HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE

MINUTES of the OPEN section of the meeting of the HEALTH & ADULT CARE SCRUTINY SUB-COMMITTEE held on 11 JULY 2007 at 7.00PM at the Town Hall, Peckham Road, London SE5 8UB

PRESENT:

Councillor David NOAKES [Chair]
Councillors Michelle HOLFORD, Adedokun LASAKI, Eliza MANN, Ola OYEWUNMI and Martin SEATON [Vice-Chair]

OFFICERS IN ATTENDANCE:

Sarah Feasey – Southwark Council, Senior Lawyer
Lucas Lundgren – Southwark Council, Scrutiny Project Manager, Scrutiny Team

ALSO PRESENT:

Paul Calaminus – Director of Adult Mental Health Services, SLaM Southwark
Sylvio Couthino – SLaM Patient & Public Involvement Forum
Rod Craig – Director of Client Group Commissioning, Southwark Health & Social Care
Claire Foreman – Head of Corporate Affairs, Southwark Health & Social Care
Michele Golden – Senior Assessment Manager, Healthcare Commission
Jennifer Harris – Camberwell Community Council Health Sub-Group
Hugh McCrossan – Borough Lead for Addictions, SLaM Southwark
Susanna White – Chief Executive [Southwark PCT] and Strategic Director of Health & Community Services

APOLOGIES FOR ABSENCE

Apologies for lateness were received from Councillor Michelle Holford. Apologies for absence were received from Cllr Graham [Vice-Chair], Cllr Lorraine Lauder [reserve member], Phil Boorman [King’s College Hospital Stakeholder Relations Manager] and John Hellings [Southwark Patients’ Forum].

CONFIRMATION OF VOTING MEMBERS

The membership of the sub-committee was noted. Members listed as being present were confirmed as the voting members.

NOTIFICATION OF OTHER ITEMS WHICH THE CHAIR DEEMS URGENT

There were none.
DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures made nor interests declared.

RECORDING OF MEMBERS’ VOTES

Council Procedure Rule 1.17(5) allows a Member to record her/his vote in respect of any motions and amendments. Such requests are detailed in the following Minutes. Should a Member’s vote be recorded in respect to an amendment, a copy of the amendment may be found in the Minute File and is available for public inspection.

The Sub-Committee considered the items set out on the agenda, a copy of which has been incorporated in the Minute File. Each of the following paragraphs relates to the item bearing the same number on the agenda.

MINUTES

RESOLVED: That the minutes of the sub-committee meeting held on April 24 2007 be agreed as a correct record of proceedings and signed by the Chair.

4.0 SOUTH LONDON & MAUDSLEY NHS FOUNDATION TRUST: MARINA HOUSE CHANGE TO SUPERVISED DISPENSING HOURS [see pages 31-34]

4.1 The Chair invited Hugh McCrossan, SLaM’s Addictions Lead for Southwark, to outline the proposed changes to the service.

4.2 Mr McCrossan confirmed that SLaM currently provides supervised dispensing services to both Lambeth and South Southwark service users at Marina House in SE5. In December 2007 Lambeth PCT would relocate its addiction services to a new site in Brixton. The reduction in staff at Marina House would result in supervised dispensing services currently provided at Marina House for Southwark residents not being adequately covered beyond that date. Changes to local arrangements for supervised dispensing had been suggested to address this, however. Proposals for change were now suspended pending borough-wide consultation by Southwark PCT in August 2007 on the role of supervised dispensing within overall community pharmacy provision.

4.3 Mr McCrossan acknowledged that at both Marina House and in Blackfriars there had been problems with street drinking and stated that the trust’s current proposals would disperse services across the borough. The PCT would lead borough-wide consultation including all service users plus GPs and organisations working with substance misusers.

4.4 Cllr Seaton expressed surprise that SLaM had not originally planned to consult on the proposals with local health partners and asked the trust whether this had been an oversight on its part. Mr McCrossan reported that he had been advised by a colleague that service user consultation would suffice in respect of these proposals but acknowledged that in hindsight this advice had been in error.
4.5 In response to the issues raised in Alan Bailey’s letter of 20 July Hugh McCrossan stated that the proposals would involve individuals taking methadone prescriptions on pharmacy premises and SLaM was working with pharmacists to provide discrete areas for this purpose, although resources were limited. Saturday dispensing services had to date been jointly funded with Lambeth so this part of the financial resource would no longer be available under the proposed new arrangements. Brighton Terrace service users would be directed to local chemists and accordingly no Saturday service would be available at Marina House.

