Redcar & Cleveland
Adult Social Care

REDCAR & CLEVELAND
BOROUGH COUNCIL

Commissioning Strategy 2026-31

Contents

1.0 Our Vision, Values and Commissioning Principles

Adult social care is changing. People rightly expect support that is personalised, responsive and enables them to live independent, fulfilling lives. At the same time, Redcar and Cleveland, like councils across the country, faces increasing demand, changing population needs, workforce challenges and financial pressures.

This Commissioning Strategy sets out how Redcar and Cleveland Borough Council will respond over the next five years. It establishes a clear direction for how we will understand need, work with people and partners, shape the local care market and commission services and support that improve outcomes and make the best use of public resources.

Our approach is grounded in the Care Act 2014 and reflects our statutory duties to promote wellbeing, prevent or delay the need for care and support, shape a sustainable and diverse market, safeguard adults at risk and ensure people have access to high-quality information, advice and support.

Above all, this strategy reflects a simple but fundamental principle: **we will Actively Listen**. Listening is not a single stage in the commissioning cycle; it is the foundation of every decision we make. By listening to people who draw on care and support, unpaid carers, communities, staff, providers and partners, we will better understand local need, respond to what matters most and commission services and support that are shaped by people's experiences.

1.1 Our Commissioning Vision

Our commissioning vision is that every adult in Redcar and Cleveland has the opportunity to live a safe, independent and fulfilling life, with access to high-quality support that is personalised, strengths-based and connected to their community.

We want adult social care to be recognised for:

- enabling people to remain independent for as long as possible;
- working with people, rather than doing things to or for them;
- reducing inequalities and improving wellbeing;
- valuing unpaid carers and recognising their contribution;
- supporting a confident, skilled and compassionate workforce;
- developing a sustainable, innovative and diverse care market; and
- working seamlessly with partners to improve outcomes for local people.

Our commissioning vision reflects our Adult Social Care vision and the Council's wider ambitions for inclusive growth, healthier communities and strong

neighbourhoods, recognising that good adult social care is about more than services; it is about helping people to live the lives they choose.

1.2 Our Commissioning Approach

Commissioning is about much more than purchasing services. It is the process of understanding need, working with people and communities, shaping local markets, investing in prevention and ensuring that the right support is available at the right time.

The Council's role extends beyond commissioning individual services. We are responsible for shaping the wider care and support system so that it remains resilient, responsive and sustainable for the future.

Our commissioning approach is centred on market stewardship, partnership and continuous improvement. Our approach ensures we commission in ways that:

- improve outcomes rather than increase activity;
- build on people's strengths, assets and aspirations;
- support prevention and early intervention;
- encourage innovation and new models of support;
- promote independence and choice;
- strengthen communities alongside formal services;
- use public resources wisely and sustainably; and
- continually learn from evidence, feedback and experience.

1.3 Our Commissioning Values

Our commissioning values describe how we work with people, communities, providers and partners. They underpin our approach to commissioning and guide the relationships we build, the decisions we make and the way we use our resources.

Actively Listen

We listen with openness, curiosity and respect to people who draw on care and support, unpaid carers, communities, staff, providers and partners. We seek to understand lived experience and use what we hear alongside evidence and intelligence to inform our priorities, commissioning intentions and decisions, and to improve what we do.

Work Together

We build relationships based on trust, shared responsibility and mutual respect. We commission with people and communities rather than simply for them, recognising that better outcomes are achieved when the Council, the NHS, providers, the voluntary and community sector and local communities work as partners.

Value Strengths and Independence

We recognise people's abilities, aspirations, relationships and connections to their communities. We focus on what people can do and what matters to them, supporting choice, confidence, resilience and independence rather than defining people by their needs or the services they receive.

Act Fairly

We use our influence and resources to reduce inequalities and improve equity of access, experience and outcomes. We seek to understand and address the barriers faced by people and communities who experience poorer outcomes or disadvantage.

Be Curious and Improve

We remain open to new ideas, evidence and learning. We evaluate the impact of our decisions, learn from experience and adapt our approach when the evidence shows that something could be done better.

