



# Health Futures Planning 4

Health Futures Thinking

Graham Lister



# Note to Futures Thinking Leaders

- This course is for people who might wish to run futures programmes rather than participants
- It is a rather complex course and needs to be accompanied by some reading around the topics
- However you might wish to use some of this material to help your thinking.
- Or to respond to particular challenges.
- The material on creative thinking can be used as a way of preparing a group of participants in a health futures programme
- If you are a health futures practitioner I would like to hear from you and perhaps share some of your ideas and approaches as there is

# Health Futures Thinking

- Health futures planning stimulates solutions to current and future policy issues by thinking from a future perspective
- Health futures thinking involves
  - Whole system thinking beyond the boundaries of the current system.
  - Left brain analytical thinking about the current trends and uncertainties you face
  - Right brain creative thinking about breakpoint which offer new ways of approaching and solving problems
  - Thinking together to develop a shared understanding of your issues and how to tackle them as a team.

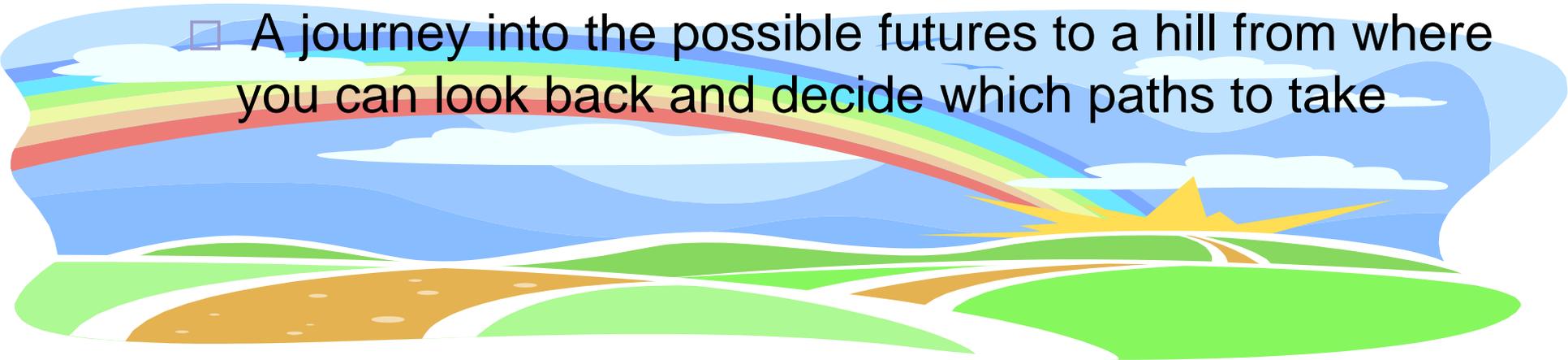
# Some basics for futures thinking

- You need to establish a common language:
  - Shared definitions of health and care
  - Shared understanding of long term goals and priorities
  - Shared time horizon and scope of exercise
  - Common understanding of terms like “real increase”
  - Realisation that futures will always be uncertain
- And you need to build confidence in the team so you can ask open questions and explore imaginative solutions
- A shared understanding of theory may help
- The following slides are offered for discussion

# Trends, uncertainties and breakpoints

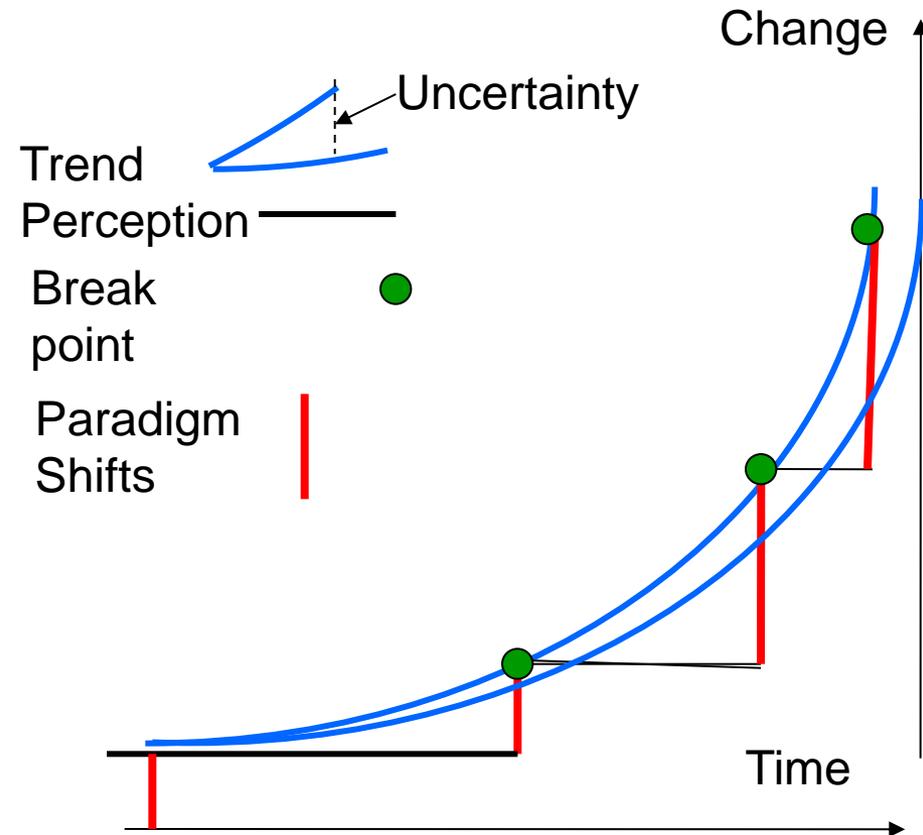
- Start by thinking about trends (See introduction course)
- Now think about the uncertainties and breakpoints
- As a story about the future and
- Understanding how society changes
- And most importantly how you can affect the future.. That is what this course is about.
- One way of talking about this

□ A journey into the possible futures to a hill from where you can look back and decide which paths to take

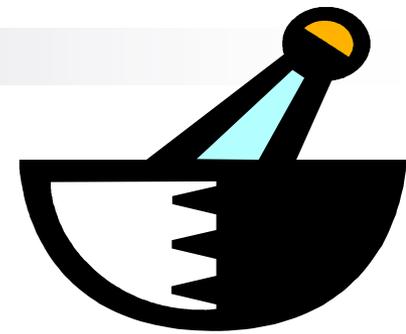


# Trends, uncertainties, break points and operating principles

- Trends are often continuous
- But we hold on to ways of seeing the world
- Looking far enough into the future to recognise uncertainties
- Helps identify break points at which we must change
- Verticals in diagram are what Kuhn called Paradigm Shifts



# PESTLE Analysis



- This is a framework for identifying factors that affect your organisation's future
- You could run a session applying this to organisations or health area

Political	Economic
Social	Technical
Legal	Environmental

For further reading on PESTLE Analysis try <http://www.trainingessentials.org.uk/pestlesitecopy/index.html>  
Or Click [here](#) for an exercise from the UK Cabinet Office on alcohol

