

## Cabinet Meeting on Wednesday 15 September 2021

### Strategic Review of the Care Home Market in Staffordshire 2021



**Cllr Julia Jessel, Cabinet Member for Health and Care said,**

“Offering good-quality, affordable care that meets people’s assessed needs is very important to us.

We need the care home sector to be sustainable so that people can access good quality affordable care when they need it.

The past 18 months have been a very challenging time for care homes, who have played a crucial role in keeping people safe throughout the pandemic. It is now important that we look ahead and plan for services that are fit for the future.”

#### **Report Summary:**

Staffordshire County Council (the Council) supports nearly 3,000 people to manage their assessed eligible social care needs in a care home. We need the care home sector to be sustainable so that we can offer good quality affordable care when people need it.

Covid-19 has had a profound impact on care homes, and we acknowledge the incredible role care staff have played in protecting those most vulnerable in our communities during this challenging time. We will continue to work with the sector to support it to manage the ongoing consequences of the pandemic.

The conclusions and recommendations in this report set out revised commissioning and contracting arrangements to ensure access to good quality and affordable care home placements when they are needed.

#### **Recommendations**

I recommend that Cabinet:

- a. Recognise the role that care homes have played during Covid-19 and the impact of the pandemic on the sector.
- b. Note and endorse the Council’s overall strategic objectives and approach to commissioning care homes.
- c. Agree not to progress refurbishment of the Hillfield site, Burton-on-Trent, to provide additional nursing home capacity owing to the results of the structural and feasibility studies.

- d. Approve implementation of guide prices for care home placements.
- e. Approve extension and variation of the current dynamic purchasing system contract for care homes for a further period from 01/04/2022 until no later than 31/03/2023.
- f. Approve re-procurement of a new dynamic purchasing system for care homes with a revised service specification, and delegate to the Director of Health and Care authority to award new contracts through the new dynamic purchasing system, effective from April 2023.
- g. Approve a phased increase in the number of block booked care home beds in accordance with demand, and delegate to the Director of Health and Care authority to award block booked bed contracts.
- h. Complete a review of the approach to contracting for complex residential and nursing home placements and delegate to the Director of Health and Care to consider the options and implement a preferred option in consultation with the corporate Senior Leadership Team and the Cabinet Member for Health and Care.
- i. Note the opportunities to use technology and innovation to support care homes to meet the challenges identified in this report.

<b>Local Members Interest</b>
N/A

## **Cabinet – Wednesday 15 September 2021**

### **Strategic Review of the Care Home Market in Staffordshire 2021**

#### **Recommendations of the Cabinet Member for Health and Care**

I recommend that Cabinet:

- a. Recognise the role that care homes have played during Covid-19 and the impact of the pandemic on the sector.
- b. Note and endorse the Council's overall strategic objectives and approach to commissioning care homes.
- c. Agree not to progress refurbishment of the Hillfield site, Burton-on-Trent, to provide additional nursing home capacity owing to the results of the structural and feasibility studies.
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- h. Complete a review of the approach to contracting for complex residential and nursing home placements and delegate to the Director of Health and Care to consider the options and implement a preferred option in consultation with the corporate Senior Leadership Team and the Cabinet Member for Health and Care.
- i. Note the opportunities to use technology and innovation to support care homes to meet the challenges identified in this report.

