

Medway Council
**Meeting of Health and Adult Social Care Overview and
Scrutiny Committee**

Thursday, 12 March 2020

6.30pm to 11.09pm

Record of the meeting

Subject to approval as an accurate record at the next meeting of this committee

Present: Councillors: Wildey (Chairman), Purdy (Vice-Chairman), Ahmed, Aldous, Barrett, Bhutia, McDonald, Murray, Price, Thompson and Mrs Elizabeth Turpin

Co-opted members without voting rights

Margaret Cane (Healthwatch Medway CIC Representative)

Substitutes:

Councillors:
Cooper (Substitute for Chrissy Stamp)
Howcroft-Scott (Substitute for Adeoye)

In Attendance:

William Bellamy, Senior Operational Manager, South East Coast Ambulance Service
Emma Block, Senior Commissioning Officer
Michelle Dewar, Medway Parents and Carers Forum
Sharon Hall, Head of Service for All Age Eating Disorders, NELFT
Wayne Hemingway, Principal Democratic Services Officer
Brid Johnson, Director of Operations, NELFT
Chris McKenzie, Assistant Director - Adult Social Care
Ray Savage, Strategy and Partnerships Manager, South East Coast Ambulance Service
Jacqueline Shicluna, Lawyer (Adults)
Bill Ronan, Public Health Projects Officer
Tracy Stocker, Associate Director of Operations, South East Coast Ambulance Trust
Ian Sutherland, Director of People - Children and Adults Services
Colin Thompson, Consultant in Public Health
Adam Wickings, Deputy Managing Director, West Kent CCG
Andrew Willetts, Head of Partnership Commissioning, Resources and Youth Justice

760 Apologies for absence

Apologies for absence were received from Councillors Adeoye and Chrissy Stamp.

It was noted that James Williams, Director of Public Health, had given his apologies for this meeting owing to his attendance at a regional meeting on Coronavirus at the same time.

761 Record of meeting

The record of the meeting held on 16 January 2020 was agreed by the Committee and signed by Chairman as correct subject to the following:

Minute no. 566 (Disclosable Pecuniary Interests or Other Significant Interests and Whipping) – it was agreed to amend second line under other significant interest (OSI) as follows: replace “owned” with “leased”.

Minute no. 569 (Development of Single Kent and Medway Clinical Commissioning Group) – it was agreed to amend the decision by adding the following to the end of the sentence: “..., whilst expressing reservations about the development of a single CCG.”

762 Urgent matters by reason of special circumstances

There were none.

763 Disclosable Pecuniary Interests or Other Significant Interests and Whipping

Disclosable pecuniary interests

There were none.

Other significant interests (OSIs)

There were none.

Other interests

There were none.

764 Attendance of the Portfolio Holder for Adults' Services

Discussion:

Members received an overview of progress on the areas of work within the terms of reference of this Committee and covered by the Portfolio Holder for Adults' Services, Councillor Brake as set out below:

Health and Adult Social Care Overview and Scrutiny Committee, 12 March 2020

Community Care

Adults' Mental Health and Disability Services (including Learning and Physical Disabilities)

Older People

Public Health – Lead Member, including Health and Wellbeing Boards

Adults' Partnership Commissioning (25+) and Better Care Fund

Health and Health Partnerships

Councillor Brake responded to Members' questions and comments as follows:

IMPOWER list of high performing Councils for Adult Social Care – in response to a question asking for more information on the recent announcement regarding Medway's inclusion in the 15 highest performing Councils in the country, the Portfolio Holder stated that the Council had been recognised as achieving greater than average outcomes from a less than average spend per head. This meant that residents who used these services were receiving better outcomes and the council was making best use of public funds. He stated that it was not possible to know where the Council had been ranked because IMPOWER had published the list in alphabetical order.

Coronavirus (COVID-19) – a number of Members expressed concerns about matters relating to Coronavirus (COVID-19), such as the availability of hand sanitisers on Council premises, the exposure of staff at customer facing premises such as the community hubs and Kingsley House, the capacity of the voluntary sector and requested information on the Council's response to the issue.

The Portfolio Holder stated that he shared the concerns of Members and he advised the Committee that the Council, through the Director of Public Health, was receiving advice from Public Health England on a daily basis. He repeated the advice which had been provided about everyone washing their hands with soap for 20 seconds and that the advice had not stated that the provision of hand sanitisers was required.

