The Association of Directors of Adult Social Services (the organisation we know as ADASS) has a rich, diverse and talented pool of people. It also has a history, albeit not that long – we were established in 2010, of having a profile, reach and influence beyond our dedicated resource base. These foundations would be desired in any organisation and so, as President (along with my colleagues and the central ADASS team), it is both an honour but also a responsibility to sustain and nurture those foundations.

The past year has contained considerable drama, opportunities for reflection and, a higher level of interconnectedness with existing and new partner organisations, it has also seen the departure of many significant others in our milieu - Helena Herklots from Carers UK, Sir David Behan and Andrea Sutcliffe from CQC and David Pearson amongst others. I also have a collection of Secretaries of State and Ministers to add to the general churn. At the same time new faces have begun to influence and shape our collective future. As such sustaining and building new networks has been a significant influence upon the diary for myself and colleagues. Some of these have reflected my conviction that housing in its broadest sense, a rejuvenated personalisation agenda in partnership with the NHS and digital technology are elements of a better future that we must embrace. Indeed, some will enhance and add a dimension to the integration debate. Then there are the bits of high drama that influence where our resources are directed such as Four Seasons and, most notably Allied – both of which generated an impression of ADASS as possibly the only organisation capable of a good level of local ‘real-time’ intelligence (notably via our regional colleagues).

Our profile, media presence and public narrative have been strengthened and increasingly DASS colleagues have been at the fore in developing our profile and messages: Richard Webb, Helen Jones, Stephen Chandler being notable examples at the national level and I know many more colleagues take this mantle in their local systems. Our surveys (budget and autumn) continue to have a significant impact and, my epitaph could happily read – ADASS Budget Statement number 1 slot on BBC 6pm news, Donald Trump 2nd! Cathie Williams had wisely advised me that ADASS Presidents must go out and seek media opportunities and not do what many of us will in the day job – seek to avoid them. I have tried to honour that commitment. The media is a vehicle though and not an end in itself. It is important because it provides an opportunity to develop our public narrative, to demystify and educate (as colleagues have shown) and, to influence.

Money is not – to my mind – the grand test of virtue, but we cannot sit by and watch austerity continue to eat at the roots of our sector, damage hundreds of thousands of lives, take us backwards as a society and further erode social justice. We cannot assume the argument is won given the other distractions placed on an already weakened government. Our voice is strong but when other national organisations and colleagues talk about why social care is important we are stronger still. In parallel, much has been done to secure the voice of people with lived experience and allied organisations such as the Alzheimer’s Society, TLAP, CQC, the NHS Confederation, Care England, UKHCA, LGA amongst others. I have no doubt this will continue to be a feature of Julie Ogley’s Presidential year and I know she will be a committed and wise President for ADASS. ADASS must also continue to reflect and evolve and to this end I am delighted with the progress made under the ‘Next Generation’ programme that my colleagues Cathie Williams, Richard Webb, Cathy Kerr and consultant Nivi Narang Briffa have led. This will be a significant item at our Spring ADASS AGM to help ensure we continue, as an organisation to be even more inclusive, capable and creative. To this end I am deeply grateful to regional colleagues, Associates and Extended Members who – whilst Cathie and I have been touring the nine regional Branches have witnessed first-hand the enthusiasm, dedication and creativity evident. I’d also like to thank my co-opted trustee colleagues Grainne Siggins, Brian Parrott and Alison Tombs who have provided timely and insightful advice since their appointments.

Finally I want to thank colleagues for their support, wise counsel and guidance in the past year, to the legacy left by my predecessors and to my Lincolnshire team and political leaders who gave me such a wonderful opportunity.
Trustees

Glen Garrod
President

Julie Ogley
Vice President

Richard Webb
Honorary Secretary

David Pearson
Honorary Treasurer

Margaret Willcox
Immediate Past President

James Bullion
Regional Lead

Staff

Andriana Delevich
Strategic Communications Officer

Catherine Cunningham
Project Administrator

Cathie Williams
Chief Officer

Hayden Noel
Membership Support Administrator

Hilary Paxton
Special Projects Officer

Ian Hall
Senior Officer

Julie Boulling-Hodge
Resources Manager

Marie Rogers
Business Partnerships

Michael Chard
Senior Officer

Julie Boulting-Hodge
Resources Manager

Marie Rogers
Business Partnerships

Michael Chard
Senior Officer
2018 was a year where the country became more divided, where Brexit predominated and where the impacts of austerity became more apparent. In all of this, our work in championing social care means that nurturing relationships with others, at local, regional and national levels, is essential. We do this to influence policy and to support our members to enable people to live good lives and have good deaths in their families and in communities. We cannot champion the social model without living it: we work with a broad range of others including people with lived experience, with carers’ organisations, local government, charities, think tanks, providers, politicians and the NHS. All those relationships have been both rewarding and challenging in different ways, as all relationships are, but in challenging times they have grown stronger.

