Social Work Restructure

Feedback from Commissioning



Strengths and Positives

Respect and admiration for practitioners and managers for their dedication and resilience during a period of unprecedented challenges.





Strengths continued

- Individual relationships between social work teams and commissioning are often excellent.
- Particular examples cited:-
 - Sensory team.
 - ≻CMHT.
 - ≻Hospital team.



General observation

- Appears quite a complex structure with lots of specialisation and processes to make it function
- Sometimes feels difficult and frustrating for us to navigate – how must feel to people who depend on us??





Does the system enable us to work together well?

- Do we always work together well as 'one service'?
- Care Homes Quality Team
 - More integrated working between practitioners and commissioning staff
 - More insight to the performance of services and wellbeing of service users
 - Better relationships between the Council and providers.



A lack of capacity for reviews

- Undermines our wish to be pro-active and outcome focused.
- Arguably places too much weight on our providers to promote progression and independence
- Can complicate contract and performance monitoring of providers



Reviews continued

- Rightsizing work is there enough resource?
- Aware of work to increase reviews but are they 'single loop solutions'





Other capacity and process issues

- CAP seems to be under particular pressure
- Hypothesis:
 - Some of our processes are too service driven, e.g. Community Initial Assessment Team and transfer to long-term care
 - Some teams have a heavy reliance on less experienced staff and less senior practitioner / management resource