Be Open and Accountable

We make decisions transparently and explain the evidence, insight and considerations that underpin them. We show how people's views have influenced our approach and report openly on the outcomes we achieve, including where we need to improve.

1.4 Our Commissioning Principles

Our commissioning principles translate our values into a practical framework for decision-making. They provide a consistent approach across adult social care and help us determine what we commission, how we commission it and the outcomes we seek to achieve.

Start with Listening and Insight

We begin with a clear understanding of what matters to people and communities. Lived experience, co-production, engagement, community insight, provider knowledge and professional expertise are considered alongside quantitative data and other intelligence when identifying need, setting priorities and developing commissioning intentions.

Build on Strengths and Prevent, Reduce and Delay Need

We invest in prevention, early intervention and community-based approaches that build on people's strengths, relationships and community assets. Formal care and support complement community-based options wherever possible, helping people to remain independent and reducing, delaying or preventing the escalation of need.

Commission for Outcomes, Not Activity

We focus on the difference that support makes to people's lives rather than the volume of services delivered. Independence, wellbeing, choice, safety, connection and quality of life are central to how we define and measure success.

Promote Choice and Control

People should have meaningful choice over how their needs are met. We support personalisation and commission a diverse range of high-quality options so that people can make informed decisions and exercise control over their lives.

Shape a Sustainable and High-Quality Market

We work proactively with providers and partners to develop a resilient, diverse and sustainable care market that can respond to current and future need. We promote innovation, fair and proportionate commissioning, workforce development, quality improvement and constructive relationships with providers.

Work as One System

We take a whole-system approach to commissioning, recognising that people's lives do not fit neatly within organisational boundaries. We harness joint working across adult social care, health, housing, public health, the voluntary and community sector and independent providers, sharing intelligence, responsibility and resources where this improves outcomes.

Use Evidence, Intelligence and Lived Experience

Our decisions are grounded in a balanced understanding of local need. We bring together demographic and population data, public health intelligence, performance information, market and workforce insight, national evidence and the experiences of local people. We use this intelligence every time we make a decision to identify unmet need, emerging pressures, understand inequalities and target resources effectively to improve outcomes.

Tackle Inequalities and Improve Equity

We consider the impact of commissioning decisions on different groups and communities and direct resources towards areas of greatest need where appropriate. Services should be accessible, inclusive and responsive to people's circumstances, preferences and cultural needs, with a particular focus on reducing avoidable differences in outcomes.

Learn, Evaluate and Adapt

Commissioning is treated as a continuous cycle of learning and improvement. We monitor outcomes, evaluate impact, listen to feedback and use performance and market intelligence to adapt our approach. Where provision is not achieving the intended outcomes, we are prepared to change course.

2.0 Our Commissioning Model

Our values and principles are brought together through a continuous cycle of commissioning, learning and improvement. Our commissioning model focuses on outcomes, strengths, prevention, partnership and sustainable solutions. It combines the formal care market with the contribution of communities, unpaid carers and wider public services, recognising that good outcomes are rarely achieved by one organisation or service acting alone. We apply this approach consistently across adult social care; adapting it to different populations, communities, services and circumstances.

2.1 Our Commissioning Framework

Listen → Understand → Plan → Commission → Assure → Improve

This structure provides a consistent framework for how we identify need, develop priorities, design and commission solutions, monitor their impact and learn from experience.

The cycle is deliberately iterative. Commissioning does not end when a service is procured or a contract is awarded. We continue to use people's experiences, evidence, performance information and market intelligence to understand whether commissioned approaches are achieving the intended outcomes and whether they remain appropriate as circumstances change.

2.2 Commissioning for Outcomes

The effectiveness of adult social care should be judged by the difference support makes to people's lives, rather than simply by the volume of services purchased or activity delivered.

Outcomes inform the design of services, commissioning specifications, contractual arrangements, performance management and evaluation. Wherever possible, we work with people to define what a good outcome looks like for them. This helps ensure that performance conversations focus not simply on whether a service has been delivered, but on whether it has made a meaningful difference.

2.3 Strengths-Based Commissioning

Our commissioning builds on the strengths of people, unpaid carers, families and communities.

People are experts in their own lives and should not be defined solely by their needs or by the services they receive. We commission approaches that support people to

use their own abilities, relationships, knowledge and resources alongside formal care and support.

