

# Addressing inequalities through good strategic planning

*This paper has been written by Healthcare Improvement Scotland's Strategic Planning team. It explores the ways that we can address inequalities through good strategic planning.*

Inequalities, including health inequalities have continued to widen across Scotland and the UK.<sup>1</sup> Good strategic planning not only considers inequalities but uses planning tools and approaches to identify, address and reduce inequalities.

Doing this in practice isn't straightforward and many of us struggle to know where to start. This paper reflects our learning on practical activities that we can do to better address inequalities through strategic planning.

## The inequalities good strategic planning should address

Inequalities play out in several ways within health and social care. Understanding these inequalities and the way they interact and exist in parallel, is an important first step to ensure that strategic planning is appropriately addressing inequalities. There are two key areas for consideration:

### 1. Social determinants of health and social care outcomes – disparities in people's outcomes as a result of inequalities

Health inequalities are disparities in health outcomes experienced by individuals or groups because of unfair and avoidable reasons. These are most commonly associated with social economic inequalities but can also result from discrimination, access to education, access to employment, geography, and housing. This concept also applies to disparities in outcomes related to social care.

### 2. Care inequalities - variation in how accessible health and social care services are.

Despite a system of universal provision, the accessibility of health and social care services varies. Physical, geographical, procedural and cultural barriers exist within our health and social care services that make it difficult or challenging for people to access the healthcare they need.

Barriers to receiving the appropriate care and support are known to be higher for people:

- with protected characteristics (as outlined in the Equality Act 2010) <sup>2</sup>
- who have experienced trauma
- who face stigma surrounding their support need, or

- have been let down previously by people, services and institutions that should have protected and cared for them.

The challenges that unpaid carers face in receiving the right care and support has become more widely recognised and protected through The Carers (Scotland) Act 2016 <sup>3</sup>.

## Health inequalities in Scotland

Since 1950, Scotland has had the highest level of health inequality of the four UK nations. This is in part due to social policy, industrial decline, and inadequate infrastructure in both deprived and in rural communities. The Health Foundation in their recent report on inequalities in Scotland identified that the “undoubted impact of austerity” followed by the global pandemic have driven an increase in health inequality<sup>4</sup>. Since 2010, we have seen a decline in the number of years lived in good health for the poorest people in Scotland. This is both in actual and relative terms with the rest of Scotland. The poorest 10% of the Scottish population have 24 years less of good health compared with their wealthier neighbours.

There is growing fear of a ‘left-behind’ group in the Scottish population, where higher suicide rates, drug and alcohol related deaths, long-term disability and childhood development delays are the norm rather than the exception. With the rise in the cost-of-living, the impact of 13 years of austerity and after waves of COVID-19, we are further away from equity than at any time since devolution.

Policy, delivery models and approaches for addressing health inequalities have been identified as drivers of this failure by both the Scottish Parliament’s Health, Social Care and Sports Committee and The Health Foundation. They call for:

- better long-term planning which focuses on addressing inequalities
- coherent and co-ordinated policy across all areas of government
- restoring trust and empowering communities to find solutions
- learning from evaluation and scrutiny
- scaling up success where it has been achieved.

## How good strategic planning addresses inequalities

Good strategic planning needs to explicitly consider how to address inequalities in the following ways.

### 1. Ensuring health and social care services are designed around the population need.

Starting at the point of population need helps us to embed addressing inequalities in the way we plan from the outset. Central to understanding need is by triangulating insight from a wide range of evidence sources including lived and living experience and insights on drivers of behaviour.

## 2. Supporting whole system working to address the root causes of inequalities in health outcomes.

This includes adopting approaches that promote effective joint working between services within health and social care and creating effective connections with other parts of the system such as poverty reduction. Good strategic planning is driven by collaboration from across various sectors that crosses over traditional service boundaries. This coordinates the system around people and populations, and not coordinating the system in a way that just suits services.

## 3. Enabling decision makers to design services that reduce barriers to access.

There are a wide range of barriers people face in accessing care for example due to a disability or access to transport. The insight of particular value that strategic planning can contribute is the understanding of what barriers to access occur as a result of the interactions between different parts of the system. By looking at the whole system in our approach we are able to identify barriers that aren't easily identified when considering services in isolation.

## Strategic planning approaches that are useful in addressing inequalities

Our Good Practice Framework for Strategic Planning<sup>5</sup> outlines an evidence informed perspective on what 'good' strategic planning includes. Within this framework there are several components that are particularly useful in ensuring that strategic planning explicitly considers and addresses inequalities.

### 1. A whole system focus enables a person-centred approach which is required to understand the structural barriers that produce inequalities.

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As a result of health inequalities and unequal access to services, some individuals have complex health needs. These needs are unlikely to be effectively met by one service in health and social care. Being able to support someone with multiple and complex needs requires coordination and integration of support across traditional service boundaries. Strategic planning tools and approaches visually map systems and evidence the nuanced interactions between parts of the system. For example, where one part of the system can drive higher or lower need in another part of the system. These tools provide decision makers with a strong evidence base on the whole system that can inform improvements in how services work together and/or are integrated to better meet the needs of people.

Looking at issues from a system wide perspective also helps to identify where different changes are being made that may undermine each other. For example, health budgets are investing obesity prevention, yet at the same time local authority gyms are closing due to resourcing shortages.

## 2. Measuring unmet need and planning for future need, instead of focusing on past, current and future demand is vital for addressing inequalities.

