchmarks. This will be complete by 30<sup>th</sup> April 2016.

The new specification, with clear commissioned volumes and metrics, will be introduced from 1 January 2017; until then, HSSD will continue to fund District Nursing at the same levels as in 2015. Given the 2014 contractual requirement to improve productivity and efficiency, and the fact that your funding has increased with inflation since that time rather than reducing to take account of increased productivity, this should provide you with sufficient financial headroom to transform services safely in the remaining 8 months of the year.

## **Children's Services**

I can confirm that the funding for Children's services will remain at 2015 levels for the remainder of 2016. Andrew Heaven will discuss any required changes to Children's services with you in Q3 2016.

Any new Agreement will apply from 1 January 2017 for 2 years, during which time, HSSD may decide to re-tender services.

## **Summary**

I understand your concerns regarding the changes facing FNHC, but I hope you also agree that there are many opportunities to develop and integrate care in order to ensure that services remain safe, sustainable and affordable and are delivered in partnership. Both P82 and the Sustainable Primary Care Strategy are important in this regard, and FNHC have been a key partner in this journey, receiving additional funding to provide new services such as Rapid Response and Reablement.

I trust this letter has clarified the required timescales and funding levels, and I look forward to continuing our regular meetings and to working together as you move safely towards the new funding arrangements.

Yours sincerely

Rachel Williams  
Director of System Redesign and Delivery  
Health and Social Services  
States of Jersey Department

cc.  
Ann Esterson  
Senator Green  
Constable Refault  
Deputy McLinton  
Julie Garbutt  
Rachel Williams  
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Family Nursing  
& Home Care

Rachel Williams  
Director, System Redesign & Delivery  
Peter Crill House  
Gloucester Street  
St Helier  
JE1 3QS

7th March 2016

Dear Rachel,

FNHC considers itself as an integral partner with HSSD to deliver excellent health and social care services to Islanders.

We believe that FNHC has shown a strong commitment to the transforming of health services in Jersey. This is demonstrated by FNHC representation at all levels in the planning and implementing of service changes across the sector.

It is also clear from our successful implementation and continued excellent management of the RRRT and the MECOSH project that we are a responsive, flexible and a dynamic organisation, whilst also continuing to deliver a comprehensive range of District Nursing, Home Care and Child & Family services as described within the service specifications.

FNHC acknowledge the way that services are funded is changing and we will make every effort to ensure that plans are in place to ensure service continuity.

We have begun working toward our redesign plan however to ensure our plan is aligned with HSSD's thoughts we need confirmation that our understanding of certain commissioning intentions is correct.

**Intention 3** - Our understanding is that HSSD funding will cease in 2016 for Domestic support for all clients irrespective of whether they are in receipt of personal care.

**Intention 4** - Our understanding is that HSSD are withdrawing the block contract for the purchase of all Home Care services, whether personal or domestic. Please confirm the time frame for the removal of the HSSD funding.

**Intention 5** - Our understanding is that HSSD will fund District Nursing in totality, to include direct staff costs (inclusive of unsocial hours, social security, pension and allowances).



recruitment, equipment, training, systems, premises and all other costs and overheads associated with the service provision.

We assume that as Children & Family services are also "statutory" in nature that these will be funded in the same way as our understanding of District Nursing above.

Once we have confirmation in writing that our understandings are correct we will work on finalising our redesign plans. I am sure you will agree it would be unwise of us as an organisation to make plans and changes to existing services without the clear direction we feel they deserve. Our auditors will also require this clarity so they can gain comfort over the relevant disclosures in their audit report.

Yours sincerely



**Julie Gafoor**

**CEO Family Nursing & Home Care**

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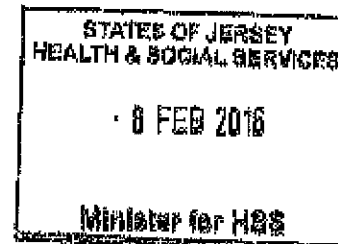
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Family Nursing  
& Home Care

Mr Andrew Green  
Health Minister  
Health & Social Services  
Peter Crill House  
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4th February 2016

Dear Senator Green,

**Family Nursing Services and Jersey Home helps (Amalgamation) ( Jersey ) Law 1998**

The Family Nursing & Home Care Committee has asked if it could meet with you and your Chief Executive to discuss changes to the Constitution.

Having looked into the historical context of the primary legislation that now governs FNHC and taken legal advice it transpires that the States of Jersey, under Article 10(1)(a)(ii) of the Law, may change the "objects of the Association, where that change is desirable for the better carrying out of the aims of the Association".

