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Family Nursing & Home Care

Rachel Williams
Corporate Planning & Performance Management
Peter Crill House
Gloucester Street
St Helier
JE1 3QS

29th October 2015

Dear Rachel,

Re: Health and Social Services outline commissioning intentions for 2016.

Thank you for your letter dated 16th October 2015 outlining two requested actions as well as nine commissioning intentions in relation to FNHC Adult Services for 2016.

Requested Action 1

You have requested that FNHC provide information regarding its progress against the contracted requirement to improve efficiency of District Nursing, Health Visiting and 'Invest to Save' project (electronic patient record and clinical management system).

A written response has been sent as requested to John Spicer, detailing the progress in the identified areas.

You will recall that when we embarked on this project a few years ago, we did ask if Health would consider pump priming some of the cost of computerisation. In the absence of any support, we have had to set about raising money not just for the systems themselves but the expertise needed to implement them.

Requested Action 2

You have requested that FNHC refunds to HSSD the monies presented under the 2015 Agreement for Service in relation to vacant posts. Your analysis suggests that FNHC are currently carrying 13 FTE vacancies. There are a number of issues that I would like to raise about this request.

The vacant posts identified in your letter, relate to a fixed point in time. A number of the posts have been covered by external IT and management consultants rather than permanent heads of staff. Also, there are some posts that we have not resourced due to operational and funding reasons. All other vacancies have now been, or are in the process of being, successfully filled.

The Agreement for Service for 1st January 2014 – 31st December 2015 does not refer to a minimum or contracted level of staffing. Clause 4.2 states *"The Provider shall employ or engage sufficient competent and appropriately qualified staff to ensure that the services are provided in accordance with this Agreement"*. All services detailed in the Agreement have been delivered and we do not feel there is any basis for refunds other than those in relation to P82.

Further, FNHC is not fully funded by HSSD. As part of the consultation process while drafting the 2014 – 2015 Agreement for Service with Derek Hodinott, we agreed that, of the total funding received, 90% would be as a contribution to staffing costs, attracting pay award related increases, and 10% as a contribution to overheads, receiving a fixed 2.5% increase. This was an attempt to identify the broad categories for which the funds were paid. Since 2008 (the earliest record we have of the nature of the funding) the only increase aligned to a budgeted headcount increase was in 2012 in relation to the Williamson posts. No other headcount increases have received any related funding increase, save for P82.

We have always tried to be fair in our dealings. At the meeting between John Spicer, Amy Taylor, Adrian Blampied and myself on 14th September 2015, it was agreed that any underspend on P82 projects, such as the Rapid Response and Re-ablement team, would be refunded by FNHC. I would add that we offered to do this, it was not at the request of either John or Amy. Our rationale was that the funding we receive throughout the year is for a specific ring-fenced workforce and is fully funded in terms or direct costs (the funding excludes any overheads which we have had to cover).

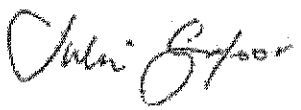
We fully appreciate the financial constraints you are under, but we entered a contract in good faith and have planned on that basis. We are doing everything we can to increase efficiency and raise more funds but we are still forecasting a deficit overall this year. This includes a shortfall in terms of the core contract (excluding P82, high cost children's packages and our charitable division), a net expenditure of £420k, included in which is client contributions to Home Care of £680k, without which would mean net expenditure in excess of £1million. Any repayment of funding would increase this shortfall leading to further pressures on our limited charitable reserves and ultimately the charity's sustainability.

The next FNHC Committee meeting is on 17th November 2015 at which the Adult Commissioning Intentions will be discussed. We intend to have a further response to you by the end of November specifically in relation to Intentions 1 to 9.

I suspect the next few years will require some flexibility between us until a pattern emerges on the impact of the Long Term Care scheme and other aspects which are still being developed.

In the interim, we would appreciate formal notification of Child & Family commissioning intentions, even if, as we believe from John Spicer, these are to remain broadly as per the 2014 – 2015 Agreement for Services.