A strengths-based approach does not mean reducing access to formal care where it is needed. It ensures that formal support complements what people can do for themselves and with others.

2.4 Prevention and Early Intervention

Prevention is a focus throughout our commissioning decisions.

We seek opportunities to identify and respond to unmet and emerging need before circumstances reach crisis point and to reduce, delay or prevent the escalation of need wherever this is possible.

Prevention is not considered solely as a separate category of service. It is a consideration across the commissioning cycle, including when we redesign existing services and evaluate their effectiveness.

2.5 Place-Based and Partnership Commissioning

People experience their lives as a whole rather than through organisational boundaries. Our commissioning activity increasingly reflects the places in which people live and the networks of support around them.

We work with NHS organisations, public health, housing providers, voluntary, community and faith organisations, independent providers and neighbouring authorities where appropriate. Our approach recognises the contribution of partners while maintaining clear accountability for the Council's statutory responsibilities.

2.6 Co-production in Commissioning

Co-production is an integral part of commissioning practice rather than treated as a separate engagement activity.

People who draw on care and support, unpaid carers and communities are involved at appropriate stages of the commissioning cycle, including understanding need, developing solutions, designing services, reviewing quality and evaluating outcomes. Our Co-production Framework provides the detailed guidance for how this should be undertaken.

2.7 Market Stewardship, Innovation and Digital Transformation

We exercise active market stewardship, using our commissioning influence to support a care market that is sustainable, diverse, innovative and capable of responding to changing patterns of need.

Our relationship with providers is based on openness, constructive challenge and shared responsibility for improving outcomes.

Technology should enhance rather than replace human relationships, and innovation is encouraged where it can improve people's experience, choice, independence and outcomes. We consider accessibility and digital exclusion so that new approaches do not create additional barriers for people who cannot or do not wish to use digital solutions.

2.8 Social Value and Sustainable Commissioning

Our commissioning decisions contribute to the wider economic, social and environmental wellbeing of Redcar and Cleveland.

We consider how commissioned services can create local employment, apprenticeships and career opportunities, strengthen the local care workforce and support voluntary and community organisations.

Social value is considered through procurement, contract management, market stewardship, market development and provider relationships.

2.9 Quality, Provider Assurance and Continuous Improvement

Quality is fundamental to effective commissioning. People should receive support that is safe, effective, compassionate, personalised and focused on their outcomes.

Our approach to assurance is proportionate, evidence-based and focused on improvement. Our Quality Assurance Framework sets out how we work with providers to identify risks early, strengthen practice and share learning. Through our robust Quality Assurance processes, providers are supported to improve where necessary and formal action is taken to ensure people receive a good standard of care.

2.10 Continuous Learning and Improvement

Commissioning must remain responsive to changing needs, evidence, policy, technology and market conditions. We routinely review outcomes, people’s

experiences, provider feedback, performance and demand data, market and workforce intelligence, safeguarding and quality information, complaints, compliments, research, national evidence, and wider policy developments to understand what is working well and where improvements are needed.

This intelligence informs future commissioning decisions and helps us determine whether approaches should be continued, adapted, expanded or stopped. Evaluation is embedded from the outset, with clear measures of success identified before services are commissioned wherever possible, enabling us to assess impact and drive continuous improvement.

3.0 Understanding Redcar and Cleveland

Effective commissioning begins with a clear understanding of the people and communities we serve. This means looking beyond demographic data and service activity to understand people's experiences, aspirations and the wider factors that influence health, wellbeing, independence and quality of life.

3.1 What the Evidence Tells Us

Our understanding of local need is supported by a broad and continually developing evidence base. This includes our Strategic Needs Assessment, Census 2021, ONS population projections, public health intelligence, ASCOF and Better Care Fund measures, NHS population health intelligence, Skills for Care workforce information, CQC intelligence, local demand and performance data, market information, safeguarding intelligence and feedback and complaints.

Our commitment to **Actively Listen** means that local need is understood through a combination of population intelligence, evidence and lived experience. The voices of people who draw on care and support, unpaid carers, staff, providers, community organisations and partners are an essential part of this understanding.

