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Homes not Hospitals podcast

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Fiona Charnock and Jane Bellwood

Tess: So, this episode is about how Homes not Hospitals works in practice, how Health, Housing, and Social Care providers work together to support people who have learning disabilities or are autistic to help them move from long-stay hospitals into their own homes in the community. And I am delighted to introduce Fiona Charnock, who is a Senior Project Manager with NHS Greater Manchester, and Jane Bellwood, NHS Regional Housing Lead.

Jane: Hi there. Thanks for having us, Tess.

Tess: Between you, you've got an absolute wealth of understanding of Homes not Hospitals. So, how would you explain that? I mean, listeners have probably heard phrases like Transforming Care, Homes not Hospitals. But how do we really understand what that means in practice?

Jane: So, Transforming Care programme was set up probably around 10 years ago now, Tess. It is a government-backed programme. It is delivered through Health, Housing, and Social Care, but it is predominantly led through Health. And it is really focused on strengthening our community infrastructure and supporting Commissioners and providers to help provide better access to appropriate homes and specialist services, so that we can move people out of long-stay mental health hospitals back to their homes and their communities.

And I think after a couple of years of the programme starting, there was a recognition that housing was a major barrier, and that housing is something that we have not really been considering enough of in terms of specialist needs. And the fact that people are going to need a specialist build, potentially, to support them out of hospital.

And sometimes it can just be something little. It can be something like, you know, a bit of soundproofing or a garden, or a bit more space in the home. And sometimes it can be a lot more than that. But the work of the partnership really is there to create those sustainable homes. But also, to ensure that that these homes are in the right places for people, that they're close to their families, close to their communities.

Often people are not always classed as homeless when they are in hospital, but often they are. Often people haven't got a home to return to. And so, it is really important that we ensure that people are actually referred as homeless, back into their local communities so that they are classed as homeless, and that we are

actually putting people on the register and seeking out homes for them in their local areas.

And this also is helped with getting a Social Worker or a key advocate to work alongside them.

I suppose the only other thing to say is that we often have to think more innovatively around the types of housing and the types of care that we deliver for people, because often people do not need a sort of routine offer.

They might need something slightly different, and the Transforming Care programme has helped us to do that. It has helped us both in terms of revenue and capital to think differently around the types of solution that somebody might need.

Fiona: From an NHS Greater Manchester perspective, we have benefited from the devolved Greater Manchester Health and Social Care budget that came through around about 10 years ago from central government.

And the idea of Greater Manchester colleagues, was that there could be a system-wide, Greater Manchester-wide, approach to Transforming Care.

Now, my background is as a Social Worker. I used to work for Stockport Council's Learning Disability Team for many years. And as a Social Worker, I only ever knew of housing solutions for Stockport people coming out of hospital that were available in Stockport.

Well, in 2021, this new idea for a Greater Manchester-wide approach for supported housing solutions for Transforming Care discharges, won the support of all 20 Directors of Adult Social Care and Health.

And it was agreed that under our particular project, that we could plan for people in a person-centred manner on where they want to live, where it would make sense for that person to have homes developed for them. And that ability to plan for where people want, has been really beneficial for the projects that I have gone on to lead since 2022, which is under the Greater Manchester Complex Lives Programme.

It is our version of Transforming Care.

And because we have all the Directors giving us great support, it enables me to have really productive conversations with Commissioners at a lower level. And to gain the support of Social Workers, Nurses and hospitals, and we can plan with people and their families in a really person-centred manner.

So, I think we have a good initiative. The MOU, the Memorandum of Understanding has set a really good climate in Greater Manchester. It has enabled us to discharge significant people over the past four years. That's 38 people in total.

Tess: All of those lives literally transformed. Fiona, what are some of the reasons that people end up staying in, in hospital for long periods?

Fiona: So, I would say, that there is a multitude of reasons why a person can become stuck.

Can I refer you perhaps, Tess, to a really interesting research study that was released by the University of Birmingham in 2024? And it is called Why Are We Stuck in Hospital:

Why are we stuck in hospital? - University of Birmingham

Why are we stuck in hospital?

It is a research piece led by two Professors who were particularly interested in the reasons why people remain detained year after year, and the research was undertaken from the perspective of the person and their family. And one of the memorable points made was that the bar for getting out – for a person to achieve this sense of readiness, that they are ready to leave, that they are ready to be planned for – can be quite different for the person and for professionals.

