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TRAFFORD COUNCIL

AGENDA PAPERS MARKED 'TO FOLLOW' FOR EXECUTIVE

Date: Monday, 28 October 2013

Time: 6.30 pm

Place: Committee Rooms 2 and 3, Trafford Town Hall, Talbot Road, Stretford
M32 0TH

AGENDA	PART I	Pages
5.	PROPOSAL FOR A STRATEGIC PARTNERSHIP AGREEMENT FOR INTEGRATED DELIVERY OF HEALTH AND SOCIAL CARE BETWEEN TRAFFORD COUNCIL AND PENNINE CARE NHS FOUNDATION TRUST	1 - 10
	To consider a report of the Executive Members for Supporting Children and Families, Adult Social Services and Community Health and Wellbeing.	
6.	PROPOSAL FOR A STRATEGIC PARTNERSHIP AGREEMENT FOR INTEGRATED COMMISSIONING OF CHILDREN'S HEALTH AND SOCIAL CARE SERVICES BETWEEN TRAFFORD COUNCIL AND TRAFFORD CLINICAL COMMISSIONING GROUP	11 - 16
	To consider a report of the Executive Members for Supporting Children and Families and for Community Health and Wellbeing.	

THERESA GRANT
Chief Executive

Membership of the Committee

Councillors M. Colledge (Chairman), S. Anstee (Vice-Chairman), Dr. K. Barclay, Miss L. Blackburn, M. Cornes, J. Coupe, M. Hyman, A. Mitchell, A. Williams and M. Young.

Executive - Monday, 28 October 2013

Further Information

For help, advice and information about this meeting please contact:

Jo Maloney,

Tel: 0161 912 4298

Email: joseph.maloney@trafford.gov.uk

This agenda was issued on **Thursday 24th October 2013** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH

Report to: Council Executive
Date: 28th October 2013
Report for: Decision
Report of: Executive Members Supporting Children and Families,
Adult Social Services and Community Health and
Wellbeing

Report Title

Proposal for a Strategic Partnership Agreement for Integrated Delivery of Health and Social Care between Trafford Council and Pennine Care Foundation Trust

Summary

This report outlines a proposal to enter into a Strategic Partnership Agreement for the integrated delivery of community health and social care services in Trafford. The proposed agreement builds on a predecessor agreement that was approved by Council Executive in June 2012 for delivery of integrated children's services between the Council and the previous community health care provider. The integrated model within children's services has evidenced major benefits for the partners within efficient and effective service delivery leading to excellent outcomes for children.

Following a thorough and robust commissioning process undertaken by Trafford PCT, in conjunction with Trafford Council as associate commissioner for Children's Services, Pennine Care Foundation Trust was awarded the contract to deliver community health services in Trafford from 1st April 2013. The contract covered three lots within the tender for Children and Young People Services (CYPS), Adult Services, and Child and Adolescent Mental Health Service (CAMHS). The commissioning intentions within the overarching specification included a requirement to retain the integrated delivery model for children's services and work towards a similar integration of adult services.

To enable effective governance to underpin the integrated delivery of services CYPS had established a partnership agreement with the previous health provider that was given a legal framework by Section 75 of the National Health Service Act 2006. As part of the transition following contract award the partners – Trafford Council and Pennine Care – agreed to a letter of assurance in relation to the partnership agreement with a commitment to revise and sign up to a new agreement within an agreed timescale.

The proposed agreement has been expanded to incorporate the integration of Adults Services and the governance arrangements relating to it are described in Section 4 of this report. The integration of Adults Services is at an early stage and the agreement establishes mechanisms to support its development and ensure clear accountability.

The recommendation is for approval to be given for the Council to sign up to the Partnership Agreement to provide assurance and a legal framework for the proposed partnership. The full agreement has been subject to legal and financial scrutiny and if approval is given by Executive it is proposed to enter into the agreement from 1st November 2013 to 31st March 2016.

