

# Adult Care and Wellbeing Performance Management Framework



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**Sheffield City Council**

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## 1. Introduction

The Adult Care and Wellbeing Performance Management Framework is central to the 'Performance, Quality and Outcomes' domain of the Care Governance Strategy, and is the means by which the Directorate measures and assures progress towards the delivery of our Vision and Strategy, Living the Life You Want to Live.

The Performance Management Framework operates at all tiers of the Directorate from front line teams through to the Directorate Leadership Team and Policy Committee.

It connects to our Quality Frameworks which measure and drive the quality of our front line practice and care services; and to the Council's Performance Management Framework<sup>1</sup> which assures performance against the Council Plan 2024-28<sup>2</sup>.

The principle of continuous improvement is at the heart of the performance management framework and it is based around the four steps of the improvement lifecycle, as outlined below.

## 2. The Improvement Cycle

The process by which we understand, scrutinise and improve our performance at all levels can be represented within a 4-stage cycle, as depicted in Fig. 1

Fig. 1 The Improvement Cycle



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<sup>1</sup> For further information, see SCC Outcomes and Performance Framework 2024-28

<https://democracy.sheffield.gov.uk/ieListDocuments.aspx?CId=641&MId=8788&Ver=4#:~:text=9.,for%20item%209.>

<sup>2</sup> [Sheffield City Council Plan 2024-28 | Council Plan](#)

Each of these stages of the improvement cycle may take place in a different way depending on the work context but the four principles must exist at every tier.

Below each individual stage is described in further detail.

<b>No.</b>	<b>Improvement Cycle Stage</b>	<b>Principle</b>	<b>Example documents/ processes</b>
1	What are our goals and are we meeting them?	Objectives	ACW vision and strategy outcomes
2	Why are we having the impact we're having?	Reflection	Performance conversations, or 'clinics'.
3	What actions are needed to improve achievement of our goals?	Accountability	Business Management Improvement Plans (BMIP)
4	Are our actions are leading to the achievement of our goals?	Assurance	Performance Dashboards

### 3. Goals

This stage of the improvement cycle is about recognising what our goals are within the vision and strategy and what our current position is in terms of meeting these objectives?

The following factors are considered:

- What the vision and strategy means in the context of the different service areas of Adult Care and Wellbeing (and which service areas should be primarily focussed on to monitor performance against particular strategy outcomes)
- How our data relating to these outcomes reflects on our current position (as mapped against our strategy outcomes within the ACW performance dashboard)<sup>3</sup>

Considering the above factors, we assess whether we are currently making a difference in people's lives in accordance with our vision and strategy.

The table below shows each of the strategy outcomes and what this means for people.

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<sup>3</sup>[Adult Care Wellbeing Performance Committee.pdf \(sheffield.gov.uk\)](#)

Strategic Outcomes	What Does this Include
<b>Safe and well</b>	<ul style="list-style-type: none"> <li>- Feel safe in a place called home, and protected from harm</li> <li>- Physically and mentally well for as long as possible</li> <li>- Able to manage conditions and return to normal life as much as possible</li> </ul>
<b>Active and independent</b>	<ul style="list-style-type: none"> <li>- Live independently and focus on increasing everyone's independence</li> <li>- Have control and choice over decisions that affect their care and support</li> <li>- Simple adult social care system including advocacy for people who need help expressing their needs and wishes</li> </ul>
<b>Connected and engaged</b>	<ul style="list-style-type: none"> <li>- Connections with communities that care and support people</li> <li>- People engaged in their community and make a contribution to it</li> <li>- Unpaid carers connected to a support network</li> </ul>
<b>Aspire and achieve</b>	<ul style="list-style-type: none"> <li>- People have purpose and meaning in their lives</li> <li>- People have personal ambition, aspirations and outcomes including hobbies, interests, helping others, employment, education, or learning</li> </ul>
<b>Efficient and effective</b>	<ul style="list-style-type: none"> <li>- A system that works smartly together delivering effective and quality outcome-focused services</li> <li>- Good choice of services that meet individual needs irrespective of background, ethnicity, disability, sex, sexual orientation, religion or belief.</li> <li>- Engaged, supported and well-trained workforce which is innovative and creative and trusted to make the right decisions</li> <li>- Transparent decision-making which delivers best value and considers climate impacts</li> </ul>

The outcome indicators which tell us whether we are delivering on our strategy are set out in Appendix 1.