At the end of the discussion on this item, the Director of People – Children and Adults Services informed the Committee that it was had not been possible for the Director of Public Health (DPH) to attend this meeting owing to his attendance at a regional meeting on Coronavirus at the same time. He explained that the DPH was the Council's lead on this issue and was part of the county-wide Local Resilience Forum and that, in addition, the DPH was due to attend a Tactical Response Group meeting the following day.

The Director informed the Committee of a school in Medway which had decided to close earlier in the week owing to a case of Coronavirus. He stated that some organisations were deciding to take measures beyond what was required which was understandable. He also informed the Committee that he would be attending a regional meeting of Directors of Adult Social Care to discuss a number of issues. He also confirmed that there were no current plans to withdraw the provision of services and there was no evidence of providers

withdrawing services, however, there may be pressure on service delivery should there be an increase in staff self-isolating.

Support to Live at Home Service and Homecare Bridging Service and Discharges – in response to questions regarding the lack of statistics on these issues, the Portfolio Holder asked officers to provide detailed information. The Director of People – Children and Adults Services explained there were two elements to the issue of discharges from hospitals, namely health discharges and adult social care discharges and the Council performed consistently well with regards to adult social care discharges.

The Assistant Director, Social Care, advised the Committee that with regards to the Support to Live at Home Service and Homecare Bridging Service, the Bridging Service had been designed to deal with delays in sourcing care packages and provided interim support at home whilst a permanent package of care was being put in place. There was no waiting list for this service and it had performed well last winter and this winter and had contributed to keeping Delayed Transfers of Care (DToC) to a minimum.

The Assistant Director further advised the Committee that the Support to Live at Home Service provided a short period of 24 hour care in a person's home whilst a long term decision could be made on their care needs. The success of this service related to the number of people who continued to be cared for in their own home as opposed to residential care.

In response to a question on the ability of Members to be satisfied on performance without there being any analysis and supporting information being provided, with particular reference to paragraphs 6.5.1 – 6.5.5 of the report, the Portfolio Holder stated that work was always ongoing to improve performance and referred to the Council's role in discharges as an example of this.

Funding for the Voluntary Sector – in response to a question about the level of transparency in CCG funding for the Voluntary Sector, the Portfolio Holder stated that there was a Joint Commissioning Programme between the Council and the CCG to ensure transparency and that the necessary steps would need to be undertaken to ensure this was maintained following the implementation of the new CCG.

Community Resource Centre, 147 Nelson Road, Gillingham – In response to questions as to whether the consultation responses could be shared in advance of the Committee meeting where it would be discussed (June 2020) and whether the Portfolio Holder was open minded to the future options of the Centre the Portfolio Holder stated that over 100 responses to the consultation had been received and these had all been acknowledged, that this was an open and transparent process and that he was open minded to the future of the Centre. He also confirmed that the consultation responses would be made available subject to GDPR compliance.

In response to a question on there being little information about the Centre on the website and the reference to the period of consultation in the report, the

Portfolio Holder stated that with regards to the website he would take this away for further consideration and he confirmed that the consultation had ended on 5 March 2020.

Medway Adult Social Care Local Account 2019/20 – in response to a question about the Local Account (as set out in Appendix 1 to the report) regarding the intended audience for this document and that if it was meant for the public, it would benefit from having information on how to make a referral, the Portfolio Holder stated that it was the intention to make this document available to the community and it was confirmed that information as to how to make a referral would be added prior to publication.

Chatty Buses Initiative – in response to a question as to whether there was a specific bus route for this initiative, the Portfolio Holder stated that there were ongoing conversations with Arriva on this and that he would inform the Member once matters were finalised.

Adult Safeguarding – in response to a question on the numbers referred to in paragraph 2.3 of the report, the Assistant Director, Social Care, stated that of the safeguarding concerns not investigated, some would not have met the threshold for investigation, some individuals may have not wanted an investigation, to be undertaken and that some cases, whilst not investigated, may have led to other action such as signposting to other services.

Medway Stop Smoking – in response to a question as to the definition of when a person would be judged to give up smoking permanently, the Portfolio Holder confirmed that Public Health England classified this as four weeks.