## Report of the Director of Health and Care

### Reasons for Recommendations:

#### Background

1. The Council has a statutory duty to meet the needs of people who are assessed as eligible for care and support under the Care Act 2014. If an eligible person is identified as having care needs that can no longer be safely managed in their own home or another community setting, the Council will meet those needs by commissioning a care home placement. The Council also has a duty to shape the market to ensure that care and support is available when required.
2. Many people fund their own placements and every Council funded person in a care home will pay a contribution towards the cost of their care as determined by a financial assessment.
3. Cabinet last reviewed the care home market in Staffordshire in September 2020 and as part of that review agreed that further work was undertaken to update the long-term demand model for placements taking into account the impact of Covid-19 and explore the future commissioning arrangements for care homes. Cabinet also agreed that the intended refurbishment of the former care home in Burton-on-Trent be paused to allow for further evaluation of the impact of Covid-19 and associated infection prevention and control requirements. This report presents the findings and recommendations from the work undertaken since then.
4. Covid-19 has had a profound impact on care homes, and despite the vaccination programme and the release of 'lockdown' restrictions, there remains considerable uncertainty about the long-term impact on the market. There may be a changed pattern in demand for care home placements, as well as further legislation or guidance that affect workforce and/or costs.
5. The Council's overall strategic objectives from commissioning care homes are:
  - a. **Improving the quality** of care homes in Staffordshire. This is primarily measured by the proportion of care homes rated by the Care Quality Commission (CQC) as 'outstanding' or 'good' with a target to reach the England average within the next 3-5 years (see Appendix 1, Table 2 and Figure 2).
  - b. **Ensuring timely access** to care home placements when required. This is measured by the proportion of placements sourced to timescale with a target of 85% overall (see Appendix 1, Figure 3).
  - c. **Ensuring affordability** of care home placements, such that Council is paying a fair price, achieving value for money, and that overall expenditure does not exceed the budget. This is measured by the average price of placements with a target that this increases only by the cost of inflation and that variation in price is reduced (see Appendix 1, Table 3).

## Overview of the care home market

6. There are 249 care homes with 7,882 beds in Staffordshire (as at June 2021). The numbers of care homes and beds has been increasing in recent years. Since May 2019, there has been a net increase of 3 care homes and 251 beds.
7. The Council funds nearly 3,000 care home placements, just over 1,800 in residential homes and over 1,100 in nursing homes. A breakdown by location and client group is shown in Table 1 below with more details in Appendix 1, Table 4.

*Table 1: breakdown of Council funded care home placements*

<b>Location</b>	<b>In county</b>	<b>Out of county</b>	<b>Total</b>
Older people	1,844	385	2,229
Physical disability	35	36	71
Learning disability	282	174	456
Mental health	118	48	166
<b>Total</b>	<b>2,279</b>	<b>643</b>	<b>2,922</b>

8. The Council currently purchases approximately one third of the care home beds in Staffordshire. The remainder are either purchased by other local authorities, the NHS, or self-funders. The Council therefore has relatively limited overall purchasing power, although the proportion of beds purchased by the Council does vary by locality and type of care home.

## Strategic commissioning approach – current position

9. The Council's strategic approach to commissioning care homes includes:
  - a. Understanding demand and supply.
  - b. Supporting quality improvement.
  - c. Pricing.
  - d. Contracting.

### **a) Understanding demand and supply**

10. Prior to Covid-19, the number of Council funded care home placements was expected to rise slowly for older people and remain more or less static for younger adults with physical disabilities, learning disabilities or mental health conditions. The pandemic has had a significant impact on Council funded older people's placements: a combination of deaths and reduction in new placements has reduced the number from over 2,600 at the beginning of 2020 to under 2,300 in June 2021. Providers have also reported a similar reduction in self-funded placements.
11. New care home placements for older people now seem to be returning to pre-pandemic levels at just over 100 per month. Based on this it is anticipated that the number of placements for older people will rise over the next ten years to between and 3,900 by 2031, as shown in Appendix 1, Figure 1. Supply of care home placements is also rising, with a 5% increase in capacity since September 2020. However, where this capacity includes a high level of vacancies, this may lead to

challenges to the sustainability of care homes. It will remain important for the Council to continue to track occupancy and staffing levels at a home by home level, and to remain engaged with care homes to understand their individual positions.

## **b) Quality improvement**

12. The Council's quality improvement approaches include:

- a. **The Quality Assurance Team**, which monitors and supports contracted adult social care services.
- b. **The Provider Improvement and Response Team**, which is a joint team with the Clinical Commissioning Groups in Staffordshire and includes nurses and other staff who work with care homes who require more intensive support to help them to improve.
- c. **The Care Market Development Team**, which assists adult social care services in Staffordshire with staff recruitment, training and retention, as well as sharing good practice and examples of innovation, and supports the sector in developing its workforce

13. There has been a significant improvement in the quality of care homes in Staffordshire over the last five years, but quality remains below the England average, as shown in Appendix 1, Table 2 and Figure 2. The Council will need to maintain an ongoing and enhanced focus on quality improvement, to be confident that this trajectory of improvement will continue.

