

**ADULT SOCIAL CARE, HEALTH AND
HOUSING OVERVIEW AND SCRUTINY
PANEL
4 FEBRUARY 2019
7.30 - 9.25 PM**



Present:

Councillors Harrison (Chairman), Allen, Mrs Angell, Mrs Mattick, Ms Merry, Peacey, Mrs Temperton, Thompson and Tullett

Observer:

Executive Members:

Councillor D Birch

Also Present:

Catriona Khetyar, Head of Medicines Optimisation, East Berkshire CCG

Melanie O'Rourke, Assistant Director: Adult Social Care Operations, Bracknell Forest Council

Mairead Panetta, Head of Service: Safeguarding, Bracknell Forest Council

Ellie Eghtedar, Interim Head of Housing, Bracknell Forest Council

Tony Dwyer, Interim Assistant Director: Mental Health and Out of Hours, Bracknell Forest Council

Jacqui Wilton, Family Safeguarding Model (FSM) Project Officer, Bracknell Forest Borough Council

Ollie Lamping, Domestic Abuse Perpetrator Service Worker (DAPS), Bracknell Forest Borough Council

Apologies for absence were received from:

Councillors Mrs McCracken and Dr Hill

Dr David Norman, Co-opted Representative

Mark Sanders, Healthwatch Bracknell Forest

45. Minutes and Matters Arising

RESOLVED: that the Minutes of the Adult Social Care, Health and Housing Overview and Scrutiny Panel held on 15 January 2019 be approved as a correct record, and signed by the Chairman, subject to Janette Fullwood, Head of Children, Young People's and Families: East Berkshire Clinical Commissioning Group CCG being recorded as Also Present at this meeting.

Arising from the Actions Log, Kirstine Berry, Governance and Scrutiny Co-ordinator advised Members that several items were awaiting a status update due to the short time lapse between this and the previous Panel meeting, but that any outstanding actions would be followed up and reported against at the next Panel meeting.

There were no Issues Arising since the last meeting on 15 January 2019.

46. **Declarations of Interest and Party Whip**

There were no declarations of interest relating to any items on the agenda, nor any indication that Members would be participating under the party whip.

47. **Urgent Items of Business**

There were no urgent items of business.

48. **Public Participation**

No submissions had been made by members of the public under the Council's Public Participation Scheme for Overview and Scrutiny.

49. **The Provision of Freestyle Libre (Flash Glucose Monitoring Device for Type 1 Diabetics) within Bracknell Forest**

Catriona Khetyar, Head of Medicines Optimisation: East Berkshire Clinical Commissioning Group (CCG) attended the Panel and explained the commissioning position on the provision of the Freestyle Libre, flash glucose monitoring system for Type 1 diabetics and explained that:

- The current prescribing recommendation was on the public website. <https://www.eastberkshireccg.nhs.uk/wp-content/uploads/2018/06/EPPG-policy-22-Freestyle-Libre.pdf>
- Freestyle Libre was the first flash glucose monitor on the market, others were in the pipeline.
- It had been possible to recharge the National Health Service (NHS) for Freestyle Libre since Nov 2017.
- The Clinical Commissioning Group (CCG) had taken time to consider the evidence surrounding the use of Freestyle Libre and they had balanced the clinical and cost effectiveness evidence available at the time.
- Concerns had been raised about the limited available evidence base surrounding this new technology.
- The National Institute for Clinical Excellence (NICE) information MedTech Innovation Briefing, at the point of CCG review did not mandate its use as a NICE Technology Appraisal would.
- At the point of review, there was no NICE Technology Appraisal in progress.
- The CCG had also discussed patient experiences and, although anecdotal evidence, they had been noted.
- At the time of evaluating, the CCG had considered that, on balance, Freestyle Libre would not be recommended for prescribing down to a lack of data on proven clinical benefit and lack of cost versus benefit evidence.
- The CCG agreed to revisit and review that decision again in April 2019.
- Last November, NHS England (NHSE) announced that the Freestyle Libre flash glucose monitoring system would be made available to Type 1 diabetic patients. The CCG welcomed that announcement.
- Prior to the announcement by NHS England on 14 November 2018 Freestyle Libre had been considered by NHSE Regional Medical Optimisation Committees (RMOC), these are advisory bodies only.
- Flash glucose monitoring systems had been mentioned in the NHS long term plan.
- The CCG was working in partnership with all health organisations in the Frimley Integrated Care System (ICS) to agree consistency in provision and an agreed process to ensure equity of access from 01 April 2019.