Recommendation

- **Executive give approval to enter into a Strategic Partnership Agreement for the integrated delivery of Health and Social Care services with Pennine Care NHS Trust for the period up to the 31st March 2016 on terms to be agreed by the Director of Legal and Democratic Services in consultation with the Corporate Director, Children, Families and Well-being.**

Contact person for access to background papers and further information:

Name: John Pearce, Director Commissioning, Performance & Strategy, CYPS
Extension: 5100
Background Papers: None

Implications:

Relationship to Policy Framework/Corporate Priorities	Partnership Agreement will support the delivery of the following corporate priorities; <ul style="list-style-type: none">• Low council tax and value for money• Services focused on the most vulnerable people• Excellence in education• Reshaping trafford council
Financial	Partner Agencies will retain budgetary responsibility for core functions and no financial implications have been identified. Integration is evidenced to lead to more efficient use of resources.
Legal Implications:	Legal framework for the proposed agreement is set out in Section 2 of this report.
Equality/Diversity Implications	Equality and diversity implications are considered at individual service level with EIA's completed as appropriate
Sustainability Implications	Not Applicable
Staffing/E-Government/Asset Management Implications	Accommodation mapping and principles for shared resources are incorporated in the agreement
Risk Management Implications	Implications covered by Schedule 6
Health and Safety Implications	Not Applicable

1.0 Background

- 1.1 A Strategic Partnership Agreement for integrated delivery of children's services was approved and implemented in June 2012, building on predecessor agreements dating back to 2009 between Trafford Council, Trafford PCT and Trafford Healthcare Trust.
- 1.2 The health sector has undergone significant change over the last three years both nationally and locally. Throughout these changes the focus on integration has remained at the heart of national policy and the Trafford model of fully integrated children's services has been highlighted as an example of good practice by the Department of Health.
- 1.3 Pennine Care NHS Foundation Trust were awarded the contract to deliver community health services for children and adults for three years from the 1st April 2013. This was following a tender process conducted through the integrated commissioning arrangements in place between the Council and the Primary Care Trust (now the CCG). A requirement of the contract is for there to be a Partnership Agreement in place for the integrated delivery of these services with the Council.
- 1.4 As part of the transition process a holding position was agreed with both partners signing up to a letter of assurance to work within the boundaries of the predecessor agreement for CYPS. A partnership steering group has subsequently led on the revision of the agreement and its expansion to include adult services. We are now at the stage that the revised agreement is ready for approval.
- 1.5 The Government have explicitly stated that the development of integrated health and social care services is a key priority and the only sustainable solution to the burning platforms of reduced resources and increasing demand. The signing of a formal partnership agreement between Trafford Council and Pennine Care and the creation of a fully integrated health and social care service for adults puts Trafford at the forefront of regional and national developments in integrated care
- 1.6 There are a range of benefits in entering into the Partnership agreement including:
 - The integrated model in CYPS is now well established and has delivered efficient and effective services with high quality outcomes.
 - Expansion of this approach into Adults Services is in line with national policy direction and is a key component of the Care Bill currently going through parliament.
 - There is a range of evidence supporting the view that integrated delivery of services improves the experience of our service users and patients.
 - The agreement gives a legal framework that enables stability and effective planning of services during a period of substantial change.
 - It provides for the efficient use of resources which is critical in the current financial climate

2.0 Legal Framework

2.1 The National Health Service Act 2006 provides a framework for establishing, managing and governing partnerships and provides the basis on which partnership arrangements across health and local authorities should be determined. The Act contains three flexibilities which healthcare organisations and local authorities are able to use when organising joint working arrangements. These are as follows:

- *Delegation of Functions - Lead Commissioning*: Here the partners may agree that one partner will be assigned to act as the 'host' and to commission care services for the both of them (i.e. utilising the NHS budget and the LA budget alongside each other under single organisation management and according to a jointly agreed set of aims). The budgets would not be used to cross subsidise each other in any way but would be managed within a coordinated pattern of spend.
- *Delegation of Functions - Integrated Provision*: Here the partners would agree that one partner will be assigned to act as the 'host' to manage services on behalf of both partners (directing the NHS service and the LA service alongside each other) as two teams say, under single overall management of the 'host' for a single agreed set of purposes confirmed by the partners.
- *Pooled Budget (Lead Commissioning or Integrated Provision)*: Here the partners choose to simply delegate the functions of one to the other for them to undertake on the other's behalf and to create a pooled budget to be operated by one of them for both. This means that they may create a discrete fund for the purposes of the functions of both being met from the one single budget (made up of contributions from both), with the budget to be under the management of one of the partners.

