

## Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

**Date:** Wednesday 30 September 2020

**Time:** 4:00pm

**Place:** To be held remotely via Zoom and streamed to:  
<https://www.youtube.com/user/NottCityCouncil>

**Governance Officer:** Adrian Mann      **Direct Dial:** 0115 8764468

The Nottingham City Health and Wellbeing Board's Commissioning Sub-Committee is a partnership body whose role includes providing advice and guidance to the Board in relation to strategic priorities, joint commissioning and commissioned spend; performance management of the Board's commissioning plan; and taking strategic funding decisions relating to the Better Care Fund.

Agenda	Pages
<b>1 Changes to Membership</b> <ul style="list-style-type: none"><li>• Dr Manik Arora has replaced Dr Hugh Porter as the GP Lead of the NHS Nottingham and Nottinghamshire Clinical Commissioning Group</li></ul>	3 - 4
<b>2 Apologies for Absence</b>	
<b>3 Declarations of Interests</b>	
<b>4 Minutes</b> Minutes of the meeting held on 29 July 2020, for confirmation	5 - 6
<b>5 Better Care Fund National Reporting Template (Quarter 4)</b> Report of the Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	7 - 20
<b>6 Future Meeting Dates</b> For agreement: Wednesday 25 November 2020 at 4:00pm	

**Councillors, co-optees, colleagues and other participants must declare all disclosable pecuniary and other interests relating to any items of business to be discussed at the meeting. If you need any advice on declaring an interest in an item on the agenda, please contact the Governance Officer shown above before the day of the meeting, if possible.**

**Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at: <https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings>.**

**Health and Wellbeing Board: Commissioning Sub-Committee  
Membership**

<b>Voting Members</b>	
Nottingham City Council's Portfolio Holder with a remit covering Health	Councillor Eunice Campbell-Clark (Chair) Portfolio Holder for Health, HR and Equalities
Nottingham City Council's Portfolio Holder with a remit covering Adult Social Care	Councillor Adele Williams Portfolio Holder for Adult Care and Local Transport
Director of Procurement and Children's Commissioning, Nottingham City Council	Katy Ball (Co-Chair)
Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	Sarah Fleming (Co-Chair)
GP Lead, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	Dr Manik Arora
<b>Non-Voting Members</b>	
Director of Adult Social Care, Nottingham City Council	Catherine Underwood
Director of Public Health, Nottingham City Council	Alison Challenger
Director of Children's Integrated Services, Nottingham City Council	Helen Blackman
Head of Commissioning, Nottingham City Council	Christine Oliver
Head of Commercial Finance, Nottingham City Council	Ceri Walters
Assistant Director of Commissioning (Mental Health, Children and Families), NHS Nottingham and Nottinghamshire Clinical Commissioning Group	<i>Vacant</i>
Representative, Healthwatch Nottingham and Nottinghamshire	Sarah Collis

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## Nottingham City Health and Wellbeing Board Commissioning Sub-Committee

Minutes of the meeting held in the Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 29 January 2020 from 4:03pm to 4:06pm

### Membership

#### Present

Christine Oliver (Chair)  
Sarah Fleming (Vice Chair)  
Councillor Eunice Campbell-Clark  
Councillor Adele Williams  
Sarah Collis  
Dr Hugh Porter  
Ceri Walters

#### Absent

Katy Ball  
Helen Blackman  
Alison Challenger  
Catherine Underwood

### Colleagues, partners and others in attendance:

Bobby Lowen - Commissioning Lead, Nottingham City Council  
Adrian Mann - Governance Officer, Nottingham City Council  
Naomi Robinson - Senior Joint Commissioning Manager, Greater Nottingham Clinical Commissioning Partnership

### Call-in

Unless stated otherwise, all executive decisions made by the Commissioning Sub-Committee are subject to call-in. The last date for call-in is **Thursday 6 February 2020**. Decisions cannot be implemented until the next working day following this date.

### 13 Apologies for Absence

Katy Ball - on leave  
Alison Challenger - work commitments  
Catherine Underwood - work commitments

### 14 Declarations of Interests

None.

### 15 Minutes

The Committee confirmed the minutes of the meeting held on 27 November 2019 as a correct record and they were signed by the Chair.