## **c) Pricing**

14. The current care home contract includes ten lots, each with a reference rate, as set out in Appendix 1, Table 3. Reference rates provide an indication of the price the Council would expect to pay for each type of care home placement. Current reference rates are no longer sufficiently reflective of the actual cost of care or the price paid by the Council. There is substantial variation in prices in all lots and a relatively small proportion of care home placements within the reference rates for each lot, as shown in Appendix 1, Tables 4 and 5.

## **d) Procurement and contracting**

15. The Council has three mechanisms for procurement and contracting care home placements:

- a. Dynamic Purchasing System.
- b. Block booked beds.
- c. Nexus Trading Services Ltd trading as Nexus Cares (Nexus).

16. The **Dynamic Purchasing System (DPS)** is a contract platform through which the Council is able to agree a standard set of terms and conditions with a range of providers without committing to guaranteed levels of business. Individual placements are then made using an electronic system that advertises new

placements to all contracted providers and secures them on the basis of quality and cost. The DPS is “open” and allows new entrants to join at any point during its duration. This is important for care homes as it means that new and out of county homes can be given contracts as new placements are required.

17. There are challenges with the current process and methodology used to source placements under the DPS:
  - a. It has not kept price increases to the Council in line with expectations and there are large variations in the prices of placements in all lots.
  - b. The electronic call-off system used to broker placements is not optimal, and IT system, accompanying business processes, and methodology for data capture, reporting and use of intelligence, could be improved.
18. Nevertheless, the market and stakeholder feedback to date has identified that the DPS is an effective way of contracting, although there is scope for improvement in systems and processes.
19. **Block booked beds** use the same underlying terms and conditions as the DPS but are contracted for a fixed number of beds with guaranteed business once these beds are activated. There are currently 231 contracted block booked beds contracted of which 142 have been activated (as of August 2021) and these are typically 90% occupied, the vacant beds resulting from the period between one resident moving out and another moving in.
20. Block booked beds have proved effective at controlling and standardising the price of care home placements. The average price of block booked beds is below the average for the relevant lot and all block booked beds are within the reference rates for the relevant lot. The effect has been to reduce the average price of new nursing home placements from £840 per bed per week in September 2019 to £749 in March 2021, avoiding costs close to £1 million annually.
21. **Nexus Care.** The Council contracts with its local authority trading company, Nexus Care, to provide care at two homes, Meadowrythe (in Tamworth) and Bracken House (in Burntwood), with a total of 75 beds. Over the next two years there will be a detailed feasibility analysis to determine whether the homes can become registered to deliver nursing care.

### **Impact of the Covid-19 pandemic**

22. Care homes and their staff have worked tirelessly throughout the pandemic to maintain care to some of the most vulnerable residents in the county. Overall they have worked hard to provide the best possible care under incredibly challenging circumstances. Despite this, over half of all care homes in Staffordshire have had a case or outbreak of Covid-19 and there have sadly been a number of deaths.
23. For many residents, a care home will be their home at the end of life, and the infection prevention and control requirements for Covid-19 have had an impact on their quality of life, due to social distancing, self-isolation and restrictions on visiting.

The impact on the mental and emotional well-being of all involved has been considerable.

24. The Council has supported care homes throughout the pandemic including with advice and guidance, supplies of personal protective equipment, infection control expertise and training, extra staff, access to wellbeing resources, and additional funding and distribution of grants totalling over £27 million, as listed in Table 2.

*Table 2: additional funding and grants to care homes*

<b>Funding</b>	<b>Amount (£m)</b>
Emergency funding	7.276
Infection Control Fund 1,2,3 & 4	14.811
Community Testing Fund	0.001
Rapid Testing Fund 1,2,3	4.573
Workforce Capacity Grant	0.772
<b>Total</b>	<b>27.432</b>

