# Using Three Horizons in your planning

June 2025

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This resource has been collated by advisors in Strategic Planning within the Transformational Change - Systems Unit at 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.

Please note that this resource is the longer source material for a webinar and other Three Horizons materials we produce. It isn't designed as a presentation.

*This resource has been written by the Strategic Planners in the Transformational Change - Systems team within Healthcare Improvement Scotland.*

As strategic planners, we support teams, services and organisations to set their strategic direction by helping them to establish where they want to be in the future and work with them to think through the stages of action that help to get them there.

There is a wide range of different terms we use for this, such as developing a vision, mission, strategic direction, strategic objectives, and strategic plan.

There is also a wide range of approaches that can be taken to do this. Some come with formal structures and tools, like Three Horizons. While other approaches are simply a combination of effective engagement and good analysis without specific adherence to a particular model. It can be helpful to follow a model or be inspired by an approach, but it isn't necessary to adhere to one to do this task well.

Public Health Wales has developed a valuable paper on the Three Horizons model, which you can go to for further details on the concepts behind the model and more on the technical mechanisms within the model.

The purpose of our paper is to provide a brief outline of what the Three Horizons model is (drawing from the Public Health Wales paper) but primarily focuses on seeing the model in action through a range of examples, including one detailed example of how we used the model within our Mental Health and Substance Use improvement programme.

# 1. Introduction to Three Horizons

The Three Horizons model originated in the private sector to describe how businesses "must invest in current products, incremental innovations, and breakthrough innovations." It helped companies to understand the different phases of innovation that were required to continually be relevant to consumers. By looking forward to changing customer preferences, emerging technologies and other patterns, companies were able to decide how to invest in technology, workforce, and continually adapt business models to stay ahead of the curve, staying relevant and maintaining or growing their market share.

Improvement and transformation in the health and social care sector are more complex than in private business. We are constrained in the nature of the future states that we can imagine, we are constrained by the choices we can make, and we are constrained by legislation, policy, public accountability, and fixed infrastructure more so than in private business. We are unable to decide not to invest in particular health and social care services as they are no longer viable; we have a statutory and political obligation to meet the health and social care needs of the population.

However, the Three Horizons model is still useful within health and social care as it provides a valuable framework for structuring our approaches to improvement, redesign and transformation. It helps us to carve out the different horizons that we don't always do when we focus on continually iterating the existing Horizon. It helps plan and coordinate change across complex systems in a way that recognises different priorities and pressures regarding delivery timescales of stakeholders within the system.
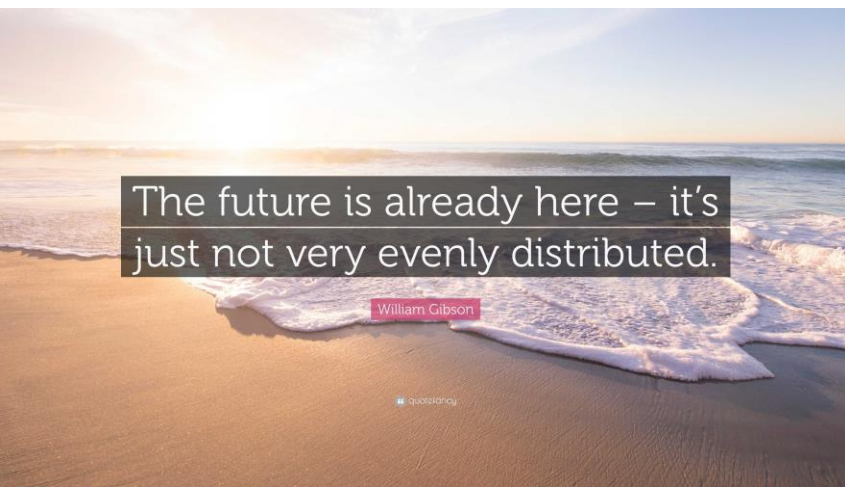
Before getting into the details of the Three Horizons model, it is important to note what the Three Horizons model is **not**.

**Three Horizons isn't about short-, medium- and long-term planning or impact**

When we plan and change, we often approach it by saying one or both of the following:

- We will do "X" activity now, "Y" activity later, and then "Z" activity even later
- We will do "X" activity and it will have "A" impact in the short term, "B" impact in the medium term, and "C" impact in the long term.

The Three Horizons model challenges us to think differently about the way we plan and action our change work. Action related to Horizon 1 doesn't automatically lead us to Horizon 3 in the future. Action on Horizon 3 may not help us to iterate our current delivery.



The future is already here – it's just not very evenly distributed.

William Gibson

Horizon 1. Each Horizon needs its own thinking, its own ideas, and its own action.

Equally, action related to Horizon 1 isn't just for short term impact, action on Horizon 2 for medium term impact, and Horizon 3 for long term impact. Activity under each of the Horizons will have short-, medium- and long-term impacts of their own. Three Horizons says that each horizon's dominance changes over time; it isn't about switching from one way of doing things to another at a discrete point in time.

