

Overview

The aim of this background paper is to stimulate thinking and debate for the foresight event on 25th March. It draws on stakeholder interviews and discussions conducted ahead of the event.

The paper is intended as an overview. More detailed documents for each of the headings below are included in participants packs.

Foresight

Foresight is a flexible technique for fostering long-term strategic thinking, grounded in four principles:

- a) a participatory process that is shaped and driven by stakeholders;
- b) uses the concept of alternative futures or scenarios to open up new ways of thinking about the future;
- c) action-oriented, seeking to guide or enable decision-making; and,
- d) multi-disciplinary, drawing together a range of stakeholders, including academics, policymakers, providers, professionals, civil society, international organizations and research institutes, and industry.

Long-term trends

Key long-term trends within health and care systems include:

- a) innovation and technological change;
- b) rising public expectations;
- c) demographic ageing, although its impact may be overstated;
- d) the changing nature of ill-health, especially the rise of non-communicable diseases and multi-morbidity;
- e) neglected areas, such as mental health.

Trends outside health and care systems that have an impact include:

- a) rising income inequality;
- b) global shift in power and resources;
- c) climate change; and
- d) populism.

Given these trends, there is consensus on the need for more long-term thinking, but also that this is hard to do in practice.

People

People are at the heart of health and care systems. Key concerns include:

- a) revisiting what we mean by person-centred care, including tensions between system understanding (as patient-oriented services and structures), biomedical understandings (as care personalised to individuals through genomics and other data); and social understanding (as the personal relationship of one person caring for another);
- b) bridging the organisational divide between health and care;
- c) rethinking the geographical distribution of services with high concentrations of services in big regional hospitals;

- d) considering the inter-relationship between health and other factors, and the role of communities and societies in improving health and wellbeing;
- e) aligning public and expert narratives with regard to health and care;
- f) appreciating whether current professional structures of health are still the right ones, centred around the binary divide between doctors and nurses;
- g) reflecting on how far rising levels of information and empowerment of patients and users changes the balance of power, and how far it should;
- h) addressing social and economic pressures on health and care systems and the allied pressures on staff; and
- i) strengthening performance management and improving efficiency on the one hand and professional autonomy and engagement on the other.

Technology

Technology and innovation are critical to the future development of health and care systems. Key issues to consider, include:

- a) distinguishing between biomedical innovation, technological innovation and – much less visible – organisational innovation;
- b) considering the potential impact of artificial intelligence and robotics in practice (as opposed to the current projection and hype);
- c) reflecting on availability and use of data - including new types of data (eg: genomics) as well as the potential of existing types of data to be used in new and more powerful ways – and related issues of privacy and trust;
- d) planning for future data systems that enable (if valued) widespread use of new technologies such as artificial intelligence;
- e) enabling innovation systems that are aligned to the needs of publicly-funded health and care systems, and giving health and care staff the freedom and motivation to make the most of them in ways that benefit patients and service users in both the short and longer term; and
- f) increasing the visibility of organisational innovation and, in doing so, facilitate uptake and application of other forms of innovation in practice.

Complexity

Health and care systems are complex systems. They involve groups of interconnected people and organisations who act in ways that are often not predictable, controllable or permanent. Patterns and effects can be discerned but they cannot be foreseen from individual actions or small parts of the system. Questions remain about how to bring about significant change in the context of complex systems, including:

- a) how to foster the idea of the 'learning health and care system', of a system whose development is driven by bottom-up learning by the staff involved;
- b) how to move from away from existing 'command and control' tools to more bottom-up principles of actively supporting learning and improvement.
- c) how to productively confront challenges at all levels of how health and care systems currently work, and how they are accountable for the resources that they have and the role that they play.