4.6 Supervised dispensing was the accepted delivery mode for more vulnerable clients and aimed to achieve successful substance withdrawal as soon as was possible. The majority of clients using supervised dispensing services were vulnerable and alcohol dependent, however methadone was not dispensed if clients were over the alcohol limit. In general clients attending in the afternoon were more stable.

4.7 Rod Craig confirmed his new managerial responsibility for drugs and alcohol services. He acknowledged that concerns had been raised about these services and reiterated that the current proposals were intended to alleviate the concentration of services in certain areas of the borough. There was no restriction on Lambeth service users using services in Southwark. The PCT was working on a full consultation plan in liaison with SLaM service users but consultation was unlikely to conclude until the end of September due to staff leave arrangements. The full consultation plan, once drafted, would be provided to health scrutiny and no changes would be made to the current service until consultation was complete. The potential impact of the proposals on Primary Care commissioning was acknowledged.

4.8 Sylvio Couthino, SLaM Patient & Public Involvement Forum member, advised the sub-committee that SLAM’s PPIF met recently with Southwark PCT to discuss the issue.

4.9 Service users had serious concerns that the proposals did not take into account the particular needs of the client group, in particular clients’ ability to function well in the morning and the impact of this both on the implementation of the proposed arrangements and on the long term success of individuals’ treatments. Users reportedly feared that their very focused, specialised and patient-centred treatment might be compromised. He suggested that remaining provision be delivered in two split sessions: a morning session of a few hours length followed by a session of similar length in the afternoon.

4.10 He invited the sub-committee to ask whether patient-centred, clinical evaluation of people’s needs had been undertaken or whether proposals were being advanced purely from a service provider perspective.

4.11 Service needed to enable all services users to access provision and be mindful of the needs of users some of whom had multiple needs and dual diagnoses. Issues around providing services to this particular client group need to be worked through in much greater detail with key workers and service users themselves.

**RESOLVED:** That the Primary Care Trust’s draft consultation plan in respect of changes to local arrangements for supervised dispensing be brought back to sub-committee in Autumn 2007, prior to which the draft plan should be circulated to the sub-committee members.
1.0 SUSANNA WHITE, CHIEF EXECUTIVE OF SOUTHWARK PRIMARY CARE TRUST & STRATEGIC DIRECTOR OF SOUTHWARK HEALTH AND COMMUNITY SERVICES: INTRODUCTION [see pages 35-36]

1.1 The Chair welcomed Susanna White to the meeting. Susanna had recently been jointly appointed as Chief Executive [Southwark PCT] and Strategic Director of Health & Community Services, and was invited to outline the PCT’s strategic plans for the coming year. The Chair advised Susanna that the sub-committee intended to interview her in more depth later in the year in her capacity as leader of the two organisations.

1.2 Susanna White firstly noted the launch earlier that day of Professor Sir Ara Darzi’s report Healthcare for London: A Framework for Action, and his appointment as a junior minister for health in Prime Minister Gordon Brown’s Cabinet. There was a great deal happening in healthcare in London including the current public conversation about the future shape of services in the capital.

1.3 On a local level the Picture of Health for South East London review was already underway having commenced prior to Professor Sir Ara Darzi’s London-wide work. The latter review looked likely to have greater initial impact on the outer London boroughs involved in the review than those in inner London areas [Southwark and Lambeth]. Consultation was expected to commence on Picture of Health in Autumn 2007. The PCT’s draft 5 year Commissioning Strategy Plan had now been submitted to NHS London; with a second draft due in September 2007.