- NHS England (NHSE) still needed to provide clarity as to which Type 1 diabetic patients Flash Glucose Monitoring systems should be made available for.
- The CCG was working to the current RMOG statement and will amend if necessary in line with awaited NHSE criteria.

Following questions from Members, Catriona Khetyar, Head of Medicines

Optimisation: East Berkshire Clinical Commissioning Group (CCG) advised that:

- The RMOG Freestyle Libre position statement looked at Type 1 diabetics who were testing 8 or more times a day. The exact numbers of patients locally were difficult to identify, but it was in the hundreds when test strip usage was looked at.
- Some patients were looked after by hospital specialists, some were cared for in community by GPs,
- There was no definitive number as to how many patients Freestyle Libre would be used by. To try to gauge the estimated usage, some numbers had been worked through in collaboration with clinicians locally.
- NHS England had made an announcement but hadn't said which Type 1 patients Flash Glucose Monitoring Systems would be available for. It was expected that the patients who would have Freestyle Libre made available to them would be in accordance with RMOG position statement .
- The East Berks CCG were waiting to hear from NHS England on the specific criteria that Type 1 diabetics should fulfil to receive Freestyle Libre. This was not determined locally but would be set by NHS England.
- The Frimley ICS had a diabetes group and prevention work was part of that group. The cost savings associated with prevention could not be provided as Catriona Khetyar did not have that information.
- The East Berkshire CCG did not have to wait for permission to provide Freestyle Libre if there was a cost saving, they could provide it of their own volition, but it was felt that there was limited cost saving evidence available when they had made their decision in 2018.
- Consistent national access to providing Freestyle Libre was a good thing to do. Some areas that had chosen to provide Freestyle Libre and had locally collected audit data. It was unknown how that data would be made available nationally to be able to clinically and cost effectively measure Freestyle Libre's effectiveness. Going forwards, the East Berkshire CCG would collect clinical audit data to monitor outcomes.
- The whole conversation and decision process had looked at where the patients would be seen, who would see them, the amount of specialist input required, dietary and lifestyle input needs and patient engagement with diabetes care. Information needed to be collected to understand the impact of provision and outcomes.

It was pointed out that the collection of sharps boxes was an issue. Patients using sharps were no longer able to take them back to GP surgeries, the boxes had to be left out in patients front gardens between 7am and midnight for collection. Strangers had entered people's gardens and were looking at the sharps boxes. It was suggested that there needed to be a central point to drop off sharps boxes.

Catriona Khetyar, Head of Medicines Optimisation: East Berkshire Clinical Commissioning Group (CCG) agreed to take this suggestion back to the CCG for consideration.

- There were other CCGs in Frimley Health and Care Integrated Care System. There were North East Hampshire and Farnham CCG and Surrey Heath CCG. East Berkshire CCG and Surrey Heath CCG both made the decision

not to commission flash glucose monitors but North East Hampshire CCG decided they would supply Freestyle Libre.

- North East Hampshire and Farnham CCG based their decision to fund on the Southampton, Isle of Wight and Portsmouth CCGs (SHIP) Priorities Committee recommendation for flash glucose monitoring systems, which includes some patients not included in RMOC advice.
- Locally in light of NHSE announcement, East Berkshire CCG wanted all patients within the Frimley Health and Care ICS to have equitable access to Flash Glucose Monitoring Systems.
- All CCGs and healthcare providers within Frimley Health and Care ICS were working to provide flash glucose monitoring systems. The points of difference were around the provision of Flash Glucose Monitoring System for gestational diabetes.
- The announcement from NHS England recognised variation in the provision of Freestyle Libre across the country. This may have resulted from by the advisory nature of the RMOC position statement compared to a NICE Technology Appraisal which would place a legal duty on the NHS to make any treatment recommended available.
- East Berkshire CCG were putting plans in place to ensure that Freestyle Libre was available from April 2019.
- It was unclear what the optimal number and type of patients was to effect a cost/benefit saving from use of flash glucose monitoring systems and it was not known if that information existed.
- The original decision made by the East Berkshire CCG to not offer Freestyle Libre had been made using evidence that looked at clinical effectiveness and cost effectiveness evidence. Clinicians and patient representation had been involved in the original decision group.
- Cost / benefit and outcomes data sharing had been discussed with other CCGs within the Frimley ICS footprint and neighbouring systems, but that data was less than a year of collection so not known if able to provide any useful insights as yet.
- If a Type 1 diabetic patient was self-funding and well controlled currently, the assessment of whether they would be funded for Freestyle Libre would be made from the criteria at the point they were prior to starting use of Freestyle Libre.
- Local Frimley ICS guidance had been developed by the local diabetes clinical group to ensure all CCGs and providers were engaged in the conversation to ensure equal access to patients across the Frimley ICS footprint. That guidance will go to the relevant group for noting and to adopt the recommendation
- An estimate had been made on the amount of uptake of Freestyle Libre and funding had been put aside from 01 April 2019.