We have faced the effects of reductions in funding that we have warned of and have made a strength of adversity. We have managed one of our worst fears, the failure of a major domiciliary provider, through our regional chairs stepping up to a key leadership role in co-ordinating the transition of care for 9,300 people, supported by national work with CQC, DHSC and others. We have managed the challenges given to us by the NHS to support acute hospital functioning in reducing, and maintaining reductions, in delayed transfers of care. We face key workforce challenges but have succeeded in getting a national recruitment campaign and a real re-look at how to develop a workforce strategy.

Whilst the sustainable funding and delivery challenges for social care have not been answered by politicians, our major asks from the delivery of a Long Term Plan for the NHS (for personalised approaches and increases in primary, community and mental health services so as to work alongside us to keep people well at home) have been answered positively in principle. The government is answering the challenge of reforming the Deprivation of Liberty Safeguards and is taking forward domestic abuse reforms.

But there is so much more to do to and our ability to punch above our weight means that we always want to do more and others equally want us to do more. Our strength is the commitment of our membership, but our members have significant and challenging full time jobs. Our staff teams have grown but remain tiny. So we have been taking a keen look at how we work and how we support our work through a ‘Next Generation ADASS’ project: how can we maximise our influence and impact, support and develop our members and develop a stronger financial basis?

Over the year the staff team has continued to develop to support the President, Trustees, and membership through our communications, events and policy and implementation functions. Every member of our small national and regional teams is completely invaluable, constantly challenged and is constantly developing. In the year Andriana, Mark, Helen and Sandra moved on to new opportunities and are missed, but we have new stars in Ian and Mike and a very big thank you to them and to our other stars: Julie, Catherine, Hilary, Marie, Hayden and our interim Chloe for everything they have done over the year. It is much appreciated.
Throughout 2018 the nine ADASS regional branches have continued to build in strength and profile offering a view on local priorities and challenges, providing strategic regional leadership and facilitating a vital link and support network for ADASS nationally. As regional lead my role is to help to foster these relationships, to support the regional branches and to help to develop a coordinated approach to ADASS’s work across the regions.

With support from the ADASS central team we ensure that regions are kept updated with policy and practice developments, offering the opportunity to consult and comment where ever possible. We also create the opportunity for regions to highlight those implementation issues which need to be addressed at a national level. We achieve this through scheduled teleconferences, meetings and the weekly Regional Express bulletin which is shared with the ADASS regional Chairs. Meetings by exception are used to address any pressing issues.

Each ADASS region has its own support arrangements in place to help lead, support and manage the regional work programmes. The regional leads meet throughout the year and have an active online forum for sharing. They are a central component of maintaining and co-ordinating the links between the regions and the central ADASS team.

These strong structures and relationships enabled ADASS to successfully oversee the closedown of Allied Healthcare during 2018. With over 9,300 people in receipt of care from Allied Healthcare national coordination was required to support the safe transition of care to new provision. ADASS regional Chairs and Leads were an essential conduit between local delivery and national oversight with ADASS, LGA, DHSC, CQC, NHSE and Allied Healthcare. They offered strategic management, oversight, operational delivery and co-ordination to ensure safe and timely transfers of care.

During 2018 regional Chairs and Leads have continued to work extensively on Sector Lead Improvement (SLI) and the strength of each region is crucial in making the work successful at a national level. Regions have welcomed the additional resources which have been made available to them through the Care and Health Improvement Programme and we continue to work closely with colleagues in the LGA to ensure that the SLI programme is robust and delivering agreed priorities for improvement. For the first time at the ADASS Spring Seminar (2019) the regions will deliver the workshop programme based upon their SLI learning and best practice. This is an opportunity for the wider ADASS membership to hear at first hand practice from across the country.

