

NEW DIALOGUES
NOVEMBER 2018

Directors of
adass
adult social services



Completing the adult social care jigsaw

**Developing healthy local social care
markets in rural and urban areas**

WHO WAS AT EACH ROUNDTABLE?

LEICESTER

ANDY BEGLEY, director of adult services and housing, Shropshire Council

PETER DAVIS, assistant director of adult social care, Leicestershire County Council

GLEN GARROD, executive director for adult care and community wellbeing, Lincolnshire County Council (chair)

NICHOLA GLOVER, director of commissioning, Cheshire East Council

TIM O'NEILL, director of people and deputy chief executive, Rutland County Council

DAVID PEARSON, director of adult social care and health, Nottinghamshire County Council

TONY PILKINGTON, managing director, Younifi

RICHARD WEBB, corporate director for health and adult services, North Yorkshire County Council

LONDON

ANNE CANNING, group director for children, adults and community health, London Borough of Hackney

LEE FERMANDEL, adult social care improvement lead and principal social worker, Southampton City Council

TONY PILKINGTON, managing director, Younifi

GRAINNE SIGGINS, executive director for strategic commissioning, London Borough of Newham (chair)

STEPHEN TAYLOR, director of adult social care and housing, Royal Borough of Kingston-upon-Thames

SUE WALD, corporate director for adult social services and health, Swindon Borough Council





Completing the adult social care jigsaw

How can technology, commissioning models and service integration help deliver the adult social care system of tomorrow? To find out, ADASS and Younifi recently held two roundtable discussions of adult social care directors.

Sometimes it is hard to see the wood for the trees as an adult social care director. The day-to-day challenges of squeezed budgets, intensifying demand and reshaping care services often divert attention away from examining questions about what the care system of tomorrow should, and could, look like.

Questions such as: How to solve adult social care's workforce challenges? What role can other council services play in adult care? How can local authorities best help self-funders? And what can new technology do for adult social care?

To explore these questions and more, ADASS recently brought together adult social care leaders for two roundtable discussions with support from Younifi.

The first roundtable focused on rural authorities and took place in Leicester in May 2018. The second roundtable took place in central London the following month and looked at the same issues from an urban perspective.

WORKFORCE SHORTAGES

Despite the differences in the urban and rural contexts, both roundtables quickly homed in on the same issue: the recruitment and retention of adult social care workers.

For Peter Davis, the assistant director of adult social care at Leicestershire County Council, a shortage of workers was the "basic barrier" to developing the local care

market. "In a full employment economy like Melton Mowbray that's a huge issue," he told the Leicester roundtable.

David Pearson, the director of adult social care and health at Nottinghamshire County Council, noted how figures released in February paint a grim picture for social care recruitment and retention. "Witness the National Audit Office report: a 6.6 per cent vacancy level in adult social care compared with 2.2 per cent in the overall economy," he said. "The adult social care staff turnover rate is 27.8 per cent, which is dramatically higher than the health service and the rest of the economy."

The same figures were also cited at the roundtable in London by Sue Wald, the corporate director for adult social services and health at Swindon Borough Council. "We have high levels of employment and so the workforce challenge for providers in Swindon is really difficult," she said. "The turnover rate in social care nationally is something like 28 per cent. It's even higher for us."

CAREER PATHWAYS

The problem, Ms. Wald concluded, is the lack of a career pathway for people who join the social care workforce.

"We need to get to a stage where you can start in domiciliary care or in a nursing home and there is a career pathway for you, whether that's in nursing, social work or whatever," she said. "That way young



people can see there is a progression. Our workforce, like in other authorities, is aged 35 to 55. There are very few young people coming in."

Anne Canning, the group director for children, adults and community health at the London Borough of Hackney, called the lack of an existing pathway "extraordinary" given how dependent people are on care workers. "We are looking at an apprenticeship route into adult social care but after that we have nothing on the table to offer except a commitment to look at something for care workers," she said.



Grainne Siggins, the executive director for strategic commissioning at the London Borough of Newham and chair of the London roundtable, said her council has been working at sustainability and transformation plan (STP) level on the problem.

"We've got various different professionals giving people stories to encourage them into the market," she said. "The difficulty at the moment is the apprenticeship levy and the frameworks that are there for us in the majority of care profession aren't for social care."