Approved Mental Health Professionals (AMHPs) – in response to a request for further information on the work of the AMHPs, the Portfolio Holder confirmed that this would be provided in writing.

Decision:

- a) The Committee thanked the Portfolio Holder for Adults' Services for his attendance.
- b) The Committee requested that future reports include more information and analysis in the interests of transparency.

765 South East Coast Ambulance Service Update

Discussion:

This report updated the Committee on the performance of the South East Coast Ambulance Service Foundation Trust (SECAmb) with a focus on key developments since the Committee was last updated in June 2019.

Three SECAmb representatives were in attendance for this item and the Associate Director of Operations gave an overview of their work and highlighted

a number of key issues. These included SECamb coming out of special measures in 2019, changes to the leadership team, the award of the 111 Clinical Assessment Service contract for a period of 5 years, an overview of performance including hospital handover delays. She also gave an update on staffing, clinical education, electronic record keeping and the Trust's estate.

SECamb representatives responded to Members' questions and comments as follows:

111 Service – In response to questions regarding how SECamb intended to improve the 111 service, the Strategy and Partnerships Manager stated that they would be taking on the service in Medway, Kent, and Sussex from April 2020 for a period of 5 years and that it would be possible to develop seamless 111 and 999 services as they both used the NHS Pathways triage tool and together with other changes he was confident that the public would see an improved service.

Management Structure and staffing – In response to a question regarding the regular changes to the management structure and staffing and the need for continuity in supporting improvement, the Associate Director of Operations stated that she had been in post for four months and she was committed to being part of a cohesive leadership team and putting a strategy in place for the next 5 years. She stated that the recent review of the structure was in part related to the aim of achieving an excellent rating from the Care Quality Commission.

In response to a question seeking clarification as to whether the restructure had included new posts and/or new personnel, the Strategy and Partnerships Manager confirmed that the recruitment had been to existing posts.

In response to a question regarding turnover of staff generally, the Senior Operational Manager confirmed that this was a challenge owing to a number of reasons including, for example, agencies paying inflated sums for Paramedics.

Watling Street Ambulance Station – In response to a question seeking an update on the future of the site, the Senior Operational Manager stated that this site was now under Medway Council's ownership as part of the One Public Estate programme. He referred to work underway to recommission the outpost in Commercial Road, Strood, whilst work was ongoing regarding the planning application for a new station in Medway.

Bullying and harassment – In response to questions expressing disappointment that the issue of bullying was not covered in the report and the lack of public accountability, SECamb representatives undertook to include this information in the next report to this Committee. The Associate Director of Operations advised the Committee of the steps of taken by the Trust to eradicate bullying and harassment. These included the provision of a "Freedom to Speak Up" lead and advocates who were available for staff to speak to. In addition, she had personally spoken with staff about their experiences. She stated that the leadership team were reviewing practices and processes to deal

with bullying and harassment. She also stated that the leadership team were examining what more could be done on the issues of minority groups and diversity as well as succession planning to help more women into leadership.

The Senior Operational Manager and the Strategy and Partnerships Manager also provided further details including staff survey results and confirmed that these would be included in the next report to Committee.

In response to a question regarding the lack of continuity and the need for the new leadership team being aware of what had gone on before in respect of bullying and harassment, the Associate Director of Operations advised the Committee that she was fully aware of the issues that had faced SECamb as set out in the Duncan Lewis report and the work which had been undertaken by the Trust since then. She also stated that the Trust's Leadership Team now included a mix of staff with front line experience as well as Leaders from other parts of the public sector.

Coronavirus (COVID-19) – In response to a question regarding SECamb's preparedness for dealing with Coronavirus, the Associate Director of Operations advised the Committee that SECamb was following Public Health England guidance and was working with partners on a range of workstreams. She stated that SECamb had put a number of contingency measures in place across the Trust to respond to this issue. She referred to the Trust having good measures in place to protect staff, good infection control and she had also attended a meeting of the Kent Resilience Forum with Medway's Director of Public Health earlier in the day. In addition, the Senior Operational Manager provided some examples of the steps being taken by the Trust on a day to day basis, for example, the deep cleaning of ambulances.

She also referred to SECamb's involvement with the Strategic Command Group for Kent and Medway with partners as well as a Tactical Command Group.