25. The pandemic will continue to have an impact on care homes for many years. The Council has completed a risk analysis using a tool developed by the West Midlands Association of Directors of Adult Social Services, which indicates that around 20% of care homes in Staffordshire are facing ongoing risks. These include:
- a. **Reduced bed occupancy.** Providers tend to plan for an average occupancy rate of around 85% over a 12 month period but are currently operating closer to 77%, which reduces their income overall.
  - b. **Increased operating costs.** Covid-19 has brought requirements for enhanced infection prevention and control, compounded pre-existing challenges with staff recruitment and retention, and significantly increased insurance premiums.
  - c. **Recruitment and retention of staff.** Even prior to the pandemic, care homes faced a significant challenge with staff recruitment and retention. This has been compounded by new expectations that staff only work at one care home, and for Covid-19 vaccination as a condition of deployment. At the end of July 2021 91% of care home staff in Staffordshire have had one vaccination doses and 80% two doses, according to the data reported by care home managers.
  - d. **Structural issues.** The pandemic has reduced the capacity of some care homes because of the requirement for all residents to occupy single rooms. It will also require ongoing social distancing, which may be difficult in some care homes due to the layout of buildings.
  - e. **Quality.** Staffordshire has a relatively high proportion of care homes rated by the CQC as 'Requires Improvement' or 'Inadequate'. These are being supported by the Quality Assurance Team, and Provider Improvement and Response Team.
  - f. **Financial viability.** The combination of reduced income and higher operating costs may threaten the financial viability of some care homes. This risk has been



mitigated during the pandemic by additional funding from Government, as shown in Table 2, but it is not expected that this will continue.

## **Next Steps**

26. The fall in demand for older people's care home placements, both Council funded and self-funded, is likely to recover but this may take a considerable time. This may leave some care homes well below their planned bed occupancy rate for a prolonged period. This, along with increased operating costs and ongoing challenges with staff recruitment and retention, may compromise financial viability for some care homes. This risk is likely to be greater in older care homes where structural issues limit capacity and/or make social distancing difficult, as well as in care homes owned by smaller companies that do not have significant financial reserves. It is reasonable to expect that there may be some consolidation of the market in the next five years.

## **Development of additional council owned nursing home capacity**

27. Prior to the pandemic, in the face of rising prices, the Council was intending to develop up to 200 new nursing beds across three care homes. The first phase of this would have been achieved through refurbishment of a Council owned site at Hillfield, Burton on Trent. The second phase included building two new Council owned nursing homes.
28. Cabinet agreed in September 2020 to pause refurbishment of the Hillfield site due to the anticipated reduction in demand for care home placements as well as the limitations of the building, in order to allow further evaluation of the compatibility of the site with the enhanced infection prevention and control standards required by Covid-19.
29. The Council has now completed structural and feasibility studies to explore the changes to the building required in order to meet enhanced infection prevention and control standards. These have demonstrated that the associated costs would not offer value for money. The **recommendation** is therefore not to progress refurbishment of the Hillfield site, Burton-on-Trent, to provide additional nursing home capacity.
30. Cabinet also agreed in September 2020 to continue to explore the business case for building two new Council owned nursing homes, and to review the intended design and delivery models to ensure that they are consistent enhanced infection prevention and control standards required by Covid-19. This work is ongoing, taking into account updated estimates of demand, and a further report will be presented to Cabinet detailing the findings.

## **Quality Improvement**

31. The Council will continue and strengthen its quality improvement work, and the new care home contract will align with this.

32. The Council will continue to build on its experience during the pandemic to continually refine its support to care homes for quality improvement. The Provider Improvement Response Team has been increased in capacity, and there has been further joint working with the local NHS to support quality improvement.
33. Where care homes are repeatedly identified by CQC as requiring improvement, and unable to demonstrate a capacity for sustained improvement despite advice and assistance, the Council will consider whether it can continue to make new placements and also consider supporting a move of residents, where this is in their interests on a balance of risks
34. One of the biggest risks facing care homes (in particular nursing care) is the ability to retain qualified and experienced staff. The Council will continue to support the care home workforce through:
  - a. The work of the Care Market Development Team including exploring opportunities for innovation and technology that support safe and effective care and maximise the capacity of the staff available.
  - b. Working with the NHS to develop apprenticeship and reservist models, and supporting with advice on best practice in recruitment and retention.
  - c. Advocating for the sector, for example through our Dignity in Care Awards, which recognise exceptional and outstanding practice by individual care workers and teams.
  - d. Link with other local authorities in the region to consider the workforce challenges in the sector and develop a Care Workforce strategy to set out ways in which the workforce can be valued and utilised to best effect.