# Systems Thinking

## ■ Closed systems

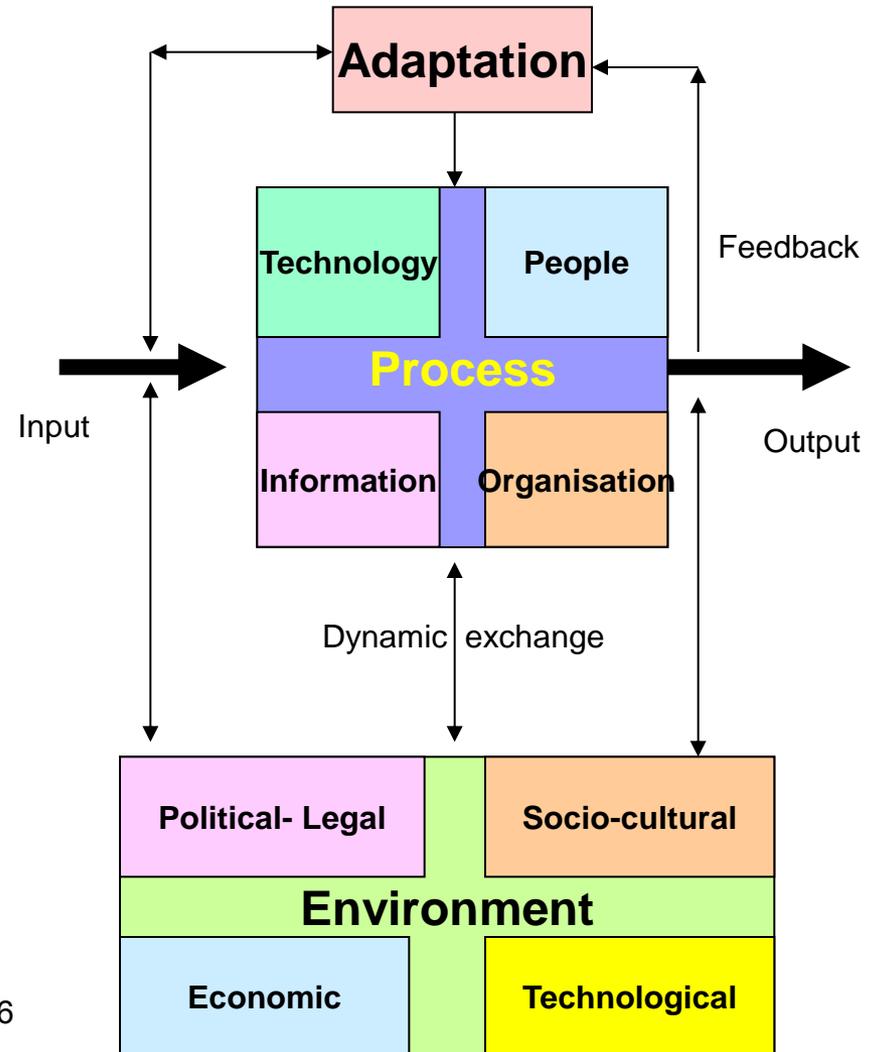
- Self regulation adjusts to achieve stable state
- Rather like a central heating with a thermostat

## ■ Open systems

- Adjust to changes in the environment
- They are complex adaptive systems
- They learn from feedback from the environment
- And they may change the environment
- More like a growing plant

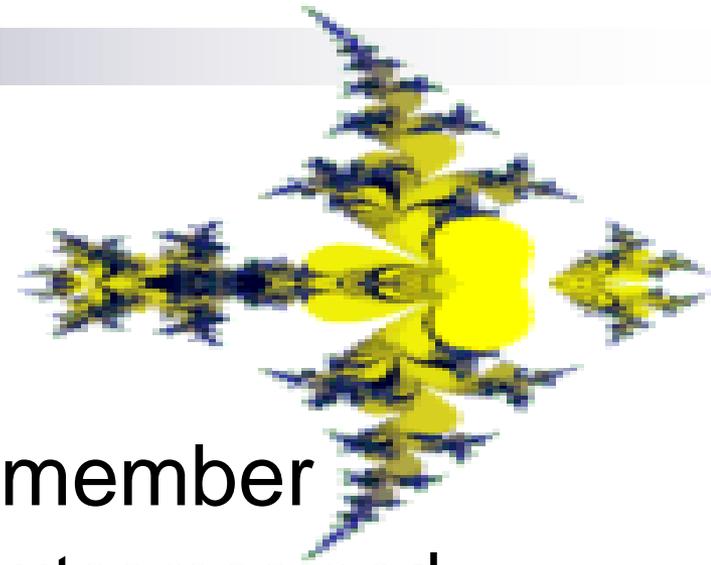
# Systems thinking

- Open systems theory\* helps in thinking about health in terms of complex socio-technical systems changed by and changing their environment
- Health systems must learn to adapt to complex signals from the environment and from the sub systems within health



See for example "Perspectives of General Systems Theory"  
Ludwig van Bertalanffy 1974 (published after his death)  
And Katz and Kahn "The Social Psychology of Organisations" 1996

# Complex Systems in Futures Thinking



- In thinking about the future remember
  - Trends and changes produce outcomes and
  - Policy responses which may result in greater change than the trend itself
  - Trends interact so one trend affects another
  - Small trends can lead to major change
  - This can be thought of as self organisation
  - This has been likened to a fractal or the way a crystal grows (see above)