# 2. What are the Three Horizons?

The next section of this paper provides a summary of the core features of the Three Horizons model. It draws heavily from the Public Health Wales [paper](#) and the graphics used are adapted from Public Health Wales paper.

This is what the Three Horizons model looks like. It describes three distinct Horizons – 1, 2 and 3. It shows how the dominance of each Horizon changes over time. Today Horizon 1 is dominant (the most common practice), but overtime we see that dominance drop as Horizon 3 rises, and for a period of time in the middle Horizon 2 is the most dominant practice.

- Three Horizons is a tool for structuring our thinking and making space for incremental change, step change and aspirational transformation to all progress within our quality planning, instead of crowding each other out.

- Three Horizons frames conversations interrogating new ways of working and understanding how they help us move towards an aspirational state.

- Three Horizons describes three distinct realities that all exist at the same time and have their own place, all deserving of our planning energy.

- Three Horizons shows us moving away from the current way of doing things over time, in favour for a new future. It is about opening and closing different paths. Rather than iterating the same path repeatedly over the long term.



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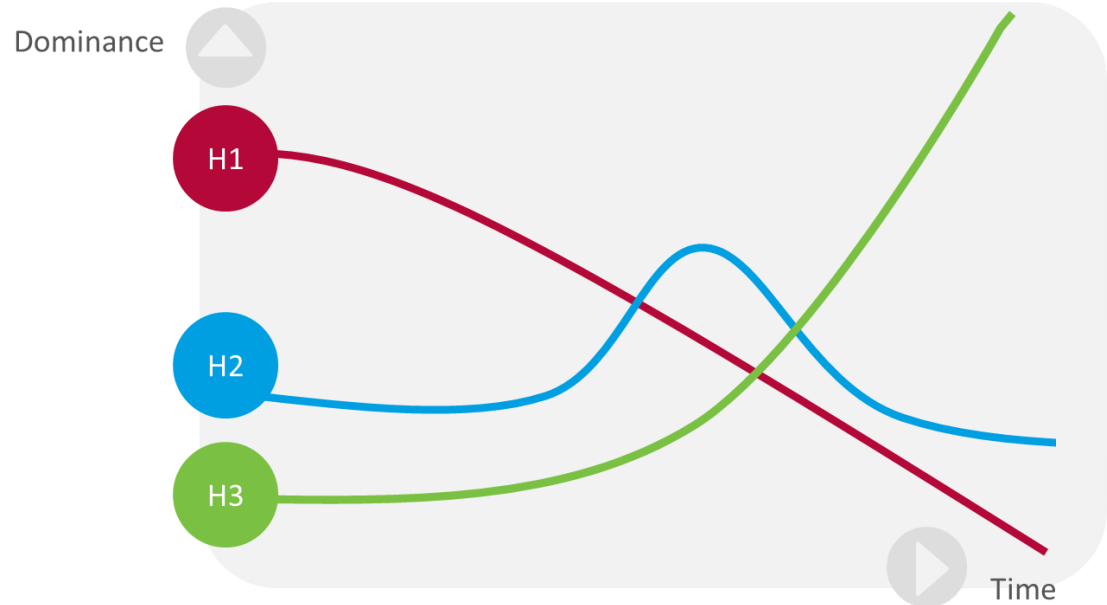
## What is Horizon 1?

- Horizon 1 is the most dominant way of doing things but that Three Horizons assumes that this way of working cannot last so the Horizon declines in dominance.

- New technology, need, demand, preferences, ageing infrastructure, workforce challenges and changing societal values will all contribute to the need for us to change.

- These changes forces are often shown by cracks or issues within the way we currently work – people will identify challenges coming up or identify that it is already failing.

- As time moves on, we need to close the door on this pathway – attempts to iterate this model or to continuously improvement it will have less and less success as it reflects a reality that doesn't work any longer

- There may be **some bits** of this old way of doing things that are worth **keeping** in the future so the red line will never reach 0 in the graph.

Dominance

H1

Time

## What is Horizon 3?

- Horizon 3 is the transformed future. We need to start thinking and developing it now, and as time moves on, it gains more and more dominance until it becomes our new state (the new Horizon 1).

- If we don't start thinking and planning for Horizon 3 while Horizon 1 is still dominant, then when Horizon 1 becomes obsolete, we have nothing to move onto.

- There may be pockets of Horizon 3 working in the present on the fringes.

- Horizon 3 isn't just about a better iteration of Horizon 1. It is a new, designed future.



