



# Building Leadership for Health

Leading Health Futures Planning

Graham Lister

# Note for course leaders

- This programme is more extensive than others in the series, you will need to decide whether to break this into two training days or select from it for a one day programme. Sessions are as follows:
  - Introduction to futures planning
  - Creative thinking for health futures
  - Breakpoints and Scenario Planning
  - Cost drivers and health futures
  - Engaging with the future of health
- You can use Scenario for health and care in Australia or Scenarios for Future of WHO Euro as advanced reading



# Introductions

- Each participant should turn to their neighbour and for 5 minutes discuss their career development over the past 20 years (this may include school for the lucky ones)
- Now briefly introduce your neighbour to the group as they were 20 years ago
- Describe the trends that have affected their career and the major changes of direction they have experienced.
- And what will you be doing 20 years from now?



# Introduction to Futures Planning: Learning Objectives

- The group learning objective is to
  - Develop a shared understanding of the rationale and some techniques for long term health futures planning.
- What do you hope to learn today?

# Why Health Futures Planning?

- Health futures planning focuses on the development of health and care over a 15-25 year period into the future because.
  - People we recruit and train will still be around
  - Facilities we build will still be there
  - Health and care needs will continue
  - But all will need to change and adapt
- Over this period you cannot forecast all possible changes
- But you can think and prepare for potential changes
- This often helps you to question and rethink current policies
- Discuss: What problems do you face today that could have been averted by futures planning e.g. shortages of staff, lack of preparation to use information technology, facilities that could have been better planned.




# Futures Planning vs 5 Yr Planning

- A futures plan is fundamentally different to a 5 yr plan
- Futures planning considers long term possibilities
- 5 yr strategic planning projects current needs
- A 5 yr plan may forecast how many beds are needed
- A futures plan considers if you need hospital beds or some other form of provision to meet changing needs
- Futures thinking provides a context to policy decisions
- Discuss what you see as the differences



# The Cycle of Health Futures Planning

- Current objectives and policies are the starting point
  - Long term trends in the economy, society, technology and medicine are then reviewed.
  - “Breakpoints” are identified when trends become
    - Uncertain due to social or technical changes
    - Unacceptable to patients impossible to staff, unworkable
  - This will point to alternative future scenarios
  - Work out broad cost to test affordability
  - Leading to actions for consultation research and policy direction
- 





# Note to course organisers

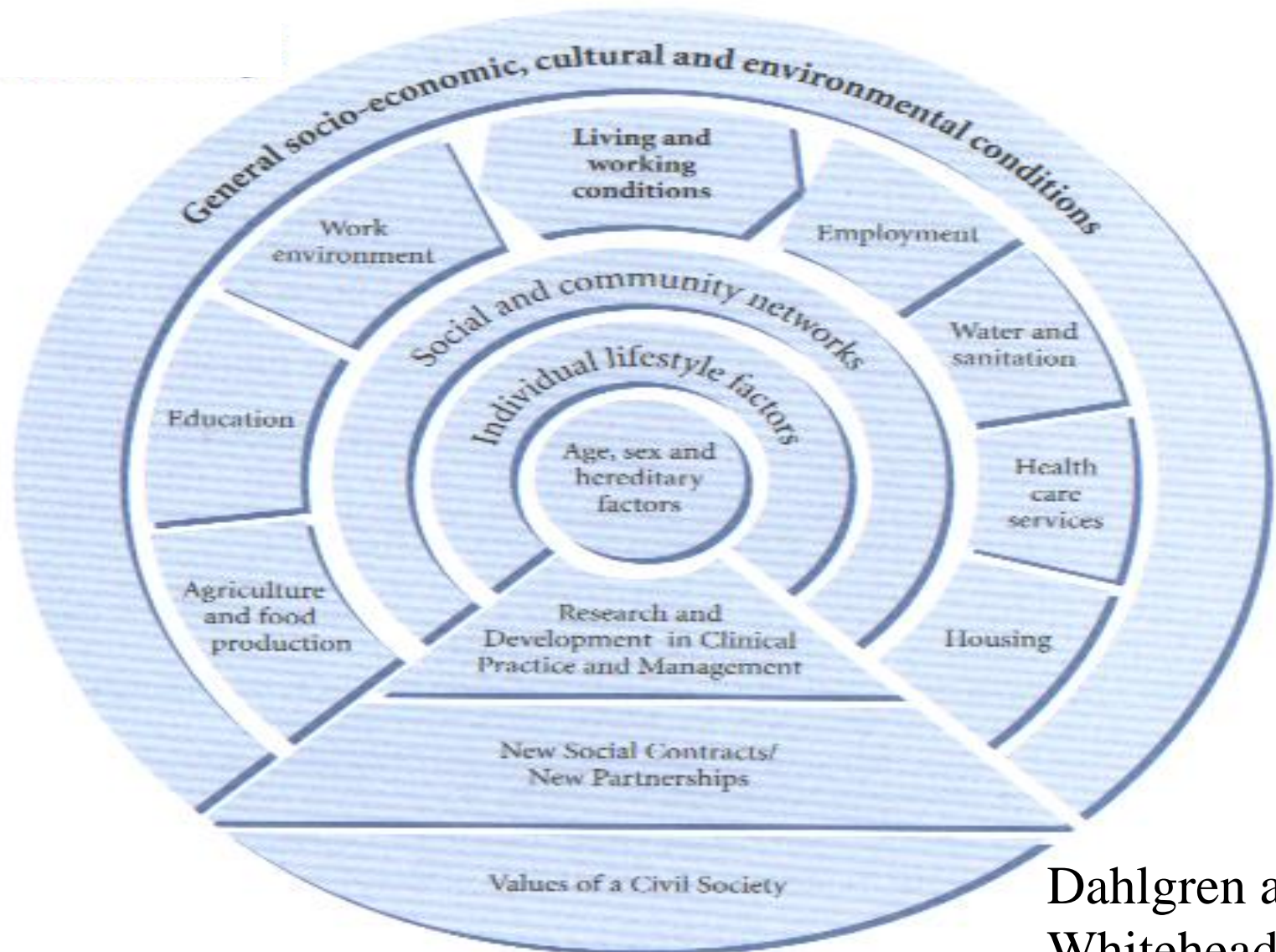
- You may run the PowerPoint show called “Hopes and Fears for the Future of Public Health” Click [here](#)
- Try to get through this quite quickly as it speaks for itself and is other people’s views.
- You could break into groups to discuss your own scenarios or have a brief discussion of this as a whole group.
- The point is to let people see that simple questions about aims and objectives lead to complex answers.