### 16 Better Care Fund National Reporting Template (Quarter 3)

Bobby Lowen, Commissioning Lead at Nottingham City Council, and Naomi Robinson, Senior Joint Commissioning Manager at the Greater Nottingham Clinical Commissioning Partnership, presented a report on the Better Care Fund (BCF) Quarter 3 Reporting Template 2019/20. The following points were discussed:

- (a) the report template confirms the continued compliance against the requirements of the BCF and provides information about the challenges, achievements and support needs in progressing the delivery. It includes a narrative on performance against the four national BCF metrics of non-elective admissions, admissions to residential and care homes, the effectiveness of reablement, and delayed transfers of care. The data is collated from the returns from all of the BCF partners. The Quarter 3 report was submitted to NHS England on Friday 24 January 2020, following sign-off by Councillor Eunice Campbell-Clark, Councillor Adele Williams and Dr Hugh Porter;
- (b) overall, performance in Quarter 3 was positive. There is room for improvement in relation to delayed transfers of care, and it is important to set stretch targets for performance against the metrics. Close monitoring is in place to ensure that partners and providers achieve their established objectives.

**Resolved to:**

**(1) approve the Better Care Fund Quarter 3 Reporting Template 2019/20;**

**(2) delegate the authorisation of the Better Care Fund quarterly returns to NHS England to:**

- (i) the Nottingham City Council Portfolio Holder with responsibility for health;**
  - (ii) the Nottingham City Council Portfolio Holder with responsibility for adult social care; and**
  - (iii) the Chair of the NHS Nottingham City Clinical Commissioning Group;**
- on an ongoing basis.**

**• Reasons for the decision**

To confirm continued compliance against the requirements of the BCF and establish the challenges, achievements and support needs in progressing delivery. This will inform the BCF Plan, which will build on the achievements to date to ensure joint prioritisation of resources, avoidance of duplication, flexibility across organisational boundaries and targeting investment to meet shared priorities by taking a whole-system perspective.

**• Other options considered**

To do nothing: This option is rejected because it is a national requirement for the Local Authority and Clinical Commissioning Group to review the BCF quarterly reporting templates and make a signed-off return to NHS England.

**17 Future Meeting Dates**

- Wednesday 25 March 2020 at 4:00pm**

**Health and Wellbeing Board: Commissioning Sub-Committee  
30 September 2020**

	<b>Report for Resolution</b>
<b>Title:</b>	Better Care Fund (BCF) Quarter 4 Reporting Template 2019/20
<b>Lead officer(s):</b>	Sarah Fleming, Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Clinical Commissioning Group
<b>Author and contact details for further information:</b>	Naomi Robinson, Senior Joint Commissioning Manager, NHS Nottingham and Nottinghamshire Clinical Commissioning Group <a href="mailto:naomi.robinson2@nhs.net">naomi.robinson2@nhs.net</a>
<b>Brief summary:</b>	<p>The purpose of this report is to approve the Nottingham City BCF (2019/20, Quarter 4) reporting template that was submitted to NHS England &amp; Improvement on 4 September 2020.</p> <p>The template confirms the status of continued compliance against the requirements of the fund and provides information about challenges, achievements and support needs in progressing the delivery.</p> <p>The BCF reporting requirements were paused during the emergency response to COVID-19. In recognition of the disruption and reduced availability of resources caused by the pandemic, the resumed reporting requirements have been significantly reduced.</p> <p>The reduced requirements aim to provide essential information relevant to accountability and delivery at the end of year 2019/20. Specifically, this includes:</p> <ul style="list-style-type: none"> <li>• confirmation that mandatory national conditions were being met;</li> <li>• information to highlight a success with integrated working in Quarter 4;</li> <li>• an overview of income and expenditure in Quarter 4; and</li> <li>• overall year-end feedback, Part 1.</li> </ul> <p>The report template was agreed for submission to NHS England &amp; Improvement by the following representatives, subject to formal ratification at the Health &amp; Wellbeing Board on 30 September 2020:</p> <ul style="list-style-type: none"> <li>• Councillor Eunice Campbell-Clark (Portfolio</li> </ul>

	Holder for Health, HR and Equalities) <ul style="list-style-type: none"> <li>• Councillor Adele Williams (Portfolio Holder for Adult Care and Local Transport)</li> <li>• Terry Dafter (Interim Director of Adult Social Care, Nottingham City Council)</li> <li>• Amanda Sullivan (Accountable Officer, NHS Nottingham and Nottinghamshire Clinical Commissioning Group)</li> </ul>
<b>Is any of the report exempt from publication?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Is this an Executive decision?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Recommendation to the Health and Wellbeing Board: Commissioning Sub-Committee:**

The Sub-Committee is asked to approve the Better Care Fund Quarter 4 Reporting Template 2019/20.

