

**NEW DIALOGUES**  
SPRING 2019

Directors of  
**adass**  
adult social services



# Connected social care

**Adult social care leaders explore the pros, cons and challenges of tech-enabled care**

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

Supported by

**Tunstall**



## WHO ATTENDED THE ROUNDTABLE?

**ANDY BEGLEY**

Director adult services and housing, Shropshire Council

**JAMES BULLION**

Executive director of adult social services, Norfolk County Council

**GLEN GARROD**

President, ADASS; executive director of adult care and community wellbeing, Lincolnshire County Council

**KEITH HINKLEY**

Director of adult social care and health, East Sussex County Council

**SHARON HOULDEN**

Director of adult services and housing, Southend-on-Sea Borough Council

**RAY JAMES**

National director learning disability, NHS England

**JULIE OGLEY**

Director of social care, health and housing, Central Bedfordshire Council, and vice president, ADASS

**BRIAN PARROTT**

Trustee, ADASS

**TONY POUNDER**

Director of adult services, Lancashire County Council

**GRAINNE SIGGINS**

Executive director strategic commissioning, London Borough of Newham

**KAREN SENIOR**

Sales director, Tunstall Healthcare

**OSSIE STUART**

Equalities specialist

**STEVE TOPE**

Business development director, Tunstall Healthcare

**CAROL TOZER**

Director of adult social care, Isle of Wight Council

**CATHIE WILLIAMS**

Chief officer, ADASS

**MARGARET WILLCOX**

Director of adult social care, Gloucestershire County Council

**ANN WORKMAN**

Director of adults and health, Stockton-On-Tees Borough Council

Ossie Stuart,  
equalities specialist



**Technology is moving fast. A future of artificial intelligence (AI), voice-controlled smart assistants, robotics and big data seems to be accelerating closer and closer every day. Together they represent a wave of new technology that promises to transform our world just as fundamentally as personal computers, mobile phones and the Internet already have.**

These developments pose the question of what will tomorrow's technology mean for adult social care services and those who use them? With this in mind, ADASS and Tunstall Healthcare brought together seventeen senior figures from the social care and health sector for a roundtable discussion about the potential challenges and pitfalls that may lie ahead.

Mr. Glen Garrod, the executive director of adult care and community wellbeing at Lincolnshire County Council and president of ADASS, started the discussion by asking what benefits digital technology might bring to social care and the people who use it.

**THE JOY OF TECH**

Ms. Ann Workman, director of adults and health at Stockton-On-Tees Borough Council, responded by recalling a recent visit she made to two of her authority's in-house services.

The first place she visited was a learning disabilities day service. "It had those interactive tables and the amount of joy and the experience the people there got from using those tables was unbelievable," Ms. Workman said. "I also went to a walk-in dementia unit that has the same interactive tables and it was the same there – the joy, the pleasure and everything else. It really touched me just how much difference that technology made to the interactions in those two services."

It's a world away from her early experiences as a frontline social worker: "I remember we'd go in and the housing wardens would give you some older tech like a pendant for people to wear around their neck and so on. We've moved on so much already but we do need to do so much more."

Ann Workman,  
Stockton-on-  
Tees Borough  
Council



Andy Begley,  
Shropshire  
Council

**TEN KEY POINTS FROM THE DISCUSSION**

**1** Technology offers multiple potential benefits in adult social care including enhanced communication, freed up workforce capacity and more reliable advice

**2** Technology should follow form not function. It needs to enhance independence, inclusion and be immediate

**3** Off-the-shelf technology might challenge council risk frameworks but can offer benefits in terms of ease of use and accessibility

**4** Technology is individual. Social care workers should work with people to identify the technology that can best help them

**5** There is a risk of poorer communities being left behind due to limited means to adopt new technology and councils' inability to fund it

**6** Better data could enhance the delivery of services but councils may require staff with different skill sets to make effective use of it

**7** Personal budgets may hinder the adoption of technology if the funding is allocated week to week

**8** The implications of the possibility that technology might replace people in delivering some aspects of care remains under discussed

**9** The way banks and retailers have shifted services online in the past decade could provide insights for adult social care

**10** People still want council oversight but if this is taken too far it can become a barrier to adopting useful technology

Glen Garrod,  
Lincolnshire  
County Council



## DIGITAL COMMUNICATION

Equalities specialist Mr. Ossie Stuart, who himself is a user of care services, told the roundtable that communication is one of technology's foremost benefits.

