



NOTICE OF MEETING

CABINET MEMBER FOR COMMUNITY WELLBEING, HEALTH & CARE

TUESDAY, 5 DECEMBER 2023 AT 4.00 PM

COUNCIL CHAMBER - THE GUILDHALL, PORTSMOUTH

Telephone enquiries to Anna Martyn, Local Democracy Officer - Tel: 023 9283 4870
Email: democratic@portsmouthcc.gov.uk

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Membership

Councillor Matthew Winnington (Cabinet Member)

Councillor Lewis Gosling
Councillor Graham Heaney

Councillor Brian Madgwick

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

Deputations by members of the public may be made on any item where a decision is going to be taken. The request should be made in writing to the contact officer (above) by 12 noon of the working day before the meeting and must include the purpose of the deputation (for example, for or against the recommendations). Email requests are accepted.

AGENDA

- 1 Apologies for absence**
- 2 Declarations of interest**
- 3 Outcome of the Integrated Sexual and Reproductive Health tendering process (Pages 3 - 6)**

Purpose

To provide an update on the outcome of the recommissioning of the Integrated Sexual and Reproductive Health (ISRH) service.

4 Portsmouth Carers Service (Pages 7 - 10)

Purpose

To inform the Cabinet Member and Spokespeople of the outcome of a self-assessment, completed by the Portsmouth Carers Service as part of the governance process of Adult Social Care, (ASC) preparing for inspection.

5 Shared Lives - Strategy and development (Pages 11 - 16)

Purpose

To inform the Cabinet Member and spokespeople of the work of the shared lives service in Portsmouth, how this aligns with the strategic aims of the Adult Social Care, (ASC) service and the plan for promotion and growth of the Shared Lives service.

Members of the public are permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting nor records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

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Agenda Item 3



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(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting:	Community Wellbeing, Health & Care Decision Meeting
Subject:	Outcome of the Integrated Sexual and Reproductive Health Tendering Process
Date of meeting:	5 th December 2023
Report by:	Hannah Byrne (Public Health Principal)
Wards affected:	All

1. Requested by

Councillor Winnington, Cabinet Member for Community Wellbeing, Health & Care

2. Purpose

This paper provides an update on the outcome of the recommissioning of the Integrated Sexual and Reproductive Health (ISRH) service. The contract includes statutory Public Health functions we are nationally mandated to deliver. The contract includes core services which are intended to lead and contribute towards the protection and improvement of multiple public health outcomes.

3. Information Requested

3.1. Tender outcome

Following an open tender process, Solent NHS Trust (who are the incumbent provider) were the successful bidder of the Integrated Sexual and Reproductive Health Service. The decision to award Solent NHS Trust has been communicated with them, and conversations are taking place to inform the mobilisation process towards contract initiation on 1st April 2024.

3.2 Services Available

The contract with the provider, funded by Portsmouth City Council ring fenced public health grant, will continue to provide the following for Portsmouth residents:

- System Leadership and Network Management
- Integrated Sexual and Reproductive Health Services
- Sexual Health Promotion, Prevention and Outreach
- Psychosexual Counselling

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3.3 Contribution to the Population and Wider Workforce

The contract will be outcomes focused to prevent poor health and to improve health outcomes for residents in relation to reproductive and sexual health.

The service will support delivery against the five main population sexual and reproductive health Public Health Outcomes Frameworks measures:

- Under 18 conceptions
- Chlamydia detection rate
- New STIs diagnosis (excluding chlamydia in the under 25s)
- Prescribing of long-acting reversible contraception (LARC) excluding injections (females aged 15 to 44)
- People presenting with HIV at a late stage of infection.

Service outcomes the service aims to achieve include:

- Improve sexual and reproductive health system cohesion and integration through system leadership, clinical leadership, and network management.
- Prioritise prevention and self-care with clear, accessible, and up-to-date information, in a range of formats available, about sexual and reproductive health services for the whole population, including information targeted at those at highest risk of sexual and reproductive ill health.
- Reduce health inequalities by improving access to all service elements for those at highest risk of sexual and reproductive ill health including inclusion health groups and those with additional needs.
- Increase uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods (including Long-Acting Reversible Contraception (LARC)) for all age groups, including a focus on groups where uptake is traditionally lower.
- Reduce unplanned pregnancies in all ages as evidenced by teenage conception and all age abortion rates.
- Increase timely diagnosis and effective management (including partner notification) of STIs and Blood Born Viruses in all groups with a particular focus on groups known to be at increased risk of infection.
- Repeat and frequent testing of those that remain at risk, with supporting evidence based behavioural change interventions.
- Increase uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk.
- Improve access to HIV Pre Exposure Prophylaxis (PrEP) among all groups recognised as being at highest risk of HIV infection.
- Monitor late diagnosis of HIV and uptake of partner notification.
- Increase availability of condoms and adoption of safer sex practices to prevent STIs and reduce unplanned pregnancies.