By bringing these different forms of intelligence together in every decision we make, we can identify where need is greatest, anticipate future unmet need and pressures, and commission services, support and community solutions that are preventative, equitable and focused on outcomes.

3.2 Knowing Our Place

Redcar and Cleveland is a borough of distinctive coastal, urban and rural communities, with strong local identity, resilient neighbourhoods and a proud industrial heritage. Our communities have significant strengths, including family and social networks, voluntary and community organisations and a strong commitment to supporting people to remain independent within their neighbourhoods.

The experience of living in the borough is not the same for everyone. There are significant differences between communities in levels of deprivation, health, employment, housing, access to opportunity and wider determinants of wellbeing. These differences influence people's ability to remain healthy and independent and can affect both the timing and complexity of their need for care and support.

Our commissioning approach recognises that people's outcomes are shaped by more than formal services. The places where people live, the quality and security of their homes, their relationships and communities, and the opportunities available to them all have an important role in supporting independence and wellbeing.

3.3 Our Population is Changing

Redcar and Cleveland, like many parts of England, is experiencing significant demographic and social change. Over the lifetime of this strategy, we expect the population profile and pattern of need to continue evolving, with particular implications for adult social care.

The number of older people is expected to increase, including those aged 85 and over. Alongside this, more people are living with multiple long-term conditions and complex needs, while the number of people living longer with dementia, learning disabilities and other lifelong conditions is also increasing.

We are also seeing changing expectations about how care and support should be delivered. People increasingly expect greater choice, flexibility and personalisation, alongside support that makes better use of technology and helps them remain connected to their communities.

These changes reinforce the importance of prevention, early intervention and community-based support. They also mean that we need to understand not simply how many people may require support in the future, but how patterns of need, complexity and expectation are changing.

3.4 Understanding Inequalities

Not everyone has the same opportunity to live a healthy, independent and fulfilling life. Inequalities in income, employment, housing, health, disability, access to services, digital inclusion and caring responsibilities have a significant influence on people's outcomes.

The relationship between deprivation, health and social care need is particularly important. People living in more deprived communities are more likely to experience poorer health, develop long-term conditions earlier and experience multiple and complex needs. This can increase the likelihood of requiring care and support at a younger age.

Reducing these inequalities is therefore central to our commissioning approach. We will use evidence and local intelligence to understand where inequalities are greatest, improve access to prevention and early intervention, and ensure that services are inclusive, accessible and responsive to the circumstances of different communities.

3.5 Workforce Capacity and Sustainability

Redcar and Cleveland, in common with many local authorities nationally, has experienced workforce challenges across the adult social care sector.

Over the last five years workforce capacity has grown steadily, with the estimated number of employees increasing from approximately 3,800 in 2021/22 to 4,400 in 2025/26. During the same period, vacancy rates have reduced substantially from 9.6% to 4.9%, bringing Redcar and Cleveland in line with the North East average and below the England rate of 6.2%. Workforce stability across the external provider market has improved, with turnover in the adult social care workforce reducing from 30.4% in 2021/22 to 17.4% in 2025/26, below both the North East (22.2%) and England (23.6%). The local care sector performs positively in relation to the proportion of staff employed on permanent contracts and the number holding relevant qualifications.

Together, these indicators demonstrate a more stable, skilled and sustainable workforce, providing a strong foundation for delivering high-quality care and support and supporting the Council's wider ambitions for a resilient care market. Although demographic pressures, increasing complexity of need and national workforce challenges mean workforce sustainability will need remain a key strategic focus.

3.6 What We Heard

The development of this strategy has been informed by engagement with people who draw on care and support, including those who pay for their own care, unpaid carers, families, Council staff, commissioned providers, voluntary, community and faith organisations, NHS partners, Healthwatch, the Growing Older project and community groups. Across this engagement, several consistent messages emerged:

- People want to be listened to and involved in decisions about their lives. They want information that is accessible and easy to understand, support that helps them remain independent, services that are joined up and easier to navigate, and greater choice and flexibility. They also value continuity, trusted relationships and support that recognises their strengths and aspirations rather than focusing solely on what they cannot do.
- Unpaid carers emphasised the importance of early identification, timely information, flexible support and recognition of their role as equal partners in care.

