

Adult Care and Wellbeing

Performance Management Framework



Phase 1: Version 4
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Sheffield City Council
[Sheffield.gov.uk/home/social-care](https://www.sheffield.gov.uk/home/social-care)

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Care Governance

Care Governance is important because it enables us to test how well we are doing in delivering our vision for Adult Care and how well we are keeping to the principles/ commitments it describes.

Our Care Governance strategy defines how we are accountable for performance and providing the highest standard of social care *and* sets out our process for continuously improving the quality of our services.

Improving Quality and Performance is one of the five domains within the Care Governance Strategy, and it defines the standards we measure quality by and the performance levels we want to achieve.

What we choose to measure our performance against will demonstrate the delivery of our long-term strategy for Adult Care, making sure we measure things that matter to people. It is important to note that the focus of the performance management framework is on the quality and performance of all Adult Care Services.

Improving Performance, Quality and Outcomes

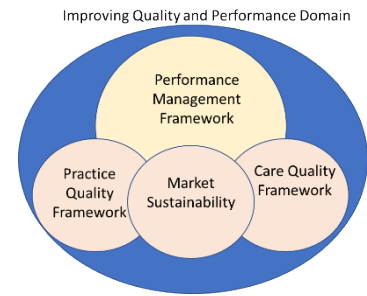
Three separate frameworks under the *Improving Quality, Performance and Outcomes* domain have the common goal of improving population and individual outcomes by considering three core questions:

- Could something have been done earlier with the right information?
- Was there an opportunity for a more independent life?
- Has the best decision been made?

To deliver meaningful improvements, we need to go beyond measuring performance as an end in itself – we need to get behind data trends to fully understand the lived experience and feedback from individuals.

- *The Practice Framework* defines the standards we work to when assessing the care and support needs of an individual. Service improvement will be delivered by the Practice Framework at an officer level through the development of a Learning Culture.

- *The Quality Framework* defines the standards we expect from the delivery of care by all adult social care services - both our council run services and all commissioned care services. It will also define the governance arrangements for Market Management.
- *The Performance Management Framework* defines reporting responsibilities at each level of the organisation and maps the flow of reporting to drive strategic decision making. Each service area will design, and own specific and relevant key performance indicators based on activity, quality, and outcomes.



Performance Management Framework

This document sets out the performance management framework for Adult Care in Sheffield and its close relationships with the adult social care practice quality framework, the care quality framework, and the market sustainability plan.

It describes how these elements work together to establish a system of continuous improvement and ensure continued progress towards our vision.

The Performance Management Framework does not itself prescribe the performance measures that services have to use, rather it provides a framework for Social Care Services to look at measures of success and what good looks like, aligned to our strategic, local, and national requirements, by asking:

1. What are our goals and are we meeting them?
2. Why did we have the impact we did?
3. What actions do we need to improve delivery of our goals?
4. How will we measure whether those actions were successful?

By discussing, identifying and the subsequent testing of the right measures to focus on, efforts will be driven towards the delivery of the strategy.

Through an ongoing process of challenge and review, through discussion of what the strategy means to us and the specific actions we can take to make a difference, we will develop a culture of continuous improvement for both

Performance (the effectiveness of our actions) and Quality (the experience of our customers – the people of Sheffield).

The Performance Management Framework also defines reporting responsibilities at each level of the service and establish a flow of reporting so that the information we capture is used to identify better ways of working. Service defined key indicators will provide the measures for how well we are doing and where we can improve.

Adult Social Care Vision

The vision for Adult Health and Social Care, *Living the life you want to live*, was approved by the Co-operative Executive on 16th March 2022. The vision sets out the **outcomes** we aim to deliver as follows.

Strategic Outcomes	What Does this Include
Safe and well	<ul style="list-style-type: none"> - Feel safe in a place called home and protected from harm. - Physically and mentally well for as long as possible - Able to manage conditions and return to normal life as much as possible.
Active and independent	<ul style="list-style-type: none"> - Live independently and focus on increasing everyone’s independence. - Have control and choice over decisions that affect their care and support. - Simple adult social care system including advocacy for people who need help expressing their needs and wishes
Connected and engaged	<ul style="list-style-type: none"> - Connections with communities that care and support people. - People engaged in their community and contribute to it. - Unpaid carers connected to a support network
Aspire and achieve	<ul style="list-style-type: none"> - People have purpose and meaning in their lives - People have personal ambition, aspirations and outcomes including hobbies, interests, helping others, employment, education, or learning

Efficient and effective	<ul style="list-style-type: none">- A system that works smartly together delivering effective and quality outcome-focused services- Good choice of services that meet individual needs irrespective of background, ethnicity, disability, sex, sexual orientation, religion or belief.- Engaged, supported and well-trained workforce which is innovative and creative and trusted to make the right decisions- Transparent decision-making which delivers best value and considers climate impacts
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The vision also sets out six **commitments** which are the guiding principles we will follow and how we will deliver our strategy.

