Better Care Fund 2021-22 Year-end Template

1. Guidance

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2021-22, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Hosusing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) To confirm actual income and expenditure in BCF plans at the end of the financial year
3) To provide information from local areas on challenges, achievements and support needs in progressing
4) To enable the use of this information for national partners to inform future direction and for local areas to

BCF quarterly reporting is likely to be used by local areas, alongside any other information to help inform HWBs on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including clinical commissioning groups, local

BCF quarterly reports submitted by local areas are required to be signed off by HWBs as the accountable governance body for the BCF locally and these reports are therefore part of the official suite of HWB

The BCF quarterly reports in aggregated form will be shared with local areas prior to publication in order to support the aforementioned purposes of BCF reporting. In relation to this, the BCF Team will make the aggregated BCF quarterly reporting information in entirety available to local areas in a closed forum on the

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, cont
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete

3. National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2021-22 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2021-22/

This sheet sets out the four conditions and requires the Health & Wellbeing Board to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met within the quarter and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: NHS contribution to adult social care is maintained in line with the uplift to CCG
National condition 3: Agreement to invest in NHS commissioned out-of-hospital services
National condition 4: Plan for improving outcomes for people being discharged from hospital

4. Metrics

The BCF plan includes the following metrics: Unplanned hospitalisation for chronic ambulatory care sensitive conditions, Proportion of hospital stays that are 14 days or over, Proportion of hospital stays that are 14 days or over, Proportion of discharges to a person's usual place of residence, Residential Admissions and
This section captures a confidence assessment on achieving the plans for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes that have been achieved.
The BCF Team publish data from the Secondary Uses Service (SUS) dataset for Long length of stay (14 and 21 days) and Dischaege to usual place of residence at a local authority level to assist systems in understanding

The metris worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric plans and the related narrative information and it is advised that:
- In making the confidence assessment on progress, please utilise the available published metric data (which should be typically available for 2 of the 3 months) in conjunction with the interim/proxy metric information for the third month (which is eventually the source of the published data once agreed and validated) to
- In providing the narrative on Challenges and Support needs, and Achievements, most areas have a sufficiently good perspective on these themes by the end of the quarter and the unavailability of published metric data for one of the three months of the quarter is not expected to hinder the ability to provide this useful information. Please also reflect on the metric performance trend when compared to the quarter from the previous year - emphasising any improvement or deterioration observed or anticipated and any

Please note that the metrics themselves will be referenced (and reported as required) as per the standard

5. Income and Expenditure

The Better Care Fund 2021-22 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the DFG (Disabled Facilities Grant), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution. A large

Income section:
- Please confirm the total HWB level actual BCF pooled income for 2021-22 by reporting any changes to the planned additional contributions by LAs and CCGs as was reported on the BCF planning template.
- The template will automatically pre populate the planned expenditure in 2021-22 from BCF plans, including additional contributions.
- If the amount of additional pooled funding placed intothe area's section 75 agreement is different to the amount in the plan, you should select 'Yes'. You will then be able to enter a revised figure. Please enter the
- Please provide any comments that may be useful for local context for the reported actual income in 20121-

Expenditure section:
- Please select from the drop down box to indicate whether the actual expenditure in you BCF section 75 is different to the planned amount.
- If you select 'Yes', the boxes to record actual spend, and expanatory comments will unlock.
- You can then enter the total, HWB level, actual BCF expenditure for 2021-22 in the yellow box provided and also enter a short commentary on the reasons for the change.
- Please provide any comments that may be useful for local context for the reported actual expenditure in

6. Year End Feedback

This section provides an opportunity to provide feedback on delivering the BCF in 2021-22 through a set of survey questions

The purpose of this survey is to provide an opportunity for local areas to consider the impact of BCF and to provide the BCF national partners a view on the impact across the country. There are a total of 9 questions.

Part 1 - Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:
- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care

Part 2 - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institue for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration'

Please highlight:
8. Two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model)
9. Two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model)

For each success and challenge, please select the most relevant enabler from the SCIE logic model and provide a narrative describing the issues, and how you have made progress locally.

SCIE - Integrated care Logic Model

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural

2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

7. ASC fee rates

This section collects data on average fees paid by the local authority for social care.

Specific guidance on individual questions can be found on the relevant tab.