Yours sincerely



Julie Gafoor CEO Family Nursing & Home Care

cc:
Senator Green
Constable Refault
Deputy McLinton
Julie Garbutt
Susan Devlin
Jason Turner
Rose Naylor
Andrew Heaven

Health and Social Services Department
Maison le Pape
The Parade
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States of Jersey

Julie Gafoor
Chief Executive Officer
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Le Bas Centre
St. Saviours Road
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16th October 2015

Dear Julie

Re: Health and Social Services Outline Commissioning Intentions for 2016

Thank you for meeting John and Amy on Monday 14th September. As they discussed, the Health and Social Services Department ('HSSD') is continuing to address the opportunities presented in P.82/2012, *"Health and Social Services: A New Way Forward"* and the challenges posed within the Medium Term Financial Plan.

As you know, the health and social care system in Jersey is transforming, with new models of delivery evolving as we provide more services in community and primary care settings. To do this we need the continued support of our trusted partners, working with us to devise new models and services that meet the needs of Islanders.

As part of this transformation, we are working on a number of key areas, including how Long Term Conditions can be managed within the community, what the impact "reablement homecare" could have, partnership working with primary care, and the future of nursing. I know you are heavily involved in all of these areas, and I thank you for your continued support as one of our key partners and as a significant employer of staff and deliverer of care.

In terms of 2015, there are a number of areas that I know have been discussed with yourself, which we would ask you to respond to before the end of October 2015. These are:

Requested Action 1:

HSSD asks that (under the terms of the 2014-2016 Agreement for Services) FNHC provide information regarding its progress against the contractual requirement to improve efficiency of District Nursing, Health Visiting and 'Invest to Save' projects (electronic patient record and Clinical Management system). Can a written response be provided to John by **5pm on 30th October 2015**.

Requested Action 2

Due to the constraints facing the States of Jersey under the Medium Term Financial Plan, HSSD formally requests that FNHC refund to HSSD the monies presented in the 2015 Agreement for Service financial settlement against any posts that are vacant. An analysis of the FNHC headcount suggests that it carries circa 13FTE vacancies. Whilst I understand that some of this will have been met through bank and zero hour staff I would imagine some was not. HSSD feels that this is fair and equitable where FNHC is operating at a lower cost base than at when entering the 2015 financial agreement. Can you work with John to identify this and respond to them before **5pm on 30th October 2015**.

Adult Commissioning Intentions

As outlined in recent meetings, we are committed to providing you with sufficient notice of any changes in our commissioning intentions, in order to provide you with sufficient time to work through these changes. The Commissioning Intentions, which the Minister fully supports, for the remainder of 2015 and 2016 are:

Intention 1: Financial Reporting

As discussed with my officers, from the start of 2016 HSSD would ask that FNHC alter its financial reporting to provide clarity over funding sources for its individual service lines. This will include separating what is funded through HSSD funds from private income and charitable sources. As part of this process HSSD will work with FNHC to agree service line pricing for individual services.

Intention 2: Eligibility Criteria

HSSD will work with you across Q4 2015 to outline processes attached to the eligibility criterion within Policy 1. HSSD will also work with FNHC to align processes with those within the Long Term Care Scheme. This will need an adaption and review of FNHC referral pathways. I suspect this will be a big change but one we can achieve together.

Intention 3: Domestic Care

HSSD will cease to fund domestic care. There will be no dedicated HSSD funds attributable to this service in 2016. This will be reflected in the 2016 Agreement.

Intention 4: Homecare

Throughout 2016 HSSD will review the block funding arrangement for home care as individuals transfer to Long Term Care Scheme funding. It is the intention that by the end of Q2 2016 each of the circa 480 FNHC homecare clients will have been assessed by a social worker for Long Term Care Scheme funding and throughout 2016 individuals will be transferred to the appropriate funding source (Long Term Care Scheme or Policy 1).

Intention 5: District Nursing

In 2016 HSSD will fund the totality of the District Nursing Service, against a clear agreement over staffing, costs and delivery. To enable this FNHC will need to work with HSSD to review and update the service specification and metrics in Q4 2015.

Intention 6: Brokerage

Community and Social Services is trialling a brokerage system that will support individuals' access care through the Approved Provider Framework. I want to assure you that HSSD will work with FNHC to understand the challenges posed by this new system.

Intention 7: Reablement Homecare

Building on the learning from the *'Integrated Proof of Concept'* HSSD will continue to work with FNHC to reshape the service to improve value for money.