1.4 The PCT confirmed that Professor Sir Ara Darzi’s proposed vision for reconfiguration of London would be subject to formal public consultation and included:

- Establishment of large, specialist hospitals as centres of excellence for particular treatments/conditions – strategically moving away from duplicating services at multiple general hospital sites;
- Polyclinics each serving populations of approximately 50,000 and carrying out much of the work currently undertaken in acute settings including some minor operations – with the aim of gathering services together in one location to provide care in a more convenient way to the community;
- Increase in care delivered closer to home in primary care settings – thus enabling current unnecessary use of acute care to be reduced;

1.5 Southwark’s commissioning focus would be to bridge the health inequalities gap for all communities, to better define local need as a driver for effective and responsive commissioning, and to monitor the bigger picture and assess how well commissioning is meeting local need. Services were being redesigned to address longer lifespans often with significant ill-health and to enable these needs to be met in Primary Care settings.

1.6 The PCT’s Commissioning Intentions would maintain the current direction of integration of health and social care services and included the following strategic aims:

- Providing a primary care ‘Front Door’ at Accident & Emergency. 40% of people attending A&E need primary rather than acute care. This “Front Door” would consist of triage and assessment by a primary care trained service and referral to appropriate primary care or acute services. The PCT was currently in discussion with KCH;
- Review of out-patient hospital visits, with a view to increasingly providing these in a primary care or community setting;
- ‘Virtual’ wards for treatment at home – as a means to improve quality of life;
- Primary/community rather than hospital-based diagnostic services;
- Delivering the NHS 18 week referral to treatment target by December 2008.
1.7 The PCT assured members that people attending an A&E “Front Door” service who who
were considered to need urgent care [but not hospital treatment] would have access to a
primary care practitioner. Susanna acknowledged that particularly in London Accident &
Emergency departments enabled access to NHS services by people not registered with a
local GP, or those who were unable to secure a GP appointment, including refugees and
asylum seekers.

1.8 Cllr Seaton asked Susanna White to outline what action the PCT intended to lead to
contribute to a longer healthier lifespan for Southwark people and what resources would
be brought to bear.

1.9 Susanna White responded that smoking cessation was the PCT’s single biggest priority
given its impact on people’s health locally. Southwark’s smoking rates are higher numbers
than the national average and accordingly this is recognised to be a key area. The PCT
would continue to work to understand differences between the smoking behaviours of
different sections of Southwark’s community to better direct its commissioning and
direction of resources to address these.

1.10 Cllr Seaton felt the borough’s high levels of teenage pregnancy and smoking gave
members little choice but to look at these issues, which would require the PCT and
partners including the Council to determine how their strategic plans impacted on people’s
lifestyles and behaviours in the borough.

1.11 Susanna White replied that monitoring would enable the PCT to ascertain local need and
shift services to better meet the perceived needs. The PCT welcomed advice from a
variety of sources including scrutiny.

1.12 Whilst generally supportive of a strategy to increase provision of care in community
settings, Cllr Holford was clear however that this should be undertaken only with sufficient
forethought and resources. She was concerned that the impacts of this strategic shift be
taken into account and provision properly made to mitigate them. For example, increased
access to diagnostic tests in primary care would serve to increase demand pressure on
existing treatment services, and she asked how services would meet these demands.

1.13 Susanna White emphasized that the strategy’s aim was better care for those in need of
care. Currently there were approximately 30 acute hospitals in the London area many of
which replicated functions, for example, post-stroke treatment. The proposed alternative
would allow access to specialised services at a reduced number of specific sites.

1.14 Given the strategic direction towards providing care increasingly in the community, Cllr
Mann asked what arrangements would be put in place for reviewing patients in the
community following outpatient discharge, and whether continuity of care was to be
maintained for example through follow-up by the same care team, GP or consultant.

1.15 Susanna White responded that this would depend on the individual circumstances, but
might for example be provided by a practitioner based in hospital. As far as possible care
would be provided near to people’s homes, and she emphasized that it was as important
to ensure that care was as consistently provided and monitored in the community as it
would be if it were provided in an acute setting. The concept of Virtual Wards meant
providing a service in the community that otherwise would be provided in a hospital
setting, and as such was a key concept in the Healthcare for London proposals.
1.16 As to who would provide this care, Cllr Mann was clear that the PCT would need to provide this level of detail if the sub-committee and wider community were to have confidence in the strategic direction and proposals for change.

1.17 The Chair asked Susanna White to update the sub-committee about the current financial situation for the PCT, and whether extra pressure on Southwark’s Community Services was resulting in the Council picking up additional costs that would otherwise borne by the PCT itself.

