
Annex 2

Framework of indicators to assess performance improvement in delivering Review recommendations

Policy Objective A

Give every child the best start in life.

Priority objectives

- 1 Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
- 2 Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.
- 3 Build the resilience and well-being of young children across the social gradient.

Policy recommendations

A1 Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient

A2 Support families to achieve progressive improvements in early years development, including:

(i) Giving priority to pre and post natal interventions that reduce adverse outcomes of pregnancy and infancy

(ii) Providing paid parental leave in the first year of life with a minimum income for healthy living

(iii) Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families

(iv) Developing programmes for the transition to school

A3 Provide good quality early years education and childcare proportionately across the gradient. This provision should be:

(i) Combined with outreach to increase the take-up by children from disadvantaged families

(ii) Provided on the basis of evaluated models and meet quality standards

Delivery mechanisms and interventions	Process indicators	Output indicators	Outcome indicators	Delivery agencies
Identify extent of spend nationally and locally and build increases into spending reviews.	Level of spend.	Growth in services and quality.	Aspirational targets for child development.	HMT, DCSF, Local authorities, local partnerships.
See details below.	Increased number and quality of parenting programmes and increased take-up across the gradient.	Improved parenting skills and values.	Improvement in the cognitive, linguistic, emotional, behavioural and physical outcomes for children aged 2–3 across the gradient.	DCSF, DWP, local authorities, NHS, third sector, employers.
Ante natal care, home visiting.	Engagement with women at risk across the social gradient (e.g. ante natal care). More parents in receipt of quality home-visiting support across the gradient e.g. quantity, reach and quality of health visiting in year 1.	Risk reduction (e.g. smoking in pregnancy), breast feeding rates. Parenting skills improved across the gradient.	Improved birth outcomes (e.g. mother's age, gestational age, birthweight and infant death).	DH, DCSF, NHS.
Include in legislation on workers entitlements.	Take up of parental leave.	Child development milestones.	Improvement in the cognitive, linguistic, emotional, behavioural and physical outcomes for children aged under two.	DWP, HMT employers.
Provide health visiting, family nurse partnerships, SureStart, child care, intensive social and behavioural interventions, community-based parenting skill programmes.	Health visiting and family nurse engagement in each early year of child's life (e.g. quantity, reach and quality measures). SureStart engagement across the social gradient.	Child development milestones.	Improvement in the cognitive, linguistic, emotional, behavioural and physical outcomes for children.	DCSF, local authorities, the third sector, private providers.
Provision of skilled key workers across the transition for all. Targeting of those with greater social and emotional needs.	Children and parents supported across the social gradient.	Social and emotional skills at age six.	Added value of school at seven years (e.g. physical, emotional, behavioural and cognitive).	DCSF, local authorities, the third sector, private providers.
Early years provision (e.g. quantity, reach and quality).	Increase in no. of children accessing quality early education & childcare across the gradient. Increased recruitment of well-qualified staff into the early years workforce, including the no. of early years settings with staff with graduate qualifications.	Development of under-three programmes to incorporate a greater level of structured play and involvement of schools with families.	Readiness for school at five years (e.g. physical, emotional, behavioural and cognitive).	DCSF, local authorities, the third sector, private providers.
Provision of skilled workers to target those with greater social and emotional needs.	As above, focused on those with greatest social need.	As above, focused on those with greatest social need.	As above, focused on those with greatest social need.	DCSF, local authorities, the third sector, private providers.
Implementing a model based on piloting, evaluation and roll-out for all new innovations.	Increase in evaluated pilots and use of proven programmes.	Improved quality standards in early education.	Improved readiness for school at five years for those going through proven programmes.	DCSF, NHS R&D, ESRC and other research funders, local partnerships.

Policy Objective B

Enable all children, young people and adults to maximise their capabilities and have control over their lives.

Priority objectives

- 1 Reduce the social gradient in skills and qualifications.
- 2 Ensure that schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people.
- 3 Improve the access and use of quality life-long learning across the social gradient.