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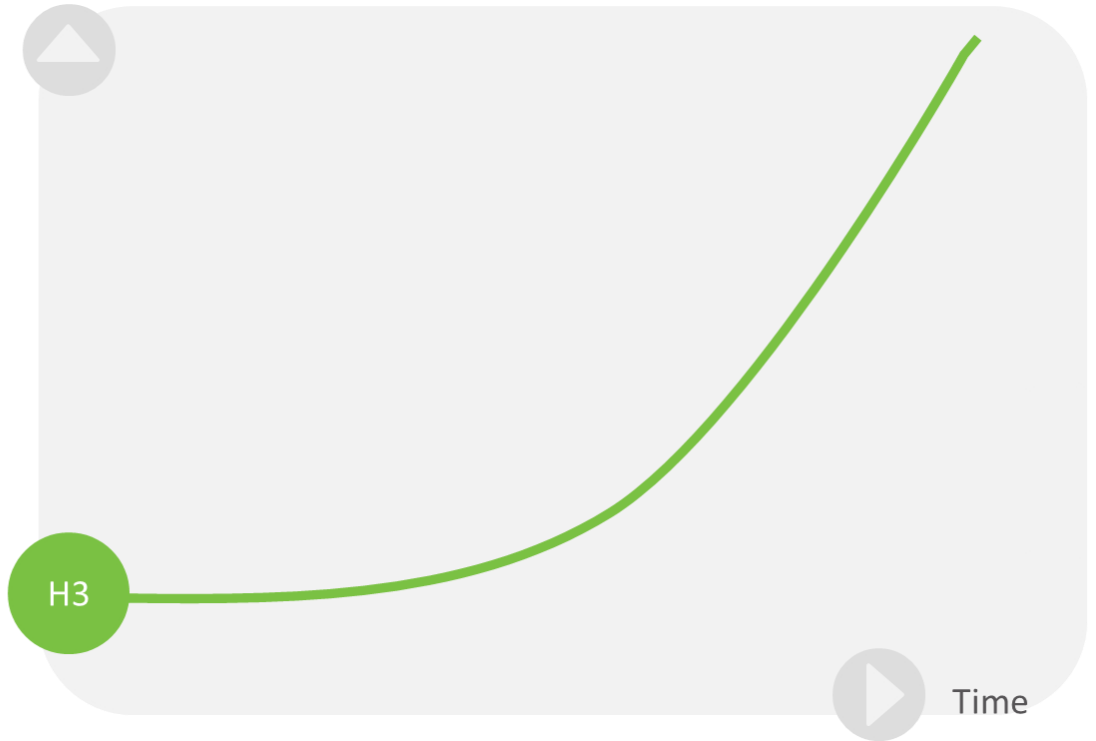
# What is Horizon 2?

- Horizon 2 is an innovation to Horizon 1 and can be a bridge to Horizon 3. They are new ideas and ways of doing things being tested out, and for a while, they could become the most common way of working.

- These can help us extend the life of Horizon 1. They could be workarounds or improvements that we make that are more substantial than just iterations of Horizon 1. We refer to these as H2-

- Or they could be things we bring in to help us enable Horizon 3 to be possible, for example, underpinning technologies required for Horizon 3. We refer to these as H2+.

- Horizon 2 on its own doesn't get us to Horizon 3. Horizon 2 changes don't fully address the new context and constraints and therefore reduce in dominance over time.

Dominance

H2

Time

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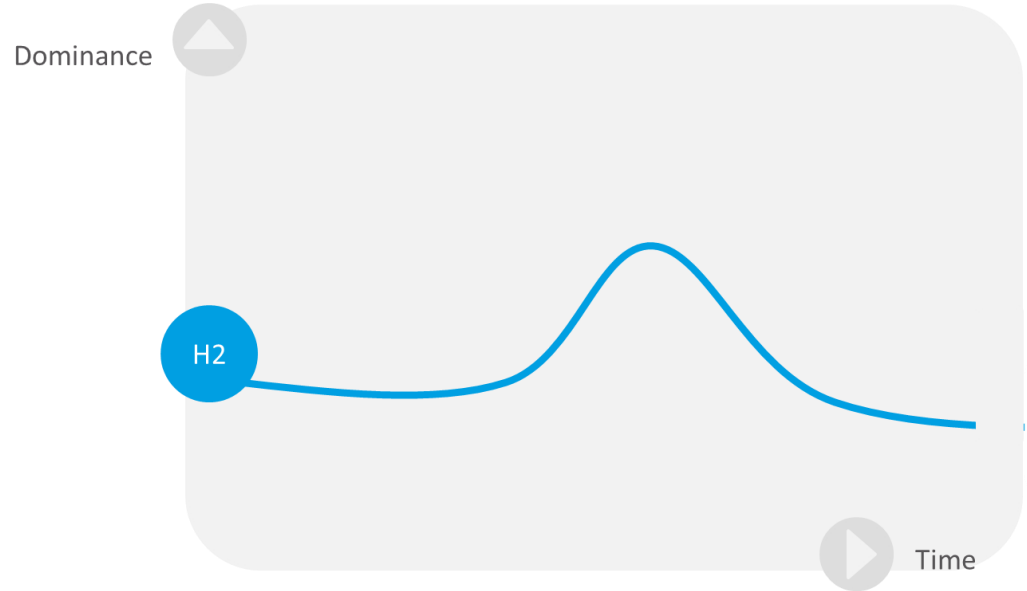
# An example - moving from physical to streamed content