2.2 It is proposed to use the 'Delegation of Functions – Integration Provision' approach to establish integration on all age basis.

3.0 Proposed Strategic Partnership Agreement

3.1 The proposed agreement has been jointly developed by both partners with the Partnership Steering Group providing oversight and leadership to this process. The agreement establishes governance arrangements for clients of all ages however there is a distinction in that the Lead Partner for CYPS is Trafford Council and Lead Partner for Adult Services is Pennine Care.

3.2 The integrated model for CYPS is well established and the agreement formalises these arrangements in line with the predecessor agreement. There is a clear commitment from all partners to sustain this model of integrated delivery and the agreement will ensure this in line with the stated commissioning intentions of Trafford Council and Trafford CCG.

3.3 The Adult Social Care Operational Directorate within Children, Families and Well Being is integrating with the Trafford division of Pennine Care, the local

Community Health Service for adults. The new service will ensure a better experience and improved outcomes for customers while also increasing efficiency across the system and ensuring effective population management to divert people from inappropriate admission to hospital and residential care. Integration clearly meets the needs of local residents who have repeatedly stated that their priority is seamless health and social care, delivered at the right time and the right place, as close to home as possible, based on telling their story once. This integrated customer journey is at the heart of the health and social care integration project.

The four key elements of the integration are:

- **Single Point of Access.** Easy access for customers, delivering a simple and straightforward customer journey
- **Neighbourhood teams.** Focus on supporting people in the community, teams will understand their local area, know local people and keep them healthy and well. The teams will include people like District Nurses, Brokers, Community Social Workers, Reablement workers, Occupational therapists and Physiotherapists.
- **Admission Avoidance.** Focus on keeping people out of hospital and help people to leave hospital as soon as they are well. The Team will include people like the Rapid Response Team and the Urgent Care Team. Trafford Clinical Commissioning Group have signed off the Urgent Care Business Case and agreed substantial investment of over 1 million pounds in the expansion and development of community health services in Trafford. This is based on the delivery of a 17% deflection in hospital admissions. The core of the business case is the setup of an urgent care nursing team who will provide intense support for a 72 hour period, establishing a “virtual ward” in a person’s own home.
- **Ambulatory and Borough Wide Care.** This includes areas such as clinics – keeping people healthy and well in the community, services like healthy hearts exercise classes and family planning clinics and specialist support such as a learning disability supported network.

3.4 It is proposed to align the duration of the agreement with the community health services contract that runs until 31st March 2016. The legal terms and conditions within the agreement describe the mechanisms to support this and the process and reasons for which any potential early termination could be considered.

3.5 The Schedules within the agreement provide the detail of the planned partnership approach.

- Sch 1 - List of services covered by the agreement with links to service specifications.

- Sch 2 - Partnership Management Board (PMB) which is the key decision making and governance body with responsibility for the agreement
- Sch 3 - Safeguarding principles to provide assurance in relation to the safe delivery of services
- Sch 4 - Integrated governance and management arrangements clarifying lines of accountability
- Sch 5 - Clinical and professional governance arrangements – CYPS model is well embedded and the PMB will lead on expanding them on an all age basis
- Sch 6 - Risk management strategies
- Sch 7 - Links to Strategic Plans that set the vision and priorities for services
- Sch 8 - Scheme of delegation for the partner agencies
- Sch 9 - Accommodation mapping of current sites and usage by the integrated services

3.6 These schedules will develop during the period of the agreement and as a minimum will be subject to annual review.

4.0 Governance Arrangements

4.1 The strategic partnership agreement includes both the overarching governance and managements arrangements (see Appendix 1) for the services included and the clinical/professional governance arrangements in place to ensure delivery of safe services.

4.2 The main vehicle for the oversight of the implementation of the agreement and the delivery of safe and effective services will be the revised Provider Management Board (PMB). The draft terms of reference and membership of this Board are covered in Schedule 2 of the partnership agreement. This Board will be accountable via the Corporate Director CFW to the Trafford Council Executive, and the Director of Nursing and Operations to the Pennine Care Foundation Trust Board.