Hospital handover delays – In response to a question detailing the issues facing SECamb with regards to hospital handover delays at Medway Maritime Hospital, the Senior Operational Manager stated that there were some system issues and that between 125-135 patients had been arriving at the hospital by ambulance per day during December-January compared to the typical 90-100 patients which had contributed to the delays, however, he praised the ambulance crews for their work whilst recognising that more work was needed to improve patient flows into the hospital.

It was also queried as to the impact that improvements to the local roads infrastructure had made.

The Strategy and Partnerships Manager advised the Committee that the issue of handover delays had not been over emphasised in the report because things were improving and there had been scrutiny and pressure on the hospital from NHS England and a Group which had been formed to look into this issue.

The Senior Operational Manager clarified the difference between mean response times and 90th centile response times.

Joint Live Conveyance Review – in response to a request for a copy of the review once published, the Senior Operational Manager undertook to include the review as an appendix to the next report to the Committee.

Private ambulance crews – In response to a question regarding the introduction of 117 new ambulances and whether there was still a need for private ambulance crews, the Strategy and Partnerships Manager advised the Committee that there was a rolling replacement of ambulances, however, there was still a need for private ambulance crews because of a lack of sufficient staffing levels. It was confirmed that this provision of this package included an ambulance and crew.

Clinical Education – In response to a question regarding the provision of clinical education, the Senior Operational Manager gave an oversight of the provision including a 12 month apprenticeship programme which was due to start in April 2020.

MHS Housing Foyer planning application – In response to a question regarding whether SECamb would be making representations in respect of this planning application, the Senior Operational Manager confirmed that this planning application would be referred to SECamb's Central Repository for response.

Response times – In response to a question as to why SECamb was not performing better, the Associate Director of Operations advised the Committee there were a number of reasons for varying performance levels, for example, the amount of rural areas the Trust covered and the work being undertaken to improve decision making regarding the despatching of ambulances as well as the location of stations. With regards to the treatment of calls classified as C3 or C4, the Strategy and Partnerships Manager confirmed that whilst C1 and C2 calls were prioritised, the 111 service would deal with C3 and C4 calls which may result in ambulances not being required and hence re-classified.

Decision:

- a) The Committee noted and commented on the update report provided.
- b) The Committee requested that the following information be included in the next SECamb update report to Committee: Joint Live Conveyancing Review and further information relating to bullying and harassment.
- c) The Committee requested a briefing note on the £50,000 which had been spent on improving the roads infrastructure adjacent to Medway Maritime Hospital.

766 Proposed Development of the Health Service or Variation of the Health Service - Frank Lloyd Centre, Sittingbourne

Discussion:

This report provided an update to the Committee on the inpatient service at the Frank Lloyd Unit, Sittingbourne, which provided a continuing health care unit.

Adam Wickings, Deputy Managing Director, NHS West Kent CCG was in attendance for this item and he gave an overview of the proposals, including the CCG's assessment that the proposals constituted a Substantial Variation (SV).

In response to a comment expressing concern regarding the apparent wish to move away from NHS continuing care, the Deputy Managing Director stated that there was a variety of views on this issue and the purpose of this exercise would be to find the best solution to the issue.

Decision:

- a) The Committee considered and commented on the report and proposed development or variation to the health service, as set out in the report and appendices 1 and 2 to the report.
- b) The Committee, in consideration of the CCG assessment that the proposal does represent a substantial development of, or variation to, the health service, agreed that it considered the proposals to amount to a substantial development of or variation to the health service in Medway.
- c) The Committee, having agreed that it considered the proposals to amount to a substantial development of or variation to the health service in Medway, noted that the matter will need to be considered by the Kent and Medway NHS Joint Overview and Scrutiny Committee.

767 All Age Eating Disorder Service Update

Discussion:

The Chairman announced that Michelle Dewar from Medway Parent and Carer Forum was in attendance for this report in view of the significant number of eating disorder service users who were children and young people.

This report provided details of a further update on the All Age Eating Disorder (AAED) Service following consideration of a report and presentation at the June 2019 meeting.

Representatives from the Council and NELFT (the service provider) were in attendance and the Head of Children's Partnership Commissioning, Resources

and Youth Justice and the Director the Director of Operations, NELFT gave a brief update on the service since the last meeting they had attended.