And it is often professional anxiety, professional dis-ease which needs to be ameliorated before a person can progress on that journey. It is less the person and their family being anxious, than it is professionals.

And I suppose that is part of my role is to when we are generating solutions and suggestions for Commissioners and for hospital staff, to do all we can to reassure, to make it seem tangible and concrete and realistic and realisable, before it is presented to the person themselves.

Tess: And so how do you go about that. Probably professionals are instilled to be cautious. To be risk-averse to a degree.

How do you actually go about reassuring people that it is going to work? Do you have, like, case studies and things?

Fiona: Sometimes a property comes forward first. And then it is a case of me thinking which person in our system. And we have got people who could be in hospitals across the country, and I get to know the people at a distance. I use all my social work skills to really fathom, and I will be inquiring about a person's environmental needs, their health needs, where their family is at, and so on.

Sometimes it is the property that comes first, and it is a case of which person is most likely to be the realistic choice, is likely to wish to live in this particular area, that we can make adaptations for within the financial envelope that we have. And maybe for that it is a case of going to NHS or seeking out other forms of funding.

But often it is a case of starting with the person and really deeply inquiring: Why is that person stuck? Why did that discharge a few years ago just not go well? Why has that person moved from hospital to hospital and still there be no solution? And then I begin building from there on in.

And it is really important that I immediately, as I begin to conceive of solutions, that I immediately bring on board the Social Worker, as just crucial. Without the Social Worker, nothing will happen.

And the placing Health Commissioner who is responsible for the person's hospital costs, as well as the Commissioner at the Local Authority who will share the costs of the person when they come out. A crucial stakeholder, of course, is always the Housing Association and the aligned Care Provider.

And in Greater Manchester, we have had the benefit of a closed framework of trusted, specialist providers, of which MacIntyre has been one.

And we have now a new, larger GM framework where we can do mini competitions to bring on a support provider. And that is really crucial; that decisions are made with the provider on a person about a property, because ultimately it will be the provider delivering the service in the community.

Tess: Jane, I think this is very much your area, isn't it? The actual physical buildings and so on. Do you want to add to that?

Jane: Yes, please. I mean, I suppose, just in terms of the, the initial question, why are people stuck, and what are the things that are stopping people moving on from a hospital setting.

And, as Fiona said, one of the key aspects here is around how the clinicians see how somebody's going to behave when they go out into the community.

And often what we are actually seeing in a hospital setting could be very different to how people are going to behave when they are out in their own home, in their own space, near somewhere that they're familiar with, and near their family. You know their behaviours are potentially going to be very different once they have become settled into their new home.

So, I suppose what I'm saying is that the clinical perspective and the community perspective can sometimes be at odds with each other.

So, our job really is to understand where the clinicians are coming from. What the perceived risks are. And what the current risks are for that individual. Because often some of the risks that are in people's files, or that have occasionally happened are occasional, or they might have actually been historic risks. Something that happened maybe 5 or 10 years ago.

So, it is about really bringing that up to date, understanding what the current issues are for somebody, and more importantly what they may find triggering. I once had to help somebody out of a flat because their neighbour had a washing machine that was on her back wall. She was autistic and was highly sensitive to noise, and she wasn't going to be able to stay in that property.

So, it is absolutely about understanding what those sensory needs and requirements are for people, and how we can make sure that our design of people's homes has that within it. So, whether it is mitigating noise, or whether it is control of heat and light in the home. Or whether it is just people having more space, more space to de-escalate, more space to move around.

It may be that people do not want to be overlooked. That they would like privacy in their back garden, which a lot of us want, just the same as everybody else.

So, there is a lot of requirements that we really need to get to the bottom of. Not just to be looking at the risks. But more also looking at what people need for it to work for them in the community.

Fiona: I mean, one of the incredibly, pleasurable aspects to this role, which is a fantastic role for a Social Worker, is just to see how people again, and again, and again fare when we get the property right, and we have worked on the care team, and we have carefully run the transition, and the discharge has happened – just how resilient people are.

And they are really flourishing. Nearly everyone, I would say, that we have supported.