An example of the Three Horizons in action is development in the way that we consume visual media. Rental shops like Blockbuster were once a large method of accessing movies – particularly in meeting our demand for watching movies that we wanted, when we wanted – as opposed to when they were scheduled on TV or in theatres.
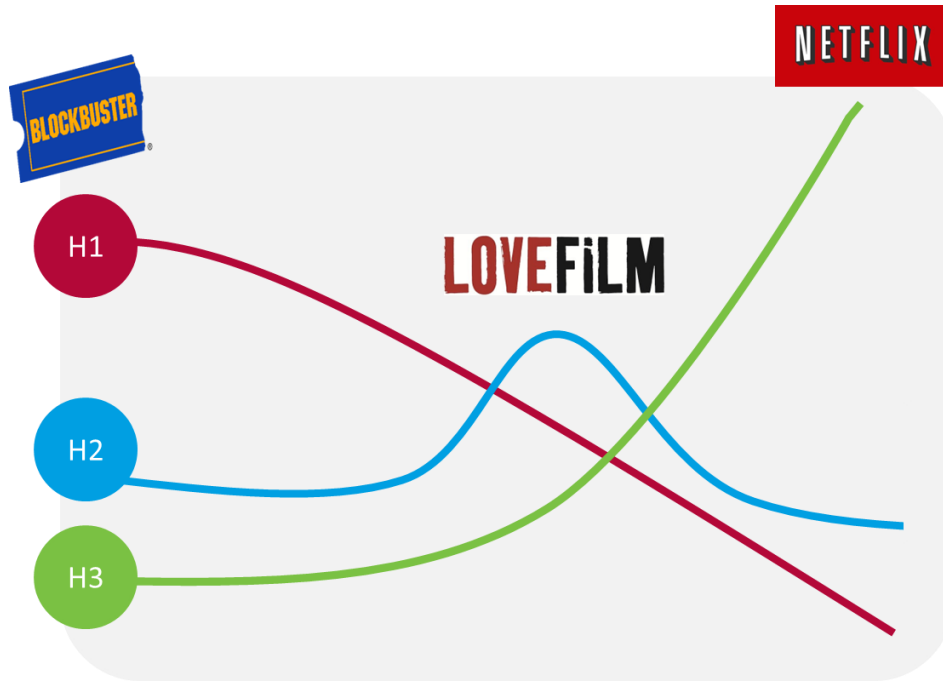


Mail movie services responded to a growing preference to shop online rather than go into physical shops, representing our Horizon 2. They offered the same physical rental product and therefore extended Horizon 1. But none of its innovations enabled Horizon 3, so we would refer to it as H2-.

Rapid improvement in the affordability, access, and speed of data, and the development of TVs with apps inbuilt and handheld technologies, enabled us to access media straight from our devices. We also saw an increase in the acceptance of subscription based purchasing. These two core features enabled streaming services like Netflix, Prime Video, Disney Plus and Apple TV to develop and become the dominant Horizon.

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# An example – changing care for mental health and learning disability

Another example of the transition from Horizon 1 to Horizon 3 over time is the way that we support and care for people with a mental illness or a learning disability. Large residential facilities that housed groups of individuals with mental illness and/or a learning disability were once common, with some spending large proportions of their lives within these settings.

Over time, we have shifted, through an increased understanding of mental illness and learning disability and a changing societal preference, to support children and adults in their homes, within their community, or as close to a homely setting within the community as possible.

We are probably only part of the way towards Horizon 3, and part of the way into Horizon 2, with a mixed picture. Some individuals are still residing in hospitals for lengthy periods of time, and some have felt a shift closer towards Horizon 3 through smaller scale residential care closer to the community, but with ongoing efforts for full community integration for the majority.



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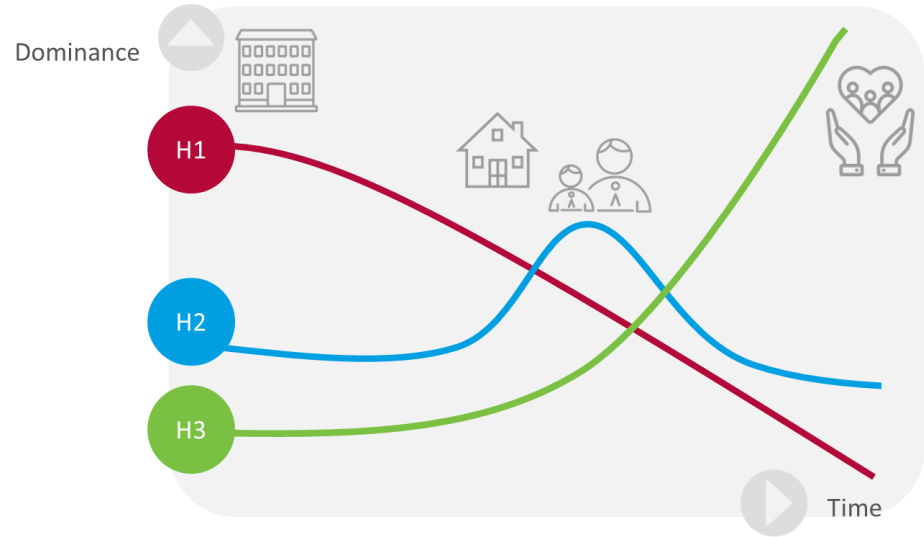
**An example – the way we commission**

Taking another example relevant to health and social care is in the way we commission. Our approach to commissioning has gone through several cycles and changes over the past 50-plus years. But here we take the recent shift towards more collaborative approaches to commissioning.

