Mayoral Regions Programme

Supported by: The Health Foundation

Lead delivery partner: West Midlands Combined Authority

System Maturity Matrix

Supplementary resource for "Getting the foundations right: A practical guide for Strategic Authorities to take action on health inequalities"

Contents

Mayoral Regions Programme

Introduction

This resource is intended to support reflection and development, rather than formal assessment or comparison between Strategic Authorities (SAs). It is designed to help SAs make the most of the opportunities created through devolution, including new powers, responsibilities and mechanisms such as the health duty, integrated settlements, convening powers and the Right to Request.

Different SA regions will operate at different stages of maturity across different domains depending on local context, relationships, devolution arrangements and capacity. The matrix is therefore designed to help SAs:

- Reflect on current approaches
- Identify practical next steps
- Support discussion with partners
- Recognise and build on existing strengths

It is intended as a quick-start tool for SAs and partners to undertake an initial reflection on system maturity, particularly in relation to the health duty and each of the related **strategic enablers** identified in the main document (Getting the foundations right: A practical guide for Strategic Authorities to take action on health inequalities).

It can be used to support system self-assessment, partnership discussions, priority-setting and action planning. Rather than being intended as a compliance tool, it instead provides a framework for reflecting on current practice and identifying next steps appropriate to local context.

It should also be noted that the matrix reflects the maturity of the wider regional system rather than SAs in isolation. Progress depends on the relationships, alignment, governance and collective action of SAs, local authorities (LAs), the NHS and wider partners.

For those seeking a more in-depth review of organisational approaches to implementing **Health in All Policies (HiAP)**, it is recommended to progress from this resource to the HiAP toolkit and self-assessment tools regarding the pillars for HiAP and prioritising areas for HiAP action.

The following sections have been created to facilitate self-assessment of, and next steps planning for, developing system maturity (from emerging to strengthening, and then to embedded) in relation to each of the **practical enablers** for implementing the health duty. Each section also provides reflective questions to support with self-assessment in relation to regional context and signposts to useful evidence/resources (with hyperlinks where available) to facilitate planning next steps for system development.

Governance and system accountability

System maturity:	Emerging	Strengthening	Embedded
Identifying factors:	• Health considerations are starting to be addressed within governance processes	• Health considerations are increasingly incorporated into routine governance and assurance arrangements	• Health is routinely considered across governance, investment and accountability systems • Shared accountability arrangements support delivery of agreed population health outcomes across partners
Possible actions:	• Introduce health and inequalities prompts into key papers/templates • Identify senior lead/s or sponsor/s to champion the health agenda • Begin documenting how health considerations inform decisions	• Establish proportionate reporting arrangements • Clarify routes for advice and challenge • Align with existing cross-cutting reporting processes	• Integrate health into mainstream governance and assurance processes • Use existing scrutiny/audit arrangements to support accountability • Monitor contribution to longer-term outcomes

Governance and system accountability

Reflective questions:

- Are health and health inequalities routinely considered within governance and decision-making processes?
- Is there proportionate documentation regarding impact of health considerations on decision-making processes?
- Are there clear routes for challenge/advice in relation to health and health inequalities considerations?
- How is accountability for considering health understood and demonstrated?
- Are health considerations embedded rather than operating as a parallel process?

Useful evidence/resources:

- Existing decision-making templates
- Health Impact Assessment (HIA) / Health Equity Impact Assessment (HEqIA) approaches
- Outcomes frameworks and theory of change models
- Existing scrutiny/audit structures
- Reporting templates used for equality/climate/social value

Establishing strategic intent and priorities

System maturity:	Emerging	Strengthening	Embedded
Identifying factors:	• Health recognised as relevant to SA priorities; largely led through individual teams or interests	• Shared narrative emerging, which links health, growth and wider regional priorities	• Health and inequalities are consistently embedded across strategies, investment and decision-making
Possible actions:	• Leadership discussions on implications of the health duty • Identify priority policy/delivery areas where SA has the strongest influence • Begin linking health to existing political priorities	• Develop shared narrative across portfolios • Use workshops/ briefings to build organisational understanding • Establish visible leadership/ sponsorship	• Embed health into corporate and investment frameworks • Align health objectives across regional strategies • Use outcomes frameworks and reporting to sustain focus, monitoring and accountability

Establishing strategic intent and priorities

Reflective questions

- How is health currently understood within wider regional priorities?
- Is there a clear shared narrative linking health, health inequalities and wider regional priorities?
- Where is health already being treated as a cross-cutting outcome?
- How are decisions made about where to focus effort on improving health and reducing inequalities?
- Is there visible political and/or senior officer sponsorship?
- Can staff articulate why health matters to their role?