Intention 8: Project Plan

FNHC are requested to produce a project plan to improve sustainability throughout 2016 and beyond. This will form part of the Agreement and will be reviewed at regular performance meetings. From the perspective of HSSD, it is vital that FNHC remain a sustainable and forward thinking organisation, and I have instructed my officers to assist you in this regard.

Intention 9: Term Length

For 2016 HSSD will issue a 1 year agreement. This will reflect the transitional work that is required within 2016 and enable a more comprehensive Agreement to be formed in 2017.

From an operational perspective the 2016 Agreement with FNHC will adapt to meet the challenges that have been previously outlined, supporting FNHC towards the opportunities mentioned above. I recognise that this letter outlines some changes, and I am pleased to offer the support of John Spicer as a critical friend to the organisation one day per week for the remainder of 2015.

On a personal note, the Minister would like to thank you and your team for all your hard work. He is fully aware of the challenges presented in delivering the rapid response and reablement service, and wants you to know that the hard work of FNHC and its staff is appreciated.

I look forward to receiving your formal response in due course.

Yours sincerely

Rachel Williams

Director of System Redesign and Delivery
Health and Social Services
States of Jersey

cc.
Senator Green
Constable Refault
Deputy McLinton
Julie Garbutt
Rachel Williams
Susan Devlin
Jason Turner
Rose Naylor
Andrew Heaven

Meeting between FNHC and HSSD

18 May 2015

Present:

- Julie Gafoor
- Adrian Blampied
- Rachel Williams
- Amy Taylor
- John Spicer

Discussion

- RW noted that, due to the financial situation, all funding is likely to reduce in the future
- Need to be clear about what HSSD is commissioning from FNHC, and what HSSD is not commissioning – organisations can then decide if they still wish to provide non-commissioned services, and if so, from what funding source
- Long Term Care Benefit should be funding some FNHC clients
- Need to agree eligibility criteria
- HSSD need to agree 'policy 1 / policy 2', to clarify what they will fund
- FNHC Strategy focuses on adults, with limited information on strategy re: childrens services
- Work is needed to agree paediatric palliative care responsibilities and funding (FNHC, Hospice and Robin Ward)
- MESCH report is very comprehensive
- UBS funding position is unclear
- Commissioning intentions will be produced by John Spicer

Agreed that:

- Need to understand what is funded, as funding agreements are historic over many years (other than P82)
- Need to understand the impact (and reduce SLA payments) where posts are funded but vacant (e.g. home care has reduced, one RRT post vacant, 2 staff have moved from adult services into Crisis team, MESCH mental health post)
- FNHC will work with John Spicer on the detailed costings, commissioning and funding. JS will be dedicating an average of 1 day per week to this
- Need to clarify which FNHC clients are receiving Long Term Care Benefit – funding should then be through LTCB, which will reduce the HSSD SLA
- FNHC should review prices – should be charging LTCB at cost or using charitable funding to subsidise
- FNHC will engage with HSSD on the 'innovative nursing model' (RW has asked Lorna Hall and Karen Paul to lead discussions)
- Need to review metrics, and remove those that do not contribute to understanding the service value (quality, cost, outcomes)

Analysis of FNHC Home Care Services and Recommendations for Change

28th November 2014

For: **Jason Turner and Rachel Williams**

Report Authors: **Derek Hoddinott**

Background

The States of Jersey has historically Home Care services as part of its SLA with FNHC. HSSD signaled an intention to stop paying for Home Crae services in a commissioning intentions paper in April 2014. This is attached as Appendix 1

The major drivers for this change are:

1. The introduction of LTCS from 1 July 2014 which provides a benefit to clients with Long Term Care needs from which they can pay for home care support to meet their needs
2. HSSD intent to buy a home care reablement service from FNHC as part of its development of Rapid Response, Crisis Support and Reablement from FNHC
3. The policy paper recommending that HSSD do not pay for low level Home Crae services that for clients who do not meet eligibility criteria for LTCS

This paper identifies options for how this may be managed in future

Financial Analysis

Appendix 2 sets out FNHCs assessment of costs from the SLA that are attributable to Home Care services. This has been produced by Adrian Blampied (FD of FNHC) and will need to be ratified by HSSD finance staff. However, it is sufficient to be used for this paper which focuses on the principles and impact of following through the Commissioning intentions paper (Appendix 1).