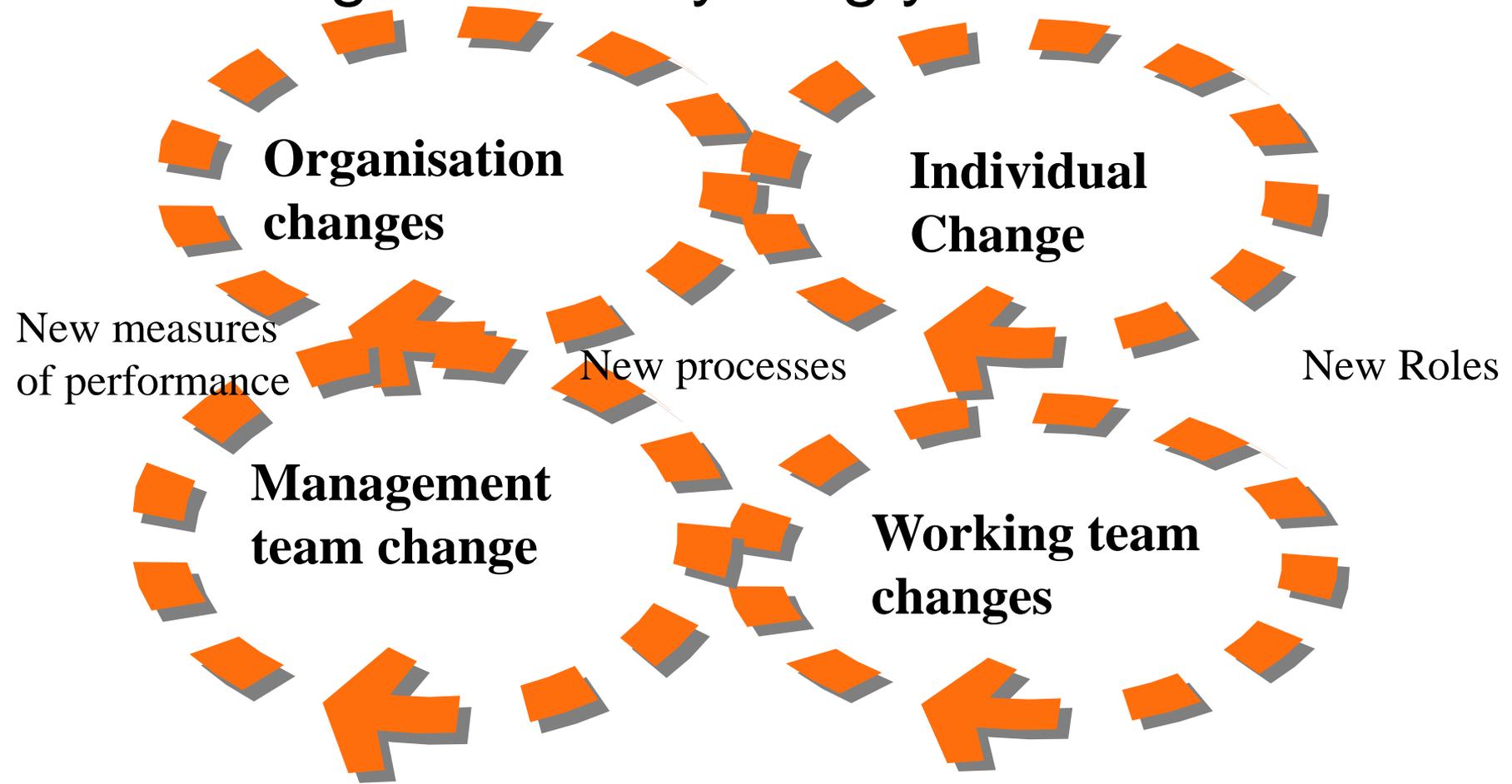
# Complexity theory\*

- A complex system such as a human organisation interacting with its environment may switch between
  - A stable state - comfortable but not high achieving
  - An unstable state – challenging but chaotic
- The art of management lies in challenging the organisation and enabling it to learn from change
  - Futures planning is not about a single vision but
  - About seeing and adapting to different possibilities
- The aim is not to forecast the future but to develop
  - Double loop learning - learn at the front line and
  - Learn from the front line how to adapt the organisation

\* See Jonathan Rosenhead (2002) "Complexity Theory and Management Practice" at <http://human-nature.com/science-as-culture/rosenhead.html> and Ralph D Stacey (1992)

*Managing The Unknowable: strategic boundaries between order and chaos in organizations*, Jossey-Bass, San Francisco.

# The Learning Organisation – Double loop learning from everything you do



Read more about the Learning Organisation at <http://www.infed.org/biblio/learning-organization.htm>

# Creating Public Value\*

- Public sector strategic management must address three linked questions
  - What should we do – establishing purpose
  - Why should we do this – supporting legitimacy
  - How should we do it – explaining organisation and process
- Each requires dynamic, creative management
  - Rethinking values and embedding them in practice
  - Working with community and law makers to define and express public purpose – developing the rationale for the organisation
  - Creating opportunities to add value both within the organisation and in partnership with others i.e. re-examining solutions
- For health futures this means working with consumers and providers to re examine the goals and values of health and to establish new partnerships for action

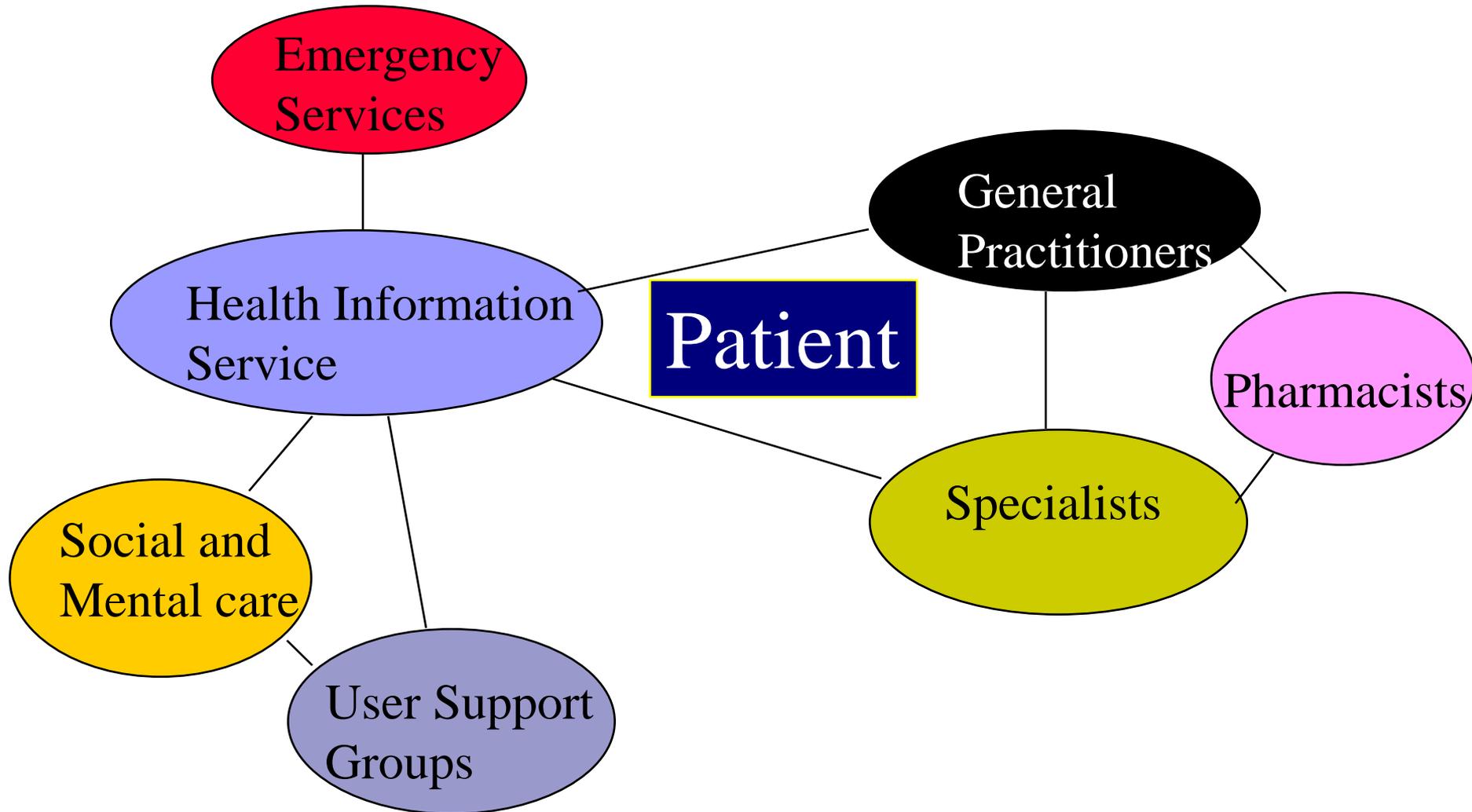
# Note to course leaders

- Please note there are too many different ideas and approaches in this section to cover in a single training day
- While complexity theory is interesting you will also find this very challenging for an audience that feels it is having to cope with too much change.
- So be warned these concepts need careful handling in a training situation!

