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KEEP CALM AND MAKE IT PERSONAL

New Dialogues is a series of think pieces supported by the partners of ADASS

INTRODUCTION

The first thought piece, 'Let's Get Personal', focused on how to provide people with better mechanisms to support them in managing their care. Here, we build on some of the key messages from the thought piece, explore what keeps people well, and look at the role technology can play in promoting resilience and wellbeing as part of a rich life experience.

Is Adult Social Care in crisis?

For many years councils have championed personalisation, and the Care Act 2014 has embedded personalisation into the legal framework for social care. However, the Act has been implemented in a context of severe austerity across the public sector, particularly in adult social care. The reality for many people, is a system that is still not working well enough for them. A recent National Audit Office report[1] identified several risks and pressures:

● Personal budgets are seen as the end, rather than the means to enable personalised care

● Personalised commissioning is seen as a way of reducing overall spending

● Local authorities are struggling to manage and support the local care market, which in some areas is leading to less, rather than more choice. However, it is still too early to see the full impact of the Care Act

● Resource allocation systems are complex and service directories are not well developed

● Financial pressures mean that it is sometimes difficult to provide sufficient and timely support for front line workers

● Delayed transfers of care from hospital at May 2016[2] were the highest on record. The main reason given for social care delays was patients awaiting a package for care in their own home.

There are numerous examples of good practice, joint working and innovation but there is a risk that without a radical rethink and repositioning, adult social care will find itself heading towards crisis and a diminished role in a bigger, and more dysfunctional health and care system.

It is important, however, to reflect on the sense of optimism that change is possible, and that solutions will be found, even if they may take longer than initially thought.

"The Care Act provides a good platform to create the impetus for change, and move towards an assets-based practice." *Alison Barker, Hull City Council*

> **"The Care Act provides a good platform to create the impetus for change, and move towards an assets-based practice."**

1. *National Audit Office (2016) Personalised Commissioning in Adult Social Care*

2. *NHSE DT0C figures published July 2016*

Common themes

To understand how things could be different and to generate some themes and ideas to stimulate reflection we have interviewed leaders from within and outside the care sector.

From these interviews, five key themes have emerged:

- Community resilience
- Information and support
- Technology as an enabler
- A new care market
- Leadership and workforce

Community resilience

Asset-based approaches in health and social care

"Asset-based practitioners have a different perspective to most other health and care professionals. Fundamentally, they ask the question what makes us healthy? rather than what makes us ill? …The practitioners' vision is to improve people's life chances by focusing on what improves their health and wellbeing." *Trevor Hopkins, Asset Based Consulting, and Simon Rippon, Aligned Consultancy[3]*

When interviewed Trevor Hopkins, outlined how in some places practitioners are working in this way,. The process as well as the outcomes is valuable in itself; enabling people to make connections with other groups and networks. For social care practitioners it means having time to get to know people in the context of their whole life and community.

Hopkins warns against 'naive' implementation of asset-based approaches, or seeing it as a cost-cutting measure or substitute for the personal care that people need. He is clear that this approach is not a quick fix since it takes time and commitment. Front line staff need a different skill set and a willingness to respond to what communities want. This

may explain the somewhat patchy take up of the approach in a climate of short-term resource management in social care.

Community connections

The role of the voluntary and community sector (VCS).

"Good VCS organisations are better placed than other kinds of organisation to achieve many of the health and care goals. These are now seen as crucial to the sustainability of our NHS and social care systems. Often it is VCS organisations which support groups and communities which can go undetected. Not only by responding to health needs, but also starting to address the social determinants (poverty, housing, exclusion etc.) of health and deep-rooted health inequalities. Through drawing on people power as well as money, VCS are often uniquely able to offer support which looks at the whole person and whole family, thinking preventatively and whole lifetime." *Alex Fox, chair of the Department of Health's VSCE Review[4]*

The VCS has a role beyond service provision, and could justify investment to bring added value in building community capacity as well as supporting individuals.

Supported housing

"Supported housing has the ability to build communities within our estates, and to connect residents to the local community." *Chris Munday, Hanover Housing Association*

For many years the King's Fund and Housing Learning and Improvement Network have been strong advocates for the role of supported housing in promoting wellbeing. Despite its role being enshrined in the Care Act, in many places housing

"Supported housing has the ability to build communities within our estates, and to connect residents to the local community."