# Re examining aims and objectives

- Review the accompanying slide show which asked a group of health leaders
  - *What do you mean by public health*
  - *What factors will change it over the next 15 years*
  - *And what will this mean for PH in the future*
- Discuss and create your own scenario for the future of public health

# A broad view of determinants of health



Dahlgren and  
Whitehead



# Broader Health Policy and Cost

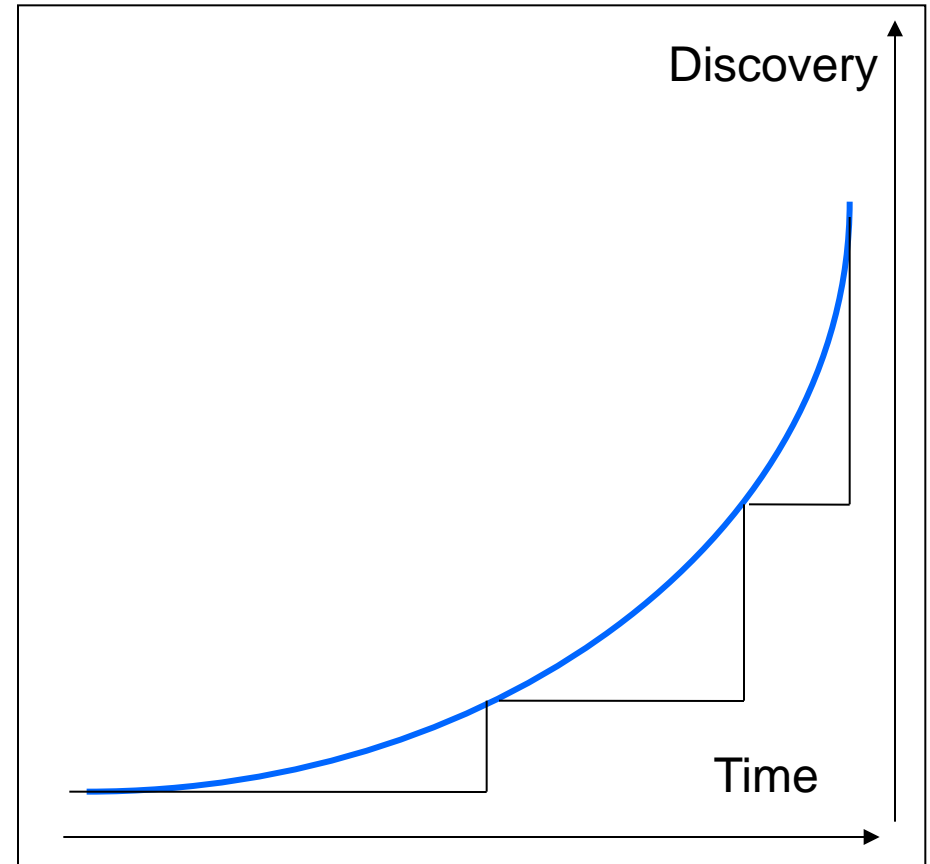
- You may wish to examine the paper “What will health costs” showing the broader cost of health and care to society beyond the NHS over a fifteen year period.
- It concludes that the wider cost of health are of the same magnitude as healthcare costs and require leadership and policy direction.
- Discuss: to what extent do similar conclusions apply to health and care in your system how does this affect health futures planning?