"The first thing people use digital technology for is to communicate more effectively," Mr. Stuart said. "My mum and I talk via video every day now, we never used to. I'm also getting new voice-controlled electric curtain closers soon because I want to close and open the curtains when I need to, rather than having to wait for my personal assistant to do it."

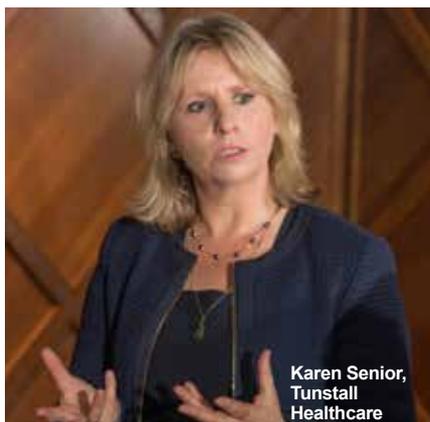
Mr. Garrod offered an example of the benefits a young man with autism got from interacting with Pepper, a humanoid robot. "This young man hadn't spoken to a human being but found Pepper to be the right communication device for him," said Mr. Garrod. "He found the robot less threatening and his engagements with Pepper encouraged him to talk about things he never had before."

## ARTIFICIAL INTELLIGENCE

Mr. Ray James envisaged a day when AI delivers drastic changes to the way health and social care is delivered.

"In a few years' time AI may be more accurate at reading medical images than radiographers and we'll need fewer radiographers," he noted. "Maybe hospital doctors will do ward rounds and then have a chat with a virtual assistant, which then does all of the admin."

"One proposition I've heard is that AI could build a digital model of you using



Karen Senior,  
Tunstall  
Healthcare

your health and social care data. You would then be able to interact with that AI in some way to get feedback on what your choices and behaviours will do to your wellbeing over time."

Ms. Julie Ogle, the director of social care, health and housing at Central Bedfordshire Council and vice president of ADASS, felt that whatever the exact inbound technology is, it would be inevitable that adult social care needs to embrace it. "We've got to really think about how we use digital technology to help with care but also to enable staff to work as effectively as possible," she said.

## THE THREE 'I'S

Dr. Carol Tozer, director of adult social care at Isle of Wight Council, said there does, however, remain a need to assess the value of new technology against what she called the "three 'I's".

The first 'I' technology must deliver is

Sharon Houlden,  
Southend-on-Sea  
Borough Council



**“The first thing people use digital technology for is to communicate more effectively”**

**OSSIE STUART, EQUALITIES SPECIALIST**

independence, she said, adding that "without a doubt digital technology can help people with independence and communication". The second 'I' was inclusion and how a person can use technology to help live their lives as part of their neighbourhoods and communities.

"The third – and I think most challenging – 'I' is immediacy," Dr. Tozer said. "The changes in technology are happening really fast, which means there's a danger of getting too bound up in the technological aspects when we need to focus on the idea of form following function and the technology making a measurable difference for independence and inclusion. For me, if new technology doesn't meet those three 'I's then, possibly, it's not worth investing in."

## OFF-THE-SHELF TECH

Ms. Karen Senior, sales director at Tunstall Healthcare, asked participants how they view consumer technology that anyone can buy off the shelf as opposed to technologies specifically designed to meet the needs of health and social care users and the standards that come with that.

"There's some technology we use that's standards based because it's got to work but there's also technology that's not standards based, such as the virtual home

assistants,” she said.