3.T Hopkins & S Rippon (2015) Head, hands and heart: asset based approaches in healthcare. The Health Foundation

4. Alex Fox, (Citation par 16\/ 1033) Joint review of partnerships and investment in voluntary, community and social enterprise organisations. Gov.uk

seems to sit outside strategic thinking in local authorities rather than being seen as a key partner and source of expertise and knowledge.

"Sometimes housing associations are the last ones standing. As services are withdrawn or disappear, we have buildings and staff that will remain, we can't drop out and find ourselves plugging the gaps – with more planning and thought across the local area we could make this a better situation for people." *Chris Munday*

Many people who move into retirement housing don't see themselves in need of help and support. There is a conscious effort by staff to know their residents, be responsive to them, promote connections with the local community, and offer regular opportunities for social interaction.

"Housing can interface across care pathways, particularly in supporting people with chronic conditions…We can also support reablement; not just to cope in the home, but to re-connect with the community, and support health monitoring as well as providing a safe, homely environment." *Chris Munday*

The recent Housing our Ageing Population Panel for Innovation 3 report[5] draws attention to the need for more autonomy, choice and control in the way older people can manage their homes and the lives they want to lead in retirement. The report promotes a 'care-ready' environment that helps people stay connected with their social and support networks, including through the use of technology.

The report refers to a vision of an 'internet-ready' home that could lead innovation in the sector and the way people use technology. For example, faster broadband 'streaming' to improve communications, and accessing apps on smart phones or tablets to better manage care

"True empowerment comes from supporting people to develop relationships, making a contribution to their community and working with others."

and health needs. Telecare and tele-health already has the potential to delay a move into residential care or avoid hospital admissions, and developments in the innovative use of wearables GPS tracker devices can monitor and support people with dementia less intrusively.

Positive relationships
"Relationships are key to a good life – users should be supported to maintain them as they are easily lost with declining independence or after a crisis move... True empowerment comes from supporting people to develop relationships, making a contribution to their community and working with others." *Alex Fox[6]*

Fox argues for a networked model of care in which a wide range of informal and professional relationships work alongside and enhance each other. To support this, adult social care needs to consider how front line staff can be freed up to build these relationships, and enable people to develop new relationships in their communities.

Adopting asset-based approaches
"Sometimes our staff make too many assumptions about what people can't do when really people are able, and want do more, and would benefit from going out to meet other people in the community". *Alison Barker*

Social care staff will need to encourage conversations about different options through asset-based, solution-focused practice. Alternative solutions will only be known about or developed if there is ongoing community capacity building with a focus on promoting wellbeing.

Opportunities need to be made to bring people together to identify, mobilise and connect assets for a defined purpose. As a community builder from the Forever Manchester project explained:

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5. All Party Parliamentary Group on Housing and Care for Older People (8 June 2016). Housing our Ageing Population: Positive Ideas (HAPPI 3)
6. Alex Fox (2013) Putting People into Personalisation. ResPublica

"Information and advice is too often seen as a diversion from care, rather than being available throughout the whole process."

‘We use what we call ‘ideas work’ sessions... using asset-based conversations. We talk about what people can do, what their aspirations are and what’s good in the place they live.” *Trevor Hopkins and Simon Rippon[7]*

“Asset-based working practices are often illustrated in small projects and organisations, some not directly related to health and wellbeing. However, by the very nature of their focus and action they are building assets for health and wellbeing.” *Trevor Hopkins and Simon Rippon[8]*

Whilst advocates would say that such an asset-based apporach is a key plank of any wellbeing strategy, it is struggling to gain traction. Part of this may be the challenge of demonstrating the value in financial terms of these approaches, and the lack of resource available to cultivate this work. Hopkins also believes that it challenges organisational hierarchies, particularly in health services, which creates resistance as professionals still think they know best what is right for people, and are reluctant to let go.

Information and support

Providing access to relevant support whenever it is needed

“Information and advice is too often seen as a diversion from care, rather than being available throughout the whole process.” *Tony Pilkington, Younifi*

Organisations need to ensure that every time someone’s needs change, they are offered different support options through personal care and the community. This can mean very simple matching up of interests and hobbies, such as online chat forums, to engaging in existing community activities. This requires very local knowledge and approaches such as local area co-ordination.

Other ways of asset-based community development are gathering momentum, particularly as local authorities try and gain a deeper understanding of their own communities. As changes can occur frequently, local authorities need to keep pace with change, but also operate in ways that people are used to when seeking information, such as Google or Amazon-type models. More dynamic and user-friendly access to information needs to be developed. This seems to be an area for innovation as existing systems are seen as ‘clunky’, ‘leading people to more support than they need’ and ‘incomplete and out of date’.