Responding to a perspective that there was a large and unmanaged world of externally commissioned provision with little transparency, a more formalised approach to tendering was adopted across both health and social care. Competitive and output-based metrics were prioritised to structure decision making, and collaboration with providers was often limited to formal legal processes, which becomes Horizon 1.

Over time we saw a new ambition for Horizon 3 emerge – one that emphasised collaboration with third and independent sector organisations as partners who we work alongside to achieve the same objectives.

We have been trying a range of innovations within Horizon 2 to help us get there, with varying levels of success. Models like Payment by Results used in some parts of the UK, sought to create an emphasis on outcomes, but utilised Horizon 1 contracting mechanisms which ultimately kept it from reaching Horizon 3. While other models, like Public Social Partnerships, look to try to replace Horizon 1's reliance on legal mechanisms with foundations of trust and reducing control.



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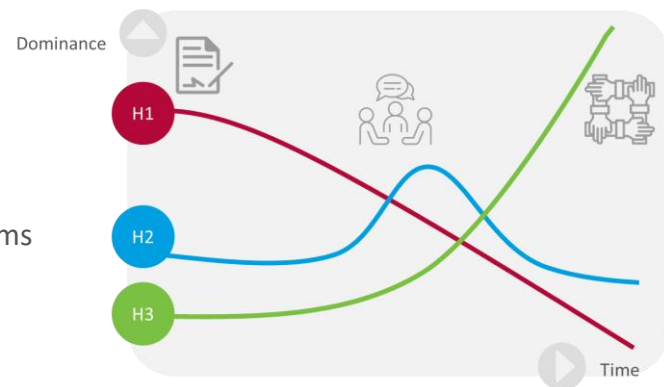
A couple more things to bear in mind when considering Three Horizons.

## 1. We need to pay attention to all three Horizons at once

One horizon is not more important than another. Investment in Horizon 3 is important. It ensures that when Horizon 1 is no longer fit for purpose, there is something ready to take its place. However, Three Horizons still advocates for investment in Horizons 1 and 2 at the same time. Investments made in Horizon 1 could be considered continuous improvement and help make the dominant way of doing things as effective and efficient as possible.

## 2. Horizon 3 usually feels overwhelming to think about

It can feel easier to progress Horizon 1 than it is to understand what Horizon 3 should look like. It can feel easier to design Horizon 2 in a way that helps to prolong the dominance of Horizon 1, rather than utilising it strategically to pave the way for Horizon 3.



*Love your children equally but treat them uniquely*



CHANGE OR CHANGE NOT

THERE IS NO TRY
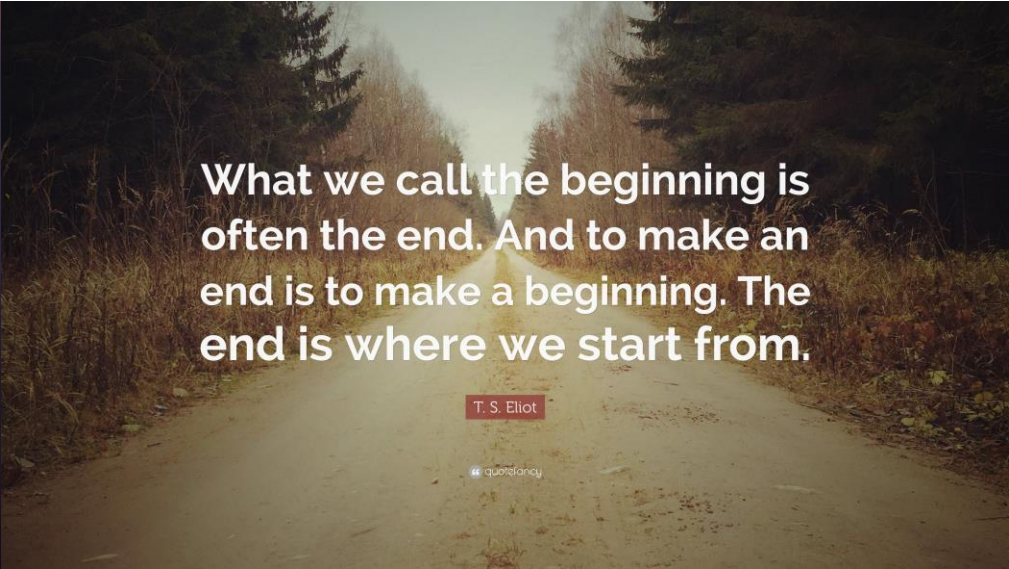
## 3. We never reach the final Horizon 3

Horizon 3 is not a fixed point, and perfect system will never exist. Your Horizon 1, was someone's else's Horizon 3. As you reach your Horizon 3, it becomes someone else's Horizon 1. This transition isn't clear cut, it is muddy and fuzzy.