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Past, existing and estimated future demand for a service is not a good indication of the need within the population. For those experiencing inequalities, this is even truer as they are less likely to access services and support than others in the population. Strategic planning focuses on understanding population need as the starting point for decisions. This enables us to build a strong understanding of existing unmet need in the population. Evidence on total need and areas where need is not being met provide decision makers with a clearer sense of the accessibility of existing services and the scale of investment required in different parts of the system. Strategic planning also explicitly looks to the future to ensure that our planning reflects future patterns of inequalities to create a system that meets the needs of all in the long term.

Overly focusing on service demand, without understanding the need of different groups and individuals in society may generate incorrect interpretations of the drivers of service use and in turn influence policy that addresses demand but ignores need. Consider the example of unscheduled care – where we have invested in promoting where people can receive support, changing triage processes, and developing more pathways from unscheduled care to other services. These levers respond well to where demand is created when people are not sure how best to access the support they need. However different levers are required when understanding the demand on unscheduled care created from people escalating to urgent care as a result of being unable to access the right support earlier.<sup>6</sup> Considering the drivers of need and behaviour matters in finding the right responses in the planning and design of our services.

## 3. Strategic planning at its core is about helping support a future focused view that doesn't require us to perpetuate the current system.

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In 2015, Terry Eagleton said in *Hope without Optimism* that “a future which could be adequately captured in the language of the present would be too complicit in the status quo, and would scarcely count as a future at all”<sup>7</sup>. We regularly limit change ambitions to stay within existing models in health and social care in Scotland. For example, programmes that try to improve support people get by focusing support at point of transition from children's services to adult services. The change is therefore focused on supporting people to make that transition. This arguably reinforces a system that silos services by age and expects people to make a transition. This approach doesn't enable us to envisage a health and social care service:

- where people aren't expected to make transitions
- where the system is expected to transition around the person to meet them at every life stage
- where an individual doesn't need to 'sit in one part of the system'.

#### 4. Strategic planning can collaborate with other disciplines to truly transform information into actionable insights.

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It can be a risk for strategic planning and strategic plans to get stuck in aggregate figures and system wide trends that remain conceptual and therefore aren't easily translated into concrete actions to improve our system. Partnership working between strategic planning and other disciplines can change this. An example of this can be found in our work on improving access to residential rehabilitation. Strategic Planning Advisors analysed data on population need and risk in communities to understand likely future trends in need and demand. This evidence was paired with insight from lived and living experience gathered by community engagement colleagues. These insights bring together and highlight the nuances in people's need, preferences and experiences of how the systems work for them. In bringing strategic planning together with community engagement - we start to see signs of true system intelligence. It enables us to translate our insights into action that is relevant, important and practical. It is key to enabling us to truly create services that are flexible for a population with changing needs around substance use support.

#### 5. Effective strategic planning supports people to look at what drives behaviour as a way to identify the best plan of action.

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Patterns of demand and need differ between different population groups in Scotland. Take for example where we see lower uptake of preventative interventions such as cancer screening in areas of greater deprivation. To increase the rates of screening in populations in less deprived areas you might run public health campaigns and focus on providing information and evidence on its importance. To meaningfully and sustainably increase uptake of screening activities in areas of greater deprivation we need to focus on:

- Reducing poverty to enable people to invest their time thinking preventatively and not focused on more immediate and vital needs around insecurity in food, fuel, housing, employment, and caring responsibilities.
- Reducing negative experiences people have with those who they should be able to trust (including reducing trauma) such as professionals across health, social care, justice, emergency services, parents, and educators. Learning from our Rethinking Unscheduled Care paper demonstrates people will often reach out to ambulance or police services for medical needs because they trust that they will respond quickly and in a way that places that individual first<sup>8</sup>.

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This resource has been developed by Strategic Planners within the Transformational Change - Systems Unit within Healthcare Improvement Scotland. It is designed to support the Strategic Planning Community of Practice by providing introductions to concepts and topics relevant to Strategic Planners.

## References

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- <sup>1</sup> Equality and Human Rights Commission (2023). Equality and Human Rights Monitor 2023: Is Scotland Fairer? [Equality and Human Rights Monitor 2023: Is Scotland Fairer? | EHRC \(equalityhumanrights.com\)](#)
- <sup>2</sup> Protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation <https://www.legislation.gov.uk/ukpga/2010/15/section/4>
- <sup>3</sup> Carers (Scotland) Act 2016. <https://www.legislation.gov.uk/asp/2016/9/contents/enacted>
- <sup>4</sup> Leave no one behind: The state of health and health inequalities in Scotland. <https://www.health.org.uk/publications/leave-no-one-behind>
- <sup>5</sup> Healthcare Improvement Scotland (2019). Good Practice Framework for Strategic Planning. [Who we are, what we do \(ihub.scot\)](#)
- <sup>6</sup> Healthcare Improvement Scotland (2023). Rethinking Unscheduled Care: Strategic Planning Considerations. <https://ihub.scot/news/rethinking-unscheduled-care-strategic-planning-considerations/>
- <sup>7</sup> Eagleton, T. (2015). Hope Without Optimism. Yale University Press.
- <sup>8</sup> Healthcare Improvement Scotland (2023). Rethinking Unscheduled Care: Strategic Planning Considerations. <https://ihub.scot/news/rethinking-unscheduled-care-strategic-planning-considerations/>

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