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- Reductions in the rates of local residents experiencing short/medium-term psychosexual problems.
- Greater community engagement and participation from those at higher risk of poor sexual and reproductive health (young people, minority ethnic communities, commercial sex workers etc) and use of insight from such groups to inform service design and delivery with a view to increase access and reduce inequalities.

3.4 Contract Arrangements

The contract is for a term of 7 years (plus 2 years, meaning a possible length of 9 years). The annual contract is £2,251,800 pa for Portsmouth City Council, equating to a possible £20,266,200 over the full potential term of the contract.

The service is co-commissioned by public health teams across Hampshire, Isle of Wight, Portsmouth and Southampton (for sexual and reproductive health); and NHS England (for HIV Treatment and Care). The total anticipated value for the contracts combined for all areas over the maximum of 9 years is £144,340,659 (which excludes NHS England Vaccines and cervical screening).

No local authority funded services have been removed from the contract. Following the implementation of the Portsmouth Method of Systems Thinking there have been significant improvements to access to the service and experience of staff delivering the service. This new way of working will be expanded to wider elements of the Integrated Sexual Health Service to ensure continued quality and service improvements are made that ultimately benefit our residents.

This procurement was approved at each Gateway stage within Portsmouth City Council, culminating in Gateway C approval being received on 14th September 2023.

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Signed by (Director)

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

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Agenda Item 4



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(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting: Community Wellbeing, Health & Care Cabinet Member

Subject: Portsmouth Carers Service

Date of meeting: 5th December 2023

Report by: Ben Muller, Acting Team Manager

Wards affected: All

1. Requested by

Councillor Matthew Winnington, Cabinet Member for Community Wellbeing, Health & Care

2. Purpose

To inform the Cabinet Member and Spokespeople of the outcome of a self-assessment, completed by the Portsmouth Carers Service as part of the governance process of Adult Social Care, (ASC) preparing for inspection.

3. Background

In November 2022, the Cabinet Member for Health, Wellbeing & Social Care received a briefing¹ on the intention of the Care Quality Commission, (CQC) to inspect how Local Authorities meet their duties under the Care Act (2014) as mandated by the Health and Care Act (2022). An update on preparation for inspection, including a comprehensive self-assessment exercise will be brought to a future decision meeting.

Portsmouth has a long history of recognising that carers are a fundamental part of the health and social care landscape and Portsmouth Carers Service is the lead organisation with a reputation for providing high quality, innovative support to carers.

This briefing paper focusses specifically on informal/unpaid carers. Support for unpaid carers is a significant theme in the CQC assurance guidelines and Portsmouth ASC has used Local Government Association, (LGA) benchmarking² to assess how well it meets the needs of carers in Portsmouth as part of the preparation for inspection. The LGA uses a range of criteria as a checklist for assessing readiness for inspection.

¹ [Adult Social Care Assurance](#)

² [Preparing for Assurance around unpaid carers](#)

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4. Benchmarking

4.1 Policy, strategy and commissioning

Portsmouth's most recent full carers strategy ran from 2015 through to 2020. The strategy was developed in partnership with Portsmouth Hospitals University Trust, (PHUT) Solent NHS Trust, The HIVE and Portsmouth Healthwatch. The impact of the COVID 19 pandemic and capacity constraints have delayed the publication of an updated strategy. It is expected this will be completed by March 2024.

Portsmouth Carers Service has a plan which was published in March 2023 and is due to be renewed in March 2024. The plan is developed based on performance data and direct consultation with carers through feedback events, co-production and community engagement. The plan focuses on the 5 main priorities from the short plan; improving targeted practical, emotional and psychological support for carers, supporting carers to remain in work, improving identification of carers, communicating and engaging with carers and making sure we do what have agreed to do.