In the equation of life, the limit does not exist.

A.D. Posey

quotefancy



What we call the beginning is often the end. And to make an end is to make a beginning. The end is where we start from.

T. S. Eliot

quotefancy

# 3. Using the Three Horizons

**Three Horizons can help us identify where we are holding onto Horizon 1 at the expense of other Horizons**

We tend to see improvement and change as a series of continual developments which can lead to us trying to iterate Horizon 1 by introducing new technologies or innovations (Horizon 2) to extend the life of Horizon 1. In the Three Horizons model, innovations that extend the life of Horizon 1 are referred to as H2- and innovations that are necessary underpinnings for moving to Horizon 3 are referred to as H2+. We often risk choosing technologies and innovations that anchor us to Horizon 1, leaving us in a position where we don't have the innovations required to move to Horizon 3. We need innovations that allow us to manage the decline of Horizon 1, which may mean extending its life, as well as innovations that move us towards Horizon 3. The Three Horizons model can help us categorise innovations as either H2- or H2+ to enable us to ensure both are covered explicitly in our quality planning. The same technological development can theoretically be both a H2- and a H2+, but only if how it is used is explicitly designed for both purposes.

An example of this is in how we access primary care. Investment in technologies that help us to book GP appointments on an app instead of calling can help reduce staffing costs and provide another more efficient option for some patients to book appointments. However, in a system of restricted booking times, same day appointments, short appointments, GP workforce challenges, and frustrated patients, it is hard to see how a changed booking technology enables us to move to Horizon 3 within primary care. It is important to improve Horizon 1 – providing better access during the life of Horizon 1, but it shouldn't be seen as the path towards Horizon 3.
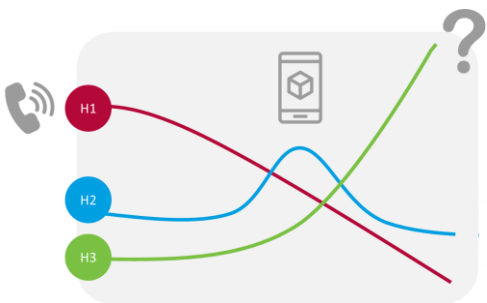
# Three Horizons can help us identify where we are limiting Horizon 3 by building in assumptions from Horizon 1

An example of this is how we manage transitions within health and social care. Our current Horizon 1 system is largely built on the premise of a set of services that make up a system of care and support for people. People move between services, receiving care from the services that they meet the criteria for – for example, age or the nature and severity of their need. From children to adult services, from inpatient to community, with distinct services for different kinds of health and social care needs – mental health, substance use, frailty, stroke, housing, personal care etc.
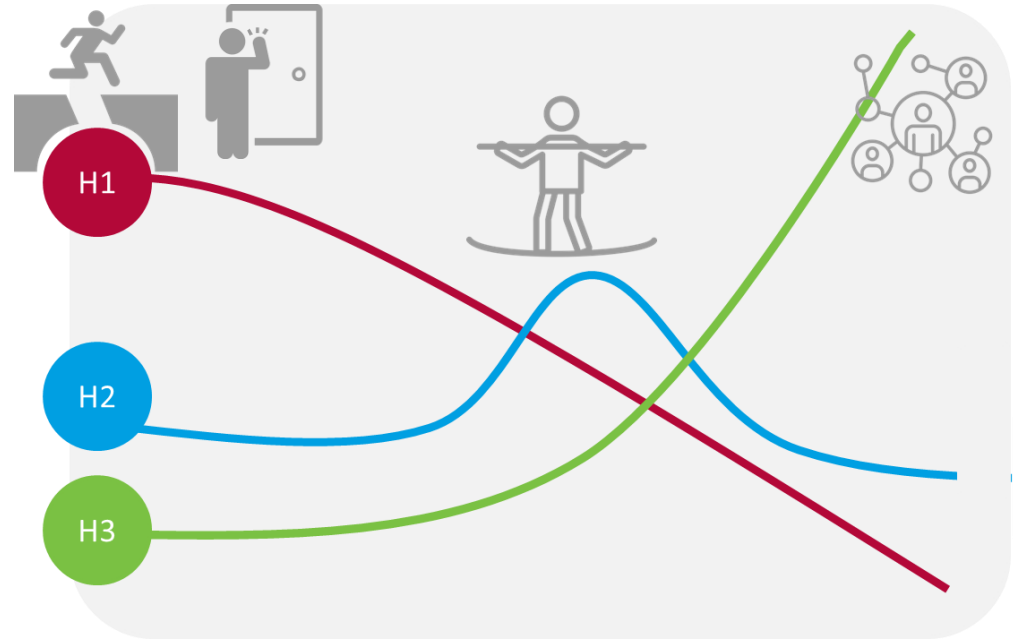


The individual is required to navigate and find the right kind of service to fit their need. Many Horizon 2 innovations focus on supporting the individual to 'find the right place' – for example, link workers who seek to connect you to the right support based on an understanding of your needs. However, these innovations are likely to remain as H2- unless it can address the fundamental assumption that is built into these innovations - that our system requires people to make transitions effectively (sometimes with support).