Accordingly, it would seem prudent to seek your views on the future "Objects" of the Association, in particular Objects 2 and 4 under Article 2 of the Law, as set out below, with a view to amending these if deemed necessary.

**Object 2**

"to give advice and assistance on matters relating to the health and well-being of people of all ages in the Island"

**Object 4**

"to carry on those activities and provide those services hitherto carried on and provided by Family Nursing Services and the Jersey Home Helps"

From the perspective of the Committee and Executive, we would prefer to offer an integrated service as we have said before but the new market realities seem to be pushing us in the opposite direction.

I appreciate how busy you are and hope you can spare an hour in your busy schedule to help us set a path for the future role of FNHC which will serve the Island as well as it has done in the past.

We will liaise on dates if you are happy.

Sincerely,

*Ann Esterson.*

**Ann Esterson**

**Chairman**

**CC Chief Executive**

## Notes of a meeting between FNHC and HSSD, 4 February 2016

Present: Julie Gafoor, Adrian Blampied  
Rachel Williams, John Spicer, Amy Taylor

### Adult Commissioning Intentions

Requested Action 1: Provide information regarding progress against contractual requirement to improve efficiency for District Nursing and Health Visiting and Invest to Save projects (electronic patient record and Clinical Management system)

- Reiterated that JS would work with FNHC to identify the data / information that could demonstrate improvements in efficiency.

JG explained that the FNHC Business Plan has not yet been to their Committee. JG to send to RW when this has happened – possibly end of February

Requested Action 2: refund HSSD for any posts that are funded but are vacant

- AB noted that 2015 accounts are not yet closed, but would be completed in draft by 12 February. AB to then confirm the unspent P82 monies

Commissioning Intention 1 – Alter financial reporting to provide clarity regarding funding sources; progress service line costing

- AB agreed to progress this once the 2015 accounts are closed

Commissioning Intention 2 – work together to align processes and criteria for Policy 1, and Commissioning Intention 4 – review all Homecare clients and transfer to appropriate funding source

- FNHC will send data to Will Lakeman this week, then meet in the week commencing 22 February.

- JG noted that the client base is now c220, with approximately 58% at GNS 3 – 5

- RW noted that clients are assessed, their Indicative Budgets identified and the individuals then choose their providers; she suggested that FNHC should consider how to make themselves more financially competitive and/or to consider their offering in order to ensure clients continue to choose their services

- JG noted that FNHC may decide not to remain in the market for traditional home care in the future

- JG noted that the next FNHC Committee meeting is 12 April, as Ann Esterson is away for 7 weeks

Commissioning Intention 5 – HSSD to fund District Nursing, with a revised specification and metrics

- RW reiterated that HSSD are intending to fund District Nursing (all service provision costs). An updated service specification is required

- JS and FNHC to revise and update the service specification and metrics in Q1 (action as per previous meeting); this will include considering service models from other jurisdictions and their outputs / outcomes, modelling to understand volumes, understanding the current services and identifying gaps

Commissioning Intention 8 – produce a project plan to improve sustainability

- FNHC had not produced an initial draft project plan. This was an agreed action from the previous meeting, and was to be discussed in this meeting

- A short discussion ensued regarding workstreams; RW asked if FNHC needed help to produce the initial draft; JG / AB noted that they could do it

- (action from previous meeting) JS to then work with FNHC to develop the plan, to be agreed (and for actions to be progressed) no later than 31 March

#### **AOB**

- AB and AT to discuss and confirm the contract amount for the main contract
- Costed workforce proposal for RRRT still required. A word document had been received in late October, but this did not demonstrate clearly what was proposed in terms of the existing and future team. Detailed costings were received on 29<sup>th</sup> January. Both elements need to be brought together, in order to clearly show:
  - o 2015 staffing and cost
  - o Proposed staffing and how this differs from the original
  - o Reasons – how this will increase capacity and value for money
  - o Proposed cost (which must be within the original envelope)
- A short discussion was held regarding strategic / future ambitions for RRRT, including which organisation should employ staff once the team has moved to 'business as usual'



## Notes of a meeting between FNHC and HSSD, 7 January 2016

**Present:** Ann Esterson, Julie Gafoor, Adrian Blampied  
Rachel Williams, John Spicer, Anne Homer

RW confirmed that the offer is to roll over the 2015 Agreement to the end of Q1 2016, to provide FNHC with an additional 3 months to complete the transition plan. JS is available (free of charge) for 1 day per week to assist in considering what is required to improve sustainability, and to work on elements of this with FNHC, as mutually agreed.