I mean, just a quick example. There is a young lady who left hospital just three weeks ago. She is only 19 and she had been in hospital for 5 years. And in the middle of her trial leave period from hospital, during just the third week, she went to a party in a park in Manchester and enjoyed herself.

And this was somebody who this time last year everyone was scratching their heads: 'How will we ever help this lady out of hospital?'

So, it is coming from the people themselves. That with belief and support, people really can flourish in the community.

Tess: And what you were both saying earlier on about things that follow people around on their records that might no longer be relevant. Or certainly won't be relevant in a different setting, in their own setting. It just changes everything, doesn't it?

Going back to the actual physical building side of things, Jane, I think it is true that sometimes you have to completely do a new build, isn't it?

Jane: Yes.

Often, we are driven by cost and time on this. So often we have got somebody who needs to come out of hospital fairly quickly.

And we all know that buying land, getting planning permission, building new; it takes years sometimes. So often we try and purchase a property and redevelop it, so that we can get a quick solution for somebody.

Where we want to be is building new and we are lucky enough in Greater Manchester, and also in parts of Cheshire and Merseyside, to be building new supported living schemes for people where we can really consider what people need and want from their homes. That's something we start off with doing a sort of design based on what we think people need and what their clinicians are saying that they need. But actually, the trick here is making sure that we do tick the boxes for those individuals, and that we make sure that the property works for them.

So, in terms of co-production, that really is the next stage. With some of our designs, people with lived experience feeding back on the design that we are thinking of for some of these flats. Now, most of the ones we are designing are going to be quite large, probably in excess of 50 metre squares. We are going to try and make sure that the people have got their own garden space. We have got to think long and hard about the location to make sure that their spaces will not be too noisy, And that there will not be too much traffic around.

But ultimately, where we want to be really is building new, affordable homes for people.

We are in the middle of a housing crisis, as we know. We have got a massive shortage of specialist homes for people. There is a lot of private money in this space as well, which is needed. There is so much demand really for specialist homes. There is a requirement for private money, but also for public money in this space.

Now, Homes England are considering two of our Northwest schemes at the moment for some of their funding. The impact of this is that it makes the build much more sustainable in terms of cost. And it also means that the rents are going to be lower for the longer term for people so it means they're more affordable overall.

So, it is something that we are trying to crack at the moment because the way in which things are funded for this more specialist type of housing has not been completely worked through yet.

So, we are working on it. It is work in progress; I think you could say.

Tess: And I think one of the things that we sometimes get asked by families of people in hospitals is:

How long is this going to take? Is it how long is a piece of string? Is there an average?

Jane: I think the quickest one I have ever done is around 12 months. From start to finish. And that was quite a complex one.

But its all dependent on finding the right property. There are certain things that you have to get absolutely right for people, and it is usually location, location, location in terms of the property itself.

One of the other things that is a barrier for us is we can only buy at market rate. It is public money. We are using public money, so we are not able to compete in terms of competing with other private buyers in the market. If a property's been valued at £250,000, that's all we can pay for it. We can't start getting into increasing the amount of money that we spend. So that is something that we really have got to think about. Because we are not able to, you know, get into any sort of bidding war with anybody else.

And I suppose, the other key thing is in some of our areas in Great Manchester and other parts of the Northwest where there's land that is being snapped up by private developers for flats and what have you. We are just not in a position to compete on a level playing field, in terms of buying those types of lands.

So, I suppose what I'm saying is that our public spaces, reusing our public spaces, whether it is an old, sheltered housing scheme, or an old residential scheme, or it might be some NHS Trust land I mean, one of the big pushes for NHS England at the moment is around reducing our hospital bed base. And making sure that we have got more community facilities for people, more community infrastructure, more neighbourhood centres etc, and more supported housing in places where people need it.

And as a result of that, we potentially are going to have lands and estate that is ex-hospital estate that potentially could be used for this type of development in the future.

I suppose the only other thing to say is we have got a lot of national house builders who have got lots of land banks, which potentially could be used in different ways.

This is another area where we are looking to speak to some of our larger house builders who have got big, big developments that are happening. But potentially, could still build 4,5 or 6 supported bungalows on larger sites. So that's something we're also looking at.

Tess: It is like a huge jigsaw, isn't it? That you have to somehow put together.

And Fiona, you were talking earlier on about different Local Authorities and how that can complicate things.