1.18 Susanna White responded that the current financial year looked very different from 2006/07 for the PCT which in common with others in London was awaiting further information from NHS London with regard to potential return of some of the topslice taken in 2006/07. It was understood that this decision was expected in Autumn and was partly contingent on financial balance being achieved across London.

1.19 She reported that 2005/06 had been challenging in view of the local over-commitment in adult social care, the Council having funded adult social care to meet the resources gap. Rising demands of people living longer were acknowledged together with local pressures on both Community Services and the PCT. Rod Craig acknowledged London-wide pressure in respect of the effects of cost-shunting and noted that in some instances such costs had been shifted back from Councils to PCTs by tightening eligibility criteria for Community Services. As an integrated PCT/Community Services arrangement was in place in Southwark, the challenge would be to take a system-wide view and ensure that local commissioning decisions did not adversely impact on other parts of the system.

1.20 Susanna White advised members that the PCT had no intention of transferring costs from itself to adult social care in the following three-year period, explaining that she aimed to fairly balance costs across both organisations, in order to achieve best value from the integrated system to the benefit of patients. Increasing pressures and local levels of deprivation would give rise to certain costs and challenges locally but the PCT would avoid simply “shunting” such costs around.

1.21 Cllr Seaton remarked that adaptations including to people’s homes would surely be required before services could be moved into the community setting and delivered in this new way. It sounded he believed as if costs would necessarily be transferred into the community and consequently social care would pick up at least some of these.

1.22 Rod Craig noted that consultation nationally and locally had reflected that service users were generally supportive of this direction of travel, which had arisen directly from central Government policy. Where health and social care works together he believed that efficiencies could be found in health services. For example, a multidisciplinary approach to rehabilitation involving both health professionals and social care staff could result in moving more people through rehabilitation more quickly and thus reducing the cost of both home care and social care.

1.23 Jennifer Harris – Camberwell Community Council Health Sub-Group, noted that proposals such as new-style polyclinics would demand different skillsets from health and social care staff, and present new training demands. She noted that users were aware at ground level that skilled staff were leaving the NHS and asked therefore what measures the PCT had in place to reverse this trend and ensure safe service delivery locally.
Susanna White concurred that training needs were implicit in the new ways of working, but stated she was not aware that large numbers of staff were leaving the employment of the local acute trusts. Staff skill update and ensuring access to training in new clinical and social care skills was an ongoing issue for health and adult care. Rod Craig noted that in other parts of England acute and primary care trusts had made staff redundant in order to balance budgets but that in Southwark all trusts had balanced their books and hence none had reduced their workforce to this end. Research and development plans were in place locally and he acknowledged the need for training plans.

Rod Craig directed members to the contents of the recently published Director of Public Health’s 2006/07 Annual Report, in particular in relation to the suggestions for scrutiny work programme topics for the coming year.

The Chair thanked Susanna White for participating in the meeting and advised that she would be called for more detailed interview later in the year.

HEALTHCARE COMMISSION STANDARDS FOR BETTER HEALTH 2006/07: FEEDBACK AND GUIDANCE [see pages 1-18 & 37-47]

Senior Assessment Manager for the Healthcare Commission South East Region, to the meeting. Michele gave a presentation setting out the role of the Healthcare Commission, explaining the purpose of the Annual Healthcheck, giving feedback on the utility of the sub-committee’s 2006/07 comments on its local NHS trusts, and providing outline guidance to members on the requirements of the 2007/08 Annual Healthcheck round.

Investigates serious breaches of care, for example such as occurred at Northwick Park Hospital and Addenbrooke’s Hospital; deals with second stage complaints against the NHS; and in addition now regulates private healthcare providers and hospitals, for example laser tattoo and hair removal clinics.

In 2008, the Healthcare Commission [HC], Commission for Social Care Inspection [CSCI] and the Mental Health Act Commissioner [MHAC] will merge to become a combined super-regulatory body for health and adult care.

In 2004 the Standards for Better Health declaration system replaced the previous Star Rating system and aimed to provide a more rounded measure of the effectiveness of healthcare organisations in achieving performance targets. Following trusts submission of self-declaration of performance against 24 Core Standards, the Commission randomly selects 10% of all trusts for further visits. Southwark had been selected for a random visit in 2006/07 and had fared very well. The results of assessment were made available in the public domain.