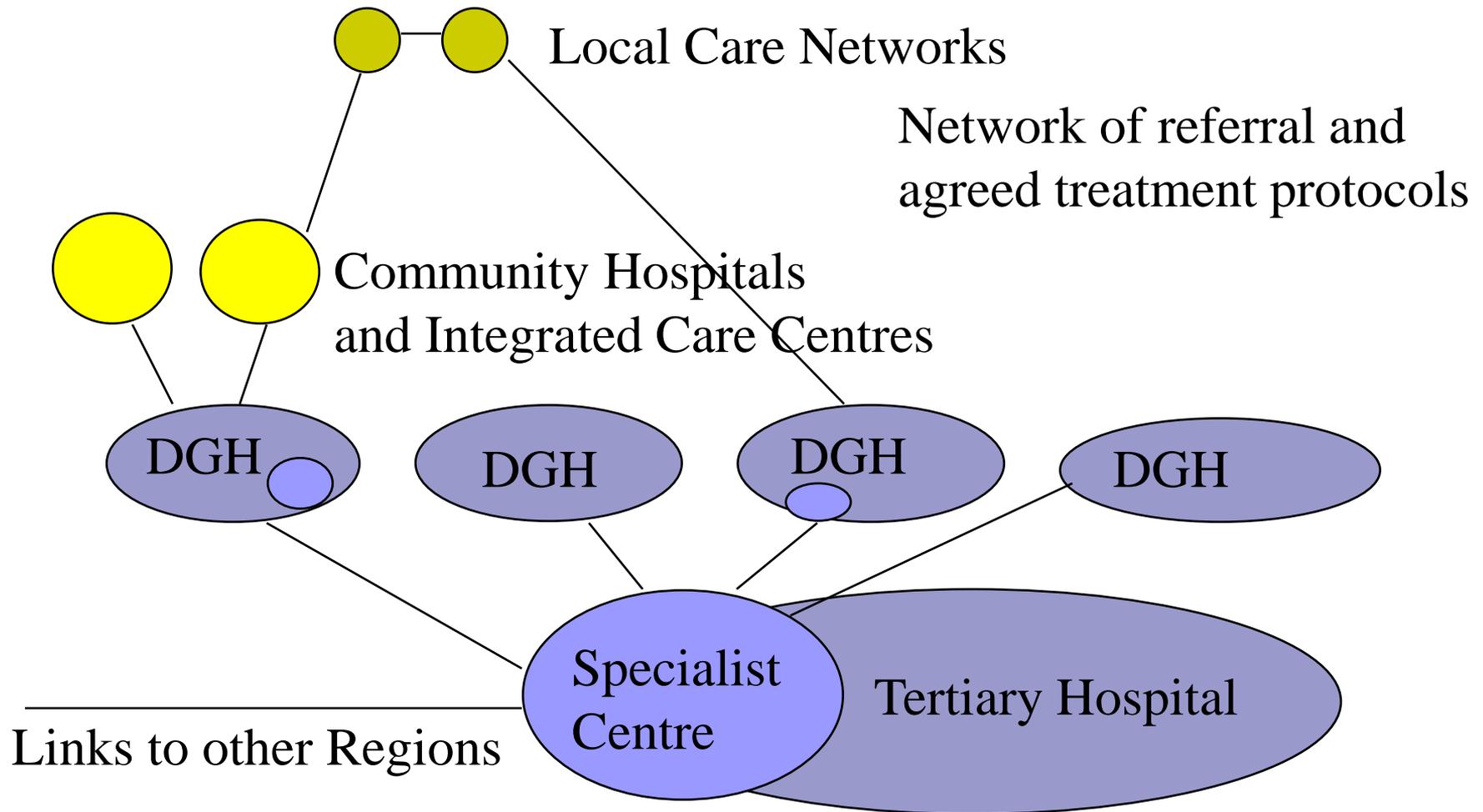
# Applying systems thinking

- The following slides show examples of whole systems thinking from local care networks to tertiary hospital taken from an exercise in Hungary.
- In groups of 5-8 people
- Think through concepts of integrated care networks for 2025
- Prepare a whole system chart (including external factors)
- Now think about your current network
  - Does it have a clear overall purpose and values?
  - Does it operate well as a total system?
  - What makes it work well or are obstacles?
  - How does the system redefine its environment?
  - Specifically how does it help the public redefine their expectations?
  - How could the organisation and processes of the system be redefined?

