Nottingham City Health and Wellbeing Board
26 February 2025

Report Title:	Race Health Inequalities Maturity Matrix
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Executive Summary:

On Wednesday 22nd January 2025 a development session was held with Health and Wellbeing Board members to review the Place-Based Partnership's Race Health Inequalities Maturity Matrix. The purpose of the session was to understand how the Health and Wellbeing Board could enhance, influence or enact the Maturity Matrix.

While attendance was low, this allowed for focused conversations, reflections and challenge. Board members in attendance reflected on the value of the tool as an enabler for difficult conversations that may not otherwise take place within organisations. Board members also reflected on the versatility of the tool and the potential for it to be utilised as a decision support tool by the Board.

Board members concluded that a further session with all Board members was required, however this should take place in six months once all constituent partners have had the opportunity to test the Matrix within their organisations.

Recommendation(s): The Board is asked to:

Note the reflections form the Race Health Inequalities Maturity Matrix Development Session

Discuss the proposed next steps:

- For all constituent partners of the Board to use the Maturity Matrix to conduct self-assessments within their organisations.

- Following self-assessments, all Board members share good practice case studies aligned to at least one of the principles and a principle they would like to develop further.

- Following completion of self-assessments by all members, a further development session is held as a full Board within six months to assess how the Maturity Matrix can be adopted by the Health and Wellbeing Board as a decision support tool.

The Joint Health and Wellbeing Strategy	
Aims and Priorities	**How the recommendation(s) contribute to meeting the Aims and Priorities:**
Aim 1: To increase healthy life expectancy in Nottingham through addressing the wider determinants of health and enabling people to make healthy decisions	The Nottingham City Place-Based Partnership Race health Inequalities Maturity Matrix aims to address cultural and structural change that will enhance the two aims and four priorities of the Joint Health and Wellbeing Strategy.
Aim 2: To reduce health inequalities by having a proportionately greater focus where change is most needed	
Priority 1: Smoking and Tobacco Control	
Priority 2: Eating and Moving for Good Health	
Priority 3: Severe Multiple Disadvantage	
Priority 4: Financial Wellbeing	
How mental health and wellbeing is being championed in line with the Board's aspiration to give equal value to mental and physical health: As a cross-cutting programme of the Joint health and Wellbeing Strategy, the PBP's Race Health Inequalities programme seeks to support the Board's aspiration to give equal value to mental and physical health.	

List of background papers relied upon in writing this report (not including published documents or confidential or exempt information)	Nottingham City Place-Based Partnership Race Health Inequalities Maturity Matrix
Published documents referred to in this report	

Nottingham City Place-Based Partnership (PBP) Update

Background

1. Reducing Race Health Inequalities is a cross-cutting theme within the Joint Health and Wellbeing Strategy. Lead by the systemwide Race Health Inequalities group, a bespoke, co-produced Maturity Matrix self-assessment tool was developed with an ambition to develop cultural competence. The Race Health Inequalities Maturity Matrix was established in 2022 and has been rolled out to over 30 organisations in the Nottingham and Nottinghamshire Integrated Care System.

2. At the March 2024 meeting of the Health and Wellbeing Board, Programme Leads at the time, Clive Foster MBE and Donna Sherratt presented the work of the Race Health Inequalities group to the Health and Wellbeing Board. One of the recommendations was for the Board to undertake a self-assessment using the Maturity Matrix. A dedicated development session was subsequently arranged as recommended.

3. The session took place on Wednesday 22nd January 2025 at the New Art Exchange, a venue away from partner offices to offer a safe space to explore what can often be a challenging subject. Attendance was low with 5 (including the Chair) out of a potential 26 Board members in attendance, however, this allowed for focused conversations, reflections and challenge.

Aims for the session

4. There were five aims for the session:
   a. Reconnect with the context in which the Maturity Matrix was developed
   b. Understand the impact the Maturity Matrix has had in the Integrated Care System
   c. For Health and Wellbeing Board members to understand how the Maturity Matrix can be used to address structural racism
   d. For Health and Wellbeing Board members to feel confident championing the use of the matrix within their organisations
   e. Provide an opportunity for the Board to consider how they can enhance, influence or enact the Maturity Matrix

Reflections from the session

5. Board members took part in an exercise to prioritise the seven principles in the maturity matrix (see appendix) in order of importance. This was followed by a discussion about how the Board could enhance, influence or enact the Maturity Matrix.

6. Board members reflected that while the Matrix is a useful tool in self-assessing cultural competence, the process of completing a self-assessment is valuable in itself as it generates difficult discussions that may not have otherwise taken place.

7. Board members reflected on the versatility of the tool and that as well as being used by constituent partners to assess commissioning decisions or service provision, it could be adapted to be used by the Health and Wellbeing Board itself as a decision making tool.