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Say Horizon 3 is a system where people aren't expected to fit inside one or more of many well-defined services, changing services as their needs change. That someone can access support across all their needs in a service that can flex as needed. In that context, the pockets of innovations that link up several services to support someone holistically at the same time become H2+. They begin the journey to Horizon 3.

H2+ developments in this context often start as relationships between two or more services, centred on strong relationships and given a well-defined structure around things like joint assessments, specific interventions offered, roles and responsibilities, and governance arrangements. This supports the transition to Horizon 3 as it generates learning about people's needs and how to meet these flexibly, it also builds trust and comfort from staff in operating this way – laying the groundwork for further joined up working and increasing the lines between services.

To move to Horizon 3, the rigidity of the relationships between services will need to reduce to create the flexibility and integration required. When this happens, the formal relationships between distinct services that increased in dominance during H2+ will recline in dominance (as shown by the downward trend in the Horizon 2 blue line).

Three Horizons thinking can help us challenge deeply held assumptions about what the parameters for change are. It creates a home for ambitious and less restricted planning about the future within Horizon 3 planning, while still allowing us to iterate and improve without the existing set of system assumptions within Horizon 1.

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# Three Horizons can help us in shaping what questions we ask people when developing our plans

Community engagement and involvement of lived and living experience form a vital part of our quality planning and change processes. Three Horizons offers an opportunity to more explicitly seek feedback, insight and views from people on what they want to see in each of the Three Horizons and how they want us to approach action under each Horizon.
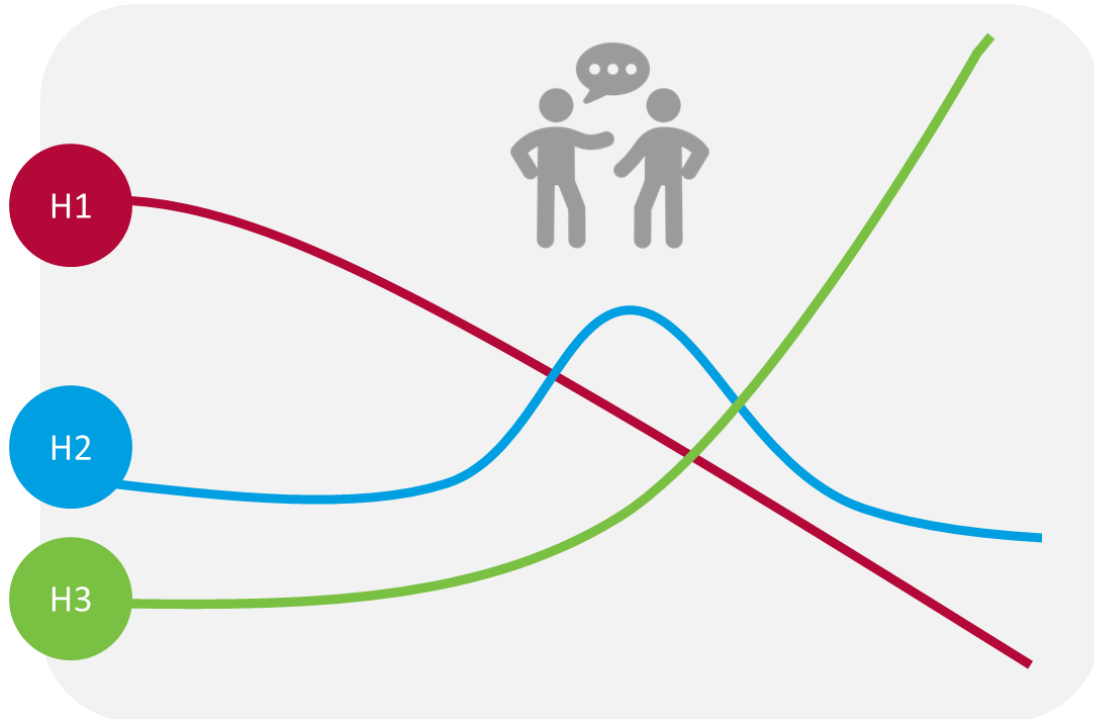


The questions you will ask people will be different, depending on whether you are working on a Horizon 1, Horizon 2, or Horizon 3 challenge.

When developing questions or topic guides for engagement with people, it can be helpful to include questions for each of the Horizons that is able to tease out and disentangle what you are hearing into three distinct sets of actions.