'Yes'.
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2. Cover

Version 2.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

			Checklist
			Complete:
Health and Wellbeing Board:	Birmingham		Yes
Completed by:	Sarah Feeley		Yes
E-mail:	sarah.feeley@birmingham.gov.uk		Yes
Contact number:	07704 538632		Yes
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off		Yes
If no, please indicate when the report is expected to be signed off:	Tue 20/09/2022	<< Please enter using the format, DD/MM/YYYY	Yes

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Director of Adult Social Care	Yes
Name:	Graeme Betts	Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes
7. ASC fee rates	Yes

<< Link to the Guidance sheet

^^ Link back to top

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3. National Conditions

Selected Health and Wellbeing Board: Birmingham

Confirmation of Nation Conditions	
National Condition	**Confirmation**
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes

If the answer is "No" please provide an explanation as to why the condition was not met in 2021-22:

Checklist
Complete:
Yes
Yes
Yes
Yes

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4. Metrics

Selected Health and Wellbeing Board: Birmingham

National data may like be unavailable at the time of reporting. As such, please utilise data that may only

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highl

Achievements Please describe any achievements, impact observed or lessons learnt when consider

Metric	Definition	For information - Your planned performance as reported in 2021-22 planning			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	1,433.1			
Length of Stay	Proportion of inpatients resident for: i) 14 days or more ii) 21 days or more	**14 days or more (Q3)**	**14 days or more (Q4)**	**21 days or more (Q3)**	**21 days or more (Q4)**
		9.9%	9.8%	4.8%	4.7%
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	94.3%			
Res Admissions*	Rate of permanent admissions to residential care per 100,000 population (65+)	468			
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	61.1%			

* In the absense of 2021-22 population estimates (due to the devolution of North Northamptonshire an

be available system-wide and other local intelligence.

light any support that may facilitate or ease the achievements of metric plar

ing improvements being pursued for the respective metrics

Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs
On track to meet target	The impact of covid has seen a reduction on all admissions in 2020/21 and 2021/22. Understanding the data and any trends in the context of not having a steady state.
Not on track to meet target	Combined impact of winter pressures and covid has increased the length of stay/occupancy up to and beyond covid levels
On track to meet target	Discharge to the usual place of residence was challenging during the Omicron surge as a consequence of workforce pressures reducing availability of home care. This is likely to be an ongoing issue as a result of
Not on track to meet target	Note that we have improved our process for measuring this metric which now includes self-funders who are being assisted to find residential care placements via BCC brokerage teams.
On track to meet target	We have made two changes to our reporting of STS004 this year. First, we are now including all citizens discharged from hospital into a multi-disciplinary Early Intervention Service. This reflects the

d West Northamptonshire), the denominator for the Residential Admissions

ıs

Achievements	Checklist Complete:
Local monthly monitoring is in place which highlights which of the NHSOF ASC conditions are showing any increase in admissions over the most recent time period, so that we are able to respond more	Yes
Local monthly monitoring in place. LOS is on a downward trajectory, and for the past 2 quarters, has been lower than the England average. The 21+ day LOS is below England average across 2021/22	Yes
Progress against this metric has been enabled by system improvements including the success of Early Intervention Community Teams - providing a trusted and safe P1 discharge route - and out of hospital	Yes
The impact of the changes we have made to measuring this metric is that we are now capturing a larger number of citizens who are accessing long-term residential care placement. This is the key factor in not	Yes
Effective reablement/rehabilation is the goal of the Early Intervention services that we have embedded in the system in recent years. This approach has enabled more citizens to return home, reduced re-	Yes

; metric is based on 2020-21 estimates

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5. Income and Expenditure actual

Selected Health and Wellbeing Board:	Birmingham

Income

Disabled Facilities Grant	£12,943,092	
Improved Better Care Fund	£65,921,309	
CCG Minimum Fund	£92,657,315	
Minimum Sub Total		£171,521,716
	Planned	
CCG Additional Funding	£5,299,813	
LA Additional Funding	£22,582,089	
Additional Sub Total		£27,881,902

	Planned 21-22	Actual 21-22
Total BCF Pooled Fund	£199,403,618	£202,662,116

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2021-22	Additional Hospital Dis

Expenditure

	2021-22
Plan	£199,403,618

Do you wish to change your actual BCF expenditure?	Yes

Actual	£188,837,059

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2021-22	As stated in the develo has included the devel spent over the next 3 y Fund into 22/23 and b

2021-22

Actual		
Do you wish to change your additional actual CCG funding?	Yes	£8,558,311
Do you wish to change your additional actual LA funding?	No	
		£31,140,400

charge Funding included.

pment of the BCF Plan for 2021/22 and with our focus on transformation, this opment of a Transformation Fund with clear priorities on how that fund would be ears. The fund remaining from 21/22 forms the basis for that Transformation eyond. The priorities for investment are areas of innovation to improve local

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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6. Year-End Feedback