The Chairman gave thanks to Catriona Khetyar, Head of Medicines Optimisation: East Berkshire Clinical Commissioning Group (CCG) for updating the Panel and highlighted that the provision of Freestyle Libre was an improvement in service for residents. The Council was keen on preventative services. The NHS Long Term Plan included prevention measures and it was hoped this move would improve the health of the local population.

50. **Update on Heathlands**

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing attended the Panel and provided an update on the development of Heathlands. It was explained that:

- Heathlands was going to be a care home with 66 beds for elderly and mentally infirm (EMI) patients who needed nursing care.
- One of the drivers behind the project was to have this kind of facility locally available as Bracknell Forest did not have one currently.
- Members were aware that the Council was working with Frimley Health and the East Berkshire CCG in order to design and fund Heathlands.
- The planning layout had come up against planning rules and regulations and had had to be redesigned.
- On the back of the redesign, the business case had been re-evaluated. The re-evaluation of the business case with all partners had concluded today (4 February 2019).
- The business case was sound. Funding sources would be identified and a paper would be brought to the Executive on 12 March 2019 to outline the business case and from that all the decisions and governance arrangements in the party organisations could be set up to approve the project.
- It was hoped that Heathlands would become a reality later in 2019 when work started.
- It was hoped that in 2020 the first residents would be welcomed into Heathlands.
- It was hoped that a patient's stay at Heathlands would only be as a staging post on their way to homebased support or on into other localities.
- It would enable patients to take advantage of the facility in the Borough so that out of Borough placements would be reduced providing cost and quality control to Bracknell Forest Council.
- It was hoped Heathlands would be a model for future shared resourcing working with the health services in terms of pooling resources and people.

In response to questions from Members, Councillor Dale Birch, Executive Member for Adult Services, Health and Housing explained that:

- During the planning process, at the pre-application stage, the aspect of the building was not liked and that hurdle still had to be overcome.
- Heathlands was a 66 bed care home and it was planned for individual occupancy. There were no partner facilities.
- Heathlands was for elderly and mentally infirm (EMI) patients, not residential for dementia care.
- The item IO81949 in the Executive Work Programme entitled Proposal for an Integrated and Delegated Continuing Health Care Service Across East Berkshire was not related to Heathlands.
- Community Health Care was funded by the Council. The Council had a pilot to look at the integration of continuing health care and community healthcare, item IO81949 in the Executive Work Plan referred to that. Currently Heathlands was not part of the pilot project. In future there would be patients in Heathlands that would come under integrated continuing health care, but this was a pilot project currently. Ultimately, Heathlands should be included.
- The business case for Heathlands was a separate business case. Eventually continuing health care and Heathlands would get pulled together. Heathlands stood on its own merit currently.
- The early design work for Heathlands had been done by Atkins.

The Chairman thanked Councillor Dale Birch, Executive Member for Adult Services, Health for updating the Panel and asked that the Panel be provided with continuing updates on Heathlands as the project progressed.

51. **Family Safeguarding Model Case Studies**

Mairead Panetta, Head of Service: Safeguarding attended the Panel and provided a presentation that updated the Panel on the Family Safeguarding Model.