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.
- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.
- Make sure support is led by ‘what matters to you’, with helpful information and easier to understand steps.
- Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
- Make sure there is a good choice of affordable care and support available, with a focus on people’s experiences and improving quality.

Each commitment is backed by a series of ‘I’ statements which provide a more detailed understanding of what good will look like for each of these commitments.

Because the commitments set out how the vision's outcomes will be delivered it is important that the commitments also steer the identification of metrics employed within the performance management framework.

CQC Single Assessment Framework

The CQC Single Assessment framework is how the Government will baseline the quality and performance of Adult Social Care Provision in the City.

It is made up of four themes (below) and nine quality statements. A mapping of the CQC framework to Living the life you Want to Live is set out at Appendix 1.

- Theme 1: Working with People - Includes assessing needs (including unpaid carers), supporting people to live healthier lives and equity of access and experience.
- Theme 2: Providing Support - Includes market shaping, commissioning, workforce equality, integration & partnership working.
- Theme 3: Ensuring Safety - Includes safeguarding, safe systems & continuity of care.
- Theme 4: Leadership Capability - Includes governance, management and sustainability; learning, improvement and innovation.

Outcome indicators

The Adult Social Care vision sets the outcomes for social care in the City. These are our goals. The measures which will demonstrate whether these outcomes have been achieved are set out below:

Outcomes	Potential outcome measures
Safe and well	<ul style="list-style-type: none">• ASCOF 4A: The proportion of people who use services who feel safe'.• ASCOF 4B: The proportion of people who use services who say that those services have made them feel safe and secure.• I Statement: I am resilient and have good mental health and wellbeing.

Active and independent	<ul style="list-style-type: none"> • ASCOF 1B: The proportion of people who use services who have control over their daily life. • 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. • 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. • ASCOF 1G: The proportion of adults with a learning disability who live in their own home or with their family. • ASCOF 1H: The proportion of adults in contact with secondary mental health services living independently, with or without support. • ASCOF 3D (1): The proportion of people who use services who find it easy to find information about support. • I Statements: <ul style="list-style-type: none"> ○ I know what services are available and can make informed decisions. ○ I know where to go and get help. ○ I know that I have control over my life, which includes planning ahead. ○ I know that I have some control over my life and that I will be treated with respect. ○ I can make a choice on whether I move into a care home, and where and with whom I live. ○ I can manage money easily and use it flexibly. ○ I can have fun, be active, and be healthy. ○ When I need support, it looks at my whole situation, not just the one that might be an issue at the time. ○ We start with a positive conversation, whatever my age. ○ I have a conversation with someone who understands me.
Connected and engaged	<ul style="list-style-type: none"> • ASCOF 1I(2): Proportion of carers who reported that they had as much social contact as they would like

	<ul style="list-style-type: none"> • ASCOF 3B: Overall satisfaction of carers with social services • ASCOF 1D: Carer-reported quality of life • ASCOF 3C: Proportion of carers who report that they have been included or consulted in discussion about the person they care for • ASCOF 3D (2): The proportion of carers who find it easy to find information about services. • I Statements: <ul style="list-style-type: none"> ○ I know what services and opportunities are available in my area. ○ I am confident to engage with friends/support services. ○ I am listened to and heard and treated as an individual.
Aspire and achieve.	<ul style="list-style-type: none"> • I Statements: <ul style="list-style-type: none"> ○ I feel that I have a purpose. ○ I can have fun, be active, and be healthy. ○ I am seen as someone who has something to give, with abilities, not disabilities. I get support to help myself. ○ I have balance in my life, between being a parent, friend, partner, carer, employee.
Efficient and effective	<ul style="list-style-type: none"> • ASCOF 3A: Overall satisfaction of people who use services with their care and support. • I Statements: <ul style="list-style-type: none"> ○ 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. ○ The system is easy to navigate. ○ I only tell my story once unless there are changes to 'what matters to me'.