**Contribution to Joint Health and Wellbeing Strategy:**

<b>Health and Wellbeing Strategy aims and outcomes</b>	<b>Summary of contribution to the Strategy</b>
Aim: To increase healthy life expectancy in Nottingham and make us one of the healthiest big cities.	The 2019/20 BCF Plan key objectives continue to be: <ul style="list-style-type: none"> <li>• to remove false divides between physical, psychological and social needs;</li> <li>• to focus on the whole person, not the condition;</li> <li>• to support citizens to thrive, creating independence – not dependence;</li> <li>• to services tailored to need – hospital will be a place of choice, not a default; and</li> <li>• to not incur delays, people will be in the best place to meet their need.</li> </ul> The vision is that, in five years' time, care is integrated so that the citizen has no visibility of the organisations and different parts of the system delivering it.
Aim: To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy.	
Outcome 1: Children and adults in Nottingham adopt and maintain healthy lifestyles.	
Outcome 2: Children and adults in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health.	
Outcome 3: There will be a healthy culture in Nottingham in which citizens	



<p>are supported and empowered to live healthy lives and manage ill health well.</p>	<p>By 2020, the aspiration is that:</p> <ul style="list-style-type: none"> <li>• people will live longer, be more independent and have better quality lives, remaining at home for as long as possible;</li> <li>• people will only be in hospital if that is the best place – not because there is nowhere else to go;</li> <li>• services in the community will allow patients to be rapidly discharged from hospital;</li> <li>• new technologies will help people to self-care;</li> <li>• the workforce will be trained to offer more flexible care; and</li> <li>• people will understand and access the right services in the right place at the right time.</li> </ul> <p>The 2019/20 BCF Plan continues to build on achievements to date to ensure joint prioritisation of resources, avoidance of duplication, flexibility across organisational boundaries and targeting investment to meet shared priorities by taking a whole system perspective.</p>
<p>Outcome 4: Nottingham’s environment will be sustainable – supporting and enabling its citizens to have good health and wellbeing.</p>	

<p><b>How mental health and wellbeing is being championed in line with the Board’s aspiration to give equal value to mental and physical health</b></p>	
<p>Mental health and wellbeing will need to be a core element of a truly integrated care model. Leadership to this agenda is provided by the Mental Health and Wellbeing Steering Group and consideration to giving equal value to mental and physical health is embedded within individual schemes.</p>	

<p><b>Reason for the decision:</b></p>	<p>To confirm continued compliance against the requirements of the BCF and establish the challenges, achievements and support needs in progressing delivery. This will inform the BCF Plan, which will build on the achievements to date to ensure joint prioritisation of resources, avoidance of duplication, flexibility across organisational boundaries and targeting investment to meet shared priorities by taking a whole system perspective.</p>
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<b>Total value of the decision:</b>	Nil
<b>Financial implications and comments:</b>	Not applicable
<b>Procurement implications and comments (including, where relevant, social value implications):</b>	Not applicable
<b>Other implications and comments, including legal, risk management, crime and disorder:</b>	Not applicable
<b>Equalities implications and comments:</b>	Not applicable
<b>Published documents referred to in the report:</b>	Better Care Fund Planning Requirements for 2019/20: <a href="https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020">https://www.gov.uk/government/publications/better-care-fund-planning-requirements-for-2019-to-2020</a>
<b>Background papers relied upon in writing the report:</b>	Not applicable
<b>Other options considered and rejected:</b>	To do nothing. This option is rejected because it is a national requirement for the Local Authority and Clinical Commissioning Group to review the BCF quarterly reporting templates and make a signed-off return to NHS England.