Further to the presentation, Mairead Panetta, Head of Service: Safeguarding advised the Panel that:

- The Family Safeguarding Model (FSM) had been launched in October 2017 in Bracknell Forest and it followed the successful model used in Hertfordshire.
- Bracknell Forest had taken the FSM wholesale from the Hertfordshire programme.
- The Multi-disciplinary team had been established in a staggered fashion and the last member had been appointed in July 2018.
- The multi-disciplinary workers had a range of skills to engage with the parents.
- Motivational Interviewing (MI) was a really important part of FSM. MI was a motivating conversation approach which used empathy and a collaborative style and was just one of the tools they used.
- The whole team had received MI training from an external trainer and they had monthly MI workshops with staff which featured a 'MI technique of the week' which kept the technique front of mind.
- The 8 module parent intervention programme had been trained by external trainers, and provided around 50 tools they could use with families.
- Families liked the approach with tailored interventions.
- Further training was being planned using in house trainers and would be offered to all staff going forwards.
- The final element was the recording system which had been supplied at no extra cost and was implemented in June 2018. The workbook was being tested with staff and the plan was to disseminate the workbook across teams in the future.

Further to the initial results of the FSM data provided in the presentation, Mairead Panetta, Head of Service: Safeguarding, verbally provided the Panel with some updated figures (to December 2018) which illustrated the results of the FSM. These were:

- Child Protection Plans reduced from 151 from the end of October 2017 to 109 by the end of December 2018 (reduction of 29.5%)
- Rate of children becoming Looked After reduced by 30.4% from the end of October 2017 to 109 end of December 2018
- 35.7% reduction in care proceedings in the two FSM teams (42 families January 2018 to 26 in December 2018)
- 34% reduction in children going missing (April to December 2017 compared to April to December 2018)
- 65% reduction in pre-proceedings (26 families September 2017 to 9 end of December 2018)

Mairead Panetta, Head of Service: Safeguarding further explained to the Panel that:

- York Consulting had been appointed to assess the quality of practice. They had evaluated by conducting surveys, focus groups, met families and conducted an annual survey.
- Feedback was encouraging and clients were very positive about the FSM.
- It was estimated that it would take about 3 years for MI to become fully established so that everyone was comfortable with using it.
- Adult workers met parents' needs with a better co-ordinated service and could deal with issues such as alcohol addiction etc. better.
- Direct work with children had always been done in Bracknell Forest, but this was now being broadened to adults.

- The mental health workers were offering a preventative type of service with the clinical psychologist working to get families to engage better with talking therapies.

Jacqui Wilton, Family Safeguarding Model Project Officer and Ollie Lamping, Domestic Abuse Perpetrator Service (DAPS) Adult Worker jointly presented and outlined a case study that demonstrated how the FSM worked.

It was outlined that:

- The Adult worker's role was to meet with the adults in a family who are abusing and encourage them to change their behaviour.
- Case studies were shared once a month within the FSM team during the MI team meeting where success could be shared and lessons learnt.

Ollie Lamping (DAPS) Adult Worker outlined that he had been and still was working on this case.

- The case study looked at a family.
- The parents had been married for 7 or 8 years, and they had 3 children
- The two girls had gone to school and reported that the father had been threatening them with violence. The Multi-Agency Safeguarding Hub (MASH) team did an initial investigation.
- The children had reported domestic abuse towards the mother. The father had a religious and strict upbringing.
- The girls were excelling educationally.
- Male privilege was a real issue.
- Dad refused to be challenged.
- Violence often happens around pregnancy, and mum's pregnancy was what had triggered his behaviour.
- The DAPS Adult Worker had to deal with different cultural norms and background when dealing with this family.

Jacqui Wilton, Family Safeguarding Model Project Officer further explained that:

- The parents didn't recognise the concerns the FSM team had.
- The mother was scared of dad and couldn't protect the children.
- The FSM team took legal advice and were advised that the threshold had been met for care proceedings, and that care proceedings should be considered straight away rather than engaging in pre-proceedings.

Ollie Lamping (DAPS) Adult Worker described how:

- Intervention adult workers came together with the social worker to implement the family safeguarding model.
- Initially the parents resisted intervention.
- Dad was removed from the home which he was opposed to and work began with him on the DAPS programme.
- It was at this point the MI techniques took place. The MI techniques tried to find some good around which changes could be affected.
- Mental Health also gave an assessment and the 8 model parenting programme was applied.
- The Social Worker stepped in to give victim support which gave mum the space and time she needed to think about what she wanted to do.
- The previous interventions had not helped but MI seemed to strike a chord with him and he began to apply the strategies that had been discussed.
- After 3 or 4 weeks Dad had phased return to the family.