Useful evidence/resources

- MRP HiAP toolkit and HiAP activity prioritisation self-assessment tool
- Existing mayoral SA strategies and corporate plans
- Existing SA regional inequalities strategies
- Institute of Health Equity – Marmot Places and 'eight principles' framework
- Health Foundation - Building blocks of health

Regional collaboration

System maturity:	Emerging	Strengthening	Embedded
Identifying factors:	• Collaboration occurs through existing relationships or individual programmes	• Structured collaboration on health and inequalities emerging around shared thematic priorities	• Shared regional approaches to improving population health and addressing health inequalities are embedded across partners and systems
Possible actions:	• Map key system partners and forums • Engage ICBs, local authorities and DPHs early • Focus initially on tractable mission-led priorities	• Develop shared priorities with partners • Use existing partnership structures rather than creating new ones • Clarify roles across regional/place levels	• Align strategies and investment decisions across organisations • Develop shared outcomes or regional ambitions • Coordinate action across multiple determinants of health • Uses mayoral convening powers to align partners around shared health outcomes and regional priorities • Uses joint working arrangements, pooled budgets or aligned investment approaches to support shared population health objectives

Regional collaboration

Reflective questions

- Are regional and local roles for addressing population health and health inequalities clearly understood?
- Are partners aligned around shared priorities?
- Are existing structures being used effectively rather than resulting in duplication and/or gaps?
- Is collaboration focused on areas where regional action adds value?
- Where can the SAs add most value as a) a convenor and b) a partner with levers relating to the building blocks of health?

Useful evidence/resources

- Existing partnership boards and forums
- Integrated Care Partnership (ICP) / Integrated Care Board (ICB) strategies and prevention plans
- Place-based partnership arrangements
- Reports from, and existing arrangements between, thematic partnerships (e.g. on work and health, clean air, etc.)
- Convening and partnership mapping exercises

Understanding health need

System maturity:	Emerging	Strengthening	Embedded
Identifying factors:	• Health intelligence is drawn mainly from existing LA or NHS sources	• The picture of regional evidence is developing across organisations and datasets	• Shared regional understanding of health need consistently informs strategic and investment priorities
Possible actions:	• Use Joint Strategic Needs Assessments (JSNAs) and existing public health intelligence • Identify gaps in regional insights • Build relationships with analytical partners	• Bring together regional data sources • Combine quantitative and qualitative/lived experience insights • Use evidence to support strategic prioritisation	• Use integrated evidence to shape strategic investment for addressing and preventing ill health • Develop shared regional narrative on health inequalities needs • Align evidence with regional outcomes frameworks

Understanding health need

Reflective questions

- What data and intelligence are currently used to inform regional decisions?
- Is there a shared regional understanding of health need?
- Are inequalities visible within the evidence base?
- Are qualitative and lived experience insights incorporated alongside quantitative data?
- Is there a clear pathway from data to insight, and from insight to action?
- How does evidence shape prioritisation, investment and regional action?

Useful evidence/resources

- LA JSNAs
- Public Health Outcomes Framework and Department of Health and Social Care Fingertips data
- ONS datasets
- ICB population health intelligence
- Local authority public health and SA analytical teams
- Lived experience and community engagement approaches
- SA regional dashboards and inequalities profiles

Workforce planning – capability and capacity

System maturity:	Emerging	Strengthening	Embedded
Identifying factors:	• Developing capability and capacity to take action on health and health inequalities within the SA	• Health expertise is increasingly connected to strategy and delivery functions across policy spaces	• Health capability is embedded across the SA and supported through strong mechanisms for accessing expertise and joint learning within the organisation and across system partners
Possible actions:	• Identify existing expertise across system partners • Access support from local authority/Office for Health Improvement and Disparities (OHID) /ICB partners • Build awareness of the health duty across SA policy spaces and teams	• Develop hybrid working between policy and health staff • Create joint roles, networks and/or communities of practice focussed on health improvement and addressing health inequalities • Provide internal guidance/training on health improvement and addressing health inequalities	• Build organisation-wide capability to apply a health inequalities lens to ways of working • Embed health capability across each SA policy and investment function

Workforce planning – capability and capacity

Reflective questions

- Where does health improvement and health inequalities expertise currently sit within the system? And how is it accessed by the SA?
- Is there scope to distribute health capability across SA and wider system policy areas?
- Do teams working across functions recognise their impact on the building blocks of health?
- Are teams confident in applying a “health/health inequalities lens” to their work?
- What expertise is needed internally within the SA, and what can be accessed externally from system partners?
- Are partnership arrangements for accessing health and health inequalities expertise suitable and sustainable?