The 2005/06 ratings achieved by Southwark’s acute, mental health and Primary Care trusts were compared on Agenda page 10. By way of comparison, Michele Golden advised that Lambeth PCT had been rated “good” for both Use of Resources and Quality of Services.
2.6 She explained that ratings were determined via a complex process on which a number of factors were brought to bear. In the case of a PCT, the organisation is judged not only on its own performance as provider and commissioner, but in respect of the extent of compliance of its commissioned services to the Core Standards. Weightings are applied to reflect, for example, that Southwark PCT would not be expected to have identical smoking cessation rates to a less deprived area such as Surrey. The Commission might reasonably expect that conditions in demographically alike neighbouring boroughs would be similar. Trusts who themselves declared non-compliance were penalised by a single point, but those who declared compliance and were subsequently found to be non-compliant by the Commission were penalised more heavily [by two points]. In this way the system was designed to encourage honest self-assessment by trusts.

2.7 Rod Craig confirmed that a rating of “fair” from the Commission did not trigger specific action by the Commission. However, following its recent “fair” rating announcement Southwark PCT took steps to address its performance. He noted that the PCT carries out a number of more targeted audits in addition to participating in the Annual Healthcheck process. For example, the PCT was this week subject to a random check on performance against five particular Core Standards in greater detail.

2.8 In respect of how third party declarations from health OSCs and Patient & Public Involvement Forums were scored and subsequently analysed, members were advised that this was undertaken by the Commission’s twelve analysts. Commentaries were analysed, evidence provided rated on a three point scale and then give a weighting.

2.9 Southwark’s third party declaration in respect of the PCT for 2005/06 had received a rating of 1 for comments on Core Standard 6 and a rating of 3 for its comments on Core Standard 17. A rating of 3 indicated a high association between third party comments/evidence and a particular Core Standard, with a rating of 1 reflecting a low correlation between comments and a Core Standard. The sub-committee had clearly stated its selected Core Standard as the focus of its comments in the declaration.

2.10 Health OSC and PPIF comments were confirmed as providing the Commission with invaluable local knowledge about service provision, but in only 55% of cases was this intelligence classified as being of medium quality. Only 4% of comments were judged to be of high quality. Members were advised not to simply state that a Core Standard had “not been met”, but to provide detail as to the source of member concerns, evidence considered that indicates the alleged shortfall, and a description of exactly how/why this was the case.

2.11 The sub-committee was advised that its comment on trust 2007/08 performance should be informed by performance in the period from April 1 2007 – March 31 2008. The sub-committee was advised to agree the approach to compiling comments sufficiently early in the year for this work to be meaningfully embedded in its other scrutiny work through the year. Michele Golden offered to return to Southwark to assist members with the process of providing feedback on NHS trusts if required.

2.12 As the Commission had advised, the sub-committee had focused its comments only on areas of performance in respect of which members had experience through interaction with the trusts. Ms Golden advised that it was preferable to comment on a limited number of Core Standards and provide good quality comments, than to spread the sub-committee’s focus over a greater number of Core Standards with a resulting drop in the quality of evidence.
2.13 The 2006/07 Annual Healthcheck ratings would be released into the public domain on [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk) on 12 October 2007, and made available one day earlier to the Primary Care Trusts themselves.

2.14 Sylvia Couthino asked Michele Golden what the impact might be of a low level of organisation engagement in the Annual Healthcheck process year-on-year. Michele Golden replied that the Commission’s relationship with organisations within its remit did not contingent upon the outcomes of the assessment process.

2.15 The Chair thanked Michele Golden for her contribution to the meeting.

**RESOLVED:** The sub-committee to consider whether to invite Michele Golden to guide and assist the sub-committee in compiling Annual Health comments in early 2008.

At 8.45 p.m. it was proposed, seconded and

**RESOLVED:** That the meeting stand adjourned for fifteen minutes for a member comfort break.

At 9.00 p.m. the meeting reconvened.