In April 2019, I will be leaving my role as regional lead to become ADASS Vice-President. I would like to take this opportunity to thank all the regional Chairs and Leads who have supported me in my role. As a membership organisation ADASS must engage with its members and reflect their issues, comments and challenges as well as benefiting from their skills and experience.

It is through the regions that we go some way in achieving this. Martin Samuels takes the reigns as regional Lead from May 2019 and I wish him good luck in the role. Martin takes the Lead at an interesting and eventful time. In a similar approach to the co-ordination and management of the transfer of care from Allied Healthcare, regions will play a role in the co-ordination of BREXIT in regards to social care. 2019 will also see ADASS regions working with NHS Confederation to deliver joint sessions on the NHS Long Term Plan as well as embarking on a continued joint approach with the LGA on sector led improvement including a significant increase in funding to the regions in recognition of the work done.

To date regions have played a part in the ‘ADASS Next Generation’ review. The review, in part, sets a direction of travel for the Charity which reflects a sense that the regional branches are the engine room of ADASS. I believe this will see the ADASS regions grow from strength to strength providing an invaluable resource to the organisation.
Regional Summaries

West Midlands

In the West Midlands we have adopted the phase ‘Flipping Social Care’ to change the debate, so we highlight social care’s economic and societal contribution using our data and knowledge to influence our future, not straight line our past. We have set out this approach in our Prospectus published in February 2019.

We think that adult social care needs to be much more future-focused and adept at using behavioural economics to redefine the challenges that all our systems face. Enabling ADASS members to be more creative and empowered in influencing government, health partners and local services around building relationships for collaborative advantage.

Acknowledging the core risks that we all face daily but shifting thinking to collaboration and building asset-based partnerships with the wider social care community. Applying those asset-based approaches to our collective endeavour to promote social justice as well as to how we work with the communities we support.

We believe strongly in local government as a place-shaper and in shifting the balance of power and control from the centre to communities and places that people experience on a day to day basis.

As a region, we continue to work collectively to support the national ADASS approach, advocate on behalf of the sector, and have been active in promoting our vision for the West Midlands.

Yorkshire & Humber

The region has in place an extensive work programme covering a range of priorities which includes three major areas of focus - a regional approach to strengths-based working, improving consistency around safeguarding decision making and sharing market failure intelligence.

In the Summer, we launched our Strengths Based Charter developed by our PSW network. All fifteen councils signed up to this and implemented an audit tool to evidence its implementation. A regional conference in October showcased several local authorities in how this is making a difference to people’s lives.

Work has continued to improve Section 42 decision making following the publication of a set of regional principles. Our Safeguarding networks carried out deep dives into decision pathways and an exercise using 16 real case studies. The findings provided fantastic insight into reasons behind inconsistencies and informed national workshops in November. It’s now influencing the development of national guidance.

Market failure was a key risk in our 17/18 risk assessment. Our Commissioning Network developed a Market Information Sharing Protocol, supported by mailing alert system, a risk framework, heat maps, and a set of quality assurance principles. This work was pivotal to supporting the region deal with major provider failure affecting ten areas.
Regional Summaries

North East

North East ADASS have had a productive and successful programme of work in 2018. Our highlights include:

• Strong participation both at the branch and in the range of networks and groups across the North East, recognising the importance and benefit of having the opportunity to share and discuss the most challenging issues across the sector.
• Stronger links are in place with partners including Skills for Care, NICE and the NHS, including the aspiring ICS in relation to workforce.
• Attended several jobs fairs across the country as the NE ADASS/ADCS recruitment brand to encourage social workers to consider our region as a place to work.
• Held a regional CQC system review event to share the learning from colleagues in the region who had taken part in reviews or been the subject of a review. This led to one authority participating in a mini system review carried out by colleagues in the region.
• Re-established the Regional Carers Leads network focusing on key elements of the Carers Action plan.

Looking ahead for 2019/2020, we are reviewing our priorities and will be implementing a more systematic approach to what we will achieve through these areas with clear accountability back to Branch along with implementing a programme of peer reviews.

North West

NW ADASS has continued to work with relevant system partners at all levels to co-design and implement a regional programme that adds value to existing local and sub-regional transformation programmes – helping address the most pertinent issues facing the sector.