From 2024 the Care Quality Commission is routinely reviewing how local authorities are meeting their duties under Part 1 of the Care Act 2014 using a subset of nine quality statements from the single assessment framework. A mapping of the CQC's Local Authority Inspection Framework to Living the life you Want to Live outcomes is set out at Appendix 2

#### 4. Reflective conversations

Outcome indicators change relatively slowly over time and so are checked and updated infrequently. To understand progress it is important to have more timely *volume*, *process* or *quality* metrics which show whether the actions we are taking are having the intended effect.

Reflective performance conversations help us understand why we are having the impact we are. We ask ourselves: "Is our current outcome the result of what we did (service activity), or

how well we did it (quality)?” This forms our hypothesis for why the achievement of each outcome is as it is.

Reflective conversations are an important part of *knowing ourselves*.

This self-assessment process also allows us to consider whether the metrics by which we are measuring our progress are the right ones. And as our understanding of the factors influencing the outcomes develops over time so the metrics by which we measure progress may change over time too.

For this reason the activity and quality metrics will not be defined by this framework document in the same way that the outcome indicators are. These will be the temporary products of an ongoing improvement process undertaken through regular performance conversations.

In order for reflective performance conversations to arrive at the right hypothesis they must be undertaken in a safe space. This could be in different settings, from informal discussions to dedicated meetings. Formal conversations are assisted and assured by means of standard agenda items and regular meetings at all levels throughout the directorate. The specific contexts within which these take place are mapped within Section 7, ‘improvement at each tier’.

## 5. Accountability

Having clarified the meaning of our current data within performance conversations, we are better able to identify targeted actions to drive improvement and mitigate risk. At stage 3, improvement actions are agreed, formalised and tracked.

In the stage of action planning, we clarify the following factors:

- Nature of improvement action
- Ownership of action
- Timescale for delivery

Determining the above factors ensures accountability for improvement activity and transforms ideas generated within performance conversations into tangible tasks and projects.

These actions are formalised across services in the Business Management Improvement Plan (BMIP), an internal online resource for recording, reporting and monitoring improvement activity at every tier of the organisation. Action owners, having been identified, are responsible for future reporting of delivery against the action. This happens through supervision and team meetings, assisted by the BMIP being a standard agenda item.

Through this process officers are held *accountable* for the delivery of their actions

## 6. Assurance

Performance dashboards exist at each tier of the service in order to give assurance that performance against our key metrics is good or improving and to give early warning should things move in the wrong direction.

Dashboards are scrutinized in front line teams and then sequentially at each tier of the directorate until performance is reported to the Directorate leadership team and then Committee. This sequencing of conversations ensures a flow of information from the front line and therefore well informed intelligence to inform decision making.

Performance data is collated within dashboards from a variety of sources and displayed within a range of visual graphics and tables. In this way, it is possible to review our performance data for trends, achievement of targets, benchmarking, Red Amber Green (RAG) rating etc. This is key to identifying strengths and areas of risk early, recognising the reasons and promptly implementing evidence-based action planning.

Below are descriptions of the dashboards referenced at different levels and how they are used.

<b>Dashboard</b>	<b>Description</b>	<b>Reported to</b>
Adult Care and Wellbeing Performance	<p>A high-level dashboard report mapped against strategy outcomes and directorate areas to assure performance against Adult Care &amp; Wellbeing Strategy &amp; delivery plan, as well as statutory duties.</p> <p>Includes</p> <ul style="list-style-type: none"> <li>• Trends/ benchmarking</li> <li>• RAG rating vs target</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly directorate performance clinic</li> <li>• Monthly performance updates at DLT/SLT</li> <li>• Monthly director's Assurance and Review meetings</li> <li>• Quarterly update to Adult health and social care policy committee for assurance and scrutiny of performance against strategy delivery plan.</li> </ul>
Service operational	<p>A suite of interactive reports hosted on the ACW Business Information Hub, which display operational activity, key performance indicators and graphical data analysis for assurance against service level targets and service plans.</p>	<ul style="list-style-type: none"> <li>• Directorate performance clinics according to theme.</li> <li>• Service level meetings</li> <li>• Assistant Director (AD) management team meetings</li> <li>• Director's Assurance and Review meetings according to service area</li> </ul>