# Trends and Uncertainties

- What are the main trends and uncertainties affecting health
  - The economy -prosperity, stability or decline
  - Social trends – family and community structure
  - Patient expectations – consumers/ co-producers of health
  - Medical discovery – genetics, stem cell, nanotechnology
  - Information and communications technology
  - Other factors
    - Behaviour - smoking, diet, activity, alcohol, sex and drugs
    - Mortality – life expectancy e.g. what will be the impact of obesity
    - Morbidity – bop till we drop, or longer infirmity
    - Disease prevalence – mental illness, CVD, diabetes etc
    - Global pandemics – avian flu, TB, HIV/AIDS, new threats
    - Medical and care staffing e.g. what will happen to informal carers
    - Ethics and values for health e.g. as marginal benefit of expenditure on healthcare falls will we still see it as a social good
    - And others .....

# Trends and perception

- Trends are often continuous
- But perception is based on experience, we hold on to ways of seeing the world
- Looking far enough into the future often helps us face current changes
- As well as preparing for future change
- Verticals in diagram are what Kuhn called paradigm shifts and we have called breakpoints



Trend 

Perception 

# Note to course organisers

- You may decide to run this next section which is about new ways of thinking and creativity.
- This is probably best done in small groups of 3 or 4 people
- Remember the point is to make people succeed so help them solve the puzzles.
- Give them as many hints and clues as you can even to the extent of “giving the answers away” indeed this is what you are trying to do as long as they make the breakthrough
- Maybe you have your own favourite creative thinking exercises which could be used here.
- This is also intended as a bit of light relief in a rather long day.

# Creating the future

- Scenarios are not forecasts
- 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**

**A spotty dog**

**The face ?**

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

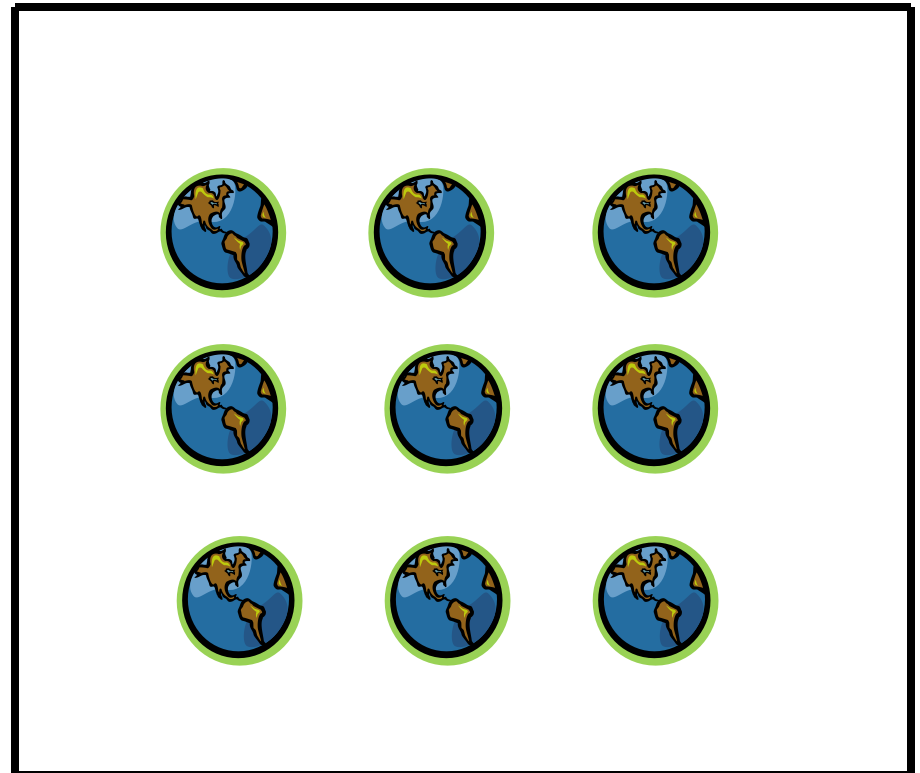


# Why the pictures

- 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.....