In summary, the financial analysis states that the cost of home care in the SLA is **£1,397,472**

LTCS Clients

FNHC provide support to around 450 clients. They have reviewed clients and have identified that 14% would be LTCS clients. A simple apportionment of activity and costs would indicate that 63 clients should be paying for their care using the LTCS benefit with a proportional cost of **£195,646**. It should be noted that this is an approximation as the actual amount of support being received is not known and costs may be higher or lower.

Demand for Reablement

The demand for reablement has been assessed based on population data and modeling this against Department of Health assumptions of proportion of the population expected to benefit from reablement.

If we take our population aged over 65 (circa 16,000) and apply the DH estimate that 2.1% of these will benefit from reablement, this gives us 318 people.

If we then assume an average of 5.7 hours support for 6 weeks per person (assumption based from a paper produced by York LA to size reablement demand) this would result in a demand of 10,876 hours

Not all hours would be contact time and we need to adjust the hours to recognise practicalities of realistic case load. Factoring up for non contact time (assume 45%) would yield 15,800 hours

The average cost of reablement using UK data is around . Therefore the expected value of reablement hours would accordingly be **£397,200**

Assumed Level of Cost for Clients Below LTCS eligibility Threshold

Taking the start position of £1,397,472 and deducting cost of LTCS and Reablement, the balancing cost assumed to be low level clients is **£804,626**

Impact

In line with the Commissioning Intentions, HSSD would wish to do the following:

1. Disinvest the whole value of Home Care Services i.e. £1397,472
2. Reinvest £397,200 in reablement already invested 2008
3. Reinvest in Rapid Response and Crisis Support at a cost of £535,000 (See Appendix 3 for costs provided by FNHC)

The net impact would be a net disinvestment of **£465,272**

Please note that no assumption has been made regarding the transfer of CICS staff

Options

Option 1 – Implement Proposed Disinvestmet/Investment From 1 January 2015

This would allow an immediate reduction of the contract value of £465,272 (not taking account of costs of CICS staff). The impact would be that FNHC would have to cover costs of low level care from their charitable resources

Option 2 - Implement Phased Disinvestmet/Investment From 1 January 2015

This would agree a phasing of the disinvestment to allow FNHC time to reduce their provision of low level care. Any remaining low level care at the end of 2015 would have to be met from their charitable resources. A variation on this option could be to increase the phasing period.

Recommendation

It is recommended that the following actions be taken:

1. HSSD Finance validate the data supplied by FNHC
2. A formal letter be sent to FNHC confirming the investment/disinvestment decision
3. That the investment disinvestment is phased (option 2) to manage potential operational and political implications of change
4. That a meeting be held with FNHC to agree the investment/disinvestment timetable for 2015

Appendix 1

FNHC Commissioning Intentions

Background

The Out of Hospital Commissioning Intentions paper was agreed by the Minister on March 2014. This set out a whole system model for delivering Out of Hospital Services and is reflected in the diagram at Appendix 1

This paper sets out commissioning intentions to remodel FNHC service provision to meet the requirements of the out of hospital system and will be developed in partnership with FNHC Management and Trustees

Context

FNHC currently have a block contract with HSSD with a value of circa £6.3m. During 2013 work has been undertaken to understand the services and activity provided for this money. A significant proportion of this funding is spent on home care services. The introduction of LTCS from 1st July places considerable business risk on FNHC

The introduction of Long Term Care benefit in July 2014 will mean that any individual who has long term care needs and who is eligible for support will be able to buy from any provider who is on the approved provider framework. There are over 30 providers who have expressed interest in being on the framework.

HSSD do not currently purchase home care reablement.