Mr. Andy Begley, director of adult services and housing at Shropshire Council, acknowledged there is a risk of services over-complicating the adoption of off-the-shelf technologies and rejecting their use because it doesn't fit with local authority risk frameworks.

“The danger is we think of assistive technologies that are so specialist they become another entry point into services,” he said. “Whereas what actually happens is there's a free market economy out there – a consumer economy where people buy and use the things that work for them. Some of these technologies will break and some things won't work. That's how things are.”

## FAMILIARITY AND OBSOLESCENCE

Mr. James Bullion, executive director of adult social services at Norfolk County Council, noted that off-the-shelf technology offers the advantage of familiarity. “In Norfolk we've been experimenting with Alexas and working with Amazon on that for a while,” he said. “There are early, self-evident benefits from that around people's contentment about using the technology as they know their families also use and understand it.”

This advantage also means that when a problem with the technology arises, people are more able to solve that issue themselves without having to call on care services, he added.

But technology becomes obsolete too, Mr. James added. “Remember the Wii Fit?” he asked. “When I worked in Enfield we tried them out with some people with a learning disability to encourage exercise and activity, and guess what? They got bored with the Wii Fit at about the same rate as you and I would.”

What social care services should do, he suggested, is create the conditions in which people can make an informed choice about what technology to adopt: “It's not our role or the role of the people we work with to know best. It's about creating the conditions within which we can both work together to make an informed choice.”

## 'BADGE OF HONOUR'

But local authorities are not always accepting of off-the-shelf technologies as a solution to people's care and support



Grainne Siggins,  
London Borough  
of Newham



James Bullion,  
Norfolk County  
Council



Ray James

“The danger is we think of assistive technologies that are so specialist they become another entry point into services”

ANDY BEGLEY, SHROPSHIRE COUNCIL

needs. “The biggest problem people have got is convincing the social care system that something is a good idea when it's at the forefront of technology,” said Mr. Stuart.

He cited an example of a local authority where people with learning disabilities wanted to use direct payments to buy tablet devices for their children. “The council's view was ‘absolutely not, it's a privilege and you can't have it,’” he said. “There is still a tendency within social care services where, if they haven't thought of it first, it's not right for us lot to say so.”

Mr. Stuart said there needs to be a shift of mindset among social care professionals so that they regard it as a “badge of honour” to empower individuals to identify and get what works for them rather than coming up with the solution.

## UNEVEN ACCESS

Ms. Margaret Willcox, the director of adult social care at Gloucestershire County Council, said that problem was apparent during the move to adopt the personalisation agenda.

“Professionals wanted to solve a problem for an individual rather than just identify their needs,” she said. “I think we've got the same issue here and we could make the same mistake again. As services we need to make sure our staff identify the technology needs with the person who has those needs. We then probably need to look to somebody else to solve it because, actually, that somebody will be the one with the technological knowledge needed.”

Mr. Tony Pounder, director of adult services at Lancashire County Council, raised the issue that people's ability to see and try out consumer technology that might be useful for them is not always a given.

"In contrast to the position with familiar items of equipment such as stair lifts or wheelchairs, which you can buy in local shops, there's no high-street retailers locally that I'm aware of where people can go and look at the latest, cutting-edge technology to support them to live independently," he told the roundtable.

"You may be able to find out via online searches but you cannot easily try it in your own home. That's a challenge for customers who may not even know what is available for their own use or that of relatives.

"If these new technologies are going to be accessible easily to those who may benefit from them we will need to work across the public and private sector to develop a much more accessible consumer marketplace."

## NO BROADBAND

Mr. Keith Hinkley, the director of adult social care and health at East Sussex County Council, said people do need to see practical examples of how technology could help them to see the potential. "It's really hard to think differently theoretically but if you give people practical examples it gets them thinking," he said.

Ms. Grainne Siggins, the executive director of strategic commissioning at the London Borough of Newham, pointed out that even if people could get the kit, they may lack what they need to use it if money's tight.