# 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



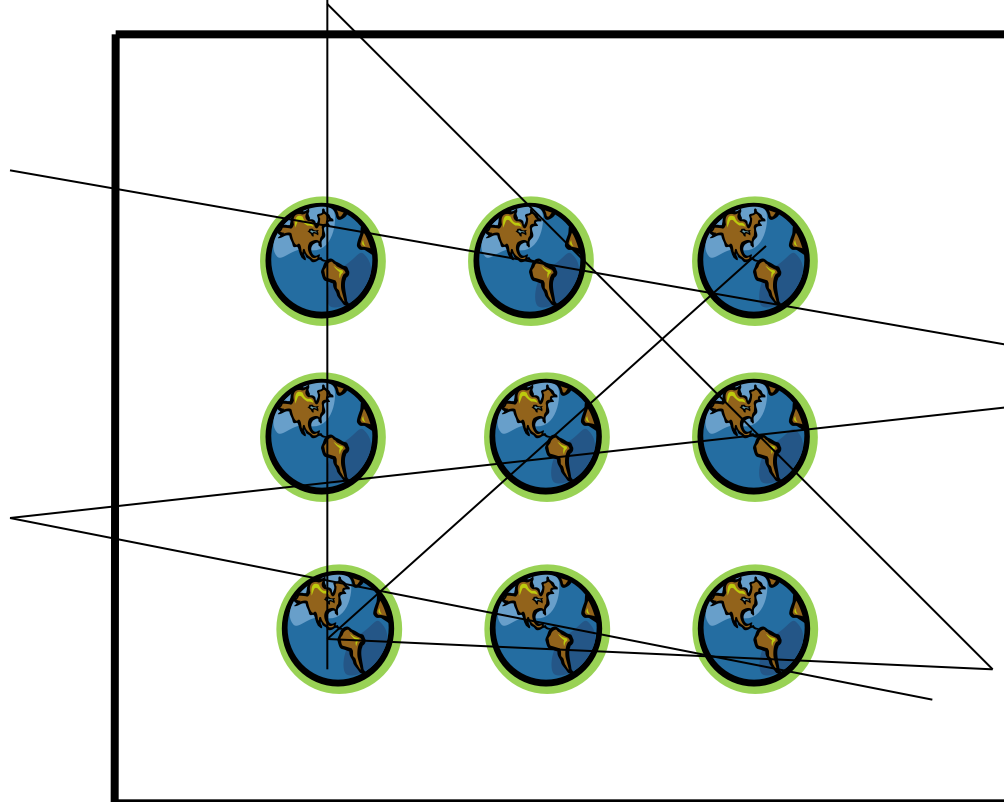
# Lessons/clues

## ■ 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

# Note to course organisers

- Try to give them enough clues so they succeed
- Nearly every group will have one person who knows the first answer
- But those same people will have most difficulty with the other answers
- Click for the answers



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!

# Discuss some examples of breakpoints

- It is estimated doctors rely on about 2 m medical facts, this knowledge doubles every 5-10 years
  - Will the way we expect doctors to access and update their knowledge be sustainable in 20 years?
  - Does it work now?
- Can you think of some examples of breakpoints, prepare your own lists of trends which may make current approaches
  - Unworkable
  - Impossible to staff
  - Unacceptable to patients



# Long term trends and breakpoints

- The future scenarios included as resources are examples of attempts to examine long term trends
- The most important trends to emerge were
  - Changing perceptions of
    - What health means and what people should expect of others
    - Role/responsibilities of state, private sector and individuals for health.
    - Chronic physical mental and social care
  - Need for new solutions to
    - Patient engagement, rights and responsibilities
    - Integrated care delivery
    - Support for informal care
    - Adoption and use of new technology

# Developing alternative scenarios

- You cannot realistically prepare for every combination of futures
- You need to group the possibilities to a limited number of possible scenarios
  - Each should be feasible
  - Each should be internally consistent
  - Each should reflect different assumptions about breakpoints
  - Give each a title suggesting your main assumptions
- For example the Australian scenario was based on
  - High economic growth
  - Strong patient engagement and power
  - Medium uptake of technology
- We can call it “Hegpepmut” for short or something imaginative like “A good day for surfing the gnarly wave together” meaning a good economic climate, uptake of new technology and patient engagement.



# Discuss the Australian Scenario

- What key assumptions are included?
- Pick out and discuss some examples
- Are they realistic or possible now or in 20 years?
- Are they internally consistent?
- What different sets of assumptions would you like to explore?
- What difference would they make?