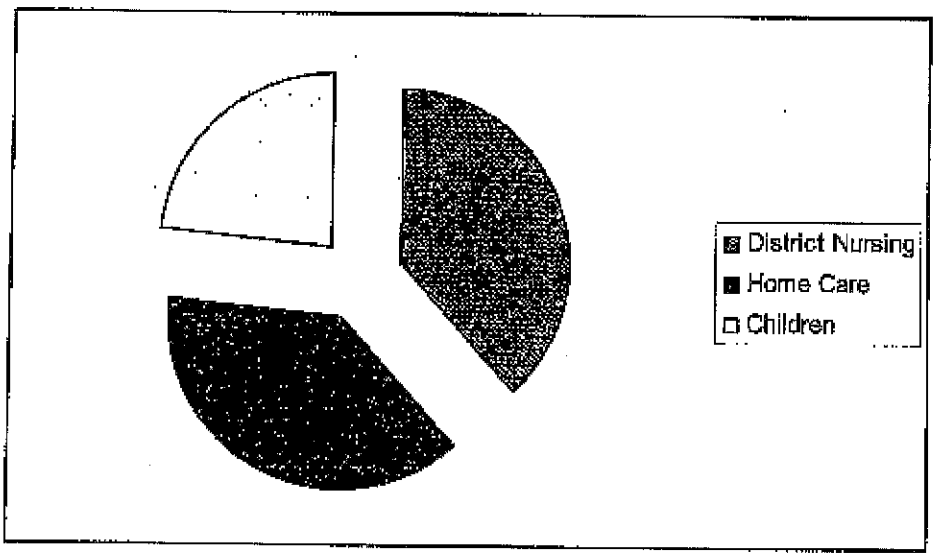
The priorities set out in the Out of Hospital Commissioning Intentions included development of rapid response and home care reablement. There is an opportunity to redefine what services should be provided through FNHC in future including development of rapid response and allowing redesign of current services for Home Care Services to deliver home care reablement.

Current FNHC provision

FNHC have a block contract with FNHC to provide a range of services.

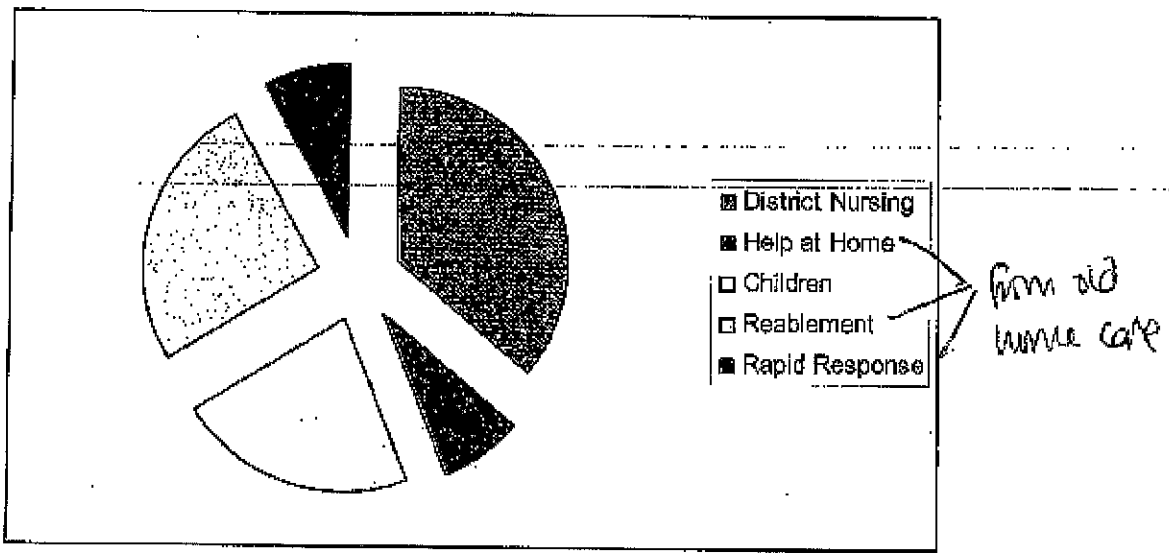
The chart below shows how the current funding for services split by category of service

Overview of Current Service Provision:



The Commissioning Intention is to remodel the services to provide a different mix and range of services consistent with the out of hospital system requirements. This is set out in the diagram below:

Overview of Future Service Provision:



This effectively assumes that the spend on children and district nursing remains the same, but that the rapid response and home care reablement is developed as set out below.

Rapid Response

The proposal is to fund development of the service in 2014/15. The impact of this in 2014/15 would be to increase cost by £410k. The cost is to enable the recruitment and establishment of the rapid response team (Hospital at Home) element of the out of hospital system. The funding has already been notionally allocated for this as part of MTFP1 White Paper Adult and Older Adult Services. The aim is that this additional resource will be required for 18 months to 2 years to provide time for service redesign.