3.0 **WORK PROGRAMME 2007/08** [see pages 19-30 & 48-56]

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3.10 Jennifer Harris [Camberwell Community Council Health Sub-Group] concurred that there had been a strong sense amongst members of the community who participated in the health scrutiny Ideas Event that the sub-committee should look at race equality impact assessments within local health services. She emphasized that this issue had important implications for the way in which local people interacted with health and adult care services and as such described the topic as “catalytic”. Cllr Holford was happy to support scrutiny of this topic but as a very broad area the review would need close further discussion about direction and very clear scoping.
3.11 She cited a recent incident in which a staff member at KCH had acted as whistleblower about sexual health service delivery at KCH. She believed this had reduced community confidence in these services and in the staff delivering them, but that KCH had not taken full account of the impact of public perception of the trust's handling of the situation within the local community. The BME community reportedly now felt that some of the bodies responsible for race equality were not sufficiently robust.

3.13 Cllr Lasaki asked for confirmation of the BME representation on the Southwark PCT Board. Susanna White replied that at least five members of the twelve board members were from a range of BME groups including both its Chair and Vice-Chair.

3.20 Sickle cell disease had been discussed at the recent Ideas Event and was a popular topic suggestion. Cllr Lasaki noted that Southwark had a larger African community than many other local authority areas of the UK for whom sickle cell disease was a major lifelong concern. Susanna White confirmed that the PCT’s focus on long-term conditions enable it to focus on sickle cell disease.

3.21 **RESOLVED:**

1. That the following reviews be undertaken in 2007/08:
   
   (1) Sexual health [continued from 2006/07]: opportunities in and barriers to greater Council involvement in sexual health promotion and activity in Southwark;
   
   (2) Equality Impact Assessments of local health services;

2. That Southwark Health & Social Care provide the following information to the sub-committee:
   
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5. **ITEMS FOR INFORMATION**

5.1 Members were notified of the following matters for information. Comments arising from discussion are noted.
5.2 A briefing from Corporate Strategy and the Primary Care Trust updating members on local plans for establishing arrangements to procure a Local Involvement Network for Southwark was circulated.

**RESOLVED:** Members noted the briefing information and agreed to receive regular updates through the year on progress towards establishing a LINk for Southwark.

5.3 The Chair invited the PCT to outline the current situation as regards provision at Felix Post Unit. He was concerned about the implications of changes to the operation of the unit on local service delivery as a whole, and on the clients of the unit and their carers.

5.4 Members expressed concern about how consultation with carers would be undertaken, and about information they had received that suggested the Unit Manager was to be made redundant and staff might be deployed elsewhere without adequate consultation.

5.5 Rod Craig confirmed that the Felix Post Unit is a day hospital and outpatient unit for older people with mental health needs run by South London & Maudsley Hospital Foundation Trust. The proposals formed part of Southwark’s mental health service redesign in the borough, elements of which had already been brought to scrutiny. The original purpose of Felix Post Unit had been to provide expert assistance and rehabilitation treatment to the client group but gradually over time people had started to attend the unit every day and accordingly SLaM and the PCT had decided to consult in full on the model of care. Proposals would require full multidisciplinary assessment of all users.

5.6 The Older People’s Partnership Board has asked SLaM to produce a consultation paper. Formal 12-week consultation would be undertaken and was expected to start in 2-3 weeks. Following this, the Older People’s Partnership Board would consider the options and the analysis and outcomes would be shared with scrutiny. The unit was used less by Southwark than Lambeth.

5.7 Rod Craig agreed to pursue the issue of ensuring managerial cover at Felix Post Unit with colleagues at SLaM. He confirmed that service would continue and that would need to assure himself that the needs of the population were being met in any consultation and decision on the unit.

**RESOLVED:** That Rod Craig report back to the sub-committee:
- in respect of how consultation with Felix Post Unit staff will be undertaken; and
- to confirm arrangements for ensuring management cover at the Unit following the departure of the current Unit Manager.

(c) Picture of Health for South East London
5.7 Picture of Health for South East London proposals, it was noted that formal consultation was expected to commence in September/October 2007.

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5.10 [www.apictureofhealth.nhs.uk](http://www.apictureofhealth.nhs.uk).

5.11 Members noted that the South East London Picture of Health review appeared to align with Professor Sir Ara Darzi’s London-wide vision and asked to what extent the timetables for consultation on the two reviews might run concurrently. The PCT indicated that discussion was continuing on this point.

5.12

**RESOLVED:**

**CHAIR:**

**DATED:**