Jacqui Wilton, Family Safeguarding Model Project Officer explained the 8 module parenting programme.

- The 8 module parenting programme looked at all aspects of parenting. It looked at parents' own parenting history, basic care, the provision of food and shelter, how and when to implement boundaries and offered guidance.
- The programme identified areas where support was required. In this case Dad needed to identify and implement appropriate boundaries.
- When the programme was broken into modules, it was easier for parents to see where they could change their behaviour.

Ollie Lamping (DAPS) Adult Worker described how the FSM had helped the family and how:

- Dad's parenting behaviour was learnt from his parents.
- He was provided with a time out safety plan so he would walk away and was made to think how his behaviour would affect his family..
- Mum was empowered to have a voice and he responded.
- The family were now building a relationship with him.

Jacqui Wilton, Family Safeguarding Model Project Officer explained the difference the FSM had made:

- The family situation had been de-escalated.
- The current legal advice was that the threshold for care proceedings was no longer met.

Following questions from Members, Mairead Panetta, Head of Service: Safeguarding advised:

- The family in this case study had funds to fund alternative living provisions, but in some cases Council funded B&B accommodation was necessary.
- Funding B&B accommodation was rare as most people could be accommodated with friends or family but if there were real worries B&B accommodation was provided but that each case was individually assessed.

Ollie Lamping (DAPS) Adult Worker explained that:

- This family were previously unknown to Bracknell Forest.
- There was no way that the FSM team could predict the families that come to them. The FSM did have some unsuccessful stories.

Mairead Panetta, Head of Service: Safeguarding further advised the Panel that:

- The FSM Had moved on in Hertfordshire and was now working with children who were developing mental health problems within families as they can go on to use drugs and alcohol.
- The FSM team at Bracknell Forest would also like to move on to this.
- The FSM team at Bracknell Forest were working with health colleagues on the sustainability of the model and police colleagues to see if they would fund posts going forwards.

Jacqui Wilton, Family Safeguarding Model Project Worker advised the Panel that:

- The effect of the FSM had seen a significant increase in children attending school for some children
- Pupil attendance was directly linked to academic outcomes.
- The FSM team met regularly with schools, the FSM was very much a multi-agency approach.
- Schools put in additional play therapy if appropriate.

- Further work was required on the figures that looked at the effect of the FSM on the number of children with care plans versus the national average and against other Boroughs. The FSM was still in its infancy and this was something that could be looked at in a year or so, after 18 months' worth of data was available.
- Care proceedings are done in the family court.
- The police in Bracknell Forest do not usually prosecute for serious neglect.
- Criminal proceedings may run alongside family court proceedings.

The Chairman gave thanks to the Family Safeguarding Team for attending the Panel and extended an invitation to return in a few months and update the Panel on the FSM impact.

52. **Severe Weather Emergency Protocol (SWEP) Update**

Ellie Eghtedar, Interim Head of Housing attended and provided Panel Members with an introduction to the cold weather provisions and the Severe Weather Emergency Protocol (SWEP) within Bracknell Forest. In addition to the presentation, the Panel were advised that:

- There were 5 new agencies that had taken part in the estimated rough sleeper count
- The estimated count had taken place on the night of 14 Nov 2018 to the morning of 15 Nov 2018.
- The estimated rough sleeper count was used to devise the SWEP.
- The rough sleeper count within Bracknell Forest was estimated at 19 people.
- Extra funding had been secured from the Ministry of Housing, Communities and Local Government of £35,000 to provide the cold weather fund.
- What does it look like?
- The SWEP was not a statutory requirement. Best practice was that SWEP would be activated by a weather forecast predicting 3 consecutive nights or more of temperatures below zero degrees Celsius
- Bracknell Forest SWEP had enhanced this recommendation and was activated by a weather forecast predicting 2 consecutive nights or more of temperatures below zero degrees Celsius.
- Notifications were sent out to all agencies involved when SWEP was activated so they could refer rough sleepers to the emergency duty service or the welfare and housing team to provide accommodation.
- The categorisation of a person who was a rough sleeper did not include those who were 'sofa surfing'.
- SWEP was provided to persons regardless of priority need and persons did not need to be eligible.
- The Homelessness Reduction Act meant those who needed assistance were identified earlier and personalised housing plans could be developed for those who met the threshold.
- There was closer working with partners which had meant early identification of support needs for people and vulnerabilities could be identified a lot sooner.
- The Homelessness Reduction Act had introduced a legal threshold for personalised housing plans to those threatened with homelessness or already homeless.
- The enhancement of SWEP in Bracknell in 2018/19 meant that those sleeping rough did not need to rely on the night shelter as the only provision for SWEP, however SWEP was not a statutory requirement.
- If an individual's support needs were assessed as high, individual accommodation could be provided.
- A sustainability plan was also identified for those who were being helped.