But Ms. Canning felt that telling the stories of those who have built successful careers in social care were no substitute for being able to offer young people a clear career path.



Ms. Wald doubted that the career pathway problems could be fixed at local level. "The career progression model has got to be health and social care together because otherwise it won't be attractive enough," she suggested. "It's got to be done at national level because otherwise we are going to do it 152 times and none of us have the capacity or systems to develop that pathway except in small stages with small groups of people."

“In terms of the relationships with health, we are all fishing from the same pond for the same sort of entry level staff”

ANDY BEGLEY, DIRECTOR OF ADULT SERVICES AND HOUSING, SHROPSHIRE COUNCIL

ECONOMIC DRIVERS

However in Leicester, Andy Begley, the director of adult services and housing at Shropshire Council, suggested that local authorities already have some of the tools that could make a career in care work a more attractive option.

"In terms of the relationship with health, we are all fishing from the same pond for the same sort of entry level staff but we as councils have got mechanisms at our disposal to do that," he said. "We could create affordable housing. We could create bespoke mortgage packages or other incentives we

can tie to starting grade salaries or we could try to support individual providers."

But the roundtables noted investment is needed to make use of those tools.

Stephen Taylor, the director of adult social care and housing at the Royal Borough of Kingston-upon-Thames, said: "Skills for Care says there's £14 per head to train the social care workforce. The same figure for health education in England is £2,500 a head. There's not investment in the social care workforce, the investment is within the NHS."

At the Leicester roundtable, Mr. Pearson said that low pay is a significant cause of the recruitment and retention problem in adult social care. "Ultimately, we need a better paid, more valued social care workforce," he said.

Mr. Begley argued that there is a need to make a positive case for investment in social care: "We're still viewing this as a completely negative model around the consumption of resource, when actually the opposite is true. We are in a growth industry and when you talk about adult social care and health as being an economic driver, you start having different conversations locally."

Mr. Pearson agreed: "We should think about social care as an economic driver rather than a drain on the county's economy. We have to create a vision of social care as an investment proposition."

ISOLATION AND RURAL INFRASTRUCTURE

For the rural authorities in Leicester, the workforce challenges also tie into infrastructure problems that limit care workers' ability to get around their areas.

"Deprivation and inequalities exist in very rural areas – they just look different," said Richard Webb, the corporate director for health and adult services in North Yorkshire County Council. "Limited transport, access to jobs, distances from public services, damp and cold housing, house prices and rental costs way above average salaries – these are all real challenges. Military bases in remote areas can feel almost like the inner city, albeit with a population stuck miles from anywhere."

"You end up with scenarios where the health system can't recruit people and the social care system can't recruit people. It becomes a burning platform. Councils are doing what we can to tackle these problems



but there is no single magic bullet.”

Mr. Tony Pilkington, the managing director of Younifi, asked whether these infrastructure issues for predominately rural councils could be turned into an opportunity: “If you don’t have the infrastructure for big providers to be going out from your urban areas to your rural areas, could you be stimulating micro-providers in rural areas instead?”

Nottinghamshire County Council has explored this, said Mr. Pearson: “With support from community catalysts, we set up more than 60 micro-providers so it’s part of the answer.”

Dr. Tim O’Neill, the director of people and deputy chief executive of Rutland County Council, said the attractiveness of social care as a career also depends on health of the employers. “In some respects, we’re in competition with health providers and commissioners so one of the options is building more resilience in the social care delivery model to make it more attractive in the longer term,” he argued.

COMMISSIONING

As the discussion at both roundtables moved onto the question of market sustainability, there was no shortage of

different approaches being explored by the local authority leaders who attended.

Ms. Wald said Swindon had tried several approaches in the past but had now settled on appointing a “master vendor” who subcontracts work to other providers. “We’ve introduced the new contract gradually,” she explained. “Instead of moving everybody onto the new contract in one go, providers pick it up as new care packages come in. This approach has been very helpful in stabilising the market because providers know they will have a certain amount of business.”