# Develop your own scenarios

- Groups of 3 or 4 set out their own scenarios
  - First decide which are the main trends and breakpoints that define alternatives
  - Define reasonable outcomes for each
  - Group the outcomes to produce your scenario
  - Now fill it out by discussion
  - Prepare a presentation of the outcome
- What are the main policy implications?
- The following exercise will help you through the process

# TUBA exercise

(trends uncertainties, breakpoints and actions)



- This exercise is for groups of 3/5 people
- Step 1
  - Each group write a trend on a “post it note”
  - Stick on left of large sheet of paper
  - Identify uncertainties on 2nd set of “post its”
  - Line up on the sheet to right of first set
  - For each identify 1 or 2 breakpoints
  - Write consequences on a further set of “post its”

# TUBA exercise

(trends uncertainties, breakpoints and actions)



- Step 2
- Now get groups together to discuss
  - What are the common themes
  - Are there overlaps or missing consequences
  - Group breakpoints together to make 3 – 4
- While group has tea rearrange post its
- Into the outline scenarios
- Participants review and suggest a title

# TUBA exercise

(trends uncertainties, breakpoints and actions)



- Step 3
- Sub groups consider each scenario
- Propose actions to avoid bad consequences and achieve good
  - Research or pilot programmes
  - Consultation agreement processes
  - Policy measures
- Write these on another set of “post its”
- Stick on point where action is needed

# TUBA exercise

(trends uncertainties, breakpoints and actions)



- Step 4
- All participant reconvene to review proposals
  - Which are similar under most scenarios
  - Which relate only to one scenario
  - Given risks and opportunities what would group propose as main:
    - Research and pilot programmes
    - Consultation issues
    - Policy actions,

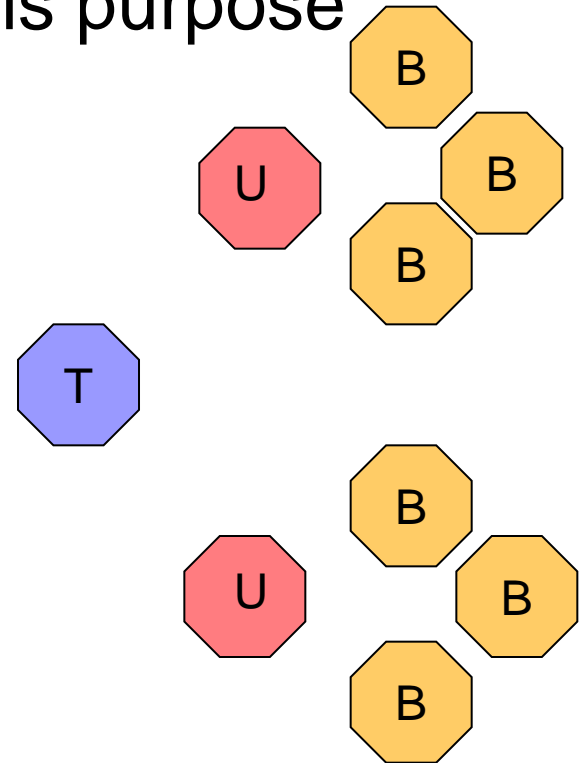


# Note to course organisers

- This works best if you have large post it notes of different colours for trends, uncertainties, breakpoints and consequences you can get special octagonal post its for this purpose