Discussions earlier in 2014 identified a cost of approximately 400k for starting rapid response. It is recommended that this resource is confirmed (based on detailed costs from FNHC) at £410k and that detail of activity and outcome measures (currently being developed) are ratified to enable evaluation of the service

Home Care Reablement

As indicated earlier, the block contract has a significant resource for Home Care services

There is an opportunity to remodel this service to deliver home care reablement service without the need for the level of additional resource initially proposed for MTFP2.

This approach is similar to the model operated by Essex County Council who transformed their in house home care service as a Local Authority Trading Model.

This would be developed in partnership with FNHC to ensure suitability of the new model and recognize impact on their current provision of home care support

Linkage to Out of Hospital Business Case

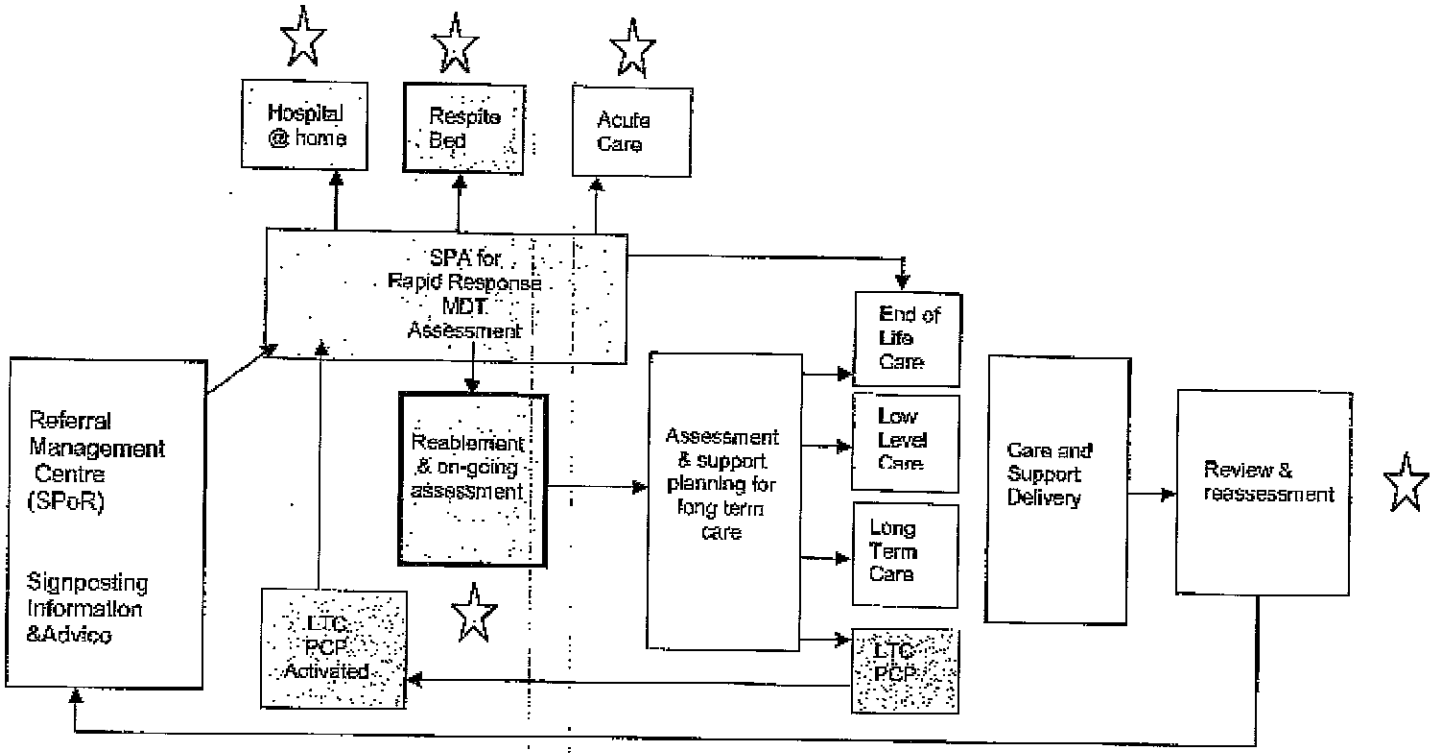
The Deputy Directors of Commissioning have already been tasked to produce the full business case for the implementation of the Out of Hospital system by Q2. This will include a demand and capacity model and recommendations for a delivery mechanism. The commissioning intentions plan for FNHC is a significant contributory part of the overall plan.