## **Pricing**

35. It will remain important for the Council to give an indication of the price it is prepared to pay for care home placements. The **recommendation** is to implement guide prices. Guide prices for care home placements will be based on detailed analysis and market engagement, taking into consideration local variances. Guide prices will act as indicator of expected prices to enable the use of local intelligence when sourcing along with potential negotiation to ensure the delivery of value for money. Guide prices will also inform Block Booked Bed price expectations for potential bidders and support the development of future strategic objectives in relation to the market.

## **Procurement and Contracting**

36. Recommendations for re-procurement and future contracting arrangements have been informed by engagement with care homes, and the completion of an options appraisal.
37. A questionnaire was sent in March 2021 to all registered care homes in Staffordshire along with out of county care homes contracted by the Council.

Providers were asked for feedback on current contracting arrangements and their preferred option for future contracting arrangements. 65 providers completed the questionnaire. There was some helpful feedback on current arrangements and the Council already has actions underway to review and improve internal processes accordingly. There was no clear consensus on future contracting arrangements. Further engagement is planned over the coming months.

38. The options appraisal considered options for future contracting arrangements with care homes. The following options were considered:
- a. A framework agreement.
  - b. A Dynamic Purchasing System (DPS) Agreement.
  - c. Blocked booked beds.
  - d. Spot purchasing.
39. The criteria used for the appraisal were that the arrangements must:
- a. Satisfy Public Contract Regulations 2015.
  - b. Allow flexibility in response to changing circumstances.
  - c. Promote market sustainability.
  - d. Promote competition.
  - e. Offer value for money.
  - f. Be simple to administer.

### **Dynamic purchasing system (DPS)**

40. The market and stakeholder feedback to date, alongside the options appraisal, has identified that a DPS Agreement is an effective way of contracting if the IT system and accompanying process can be improved. The strengths and opportunities of a DPS are:
- a. New providers can join at any time, allowing flexibility to accommodate new entrants to the market.
  - b. Providers are able to reapply if not successful on first application.
  - c. It is not limited to four years duration, unlike a framework agreement.
  - d. It allows the Council to call-off throughout the term for single placements as well as the procurement of blocked booked beds with approved providers.
  - e. It offers an opportunity for price competition at the point of call-off.
  - f. Market awareness and familiarity as a contract mechanism.
  - g. There are a range of IT systems available.
41. The existing DPS Agreement is in place until April 2022. A further contract extension is required to enable the development of new contractual arrangements, determine the most effective IT system and allow process changes to be implemented. The **recommendations** are therefore to:
- a. Extend and vary the current DPS contract for care homes for a further period from 01 April 2022 until no later than 31 March 2023, to incorporate amended terms and conditions including the extension period, changes to data protection requirements and payment of gross fees for new placements, with the Council

collecting the client contribution and third party top ups. This will require the Council to issue a notice on Find a Tender.

- b. Re-procure a new DPS contract for care homes with a revised service specification including terms and conditions, contract management and quality assurance expectations. The new contract would commence no later than 01 April 2023.

### **Block Booked Beds**

42. The options appraisal, has identified a range of strengths and opportunities from block booked beds:
  - a. Offers guaranteed business for contracted care homes. for savings.
  - b. Standardises services, both quality and price.
  - c. Offers value for money.
  - d. Improved engagement and relationships with contracted care homes, with potential to facilitate innovation.
43. The Council is keen to build on the success of block booked beds. The **recommendation** is for a phased increase in the number of block booked beds in accordance with demand, with further detailed analysis to be undertaken to determine the number and locations of block booked beds required.

### **Provision by the Council's local authority trading company or partnership models**

44. The Council will also consider expansion of care home provision by Nexus or a similar local authority trading company or partnership where the market cannot offer good quality care at an affordable price. Should there be a requirement and business case for any such expansion, a specific proposal will be brought to Cabinet in the future.