Officers and NELFT representatives responded to Members' questions and comments as follows:

Gender mix and referral to the service – in response to a question relating to the prevalence of men suffering from eating disorders (but not using the service) and how the service was being promoted to men given they were hard to reach:

It was confirmed that the service was aware of the issue related to low referrals of males;

The main point of access to the service was through a GP referral, however, it was recognised that there was still a stigma for men to come forward;

It was noted that some work was being undertaken on the issue in schools through PSHE lessons. With regards to accessing the service in general, it was stated that further work with GPs and schools was required as well as the need to make improvements to the digital offer.

Relapse support – In response to a question relating to the level of support for those who suffered from relapses, the Head of Service for AAED, NELFT, stated that there was a relapse pathway in place and that they were discussing the development of an early intervention and relapse programme with Commissioners.

Referral times – in response to a question regarding referral times, the Head of Service, NELFT, stated that there was a target for 95% of children and young people to be seen within two weeks of a referral, however, there were some reasons why this was not always met, for example, capacity at certain times or non-attendance.

Breakdown of age groups – in response to a question requesting further information on the breakdown of age groups, it was noted that this ranged from 5-64. The service received very few young people under 8 and looked at other support but also those under 8 years old would consist of less than 5 children meaning that this would information would not be shared under GDPR guidance.

Members asked in the future the age break down could be 5-10, 11-17, 18-30, 31-64, 65+. This was agreed by the Service.

MARSIPAN risk assessment – in response to a question asking for a definition of MARSIPAN, the Head of Service for AAED, NELFT, stated that this was a NICE standard which provided an evidence based pathway to determine the level of need.

CAMHS – in response to comments regarding the need for more investment in this service, the Director of Operations, NELFT, and the Head of Children’s Partnership Commissioning, Resources and Youth Justice advised the Committee that a trailblazer bid was due to be submitted the following day, which, if successful, would enable there to be extra mental health provision in schools.

Joint training – in response to a question regarding the need for joint training as highlighted in Appendix 1 to the report, the Head of Children’s Services, NELFT stated that internal training had been set up, and external training was in the process of being set up.

SEED (Severe and Enduring Eating disorders) Clinic – in response to a question as to where Medway residents attended this clinic, the Head of Service for AAED, NELFT, stated that this service was delivered from the CAMHS facilities in Medway, as well as in the home where appropriate.

Blood tests – in response to a question regarding assurances that GPs had the resilience to ensure that service users were encouraged to have their regular blood tests, the Head of Service for AAED, NELFT, stated that the service was now undertaking these blood tests.

Young people’s views – in response to a question which stated that no young people had been spoken to as part of the review, the Head of Service, AAED, NELFT, stated that it had not been possible to obtain consent from young people on the day of the review, however, other sources of user feedback included 5X5 feedback surveys, routing outcome measures, quality reports and CQC reports.

8 week waiting list – in response to a question regarding the 8 week target and whether there was provision to reduce this in certain cases, the Director of Operations, NELFT, confirmed that each referral was triaged and people would then be seen depending on the level of severity and within what the existing resources would allow. She added that a scheme of 9 projects had been submitted to Commissioners, some of which was to improve immediate care.

Link Programme – it was suggested that further understanding and the outcome of the bid should form part of future reports to the Committee.

Telephone numbers and access to the building – In response to a question querying that there was only one phone number available for the service, the Director of Operations, NELFT, confirmed that there was just a single point of contact and that this number was available 24 hours a day. With regards to accessing buildings, it had not been possible to invest in separate accesses owing to limited resources, however, it was not considered that this was a major issue.

Grammar school children – in response to a question regarding why grammar school children had been referenced in the review document, the Head of Service, AAED, NELFT, advised that this may have been in relation to some

research which shows that one of the high risk groups were found in high achievers which why the report may have referenced the number of Grammar Schools.

Physical Health Check Nurses – in response to a question regarding the location of this service, it was confirmed that this would take place in certain GP practices.

Decision:

The Committee noted and commented on the update provided and that a further update be provided to the Committee in approximately 6 months' time.

768 Social Isolation Task Group: The Impact of Social Isolation In Medway - Progress Report

Discussion:

This report provided details of a review against each of the Social Isolation Task Group's recommendations.

The Consultant in Public Health gave an overview on the report highlighting some of the key actions which had been undertaken.