Recommendations

It is recommended that Corporate Directors:

1. Support the principles of the Commissioning Intentions for FNHC
2. Confirm release of £410k to support the development of the rapid response service
3. Mandate the Deputy Director of Commissioning to agree detailed service specification for the development and monityoring of the rapid response service with FNHC
4. Request a progress report for Q2

Appendix 1



☆	Discharge points
	Intermediate Care Services
	Long Term Conditions Pathway
	Contracts with Independent Sector
	Mainstream services

Out of Hospital Strategy Implementation

Wednesday 9th July 2014: Small Meeting Room at Maison Le Pape

Service Provider – **Family Nursing and Home Care**

Meeting Attendees –

Jo Yelland (JY) – Deputy Director of Commissioning: Lead for Out of Hospital Strategy (Meeting Organiser)
Derek Hoddinott (DH) – Deputy Director of Commissioning HSSD and Contact Manager
Jon Rubber (JR) – Interim Contracts and Performance Manager HSSD
Ian De La Cour (IDLC) – Finance Manager HSSD
Julie Gafoor (JG) – CEO FNHC
Adrian Blampied (AB) – Finance Director FNHC
Tia Hall (TH) – Acting Head of District Nursing

Notes Recorded by Jon Rubber

Review of meeting agenda – JY confirmed that the purpose of the meeting is to agree future actions based on:

1. Reminding people about the commissioning intentions for Out of Hospital services
2. Agreeing the Out of Hospitals commissioning intentions paper for FNHC : identifying and agreeing areas of strategic agreement and any divergences requiring further discussions
3. Agreeing the approach to the Rapid Response Pilot for 2014/15 and discussing the opportunity to integrate CICS and Rapid Response functions in 2014
4. Identify workforce and funding model for the Rapid Response Pilot
5. Discussing the current practice of billing CICS for services and agreeing a cessation plan
6. Identifying next steps and date of next meeting

Summary of Actions

1. JG to write to JY setting out FNHC's formal response to the Commissioning Intentions Paper.
2. JG to confirm a date, preferably within the next 2 weeks for an initial meeting between FNHC management team and C&SS that JY will facilitate.
3. JY to set up the joint meeting to agree the implementation and communication plan for the development of the integrated team under a single management structure within FNHC.
4. Action AB, DH and IdC to review January, February, March and April 2014 FNHC/CICS invoices to eradicate any inadvertent double billing.
5. DH to send out revised contract performance monitoring schedule and process.

NOTES

1. **Reminding people about the commissioning intentions for Out of Hospital services**

JY explained the Commissioning Intentions for Out of Hospital Services is a key document setting out how we intend to transform the system to deliver on the key strategic objectives of the White Paper. It is one of 3 key documents that will link together over time to set out the whole system. The other two will be the Acute Services strategy which will define the services that will be provided in the Future Hospital and the Primary Care White paper which will set out the future model for primary and community services.

The CI paper has been agreed through the governance process which includes a review and recommendation by the Transitions Steering group (formerly the White Paper Steering Group) and then the Health & Social Services Ministerial Advisory Panel (HASSMAP) and finally the Minister. In this instance the CI for Out of Hospital has also been presented to the Ministerial Oversight Group (MoG) due to its strategic importance.

JY asked if there were any questions in this regard, no one had any questions about the CI and JG confirmed that FNHC were familiar with the paper and it had been sued to help them to develop their own business strategy.

JG explained that she had some concems bout he Rapid Response Specification and did not agree with all of its contents. JY explained that she had consulted with key stakeholders in the production of the specification including FNHC staff and that the document was an HSSD document which sets out in broad terms our aspirations for the nature of the rapid response pilot and its purpose is to inform stakeholders of our intentions and to get broad agreement that this is the right direction of travel. JG said that there were things in the document that were incorrect. JY said that the specification was a guide and there would be areas that would need further specific detailed discussion. As we move into contractual discussions about the provision of the service the costed implementation plan will set out joint expectations of how the specification will be delivered over time. The Rapid Response specification has now been approved by the Minister which gives commissioners the mandate to commence the discussion about contracts which is part of the meeting today.