How does that work in practice? So, say somebody wants to live nearer to their family, and they're not currently in your catchment area. Can that work?

Fiona: So, this is where the Greater Manchester approach is so good under our Complex Lives Programme. And its because of this Memorandum of Understanding.

I'll give you a concrete example.

In 2023, I was progressing a discharge solution for a lady who had been in hospital for 11 years in her own apartment within the hospital. She very much struggled and did not want to share space with other people.

So, I negotiated with a Housing Association, who were excellent and were prepared to make a purchase for this young woman. But she did not want to return to her home town of origin because of very, very bad and painful memories. She wanted to live in the town next door, which is actually where her siblings had moved with her nephews and nieces.

And because of the Memorandum of Understanding, the receiving Local Authority were happy to accept her.

There was no threat… there was no worry on the part of the receiving Commissioners that there would ever be a financial implication for them. She would always be tied to her home location in terms of care costs.

Jane: I have been working across the Northwest now for eight years, and our public services are having to look very, very closely at their finances, as always.

There is pressure in Local Authority land. There is pressure in Health. There is pressure in Housing at the moment.

So, the Memorandum of Understanding, as Fiona said. It takes away that worry of Commissioners that if this person comes into my area and is then taken into hospital, that the costs may come to them.

All the Commissioners realise that they are going to hold onto their own costs. And this means that there can be much, much more creativity, much more innovation in terms of how you get the best value solution for somebody.

When I say the best value, I do not just mean in terms of efficiency, I mean in terms of outcomes as well for somebody, and I think that's so important.

What we know is that if we are going to move somebody from hospital to a less restrictive setting, that could look like a residential placement. But residential placements for specialist residential are still very expensive, as much as £6,000 to £9,000 per week. We could be looking at in excess of that. I mean we have certainly got packages of care that are in five figures plus for a week.

So, it is important that when we are placing people, we are placing them in the least restrictive setting, and that we have got the best opportunity to ensure that the package of care is as efficient as it can be, and that we are using public funds in the right way.

Fiona: Thank you, Jane.

And I'm so pleased to tell you, that two and a half years later, that that lady who had two members of staff every day supporting her in the hospital. Well, in her own home, with her wishes fulfilled, she's supported by only one member of staff.

So, we went on a journey, we invested. There were significant savings, of course, from her leaving hospital. But those savings are even better now.

And most importantly, her wishes have been fulfilled. She has been to an awards ceremony herself. She continues to do well. She's got good links in the local area, and she sees her brothers and her nephews and nieces frequently.

So following people's wishes. That is what I mean when I say about being person-centred with that planning, and really honing in. What does that person want?

Tess: And it just is that outcome you were talking about a minute ago, and that's exactly the sort of outcome that you would want.

Not for financial reasons, although of course that helps. But because that person then is living a good life. The sort of life that we would all want to live, isn't it?

Jane: A lot of our business cases for capital – we are not always making efficiencies. But it is about giving people the opportunity to have the best life they can have, you know, close to their families. And it is important that we keep that focus throughout everything that we do.

Tess: I imagine that for families, there must come a point where they are kind of despairing that their relative is still in a long-stay hospital.

What sort of bits of optimism can you give to people?

I mean, from your experience, both of you, what makes it the time that that person can move on? What are those indicators?

Jane: In terms of sort of critical success factors? What are the things that need to come together?

Tess: Yeah,

Jane: Yes, absolutely.

Often, it is a very engaged social worker, like Fiona. It is somebody who has that person's best interest at heart. Somebody who understands the system.

I think it is also about our systems working much more closely together. Ultimately, that's what it is about.

It is about our Health, Housing, and Social Care systems saying: ‘Right, we need to do something about this. We need to get this person a solution close to his parents.’

That's the ultimate goal. But it is often that people do not know where to start. If you're a Social Worker working in a mental health hospital, you do not always know how you are going to get a new home for somebody with specialist features.

So, when people meet Fiona and myself sometimes, we are able to give them a bit of insight into how they can get some of this moving. It can be a little light bulb moment. And then its our job to bring the right people together and then get them motivated on the journey, all the way through.

And you have to be motivated because you're probably going to come up against various obstacles along the way.

The property that we have just had planning permission for. We have been on that journey for maybe a year and a half, and we are not on site yet. We are going to be on site next month for that one.