8. Board members reflected on the need for collective action from all constituent Board members for the Matrix to influence cultural and structural change across the system and that further consultation with the full Board was required.

9. Board members reflected on two questions to be explored with the full Board

   a. What is the role of the Board as a collective in maximising the impact of the Maturity Matrix?
   b. How can Board members, as senior members in organisations, influence change by using the Maturity Matrix?

Recommended next steps

10. All constituent partners of the Board use the Maturity Matrix to conduct self-assessments within their organisations.

11. Following self-assessments, all Board members share good practice case studies aligned to at least one of the principles and a principle they would like to develop further.

12. Following completion of self-assessments by all members, a further development session is held as a full Board within six months to assess how the Maturity Matrix can be adopted by the Health and Wellbeing Board as a decision support tool.

Appendix: Nottingham City Place-Based Partnership   Race Health Inequalities Maturity Matrix

Race Health Inequities Maturity Matrix

Principle	Emerging	Developing	Maturing	Thriving
Community Engagement	There is limited meaningful engagement with minority ethnic communities. People from minority ethnic communities are not routinely involved in the development of priorities or co-design of services. Communication assets are general and not specific to minority ethnic communities. When people from minority ethnic communities are consulted, they are not always aware of the outcome of their involvement.	Processes are in place to engage with people from minority ethnic communities in the design and delivery of programmes with trusted relationships beginning to develop. While communication assets recognise the diversity of the population there is limited input from minority ethnic communities in the design process. Engagement with minority ethnic communities is predominantly consultation focused but there is limited involvement from minority ethnic communities to agree measures or outcomes. Consultation / engagement feedback is given but steps are not yet being taken to tailor this to different minority ethnic communities	Forums for seeking and acting on the views of people from minority ethnic communities are embedded in co-design and delivery processes. Minority ethnic citizens are actively involved and contribute to decision making. People from minority ethnic communities are regularly involved in the co-design of communication assets at the beginning of the project / campaign / service design process. People from minority ethnic communities are regularly involved in the design of consultation / engagement materials and some autonomy given to communities to design the output. Consultation / engagement feedback is tailored to some minority ethnic communities.	People from minority ethnic communities are routinely involved and engaged in the design and delivery of services to meet the needs of population groups / cohorts. There are established links and relationships with a range of community groups and regular partnership working is taking place. There is open and active two-way communication between the organisation and people from minority ethnic communities. People from minority ethnic communities are empowered with the resources and the delegated responsibility to design communication and engagement assets and materials. Consultation / engagement feedback is tailored to a range of different minority ethnic communities and feedback on the outcomes is provided via diverse formats & platforms.
Principle	Emerging	Developing	Maturing	Thriving
Inclusive Decision Making **(Divergent approaches and collective intelligence)**	There is limited cultural diversity in decision making forums restricting divergent thinking and the gathering of collective intelligence to inform decision making. There is limited coproduction and meaningful engagement with people from minority ethnic communities in decision making.	There is some cultural diversity in decision making forums encouraging divergent thinking, however this is not leading to addressing outcomes and challenges faced by minority ethnic communities. There is some coproduction and engagement with people from minority ethnic communities in decision making.	There is strong representation from minority ethnic communities, supporting diversity of thought and the inclusion of multiple perspectives. Collective intelligence is welcomed providing capacity for change but not proactively sought. Regular coproduction and meaningful engagement with minority ethnic communities is taking place to inform decision making.	Culturally diverse, divergent thinking and collective intelligence is consistently present in decision making forums, providing robust diversity of thought and inclusion of multiple perspectives. Collective intelligence is embraced and systematically used enabling, lasting change for the purpose of solving societal issues. There is consistent coproduction and meaningful engagement with minority ethnic communities with delegated decision making.
Principle	Emerging	Developing	Maturing	Thriving
Representative Workforce	Compared with the local population the workforce has very limited representation from minority ethnic communities at all levels. Legislative based equality and diversity training is provided.	Compared with the local population the workforce has good representation from minority ethnic communities at some levels, however this is not reflected in senior leadership structures. In addition to legislative based equality and diversity training, targeted interventions are based on the organisations current level of cultural awareness.	Compared with the local population the workforce has good representation at most levels in the organisation, including in senior leadership structures. A clear strategy is in place for addressing under-representation throughout the organisation. Comprehensive training for the workforce is provided in addition to legislative based equality and diversity training.	Compared with the local population the workforce is representative at all levels. An embedded holistic approach which encompasses the key components of recruitment, retention, training and professional development of different communities is consistently applied, resulting in leading with inclusivity.
Principle	Emerging	Developing	Maturing	Thriving