- First step should look like this

- Trend,
- uncertainty,
- breakpoint



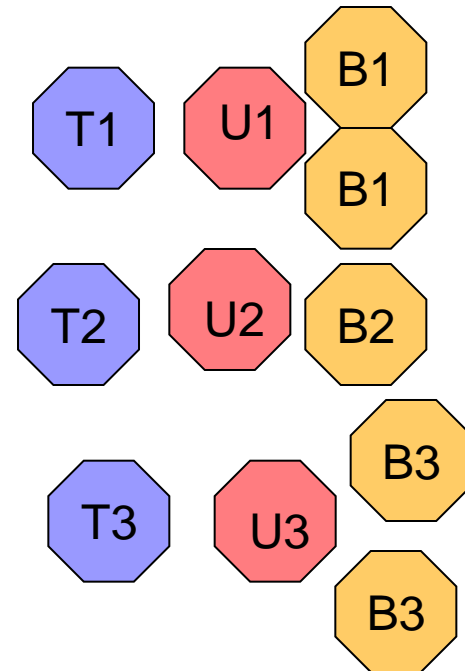
# Note to course organisers

- Second step should look like this

- Trend,
- uncertainty,
- breakpoint

Scenario  
Title

- For each scenario

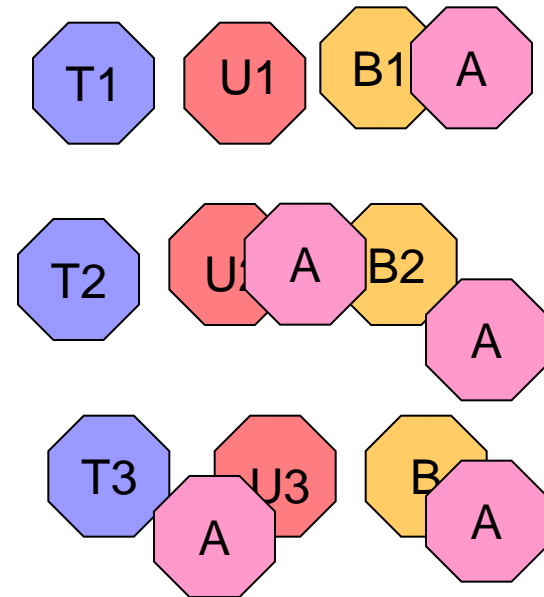


# Note to course organisers

- Third step should look like this

- Trend,
- uncertainty,
- breakpoint
- Action

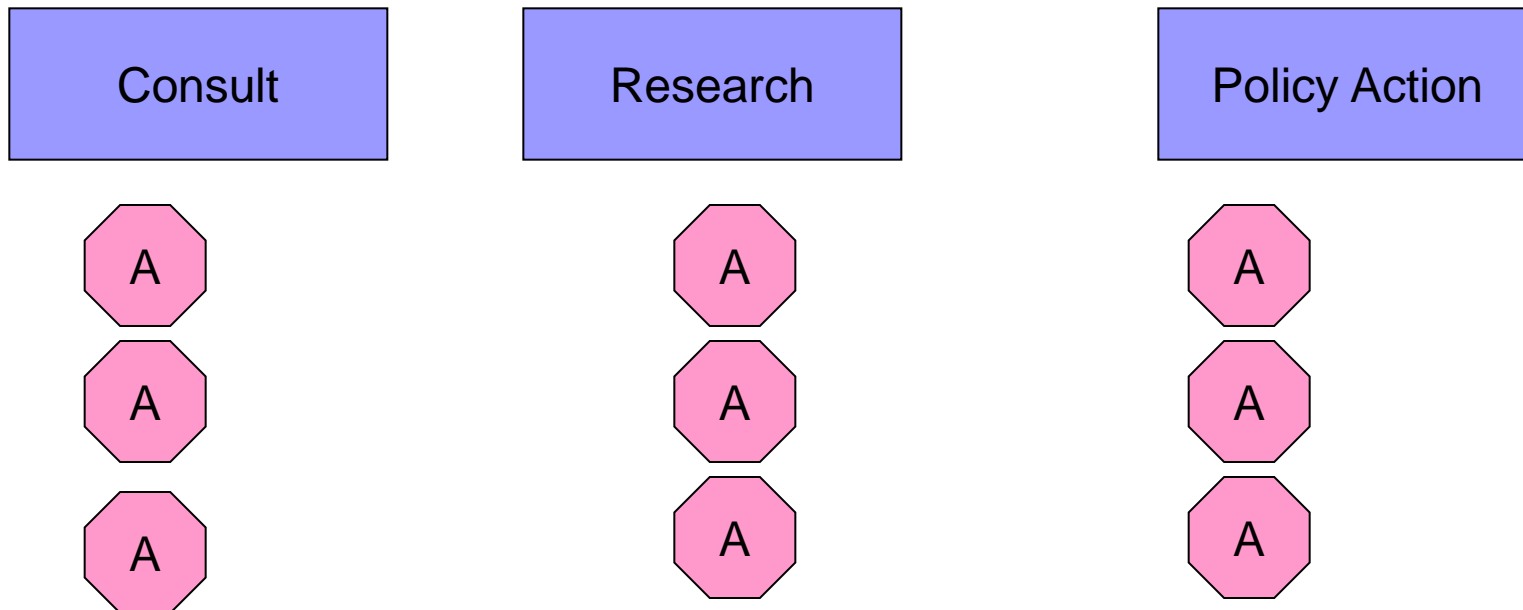
Scenario  
Title



- For each scenario

# Note to course organisers

- Fourth step should look like this



# Possible scenarios for Australia

- Economic growth – high 3% med 2% low 1%
- Uptake of technology – fast, med, low
- Engagement of public – high, no change, worse
- Availability of staff – good, medium, bad
- Scenarios might be called:
  - Heg-fut-hep-gas “All is for the best in the best of all possible worlds”
  - Leg-lut-wep-bas “There will be a gnashing and a wailing”
  - Meg-mut-nep-mas “So what’s up doc?”

# Acting out the future

- Thinking about the future requires left brain thinking- logical analysis and trend projection
- And right brain thinking – imaginative exploration of possible futures – what will the future feel like?
- The resource pack contains a drama based on the Australian future scenario.
- Review this in teams and act out the scenes (as a reading or perform it )
- Then discuss what did it feel like to be a patient a doctor or in this case a patient adviser?



# Ways of presenting a scenario

- Writing and acting brief scenes of future health
- Presenting a newscast from the future
- Describe health and care as seen by
  - A well off patient
  - A poor patient
  - A GP
  - A nurse
- And many other ways.....