Using our collective intelligence and available data, our efforts have been channelled towards our five strategic long-term priorities. We have had a focus on addressing fragility in the care market and tackling the recruitment and retention issues in the workforce, producing a number of regional products and tools such as our ‘Care Market Analysis’ project which has evolved into a national programme of work.

Supported by the expertise and energy of our regional networks we have successfully worked across complex systems to develop our bespoke Sector Led Improvement (SLI) Programme that helps address key strategic system issues such as ‘integrated commissioning for better outcomes’.

With a desire to continually evolve our SLI Programme we proactively commissioned an independent evaluation and we look forward to implementing the recommendations – repositioning SLI in the context of the emerging policy context and local integrated health and social care arrangements.

We will continue to create new partnerships and develop stronger relationships with existing stakeholders to ensure NW ADASS can influence and inform future policy and practice in pursuit of a more sustainable health and social care system.
Regional Summaries

South East

In 2018/19 South East ADASS has continued to support a range of networks and groups within a Regional Programme. DASS’s have wanted to collaborate on particular pieces of work within the region. These include important Memorandums of Co-operation to:

- Share intelligence on provider failure
- Manage the use of interims and consultants
- Manage the demand and supply of adult social care professional agency workers

This year also saw the pilot of a revised peer review in the region. DASS’s wanted to see how a small, specialist team can most effectively assist councils to prepare for an extensive CQC local system review.

In September DASSs held a workshop to consider how South East councils are managing the 2018/19 challenge and planning for future years. All DASSs are examining how to manage increasing demand differently with severe financial pressure. This changes the balance of risk for adult social care.

Priorities have changed for South East ADASS this year with agreement that these discussions are now prioritised. The intention is to create an environment of trust and transparency within which to discuss and share challenging situations. The dedicated resource within the Regional Programme will be used to support and co-ordinate this work.

East

We have continued to build on our robust Sector Led Improvement process during 2018/19, and to address issues arising from it, including increasing consistency in data-reporting and presentation. Quarterly Branch Meetings, Improvement Boards, and Assistant Directors’ Forums develop collaboration, communication, and leadership, and we have commissioned the “external challenge” of our Self-Assessment from the same provider in 2019/20 as in 2018/19, allowing us to assess how we have addressed recommendations, and how performance has changed over the year.

Well-established regional networks address our priorities (including Finance and Resources, Markets and Commissioning, and Transfers of Care), sharing good practice, addressing challenges, and supporting improvements in local and regional delivery. And regional events have been supported around professional practice, integration, and the high impact change model. Based on recommendations from the 2017/18 improvement cycle we have renewed leadership for Digital Transformation, Mental Health, and Carers; and we have developed joint work with ADCS on workforce, transitions and Autism.

We have increased our communications including regular ADASS East Bulletins, and publications including our Regional Account 2017/18, What we are proud of, Admissions Avoidance, and What difference are we making: prevention and personalisation?

We have full uptake across the Region for the Provider Assessment and Market Management Solution (PAMMS), addressing quality and market issues; and Peer Reviews support shared learning within the region and beyond, with five Authorities involved in LGA-led Reviews in 2018/19: Thurrock (Mental Health), and Hertfordshire, Norfolk, Cambridgeshire and Peterborough (system integration and working, based on CQC KLOEs).
Regional Summaries

South West

ADASS South West have continued to focus on the five key areas identified in 2016.

Quality and effective social care practice - Purpose:
• Increase the quality and effectiveness of adult social care practice across the region
• Develop a set of quality standards.
• Develop a self-assessment audit tool that can be used internally or as part of a peer challenge.

Understanding the capacity and shaping the workforce - Purpose:
• Assist the branch understand the capacity and factors that would influence decisions about shaping the workforce.
• Produce a detailed analysis of the current social care and support and health related workforce
• Enable the branch to consider the economic impact of a changing workforce
• Examine how local solutions can meet the short and medium market challenges.

Use of resources; how well we are spending our money - Purpose:
• Seek to develop an understanding of the factors that drive expenditure in the region and the relationship between cost and activity as use of resources is key to understanding financial risk.

Market oversight and management (Learning Disability) - Purpose:
• Establish a framework for purchasing residential care placements with an accreditation process.
• Develop a consistent process for purchasing residential care.
• Develop an approach to determine price.
• Standardise the form of Contract and Service Specification used by commissioners for Residential and Nursing placements.
• Develop a Quality Assurance process and documentation.