4.3 The Partnership Agreement and the governance structures outlined in it will enable three levels of decision making:

- decisions that statutorily can only be made by one of the partner organisations for decisions that each of the bodies wish to reserve to themselves;
- decisions that can be made 'jointly' through 'joint governance bodies' whereby the representatives of each of the partner agencies are delegated to make such decisions, which will need to be made by consensus between the representatives of each agency; and
- decisions delegated to the lead Director to enable the efficient day to day management of the integrated service. Lead Director for Children's Services is the Corporate Director CFW, Trafford Council and the Lead

Director for Adults Services is the Director of Nursing and Operations, Pennine Care.

4.4 The full integrated management and governance structures are attached to the agreement in Schedule 4 and included as Appendix 1 of this report.

5.0 Reason for Recommendation

5.1 There is a clear evidence base that integrated delivery of services provides a more efficient use of resources and improved outcomes for communities. The established model in CYPS has demonstrated this and it is important that the partnership is maintained and underpinned by a legal framework. Integration of adult services is a natural progression and in line with national policy direction.

5.2 Establishing a clear legal framework through the proposed agreement provides a level of assurance and governance in relation to integrated governance that is required by both partner agencies

6.0 Other Options

6.1 Deliver integrated services without a formal partnership agreement – There would be no legal basis to do this and the assurance provided for partner agencies not in place. The risk associated with this approach means that it would not be appropriate to recommend this approach as an option.

6.2 Deliver services on a single agency basis – The benefits of integrated delivery are well evidenced nationally and enable an efficient and effective use of resources to improve outcomes. It is also national policy direction to deliver services in an integrated basis so we do not recommend this option.

7.0 Consultation

7.1 Consultation has been undertaken previously in relation to the integration of Children’s services. The implementation of integrated adult services includes staff and stakeholder consultation.