# Cost Drivers and Health Futures

- It is suggested you read the paper “Cost drivers and health futures” as a basis for discussing how the cost estimates have been derived from scenarios.
- In particular you may wish to discuss
  - Whether these or other cost drivers apply to your health system
  - What alternative or additional assumptions would you include
  - Whether the outcome seems valid and reasonable





# Cost Drivers

- Quality goals
- Patient expectations
- Demographic change
- Technology
- Health pay and working methods
- Social engagement in health

# Quality goals

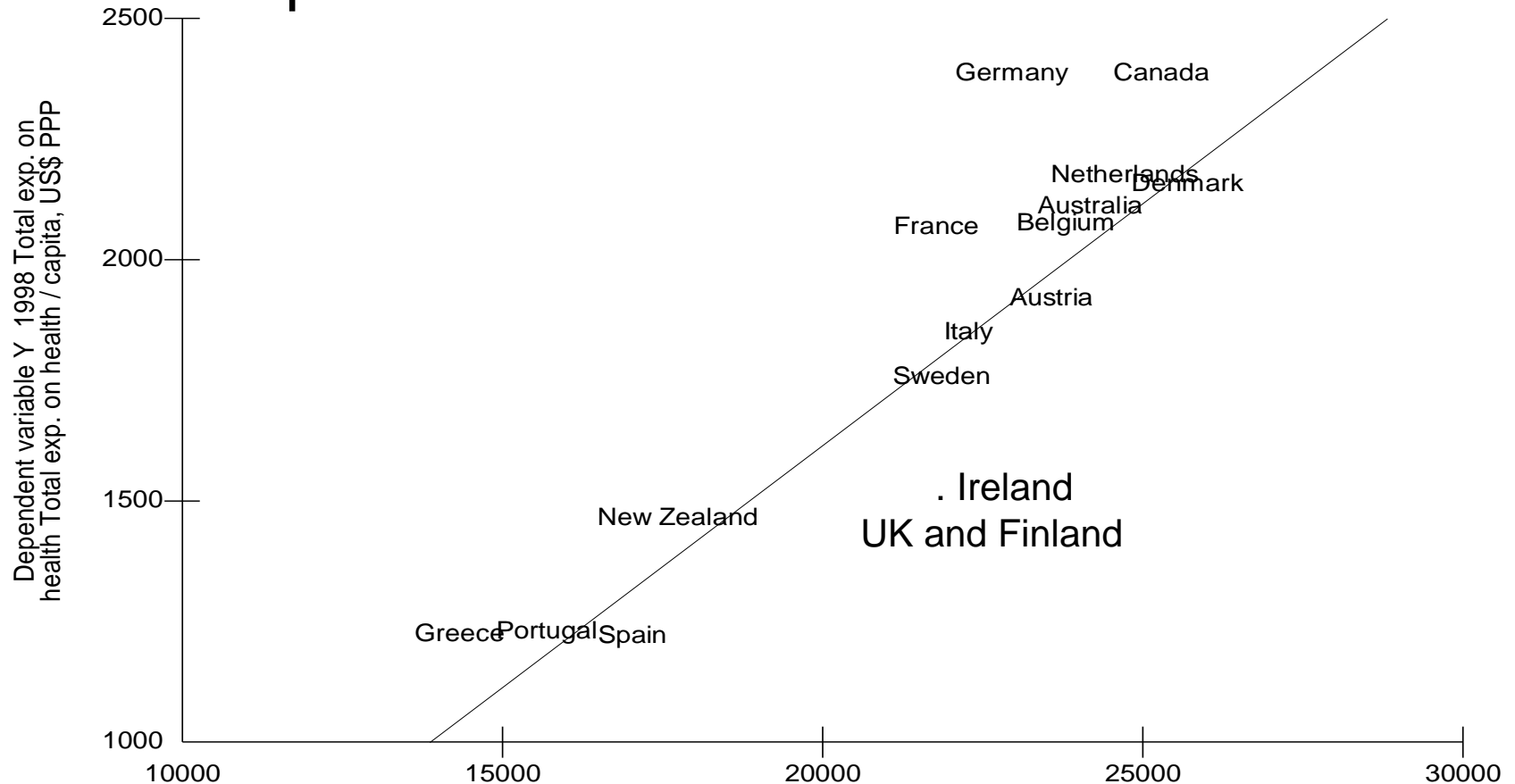
## ■ Policy objectives of NHS Plan

- Information for self care & referral
- 24 hour primary care 2 day appt
- Outpatient appt 2 weeks – 6 weeks
- A&E – 90% <1hr see < 4 hr treat
- Choice of elective service centre
- Consultant led treatment
- Personal nurse management/ counselling
- Modern standard accommodation & food
- Evidence based treatment and care