4.2 Care Act 2014 Statutory duties

Portsmouth Carers Service has been developed to ensure compliance with our statutory duties relating to unpaid carers and as such, the service can demonstrate familiarity with the Care Act 2014. There is a senior social worker integrated into the service and the data produced shows Care Act compliance through use of direct payments, personal budgets and carers assessments. Where eligibility for services is met, they are offered. These services can be a mixture of statutory services and preventative services. In order to comply with the Care Act we are planning to produce separate care and support plans as these are currently incorporated with assessments. This will strengthen our compliance with the Act.

4.3 Unpaid carers data

When looking at the data recommendations within the LGA guidance, there are areas that we can clearly show good quality, accurate data and there are areas where the data does not meet requirements. Through the collection of referral, assessment and support data we can extract information on waiting times, length of time from assessment to support and how long it takes to deploy that support. This data reinforces our narrative around low waiting times for assessment which aids our role as a preventative service, reducing the reliance on more costly and intrusive interventions and providing comprehensive support that allows carers to continue their caring role in the way that they choose to. This data is held centrally within the service and is used extensively for service planning.

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The areas in which the data may not be as comprehensive as needed is around benchmarking levels of satisfaction or quality of life. The planned developments within the SystemOne case management system relating to Client Level Data³ may enable us to focus on individual client groups such as parent carers and further develop this data to provide greater insight however, as SystemOne is not a traditional care management system, extracting a narrative with this level of detail presents significant challenges.

Overall the data that we collect is comprehensive and provides us with information to be able to accurately plan and support wider service development. We can separate out data on wait times and assessment for unpaid carers through our locally collected measures data and have the ability to be flexible and increase carer assessment and support when required from our service.

4.4 Joint assessments

Joint assessments, (of carers needs and the cared for person) within the carers service reinforces parity of esteem for carers and allow for a holistic, whole family approach that balances the needs of the carer and the cared for in equal measure. This mechanism reduces the risk of carers' needs being viewed as an 'add-on' to those of the cared for. In addition, the support for the carer and cared for is separated in the support planning section of the assessment.

Joint assessments are a choice for carers and cared for who would like a whole family approach to assessment and support planning and should they decide that they would like separate assessments, these will be carried out.

4.5 Offering diversity and choice

Portsmouth Carers Service is able to evidence the choice on offer through data and publicly available information sources. The website⁴ details the support available directly through the service and our partners. Data is also submitted to the ICB regarding direct payments. In 2022/23, 331 direct payments were issued. The focus when identifying suitable support mechanisms for carers revolves around asking them what they would like to achieve and uses a strengths-based approach⁵ to assessments and support planning.

Whilst our approach to unpaid carers support provides choice and supports diversity, we are not able to evidence through data, the extent of the diversity. When looking at support for parent carers, we can show that we assess separately from the young person they care for however we are not able to quantify this due to our data collection processes. We do not classify different carer types and are not able to statistically

³ [Client-Level Adult Social Care Data \(No. 3\) - NHS Digital](#)

⁴ [Home - Portsmouth Carers Service](#)

⁵ [Strengths-based approaches | SCIE](#)



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identify parent carers from the other carers we support. Changes in data collection that will form part of Client Level Data may enable us to meet this requirement under the 'carer by association' categorisation.

Another area of focus is young carers transition assessments. At present the Young Carers service is based in Early Help⁶ in children's services. Portsmouth Carers Service support a Young Adult Carers, (YAC) group which runs weekly and is for carers aged 18-25. There is a specialist YAC worker who runs this group and is funded via the adults service; however, there is no specialist transition assessment. The development of this assessment will be a priority in 2024. Carers who attend this group have been offered carers assessments and access to the same services that all carers over the age of 18 can access.

The support for parent carers and young adult carers is largely focussed on support groups and providing carer breaks. There are a number of support groups for parent carers, parent carers from diverse and ethnic minority communities and support for parent carers who do not have English as a first language.

5. Summary

On review of the LGA carers criteria for assurance, and comparing this to the services in place, work in progress and work still to be done, we have confidence that Portsmouth City Council provides a carers service that meets a significant portion of the LGA carers criteria for inspection. Where gaps have been identified, they have been reviewed and where possible, work is in progress or planned to meet these criteria.