Key Decision (as defined in the Constitution): Yes

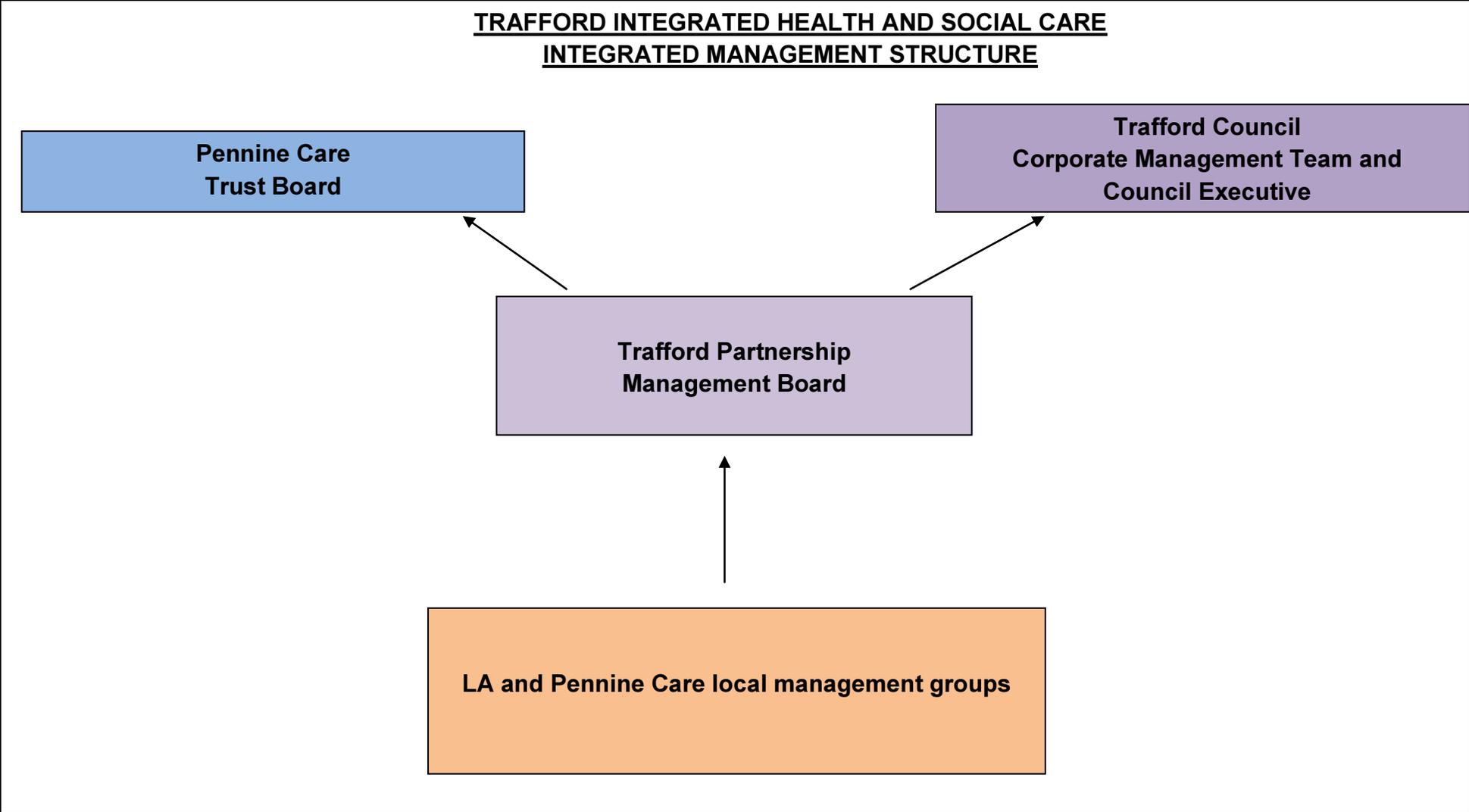
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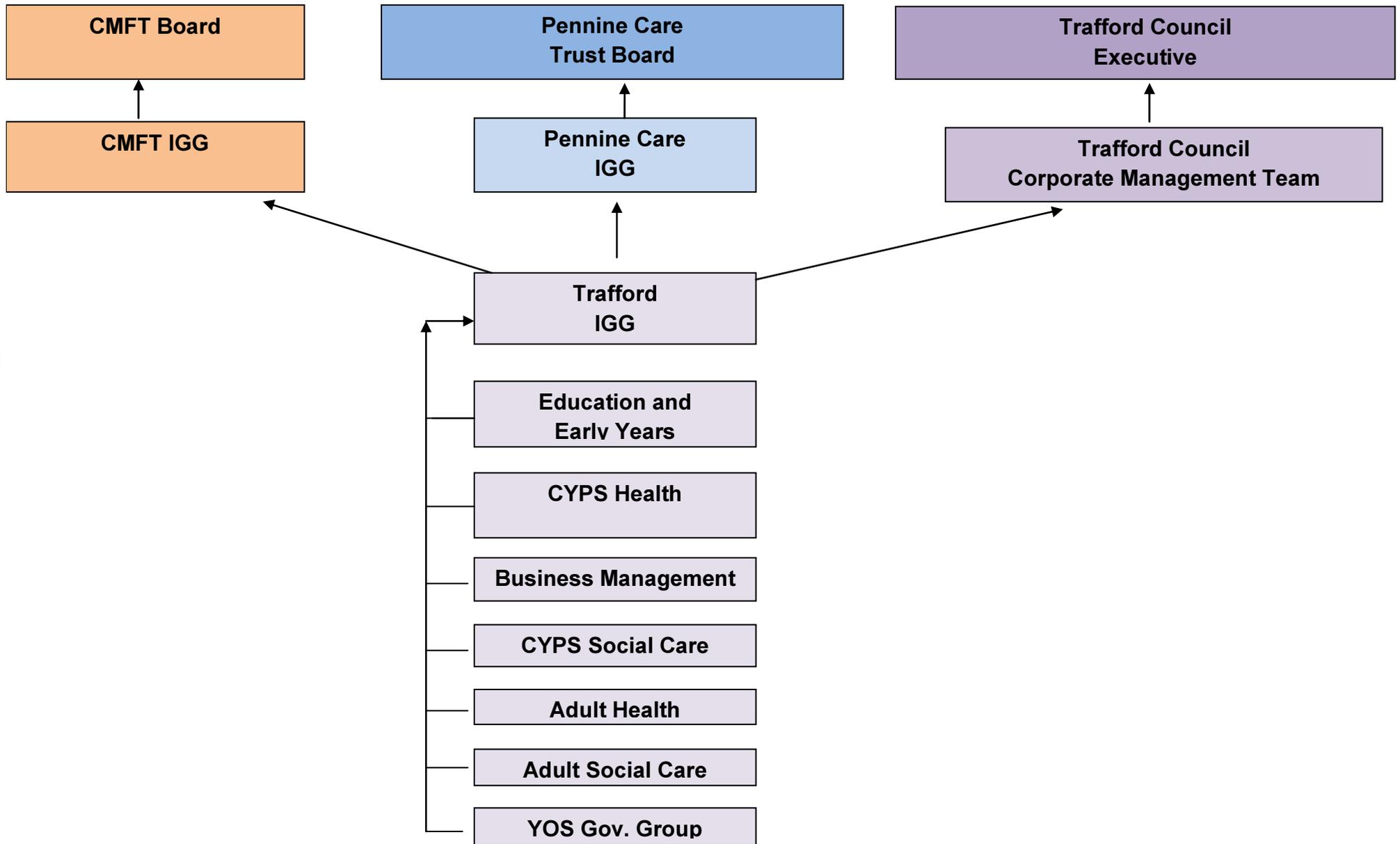
CORPORATE DIRECTOR’S SIGNATURE (electronic)