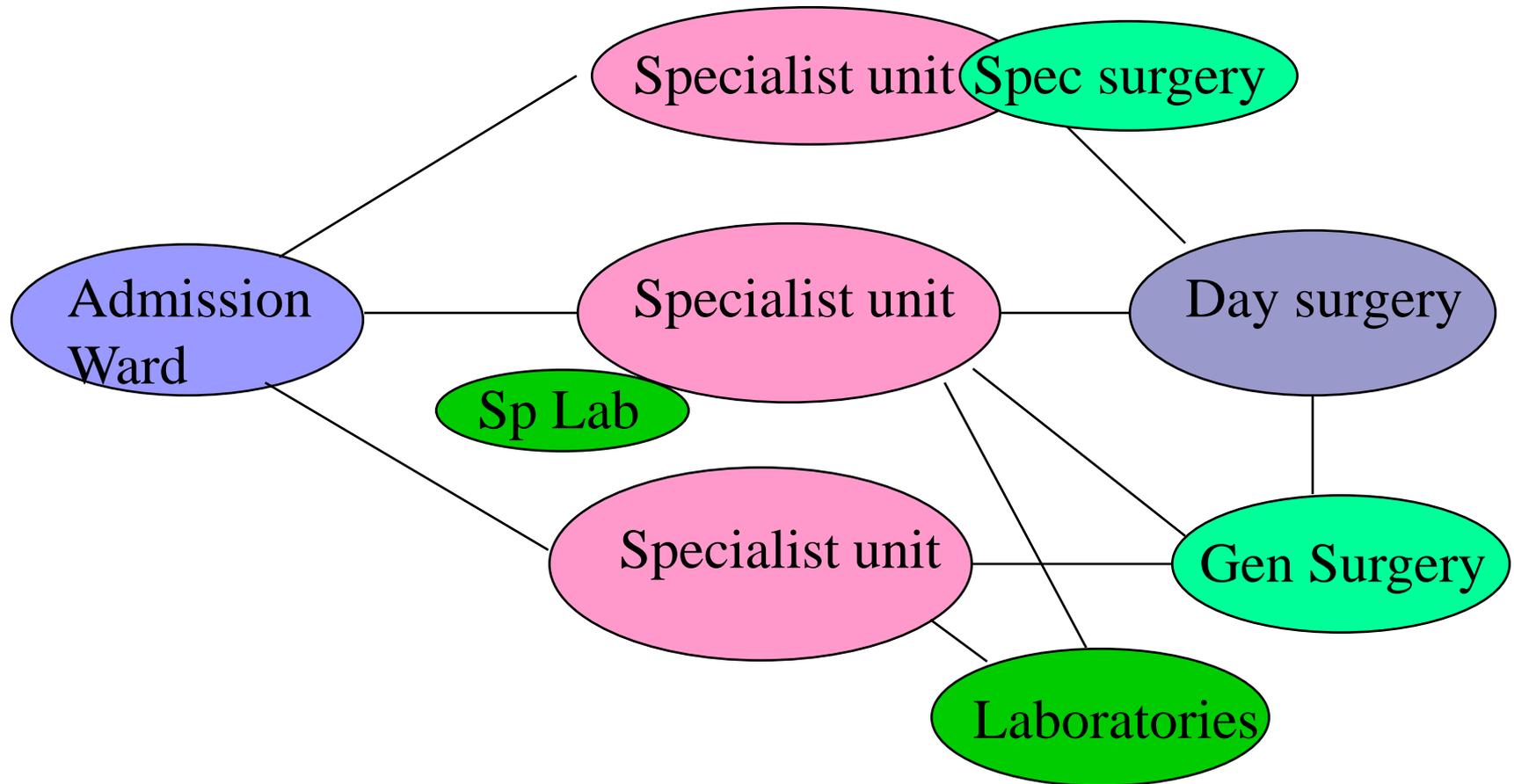
# Local Care Networks



# Hospital Service Network

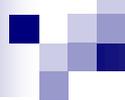


# Network within tertiary hospital



50 admission beds

8 x 100 bed units  
each covering 3/5 specialties

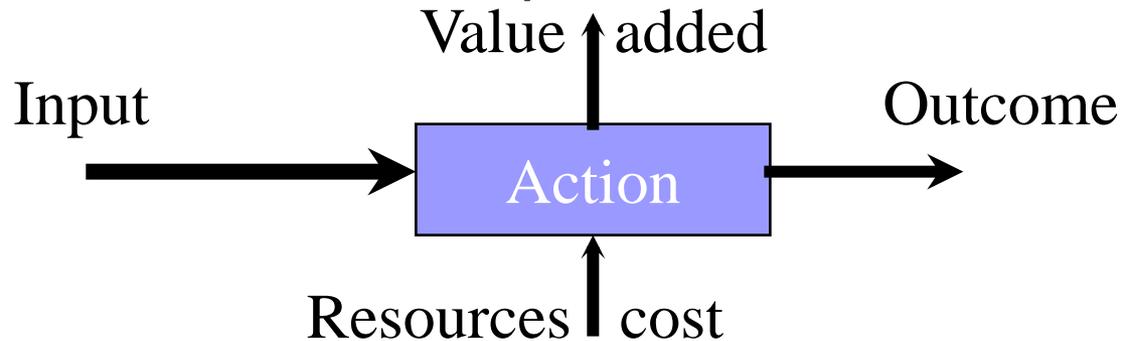


# Systems thinking reflections

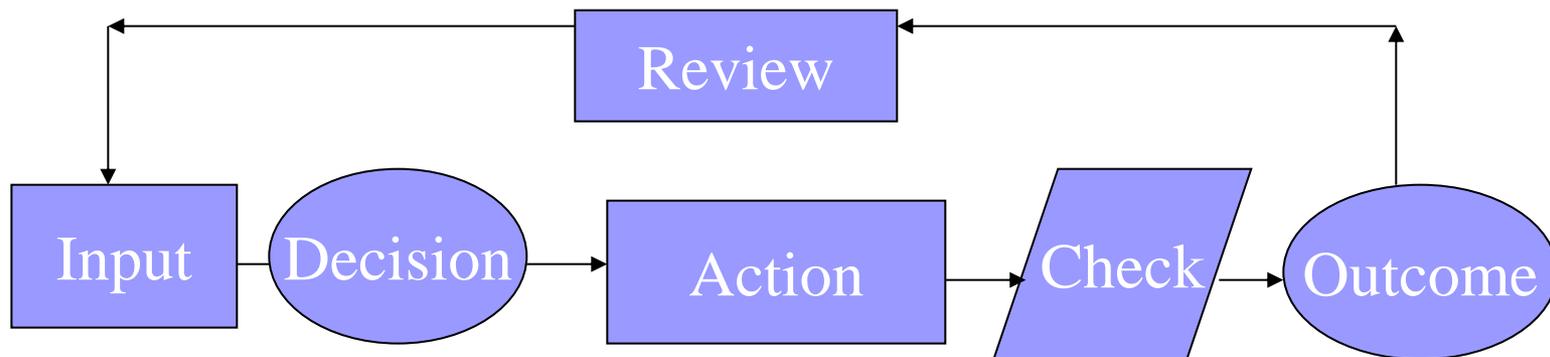
- Analyses of primary secondary and tertiary care are only one approach, you might:
  - Examine systems for chronic and acute patients
  - Include public health prevention and other social actions
- You may also find it helpful to see the health system in terms of processes, this is the approach adopted by business process reengineering which also draws on general systems theory (see next)

# Process thinking in health futures

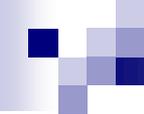
- Health systems can be conceptualised as a series of actions within a health process



- Each process should add value



- In practice health processes are often unclear and wasteful



# Process thinking for health futures

- Prepare outline process diagrams for
  - The diagnosis and treatment of type 2 diabetes
  - Now think through the patient process
  - From cause /prevention
  - To diagnosis and first line treatment
  - Self care and continuing management
  - Management of complications and end stage
- Discuss the process now and in the future

# Futures thinking and GIS

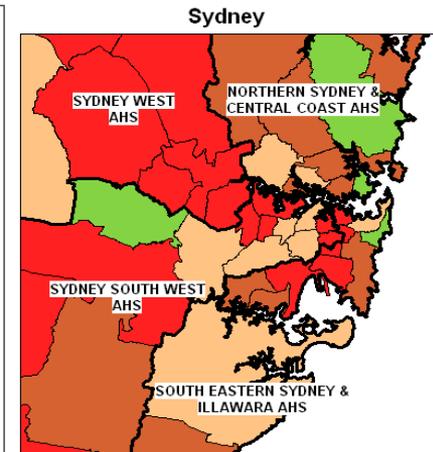
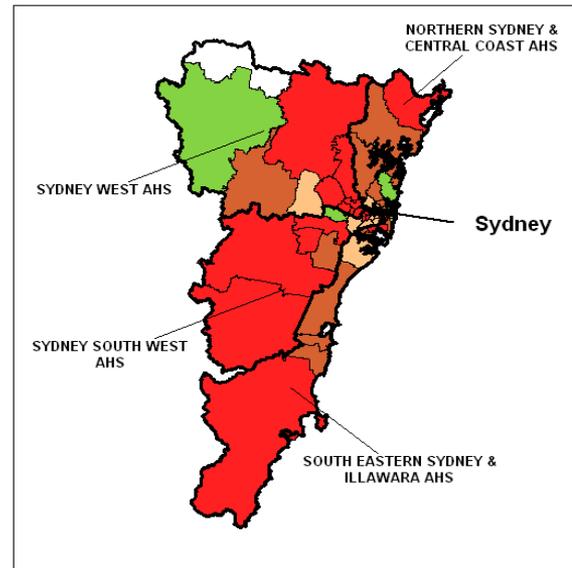
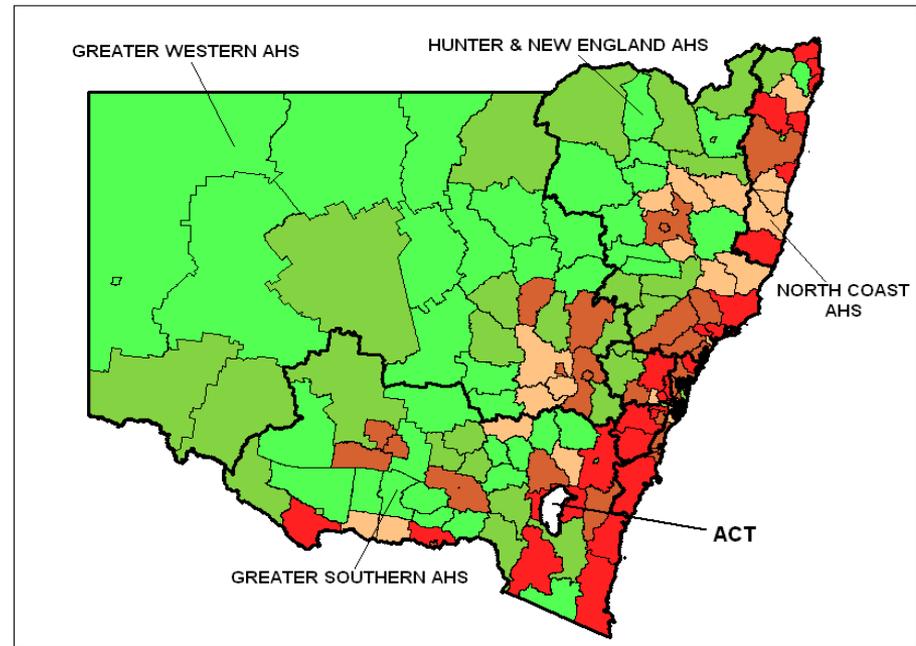
- Geographic information systems are invaluable for plotting current and future provision and thinking about:
  - Where are current and future shortages of provision
  - How changes in urban/ rural development affect access
  - How rationalisation of services affect travel times
  - How do health and care services relate to other aspects of social provision.
  - What social, economic and environmental factors need to be taken into account in long term service planning