And we have got another development in Manchester. I think it has been two years, and we are probably not going to be on site until later this year.

So, you know, it can be a long road sometimes.

Tess: It can, can't it? Fiona, do you want to add to that?

Fiona: Yeah, that family perspective please, Tess.

As a frontline Social Worker, working with the parents of adult children with learning disabilities and autistic adult children too, for a very long time. So, I am very much not wanting us to work divorced from families.

So, I am really proud that of the projects that Jane just mentioned there, that we have just got planning permission. And that is working with MacIntyre, who have been a critical success factor actually. And it's been very much co-produced with parents. And, now Mum is now attending our weekly multidisciplinary team meetings. She has really gone from being a point of feeling utter despair. To feeling: 'I am part of this.'

And even more so, the property we are developing is two streets away from where she lives. So, it is bringing her son, who is many, many miles away back into the local area.

I am so excited that she is involved so closely.

I can reflect on another person who left hospital. This was a great success story, and a huge testament to the skill of the local MacIntyre team.

And this man has a severe learning disability, and he is non-verbal. He was in hospital 150 miles away from his Mum. Just not around the corner. Just not easy for her to visit as frequently as she'd like. But because he is non-verbal, he was not able to sustain a telephone relationship with his Mum.

So, the involvement of families in the planning - but what it means to them when we can bring their loved ones home. It is incredible really. It is such a privilege.

Tess: That's a wonderful story, and we are so pleased to be part of it. But it is everybody together that makes it happen, isn't it? They say it takes a village, don't they? And I think in your case, it takes a great big city.

Jane: It is absolutely all about collaboration.

And I think one of the things that is a critical success factor as well, is having a project-based approach to this. People cannot just dip in and out.

It has to be properly managed, in order that we can take it right the way through to fruition and get somebody a home.

But not just a home. We have to get the right care package in place. We have to have the right transition, as Fiona said.

We have to have the right clinical support on the ground when somebody moves into that home, and it has to be sustained right until they're able to be maintained with stability in their home and they're feeling settled.

So, it is not just the money side of it and then getting the property. It is the care side, getting the transition right, and then making sure that home is as stable as it can be for somebody.

I have seen MacIntyre do that with a number of our packages, and it has been fantastic to work with them.

Tess: It feels like from our perspective, having spoken to several of our managers in that area, it feels like a real achievement to turn somebody's life around like that, to support them to turn their lives around like that. It is fantastic.

So, Jane, you are about to step away from this world I gather, and you will be leaving your role in the next couple of days actually as we are recording this.

You've spent quite a lot of time doing this work, both of you. I'd be really interested to hear what sort of changes you've seen over the years.

Jane: I think when I first started this job, it was really about buying a property, redeveloping it, and supporting somebody to move out of hospital.

Where we are at now is we are recognising that there need to be a clear pipeline of supported housing.

So, my colleagues in other parts of the country and indeed in the Northwest, we are now trying to support a pipeline of new schemes for people. We cannot do this one property at a time. We have to be doing it in a much more of a strategic pipeline-based approach.

And I think that is the biggest change that I have seen is that it is not just about one person at a time. This has to be about a strategic housing strategy and pipeline for our most vulnerable people in some cases.

So, this is what we are aiming to do with the GM Complex Needs Framework, and that is what most of our ICBs in the Northwest are trying to do.

So, what I'm doing now that I was not doing at the start of my role is speaking to our city regions around how they can bring together Health, Housing, and Social Care.

And to make this happen, in terms of making sure the capital funding and that the land is available so that we can get this pipeline in place for people for now, but also for the next 10, 15, 20 years.

Tess: Fiona, what about you?

What changes would you see, say that you've seen over the years?

Fiona: So, reflecting when I joined in 2022, I feel as if it just took a little bit of time as a cultural change really for the Complex Lives Programme to take off.

I think initially some Commissioners, Health and Social Care, were a bit curious: 'What can you do?' 'What can you offer?'

And especially in partnership with Jane Bellwood, after some success on those earlier projects in the first year or two, we began to prove ourselves.

And we are not just housing. I am a Social Worker. And my manager, Debbie Simister, has a strong commissioning background. And there have been several other Project Managers working alongside me: that's Rosie, Kay and Jayne, who have all been fantastic in their own contributions.