### **Adult Commissioning Intentions**

Requested Action 1: Provide information regarding progress against contractual requirement to improve efficiency for District Nursing and Health Visiting and Invest to Save projects (electronic patient record and Clinical Management system)

- RW noted that more clarity was required regarding the work undertaken to improve efficiency and productivity, to create greater visibility over the work that has been / is being progressed. Agreed that JS would work with FNHC to identify the data / information that could achieve this. RW requested that the FNHC Business Plan is shared with us

Requested Action 2: refund HSSD for any posts that are funded but are vacant

- AB agreed to refund HSSD for P82 funded posts which were vacant in 2015

Commissioning Intention 1 – Alter financial reporting to provide clarity regarding funding sources; progress service line costing

- AB agreed to progress

Commissioning Intention 2 – work together to align processes and criteria for Policy 1, and

Commissioning Intention 4 – review all Homecare clients and transfer to appropriate funding source

- noted that Policy 1 has not yet been finalised, however, work can progress for those clients who currently receive LTCB and/or Income Support

- RW noted that HSSD cannot continue to subsidise Home Care, as this operates in a competitive market

- Noted there are 3 cohorts, 2 of which can be progressed without Policy 1 being in place:

1. Individuals in receipt of LTCB or the Personal Care (PC) component of Income Support, who should be funding FNHC services from this – can identify these now and ensure they are correctly funded, and remove this element from the HSSD funding
2. Individuals who are currently eligible for LTCB or Income Support PC but have not yet had an assessment – need to be assessed (JS has secured dedicated funding for Social Workers to progress this; Data Sharing Agreement needs to be signed and information provided to Social Security as soon as possible)
3. Individuals whose care needs are below LTCB levels, who are not eligible for Income Support PC – Policy 1 will clarify what HSSD is willing to fund. Social Security are considering a lower rate of PC (PC4), which would meet the gap between current PC3 levels and the lowest LTCB level. FNHC will need to make a commercial decision regarding source of funding for home care for those individuals not eligible for Income Support, who do not meet Policy 1 criteria – but this cannot be done until Policy 1 has been ratified

- FNHC raised concern about having to make all Home Care redundant and re-employ on zero hours contracts. RW noted that HSSD need to be clear what they will commission and fund, for those individuals not in receipt of LTCB or Income Support PC (following Policy 1), FNHC must then make a commercial decision regarding what they will provide and how this will be funded

Commissioning Intention 3 – HSSD no longer funding Domestic care

- Agreed in late 2015. RW confirmed that HSSD will not reduce the funding in Q1 2016 to take account of this

Commissioning Intention 5 – HSSD to fund District Nursing, with a revised specification and metrics

- RW confirmed that HSSD are intending to fund District Nursing (all service provision costs). FNHC agreed to produce full costings (will need to work with HSSD Finance regarding rules for full costing e.g. regarding equipment, as AH noted that HSSD would have expectations regarding amortisation, which should be worked on with Finance). JS and FNHC to revise and update the service specification and metrics in Q1

Commissioning Intention 6 – work together to understand the challenges of brokerage

-Agreed

Commissioning Intention 7 – work together to continue shaping Reablement Homecare

- RW noted that HSSD perceive and support FNHC to be the 'centre of excellence' for reablement homecare

- AB offered that the RRRT funding should remain at 2015 actual levels for Q1 2016

- RW confirmed that the Out of Hospital OBC includes additional funding for Rapid Response and Reablement for 2017 onwards; this is subject to MTFP funding, which should be known by Q3 or Q4 2016

Commissioning Intention 8 – produce a project plan to improve sustainability

- Agreed that FNHC will produce an initial draft project plan, based on the above, to be discussed in a meeting when JS is back from leave (28 January)

- JS to then work with FNHC to develop the plan, to be agreed (and for actions to be progressed) no later than 31 March

Commissioning Intention 9 – Term length to be 1 year for 2016

- AH confirmed that HSSD only has clarity over its funding until 31 December 2016, therefore it is only permissible to have an Agreement until then. The intention is to move to a 3-year Agreement, including the elements discussed in this meeting. Funding is expected to be confirmed with HSSD in October 2016

- AE raised concerns regarding FNHC's constitution

**Children's services**

AH talked through the Children's service developments. These are not 'Commissioning Intentions', as they are small service developments.

JG to consider these, then meet with AH to discuss and agree

RW concluded by noting the significant positive impact from RRRT and MESCH, that the meeting had hopefully provided clear direction, the need for FNHC to develop a sustainability project plan by 31 March (with HSSD funding remaining at 2015 levels until 31 March), and that there were a number of decisions that FNHC needed to make.

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21<sup>st</sup> December 2015

**Agreement for Service Extension – 1<sup>st</sup> January 2016 – 31<sup>st</sup> March 2016**

This letter constitutes our agreement to extend your Agreement for three months year – from 1<sup>st</sup> January 2016 to 31<sup>st</sup> March 2016.