# Taking account of population change

Population growth by region  
2001-2026 NSW Australia

Source: Transport and Population Data Centre, NSW Department of Infrastructure, Planning and Natural Resources  
Graph: Centre for Epidemiology and Research, NSW Department of Health

Total Population: change between 2001 and 2026 (%)



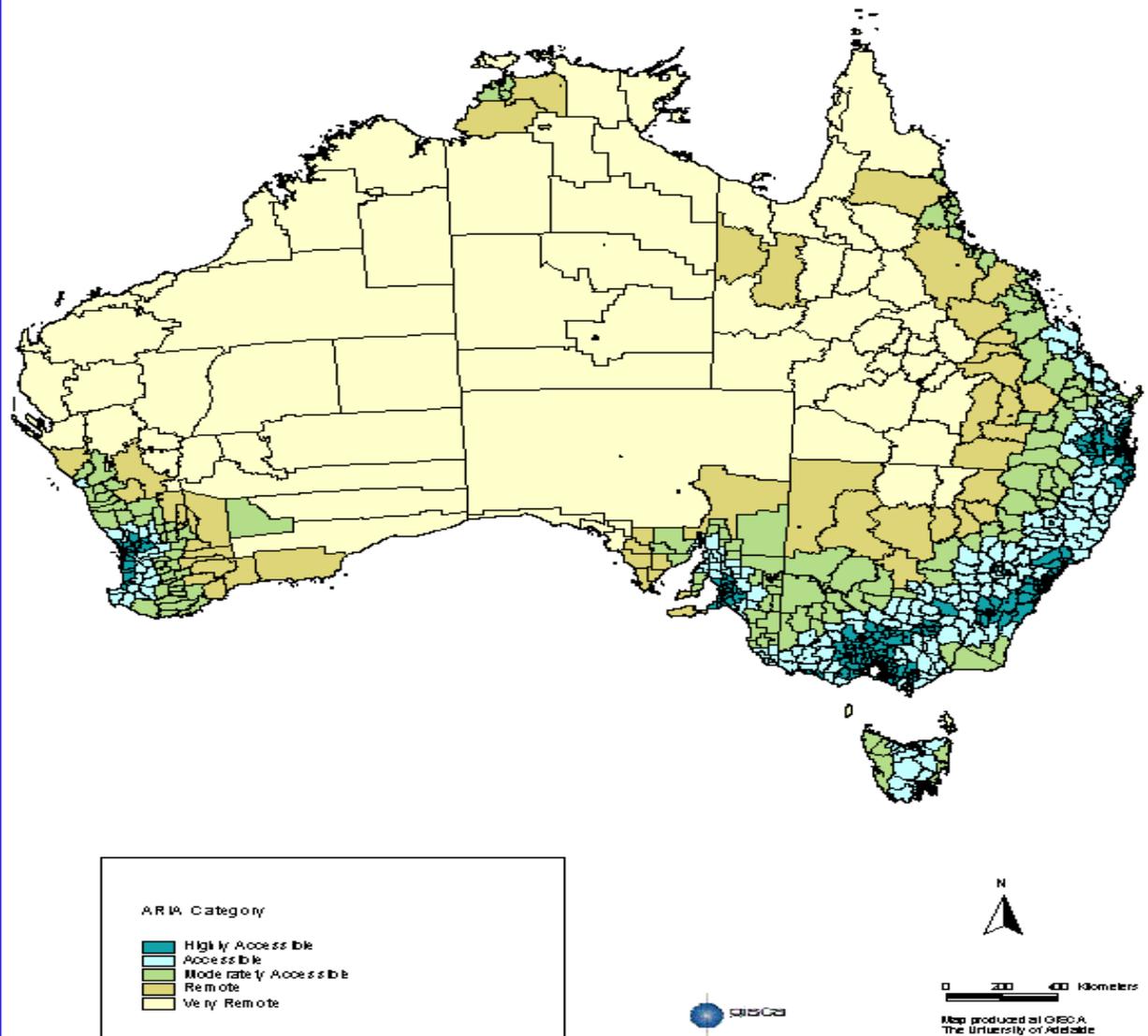
Local Government Areas (2003) by % population change 2001 - 2026	
Red	27 to 165 (37)
Orange	11 to 27 (35)
Light Green	1 to 11 (28)
Dark Red	-12 to 1 (34)
Light Green	-39 to -12 (39)

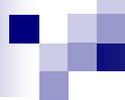
# Accessibility and Remoteness

Accessibility and remoteness index for Australia

JC Scott 2005

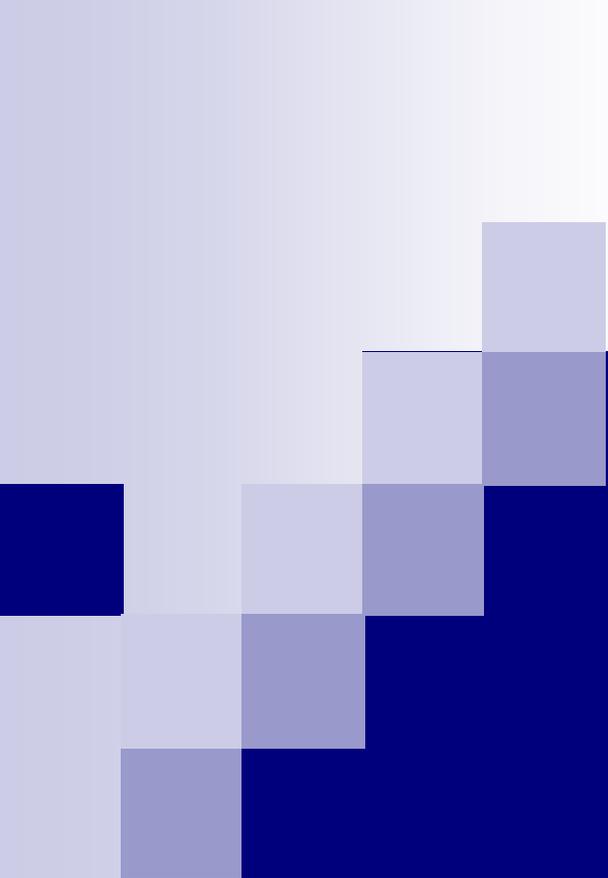
SLAs Mapped by ARIA Category, 1996





# GIS for health futures thinking

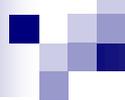
- What factors would you like to see mapped now and as future scenarios:
  - Economic, demographic and social factors
  - Mortality and morbidity
  - Service accessibility
  - Service linkages



# Creative Thinking for Health Futures

Innovation and Futures Planning

Graham Lister



# Creating the future

- Scenarios are not forecasts they are a chance to rethink the future.
- As Antoine de Saint-Exupéry put it
  - *“Your task is not to foretell the future but to create it”*
- The main point of futures planning is to release the potential for creative thinking about the future from the constraints of the current situation
- Some of these constraints come from our way of thinking

# Look at this chap



When did you see the girl?