- Providers highlighted the importance of constructive relationships with the Council, greater involvement in service redesign, realistic and sustainable commissioning arrangements, workforce sustainability and opportunities to innovate.
- Council staff identified the need for simpler pathways, stronger partnership working, better use of data and a continued shift towards prevention and strengths-based practice.

These experiences and perspectives have directly informed our strategic commissioning priorities.

4.0 Our Strategic Commissioning Priorities

Our strategic priorities bring together the evidence, lived experience and statutory responsibilities that underpin this strategy. They provide clear direction for the decisions we will make between 2026 and 2031 and identify the areas where we believe commissioning can make the greatest difference.

4.1 Priority One: Put People and Communities at the Heart of Commissioning

Effective commissioning starts with understanding people's experiences, aspirations and priorities, ensuring they are active participants in decisions about their lives and services. Through our established approach to co-production, people who draw on care and support, unpaid carers and communities are involved at the earliest appropriate stage and throughout the commissioning cycle. We are committed to making engagement accessible, meaningful and inclusive, actively seeking the participation of those whose voices are less often heard.

We will:

- ensure co-production and meaningful engagement remains a focus throughout the commissioning cycle;
- continually strengthen opportunities for people who draw on care and support, including those who pay for their own care, and unpaid carers to influence commissioning and service design;
- develop sustained opportunities for involvement of people and unpaid carers, including reference and advisory groups;
- strengthen our engagement with seldom heard, marginalised communities and groups more at risk of poorer outcomes than the general population;
- make information about services, choices and decisions accessible and easy to understand; and
- demonstrate how people's experiences and contributions have influenced decisions through transparent feedback mechanisms, including annual "You Said, We Did" reporting.

We will know this priority is making a difference when:

- people report that they are listened to and involved in decisions that affect them;
- commissioning and service redesign demonstrate clear evidence of how co-production has improved delivery;
- people can see how their feedback has influenced decisions and improvements; and
- engagement from all groups is strengthened as part of service development, improvement and evaluation.

4.2 Priority Two: Prevent, Promote Independence and Improve Wellbeing

Prevention and early intervention are central to our approach, helping people remain well, independent and connected to their communities for as long as possible. We will focus on identifying and responding to unmet and emerging needs early, investing in services such as reablement, Home First, technology-enabled care and community support that build on people's strengths and enable them to live the life they choose with the right support at the right time.

We will:

- strengthen prevention and early intervention across adult social care and partner services;
- develop reablement and Home First approaches that maximise independence and support timely recovery;
- expand appropriate use of technology-enabled care and assistive technology;
- commission community-based support that helps people remain connected and active;
- enhance strengths-based practice across commissioned services; and
- work with partners to identify opportunities to prevent, reduce or delay the escalation of need.

We will know this priority is making a difference when:

- more people are able to remain independent in their own homes and communities;
- people report greater confidence, wellbeing and control over their lives;
- people receive preventative support earlier, where this can improve outcomes; and
- formal care is used proportionately and effectively alongside people's own strengths and community resources.

4.3 Priority Three: Reduce Inequalities and Strengthen Communities

Our commissioning will focus on reducing inequalities by improving access to support, addressing the wider factors that affect health and wellbeing, and strengthening community resources that help people live healthy, independent and connected lives. Particular attention will be given to communities facing greater deprivation, poorer outcomes or barriers to support, ensuring services are inclusive, accessible and complemented by strong community networks.

We will:

- use local intelligence to identify communities and groups experiencing the greatest inequalities and most at risk of disadvantage;
- target preventative activity and investment where need is greatest;
- improve access to information, advice and community-based support;
- commission services that are inclusive, accessible and responsive to people's circumstances and cultural needs;
- use equality impact assessment and other intelligence to understand the potential impact of decisions and implement effective mitigation measures;
- strengthen partnerships with VSCE sector organisations; and
- support local community assets, peer support, volunteering and social connection as part of a wider approach to wellbeing and prevention.

We will know this priority is making a difference when:

- people experience fewer barriers to accessing appropriate support;
- inequalities in access, experience and outcomes reduce;
- more people benefit from local community and preventative support;
- loneliness and social isolation are reduced where community interventions can make a difference; and
- communities have a stronger role in promoting health, wellbeing and independence.