This extension will enable Family Nursing and Home Care to continue providing services in the community, consistent with aims of P82/2012 'A New Way Forward for Health and Social Care'. As a condition of this extension it is agreed that the organisations will work in partnership to agree a 2016 transition plan for FNHC to deliver services consistent with the Health & Social Service Department Commissioning Intentions and enter into a revised Agreement by 1 April 2016. FNHC will also continue to transform service delivery, further improving efficiency and productivity.

All other terms and conditions of the Agreement remain extant, with the addition of the additional requirements presented in the safeguarding schedule (attached to this letter at Appendix 1).

Amounts payable under the existing Agreement for Services will be paid pro rata, monthly in advance, for the period of this extension:

Care services - £533,500 per month

- Universal and Targeted Services for children aged 0-19 Years
- District Nursing
- Homecare Support

P82/2012 funded services:

- Sustained Home Visiting Programme      £27,972 per month
- Rapid Response and Reablement Service      £61,242 per month

In relation to any pay award for staff in 2016 or retrospective awards for 2015. Should an award be made and funded by the States of Jersey, HSSD will honour this award and uplift the applicable values

accordingly. Should it be unfunded then HSSD will expect FNHC to find appropriate cost savings within its organisation in a similar manner to that HSSD will be duty bound to make to meet its staffing obligations.

As outlined in the Commissioning Intentions, HSSD is no longer funding Domestic Care Services from 2016. HSSD recognises that FNHC is working towards adapting its services to meet the other requirements of the Commissioning Intentions. Therefore HSSD will not deduct any monies in this extension to reflect the cessation of Domestic Care Services

I would like to thank you, on behalf of this Department, for your continued commitment to working in partnership, for the services you provide for Islanders.

Yours sincerely

*Rachel Williams*  
*Director of System Redesign and Delivery*  
*Health & Social Services Department*

**Signed on behalf of the Provider, Family Nursing and Home Care (Jersey) Inc:**

\_\_\_\_\_  
*J Gafoor - Chief Executive Officer*

\_\_\_\_\_  
Date

**Signed on behalf of the Commissioner – the States of Jersey Health & Social Services Department**

\_\_\_\_\_  
*Julie Garbutt - Chief Executive Officer HSSD*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Jason Turner - Director of Finance & Information HSSD* Date

**Safeguarding requirements for Commissioned Organisations**

- 1.1. The Provider fully recognises and understands that Safeguarding and promoting the welfare of children and adults is the responsibility of everyone who comes into contact with them and their families/carers. The Safeguarding Partnership Board ('SPB'), in a Memorandum of Understanding ('MOU'), sets out expectations on organisations with regard to the need to safeguard and promote the welfare of children and adults and co-operate with the SPB.
- 1.2. The Provider fully recognises and understands that the purpose of the Memorandum of Understanding is to ensure that organisations have a clear understanding of the role of the SPB and make a commitment to work with the Board, in particular by providing information required to fulfil the Board's coordinating and monitoring functions and enable the Board to hold agencies to account. The MOU also provides additional clarity as to organisational responsibilities to ensure effective safeguarding systems are in place to safeguard adults and children in Jersey.
- 1.3. The Provider fully recognises and understands that the Memorandum of Understanding establishes a number of detailed commitments and safeguarding standards. It is based on best practice developed in the UK, reflected in Working Together to Safeguard Children 2015<sup>1</sup> and relevant legislation, i.e. Care Act 2014<sup>2</sup>, for best practice with regard to safeguarding adults.
- 1.4. The Provider agrees to sign Memorandum of Understanding within 30 working days of this agreement. The Provider agrees that from the date of this agreement they will deliver the appropriate evidence of their achievement against Safeguarding Standards through the completion of an annual Safeguarding Standards audit, submitted to the Safeguarding Partnership Board as appropriate or requested by that organisation.
- 1.5. The Provider agrees to appropriately share information with the Designated Nurse/Designated Doctor and Commissioner in keeping with the guidance in Working Together.
- 1.6. The Provider agrees to follow the 'SPB Multi-Agency Safeguarding Procedures Adult and Child'<sup>3</sup> and to use the intercollegiate document "Safeguarding Children and Young People: roles and competencies for healthcare staff March 2014" as guidance framework to support staff in key roles.

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<sup>1</sup> Working Together 2015 guidance

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/419595/Working\\_Together\\_to\\_Safeguard\\_Children.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf)

<sup>2</sup> Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>3</sup> Web enabled procedures available: <http://safeguarding.je/>