Learning from reflective practice and delivering impact
• An alternate peer approach to the LGA Peer review has been developed, the Deep Dive: Learning is a research approach to investigate a situation to understand a problem or an idea and will be tested during 2019 and in addition will refine and further develop the self-awareness tools to embed a continual cycle of reflective practice.

London

2018 was another eventful and successful year for London ADASS. Over the course of the year we ran a range of network meetings and events focused on developing and delivering a range of products. Key highlights included:

• Our first annual dementia event challenging areas to increase awareness of dementia across the generations
• Our first digital event exploring how local authorities, technology companies and universities can work together to develop innovative digital solutions
• Our bi-annual DTc roadshows showcasing good practice across the health and care system
• Launch of our top tips for facilitating a learning culture within local authorities
• Increasing awareness of modern slavery initiative resulting in over 3000 people trained across the Capital
• Supported forty commissioning staff across London achieve the level 5 certificate in the principles of commissioning for wellbeing
• We appointed our first practitioner development lead to strengthen the practitioner element of the programme

We continued our peer review programme which included piloting the integrated commissioning for better outcomes methodology. We also strengthened the process with the inclusion of case file audits within the methodology.

As always, the year saw several Directors of Adult Social Services moving on. These included: Sean McLaughlin, Helen Charlesworth-May, Anne Bristow, Alan Adams. We wish them all the best in their future ventures.
Policy Overview

Our Policy Leads have undertaken a significant amount of work in 2018, including advocacy, attendance at parliamentary Select Committees, engagement with the Mental Health Act review, work on the Mental Capacity amendment proposals including the revision of the Deprivation of Liberty Safeguards and contributing to Government work on the Adult Social Care Green Paper. They have also produced a range of guides, hints and tips to support members and share good practice.

The following highlights achievements in the priority areas of work for 2018.

Risk and Resources

ADASS has continued to work on the short term funding issues as well as the longer term challenge of advocating for adequate funding social care in the future. This is vitally important as whilst DASSs are endlessly resourceful and work widely with others to develop new and better ways to enable people needing care and support and their families to lead good lives, the and whilst there has been some success in securing short term funding, the impact of continuing reductions of funding at a time of increased need inevitably impacts sharply on people needing care and support, on people working in social care, on the NHS and on the stability of the care market. The ADASS Budget Survey in particular remains an important undertaking which will help both us and sector partners to articulate the key challenges and opportunities facing councils now and over the next few years, particularly with the expected publication of the Adult Social Care Green Paper, Prevention Green Paper and Spending Review in 2019.

ADASS has also utilised this strong evidence base to provide responses to the Local Government Association’s (LGA) Adult Social Care Green Paper consultation, HM Treasury’s pre-Autumn Budget Call for Evidence, the House of Lords Economic Affairs Committee on Adult Social Care Funding in England and the Liberal Democrat Working Group on Health and Social Care on the financial and demand pressures facing adult social care in November. To supplement this work ADASS developed and published an Autumn Short Survey report. This set out the level of expected overspends in 2018/19, the confidence of Directors in delivering on their statutory duties by the end of 2019/20 and the impact of the national focus on DToC. A significant amount of work has also been undertaken to develop an approach to evaluating Value for Money in adult social care in 2018.

Care Market Quality, Sustainability and Workforce

These areas have risen significantly in terms of challenge over 2018 and planning and dealing with provider failure became a reality. ADASS has been significantly involved in work on quality, on sustainability and on managing transition to new provision at a national, regional and local level. The workforce is critical to all of this. Examples of support for members includes Top Tips for Sustaining Homecare, use of the UKHCA risk register, engagement with the CHIP programme markets and modelling project., co-leading work on the Quality Matters collaborative commissioning. An advice note was published on commissioning and quality issues following the Mendip House Safeguarding Adults Review (SAR) and further work undertaken on commissioning recommendations from a wide range of SARs, to inform guidance in response.

ADASS published Top Tips for safer working in systems in escalation and an advice note on admitting people to care homes from hospital and led follow-up work with NHSE and other partners to develop guidance, targeted at NHS colleagues to support
Policy Overview

their understanding of care markets, quality and safeguarding issues. The Making Safeguarding Personal outcomes framework will be been piloted in early 2019. Policy leads have explored funding for evaluation of the pilots on prevention of social isolation to reduce safeguarding concerns.