Equality Impact Assessment (EIA)	People from minority ethnic communities are considered as a homogeneous group. The focus of the EIA is predominantly on access to services, without taking into consideration experience and outcomes. There is no focus or very little focus on the impact on diverse communities, with the assessment made on the population as a whole. Limited intelligence from diverse communities (through evidence and engagement) is applied to inform the EIA. The EIA is a 'one-off' exercise undertaken at the end of a process.	People from minority ethnic communities are considered as a homogeneous group however the EIA identifies geographical locations where there is high representation from minority ethnic groups. The focus of the EIA is on experience of services as well as access. There is an acknowledgement of the different needs of minority ethnic communities relevant to geographical communities. Where a negative impact is identified this is taken into consideration with mitigating actions identified as appropriate. Some intelligence from diverse communities (through evidence and engagement) is applied to inform the EIA. The EIA is conducted at the start of the process.	People from minority ethnic communities are <u>not</u> considered as a homogeneous group. The EIA takes into account the impact on individual minority ethnic groups. Recognition is given to differential factors in relation to access, experience, and outcomes of different minority ethnic communities. Due consideration is given to the impact on ethnic groups and communities that reside in different geographical locations Nottingham and Nottinghamshire. A range of intelligence from diverse communities (through evidence and engagement) is applied to inform the EIA. The EIA is reviewed at different stages of the process.	Consideration of impact includes an understanding of individual ethnic groups, recognising differential factors in relation to access, experience and outcomes. Consideration is given to the different ethnic groups and communities, plus clear interpretation of impact of intersectionality across other protected characteristics. Engagement with different ethnic groups has informed the EIA, through a process that also includes regular and ongoing feedback in relation to access, experience and outcomes. A comprehensive range of intelligence from diverse communities (through evidence and engagement) is applied to inform the EIA. The EIA is an iterative process with ongoing engagement and reflection through to completion/implementation and review.
Principle	**Emerging**	**Developing**	**Maturing**	**Thriving**
Accountable Leadership	Leaders talk about cultural intelligence on occasion, making some effort to canvass views but avoid difficult messages. The existence of structural racism is recognised and commitments are made to change existing power relations and the structural factors that compound and sustain race health Inequalities. Leaders acknowledge that service delivery should account for differing beliefs, values, attitudes, behaviours and experiences of different minority ethnic groups.	There is an understanding among leaders for the need to improve cultural intelligence and acknowledgement of work needed to create the right environment for cultural diversity to actively inform the organisation's operations and processes. Some steps have been taken to address structural racism, to change existing power relations and the structural factors that compound and sustain race health Inequalities. Steps have been taken within some departments/services to ensure that adjustments are made for differing beliefs, values, attitudes, behaviours and experiences of different minority ethnic groups. There are some visible role models at a senior level.	There is a clear understanding and ownership among leaders to improve cultural intelligence, with clear change agents and a plan to increase competence. Leaders are actively talking about structural racism, challenging power relations and the structural factors that compound and sustain race health Inequalities Leaders understand the structural causes and effect of health inequalities in most groups. Leaders are taking active steps to ensure the wider workforce have a good understanding of differing beliefs, values, attitudes, behaviours and experiences of different minority ethnic groups. There are multiple visible role models at a senior level.	Leaders consistently demonstrate cultural intelligence in all aspects of their leadership. They work to create the right environment of cultural diversity to inform the organisation. Leaders have taken tangible actions to challenge power relations and have made changes to structures and processes that were previously seen to be compounding and sustaining race health inequalities. Leaders have embedded the importance of cultural intelligence into the workforce and there are tangible examples across departments/services of adjustments being made to respond to differing beliefs, values, attitudes, behaviours and experiences of different minority ethnic groups. The senior leadership team are all visible role model.
Principle	**Emerging**	**Developing**	**Maturing**	**Thriving**