Mr. Taylor said Kingston-upon-Thames



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ANNE CANNING, GROUP DIRECTOR FOR CHILDREN, ADULTS AND COMMUNITY HEALTH, LONDON BOROUGH OF HACKNEY

recently finished a significant piece of work designed to bring consistency to the borough’s care providers. “We had three long-term, low-paid big providers who we worked with that had loads of quality and safeguarding costs, and lots of spot purchasing from providers who we paid an awful lot more,” he said. “So we got all the providers together and said we’re now going to pay a new hourly rate. We increased the rate for the three larger providers and reduced it for a lot of the spot purchase providers.”

For providers who saw their hourly fees cut there was an incentive, Mr. Taylor added: “The offer for those providers was we will now work strategically with you, so there was also an offer back to them.”

Mr. Pilkington asked whether Kingston’s move to more consistent rates for providers had also benefitted people who fund their own care. “It isn’t, but we are looking at that,” replied Mr. Taylor. “The problem in Kingston is 60 per cent of the market is self funded, so we’re in competition for the care provision we provide to the 40 per cent we fund.

“That’s a different issue to what most of the country is facing but we’re looking at how we can increase our influence and work together with providers to give self-

funders a better offer.”

At the Leicester roundtable, Ms. Nichola Glover, the director of commissioning at Cheshire East Council, also felt that having a high level of self-funders in the older population presents local authorities with unique challenges. “I find the self-funding market very difficult because we have a high number of self-funders and that takes the capacity in the market,” she said. “Providers don’t need the council to do business and that makes the dynamics very difficult.”

Mr. Davis added that Leicestershire County Council is very conscious of self-funders too “because today’s self-funders become the fund droppers of tomorrow”.

REGULATORY HURDLES

Back on the topic of new commissioning models, Mr. Begley stressed the importance of not overlooking how diverse providers are. “Our provider market stretches from multinationals to kitchen-table businesses and those organisations have very different capabilities,” he said. “We did a cost exercise and found many of our providers were not capable of answering the basic questions we were putting to them about how they run their businesses. Provider

capability is an enormous issue, particularly for rural areas.”

Mr. Glen Garrod, executive director for adult care and community wellbeing at Lincolnshire County Council and current president of ADASS, nodded in agreement: “I was told by a nursing home group that the big nationals, which are the minority in nursing care, can cope with the NHS paying £158 a week for the free nursing element of a nursing care placement but small- to medium-sized enterprises need £190 a week.”

At both roundtables the influence of the Care Quality Commission (CQC) was seen as a potential barrier to developing the market and encouraging providers that break with the traditional models of care provision.

“I wonder about the regulatory framework,” Mr. Webb told the Leicester roundtable. “There are lots of strengths in the current regulatory framework but if you are trying to run a nursing home in a rural area there are some real challenges. We probably need different models and more proactive support from the CQC to resolve some of those issues.”

Mr. Begley agreed: “What regulators are doing is a huge influence, a huge driver of behaviour. I would question whether it’s the right kind of influence. Organisations are trying to develop different models that are the right things to do but are being driven to get around some of the requirements of the regulator.”

In London, Ms. Siggins said Newham is working with the CQC on some of those challenges so that it can involve the large bank of volunteers recruited in the borough for the 2012 London Olympics in supporting older people.

“We struggled when we were looking at this approach because we knew the CQC would have x, y and z in their ask that our new model of delivery does not require,” she said. “So we’ve worked proactively with the CQC every step of the way because we knew that inspectors would pick up on that. By working with us the CQC are acknowledging that they need to flex a bit.

“I would say it’s us supporting the CQC to change because they want to keep looking at how they regulate and they understand that they might need to change in terms of what they expect and how they regulate.”

DEMISTIFYING CARE

Younifi’s Mr. Pilkington said the danger is that new models bake in additional complexity because they are designed as workarounds for regulations that while there for the right reasons also act as barriers to different approaches.

“You create models where you still meet with compliance but in a way that creates a more technically difficult engine for people who don’t have knowledge of the system,” he said. “The more we can move away from creating a more difficult environment to work in the better, because it removes barriers from people who do want to manage their own care. It’s not about demystifying something unwieldy and complex. It’s about trying to de-complicate and make a less unwieldy environment.”

Finding ways to make it easier for service users and carers to navigate the complexities of the social care system was a common theme in both discussions. “The external narrative on our world is that it is completely and utterly bewildering,” said Mr. Webb in Leicester. “People do not get

the information and advice they require. The complexity of the system for self-funders is so bewildering that it’s impossible to just say go to this website, read it and you will be fine. People need help to navigate the system.”