To confirm that the Financial and Legal implications have been considered and the Executive Member has cleared the report.



**TRAFFORD INTEGRATED HEALTH AND SOCIAL CARE
GOVERNANCE STRUCTURE**



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Report to: Council Executive
Date: 28th October 2013
Report for: Decision
Report of: Executive Members Supporting Children and Families,
and Community Health and Wellbeing

Report Title

Proposal for a Strategic Partnership Agreement for Integrated Commissioning of Children's Health and Social Care Services between Trafford Council and Trafford Clinical Commissioning Group (CCG)

Summary

This report outlines a proposal to enter into a Strategic Partnership Agreement for the integrated commissioning of community health and social care services in Trafford. The proposed agreement builds on a predecessor agreement that was approved by Council Executive in October 2011 for integrated commissioning of children's services between the Council and Trafford Primary Care Trust. The integrated model within children's services has evidenced major benefits for the partners with efficient and effective service delivery leading to excellent outcomes for children.

The commissioning landscape within the health sector has been subject to significant change following implementation of the Health and Social Care Act (2012) with the following changes key to the revised Partnership Agreement;

- Dissolution of Primary Care Trusts to be replaced by Clinical Commissioning Groups. The predecessor agreement was with the PCT so this necessitated a review and update of the Agreement.
- Creation of the National Commissioning Board (NHS England) with commissioning responsibilities for specific aspects of children's services. The transfer of responsibility for commissioning 0-5 services to NHS England has a particular impact on the integrated arrangements in Trafford. As a result the Local Area Team of NHS England has become an associate commissioner for the Community Health contract.
- Transfer of Public Health responsibilities to the Council and the creation of Public Health England. Some aspects of commissioning and associated finance from the predecessor agreement have been part of this transfer including School Nursing and Sexual Health services.

To ensure effective governance continues to underpin the integrated commissioning of services it is important that a new agreement is put in place to sustain the CYPS approach to integrated commissioning that has achieved excellent outcomes. The proposed partnership agreement, like its predecessor, is given a legal framework by Section 75 of the National Health Service Act 2006.

The recommendation is for approval to be given for the Council to sign up to the Partnership Agreement to provide assurance and a legal framework for the proposed partnership. The full agreement has been subject to legal and financial scrutiny and if approval is given by Executive it is proposed to enter into the agreement from November 2013 to 31st March 2016.