Managing demand in the context of a holistic wellbeing offer

Managing future demand by through keeping people well is going to be more critical in the future. Therefore, it is important that whenever people come into contact with the care and health systems that they are offered more information and advice. Tony Pilkington is clear that this needs to be embedded into the end-to-end case management process so that details of all support accessed can provide valuable intelligence. This gives a better opportunity to meet demand with alternative cost-effective market offers as well as core services.

“We need to look differently at how we carry out assessments, with more of a focus on how we support people to lead ordinary lives, using asset-based practice and making an assumption, which is based on our experience, that people will and can find their solutions. Our role is to support them to achieve their goals when they need more support. Our resource allocation system needs to be made much simpler, and the case management system must support new practice.” *Alison Barker*

7. T. Hopkins & S. Rippon (2015). Head, hands and heart: asset based approaches in healthcare. The Health Foundation
8. T. Hopkins & S. Rippon (2015). Head, hands and heart: asset based approaches in healthcare. The Health Foundation

Providing information advice and guidance whenever it is needed

Too often people do not get the right information at times of crisis.

"What would be most helpful (at the point of diagnosis) is support from someone close by, who can help the person and their family and address wellbeing issues, not just clinical information." *Jenny Cook. Guide Dogs*

Guide Dogs has been working with ADASS as part of the umbrella group Vision 2020 to co-produce a booklet setting out what kinds of information people would like to receive at the point of diagnosis. This model of support would be valuable for anyone at a point of crisis, building on the Expert by Experience model. Tony Pilkington suggests that this could be supported by technology.

"Forums are key as they help develop and encourage the Expert by Experience model - providing an environment where people who have been there and done that can share their experiences and support each other." *Tony Pilkington*

There is a tendency to see care needs on a continuum, with information front loaded when people first seek help. Information about wellbeing should always be promoted and available. Additionally, service users need to be able to make sense of the health and social care systems, and get the support they need. A different way of looking at this is to enable the service user to act as integrator for themselves, owning and managing their own data.

Technology as an enabler

Empowering and handing control to service users

It is clear that we need to redefine how people access support to optimise their wellbeing. Stephen Sloss, ADASS associate asks if we can we imagine most

people being able to assess for themselves what help they need and be given a virtual personal budget determined on a very broad understanding of their needs. This would be triggered by an event, such as a hospital admission. The personal budget would be derived automatically from an individual's financial circumstances. People would work with their chosen provider to use the personal budget to arrange holistic whole life support. The system would be largely web-based, and operate on a self-service basis.

Providers would be paid, through a virtual budget, according to how they deliver the support agreed, using a much more person-centred, goal-oriented approach. The approach effectively empowers people to arrange their own care, with support from providers who are incentivised to achieve their personal outcomes.

Some commentators believe that such an approach frees up local authority time and resource to focus on the smaller number of people with more complex needs, who are at higher risk. This may be aspirational, but some directors of adult social care are currently thinking about new ways of working with people, with new approaches to assessment and resource allocation.

The role of technology to support service users and promote wellbeing

People who use services need to have choice about how they access information and engage with councils, whether this is by phone, in person or through the internet. Whilst we have some way to go before full digital inclusion, the use of technology is definitely growing and not just among the young.

"Older people are more digitally aligned - don't underestimate the power and resolve of people with health conditions to use technology for self-care and social interaction. The IT capability of public sector service users is often underestimated. Low engagement can

"Don't underestimate the power and resolve of people with health conditions to use technology for self-care and social interaction."

A live example - Guide Dog Cities Unlocked[9]

Central to this project is the development of a prototype sound-based technology that has the potential to improve the way people experience their community. Guide Dogs found that many people with sight loss are already confident users of smart phones. The combination of new low-cost technologies and more traditional mobility aids could, in time, become the 'new norm' for many people with sight loss and could be used in different combinations according to specific needs and circumstances.

As one service user said: **"It will make a massive difference to my life. As a cane user it allows for spontaneity - as the programme provides real-time information about my surroundings such as landmarks, shops, bus stops and transport timetabling which enable me to alter my route... The equipment is easy to use as basically it is an app which interacts with a wireless headset."** From a staff perspective "This is the way to go... It is what users have been telling us is needed, they don't want bespoke devices, they want to use the same devices as everyone else".

"It is literally life changing. It doesn't replace the dog or cane, but it fills the gaps."