In London Ms. Siggins noted that the public often don’t know much about the social care system: “They only get interested when they have family, friends or carers who need social care services.”

Mr. Garrod said making the care system easier to navigate is a tough challenge. “How do we support a population that is desperate for something that doesn’t expose them to the complexity of our world but provides a rounded understanding of what is available and doesn’t fetter their discretion by only showing them a choice of domiciliary and residential care?” he asked. “If we construct systems that fetter people’s discretion they won’t have the opportunities for creativity that better reflect where they are and what they need.”

Ms Glover said Cheshire East Council has been trying to address this. “We’ve just created a connected community strategy where we’ve set up a franchise and funded community centres to be the point of contact in their local communities,” she said. “We are going to have 60 across the borough and we’ve got about 30 up and running so far. We’ve also put all our information, advice and guidance into a website we call Live Well and it will be interesting to see the results of that.”

DIRECT CONVERSATIONS

Ms. Wald told the London roundtable that Swindon’s clinical commissioning group (CCG) is prioritising comparable work in the borough: “Our clinical commissioning group





is funding a community navigator programme and now one of the community navigators is linked into the social care front door funded by the local authority. Now when people come to us and they don't need an immediate care package, they can get good advice and information as well as support from people who have the knowledge because they are locally based."

Mr. Garrod raised the point that the cost of care is one piece of information people often find difficult to access: "It's not just about information and advice, it is also about how do you know how much you have to pay and, in a timely fashion."

Mr. Garrod also noted that Rutland County Council is one of the few councils to have explored the question of what happens to the people who get information and advice from local authorities about their care rather than any short-term or on-going support.

"The simple answer is they do much better than we thought they did," said Dr. O'Neill. "In Rutland we are increasingly

having more open and direct conversations with people about what our role is, what they can do themselves and how this is an opportunity for them to help themselves, get better outcomes and be independent for longer."

Dr. O'Neill added that many residents do understand that it is better if they are able to help themselves remain independent for longer rather than immediately moving onto care and support packages.

"Being more open and direct is riskier and I do get complaints in my inbox occasionally because of it but, overall, we find it is working," he said.

SOCIAL MEDIA

In London, Southampton City Council's adult social care improvement lead Mr. Lee Fermanel said adult social care needs to go beyond having websites that are no more than care directories.

"That's a very traditional approach and there's no nudging of people to look at anything out there in the community – it's

very much about putting people into a system," he said. "When I worked in Surrey we had, not that long ago, community development workers who were very much embedded in the community, knew what assets were available and were creative in addressing gaps – sometimes on a micro-commissioning level.

"They really knew what assets were in the community, the low cost or no cost options, whereas with social workers, who are entrenched in the system, it's very much what they know and sometimes what they know in terms of what is available in communities is limited."

Mr. Fermanel said councils should be looking to make more use of social media and other digital forms of communications as a vehicle for providing information and advice to people.

"We need to look at different platforms for communicating with people, like social media," he said. "My grandmother is 87 and she is very good at using social media. We need to look at how we get information out

there and in the context of where people access information so that people know what community resources are available and how to access them, reducing the need to contact local authorities.”

The potential of social media in adult social care also cropped up in the Leicester discussion with Dr. O’Neill noting that these platforms could also provide a place where individuals as well as councils supply information. “The younger generation are not only consumers of stuff, they are generators of content and that completely revolutionises things,” he said.

TECHNOLOGICAL INNOVATION

Ms. Siggins, meanwhile, asked the London roundtable whether local authorities are doing enough to explore the opportunities of technology enabled care and support.

“We’re just starting to talk about it in Hackney,” replied Ms. Canning. “People have been bringing in bits of information about this and it just makes me think, ‘Gosh, internationally there is a whole different world for dealing with care’. We’re fairly traditional and most of us don’t have the imagination to know what is coming down the line.

“So, there is a big piece of work for all of us to do with things like artificial intelligence, apps and so on. We have got to develop the skills and not just wait until it is with us. We have all got to have somebody within our services who is actively looking at technology and pushing social workers to engage with it as part of their professional development.”