Now look again when do you see her?

# What do you see



**A cow**

What do you see?



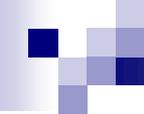
**A spotty dog**

# What do you see?



**The face**

**No actually it is an  
Aerial view of the alps**



# Why the pictures

- We are trained to look for familiar patterns,
- We persist in seeing things in familiar ways even if they are not there
- One of the hardest things about thinking about the future is to forget the past
- To look for new patterns and new ways of doing things consider for example.....



# Innovation in health challenges assumptions

- Diagnostic and treatment centres

- Emergencies make scheduling impossible

- Nurse practitioners

- Nurses do not have authority with patients

- NHS Direct

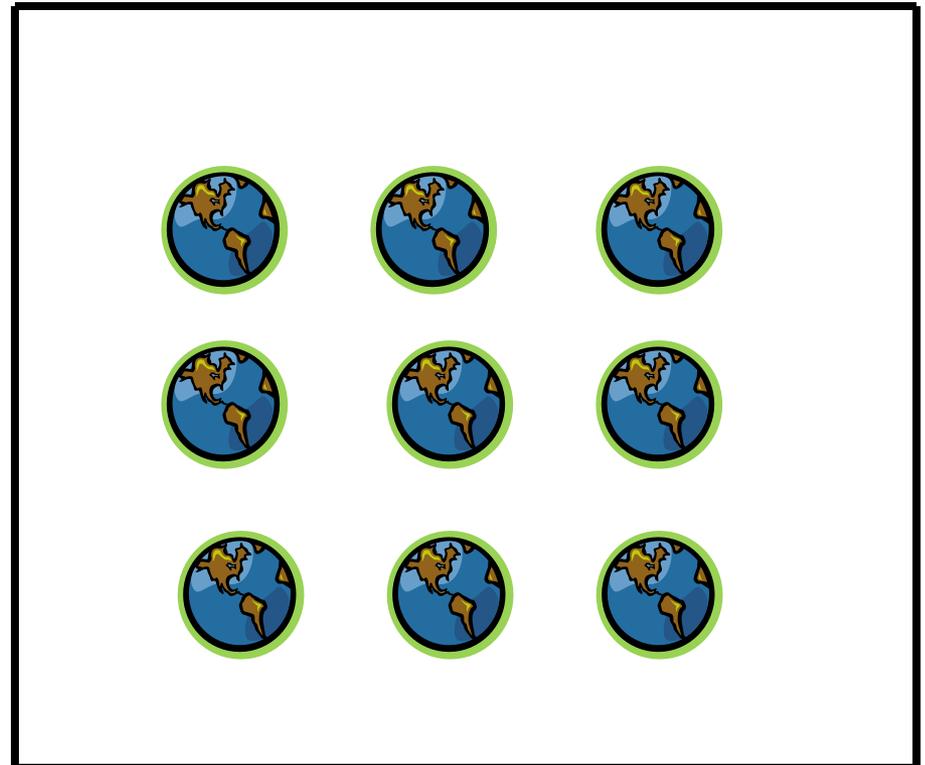
- Patients will not use telephone assistance

- Evidence based medical protocols

- Practice is based on training and experience

# Rethinking your solutions

- Connect the worlds without taking your pen from the paper
- With 4 straight lines
- With 3 straight lines
- With 2 straight lines
- With 1 straight line
- And again
- And again



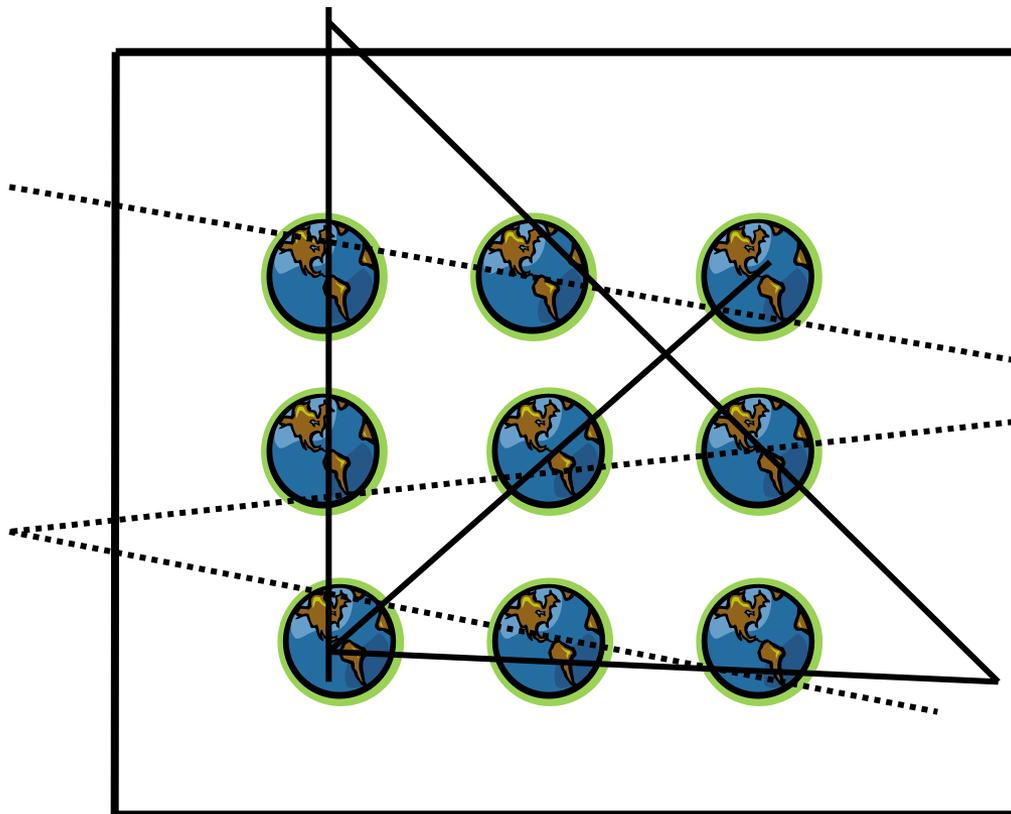
# Lessons/clues

## ■ Think

- Outside the box – question your assumptions
- Practically- impossible in theory not in reality
- Think around the problem - bend a little – having the picture on a flexible card or paper will help see the solution
- Broader – look for really big solutions – look for different ways of approaching the problem.
- Think in another dimension - can you adjust the problem- maybe by changing it to meet possible solutions – can you cut through the problem?
- Keep thinking – there is always another way

# Some possible answers

- The solid lines show how to connect with four lines
- The dotted lines show how to connect with three



To get to two lines wrap the Paper around in a tube

To get to one line use a very broad line

Or wrap the paper in a tube  
And draw a line which will spiral

Or fold up the paper and stick a line through it

Or just show the edge of the paper



# Why the puzzles?

- Because we accept self imposed rules and limitations far too readily in health planning
- We often get stuck by thinking that once we find a solution it is the only possibility
- This applies to thinking about how to deliver chronic care, or how to link primary and secondary care or the roles of doctors and nurses
- Discuss specific health planning problems which demand new thinking in the long term or even now!