"A lot of people in my borough don't even have basic phones or can't afford broadband," she said. "We need to think about the enablers that make such technology work as a possible option for people. Years ago local authorities used to pay for telephone lines. That's now gone by the wayside but we need to ask what we actually can do in our areas.

"Can we work with mobile providers to connect the whole borough so that these different technologies actually work and don't cost people a fortune to use? One way it could be done is by funding it through personal budgets."

ADASS trustee Mr. Brian Parrott also agreed that unequal ability to access off-



Brian Parrott,  
ADASS



Tony Pounder,  
Lancashire County  
Council

the-shelf technology is a risk. "It divides people in terms of their capacity and ability to pay," he said. "There needs to be a discussion about who pays for this technology and under what criteria people do not pay."

## BEYOND KIT

However, Mr. Parrott noted that sometimes the market will address this problem, at least to some extent. "Some of the early technology that occupational therapists brought into aspects of physical disability support got taken up by large pharmacies and other firms who could sell that same technology to people at less cost and a whole lot quicker than it would take for people to get a social care assessment done."

Mr. Begley widened the discussion by highlighting that the new developments in technology that could benefit adult social

care users is about more than pieces of hardware. "A lot of the conversation always seems to be around new kit because people love shiny, new things but underneath that there's the question of what does the data behind that technology provide," he said.

The data these technologies collect and use opens up new possibilities for the way services are organised and delivered, he said: "I would suggest that data creates a much more nuanced and detailed understanding of demand that can then be used to target our resources much more specifically. That's got huge potential."

## CRUNCHING THE DATA

Ms. Willcox noted how advanced algorithms could crunch large amounts of data to allow better predictions of people's needs and how they can be supported.

"There's been a lot of research that shows that the predictions made from using good algorithms are far better," she said. "So if I put my medical tests into a machine it's better at telling me what I've got than someone who's had a bad night's sleep. Now, if you use that to remove those elements out of the day-to-day work, you create workforce capacity. So if, as Mr. James said earlier, people are no longer tied up writing notes because a smart assistant does it for them, what's not to like?"

However, the roundtable's participants agreed that while the potential for using data in this way is there, the task of

analysing the data requires people with skill sets not usually found within town halls.

“Isn’t there something about us, as councils, just finding sufficiently skilled staff to analyse all that data?” asked Ms. Siggins. “In Newham we’ve got a data warehouse that pools together all the data we have within the borough but we don’t have the capability within social care to actually do the detailed analysis. We’re now investing in public health economists and people of that nature.”

## DATA-TARGETED RESOURCES

Mr. Bullion noted that unless local authority funding improves the likelihood is that this kind of data will be used to allocate resources in a targeted rather than universal way. This, he argued, could present a problem.

“At one level that sounds mechanical and unacceptable as people might object to being on a list of lonely people or people at risk,” he said. “But at another level that’s just a modern version of what happens in community work where you use your nous and understanding of an area to intervene with certain people.”

Nonetheless, Mr. Bullion felt targeting interventions through the use of data could create biases in the way services are delivered. “As a diabetic I’m perfectly fine with the NHS knowing everything about me – I’d like them to monitor me and intervene and tell me to put that gin or whatever down,” he said. “But I can see how you might end up with the poor being monitored and the rich not being monitored unless you have the same rights-based approach.”

## THE ART OF CONVERSATION

Mr. Parrott said the workforce’s ability to have ordinary conversations with people might present a bigger challenge than deciphering what the data says.

“The old social work style might not be appropriate but engaging with the minds and fears of people is essential,” he said. “I think that conversational ability’s been lost, partly because there’s not the time to do it but also partly because some people think it’s not necessary. But we all respond differently when we’re ill. Some of us want to see people and talk, others want to hide away.

“We do need people who can engage and have the conversations with people.