Some of the key data to be included in performance monitoring such as targets, trends, benchmarking, and explanations is set out in Appendix 1

Performance Metrics

To understand performance requires the use of three simple interrelated questions (from the first two parts of the improvement cycle):

Improvement cycle	Performance questions
1. What are our goals and are we meeting them?	<ul style="list-style-type: none">• Did we make a difference (outcomes)?
2. Why did we have the impact we did?	<ul style="list-style-type: none">• Was this because of how much we did (service activity),• Was this because of how well did we do it (quality)

The Vision has set the outcomes for Adult Health and Social Care and the outcome indicators are set out in section 6.

Performance conversations will provide the hypothesis for why delivery of each outcome is as it is. The metrics we choose to measure our progress in improving that outcome (quality, or 'how much') will depend on the hypothesis and so may change over time, as our understanding of the factors influencing the outcomes changes over time.

For this reason the activity and quality metrics by which we measure progress towards delivery of these outcomes will not be defined by this framework document. They will be the temporary products of an ongoing improvement process undertaken through ongoing performance conversations.

Discussing the three performance questions, reviewing the data, putting forward a hypothetic narrative to answer the questions based on the data, identifying appropriate indicators based on the working hypothesis, action planning for improvement, and then reviewing metrics and outcomes to test whether our hypothesis was correct. This is the process through which we develop our understanding of how our performance moves us towards our vision.



Quality Metrics

The outcome indicators which tell us whether we are delivering on our strategy are set out in this document. As set out in the previous section the performance metrics will be identified through the process of performance conversations or clinics. These metrics may be volume or quality metrics.

Whilst volume metrics are readily available from the case management system, quality metrics are more subjective and will be generated at least in part through the Practice Quality and Care Quality Frameworks.

Both quality frameworks have three common elements:

1. What good looks like – expected standards and behaviours
2. How we measure quality – persons voice, standards met and individual outcomes (captured from case file audits, observation, complaints etc)
3. How we use that information to drive improvement – 1-1, peer review, CPD etc

There is a close relationship/ overlap between the performance management framework and the quality frameworks for two key reasons:

- The Performance Management Framework is dependent on the function of the Quality Frameworks to generate quality metrics which can then be used to understand how quality is driving the delivery of outcomes and progress towards our vision.
- The Quality Framework adopts the same improvement cycle as the performance management framework and can therefore be seen as an

equivalent continuous improvement process, taking place at a different tier of the organisation, closer to the front line.

Performance Improvement at each tier of the service

Performance improvement, based on the improvement cycle in section 7 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 lines teams have first-hand experience of the interactions that take place with the person and can 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.

Component parts of the performance management framework

	Individual workers	Operational Teams	Service Areas	Directorate/ Committee
<i>Lead officer:/ reporting flow:</i>	<i>Team Manager</i>	<i>Service Manager</i>	<i>Assistant Director</i>	<i>Director / AD Care Governance</i>
Did we make a difference? (outcomes)	Person – level outcomes from individual case review	Quality data- case file review data, care quality data etc.	ASCOF outcomes, statements, Provision mix	ASCOF outcomes, statements, Provision mix
Why did we have the impact we did? (metrics)	Case file review discussions, Peer review etc.	Team meetings/ performance discussions	Service level performance clinics	Directorate performance clinics
Action planning	PDR, 1-1	Improvement plans, action plans	Business Management Improvement plans (BMIP)	Business Management Improvement plans (BMIP), Service Plans
How do we measure/ review	PDR review, 1-1, contract review	Locally held performance data	Service dashboard	Assurance 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. To undertake routine monthly monitoring of a dashboard of indicators for the service to provide assurance of key indicators on a frequent basis and an opportunity for rapid escalation should performance be materially above or below target.

The Care and Wellbeing Service Cycle of Assurance describes how data flows through the service in accordance with routine reporting cycles. Performance data is a part of this.

The Adult Care and Wellbeing Care Governance Board is responsible for the proper functioning of the performance and outcomes domain and for ensuring that the improvement cycle is taking place at each tier of the service. It is also responsible for:

1. Agreeing the actions arising for the directorate Business Management Improvement Plan
2. Agreeing ongoing narrative updates for the directorate self- assessment report
3. Agreeing updates to the metrics used in in the performance dashboard and setting targets.