# The Impact of Direct Health Services

- NHS Direct is an example it includes
  - The provision of advice on self care and keeping well,
  - Ambulance or out of hours doctor dispatch,
  - Booking of appointments,
  - Information on services i.e. duty pharmacists
  - See scoping paper on NHS Direct [here](#)

# The Impact of Broadband TV

- Broadband TV will enable two-way communication to and from every living room, surgery and hospital
- It can deliver information from and to personal, local, regional or national level.
- It can support both secure and public information.
- It is certainly not just internet through the television
- It has the potential to transform health and healthcare
- Discuss its applications ([see attached paper](#) in the UK broadband TV is called DiTV)
- What other elements of the health system would need to change?



# Reflections

- What significant innovations have you seen in medical practice?
- Why did it take so long?
- What are the assumptions that we will need to challenge in the next 20 years?



# Looking Back from the Future

Exercises to help you apply your  
vision to the future of health

# A future vision for health

- Future vision is often described in words
- But visual, dramatic representation can help:
  - Feel what it is like to be a patient or clinician
  - Understand the dilemmas and ethical issues
  - For example look Takeru Kobayashi and the Somali ladies don't these pictures make you think....



# Success, excess and globalisation

- Japan
  - World Health Champions
  - LEB 82 HALE 74
- Takeru Kobayashi
  - World Eating Champion
  - 53 hot dogs in 12 mins
  - Sponsored by Nathans
  - MNE with outlets in Africa
  - Famed in USA amongst
  - First generation with shorter LEB than parents
  - Due to obesity and
  - Corporate greed

# The voiceless poor

## Somalia food queue

- LEB 47 HALE 35\*
- (CF Zimbabwe LEB 36 HALE 33)
- Income ~ \$200 per capita
- 70% malnourished
- Female genital mutilation 95-98%
- Primary school attendance <50%
- Conflict since 1991 a failed state
- Neglected by globalisation
- But Somalia and Zimbabwe are fertile and were once successful

\*LEB= Life expectancy at birth  
HALE= Healthy life expectancy



# Asking “what if” to make a point....

- Scenarios can be a powerful way of challenging current thinking
- On the next page you will see a response to the question what if there were no World Health Organisation....
- This is a scenario put forward by Ilona Kickbusch and Graham Lister to make a point to the current critics of the UK system
- You may like to review it and ask yourself what if there were no UN as some US critics seem to suggest.

## Press release on the 10th Anniversary of Global Health Inc. , Davos January 2021

As **Global Health Inc.** celebrates its 10th anniversary at the World Economic Forum (WEF) we look back on the successful privatization of global health. As global corporate leaders we are confident that after the great AFE disaster (Asian Flu Epidemic) of 2010 which killed 100 million people world wide we have succeeded in establishing global management for health based on sound business practice. With global vision and commitment to excellence, we have put in place what nation states failed to do at the end of the 20th century, caught up as they were in national interest rather than global responsibility.

The critical step was taken in 2011 when the Bill and Melinda Gates Foundation merged with other major corporate and philanthropic foundations to form **Global Health INC.** We would like to thank our founding chair Bill Gates for having taken decisive action right after the AFE disaster in May 2010 when the World Health Organization was dissolved. Already in 2005 the Foundation had been able to disperse more funds for global health than the regular budget of the UN body. In the years that followed WHO member states were not willing to increase their financial commitment or pool their sovereignty for better health. In the early years of the 21st century we knew that AFE was on the horizon – the SARS epidemic of 2002 was a clear warning sign. But nation states refused to commit to the necessary two pronged United Nations effort to ensure global health and human security: multilateral endeavor to fight poverty through partnerships for the Millennium Development Goals and investment in surveillance and infectious disease control as a global public good - regulated through the International Health Regulations. As global business leaders we knew of the importance of health for good business and increased productivity; at the WEF 2004 we provided a platform for politicians to propose new financing mechanisms for development. But as the member states of international organizations did not meet their obligations to fund the World Health Organization and to reach common agreements in favor of health, we became increasingly engaged in a myriad of public private partnership.

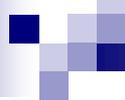
**Global Health INC** is proud now to announce the next step – beyond the pooling of private sector philanthropy to establishing mechanisms to ensure sustainable financing of global health security measures through involving the consumers of our goods and services. Obviously we concentrate on those global health issues that promote a secure business environment. Our world wide reach now includes the following divisions:

**GLOBESURV** : the global health surveillance network, a subsidiary of Lufthansa Star Alliance in partnership with Nokia, the financing continues to be ensured through consumers through a one dollar levy on each airline ticket and each mobile phone.

**FOFOH**: Food for health, a subsidiary of the McDonalds Corporation, provides nutrition and lifestyle advice to fast food consumers and applies a levy which supports the provision of school snacks throughout the world.

**HOTSPOTS**: a security service operated by Group 4 Falk, provides security cover for health investigators in those few remaining countries where the benefits of global corporate capitalism are not yet realized.

**Global Health INC** has made great progress over the past 10 years, but we still face many challenges. Our outreach program aimed at the un-consuming sector, formerly known as developing countries, has plans to establish a small international agency supported by governments who will care about such people. We propose to call this UN –who Cares.



# Thinking together

- A key objectives of health futures thinking is to engage people in a shared vision
- This helps to rethink roles and responsibilities
- It should lead to questioning and debate
- The following exercise can be run for health and local government professionals or for school children.
- It is called looking back from the future

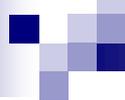
# Looking Back from the Future

- The drama starts with two childhood friends in 2020 looking back at what has happened since 2005.
- By 2020 one has become overweight and obese
  - As will happen to 15-25% of UK children
  - They will live 7 years less than average
- The other has anorexia nervosa
  - As do 5% of UK girls which may double to 10%
  - Of these 20% may die (largest cause of psychiatric deaths amongst young adult women)
- In the drama the grown up children revisit their lives and ask “Who is responsible for our health?”



# Looking Back from the Future

- Develop and act out brief scenes in which everyone explains why it is not their fault:
- You could include
  - The children themselves
  - Their mother/ father
  - Their GP /nurse practitioner
  - School/ education authority spokesperson
  - Council/ government spokesperson
  - Director of an international food conglomerate
  - A public health consultant/ health visitor
  - Any other people (fashion guru, media advertiser)



# Looking Back from Future Health

- This group exercise is designed to help you rethink responsibilities for health
- Spend 10 minutes discussing your approach
- Then allocate roles to team members.
- Each scene should be less than one side of paper
- Spend 20 minutes preparing scripts
- Then no more than 10 minutes acting the scene
- And then 15 minutes discussing its implications
- You can use the pictures that follow as backgrounds
- You can run this as a more intensive exercise if you allow time to research the issues.

# Looking Back from the Future

- One way of dramatizing this is to run it twice first everyone explains why it is not their problem
- Now rerun the drama but this time everyone accepts responsibility and explains what contribution they made to health.
- At the end of the session think carefully about what has to be done to reach the second scenario rather than the first
- What difference does it make to the drama if the children are from a poor or well off background?

# Research sources

- Good simple data sources include:
  - For anorexia nervosa
    - [http://news.bbc.co.uk/1/hi/health/medical\\_notes/187517.stm](http://news.bbc.co.uk/1/hi/health/medical_notes/187517.stm)
  - For obesity
    - <http://www.bbc.co.uk/science/hottopics/obesity/children.shtml>
  - For industry in denial try
    - <http://www.sugar.org/>
- Try searching the web for information on Morgan Spurlock's film "Supersize me Now", Eric Schlosser's "Fast Food Nation" or Jamie Oliver's campaign on school diners.