Guide Dogs' Jenny Cook said the main benefit is that it enables people to get about safely, be more spontaneous and generally have more purpose and meaning to their lives as a consequence: **"It is literally life changing. It doesn't replace the dog or cane, but it fills the gaps".**

There have been wider spin offs and benefit to the community – a leading software company does all the technology, and they co-produce with volunteers from the Berkshire Blind Society who provide insight and evidence. This collaboration, supported by the Institute of Collaborative Working, has led to wider engagement and true partnership – the software company's staff now walk puppy guide dogs, and volunteer to work with sight-impaired people locally. It has really engaged the company, which now regards this as one of their top projects and is a demonstration of their approach to inclusivity. There has been much shared learning between the organisations, and climate of innovation - Cook says **"Trusting and empowering people to think about the art of what is possible means that people (their volunteers) just take off – it really does change people's lives".**

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be attributed to lack of education, support or poor product suitability, rather than disinterest. Today's digital generation are tomorrow's adult social care users."** *Tim Gee, Risual*

More people use technology on smart phones and devices than we give credit for. These can be adapted and developed for use in care. As a minimum this enables immediate communication, but at a more sophisticated level it can enable people to share details of their health through apps or in a user portal that links to case management systems. This could be used

to track details such as blood pressure, activity and heart rate, with data shared wirelessly from wearable devices such as wristbands, which are already available and in use. The ability to share this data with others of their choice - such as GPs, care workers, friends or family carers - can support more intelligent interventions and responses, based on what the person wants and on risk, rather than routine.

Apps are also being developed for a variety of uses, particularly in children's social care, including strengthening safeguarding. There is massive potential for apps to play a bigger role in the adults sphere. For example

Risual's Paul Donnelly says a leading international software company has developed an app that allows people to easily report any concerns they have about wellbeing or safety including care staff and trusted others in the community. The app sends information in to a central hub and alerts staff immediately, enabling prompt and appropriate responses.

New trends in technology
There are other interesting upcoming trends in technology that are likely to have application in helping people with support needs.

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9. Guide Dogs. (2016). Cities Unlocked. Retrieved June 14, 2016, from Guide Dogs: http://guidedogs.org.uk/cities-unlocked#.V2Bl2lfArdk

"There are three big trends in technology at the moment that will help people with support needs. Self-monitoring wearable devices to both share data with trusted others and encourage self-care. Robotics - providing a friendly robot in your home that can talk to you, undertake simple tasks, provide companionship and entertainment, and prompt people to do things such as take medication. And voice-activated internet that responds to natural language that will help people find information and communicate more easily and widely." *Jagdip Grewal, Independent IT Consultant*

All of these are available now, but not systematically adapted or used to support care service delivery. It can be a confusing landscape though. Ayres[10] said **"there are thousands of digital innovations available, which could enhance health and social care. However, what is lacking is a central resource to find out what is available, whether they have been rigorously and independently validated and to share learning and experiences about what works and why."**

This is a consistent theme about technology in care. Shirley Ayres, co-founder of the Connected Care Network, believes **"In these challenging times we have a responsibility to show how the digital revolution can bring people together to build and support more connected communities."[11]**

The role of technology to support organisations and staff

"We need one view of shared information and transparency of service activity. Managing multiple sources of information is complex and costly which leads to mixed confidence of what information is accurate and up

"[One of the] big trends in technology at the moment that will help people with support needs are self-monitoring wearable devices to both share data with trusted others and encourage self-care."

to date. Managing one source that has up-to-date information means all parties have a single, trusted place of reference for information, services and activity." *Tony Pilkington*

It is important for staff to access and use such a system remotely when they are working with the people they are supporting. The organisation becomes more efficient and the service is responsive and working in real time. It would also enable communication between workers and end the unnecessary multiple visits from staff from different agencies. This joining up needs to happen between organisations too. Grewal gives examples of efforts to create portals between NHS organisations to share data both to support individuals, and to collect data for analysis at wider scale.

One London hospital has established a local care record that GP surgeries can access to see patients test results. This saves time spent on phoning the hospital, and enables more timely interventions for patients.