Officers responded to Members' questions and comments as follows:

Social Prescribing – in response to a question seeking clarity on the commencement of this work, the Consultant in Public Health confirmed that three officers (Link Workers) were now in post to support this initiative, which was focused on the 65+ age group.

Simply Connect – in response to a question asking whether there were alternatives available to the website, the Consultant in Public Health stated that there was a printed directory and a phone line as alternatives to the website.

Voluntary Sector – In response to a question relating to the work of the Voluntary Sector Task Group where, from the evidence the Group had considered, there was a fear that there may be a lack of capacity in the Voluntary Sector to support social prescribing, the Consultant in Public Health agreed that there was some risk in this area. However, other models were being looked at, for example, Bristol, as well as seeking further funding to support social prescribing.

Coronavirus (COVID-19) – In response to concerns that older people would have with regards to Coronavirus, and the role of the Consultant in Public Health in dealing with this issue, he confirmed that he was part of the Silver Command Task Group and he shared the concerns about older people becoming even more vulnerable at this time.

Technology to assist older people – In response to a question how technology could assist older people, for example, whether a bus pass could be replaced by a fingerprint, or whether the bus companies trained their drivers to spot people with dementia, the Consultant in Public Health referred to examples around the country but he could look into this with Arriva. The Public Health Projects Officer also provided an update on the role bus companies and their drivers could play in this area.

Engaging with BME Groups – it was requested that a talk be given to the Seniors Group at the Afro-Caribbean Association at the Sunlight Centre. In response to a question regarding the development of work on recommendation 18, the Consultant in Public Health referred to work with the Medway Diversity Forum and that further work was being undertaken on this issue.

Young People – in response to a question regarding what plans were in place to deal with young people were encountering social isolation, the Consultant in Public Health stated that a new JSNA was currently being compiled which would identify key priorities. The Public Health Projects Officer also provided some examples which highlighted the need for more work in this area. The Director of Place – Children and Adults Services also highlighted the issue of community care leavers given that social isolation was an issue for them, therefore, a care leavers hub had been opened at the Elaine Centre, which had been positively received. In addition, he also referred the needs of young people with mental health issues as well as referring to the Children and Young People's Plan and what could be done with social isolation.

Carers – in response to a question as to how carers were being reached out to, the Consultant in Public Health stated that links would be made with Carers FIRST. The Public Health Projects Officer also highlighted work undertaken with young carers.

Recommendations – Updates were sought on recommendations 8, 12, 13 and 14 as follows:

Recommendation 8 - Members could be invited to the training referenced.

Recommendation 12 - the workshops referred to in recommendation 12 were due to take place around the end of May and June/July respectively subject to liaising with Democratic Services

Recommendation 13 – this included a recommendation to refer the report to the Health and Wellbeing Board which was supported.

Recommendation 14 – it was confirmed that the three Link Workers had been in post since March 2020.

Decision:

- a) The Committee noted the progress made against the Task Group recommendations and thanked those Members who sat on the Task Group.
- b) The Committee referred the report to the Health and Wellbeing Board for consideration.

769 Council Plan Performance Monitoring Report and Risk Register Quarter 3 2019/20

Discussion:

This report provided details of the Council's performance for quarter 3 as well as presenting a review of the strategic risks relevant to this Committee.

The Assistant Director, Adult Social Care, stated that the end of year report there would include some detailed analysis to enable some detailed discussion.

In response to comments which supported the need for further analysis together with some analysis on mitigating risks in this service area, the Director of People – Children and Adults Services stated there had been some deep diving to look at the data which would inform the debate regarding the qualitative analysis and performance.

Decision:

The Committee noted the Q3 2019/20 performance against the measures used to monitor progress against the Council's priorities, and to note the amended strategic risk register as set out in Appendix 2.

770 Work programme

Discussion:

This report proposed changes to the Work Programme.

Decision:

- a) The Committee agreed changes to the Work Programme as set out in paragraph 3 of the report.
- b) The Committee agreed to a report back on South East Coast Ambulance Service and the All Age Eating Disorder Service.
- c) The Committee agreed to add a report to the Work Programme on the Medway Clinical Commissioning Group comparing past to present data including factors such as GP numbers, numbers of surgeries and the numbers of acute beds.

- d) The Committee agreed to send a letter of thanks to Stephen Clark, Chair of the Medway Foundation Trust, ahead of his retirement.

Chairman

Date:

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