In order to drive and assure a cycle of continuous improvement, targets must be set, which are at once aspirational and achievable. In order to inform how targets are set by designated lead officers the following factors are considered:

- National, regional and peer benchmarking
- Previous performance
- Statutory requirements
- Trends
- Temporary operational challenges (e.g. resourcing/demand)

In the case of targets being amended in light of operational challenges, clear action planning/ risk mitigation will accompany this, along with increased scrutiny of performance measures to track impact.

Targets are agreed by lead officers with regard to corresponding targets for which they are in turn accountable at higher levels.

Targets should be regularly reviewed through performance conversations as outlined above and at least annually.

Thresholds are similarly set for key measures below which performance is escalated to a more senior level for attention/ resolution. The setting of thresholds is a similar responsibility of lead officers and set in relation to the target, based on a common methodology.

## 7. Improvement at each tier

Performance improvement is only effective if it is undertaken at each tier of the organisation and if the cycles taking place at each tier are joined up with each other.

Only front line teams have first-hand experience of the interactions that take place with the person, and have the ability to make a difference directly to those interactions. Only senior teams can look across the service and affect how resources can be used differently to improve outcomes for more people. The connectedness of these conversations and the flow of information up and down the service is therefore vital for effective and coordinated improvement across the service.

Whilst all four parts of the improvement cycle must take place at each tier of the service they may take place in different ways at different tiers. Each service will operate in a slightly different way depending on the work context. The table below describes the structures and mechanisms for undertaking the performance cycle at each tier of the directorate.

Mapping of these performance management arrangements can be observed in fig. 2 below



Fig. 2 Component parts of the performance management framework

	<b>Individual workers</b>	<b>Operational Services</b>	<b>Service Areas</b>	<b>Directorate/ Committee</b>
<i>Lead officer/ reporting flow:</i>	<i>Team Manager</i>	<i>Service Manager</i>	<i>Assistant Director</i>	<i>Director / AD Care Governance</i>
<b>1. Are we making a difference?</b> (objectives)	Person – level outcomes from individual case review	Quality data- case file review data, care quality data etc.	ASCOF outcomes, I-statements, Provision mix	ASCOF outcomes, I-statements, Provision mix
<b>2. Why are we having the impact we're having?</b> (Reflection)	Practice quality review discussions, Peer review etc.	Team meetings/ performance conversations	Service level performance conversations Management Team meetings	Directorate performance clinics DLT monthly performance review Quarterly committee performance update
<b>3. Action planning</b> (Accountability)	PDR, 1-1	Improvement plans, action plans	Business Management Improvement plans (BMIP) Service plans	Business Management Improvement plans (BMIP), Service Plans
<b>4. How do we measure/ review impact?</b> (Assurance)	Individual performance data/ Quality metrics	Locally held performance data	Service dashboard  Director's Assurance and review meetings	ACW performance dashboard

It is the responsibility of the lead officer to ensure that performance conversations are taking place at their tier of the service on a monthly basis. It is also the responsibility of the lead officer to:

1. Identify and collate the performance information which will form the basis of the performance conversation (supported by the BI Team)
2. Agree and set targets for the team/ service
3. Ensure the resulting actions are documented appropriately and monitored
4. Provide the escalation of learning (reporting flow) into the next tier by participating in the conversation at the next tier
5. Provide communication of key themes and actions from conversations to their team through standard communication routes e.g. the staff bulletin.

6. Undertake routine monthly monitoring of a dashboard of indicators for the service in order to provide assurance of key indicators on a frequent basis and an opportunity for rapid escalation should performance be materially above or below target.

## 8. Involvement and Voice

The role of experts by experience and the feedback from individuals, families, carers, our partners and our workforce are critical to the Performance Management Framework as it is the experience and outcomes of the person which determine success.