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 up operationally, across services and strategically so that feedback informs the ongoing improvement of adult social care services.

To this an involvement framework will be co-designed to ensure feedback is meaningful and embedded within this framework.

Performance Management Framework

APPENDIX 1: Mapping of Vision/ strategy outcomes to the CQC themes and quality statements

Clinic	Strategy outcome	Scope	CQC Quality Statement	Key metrics
1	<p>Safe and well</p> <ul style="list-style-type: none"> • Feel safe in a place called home and protected from harm. • Physically and mentally well for as long as possible • Able to manage conditions and return to normal life as much as possible 	<ul style="list-style-type: none"> • Safe systems • Safeguarding • Staying well 	<p>Theme 3: Ensuring safety.</p> <ul style="list-style-type: none"> • Safe systems pathways and transitions • Safeguarding 	<ul style="list-style-type: none"> • Case file audit data on safe practice • Waiting lists and timescales • Hospital discharge and transitions performance • Safeguarding performance • Staffing ratios
2	<p>Active and Independent</p> <ul style="list-style-type: none"> • Live independently and focus on increasing everyone's independence. • Have control and choice over decisions that affect their care and support. • Simple adult social care system including advocacy for people who need help expressing their needs and wishes 	<ul style="list-style-type: none"> • Practice- Assessment and review (inc FA) • Wellbeing independence and (targeted) prevention • Choice and Control 	<p>Theme 1: Working with people.</p> <ul style="list-style-type: none"> • QS: Assessing needs • QS: Supporting people to live healthier lives 	<ul style="list-style-type: none"> • Case file audit data on practice • Assessment timescales and review throughput • Timeliness and accuracy of recording • Care home admissions and provision mix/ benchmarking • Average weekly costs
3	<p>Connected and Engaged</p> <ul style="list-style-type: none"> • Connections with communities that care and support people. • People engaged in their community and make a contribution to it. • Unpaid carers connected to a network which supports them with their needs 	<ul style="list-style-type: none"> • Universal community infrastructure / wellbeing services • Valuing and supporting carers. • Engagement, involvement, and co-production 	<p>Theme1: Working with people (part)</p> <ul style="list-style-type: none"> • QS: Assessing needs (carers part) • QS: Supporting people to live healthier lives (wellbeing part) <p>Theme 4: Leadership</p> <ul style="list-style-type: none"> • QS: Learning improvement and innovation (co-production bit) 	<ul style="list-style-type: none"> • Case file audits – carers assessments • Referrals to carers centre

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	<p>Aspire and Achieve</p> <ul style="list-style-type: none"> • People have purpose and meaning in their lives. • People have personal ambition, aspirations and outcomes including hobbies, interests, helping others, employment, education, or learning 	<ul style="list-style-type: none"> • Employment and Education (LLLS) • Changing Futures • Adults with dementia 		
4	<p>Effective and Efficient pt1</p> <ul style="list-style-type: none"> • A system that works smartly together delivering effective and quality outcome-focused services • Good choice of services that meet individual needs irrespective of background, ethnicity, disability, gender, sexual orientation, religion, or belief. • Engaged, supported and well-trained workforce which is innovative and creative and trusted to make the right decisions 	<ul style="list-style-type: none"> • System (health and VCS) effectiveness • Market Management/ care quality • Workforce strategy, HWB, development (care provision quality statement requires us to know our workforce) 	<p>Theme 2: Providing Support</p> <ul style="list-style-type: none"> • QS: Care provision integration and continuity • QS: Partnerships and communities 	<ul style="list-style-type: none"> • Care quality data • Discharge data and waiting lists/ times. • Waiting times/ pick up/ vacancies. • Retention, turnover and sickness • Unit costs and average productivity
Page 1175	<p>Effective and Efficient pt2</p> <ul style="list-style-type: none"> • Transparent decision-making which delivers best value and considers climate impacts 	<ul style="list-style-type: none"> • Governance and VfM • Workforce development (learning) • Equality diversity and inclusion 	<p>Theme 4: Leadership</p> <ul style="list-style-type: none"> • QS: Governance management and sustainability • QS: Learning improvement and innovation <p>Theme 1: Working with people.</p> <ul style="list-style-type: none"> • QS: Equity of access and outcome 	<ul style="list-style-type: none"> • Cost benchmarking • Provision mix benchmarking • Access, experience, and outcomes by protected characteristic

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