Keith Hinkley,  
East Sussex  
County Council



Cathie Williams, ADASS

I see people floundering over the ability to have a straight person-to-person conversation because we’ve got all the substitute forms that they think do that job instead. But they don’t.”

Mr. Garrod echoed Mr. Parrott’s point. “The education that needs to happen isn’t so much with the people who get the service but with the staff who are going out there with the power to determine what a personal budget might include,” he said. “Are professionals filling in the form first or

having a conversation? The form takes you in a certain direction whereas the conversation may take you in a very different direction.”

## PERSONALISING TECHNOLOGY

Mr. Bullion said the debate about how to bring technology into social care mirrors the change in mindset the personalisation agenda demanded.

“It’s about the quality of the conversation that goes on with people who want or need support and our workers,” he said. “That’s no different to the ordinary personalisation debate we had before but if we’re honest, in the time of austerity, we’ve stepped back from being able to do that.

“That’s partly for resource reasons but also partly because we’ve almost applied personalisation and personal budgets as a model for everybody. We have got to go back to the individual conversations.”

Mr. Stuart reiterated the need for social care services to listen to individuals rather than trying to impose one-size-fits-all approaches on them.

“Social care needs to get its head around the fact that people don’t live their lives around social care,” he said. “For me, social care enables me to live my life in a way that works for me. The way I do it is to employ PAs to work with me through direct payments as my local authority prefers. But other people don’t want to employ PAs and want something else.

“My local authority struggles with that because that’s not the offer they are making. They seem to want to do things with a big wodge of a solution that fits all.

**“Isn’t there something about us, as councils, just finding sufficiently skilled staff to analyse all that data?”**

**GRIANNE SIGGINS, LONDON  
BOROUGH OF NEWHAM**

Julie Ogley, Central Bedfordshire Council



Personalisation has to be about conversations and acceptance of the solutions people come up with and how technology can help with that because technology's very personal."

## PERSONAL BUDGETS

Mr. Hinkley said that the way personal budgets are delivered potentially gets in the way of supporting the adoption of technology that could support people.

"We have an interesting way of doing personal budgets, which tends to be on a week-by-week allocation and isn't necessarily orientated around a longer view about a three- to four-year fix," he said. "We can't avoid the fact that the three- to four-year fix can give value to people's lives.

"We have to find ways to be able to afford it, which will mean budgeting differently, so there's a leadership piece here about how we organise ourselves to deliver a different agenda where the investment streams take longer to impact."

## THE REPLACEMENT AGENDA

Picking up on whether technology will take on some of the social care tasks currently performed by workers, Dr. Tozer pondered what this might mean for the personal dimension of care.

"Do we see digital technology as an

*“At this juncture I believe that nothing can replace or be nearly as good as good human interaction”*

**CAROL TOZER, ISLE OF WIGHT COUNCIL**

adjunct to how care and support is currently designed and delivered or is it a replacement?" she asked. "Technology asks what do we, fundamentally, think care is? At this juncture I believe that nothing can replace or be nearly as good as good human interaction."

Ms. Sharon Houlden, the director of adult services and housing at Southend-on-Sea Borough Council, picked up Dr. Tozer's challenge. "That's an element of this debate we generally don't have – the replacement agenda," she said.

"People often say we're not trying to replace people with technology but what if we are? In Southend, we're trying to introduce that into the debate with our work with the Pepper robot. If Pepper had arms and legs then, yeah, we probably would be using it to replace humans in some way."

## ROBOTIC HOISTS

Ms. Houlden recalled seeing a robotic hoist when her service was looking at buying Pepper. "This hoist had a humanoid face and soft arms and actually came up to the person and lifted them," she said. "I saw that and thought that, personally, I would rather be lifted by something like that than hoisted into a sling by a person. Yet that replacement part of the debate is almost still taboo."

It's a discussion that's often avoided, agreed Ms. Ogley. "I've spoken to people who would prefer to have a mechanical solution rather than people coming in. The question is how do we start to have that dialogue and conversation about what is possible?"