Policy recommendations

B1 Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority

B2 Prioritise reducing social inequalities in life skills by:

(i) Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education

(ii) Consistent implementation of the full range of extended services in and around schools

(iii) Developing the school based workforce to build their skills in working across school-home boundaries and addressing social and emotional development, physical and mental health and well-being

B3 Increase access and use of quality life-long learning opportunities across the social gradient, by:

(i) Providing easily accessible support and advice for 16-25 year olds on life skills, training and employment opportunities

(ii) Providing work-based learning for young people and those changing jobs/careers, including apprenticeships

(iii) Increasing availability of non-vocational life-long learning across the life course

Delivery mechanisms and interventions	Process indicators	Output indicators	Outcome indicators	Delivery agencies
School/community partnerships, extend full service schools, working with parents in the community. Extending provision of social, behavioural, psychiatric and other special needs support progressively across the social gradient.	Level of appropriate resources.	Reduction of within school gradients in levels of attainment. Young people studying beyond compulsory ages and in apprenticeships.	Qualifications at 16 and 24 years.	DCSF, schools, local authorities.
As detailed below.	As detailed below.	Reduction in between school gradients in values, leadership and performance (eg. OFSTED data, teacher turnover, exclusions, truancy). Reduction in within-school performance gradients.	Educational attainment, social and emotional development and physical and mental health at 7, 11, 13 & 15 years. Reduction in numbers not in employment, education or training at ages under 19 and 19–21. Reduction in offending and antisocial behaviour rates.	Education, social services, youth justice system, third sector, Connection, NHS CAMS, civic society and communities.
School/ community partnerships, extend full service schools, working with parents in the community, expanded remit for PSHE, extending leisure and cultural activity.	Increased proportion of schools adopting full service school approaches.	Reduction in between school gradients in values, leadership and performance (e.g. OFSTED data, teacher turnover, exclusions, truancy).	Reduction in within-school performance gradients. Reduction in numbers not in employment, education or training at ages under 19 and 19-21. Reduction in offending and antisocial behaviour rates.	DCSF, schools.
Extend full service schools and provision of social, behavioural, psychiatric and other special needs support progressively across the social gradient.	Increased proportion of schools adopting full service school approaches and delivering programmes to prevent mental health difficulties among children and young people.	Attitudinal and behaviour change. Increased opportunities (e.g. resilience, capability, volunteering).	Reduction in numbers not in employment education or training at ages under 19 and 19–21. Reduction in offending and antisocial behaviour rates.	DCSF, schools, local authorities, third sector and private sector.
Appropriate training programmes (both in-service and during initial training).	Improved training and qualifications of school and family support staff to address social and emotional development, health and well-being within both schools and families.	Output indicators as for B2 (i) and B2 (ii).	Outcome indicators as for B2 (i) and B2 (ii).	Universities, teacher training institutions.
Increased provision of opportunities in settings that are appropriate across the social gradient.	Increase in training and development, opening up of recruitment and progression opportunities.	Increase in people studying beyond compulsory ages and in apprenticeships. Increased numbers participating in programmes to improve other life skills.	Increase in skills across the life course (e.g. educational and vocational attainment, subjective assessments of life skills and adult education).	Secondary and further education, Social Services, Criminal Justice System, employers, third sector, communities.
Appropriate settings for the provision of advice and training.	Increase in training and development uptake by young people.	Increase in young people studying beyond compulsory ages and in apprenticeships. Increased numbers participating in programmes to improve other life skills.	Reduction in numbers of young not in employment, education or training. Reduction in offending and antisocial behaviour rates.	DCSF, schools, local authorities.
Appropriate training programmes (both in-service and during initial training).	Increase in work experience/ apprenticeships across the social gradient.	Increase in appropriately trained workforce.	Reduction in numbers of young people not in employment, education or training.	
Workplace experience. Volunteering programmes. Programmes dealing with the social gradient in skills, mental health, problem drug and alcohol abuse and anti-social behaviour and offending.	Increase in uptake of work experience/apprenticeships across the social gradient. Increase in numbers accessing programmes to address skill deficits, mental health, problem drug and alcohol abuse and anti-social behaviour and offending.	Increased opportunities (e.g. resilience, capability, volunteering).	Increased community participation rates. Reduction in mental health, problem drug use, offending and antisocial behaviour rates.	

Policy Objective C

Create fair employment and good work for all.

Priority objectives

1

Improve access to good jobs and reduce long-term unemployment across the social gradient.

2

Make it easier for people who are disadvantaged in the labour market to obtain and keep work.