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Signed by (Director)

Appendices:

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

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⁶ [Early help and prevention service - Portsmouth City Council](#)

Agenda Item 5



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(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

Title of meeting: Cabinet Member for Community Wellbeing, Health & Care

Subject: Shared Lives

Date of meeting: 5th December 2023

Report by: Marie Edwards, Head of Provider Services

Wards affected: All

1. Requested by

Councillor Matthew Winnington, Cabinet Member for Community Wellbeing, Health & Care

2. Purpose

To inform the Cabinet Member and spokespeople of the work of the shared lives service in Portsmouth, how this aligns with the strategic aims of the Adult Social Care, (ASC) service and the plan for promotion and growth of the Shared Lives Service.

3. Information Requested

3.1 Background

Adult Placement schemes, commonly termed Shared Lives, involve carers providing care to adults in the carers own home, either on a long or short term basis. The Shared Lives Service offers people the opportunity to live as part of a household in the community, helping them to be as independent as possible whilst maintaining their links to family, community, and friends.

The role of the scheme is to support the carer, with the resident being supported by the Social Worker. When a match is found for both the carer and the resident, following an assessment of need, a 'placement' with the carer is made. This placement might be a 'permanent' or long-term arrangement, or short-term placements for short breaks.

3.2 Portsmouth Shared Lives

An overview of the Portsmouth Shared Lives Service can be found at Appendix 1.

As of November 2022, the Service was providing support for 34 adults placed with Shared Lives carers in Portsmouth across 25 registered households. The Shared Lives offering is designed to support people with a range of needs, most placements in Portsmouth are for older persons with 31 people in 65+ age group and in long-term placements.

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The Portsmouth Shared Lives Scheme is registered with the CQC and has consistently been rated 'Good' since 2014.

3.2 Planning & Strategy

The UK Government's adult social care reform white paper: 'People at the Heart of Care'¹, published in November 2021, refers to increasing current Shared Lives places and this aligns to the Portsmouth Adult Social Care Strategy commitment to growing strengths-based housing and care support, increasing the local Shared Lives offering.

The CQC (Care Quality Commission) consistently show that Shared Lives remains the highest quality form of nationally available social care, with the CQC rating 96% of schemes good or outstanding.

Outcomes measures from Shared Lives Plus² (the national membership body for Shared Lives carers and schemes) for 2022 show that:

- 97% people in Shared Lives felt they were part of the family most or all the time.
- 87% people felt that their Shared Lives carer's support improved their social life.
- 82% people felt that their Shared Lives carer's support made it easier for them to have friends.
- 92% people in Shared Lives felt involved with their community.
- 85% felt their Shared Lives carer's support helped them have more choice in their daily life.
- 85% of people felt their physical and emotional health had improved.

The State of the Nation Shared Lives Report³ shows a growth of 42% between 2015 and 2020 for schemes that cater for a wide range of needs related to mental health, dementia, parent and child arrangements, care leavers and the use of shared lives in hospital discharge pathways was increased as part of the response to the pandemic.

Investment in Shared Lives Portsmouth meets the ASC strategy objectives of

1. **Personalise care and support** responding to individuals and their circumstances
2. Will help to develop a **market** for care and support in the city as a valued citizen of Portsmouth.
3. Develop wide **range of housing** and support options that meet varied needs including short breaks, respite, long stay placements and recuperation from a hospital stay.

3.3 Funding arrangements

An overview of funding arrangements can be seen in Appendix 2.

¹ [People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/white-papers/people-at-the-heart-of-care)

² [The difference Shared Lives makes - Shared Lives Plus](https://www.sharedlivesplus.org.uk/the-difference-shared-lives-makes)

³ [Report: The state of Shared Lives in England in 2020-2021 - Shared Lives Plus](https://www.sharedlivesplus.org.uk/report-the-state-of-shared-lives-in-england-in-2020-2021)



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3.4 Current recruitment activities

ASC run a rolling campaign, led by communications colleagues.

As part of the Portsmouth activities for Shared Lives week⁴ ASC launched a communications campaign to encourage interest and applications from new Shared Lives carers. This included a new section on the PCC website⁵ with FAQs for potential carers and shared new case study across external channels. Colleagues within the service also gave interviews to local radio.

There was a 100% increase in views of the Shared Lives webpage, with 201 views over the week. 247 likes, 15 comments and 34 shares of Facebook post featuring the case study (majority of which were organic).

4. Developing the Service

4.1 Proposed project plan

In order to enable more of our residents to benefit from shared lives, ASC is planning to increase the capacity of the service. During 2023, a project plan has been formed and the service has commenced the actions needed to progress.