Mr. Hinkley said that such moves might not mean replacing people but filling gaps where the staff required are not available. "In some of our rural village cohorts in East Sussex, the digitisation of care and technology will actually help us support people because we can't get people to do double-up house calls four times a day," he said. "How we use technology and what we use it for may be different for different cohorts."

## THE PERSONAL DIMENSION

Mr. Stuart said it's not about replacement but a blended solution: "I don't see it as an "either/or"; I see it as a "together". I would certainly be happy with a robotic hoist but I also want to have a PA around me."

There is a limit to how far technology can go in replacing the need for people, Dr. Tozer felt. "If you need an operation and AI can do your surgery better than a surgeon then that's absolutely what you would want," she said.

"But when it's about actually having a conversation about needing to make plans because you've only got a few days to live, I am not sure a human could ever be replaced. And if it is possible, I'm not sure I would want to live in a society where that happens."

## TECHNOLOGY GAP

Moving back to the current status of technology in social care, there was a sense among the roundtable participants that there is a gap between the technology people and staff are using at home and what local authorities offer.

"The conversations we have in my area



Carol Tozer,  
 Isle of Wight  
 Council

at the moment are around why would you live your life at home one way but be another way at work,” said Ms. Ogley. “The question is how can we enable staff in councils or people who work in the independent care sector to be able to work differently. I think everybody recognises that the current model we have isn’t sustainable.”

Mr. Steve Tope, business development director at Tunstall Healthcare, said it will be important for the sector to address this gap if it wants to keep attracting the workers it needs. “It becomes really difficult if people live their home life and do everything digitally but then their day job is paper driven and it’s harder to complete tasks because there are other sectors where what you do at home is what you do at work,” he said.

Ms. Siggins said local authority policies sometimes act as a barrier to keeping up with the technology people are using. “We had a young person who said, ‘Just WhatsApp me’,” she recalled. “It was difficult just to set up that WhatsApp group just to talk to people. As councils, we’re not just that way enabled even though people

**“We often think we have to regulate products and services people are accessing because the council logo might be there somewhere”**

**JAMES BULLION, NORFOLK COUNTY COUNCIL**



Margaret Willcox, Gloucestershire  
 County Council, and Steve Tope,  
 Tunstall Healthcare

view that as everyday. There’s been a complete shift in the way people want to access the services we provide.”

**MOVING TO DIGITAL**

Mr. Tope thought sectors like banking, logistics and retail could offer lessons for local authorities in how to adapt to technological change. “Those sectors have all been through similar cycles of looking at how they deliver services differently and use data differently,” he said. “If you go back a decade to when banks and retail started to move off the high street, you’d have thought it would cause major, major issues.

“But actually there’s come to be an acceptance about banking and shopping online becoming the norm across all sectors of society. There’s learning there on how they changed the public’s perception from a traditional face-to-face service to a digital service that you could draw on.”

Mr. Bullion noted how banks now have sofas and coffee machines. “In a way, banks are now deeply personalised because you only go in when there’s something you don’t understand or you want a more complicated discussion,” he said. “Some of our transactional stuff needs to be automated much easier and if we do that that might give us the space to

do more personalised work.

“But we are a million miles away from getting to that point. It’s something we need to invest in as a sector, maybe at national level. If we do that 152 different ways we will make much slower progress.”

**CHATBOTS**

The idea of getting technology to handle the more transactional functions of social care sparked a thought from Mr. Garrod: “What would that do to the 34,000 requests a year Lincolnshire gets through its customer service centre?”

Mr. James said chatbots might eventually be able to handle many of those enquiries. “That chatbot will have artificial intelligence behind it and a better, more reliable record behind it of the community resources that are available than any worker will ever be able to develop,” he said.

But there needs to be a means for ensuring the information about community resources evolves in line with change in communities, said Mr. Hinkley. Mr. James felt the solution to that is systems based on lighter touch regulation from councils.