Sometimes there is resistance to embracing technology within social care services, said Mr. Pilkington. “We worked with a council who wanted an options appraisal around how better to use technology,” he said. “So, we talked to staff in all functions within social care and asked them how they use technology in their lives and what technology they saw as helpful. We then flipped those answers to say to them, ‘Why should the good experiences you get from these things be seen as something that cannot be applied to social care?’”

But Mr. Taylor said that even when the will is there making the most of technology can be challenging.

He explained how Kingston council and the local CCG have been developing a smartphone app for users of home care

services: “It asks people three questions a day and it’s a way to check in on their quality of life. We’re really excited by it but that final sign off is a struggle.

“We thought we were almost there but then we had GDPR step in. That whole information governance thing is really difficult. My chief executive was happy but then the CCG had second thoughts. But it will be really exciting if we can get it out there.”

YOUNGER ADULTS

On the subject of co-production all attendees agreed it was desirable but there was a sense that it is an idea that is easier to say than put into practice.

“The trouble with a lot of people already in the ‘care system’ is they don’t always know what they want – their thinking, especially about alternative options is limited to what they have been given, i.e. a menu of traditional services,” said Mr. Ferman del. “We ask them questions about the options they already know about so we need to be asking the right questions for co-production to work.”

While both roundtables focused their discussions on care and support for older people, the Leicester roundtable also touched on how adult social care for younger adults should develop in future.

“I worry the conversation is geared around frailty and we are missing a trick with younger adults about how we can future proof the system,” said Mr. Davis. “At the ADASS Spring Seminar, the focus was on the over 65 year olds. We didn’t talk about the young generation who are the future and will be more positive, have access to far better technology and be able to use that technology far better. We’ve got to be reforming our systems now and future proofing them as well.”

Ms. Glover said some of the change for adults with learning disability needs to start within children’s services.

“What I find is that children’s placements for people with profound disability are just children’s placements,” she said. “They do

not make our children resilient and ready for adult life. A big shift is needed. We’ve often had a very negative view of these children’s chances but we need to change these conversations, including the conversations in the antenatal clinics when a child is diagnosed with a disability.

“There needs to be a whole system shift from birth upwards so that we give people more independence and skills so that, hopefully, they won’t need adult social care because they will choose how to live their own lives.”

VOLUNTEERS AND CHARITIES

A big shift in adult social care’s approach to volunteers is needed too, said Mr. Begley. “I’m frustrated with the traditional model of volunteering,” he said. “We had one guy who was a merchant banker and retired to Shropshire. He was really interested in doing some voluntary work but said, ‘I don’t want to work in a bloody charity shop’. So he asked, ‘Is there anything I can do?’ My

point is that when thinking of volunteers as a resource we’ve got to think differently and get them around the table and use their expertise and experience.”

Mr. Webb agreed that there is untapped potential in local communities. “We have this fragility narrative yet only a third of over 85s are intensive users of health and social care services,” he said. “The

rest of the older population are often the glue of our communities.”

In London the discussion explored how to maximise the contribution of voluntary and community sector providers in adult social care. “Has anyone been able to encourage those smaller providers?” asked Ms. Siggins.

Sustaining voluntary sector provision can be a challenge, said Ms. Canning. “We’ve got a good voluntary sector in Hackney,” she said. “For example, they got a large grant from the national Lottery about the social inclusion of older people and different ways of supporting it. But they’ve only been able to bring together those smaller organisations in the voluntary sector because of that large capital injection. The challenge is the

“We are increasingly having more open and direct conversations with people about what our role is and what they can do themselves”

TIM O’NEILL, DIRECTOR OF PEOPLE AND DEPUTY CHIEF EXECUTIVE, RUTLAND COUNTY COUNCIL



sustainability of that work. A good project over time can make a lot of difference but my worry is that when the grant goes who will sustain the work?"

Mr. Taylor pointed out that the voluntary sector does not always pull together as one: "It can be hard to get them working together and coordinating. Sometimes, there's no willingness to do it. It feels like we have a lot of thinking still to do there on how to get around that."

HIDING THE WIRING

Closer to home both roundtables felt there is still more work to do on making adult social care more integrated with both the NHS and other local authority departments. "The phrase I use in the STP is, 'I don't want to see the wiring'," said Mr. Davis. "We spend too much time talking about the wiring – the structural integration of health and social care. I know why we do that but ultimately what I hear most from our local

residents is, 'I want good quality care and support and I don't want to see the wiring'."

