#NorfolkACT2026

Achieving care together

Improving quality and sustainability in the adult social care market and key priorities for us all.

3 March 2026

Feedback from November 2025 Workshops: Where are you now and what are your goals

Feedback from a set of relational focussed workshops with Care Providers, held in person and online, in November 2025

Across the November workshops, care providers painted a consistent picture of how current commissioning practices shape their experience of the system today—and what they believe is needed to shift towards a more relational, human centred model which links to our commitment to move towards Human Learning Systems approaches which are about being more human, learning together and working collaboratively

Where Providers Are Now: The Current Commissioning Experience

1. Commissioning feels transactional and distant

Communication between providers and commissioners is often routed through digital portals and brokerage systems. This creates delay, reduces transparency, and makes dialogue feel transactional rather than relational. Providers report feeling excluded from key decision making, particularly around reviews and care planning.

2. Commissioning decisions are perceived as budget led

Providers consistently described decisions as being driven primarily by cost pressures rather than by what is in the best interests of the person receiving care. Slow and opaque processes limit commissioners' and social workers' ability to act effectively, undermining confidence in the system.

3. Commissioning is experienced as top-down, with limited coproduction

Providers feel that their expertise is undervalued, and that commissioning frameworks—particularly competitive processes and rigid block contracts—create adversarial dynamics. They report a lack of meaningful involvement in shaping services or influencing change.

4. System instability makes commissioning relationships harder

Ongoing restructuring, workforce turnover, and fragmented digital systems across health and social care all weaken relationship-building. Short-term funding and administrative burdens (e.g., shifting invoicing processes) further erode trust and capacity.

What Providers Want: Aspirations for a Different Commissioning Culture

1. Human centred, trust-based relationships

Providers want commissioners to be visible, engaged, and present—not only for oversight but as partners. They want open dialogue, mutual respect, and recognition of frontline realities and lived experience.

2. Flexible commissioning that enables creativity and autonomy

Providers desire a shift away from rigid frameworks and block contracts towards models that support:

- innovation,
- tailored service delivery,
- person centred approaches such as personal budgets and direct payments.

They want to be trusted as advocates for the people they support.

3. Integrated systems that enable collaboration

Providers consistently ask for:

- interoperable IT systems,
- shared care protocols,
- reduced duplication,
- better alignment with NHS and voluntary partners.

Integration is seen as the foundation for better commissioning and better outcomes.

What Needs to Change: Commissioning-Focused Actions Identified by Providers

1. Rebuild trust through better communication

- Reinstate regular, open forums.
- Prioritise face to face interaction.
- Ensure commissioners are consistently visible and accessible.

2. Reform commissioning models

- Move from competitive, prescriptive models to flexible, co produced ones.
- Involve providers directly in designing and reviewing commissioning processes.
- Expand use of Trusted Assessor models to increase autonomy and reduce delays.

3. Support workforce and integration

- Longer term funding commitments.
- Joint training and shadowing.
- Shared information systems.

4. Foster a learning culture

- Safe spaces for feedback.
- Recognition of good practice.
- Honest reflection on what hasn’t worked

How this feedback links to Human Learning Systems

1. Being Human – Relationships, Trust, Dignity

Providers described commissioning as distant and transactional, often mediated through digital portals. They want trust based, relational commissioning where commissioners are visible, accessible, and value lived experience. This directly reflects HLS principles of empathy, connection, and shared humanity.

2. Learning – Reflection, Co Creation, Adaptation

Providers reported limited coproduction and few safe spaces for honest dialogue. They want iterative conversations, involvement in shaping commissioning processes, and opportunities for shared learning. This mirrors HLS's focus on continuous learning, collaborative sense making, and co design.

3. Working in Complexity – Flexibility, Autonomy, Trust

Providers highlighted system complexity: workforce pressures, fragmented IT, slow processes, and bureaucracy. They asked for commissioning that enables flexibility, innovation, experimentation, and personalised care—matching HLS's approach to navigating complexity through trust, adaptive practice, and decentralised decision making.

Overall

Providers are already articulating the foundations of an HLS aligned commissioning model—one rooted in relationships, ongoing learning, and adaptive practice rather than rigid structures or transactional oversight.

Reflecting on a Provider Idea: Trusted Assessor Model

Purpose:
To explore the Trusted Assessor Model in more detail and identify support needs and expected impacts

One model that was suggested in the November Workshops was the Trusted Assessor Model.

- This is an approach where a single, specially trained professional carries out an assessment on behalf of multiple organisations or teams.
- This reduces duplication, speeds up access to care or equipment, and improves the experience for the person being assessed.
- By sharing standards, training and governance, organisations can rely on the assessor's judgement, enabling smoother transitions, better use of resources, and more consistent outcomes across the system.

We are focussing on this idea as it links to workshop findings around autonomy, flexibility and trust

Small Group Discussions (10 mins)

We will split into small groups and reflect on the following questions:

1. What support would you need to implement a Trusted Assessor model?

Things to consider include

training, governance, digital interoperability, information sharing, risk handling, communication pathways, funding, workforce capability.

2. What would be the positive and negative impacts of implementing a Trusted Assessor model?

Things to consider include

speed, autonomy, quality, consistency, relationships, duplication reduction, unintended consequences.

Whole Room Discussion (10 mins)

Each group to share their top two insights from the discussion

1. What support would you need to implement a Trusted Assessor model?

Before we move to the next question – is there anything key that is missing?

2. What would be the positive and negative impacts of implementing a Trusted Assessor model?

Before we move on – is there anything key that is missing?

Dot voting – a chance for you as individuals to rate how important the groups insights are

Thank You for your input

is will feed into specific projects that are looking at the Tru
sor model including Housing with Care and Independent Li
Schemes

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