3

Improve quality of jobs across the social gradient.

Policy recommendations

C1

Prioritise active labour market programmes to achieve timely interventions to reduce long-term unemployment

C2

Encourage, incentivise and, where appropriate, enforce the implementation of measures to improve the quality of work across the social gradient by:

(i)

Ensuring public and private sector employers adhere to equality guidance and legislation

(ii)

Implementing guidance on stress management and the effective promotion of wellbeing and physical and mental health at work.

C3

Develop greater security and flexibility in employment, by:

(i)

Prioritising greater flexibility of retirement age

(ii)

Encouraging and incentivising employers to create or adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems

Delivery mechanisms and interventions	Process indicators	Output indicators	Outcome indicators	Delivery agencies
Employment skills escalators, Fitness for Work, incentives and conditionality.	Schemes to save or create jobs or otherwise allow people to retain contact with the labour market.	Jobs saved or created. Other indicators of labour market attachment.	Reduced levels of long term unemployment. Income from employment.	DWP, HMRC, Job Centre Plus, employers, employer organisations, GPs, occupational health.
Promoting consistent messages from stress management guidelines, with a focus on mental health and well-being.	Increased access to good work (including stress management, work life balance, occupational health).	Uptake of stress counselling and relevant leadership training. Effort reward imbalance.	Psychosocial outcomes (e.g. sickness absence, stress at work, stress-control imbalance). Opportunities for progression (e.g. upward occupational mobility).	DWP, BIS, NHS, employers, unions, HSE and NICE.
Widespread adherence to principles of equality by employers and public services.	Changes in employer attitudes to skill development, recruitment and progression. Regulatory framework.	Increase in training and development, opening up of recruitment and progression opportunities.	Equality monitoring framework indicators.	DWP, BIS, employers, unions, EHRC
Promoting consistent messages from stress management guidelines, with a focus on mental health and well-being.	Increased use of good management practice to reduce stress at work. Coherence of stress management guidance. Improved attitudes to effort reward imbalance. Availability of stress counselling and relevant leadership training.	Increased access to good work (including stress management, work life balance, occupational health).	Employee health outcomes.	DWP, BIS, NHS, employers, unions, HSE and NICE
Increase in Government and employer schemes to promote flexibility. Job security (e.g. reduce involuntary part-time, temporary or contract working). Changes in benefit structures, employment subsidies, employer attitudes. Minimum wage regulations.	Security built into regulations and employment contracts. Increased number of Government and employer schemes that promote security of employment and flexibility.	Increase in numbers of employees with secure contracts and in jobs providing flexibility.	Employee health outcomes.	DWP, BIS, employers, unions
Flexibility in regulations, pension provision and employment contracts. Employer-led initiatives.	Increased availability of flexible retirement packages and pre- and post- retirement work.	Increased numbers flexible retirement packages and pre- and post- retirement work.	Change in employment rates before and after the statutory pensionable age.	DWP, employers, unions, occupational pension providers.
Greater use of direct and indirect incentives. Employer-led initiatives. Early entry to employment support for those at risk of becoming unemployed (e.g. for those in insecure jobs or with physical or mental health problems).	More incentives available. Increased availability of flexible work patterns for those affected (e.g. voluntary part-time, temporary or contract working, voluntary choice of retirement age, volunteering).	Increase in numbers of those affected in jobs providing flexibility.	Employee health outcomes. Reduction in the numbers of those affected in the poverty trap and other benefit-related cliff edges.	DWP, HMT, BIS, unions, employers.

Policy Objective D

Ensure healthy standard of living for all.

Priority objectives

1

Establish a minimum income for healthy living for people of all ages.

2

Reduce the social gradient in the standard of living through progressive tax and other fiscal policies.

3

Reduce the cliff edges faced by people moving between benefits and work.