- A Specialist Housing Officer was being recruited to support the sustainability plan and would be in post February 2019.
- Under the sustainability plan, a Welfare and Housing Case Worker or Specialist Housing Officer made contact with those in the night shelter or B&B accommodation to secure more permanent accommodation and support.
- They worked closely with the police, Community Mental Health Team and Drugs, Alcohol and Addiction Team (DAAT).
- They advised partners of the legislative framework.

In response to questions from Members, Ellie Eghtedar, Interim Head of Housing advised that:

- The rough sleeper count of 19 was an estimate made on one day and only a snapshot.
- A personalised housing plan was done for each person who approached the Council directly or that was owed a prevention duty or a relief duty under the new Homelessness Reduction Act 2017.
- A risk assessment was done for each individual who approached or was referred for accommodation when SWEP was activated and it was established the person was 'sleeping rough.'
- SWEP had been activated twice since December 2018.
- 12 people had been placed in accommodation under SWEP and all 12 had risk assessments completed.
- The rough sleeper count of 19 done on 14/15 November 2018 was an estimate which had been done with partner agencies and partner local authorities to try to avoid double counting.
- The 12 individuals were referred every time SWEP was activated.
- There was a duty on public bodies such as community mental health team and prisons, to refer which came in to force on 01 October 2018, an update on which had been provided to Members but that did not extend to/between local authorities.
- Bracknell Forest had begun to work with neighbouring boroughs, but that was not in the Act.
- SWEP was an emergency protocol. If cases were picked up at the relief stage the close relationship/local connection element meant that case would be referred back to their 'home' authority.
- All Local Authorities had an agenda to eradicate rough sleeping by 2027.
- Bracknell Forest did not just rely on the night shelter. Only 3 people went into the night shelter of their own accord before SWEP was activated.
- The night Shelter ran from December to March.
- Bracknell Forest had placed people in funded self- contained accommodation and also provided transport for individuals to access the accommodation.
- Unknown rough sleepers were being engaged with to produce a sustainability plan.
- As part of SWEP, discretion could be used to provide provision for daytime needs for rough sleepers and extended and individual risk assessment plans could be provided.

Ellie Eghtedar, Interim Head of Housing advised the Panel that:

- She had a close relationship with Pilgrim Hearts Trust who provided tickets to partner agencies.
- The night shelter accepted everyone who approached them and was not governed by the Local Authority.

- A risk assessment was done before anyone was referred. If they were not able to share amenities, or a risk to others, they were placed into self-contained accommodation.
- The Homeless Prevention funding provided any necessary help to the night shelter. The night shelter was not something that was regularly monitored. There was a dotted line referral to the night shelter.
- The night shelter did not allow dogs.
- If SWEP was activated, it was assessed if the dog was part of the household and the Council would make provisions for the dog assessed on a case by case basis. Owning a dog should not stop the provision of SWEP. The Council would do their best to find accommodation to allow them to stay with their dog and could not promise that the night shelter would have them.
- The night shelter work alone.
- A rough sleeper could either accept or refuse an offer of accommodation as it could be provided further way from Bracknell Forest.

The Chairman gave thanks to Ellie Eghtedar, Interim Head of Housing for attending and updating the Panel.

53. Executive Forward Plan

There was one item for consideration: IO81949, Proposal for an Integrated and Delegated Continuing Health Care Service Across East Berkshire.

There were no questions from Members.

54. Date of Next Meeting

The next meeting of the Adult Social Care, Health and Housing Overview and Scrutiny Panel has been scheduled for 26 March 2019.

CHAIRMAN

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