Mr. Pilkington agreed: "In all of Younifi's research the constant feedback we get is that people are not bothered about integration. Integration is an organisational thing. What they are interested in are the outcomes and people being connected around their care."

Some of the London participants dug

deeper into how to hide the wiring. Ms. Wald explained how Swindon has co-located its commissioners and social workers into the same building as the local public health service. "We're not necessarily saying that they all have to merge but maybe it's having a single point of access for individuals where a co-located team can decide who is best placed to deliver," she said.

Mr. Taylor said he had used his position as Kingston's housing director to bring adult social care and homelessness services together. "I would say the advantages from doing that are as great as the advantages from the integration with health," he said. "Already we're talking of £700,000 of savings in a three-to four-month period. The overlap of people isn't as great in health and social care as we thought, but the overlap of people in social care and housing is massive."

“ We spend too much time talking about the wiring – the structural integration of health and social care ”

PETER DAVIS, ASSISTANT DIRECTOR OF ADULT SOCIAL CARE, LEICESTERSHIRE COUNTY COUNCIL



SUMMARY

Workforce issues are a key barrier to the development of healthy local adult social care markets. While local authorities have tools that could help address this challenge, the development of an attractive career pathway for those considering entering and staying in care work is best handled at national level. More investment in the pay and training of care workers is also needed.

Rural areas face transport and efficiency issues that, coupled with staff shortages, can exacerbate the funding challenge but encouraging the formation of micro-providers could help. Councils are making headway reforming how they buy services from care providers through a variety of models but answers to the question of how to influence the market for self-funders are less developed.

CQC regulations sometimes present a challenge to attempts to explore new ways of delivering care and there is a risk of increasing the complexity of the care system by developing workarounds, but there are signs the CQC is willing to work with local authorities on these challenge.

For most people the world of adult

social care is bewildering and the information and advice on offer still needs improvement. Information and advice should also go beyond online care directories and explore the potential of alliances with community centres and social media.

There is a sense that new technology could provide opportunities for delivering care in a better way but more work is needed to explore what those opportunities might be. Sometimes organisational and legal barriers can make it harder to adopt new technology in adult social care.

Adult social care has much to gain from working with volunteers and the voluntary sector. However, there is a need to offer people more interesting volunteering opportunities and coordinating the work of third sector organisations is not always straightforward.

While health and care integration has been the policy focus, there may be just as much benefit in bringing housing and social care together. More work is needed to 'hide the wiring' of the health and care system to improve people's experiences.

BEYOND THE BORDERS

As the London roundtable drew to a close, the conversation moved onto how local authorities could work together more on the issues discussed.

"What strikes me is that there is a lot of consensus about what are the 'in' areas we are working on," said Ms. Wald. "I always think we are trying to find solutions to the same things and developing them independently. Is there a way of getting to a situation where we can develop more things together?"

Ms. Canning noted that this happens more often in children's social care. "The Department for Education is very clear on trying to get project innovation happening across local authorities. The Department of Health and Social Care don't do that. It's got other strengths but that drive there is in children's from the Department for Education isn't there. I suppose we have STPs but I'm not sure where care is on that front."

In the final moments of the Leicester roundtable, the discussion highlighted some lessons that local authorities could take from the commercial sector.