2. **Agreeing the Out of Hospitals commissioning intentions paper for FNHC : Identifying and agreeing areas of strategic agreement and any divergences requiring further discussions**

JY circulated the FNHC Commissioning Intentions paper that had been produced by DH following earlier conversation with FNHC in respect of the intension to re-model FNHC services to meet the requirements of the out of hospital system. JG confirmed that FNHC are 'on board' with the intensions paper.

JY confirmed that HSSD expect to re-design services within the existing £6.3m contract value. To enable this to happen there has to be clear understanding of FNHC capacity to deliver the significant change required. FNHC will need to provide clear evidence of productivity and efficiency as well as service outcomes. JG said this work was already underway with the review of District Nursing Services as the Rapid Response pilot was already creating operational issues. JG said she was concerned about the current funding from HSSD for low level long term social care in light of the introduction of the Long Term Care benefit. JY said the HSSD are currently working on some related policy areas which will give guidance to providers in the future. JY confirmed that HSSD are prepared to help FNHC's understanding of what that means going forward and that there will also be guidance to support the inevitable re-shaping of FNHC. DH said there will be further discussion needed with respect to funding and service provision given by HSSD. JY said it is vitally important for all parties to work together to a successful conclusion. JG agreed.

Home Care Reablement – JY said that that there is no provider currently who offers reablement services in the true sense of the word. JG agreed and said that training would be necessary for FNHC to be in a position to provide reablement services. JG also said that this is seen as a natural progression for FNHC alongside traditional home care services. JG said that FNHC would take HSSD's guidance on training etc.

There were no areas of disagreement and JY asked JG to formally write to her setting out FNHC's formal response to the Commissioning Intentions Paper.

3. Agreeing the approach to the Rapid Response Pilot for 2014/15 and discussing the opportunity to integrate CICS and Rapid Response functions in 2014

JY confirmed that the CICS pilot budget is £1.3m for 2014 and 2015. There is potentially future investment form 2016 for the embedding of the new Out of Hospital System so it is very important to move on the integration of the CICS and Rapid Response pilots this year with the aim of establishing a single integrated Rapid Response, Crisis Support an Reablement Services under a single management structure for full roll-out during 2015.

JY said that in the first instance HSSD would second existing permanent intermediate care staff to FNHC to commence the building of the integrated team. JY confirmed that there would be no burden on FNHC for any future of re-deployment for staff that didn't continue for any reason. JG said that FNHC do not have no understanding of the skill sets that seconded staff possess, so ongoing evaluation would have to be completed. JY suggested that HSSD could facilitate some of the change through an initial workshop programme. JG and TH agreed this would be a helpful starting point and JY agreed that the proposed Management Board would also be helpful in moving this forward.

DH confirmed that HSSD would tender for the step up/step down service elements of the out of hospital system and that he was confident that providers are readily available in the market

place. The aim will be for one or two providers who would run the bed based services within an integrated pathway managed by the Integrated Rapid Response Crisis Support and Reablement Team.

4. **Identify workforce and funding model for the Rapid Response Pilot**

This was discussed and it was agreed to develop a single workforce plan and budget for the Integrated Rapid Response Crisis Support and Reablement Team which we will do once the implementation plan is agreed. Target completion for the finance and workforce model is September with mobilisation of the team aimed for by October

5. **Discussing the current practice of billing CICS for services and agreeing a cessation plan**

JY said that a significant amount of money has passed from CICS to FNHC for administration and management costs on top of the contract sum and this has resulted is some double billing in some areas. Instructions have been given to CICS not to pass on funds without prior authorisation from HSSD. JY confirmed that there would not be an audit of 2013 billing, however, January, February, March and April 2014 invoices must be reviewed and refunds and amendments agreed with DH. AB agreed and explained that the system had evolved over time and it was recognised that we need to find a more simple way to cover the costs of the FNHC nurse seconded to CICS and it was accepted that other management, administration and direct costs for District Nursing would not be charged. JY said there would be no further payments until this process was completed.

JY confirmed that AH would still be leading on the Children's services elements of the FNHC contract and DH is the lead for all other formal contracting and that JY is the overall strategic lead for the Out of Hospital programme. JY explained that a revised, formal performance monitoring process would be set up to to ensure effective communication between all parties.