Every opportunity will be used to ensure the voice and opinion of people are heard and acted upon operationally, across services and strategically so that feedback informs the ongoing improvement of adult social care services.

Feedback from people gained from numerous sources is collated and used as an indicator to inform our performance against the vision and strategy. Areas where we regularly gather people's feedback include:

### Customer surveys

- Sheffield Adult Care and Wellbeing I-statements survey
- ASCOF User survey
- Automated regular survey (following contact with ACW worker)

### Compliments/complaints analysis

Additionally, the following are areas where we are engaged with experts by experience in coproduction and system change.

- Citizens' Involvement project activity
- Commissioned engagement activity, e.g. Sheffield Voices project

Further involvement of experts by experience is still required to provide scrutiny of our performance, its metrics and performance management arrangements, as well as inform our strategic decision making. To this an involvement framework will be co-designed to ensure feedback is meaningful and embedded within this framework.

## Appendix 1: Outcome indicators

The Adult Social Care vision sets the outcomes for social care in the City. These are our goals, which represent personal outcomes for people in Sheffield (i.e. that they feel ‘safe and well, active and independent’ etc.). Selected key measures which tell us whether these outcomes have been achieved are set out in the table below:

Outcomes	Potential outcome measures
Safe and well	<ul style="list-style-type: none"> <li>- ASCOF 4A: The proportion of people who use services who feel safe’.</li> </ul> <p><u>I Statements:</u></p> <ul style="list-style-type: none"> <li>- I am resilient and have good mental health and wellbeing.</li> <li>- I feel safe and well.</li> </ul>
Active and independent	<ul style="list-style-type: none"> <li>- ASCOF 1B: The proportion of people who use services who have control over their daily life.</li> <li>- ASCOF 2A (1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population.</li> <li>- ASCOF 2A (2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.</li> <li>- ASCOF 3C ‘The proportion of people and carers who use services who have found it easy to find information about services and/or support’</li> </ul> <p><u>I Statements:</u></p> <ul style="list-style-type: none"> <li>- I know what services are available and can make informed decisions.</li> <li>- I know where to go and get help.</li> <li>- I know that I have control over my life, which includes planning ahead.</li> <li>- I know that I have some control over my life and that I will be treated with respect.</li> <li>- I can make a choice on whether I move into a care home, and where and with whom I live.</li> <li>- I can manage money easily and use it flexibly. o I can have fun, be active, and be healthy.</li> <li>- When I need support, it looks at my whole situation, not just the one that might be an issue at the time.</li> <li>- We start with a positive conversation, whatever my age. I have a conversation with someone who understands me.</li> </ul>
Connected and engaged	<ul style="list-style-type: none"> <li>- ASCOF 1I(2): Proportion of carers who reported that they had as much social contact as they would like</li> <li>- ASCOF 3B: Overall satisfaction of carers with social services</li> <li>- ASCOF 1D: Carer-reported quality of life</li> </ul>

	<ul style="list-style-type: none"> <li>- ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for</li> <li>- ASCOF 3D (2): The proportion of carers who find it easy to find information about services.</li> </ul> <p><u>I Statements:</u></p> <ul style="list-style-type: none"> <li>- I know what services and opportunities are available in my area. o I am confident to engage with friends/support services.</li> <li>- I am listened to and heard and treated as an individual.</li> </ul>
Aspire and achieve	<p><u>I Statements:</u></p> <ul style="list-style-type: none"> <li>- I have aspirations in my life and achieve my goals</li> <li>- I feel that I have a purpose.</li> <li>- I can have fun, be active, and be healthy.</li> <li>- I am seen as someone who has something to give, with abilities, not disabilities.</li> <li>- I have balance in my life, between being a parent, friend, partner, carer, employee.</li> </ul>
Efficient and effective	<ul style="list-style-type: none"> <li>- ASCOF 3A: Overall satisfaction of people who use services with their care and support.</li> </ul> <p><u>I Statements:</u></p> <ul style="list-style-type: none"> <li>- I deal with people I know and trust that are well trained and love their job, respect my expertise, and can make decisions with me.</li> <li>- The system is easy to navigate.</li> <li>- I only tell my story once unless there are changes to 'what matters to me'.</li> </ul>