## Better Care Fund Template Q4 2019/20

### 3. National Conditions

Selected Health and Wellbeing Board:

Nottingham

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
<b>1) Plans to be jointly agreed?</b> (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
<b>2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?</b>	Yes	
<b>3) Agreement to invest in NHS commissioned out of hospital services?</b>	Yes	
<b>4) Managing transfers of care?</b>	Yes	

**Better Care Fund Template Q4 2019/20**

**6. Integration Highlight**

Selected Health and Wellbeing Board:

Remaining Characters: **17,772**

**Integration success story highlight over the past quarter:**  
 Please give us an example of an integration success story observed over the past quarter. This could highlight system level collaborative approaches, collaborative services/schemes or any work to progress the enablers for integration (as per the SCIE logic model for integrated care). Please include any observed or anticipated impact in this example.

Nottingham has established a robust and effective partnership- based approach to Discharge to Assess (D2A). The emphasis is on allowing citizens to recover from the acute admission whilst providing an opportunity to regain their independence skills and confidence in their abilities. This provides the best possible outcome for the citizen leaving hospital.

Care workers within the Integrated Discharge Team (IDT) liaise closely with the clinicians at ward level. Where homecare is needed, a light touch assessment takes place, focussing on the basic homecare needs, and proportionate to the short-term re-ablement service the citizen receives.

Key benefits of this model are that the citizen only needs one full (Care Act compliant) assessment, which is completed at the optimum time making it more a realistic appraisal of need; a reduction in time taken to assess; and potential reduction in costs as the assessment identifies the appropriate level of care based on the citizen’s abilities post-re-ablement.

In Nottingham the successful integration between health and social care through the D2A process has made a difference to patients and citizens by reducing the time they are spending in hospital thus avoiding de-conditioning and reducing the risks of infection for these patients. We have recorded a significant reduction in time to discharge patients at the Nottingham University Hospital between February and May 2020. Discharge time has reduced by 49 days over this time period.

The successful integration of health and social care, through partnership working arrangements meant that Nottingham was well placed to respond effectively to the Covid-19 outbreak. Robust processes were well established and in line with government guidance.

Success of Nottingham’s Health and Care Point, re-ablement, and urgent care service working together to reduce and avoid preventable hospital and residential care admissions. NHCP is our integrated city health and social care access point, which enables citizens to access the right service to meet their needs at the right time. Delivery of the NHCP has continued and been temporarily extended during the past quarter to respond effectively to the COVID-19 pandemic.

**Where this example is relevant to a scheme / service type, please select the main service type alongside or a brief description if this is "Other".**

Scheme/service type	HICM for Managing Transfer of Care
Brief outline if "Other (or multiple schemes)"	

Where this example is relevant to progressing a particular Enabler for Integration (from the SCIE Integration Logic Model), please select the main enabler alongside.

SCIE Enablers list	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-
Brief outline if "Other"	

## Better Care Fund Template Q4 2019/20

### 7. Winter Pressures Grant

Selected Health and Wellbeing Board:

Nottingham

In 2019/20, the Winter Pressures Grant was planned and pooled in the BCF. Please report on the actual spend and outputs (Hours of Care, Packages, Placements and Beds) funded through the Winter Pressures Grant.

#### WP Grant Expenditure

Scheme Type	Planned Expenditure	Actual Expenditure (2019/20)
1 Assistive Technologies and Equipment	£ -	
2 Care Act Implementation Related Duties	£ -	
3 Carers Services	£ -	
4 Community Based Schemes	£ 61,500	
5 DFG Related Schemes	£ -	
6 Enablers for Integration	£ -	
7 HICM for Managing Transfer of Care	£ -	
8 Home Care or Domiciliary Care	£ 1,035,822	
9 Housing Related Schemes	£ -	
10 Integrated Care Planning and Navigation	£ 338,160	
11 Intermediate Care Services	£ -	
12 Personalised Budgeting and Commissioning	£ -	
13 Personalised Care at Home	£ -	
14 Prevention / Early Intervention	£ -	
15 Residential Placements	£ 114,546	
16 Other	£ -	
Winter Pressures Grant Total Spend	£ 1,550,028	£ -

**For info: Please note, there is an underspend against Planned Expenditure.**

#### WP Grant Outputs

	Hours of Care	Packages	Placements	Beds
Total Planned Outputs	34,001.0	-	3.0	-
Total Actual Outputs (based on the total actual WPG spend reported above)				

Please describe any significant changes to the planned approach for the use of the Winter Pressures Grant, either in terms of spend on specific schemes or on the delivery of outputs.

Please also confirm the agreement by LAs and CCGs to these changes and the involvement of local acute trusts.