Key milestones

Phase one	
Shared Lives Plus ⁶ commissioned to provide strategic support and prepare a business case for expansion of Shared Lives Portsmouth	October 2023
Project kick off meeting with Shared Lives Plus and Shared Lives Portsmouth	October 2023
Data request to Portsmouth submitted	October 2023
Data submission from Portsmouth of Shared Lives Data to Shared Lives Plus	November 2023
Data analysis and benchmarking by Shared Lives Plus	December 2023
Executive summary report and presentation	January 2024
Phase two	
Map service users who could benefit from the service in the next three years	2024

⁴ [Shared Lives Week 2023 - Shared Lives Plus](#)

⁵ [Shared lives - Portsmouth City Council](#)

⁶ [Our story - Shared Lives Plus](#)



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Carer recruitment campaign alongside service users	2024
Carer assessment process review to ensure timely matching process	2024
Track recruitment and savings	2024

4.2 Challenges/risks/ issues

There are limited opportunities within the service for career progression, this leads to a risk that experienced and skilled workers leave the service to gain promotion elsewhere in the department or outside the organisation.

The growth of the Shared Lives service had plateaued since the pandemic, there are several reasons for this but in the main it has been more difficult to publicise the service and recruit carers due to Covid restrictions. Whilst it will take some time to build this back up, through development of the project plan, ASC aims to increase awareness of Shared Lives amongst Portsmouth residents and grow the service.

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Signed by (Director)

Appendices:

Appendix1: Current team

The team consists of a Registered Manager and 4 members of staff (2.9 FTE equivalent) who administer the scheme out of Portsmouth Civic Offices.

Registered Manager	37 hours per week
Senior Shared Lives officer	30 hours per week
Shared Lives officers	22 hours
Shared Lives officer	20 hours
Admin	18 hours

The team carry out the administrative and regulatory responsibilities which primarily involves recruitment and training of Shared Lives Carers, matching adults in need with an appropriate Carer family and offering ongoing support to the Carer family and the person in need.

The current offering is dependent upon having enough Shared Lives Officers recruiting, training, and supporting carers and finding appropriate matches in the community. Activity required to develop targeted strategies designed to ensure the Shared Lives service continues to add value to the supported accommodation pathway. The team structure has remained largely unchanged since 2005; however, the impact of flexible retirement requests has reduced staffing hours by 24.5 hours per week.



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Appendix 2: Funding arrangements

Placements are funded in two bands to ensure that the carer receives the proportionate level of funding per level of support and care required.

Those carers supporting individuals with exceptional needs, such as high-level physical care needs and 24-hour supervision, receive a 'S117' enhanced payment.

The following is an overview of the range of payments that are made to the carer on a weekly basis depending on the banding:

Bands	Range £ (per week)		Average care cost £ (per week)
	Min.	Max. (S117)	
Band 1	334.60	496.02	415.31
Band 2	450.66	612.08	531.37

Residents are financially assessed as part of their needs assessment and paid eligible contributions and those who are eligible are guided and encouraged to claim housing benefit to help contribute towards their accommodation costs especially as these account for a third, to a half of the overall costs. However, in some cases, residents might be ineligible to claim benefits if they have no recourse to public funds.

In previous years grant funding was available for extra staff to support experienced staff with their caseloads and allow them to focus more on recruiting and assessing new applicants. For example, prior to the pandemic, an additional full-time worker for 18 months was recruited to backfill experienced staff which resulted in 13 additional placements.

Additional funds have been allocated for publicity and promotion, as part of the communications plan.

Cost Effectiveness

Shared Lives placements average costs are between £415 and £531 per week depending on the type of placement and support needs.

Placing people within the Shared Lives scheme is a cost-effective way of achieving positive outcomes for residents when compared with traditional forms of long-term residential care, nursing care and supported accommodation.

The table below indicates potential savings per week using the higher rate of cost:



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Setting	National unit costs £ per week	Shared Lives unit cost £ per week	Savings £ per week
Local authority own-provision residential care for older people (age 65+)	1,409.00	531.00	878.00
Care home for adults requiring long-term mental health support (65+)	697.00	531.00	166.00
Residential care homes for adults requiring learning disability support	1,691.00	531.00	1,160.00

For every resident benefitting from a Shared Lives live-in arrangements at the higher rate and not using a care home provision, savings delivered are between £8,500 and £60,000 per annum, (dependent on need).

Background list of documents: Section 100D of the Local Government Act 1972

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