Appendix 2: Mapping Strategy Outcomes to CQC Quality Statements			
Clinic	Strategy outcome	Scope	CQC Quality Statement
1	<p>Safe and well</p> <ul style="list-style-type: none"> <li>• Feel safe in a place called home, and protected from harm</li> <li>• Physically and mentally well for as long as possible</li> <li>• Able to manage conditions and return to normal life as much as possible</li> </ul>	<ul style="list-style-type: none"> <li>• Safe systems</li> <li>• Safeguarding</li> <li>• Staying well</li> </ul>	<p>Theme 3: Ensuring safety</p> <ul style="list-style-type: none"> <li>• Safe systems pathways and transitions</li> <li>• Safeguarding</li> </ul>
2	<p>Active and Independent</p> <ul style="list-style-type: none"> <li>• Live independently and focus on increasing everyone's independence</li> <li>• Have control and choice over decisions that affect their care and support</li> <li>• Simple adult social care system including advocacy for people who need help expressing their needs and wishes</li> </ul>	<ul style="list-style-type: none"> <li>• Practice- Assessment and review (inc FA)</li> <li>• Wellbeing independence and (targeted) prevention</li> <li>• Choice and Control</li> </ul>	<p>Theme 1: Working with people</p> <ul style="list-style-type: none"> <li>• QS: Assessing needs</li> <li>• QS: Supporting people to live healthier lives</li> </ul>
Page 107	<p>Connected and Engaged/ Aspire &amp; Achieve</p> <ul style="list-style-type: none"> <li>• Connections with communities that care and support people</li> <li>• People engaged in their community and make a contribution to it</li> <li>• Unpaid carers connected to a network which supports them with their needs</li> <li>• People have purpose and meaning in their lives</li> <li>• People have personal ambition, aspirations and outcomes including hobbies, interests, helping others, employment, education, or learning</li> </ul>	<ul style="list-style-type: none"> <li>• Universal community infrastructure / wellbeing services</li> <li>• Valuing and supporting carers</li> <li>• Engagement, involvement and co-production</li> <li>• Employment and Education (LLLS)</li> <li>• Changing Futures</li> <li>• Adults with dementia</li> </ul>	<p>Theme1: Working with people (part)</p> <ul style="list-style-type: none"> <li>• QS: Assessing needs (carers part)</li> <li>• QS: Supporting people to live healthier lives (wellbeing part)</li> </ul> <p>Theme 4: Leadership</p> <ul style="list-style-type: none"> <li>• QS: Learning improvement and innovation (co-production bit)</li> </ul>
4	<p>Effective and Efficient pt1</p>	<ul style="list-style-type: none"> <li>• System (health and VCS) effectiveness</li> <li>• Market Management/ care quality</li> </ul>	<p>Theme 2: Providing Support</p> <ul style="list-style-type: none"> <li>• QS: Care provision integration and continuity</li> </ul>

	<ul style="list-style-type: none"> <li>• A system that works smartly together delivering effective and quality outcome-focused services</li> <li>• Good choice of services that meet individual needs irrespective of background, ethnicity, disability, gender, sexual orientation, religion or belief.</li> <li>• Engaged, supported and well-trained workforce which is innovative and creative and trusted to make the right decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce strategy, HWB, training and skills (care provision quality statement requires us to understand current and future workforce needs)</li> </ul>	<p>QS: Partnerships and communities</p>
5	<p>Effective and Efficient pt2</p> <ul style="list-style-type: none"> <li>• Transparent decision-making which delivers best value and considers climate impacts</li> </ul>	<ul style="list-style-type: none"> <li>• Governance and FM</li> <li>• Workforce development (learning, HWB, equalities and engagement)</li> <li>• Equality diversity and inclusion</li> </ul>	<p>Theme 4: Leadership</p> <ul style="list-style-type: none"> <li>• QS: Governance management and sustainability</li> <li>• QS: Learning improvement and innovation</li> </ul> <p>Theme 1: Working with people</p> <ul style="list-style-type: none"> <li>• QS: Equity of access and outcome</li> </ul>