## Better Care Fund Template Q4 2019/20

### 8. Income and Expenditure

Selected Health and Wellbeing Board:

Nottingham

#### Income

		2019/20			
Disabled Facilities Grant	£	2,439,908			
Improved Better Care Fund	£	14,564,610			
CCG Minimum Fund	£	23,462,053			
Winter Pressures Grant	£	1,550,028			
<b>Minimum Sub Total</b>			<b>£ 42,016,599</b>		
		<b>Planned</b>		<b>Actual</b>	
CCG Additional Fund	£	-		Do you wish to change your additional actual CCG funding?	No
LA Additional Fund	£	-		Do you wish to change your additional actual LA funding?	No
<b>Additional Sub Total</b>			<b>£ -</b>		<b>£ -</b>
		<b>Planned 19/20</b>	<b>Actual 19/20</b>		
<b>Total BCF Pooled Fund</b>		<b>£ 42,016,599</b>	<b>£ 42,016,599</b>		

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2019/20

#### Expenditure

	2019/20
Plan	£ 42,016,599

Do you wish to change your actual BCF expenditure? No

Actual

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2019/20

## Better Care Fund Template Q4 2019/20

### 9. Year End Feedback

Selected Health and Wellbeing Board:

Nottingham

#### Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	Partners continue to work closely to delivery the BCF plan
2. Our BCF schemes were implemented as planned in 2019/20	Agree	The BCF Plan has been delivered as planned.
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	The BCF Plan continues to deliver schemes that drive integration, particularly Discharge to Assess, which has become a well established joint working between care workers and hospital clinicians to deliver Care Act compliant assessments as part of discharge planning.
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	The BCF Plan includes delivery of the Nottingham's Health and Care Point, our integrated health and social care access point, which enables people to access the right service. Schemes include improved joint workign between re-ablement and urgent care service to reduce and avoid preventable hospital and residential care admissions.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	The BCF Plan has delivered a well-established Integrated Discharge Team with pathways to support integrated team working between health and care staff.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Strongly Agree	The BCF Plan continues to support delivery of this.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Strongly Agree	The BCF Plan continues to support delivery of this.

#### Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
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Success 1		
Success 2		

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1		
Challenge 2		

**Footnotes:**

Question 8 and 9 are should be assigned to one of the following categories:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
  2. Strong, system-wide governance and systems leadership
  3. Integrated electronic records and sharing across the system with service users
  4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
  5. Integrated workforce: joint approach to training and upskilling of workforce
  6. Good quality and sustainable provider market that can meet demand
  7. Joined-up regulatory approach
  8. Pooled or aligned resources
  9. Joint commissioning of health and social care
- Other

## Better Care Fund Template Q4 2019/20

### 10. Additional Improved Better Care Fund

Selected Health and Wellbeing Board:

Additional improved Better Care Fund Allocation for 2019/20:

#### Section A

##### Distribution of 2019-20 additional iBCF funding by purpose:

What proportion of your additional iBCF funding for 2019/20 have you allocated towards each of the three purposes of the funding?

	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	Total: Percentages must sum to 100% exactly
<b>A1) Please enter the amount you have designated for each purpose as a percentage of the total additional iBCF funding you have been allocated for the whole of 2019-20. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. <u>You must ensure that the sum of the percentage figures entered sums to 100% exactly.</u> If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell.</b>				0.0%

#### Section B

We want to understand how much additional capacity you have been able to purchase or provide in 2019/20 as a direct result of your additional iBCF funding allocation for 2019-20. Where the iBCF has not provided any such additionality, we want to understand why this is the case.

Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

a) The number of home care packages provided in 2019-20 as a result of your additional iBCF funding allocation	b) The number of hours of home care provided in 2019-20 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2019-20 as a result of your additional iBCF funding allocation
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<p><b>B1) Please provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2019-20.</b>  <u>The figures you provide should cover the whole of 2019/20.</u> Please use whole numbers with no text. If you have a nil entry please enter 0 in the appropriate box and do not leave a blank cell.</p>			
<p><b>B2) If you have not increased the number of packages or placements (i.e. have answered question B1 with 3 zeros), please indicate the main area that you have spent your additional iBCF funding allocation for 2019-20.</b> Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.</p>			
<p><b>B3) If you have answered question B2 with 'Other', please specify.</b> Please do not use more than 50 characters.</p>			

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