The ADASS Workforce Network continues to expand its reach and influence, working with LGA and Skills for Care. Key lines agreed with Trustees are in use to promote the ADASS workforce policy position. ADASS has contributed to the work of the Cavendish Coalition assessing the impact of BREXIT on the adult social care workforce. A submission was also made to the Health and Social Care Committee on the impact of a no deal BREXIT on the adult social care workforce. ADASS has worked with Government on the national recruitment campaign and has ensured links into ADASS regions. ADASS has also been a member of the National Board which is overseeing the national workforce strategy. ADASS has also worked with regional leads and the ADASS Vice President to agree potential areas of joint work to strengthen the ADASS workforce position for 2019/20 when it will be a Presidential priority.

Sustainable and Integrated Care and Health Systems

ADASS continues its influence by working with Government officials and with NHS partners locally, regionally and nationally to further person centred, co-ordinated care and sustainable health and care systems. Whilst NHS pressures have focussed minds on hospital discharge, we have made strong representation, based on evidence from our members and elsewhere, particularly from the CQC Local Systems Reviews, that health and care systems need to be looked at as a whole and that an equal focus needs to be on supporting people to be well at home. This influence has been most notably successful in the aspects of the NHS Long Term Plan that set out personalised approaches and investment and community and primary care as well as joint approaches to the Better Care Fund.

There has also been the opportunity to engage with the ICS/STP Advisory Group more fully. ADASS has also been contributed written views to the mental health aspect of the Long Term Plan and with the Mental Health Act Review. Other work has included the ADASS contribution to the review of “Stepping up to the Place” with the resultant “Shifting the Centre of Gravity” being published and launched at NCASC in November 2018. Operationally, there is ongoing liaison with the Urgent and Emergency Care team.

Communications

ADASS continues to be an effective external communicator through media channels by informing policy and disseminating policy messages relating to adult social care. Our continued calls for the publication of the long-delayed green paper on the future sustainability of social care has continued to feature in our press releases and statements. This includes in light of the current climate on Brexit, which led to a front-page letter from the President Glen Garrod published in the London Evening Standard about the effect of the proposed cap on EU-born social workers and our calls for a long-term funding solution. Our lines on delayed transfers of care, the importance of quality, the fragility of the care market and the recruitment and retention of staff continue to be quoted in media stories. We have worked with partners to emphasise that social care is a tipping point; the fragility of the care market is unsustainable; the NHS can only be protected if social care is protected as well; and that the value and work of adult social care needs to be recognised and treated as a national priority, with a funding solution required that will address the recruitment, training and retention of staff.
Policy Leads

**Associates Network**
- Cathy Kerr
- Sue Lightup
- Caroline Marsh

**Continuing Health Care**
- Barbara Nicholls
- Tom Brown

**Care and Justice**
- James Bullion
- Supported by Jess McGregor

**Digital Communications and Assistive Technology**
- Sharon Houlden

**Carers Network**
- Grainne Siggins
- Supported by Sue Bally

**End of Life Care**
- Simon Pearce
- John Powell

**Civil Contingencies**
- Gill Vickers

**Housing Network**
- Alan Adams
- Neil Reveley

**Commissioning Network**
- Denise Radley
- Bev Maybury

**International Issues**
- Sue Wald
Policy Leads

Learning Disabilities Network
Simon Leftley  Moira Wilson

Mental Health / Drugs / Alcohol Network
Stephen Chandler  Simon Galczynski

Older People’s Network / Dementia Lead
Dwayne Johnson  Jon Shaw  Georgia Chimbani

Personalisation Network
Dawn Wakeling

Physical & Sensory Impairment and HIV Network
Mike Hennessey  Pete Fahy

Public Health
Richard Harling

Resources Network
Iain Macbeath  John Jackson

Safeguarding Network
Helen Jones  Adi Cooper  Mike Briggs

Standards, Performance, & Informatics Network
Carol Tozer  David Watts  Damian Furniss

Urgent Care - Regional
David Stevens  Dwayne Johnson  Keith Hinkley

Workforce Development Network
Kate Terroni  Suzanne Joyner

Supported by
Georgia Chimbani  Suzanne Joyner

ADASS Annual Report 2018