Useful evidence/resources

- Public health specialist expertise
- OHID regional teams
- Workforce development and training programmes
- Communities of practice
- Joint appointments/joint teams
- Internal guidance and capability-building materials
- Academic partnerships/university collaborations

Aligning infrastructure and funding

System maturity:	Emerging	Strengthening	Embedded
Identifying factors:	• Health impacts are starting to be considered within investment and infrastructure decisions	• Health improvement and inequalities are increasingly considered upstream within investment and programme design	• Investment, infrastructure and funding decisions consistently support prevention of ill health and addressing health inequalities
Possible actions:	• Begin applying a “health lens” to investment decisions • Identify opportunities for alignment across policy and delivery spaces • Consider health inequalities impacts earlier in programme design • Understand opportunities presented through integrated settlements and devolved funding arrangements	• Align funding and investment around shared priorities • Use existing financial flexibilities to support approaches to preventing ill health • Strengthen links between infrastructure and health outcomes	• Include prevention and health inequalities considerations within investment frameworks • Use procurement and social value approaches to strategically address health challenges • Use the full range of devolved funding, commissioning, integrated settlement flexibilities and investment powers to improve population health and reduce inequalities • Coordinate investment approaches (including those that are place-based, pooled or aligned) across partners to maximise population health impact

Aligning infrastructure and funding

Reflective questions

- Are health impacts considered upstream within investment and programme design?
- Is the prevention of ill health reflected within infrastructure and investment approaches?
- Are opportunities being taken to align or sequence funding to address regional health challenges alongside regional economic/ growth objectives?
- What existing investment processes could be adapted to better incorporate considerations for preventing ill health and addressing health inequalities?

Useful evidence/resources

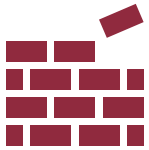
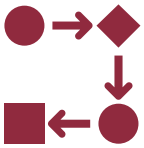
- Integrated settlement guidance
- Investment frameworks/business case processes
- Procurement and social value frameworks
- Prevention and return on investment (ROI) evidence
- SA and LA infrastructure and regeneration strategies
- Health economic evidence
- Health Appraisal for Urban Systems Tool

Additional resources

Additional complementary resources to support SAs with addressing health inequalities:

Additional complementary resources:		
The University College London (UCL) Grand Challenges Team and Local Government Association (LGA) have recently published a report on how devolution can contribute to fairer, healthier places. The MRP was a member of the project team for this work alongside stakeholders across local and central government, academia, the NHS, the voluntary, community and social enterprise sector and policy organisations.		
The Kings Fund and Centre for Local Economic Strategies have been exploring the effectiveness of devolution in narrowing health inequalities in England via the following research essays:		
Tackling health inequalities through English devolution	Strategic authorities and health inequalities: 10 actions for realistic progress	Local growth plans and the building blocks of health
Essay: Integrated care systems and strategic authorities	Essay: Affordable infrastructure	Essay: addressing health inequalities through employment
Essay: getting it right	Tackling health inequalities through English devolution	cles Centre for Local Economies / The King's Fund

Additional resources

The Health Foundation is the MRPs programme sponsor and has produced several leading resources in this space that have informed the development of this paper:		
Introduction to the building blocks of health 	How to talk about the building blocks of health toolk 	Building blocks of health slide deck 
Health at the heart of local growth briefing 	Local Outcomes Framework: Priority outcomes and metrics | LG Inform 	The Health Foundation
The Mayoral Authorities Creative Health Network (MACHN) is a coalition of MSAs working collectively to address health inequalities through culture, creativity, and cross-policy collaboration underpinned by a Health in All Policies approach. The MRP has provided grant funding to the MACHN to develop a Playbook and supporting resources for MSAs to facilitate the embedding of creative health approaches across regional policy and delivery (est. publication 30/09/26).		

Mayoral Regions Programme

Supported by:

The Health Foundation

Lead delivery partner:

West Midlands Combined Authority