### **Contracting for complex residential or nursing care home placements**

45. There are occasions where the complexity of need of the person requiring a placement in a care home (which can include people with challenging behaviours resulting from their disability or dementia) means that a standard approach to sourcing care is not appropriate. In these circumstances there can be an additional time pressure because of a breakdown in current arrangements, either with informal carers at home or in other care settings which cannot meet the increasing needs. This can lead to placements being sourced in an emergency in care homes many miles from family and friends, implementation of restrictive care such as high usage of one-to-one staffing, and can lead to multiple moves in short periods of time which can have a detrimental impact on the person's wellbeing.
46. A review of the current processes for sourcing placements for complex needs is required and consideration will be given to whether additional block booked bed arrangements could be used. The needs of those with the most complex needs may be capable of being met by the earlier recommendations in this report, but where

this is not possible, the procurement and contracting process may be enhanced, for example, with additional terms or conditions, or a more detailed consideration of every element of pricing, proportional to the complexity of the needs. The **recommendation** is to complete a review of the approach to contracting for complex residential and nursing home placements and delegate to the Director of Health and Care to consider the options and implement the preferred option in consultation with the corporate Senior Leadership Team and the Cabinet Member for Health and Care.

### **Opportunities for innovation and use of technology**

47. The Council continues to promote innovation including use of technology to improve the quality and productivity of care. In care homes current initiatives include:
  - a. **Reminiscence Interactive Therapy Activities** systems. This is a stand-alone system that does not require an internet connection and includes different types of entertainment, such as music and films, along with sensory games and puzzles. It improves the experience of people with dementia and frees-up staff time.
  - b. **Oxevision**. This is a contact-free electronic monitoring system that allows care staff to monitor multiple rooms at one time, without the need for one-to-one visits or night-time checks. It reduces infection risk to residents and staff and frees-up staff time.
  - c. **Other technologies** including pressure and falls mats, iPads, and various other video-calling platforms, along with the implementation of electronic care records and the role out of secure nhs.net email, and electronic assessments.

### **Legal Implications**

48. The recommendations within this report take account of the Council's internal Procurement Regulations and Financial Regulations and the Public Contract Regulations 2015. During the extension of the DPS and the overarching agreement with providers contracts will continue be awarded through the DPS.
49. Contract variations will be issued to all current care home contract providers to include the extension period, changes to data protection legislation and gross payment of weekly fees.
50. Although variations will be made to the DPS terms and conditions, during the extension the DPS is still open for new providers to join thereby giving all providers the opportunity to tender for work through the DPS.

### **Resource and Value for Money Implications**

51. The Council's expenditure on care home placements had been increasing. Prior to March 2020 expenditure was increasing by 5% annually for residential care and 12% annually for nursing care, as shown in Appendix 1, Table 5.

52. The Council is not obliged in contracts to offer fee uplifts to care providers but does have the option to award discretionary fee reviews to take account of increasing costs for providers. The new contractual arrangements will continue this approach. The fee review process only applies to contracted providers. For individual packages of care with non-contracted providers any costs and uplifts are determined by the provider and negotiated separately.
53. The approved uplift for residential and nursing placements for 2021/22 was a composite rate of 1.79% and this was only applied to legacy placements with a commencement date prior to 01 April 2020. A composite rate of 2.79% was applied to all legacy placements with a start date prior to 01 April 2019 under the 2020/21 fee review.
54. A forecast saving of £5m has been identified in the quarter 1 monitoring report for 2021/22. This has arisen as the number of older people's care home placements is below the number budgeted in the current financial year due to reduced demand as a result of the Covid pandemic. Further growth had also been built into the budget to mitigate any risks to the provider market arising from the pandemic.
55. The Medium Term Financial Strategy includes funding to meet demographic and inflationary pressures for care home placements. An allocation of £4.736m has been provided to meet demographic and price pressures in older people residential and nursing placements. Best-case and worst-case scenarios were identified, with the mid-point position being assumed. This resulted in assumed growth in residential placements of 43 people per year and in nursing placements of 43 people per year.

## **List of Background Documents/Appendices:**

[Strategic Review of the Older People Care Home Market in Staffordshire 2020 – Cabinet Report 16/09/2020](#)

Appendix 1 – Strategic Review Analysis of the Care Home Market

Community Impact Assessment

## **Contact Details**

<b>Assistant Director:</b>	Andrew Jepps, Assistant Director for Care Commissioning
<b>Report Author:</b>	Helen Trousdale
<b>Job Title:</b>	Lead Commissioner, Older People and Physical and Sensory Disability
<b>Telephone No.:</b>	01785 277008
<b>E-Mail Address:</b>	<a href="mailto:helen.trousdale@staffordshire.gov.uk"><u>helen.trousdale@staffordshire.gov.uk</u></a>