4.4 Priority Four: Shape a Sustainable, Diverse and High-Quality Market

We will work with providers to shape a sustainable, diverse and high-quality care market that offers safe, effective and personalised support tailored to people’s needs and aspirations. Through strong market stewardship, collaborative relationships and a shared commitment to improvement, we will support workforce capacity, innovation and resilience to meet current and future demand.

We will:

- act as an active and responsible market steward;
- develop stronger and more collaborative relationships with providers;

- improve market intelligence and use it to anticipate future capacity and quality requirements;
- support diversity, innovation and new models of care and support;
- promote fair, transparent and sustainable commissioning arrangements;
- work with providers to strengthen quality and respond to emerging risks;
- encourage services that offer genuine choice and flexibility; and
- align market development with the changing needs and preferences of local people, including for people who pay for their own care.

We will know this priority is making a difference when:

- the local care market is more resilient and sustainable;
- there is sufficient capacity and diversity to meet changing patterns of need;
- people experience greater access, choice and flexibility;
- quality is consistently maintained and improved; and
- providers report stronger, more constructive relationships with the Council and partners.

4.5 Priority Five: Develop a Skilled and Sustainable Workforce

A skilled, confident and supported workforce is essential to delivering high-quality, sustainable adult social care. We will work with providers, education and training partners to address recruitment and retention challenges, promote workforce wellbeing, and support career development, leadership and future workforce capacity across the sector.

We will:

- work with providers and partners to improve recruitment and retention;
- promote adult social care as a valued and rewarding career;
- support values-based practice and leadership development;
- improve access to learning, training and professional development;
- promote workforce wellbeing and supportive employment practices;
- support clearer career pathways and opportunities for progression; and
- use workforce intelligence to identify emerging capacity and skills gaps.

We will know this priority is making a difference when:

- workforce stability improves;
- vacancy and turnover rates reduce;
- providers have greater confidence in their ability to recruit and retain staff;
- staff report greater confidence, wellbeing and access to development; and

- the workforce has the skills and capacity required to meet changing patterns of need.

4.6 Priority Six: Commission as One System

We will work with partners across health, housing, public health, the voluntary and community sector, and independent providers to deliver joined-up, person-centred support. By sharing intelligence, aligning priorities and coordinating commissioning approaches, we will strengthen prevention, improve outcomes and ensure partners work together effectively around the needs of individuals, families and communities.

We will:

- strengthen joint commissioning and shared strategic planning with partners;
- develop more integrated and neighbourhood-based approaches to support;
- align adult social care commissioning with housing, public health and wider community priorities;
- improve pathways and transitions between services and organisations;
- share intelligence, analysis and joint learning across the system;
- identify opportunities to align resources and reduce duplication; and
- collaborate with partners to address issues that cannot be resolved by any single organisation.

We will know this priority is making a difference when:

- people experience services as more joined up and easier to navigate;
- transitions between services are smoother and delays are reduced;
- partners share intelligence and work to common priorities;
- joint and integrated commissioning delivers better outcomes and value; and
- people experience greater continuity across organisational boundaries.

5.0 Delivering the Strategy

Our six priorities are not separate programmes of work. They are overarching and interconnected priorities to be delivered through our commissioning framework.

Our Commissioning Delivery Plan sets out the main commissioning intentions for 2026 to 2031.

5.1 Governance and Accountability

The strategy is supported by robust governance arrangements that ensure delivery remains accountable, transparent and aligned with the Council's wider priorities.

Council and partnership bodies provide oversight and assurance, with responsibilities clearly aligned to the level and nature of decisions being taken.

Adults, Wellbeing and Health Scrutiny & Improvement Committee

The Committee provides democratic oversight and challenge through:

- consideration of significant commissioning developments;
- review of progress against strategic priorities;
- scrutiny of outcomes, performance and improvement; and
- consideration of issues affecting people who draw on care and support.

Adult Social Care Senior Leadership Team

The Senior Leadership Team provides corporate and executive oversight by:

- reviewing strategic risks and emerging pressures;
- overseeing performance, quality and financial sustainability;
- ensuring alignment with Council and partnership priorities; and
- providing strategic direction and decision-making on matters escalated by the Strategic Commissioning Board.