# Cost impact of quality goals

- Broadly equal to “catching up with best of Europe” but this could mean:
  - Unweighted average +18.6%
  - Weighted average +26%
  - To reach average cost/GDP +20.6%
- Key shortages of senior staff and beds therefore costs are spread over 10 years
- Assumed 10 years investment cost impact +1.7%, +1.8% +2.3% £pa

# Health Expenditure as % GDP vs GDP 1998



- Patient expectations rise with GDP increase per capita net impact + 1.7 to 2.0% £pa

# Demographic Change

- Population growth 0.3-0.4% pa of which
  - Non-elderly non-immigrant population reduction 0.1 % of total low health needs impact = - 0.05% £pa
  - Elderly population increase 0.25-0.3%pa of total high health needs impact = + 0.35% to +1.0% £pa depending on compression of morbidity
  - Immigrants and immigrant communities increase 0.15- 0.2% of total high health needs but underserved impact = + 0.2%-0.25% £pa depending on access policies

# Technology

- Drug cost: current trend + 7.4% + statins, genetics, stem cell - NICE, OTCs, offsetting costs - 30% overall increase +7%-9% £pa net impact = +0.8% to 1.0% increase
- Medical devices cost neutral long term
- ITC + NHSII, DiTV – efficiency savings net impact increase 0.25% £pa offset by savings of 0.75% £pa after 5 years
- Buildings + replacement + £3bn £pa net impact cost neutral after NHS plan

# Pay and Efficiency

- Staff increases to meet NHS plan
- But assumed continuing staff and skill shortage in specialist positions
- Pay +2.5% for 5 yrs then +1.75% to +2.2% pa  
net impact +1.2% to +1.6%£pa
- Working methods efficiency gains assumed  
gains of 2.0%- 2.3% £pa offset by medical  
hours reduction net impact -1.4% years 0-10  
then -1.23% £pa
- Overall efficiency gains (including technology)  
2.0%- 2.6% £pa



# Social engagement

- Public health expenditure currently 1% - 2% of NHS spending
- Assumed to rise to 3-5% assumed cost increase of 3% over 10 yrs offset by reduction in demand by 0.3% £pa over following 10 yrs
- Quality of Public Health leadership is more important than investment



# Cost impact central scenario

- NHS plan quality goals +1.8% £pa 10 yrs
- Patient expectations +1.95% £pa
- Hospice care +0.1%£pa for 5 yrs
- Demographic trends +0.93% £pa
- Technology (med/pharma)+0.9% £pa
- ITC + 0.25% yrs 0-5 6-20 - 0.25% £pa
- Pay +1.75% 0-5 +1.4% 6-20 £pa
- Efficiency -1.4% 0-10, -1.23% 11-20 £pa
- Engagement +0.3% 0-10, -0.3% 11-20 £pa
- Net impact costs rise to 12.5% GDP 2023

# Discussion

- This analysis was an input to the Wanless 2002 review which forecast 20 yr health scenario costs
- The actual method used was to apply the increase in costs required to meet NICE standards based on 17% of procedures for which costs were available.
- It resulted in the largest ever sustained increase in NHS funding.
- It suggested that after the initial injection of finance cost increases could be contained at 3-4%
- How likely do you think this is?



# Engaging with the Future

- 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 (with some simplification) 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 20-30% 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



# Looking Back from the Future

- Now rerun the drama but this time everyone accepts responsibility and explains what contribution they made to health.
- The following slides can be used as the backgrounds to your drama
- 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?

# Note for course organisers

- You can reduce the exercise by focussing on obesity or anorexia and/or just include step 2
- You can extend it by asking participants to find data on the net or you can speed it up by providing data sheets
- 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.
- Public Health professionals have more detailed information but note that a Parliamentary inquiry found that 97% of public health research appeared to have no practical impact.
- The supporting material includes backgrounds for these scenes





# Reflection and Feedback

- Please discuss and write down

- What you have learnt that you found helpful
- What you will do differently as a result of today
- Will this help you undertake a health futures exercise?

Thank you for participating,

# Module provided by Graham Lister

- Graham is Senior Associate of the Judge Business School Cambridge
- He has worked on health futures planning exercises in the UK, Italy Denmark, Portugal, Sweden, The Netherlands, Switzerland and Australia as well as Europe wide and World wide studies.
- Future studies: public health, health care, medical technology, information and communications technology, social engagement, pharmaceuticals, sexual health.
- His “Scenario for Health and Care in the European Union of 2020” was published by the WHO and Nuffield Trust in The Future of Health- Health of the Future” and his paper on Cost Drivers and Health policy was delivered at the LSE and his current work with the Judge Business School on the future of the UK Health and Care Workforce is published in 2007
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