Recommendation

- **Executive give approval to enter into a Strategic Partnership Agreement for the Integrated Commissioning of Children’s Services with Trafford CCG for the period up to the 31st March 2016 on terms to be agreed by the Director of Legal and Democratic Services in consultation with the Corporate Director, Children, Families and Well-being.**

Contact person for access to background papers and further information:

Name: John Pearce, Director Service Development – Children, Families and Education
 Extension: 5100

Background Papers: None

Implications:

Relationship to Policy Framework/Corporate Priorities	Partnership Agreement will support the delivery of the following corporate priorities; <ul style="list-style-type: none"> • Low council tax and value for money • Services focused on the most vulnerable people • Excellence in education • Reshaping trafford council
Financial	The agreement includes provision for the management of aligned and pooled budgets and monitoring of them through the governance arrangements. At present no pooled budgets are in place and any that are proposed would need agreement through the governance arrangements. Integration is evidenced to lead to more efficient use of resources.
Legal Implications:	Legal framework for the proposed agreement is set out in Section 2 of this report.
Equality/Diversity Implications	Equality and diversity implications are considered at individual service level with EIA’s completed as appropriate
Sustainability Implications	Not Applicable
Staffing/E-Government/Asset Management Implications	Accommodation mapping and principles for shared resources are incorporated in the agreement
Risk Management Implications	Implications covered by Schedule 6
Health and Safety Implications	Not Applicable

1.0 Background

- 1.1 An Integrated Commissioning Unit (ICU) was established in the Children and Young People Service (CYPS) in 2009 and has continued to develop since the revised partnership agreement was approved in October 2011 giving a formal legal basis to its work.
- 1.2 It is the only fully integrated commissioning arrangement of its type for children in the region and one of very few nationally. The approach was identified as an example of good practice by the Department of Health as part of their transitional programme to establish the new commissioning structures in line with the Health and Social Care Act 2012.
- 1.3 In the main the ICU has operated on the basis of aligned budgets and integrated governance arrangements allowing a strategic commissioning approach for community health, social care and education services for children and families. Some good examples of the benefits of integrated commissioning have been;
 - Community Health Tender that aligned specifications for children's community health services with strategic priorities and ensure enhancement of integrated delivery.
 - Complex and Additional Needs Framework through which a range of services have been commissioned on an integrated basis
 - Health Visitor Implementation – Trafford is currently ahead of trajectory target set out in the implementation plan
 - Emotional Health and Wellbeing Review – ICU commissioned a review of services across all tiers but with a particular focus on early intervention. This is now being developed to support the integrated commissioning of interventions in line with the recommendations of the review.
- 1.4 The health sector has undergone significant change over the last three years both nationally and locally. Throughout these changes the focus on integration has remained at the heart of national policy and there is a strong commitment from partners to sustain and enhance integrated working.
- 1.5 Trafford Clinical Commissioning Group are now well established following transition from the Primary Care Trust and bringing a strong clinical focus to commissioning of services in the borough. For CYPS the effective commissioning of services has been reinforced through the identification of a lead Clinical Director to work with the ICU to provide support and assurance in relation to the clinical aspects of children's commissioning. The proposed agreement will enable us to build on the strong foundations in place to ensure high quality integrated commissioning within a strong governance framework.

2.0 Legal Framework

- 2.1 The National Health Service Act 2006 provides a framework for establishing, managing and governing partnerships and provides the basis on which partnership arrangements across health and local authorities should be determined. The Act contains three flexibilities which Healthcare organisations

and Local Authorities are able to use when organising joint working arrangements. These are as follows:

- *Delegation of Functions - Lead Commissioning*: Here the partners may agree that one partner will be assigned to act as the 'host' and to commission care services for the both of them (ie utilising the NHS budget and the LA budget alongside each other under single organisation management and according to a jointly agreed set of aims). The budgets would not be used to cross subsidise each other in any way but would be managed within a coordinated pattern of spend.
- *Delegation of Functions - Integrated Provision*: Here the partners would agree that one partner will be assigned to act as the 'host' to manage services on behalf of both partners (directing the NHS service and the LA service alongside each other) as two teams say, under single overall management of the 'host' for a single agreed set of purposes confirmed by the partners.
- *Pooled Budget (Lead Commissioning or Integrated Provision)*: Here the partners choose to simply delegate the functions of one to the other for them to undertake on the other's behalf and to create a pooled budget to be operated by one of them for both. This means that they may create a discrete fund for the purposes of the functions of both being met from the one single budget (made up of contributions from both), with the budget to be under the management of one of the partners.