Data and Evidence	**Collection:** High levels of missing or unknown ethnicity data. Data largely focused on process measures and for contract management. **Data sharing:** Governance structures but none or few existing data sharing agreements in place. Development needs with respect staff understanding of data sharing governance. **Data usage:** Used for contract monitoring only. A workforce with limited skills in interpreting evidence	**Collection:** Some missing ethnicity data but structures in place to collate data as completely as possible. **Data sharing:** Governance structure that allows some data sharing between organisations to fulfil discrete projects e.g. an equity audit. Minimal data sharing agreements in place. Staff awareness of governance structures requires improvement. **Data usage:** Some reports that combine data from multiple service areas. - Reports created ad hoc rather than as routine. - Largely reactive responding to re-commissioning needs or other requests with limited remit A workforce containing skilled individuals who are able to review evidence. Workforce has basic abilities to critically appraise evidence.	**Collection:** Complete and accurate data reporting across most service areas. Recorded in a format that is user friendly. **Data sharing:** Clear and robust governance structure that allows some data sharing between organisations to fulfil discrete projects e.g. an equity audit. Some data sharing agreements established with local partners. **Data usage:** Collation of data from multiple service areas: - Stand-alone, static reports rather than 'live' dashboards. Reports available for all local stakeholders and refreshed in a timely manner. - Some proactive work but limited by lack of individually linked datasets. A skilled workforce able to interpret and infer actions from a range of evidence sources.	**Collection:** Complete and accurate data reporting across all service areas with agreed measures across system organisations. Recorded in a 'live' or 'frequently updated' format that is user friendly. **Data sharing:** Clear and robust governance structure. All required data sharing agreements in place to allow meaningful data flows between local partners. **Data usage:** Transparent data and actionable intelligence. This includes: - Linked datasets combining multiple sources of data at an individual level to explore links in access and outcomes across service areas. - 'Live' dashboards to summarise data from multiple sources. - Proactive exploratory research. A highly skilled workforce able to interpret and infer actions from a range of evidence sources. A pro-active strategic approach to producing evidence.
Principle	**Emerging**	**Developing**	**Maturing**	**Thriving**
Financial Investment (to address health inequalities in minority ethnic communities)	Funding / resource allocation is not responsive to known health inequalities in minority ethnic communities. There is limited commissioning/ provision of culturally specific services to meet the needs of minority ethnic communities.	There is some evidence that some funding / resource allocation is being used to respond to known health inequalities in minority ethnic communities. There is some commissioning/ provision of culturally specific services to meet the needs of minority ethnic communities.	There is good evidence that funding / resource allocation is being used to respond to known health inequalities in minority ethnic communities. Investment in race and culturally specific ethnic services is given priority but this is more often reactive than proactive.	There is a strategic approach to allocating funding / resource allocation to proactively meet the needs of minority ethnic communities. In addition to the commissioning / provision of culturally specific services, there is evidence of investment in non-culturally specific service to ensure they are flexible to the needs of minority ethnic communities.

	Definition
Equality Impact assessment	An equality impact assessment (EIA) is an evidence-based approach designed to help organisations ensure that their policies, practices, events and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups from participation. This covers both strategic and operational activities. **Application within the Maturity Matrix:** Ensures the impact assessment recognises differential factors in relation to access, outcomes and experience. Intersectionality across the protected characteristics and that co-production across different ethnicities has informed the EIA.
Inclusive Decision Making (Divergent approaches and collective intelligence)	Diversity of thought and the inclusion of multiple perspectives is required to break current patterns of thinking and behaviour. Communication can help foster relationships and inspire and create collective action. It is essential for bringing people who think differently together to capture and integrate perspectives that might otherwise be absent. Collective intelligence is the process by which a large group of individuals gather and share their knowledge, data and skills for the purpose of solving societal issues. **Application within the Maturity Matrix:** Divergent thinking and collective intelligence is consistently used, providing robust diversity of thought and the inclusion of multiple perspectives to provide opportunity for change.
Community Engagement	Community engagement is a way of developing a working relationship between public bodies (such as local councils) and community groups. Good community engagement will mean that both groups can understand and act on the needs or issues of community experiences, helping to achieve positive change. **Application within the Maturity Matrix:** People from minority ethnic communities are routinely involved and engaged in the design and delivery of services to meet the needs of population groups / cohorts.
Representative Workforce	When the organisation represents its community, it is likely that it will have more experience in engaging with its community. **Application within the Maturity Matrix:** The workforce is fully representative at all levels throughout the organisation of the diverse ethnic communities.
Accountable Leadership	Leaders demonstrate cultural intelligence in all aspects of their leadership and are accountable for the impact of this in the organisation. **Application within the Maturity Matrix:** Leaders embody the desired values and able to create a culturally competent, just and fair culture and are accountable for the impact of this in the organisation.
Data and evidence	Data and evidence is used to understand the landscape identify opportunities and allow evidence based interventions. **Application within the Maturity Matrix:** Complete and accurate data reporting across all service areas with agreed measures across system organisations, Clear and robust governance structure. All required data sharing agreements in place to allow meaningful data flows between local partners.
Financial investment in addressing Health Inequalities in MINORITY ETHNIC communities	Investment in race and culturally specific services is prioritised, with partners pooling/aligning funding to support delivery, based on mapping and analysis of current resources. **Application within the Maturity Matrix:** Funding / resource allocation is consistently used to respond to the needs of MINORITY ETHNIC communities. Commissioning / service plans are extensive, routine, and formally agreed within the organisation, to ensure cultural provisions for MINORITY ETHNIC service users. Where additional funding is required, there is strategic intent to secure funds and direct them to effectively meet need of MINORITY ETHNIC communities.
Co-production	Meaningful partnership engagement with community and service users when commissioning, designing, delivering and/or assessing services and support and improve outcomes.