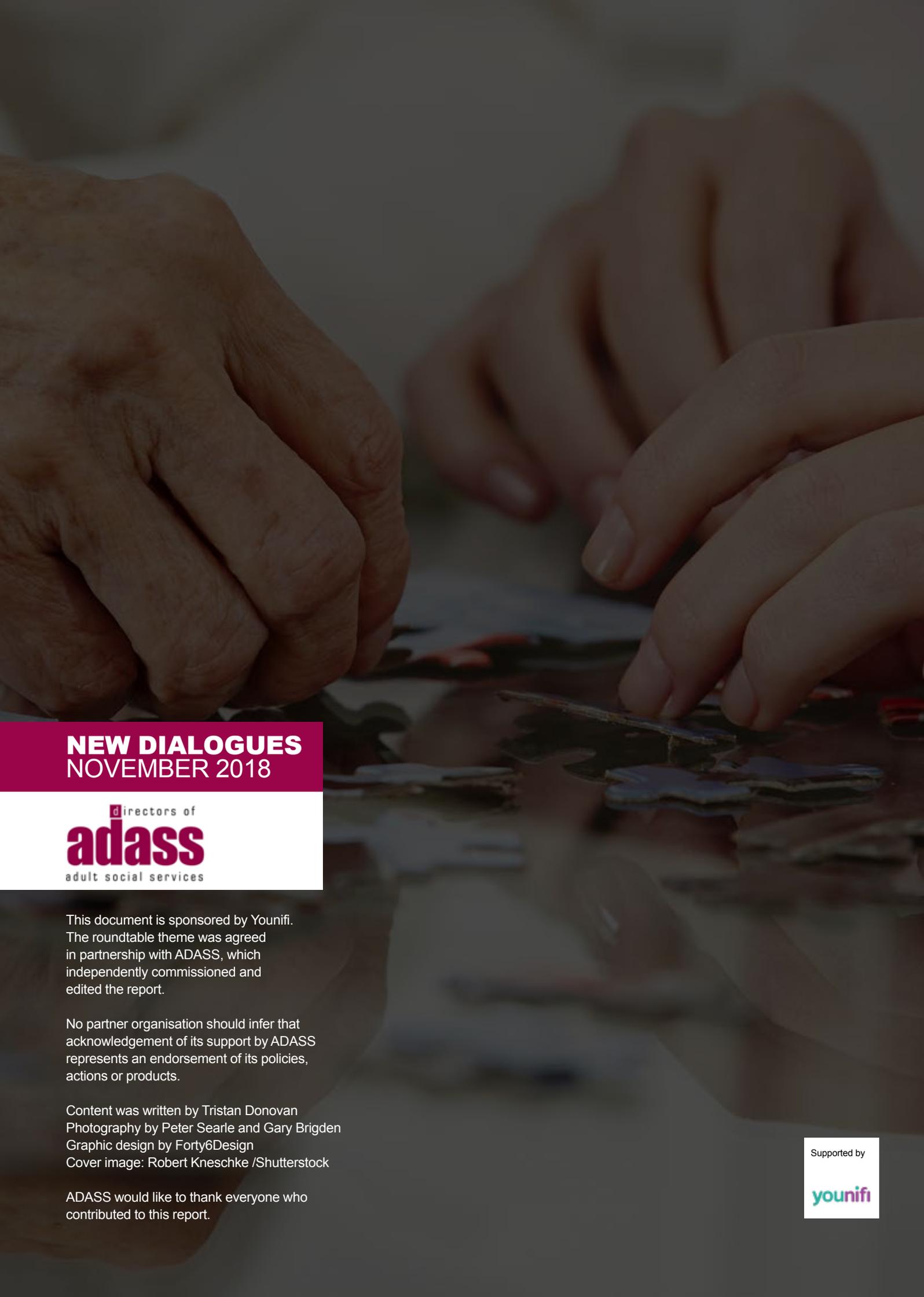
Mr. Davis recounted how a colleague attended a social care workforce development conference where a leading nursery services provider explained how it was using community targeted and local solutions to meet demand and recruit staff. This model could be applied to developing rural and urban economies around social care, he said.

"When they open a new nursery they go into communities and go into the DNA of that community," he said. "They look at the local childcare requirements and then go to other employers and say, 'You've got several employees with children, we will offer this service'. They knit the tapestry together in that local community. We have got to do that for social care. I think that kind of place shaping could be really

positive for everybody."

Mr. Begley said collaboration was now the norm for business: "The commercial environment has changed significantly over the past 10 or 20 years in that there isn't that commercial sovereignty that people held onto for so long. Now, it's much more about working in collaboration with other organisations for mutual benefit. That is what we need to do when we're working in our mixed economies, whether that's the system of health and social care or in how we interact with the market itself. We shouldn't fear collaboration, we should encourage it."

It's important to look beyond England's borders too, added Mr. Webb: "I'm increasingly interested in the international comparators. We're often too inward looking. Even within the UK looking at the models in Scotland, Northern Ireland and Wales there is a lot more for us to learn."



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