The purpose of this survey is to provide an opportunity for local are
changed the context. However, national BCF partners would value
There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate to what extent you agree wi

Statement:
1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2021-22
3. The delivery of our BCF plan in 2021-22 had a positive impact on the integration of health and social care in our locality

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you ha challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22
Success 1
Success 2

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2021-22

Challenge 1
Challenge 2

Footnotes:

Question 4 and 5 are should be assigned to one of the following cat

1. Local contextual factors (e.g. financial health, funding arrangeme
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with
4. Empowering users to have choice and control through an asset b
5. Integrated workforce: joint approach to training and upskilling of
6. Good quality and sustainable provider market that can meet dem
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Other

eas to consider and give feedback on th
and appreciate local area feedback to

Birmingham

h the following statements and then d

Response:
Strongly Agree
Strongly Agree
Strongly Agree

ve observed demonstrable success in p

SCIE Logic Model Enablers, Response category:
9. Joint commissioning of health and social care
2. Strong, system-wide governance and systems leadership

SCIE Logic Model Enablers, Response category:

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
5. Integrated workforce: joint approach to training and upskilling of workforce

:egories:
:nts, demographics, urban vs rural facto

service users
ased approach, shared decision makin
workforce
nand

ıe impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on t
understand views and reflections of the progress and challenges faced during 2021-22

etail any further supporting information in the corresponding comment boxes.

Comments: Please detail any further supporting information for each response
Birmingham has been on a significant journey for a number of years now developing the partnership working across the health and social care system. This continues to be a priority locally looking for opportunities for joint commissioning and areas for collaboration in services
The proposed delivery of the BCF was delivered as expected with areas of underspend that have been developed as a result of the other funding streams available to support hospital discharge provision.
The strengthening of joint working continues as teams become more integrated with opportunities for colloaboration, which continues Birmingham on the journey of improving outcomes for our citizens and stands us in a good position through the development of the ICS

›rogressing and two Enablers which you have experienced a relatively greater degree of

Response - Please detail your greatest successes
Birmingham has focused over the last 2 years on how the offer for citizens who present home be improved. This has led to the development of a homeless pathway with access to services vulnerable citizens, including the sucessful bid for additional funds from DHSC for the Out of H the last 6 months has seen over 300 citizens and worked with them to address their housing r swift discharge.
The ability to respond to Covid, the Omicron surge response was due to a whole system respc leadership. This included Chief Executive led Gold command, agreement of priorities and appr shared intelligence (both quantitative and qualitative). Agreeing areas to surge i.e. voluntary s leadership from the appropriate agency i.e. Local Authority. D2A joint commissioining approa response for the pressures across our P1 & P2 pathways, cross system support to enable flow

Response - Please detail your greatest challenges

Financial sustainability of the system is challenged. CCG/ICB and Local Authority face significa the impact of inflationary cost pressures with providers (NHS and wider health and care mark short term funding including nation hospital discharge programme on funding for new operat during the pandemic, consequences of cost of LA care exercise in 22/23, workforce pressures, non-pay supply chain issues e.g. for community equipment, ability to step down surge capacit
Recruitment and retention across the sytem is a challenge but this is especially acute in the in Omicron has particularly highlighted this when the availability of home care was restricted du shortages. This in turn impacted on flow through the system as well as hindering "home first" disparities in pay, terms and conditions will continue to create a challenge.

ɔrs)

g and co-production

he ground which may have

	Checklist Complete:
	Yes
	Yes
	Yes
eless at point of discharge can and support for our most Hospital Care Model which in need which in turns enables a	Yes
onse enabled through system ropriate actions informed by sector response and the ch led to an effective shared and effective market	Yes

nt financial pressures including et), consequences of the loss of ing models implemented /employer NI contributions and y/de-escalation costs and	Yes
dependent care market. e - in part - to workforce outcomes for citizens. Ongoing	Yes

Better Care Fund 2021-22 Year-end Template

7. ASC fee rates

Selected Health and Wellbeing Board: Birmingham

The iBCF fee rate collection gives us better and more timely insight into the fee rates paid to exte
Given the introduction of the Market Sustainability and Fair Cost of Care Fund in 2022-23, we are
with previous years.

These questions cover average fees paid by your local authority (gross of client contrib
need to be calculated from records of payments paid to social care providers and the nu

We are interested ONLY in the average fees actually received by external care provide
your local authority is able to afford.