"If technology is to fulfil its full potential social care staff must be able to see the advantages and be willing to change how they work. There is a risk that a more fragmented market generates a bigger administrative burden for councils. Technology can be used to reduce barriers to market for small niche providers. Joined up information should help councils keep overheads down – it works in other industries. But in social care the providers and voluntary organisations often have better insight into the needs of the people they support. Through a more collaborative environment councils can establish sustainable community support, empowering providers as co-facilitators of care rather than merely delivers of it." *Tony Pilkington*

10. Ayres, A. (n.d.). Retrieved June 2014, 2016, from Connecting Social Care and Social Media: https://shirleyayres.wordpress.com
11. Ayres, A. (n.d.). Retrieved June 2014, 2016, from Connecting Social Care and Social Media: https://shirleyayres.wordpress.com

Technology innovation is not yet widely loved by the public

There has been a fanfare for technology for a number of years about connected homes, the 'internet of things' and about how this can transform our lives. But The Economist[12] has pointed out that **"so far consumers have been largely resistant to making their homes smart".** Although we know more people who may need support are embracing the digital age, not enough people are yet convinced that the internet can play a large part in their lives. Also, there is still a significant proportion of service users who will not be able to use technology for themselves for reasons of frailty and disability. Technology can be isolating and needs to enhance relationships, not take their place. It would be unwise to see technology as the saviour of care, but it certainly has a place, even more so in the future.

A new care market

There are significant implications for commissioning if social care is to enable more personalised solutions. The recent National Audit Office report[13] found that the drive to rationalise the number of providers, and the way that services are specified, can have the unintended consequence of reducing choice for service users. If we are to promote person-centred support, then more emphasis needs to be put on valuing the relationships that care workers can have with the people they support. At the same time, we cannot expect home care services to do things that others can do, and may be better placed to undertake. We should also be alive to the fact that technology can support new kinds of providers such as self-employed personal assistants, who are available on a 'pay-as-you-go basis' to provide personal solutions for people. An online presence would be the main way that they would be visible to potential customers. This online presence would include services and feedback from service users, in the same way that people use Trip Advisor to rate hotels and restaurants.

We need to consider the wider implications for commissioning. Jenny Cook, says outcome-based commissioning needs to be brought to life. The contribution made by the VCS needs to be more fully recognised - not just as deliverers of care, but also as providers of services that can fill the gaps, and help keep people well. There would be a social return on the investment, and the VCS needs to be seen as part of an overall solution.

Under the strategic leadership of councils, conversations with social care providers, public health providers, the NHS, housing providers, the VCS etc. could help to co-produce a different vision of what needs to be commissioned. This includes the integration of social care and health, and consideration of how to encourage innovation and seek additional social value. There needs to be an honest assessment about the resources required to achieve this new vision, and a willingness to invest in services that provide wellbeing.

Current social care systems and processes

"There is a mismatch developing between people who have long term conditions or disability who are just getting on with using technology as part of everyday life….and the care and health sector are often behind the curve in terms of using technology in the organisation and operates in old ways, pushing people through antiquated processes, leading to frustration and dissatisfaction." *Stephen Sloss, ADASS associate*

With the design of traditional social care technology systems there are constraints to moving to innovative models of care management. Adult social care cannot

"There is a mismatch between people who are just getting on with using technology as part of everyday life and the care and health sector are often behind the curve."

12. The Economist. (2016, June 11). The internet of things - where smart is
13. National Audit Office (2016) Personalised Commissionning in Adult Social Care

replace its systems frequently and suppliers are not always responsive to the needs to adapt . Given the importance of underpinning case management systems that support new ways of working, progress will be impeded unless this is addressed.

Councils need to be challenging current suppliers and appealing to new ones to have output based specifications.

Leadership and workforce

What keeps people well, and leading the best life they can?
"We assume that promoting wellbeing is a problem that social care needs to solve – but this is more about place-based leadership by the council... Social care needs to focus on managing the 'deep system', supporting complexity and managing risk to safeguard people."
Eric Robinson, Wirral Borough Council

Effective council leadership is vital to building healthy communities. This requires a change in mindset and a clear strategy to create this environment supported at the most senior level. Robinson believes that the temptation for social care leaders to try and take overall responsibility for wellbeing can dilute their impact. Of course, they are not separate from this and need to be completely connected to communities, but they don't have to manage them.

"There is a business case to be made for the whole council to understand their local communities, led by elected members who are accountable to their residents and who have access to these communities. Some of the skills we need to undertake community co-ordination are already in other parts of the council, and we could make better use of them."
Alison Barker

Leadership and culture

Culture starts with leadership, and it seems that a culture of process management has become the norm, rather than person centred working. Such a culture has also been embedded in technology, which drives the practice behaviour of staff.