“We often think we have to regulate the products and services people are accessing because the council logo might be there somewhere,” he said. “But the future models are probably going to be much more like Wikipedia where it’s open

access and people make informed judgements about the reliability of the content and are discerning about it.

“Some people will need more support than others with that, but if we’re always the regulator of the information source that’s going to be hugely problematic.”

Ms. Cathie Williams, chief officer at ADASS, noted it’s important to remember that sometimes communities are not always friendly towards some individuals. “If you’re excluded from communities, it’s more painful than anything else,” she said.

## SETTING STANDARDS

The idea led the roundtable into an exploration of the role of councils in setting standards or regulating the technology it is presenting or funding to support people’s social care needs.

“It worries me that councils feel they have to create standards that potentially fetter discretion and creativity and some of the things we’ve aspired to in this discussion,” Mr. Garrod said. “It might not be public bodies that should prescribe the standards, but it may be that some feel it is necessary if we’re using public funds because there’s an expectation that regulation and standards will need to apply. How do we get the balance right?”

Mr. Hinkley said people do expect some oversight: “People who want to access these things do want to know it’s going to be okay. People want a level of regulation. Not necessarily Care Quality Commission-level regulation, but something.”

Mr. Stuart agreed with this. “People do want to feel safe and feel that they are getting the right stuff,” he said.

Dr. Tozer said councils cannot ignore their responsibilities to protect people from technology when there’s a risk of harm.

“I’m mindful of what happened with Uber’s driverless car in Arizona,” she said. “We heard about how far safer driverless cars were than the likes of us with all our frailties and, then, someone got run over and killed. It comes down to who is responsible? We who have worked in social care and health know a lot about what there is to know about blame when something goes wrong. We can’t ignore that.”

## FOSTERING INNOVATION

As the discussion began to wind down, Mr. Garrod raised the question of what this all

means for the future of adult social care as a sector.

He referenced a paper Ms. Houlden presented at an ADASS executive meeting in November. “The paper begins a conversation on how, as ADASS, we are going to respond to a future which we will only be a part of,” he said. “That future already exists in many respects and either we embrace it or decide it’s not for us and run the risk of becoming redundant.”

Ms. Siggins suggested that maybe the way ahead is for local authority adult social care services to play a role in fostering the adoption of new technology.

“Isn’t there something about us not owning it but being part of it?” she asked. “What is a council’s role in innovation? Maybe it’s working with individuals to support a market to develop new technologies. Maybe the future for councils is for us to shape the development of different solutions with individuals and shape the market to develop those solutions.”

## GETTING OUT OF THE WAY

Mr. James said that, to a degree, services need to step out of the way. “It has probably always been people with physical disabilities who have educated commissioners about the potential of technology and how to do things differently,” he said. “Sometimes we can be guilty of letting our well intendedness get in the way of that.”

“We should facilitate and get out of the way. Maybe we can provide a bit of thought leadership still but actually we probably need to bring people together to build consensus about what is the right thing to do.”

Mr. Hinkley said much of this would, however, still require adult social care directors to take a lead, especially as workforce challenges mount.

“Strategically, we must be really clear about the workforce we will not have,” he said. “It’s like general practitioners – there’s not enough of them. In that context you absolutely have to use smart assistants or whatever to create capacity if that’s possible and it’s the same for the personal care workforce. It’s not just about the workforce changing attitudes – we as directors need to lead differently to make the investment and to convince councils to do it differently.”

This document is sponsored by Tunstall.

This report is designed to stimulate debate and discussion and as such it does not necessarily reflect the views of ADASS.

The theme was agreed in partnership with Tunstall. ADASS retained editorial control of the content.

No partner organisation should infer that acknowledgement of its support by ADASS represents endorsement of that organisation’s policies, actions or products.

Content was written by Tristan Donovan

Photography by Paul Cooper

Graphic design by Forty6Design

Cover image: Creative Family / Shutterstock

ADASS is a registered charity.

directors of  
**adass**  
adult social services