Policy recommendations

D1 Develop and implement standards for a minimum income for healthy living

D2 Review and implement systems of taxation, benefits, pensions and tax credits to provide a minimum income for healthy living standards and facilitate upwards pathways

D3 Remove ‘cliff edges’ for those moving in and out of work and improve flexibility of employment

Delivery mechanisms and interventions	Process indicators	Output indicators	Outcome indicators	Delivery agencies
Implement a minimum income for healthy living across the range of household types to be reviewed bi-annually.	Minimum income for healthy living by component (e.g. life cycle stage, source of income). Changes in benefit structures, employment subsidies, employer attitudes. Minimum wage regulations.	Reduction in the numbers below the minimum income for healthy living relevant to their life cycle circumstances.	Reduction in adverse health outcomes attributable to living on low incomes.	DWP, HMT, employers, unions.
Give priority to progressive tax & fiscal measures which have proportionately beneficial impact on lower income households. Ensure no new perverse incentives created. Introduce more progressive pensions, increasing with age to counter increasing levels of poverty with age.	Reduction in regressive taxes. Employment, benefits system, tax credits aligned to meet minimum income for healthy living standards. Levels of benefits received and take up rates provide improved support for minimum income for healthy living.	Income ratios reduced. Reductions in numbers living below minimum income for healthy living. Income security increased (e.g. reduced persistent and recurrent poverty).	Reduction in adverse health outcomes attributable to living on low incomes. Changes in benefit structures.	DWP, HMT.
Conduct a review of systems of taxation, benefits, pensions and tax credits to achieve the reduction of 'cliff edges' faced by those taking up employment. Set tax and benefits rules to avoid creating perverse incentives and reduce cliff edges. Employer-led initiatives.	Reduced financial cliff-edge distinctions for those entering or leaving employment. Incentives to take up employment enhanced. Availability of Government and employer schemes to promote flexibility. Employer attitudes.	Fewer people affected by cliff edges (e.g. reduction in the numbers out of employment, on incapacity benefits and trapped by other benefit-related cliff edges).	Reduced levels of unemployment and economic inactivity. Reduced adverse health outcomes associated with unemployment, insecure work or attributable to living on low incomes.	DWP, HMT, employers.

Policy Objective E

Create and develop healthy and sustainable places and communities.

Priority objectives

1

Develop common policies to reduce the scale and impact of climate change and health inequalities.

2

Improve community capital and reduce social isolation across the social gradient.

Policy recommendations

E1

Prioritise policies and interventions that both reduce health inequalities and mitigate climate change, by:

(i) Improving active travel across the social gradient

(ii) Improving good quality open and green spaces available across the social gradient

(iii) Improving the food environment in local areas across the social gradient

(iv) Improving energy efficiency of housing across the social gradient

E2

Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality

E3

Support locally developed and evidence-based community regeneration programmes that:

(i) Remove barriers to community participation and action

(ii) Reduce social isolation

Delivery mechanisms and interventions	Process indicators	Output indicators	Outcome indicators	Delivery agencies
Removing barriers to active travel, improving safety.	Greater accessibility to active modes of travel in all areas. Improved road layouts/ separation of modes of travel. Street safety initiatives.	Increase in active miles travelled/people using active modes of travel. Reduction in traffic accident rates involving active travel and in street crime and disorder.	Improved fitness levels across the social gradient. Reduction in car travel.	DfT, Home Office, CLG, local planning/transport agencies/ policy-makers.
Creation of good quality open space in all areas where it is lacking.	Reduction in walking distance to quality green space. Street and park safety initiatives.	Reduced social gradients in stress, greater levels of exercise. Reduction crime and disorder in streets and parks.	Improved fitness levels across the social gradient.	CLG, DEFRA, Home Office, local community safety partners.
Economic incentives. Regulation and planning. Infrastructure investment. Education and guidance.	Reduction in local concentration of fast food outlets. Improved food options in local shops.	Reduction in consumption of unhealthy food across the social gradient and increase in healthy eating.	Health benefits associated with healthy eating across the social gradient.	CLG, BIS, DEFRA, local planning/policy-makers, commercial property developers, retailers
Active energy management schemes. Changes to benefit system. Regulation of utilities. Housing improvement programmes.	Affordability of fuel for those in poverty. Reduction of numbers in poorly insulated housing. Reduction in use of high energy alternatives (e.g. transport, heating, lighting).	Reduced energy usage across the social gradient.	Fuel poverty outcomes. Carbon footprints.	CLG, BIS, DEFRA, local planning, housing associations, commercial builders, property developers.
Economic incentives. Regulation and planning. Infrastructure investment. NHS estates policy. Education and guidance. Integrated transport policies.	Greater travel options. Reduction in car use. Increase in walking and cycling.	Reduction in stress associated with living in isolated and deprived neighbourhoods.	Reduced gradients in ill health associated with social isolation and adverse impacts of travel e.g. pollution, and accidents.	CLG, DEFRA, DH, DfT, CLG, BIS, local planning/transport agencies/policy-makers, NHS, local authorities, housing associations, commercial builders, property developers, transport companies, retailers.
Support community groups with long-term funding.	Increased opportunities for participation and community activity among local residents.	Greater participation and community activity among local residents.	Improved well-being of local residents affected by regeneration.	CLG, NHS, local authorities, third sector.
Support community groups with long-term funding. Ensure transport systems facilitate mobility.	Increased opportunities for participation and community activity among local residents. Integrated transport links and street safety initiatives.	Reduction in social isolation of elderly/deprived communities.	Reduced gradients in ill health associated with social isolation and area deprivation.	DfT, CLG, BIS, DEFRA, local planning/transport agencies/ policy makers, housing associations, commercial builders, property developers, transport companies, retailers.