"Traditional social care technologies are built to support the organisational processing of people in the system. We talk a good story regarding personalization then suck people into traditional models of council-managed assessment and care management. Achieving cultural change is difficult when the result is, for the most part, the same offer as they had before. If we start with the individual and stay there … staff can see the value of leveraging innovation as they can see the benefit of it to the people accessing information and support." *Tony Pilkington*

Staff attitudes, skills and culture

"It can be challenging to change practice to a more positive paradigm if the dominant model is one of risk assessment, treatment of poor health and protecting those seen as vulnerable." *Trevor Hopkins*

Different skills and approaches are needed to support assessment. Social work has its place, but services could optimise more occupational therapists (OTs) to undertake assessment to support people undertake everyday living tasks, rather than dispense equipment, which is what they are reduced to doing in some places.

"OTs have a different philosophy about helping people to live their lives - their training and understanding of physiology as well as a focus on independence bring huge benefits, but we don't allow them to do their jobs like this." *Eric Robinson*
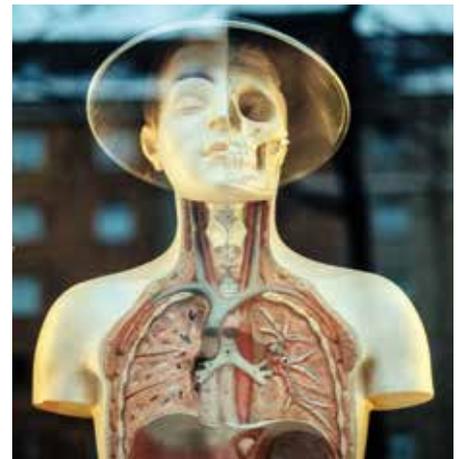
"Unless we deal with the things that make people human, they are not fixed."

Final reflections

This discussion provides a reflection on and some common messages about what is important in taking this debate forward. They do not provide the answers, but stimulate thought and reaction.

Leadership

Senior council leaders need to recognise that adult social care has tremendous expertise in supporting vulnerable people and commitment to personalisation. However, social care cannot do this effectively without the support of partners to ensure that the community itself is one that supports wellbeing. But community assets should not be a substitute for personal care and social care should not try and provide services and support that others in the community are better placed to do.

Technology is vital and enabling, with much more potential than is currently realised in terms of supporting service users as well as enabling smarter processes. However, technology is only part of the solution; it does not replace relationships or personal connections. This, however, cannot be an excuse not to consider the use of more technology.

"We - in the social care sector - have been slow creating a mind-shift away from technology as a means to an end. We need to be clearer about how digital technology can help address the challenges of our age. How does technology have a role in addressing social isolation, loneliness, supporting people living with dementia and their carers, etc. ? Is the missing link the absence of digital leadership in the social care sector?" *Shirley Ayres[14]*

Collaboration is critical, not just with the usual suspects in the health and care system.

Social care leaders need to acknowledge that systems and processes are bureaucratic and over engineered. They could work with providers and service users to develop a range of ideas to redesign these. Stephen Sloss believes that current systems have been designed to deal with the 'worst case scenario' and bring a lot more people into the formal system than need to be.

The workforce, including providers and case managers

The culture of doing with, not doing for, needs continual reinforcement throughout social care organisations and would be supported by person-centred and asset-based practice. All staff need to be supported to develop these skills, and allowed the time to put them into action. Whilst some would find this challenging, a lot would agree with this social worker's statement: **"Many staff are already able and know how to work in this way – let them get on with it".**

Staff also need to be technologically savvy, and see the advantages of this.

Communities and the public

Whilst individuals can usually work out the best solution for themselves, and communities have the capacity to generate positive and unique cultures and identities, there can be strong resistance to change to the external world. For example, the public is generally vociferously unhappy with changes to hospital configuration, or closures. Yet these kinds of changes are critical as they will help release resources to invest in sustainable solutions beyond acute care that really help people lead the best life they can.

"Unless we deal with the things that make people human, they are not fixed." *Jenny Cook*

We interviewed

Alison Barker
City Adult Social Care Manager (DASS) Hull City Council

Jenny Cook
Head of Strategy and Research, Guide Dogs

Paul Donnelly
Director of Justice Solutions, Risual Ltd,

Tim Gee
Public Sector Sales Manager, Risual Ltd

Jagdip Grewal
Independent IT Consultant

Trevor Hopkins
Consultant, Asset Based Consulting

Chris Munday
Executive Director of Operations, Hanover Housing Association

Tony Pilkington
Managing Director, Younifi

Eric Robinson
Chief Executive, Wirral Borough Council

Stephen Sloss
ADASS associate

14. Ayres, A. (n.d.). Retrieved June 2014, 2016, from Connecting Social Care and Social Media: https://shirleyayres.wordpress.com