2.2 The core activity of the ICU has been delivered through the route of 'Delegation of Functions – Lead Commissioning' with the ICU hosted within Trafford Council but accountable to both partners. The proposed agreement does provide a mechanism to establish a Pooled Budget – Lead Commissioning in the future if that is approved through the governance arrangements. Any proposal to do so would be subject to significant scrutiny and arrangements put in place to mitigate any risks to both partners.

3.0 Proposed Strategic Partnership Agreement

3.1 The proposed agreement builds on the predecessor agreement and has been developed jointly by the partner agencies with input from key personnel. The agreement continues to use the ICU structure as the lead for integrated commissioning of children's services and opportunities to expand their remit have been explored. In particular a gap in relation to the commissioning of midwifery services and the interface with children's acute services has been identified and proposals made to resolve it.

3.2 It is proposed that the agreement will run from the point of approval until 31st March 2016. The legal terms and conditions within the agreement describe the mechanisms to support this and the process and reasons for which any potential early termination could be considered.

3.3 The Schedules within the agreement provide the detail of the planned partnership approach.

- Sch 1 - List of services covered by the agreement
- Sch 2 - Terms of Reference for the Joint Commissioning Executive Group which will be the key governance body for the Agreement
- Sch 3 - Governance arrangements for the Partnership
- Sch 4 - Safeguarding assurance document
- Sch 5 - ICU infrastructure and resources
- Sch 6 - Scheme of delegation for the partner agencies

3.4 These schedules will develop during the period of the agreement and as a minimum will be subject to annual review.

4.0 Governance Arrangements

4.1 The strategic partnership agreement includes the overarching governance arrangements (Schedule 3) which clearly defines the strategic governance and operational management arrangements for implementation of the agreement.

4.2 The main vehicle for the oversight of the implementation of the agreement and the delivery of safe and effective services will be the revised Joint Commissioning Executive Group (JCEG). The draft terms of reference and membership of this Board are covered in Schedule 2 of the partnership agreement. This Board will be accountable via the Corporate Director CFW to the Trafford Council Executive and the Trafford CCG Board.

4.3 The Partnership Agreement and the governance structures outlined in it will enable three levels of decision making:

- decisions that statutorily can only be made by one of the partner organisations for decisions that each of the bodies wish to reserve to themselves;
- decisions that can be made 'jointly' through 'joint governance bodies' whereby the representatives of each of the partner agencies are delegated to make such decisions, which will need to be made by consensus between the representatives of each agency; and
- decisions delegated to the lead Director to enable the efficient day to day management of the integrated service. Lead Director for the agreement is the Corporate Director CFW, Trafford Council.

5.0 Reason for Recommendation

5.1 There is a clear evidence base that integrated commissioning of services provides the most efficient use of resources and improved outcomes for children in families. The established model in CYPS has demonstrated this and it is important that the partnership is maintained and underpinned by a legal framework.

5.2 Establishing a clear legal framework through the proposed agreement provides a level of assurance and governance in relation to integrated commissioning that is required by both partner agencies

6.0 Other Options

6.1 Integrated commissioning of services without a formal partnership agreement – There would be no legal basis to do this and the assurance provided for partner agencies not in place. The risk associated with this approach mean that it would not be appropriate to recommend as an option.

6.2 Commissioning of services covered by the agreement on a single agency basis – The benefits of integrated commissioning are well evidenced nationally and enable an efficient and effective use of resources to improve outcomes. It is also national policy direction to commission services in an integrated basis so we do not recommend this option.

7.0 Consultation

7.1 Consultation has been undertaken previously in relation to the establishment of integrated commissioning arrangements in CYPS. Consultation is a key component of all commissioning processes.

Key Decision (as defined in the Constitution): Yes

Finance Officer Clearance (type in initials)...ID.....

Legal Officer Clearance (type in initials)...mrj.....

CORPORATE DIRECTOR'S SIGNATURE (electronic).....



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To confirm that the Financial and Legal Implications have been considered and the Executive Member has cleared the report.