Policy Objective F

Strengthen the role and impact of ill health prevention.

Priority objectives

1

Prioritise prevention and early detection of those conditions most strongly related to health inequalities.

2

Increase availability of long-term and sustainable funding in ill health prevention across the social gradient.

Policy recommendations

- F1

Prioritise investment in ill health prevention and health promotion across government departments to reduce the social gradient.
- F2

Implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient by:

(i) Increasing and improving the scale and quality of drug treatment programmes, diverting problem drug users from the criminal justice system

(ii) Focusing public health interventions such as smoking cessation programmes and alcohol reduction on reducing the social gradient

(iii) Improving programmes to address the causes of obesity across the social gradient
- F3

Focus core efforts of public health departments on interventions related to the social determinants of health proportionately across the gradient



Delivery mechanisms and interventions	Process indicators	Output indicators	Outcome indicators	Delivery agencies
Ensure that effort and resources in lifestyle and behavioural interventions are focused on having a progressive impact on the social gradient.	Access to advice on healthy living that is appropriate across the social gradient. Take up of preventive services across the social gradient, including early diagnosis and treatment.	Improvement in healthy living indicators across the social gradient. Increased numbers actively involved in specific disease prevention programmes across the social gradient.	Improved disease specific outcomes (incidence, prevalence, mortality).	NHS, Social Care, Local Authority planning, CLG, DH, third sector, retailers, food manufacturers, Food Standards, tobacco, alcohol, pharmaceutical industries.
Greater emphasis on evidence based prevention in NICE programme.	Increased availability of advice on cost effective preventive interventions. Greater use of cost effective preventive interventions	Greater effectiveness of preventive programmes.	Reduction in preventable and avoidable death and disability.	NICE, NHS
Medicalisation of the response to problem drug usage.	Availability of active recruitment programmes. Diversion from the criminal justice system.	Reduction in the numbers involved in problem drug use and in criminal activity to fund their usage.	Reduction in adverse health outcomes of problem drug use and the social and economic cost of drug-related crime.	NHS, MoJ, HO, ACPO, third sector
Refocusing of needs assessment. Development of evidence based interventions that are effective across the social gradient.	Increase in scale and intensity of evidence based preventive interventions that are effective across the social gradient.	Increased numbers actively involved in specific disease prevention programmes across the social gradient. Reduction in numbers of people across the social gradient involved in behaviours that have adverse health consequences.	Reduction in preventable and avoidable death and disability across the social gradient.	DH, NHS, local authorities
Refocusing of needs assessment. Development of evidence based interventions that are effective across the social gradient.	Increase in scale and intensity of evidence based preventive and health promotion interventions that are effective across the social gradient.	Reduction in the obesogenic environment and behaviours leading to obesity. Increase in aspects of healthy living that reduce obesity.	Reduction in levels of obesity and diseases associated with obesity across the social gradient.	DH, NHS, local authorities
Refocusing of needs assessment.	Increase in plans, guidance and advice on preventive interventions across the social gradient. Increased scale and intensity of interventions focused on the social gradient.	Increased numbers of people across the social gradient benefiting from interventions.	Reduction in preventable and avoidable death and disability across the social gradient.	DH, NHS, local authorities