Project by project, we began to take off. We have been able to demonstrate £15 million pounds worth of capital investment that we have managed to bring into newly created supported housing for people with learning disabilities and autistic people. A lot of investment has come from NHS England. But we have found other sources. We have made some incredible success stories. One person's discharge has saved nearly £600,000 a year for the NHS. Another person, £1.5 million pounds of savings for the NHS.

So, we have proved ourselves in terms of creating financial efficiencies for the NHS and its expenditure and by demonstrating our respect for public finance.

And we have discharged so many people now 38 people, and with just a few cases of people who have required to go back to hospital for further treatment.

So I think people now do consider us: 'Oh, maybe we could give Fiona and the team a call and see what they think.' So, it has been a pleasure.

I personally like to think as well that I have developed supportive relationships with Social Workers and Nurses and Commissioners right across the system.

And every solution is delivered together. I have learned to chair quick efficient weekly meetings that are not too arduous that people will come to, to help us build that collaborative impact towards each person's discharge from hospital.

In one man's case, it was a two year and a half year journey with a team effort. But he has defied expectation with his resilience. And our success was due in great part to the work of Jane Bellwood and MacIntyre. So that was one project so many of us have felt so proud to have been involved in.

Tess: I think there is a bit of a mutual admiration society going on between Fiona and Jane.

I mean, it is brilliant.

What are your plans for the future, Jane?

Jane: I am going to be working on the strategy side. This is the aspect that I was talking about, which is important to me. This is around having a sustainable approach to building a pipeline of supported housing for people.

I think we have got some fantastic housing providers. We have got some amazing care providers in the Northwest as well. I think it is all possible. I think it is just about bringing the right people together and having a plan for what we need to do for the next 5 to 10 years.

So, I think it is all completely achievable. I think it is about making sure that we have got the space to do the thinking, to do the number crunching, and to get the right people around the table to plan what that needs to look like.

Tess: Anything else that either of you like to share before we wrap up? .

Jane: I think the only thing I would say is that the one big opportunity for all of our areas across the country, but particularly in the Northwest, is around the Supported Housing (Regulatory Oversight) Act 2023.

There is now a responsibility for our housing departments with each Local Authority to put in place a strategic plan for supported housing. This includes all our people, not just our older or younger people. But also, our working age adults who have disabilities as well.

That means they must be working in partnership with Health. They must publish [the strategic plan] and the delivery plan behind it. And that means that our Local

Authorities and Health need to recognise what the housing provider market is, what the gaps are, and what needs to happen to fill those gaps.

If there are also quality issues with some of the housing providers, what can we do to support them to do more with things like tenant participation and addressing the quality of the housing offer. We have to make sure that people have got proper tenancies in their homes so that they are protected.

I think that's a great opportunity for us to do more and to get better quality homes in place for people.

Tess: Fantastic. Thank you ever so much.

Fiona, anything else from you?

Fiona: I think from a social work perspective, I'm thinking about families, and whether families have got concerns about the availability of housing with support for their children, maybe their adult children as they age as parents.

I know MacIntyre does a lot in this area.

It is just to advertise that the Local Government Association, and the NHS England, have got a fantastic Community of Housing Practice:

Learning Disability and Autism Housing Community of Practice - Learning Disability England

The Housing Community of Practice is led by Claire Skidmore and Neil Reverie, and Jodie Williams, who is an Expert by Experience.

It is an online forum that meets a few times a year. Families, professionals, Housing Providers, finance people, Commissioners, all come together and share ideas. It is such a productive Community of Practice, so I would like to highlight that.

Also, just a reflection from 10 years ago. It is a bit of a sad memory from when I was a Preparing for Adulthood Social Worker. I went to meet a Mother and her 18-year-old son. He had a moderate learning disability.

Her utter shock when she realised that no one was planning housing for her son. And she just assumed. And she said: ‘But the Council have always known that he has a disability.’

‘There is no housing?’

So, that was something that I was trying to correct. And I think it really speaks to what Jane's talking about.

There needs to be a pipeline for young people and their families. And that if families, do not have an active Social Worker. They need to make themselves known to their local team at the Local Authority.

Tess: Thank you both ever so much.

This has been really, really interesting conversation, and I wish you all the best in the future, Jane.

Thank you very much.

And I'm sure we'll speak again soon, Fiona.