Strategic Commissioning Board

The Strategic Commissioning Board provides strategic oversight of:

- delivery of the commissioning strategy and its priorities;
- monitoring progress against the strategy and agreed outcomes;
- market stewardship, development and sustainability;
- provider assurance and quality;
- commissioning performance;
- strategic risks and dependencies; and
- delivery of agreed improvement actions.

Health and Well-Being Place Partnership

Health and Wellbeing Place Partnership provides wider system leadership by supporting:

- alignment with shared health and wellbeing priorities;
- integrated approaches to commissioning;
- action on population health inequalities; and
- effective partnership working across the local system.

These arrangements provide clear lines of accountability while allowing decisions to be made at the appropriate level.

5.2 Managing Strategic Risk

Delivery of this strategy will take place in a context of changing demand, financial pressures, workforce challenges and wider uncertainty. Effective risk management will therefore be integral to implementation.

Risks will be reviewed through the established governance arrangements, with significant risks escalated through the Council's Corporate Risk Management Framework. Risk management will be used proactively to identify mitigation, dependencies and opportunities.

5.3 What Success Will Look Like

Progress will be reviewed throughout the strategy period so that we can demonstrate what is changing, learn what works and adapt where further improvement is needed.

We will continue to shape an adult social care system in Redcar and Cleveland that is preventative, person-centred, connected and sustainable, where:

- **people who draw on care and support have greater choice, control and independence**, with support that helps them achieve the outcomes that matter to them;
- **people who draw on care and support and unpaid carers feel heard and valued**, and can see how their experiences and views influence services and decisions;
- **more people are supported to remain well and connected to their communities**, with formal care used effectively when it is needed;
- **unpaid carers are recognised and supported**, with their contribution valued as an essential part of the local care and support system;
- **providers and partners work collaboratively** to deliver high-quality, innovative and responsive support;
- **the care market is resilient and sustainable**, with sufficient capacity, quality and diversity to provide genuine choice;
- **inequalities in access, experience and outcomes are reduced**, particularly for people and communities experiencing the greatest disadvantage; and
- **commissioning is consistently driven by evidence, lived experience and outcomes**, with resources directed towards what makes the greatest difference to people's lives.

5.4 Listening, Learning and Improvement

We will combine performance data with lived experience, provider and staff feedback, complaints and compliments, safeguarding learning, peer review, evaluation and emerging evidence to build a comprehensive understanding of how well services are delivering for people.

We will use this intelligence to understand the impact of commissioning decisions, identify unmet need, emerging issues and unintended consequences, share good practice, and strengthen services where improvement is needed. The insight gathered will also help shape future commissioning priorities and decisions.

We will provide regular feedback on how people's views have influenced decisions and improvements. This will ensure that learning from delivery continually informs future commissioning activity and keeps the strategy responsive throughout its lifetime.

5.5 Working in Partnership

Partnership working will be essential to achieving the outcomes set out in this strategy. We will continue to work with NHS organisations, primary care, public health, housing, voluntary and community organisations, independent providers, neighbouring authorities where appropriate, and people who draw on care and support and unpaid

Our partnership approach will focus on practical outcomes for people rather than organisational boundaries, while maintaining clear accountability for statutory responsibilities.

5.6 Our Commitment

The success of this strategy will ultimately be measured by whether it improves people's lives.

We want adult social care in Redcar and Cleveland to be a system in which people who draw on care and support experience greater choice, independence and control; communities are active partners in supporting wellbeing; providers have the capacity to deliver sustainable, high-quality care; and commissioning decisions are informed by evidence, experience and outcomes.

We recognise that local needs and circumstances will continue to change. Our commitment is therefore not simply to deliver a fixed programme of activity, but to maintain a commissioning system that is willing to listen, respond, learn and improve.

Through strong leadership, effective partnerships, market stewardship and shared accountability, we will work towards a social care system that enables people to live safe, independent and fulfilling lives.

We will Actively Listen, understand need, commission collaboratively and continuously improve, keeping people's outcomes at the centre of every decision.