In 2020-21, areas were asked to provide actual average rates (excluding whole market support s
management of the COVID-19 pandemic), as well as a 'counterfactual' rate that would have bee
of providing care to inform policymaking. In 2021-22, areas are only asked to provide the actual

Specifically the averages SHOULD therefore:
- EXCLUDE/BE NET OF any amounts that you usually include in reported fee rates but are r
- EXCLUDE/BE NET OF any amounts that are paid from sources other than eligible local aut
Nursing Care and full cost paying clients.
- EXCLUDE/BE NET OF whole-market COVID-19 support such as Infection Control Fund payments
- INCLUDE/BE GROSS OF client contributions /user charges.
- INCLUDE fees paid under spot and block contracts, fees paid under a dynamic purchasi
commissioned by your local authority and fees commissioned by your local authority as
- EXCLUDE care packages which are part funded by Continuing Health Care funding.

If you only have average fees at a more detailed breakdown level than the three service
of 65+ residential without dementia, 65+ residential with dementia) **please calculate for**
category: 1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age
relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

	For information - your 2020-21 fee as reported in 2020-21 end of year reporting *
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£15.27
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£537.00
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£617.00
4. Please provide additional commentary if your 2020-21 fee is different from that reported in your 2020-21 end of year report. Please do not use more than 250 characters.	

Footnotes:

* ".." in the column C lookup means that no 2020-21 fee was reported by your council in the 20

** For column F, please calculate your fee rate as the expenditure during the year divided by t pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)

*** Both North Northamptonshire & West Northamptonshire will pull the same last ye County Council.

ernal care providers, which is a key part of social care reform.

exploring where best to collect this data in future, but have chosen to collect 2021-22 data t

outions/user charges) to external care providers for your local authority's eligible clie
mber of client weeks they relate to, unless you already have suitable management inf

rs for your local authority's eligible supported clients (gross of client contributions/u

such as the Infection Control Fund but otherwise, including additional funding to cover cost pr
n paid had the pandemic not occurred. This counterfactual calculation was intended to provic
rate paid to providers (not the counterfactual), subject to than the exclusions set out below.

not paid to care providers e.g. your local authority's own staff costs in managing the co
thority funding and client contributions/user charges, i.e. you should EXCLUDE third p

s.

ng system, payments for travel time in home care, any allowances for external provid
part of a Managed Personal Budget.

types of home care, 65+ residential and 65+ nursing requested below (e.g. you have t
each of the three service types an average weighted by the proportion of clients th

65+ residential without dementia, age 65+ residential with dementia) by the total nur

detailed category.

Average 2020/21 fee. If you have newer/better data than End of year 2020/21, enter it below and explain why it differs in the comments. Otherwise enter the end of year 2020-21 value	What was your actual average fee rate per actual user for 2021/22?	Implied Uplift: Actual 2021/22 rates compared to 2020/21 rates
£15.27	£15.58	2.0%
£537.00	£548.00	2.0%
£617.00	£629.50	2.0%

)20-21 EoY report

he number of actual client weeks during the year. This will

ar figures as reported by the former Northamptonshire

:hrough the iBCF for consistency

ents. The averages will likely
formation.

user charges), reflecting what

ressures related to
de data on the long term costs

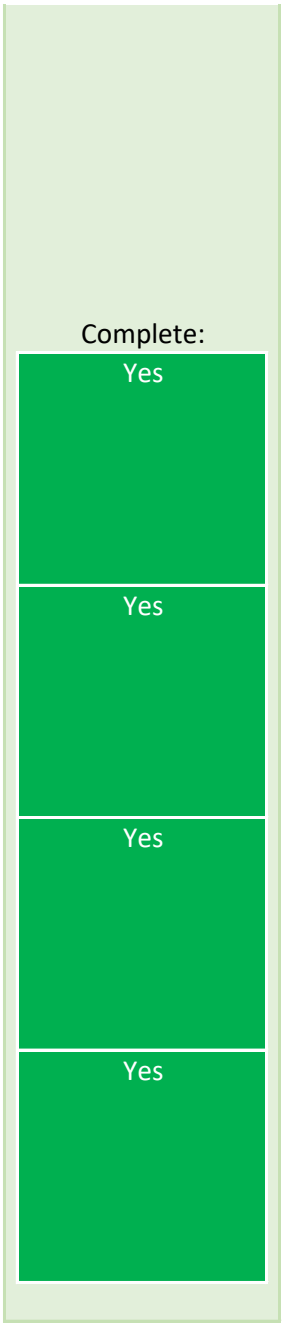
ommissioning of places.
arty top-ups, NHS Funded

er staff training, fees directly

:he more detailed categories
at receive each detailed

mber of clients receiving the

Checklist


Complete:
Yes
Yes
Yes
Yes