## Once you have a clear sense of Horizons 1 and 3 then design your Horizon 2 to help you make the transition

The order in which you think about the three Horizons matters. Generally, we tend to start with envisaging Horizon 3, then defining your current Horizon 1, and then designing your Horizon 2 to actively support the transition from 1 to 3 over time. We tend to find that if we start at Horizon 1 then we end up in discussions that largely centre around iterating and extending the life of Horizon 1 through Horizon 2-. Considering Horizon 2 as the mechanism to help you move from Horizons 1 to 3 enables you to use Horizon 2 strategically.
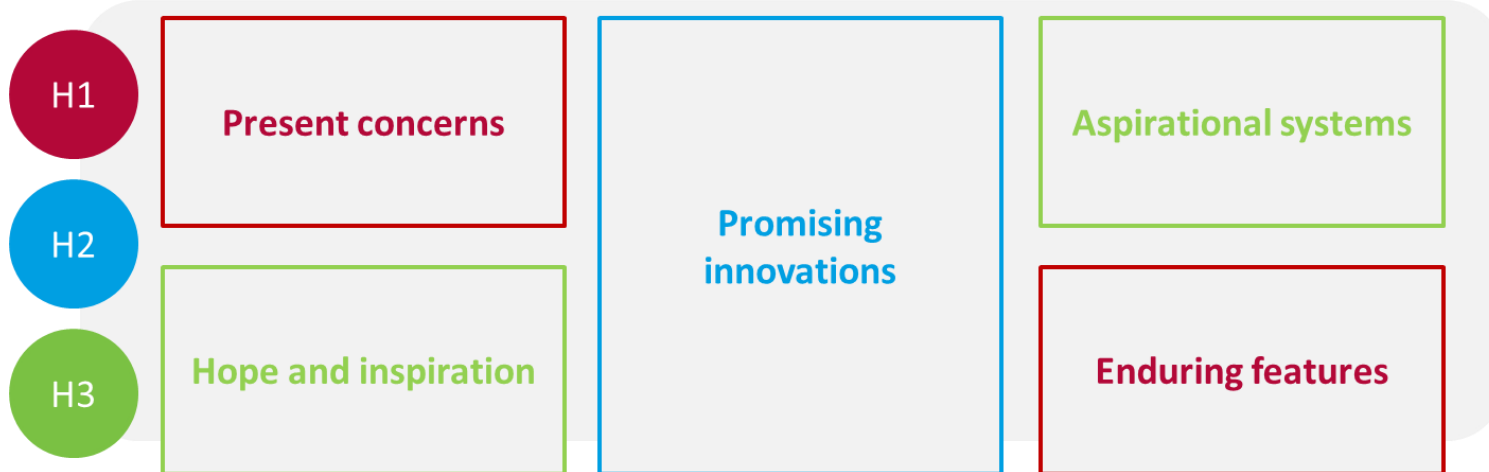
Starting discussions with Horizon 3 can be a hard sell within a group, particularly where the frustrations and urgency they are facing, the things that are keeping them up at night, and the outcomes they are being asked to achieve are related to failures within Horizon 1. In this context, it can be easy for stakeholders to feel that the first priority should be improving Horizon 1 to meet in year budget pressures, or performance requirements from Scottish Government. When embarking on a Three Horizons exercise it is important to invest in the pre-work required to get stakeholders to buy into being in the head space to consider all three Horizons in the work and the idea that the order in which conversations take place makes a big difference to where you end up.

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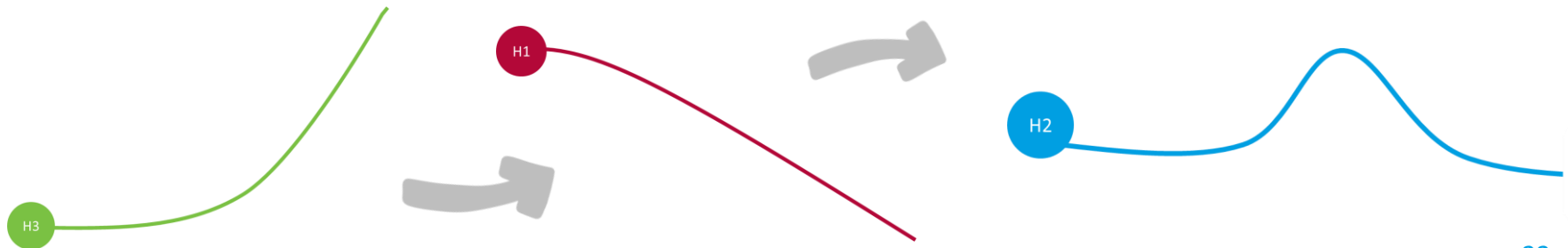
## Three Horizons can help to structure workshops and stakeholder engagement

Three Horizons model comes into its own when used in a workshop setting. Its visual breakdown of the different Horizons enables people to tease out in discussions challenges and actions under each of the three Horizons. It can draw out different views and support the development of a shared vision for Horizon 3 and a shared understanding of what needs to happen at Horizon 2 to make that happen, as well as create space for what iterations of Horizon 1 need to happen to keep it operating as long as is needed.

In the past, we have used the graphic below to centre our workshop discussions. The Public Health Wales paper includes further ideas for how to use it within a workshop context and is worth a read.



H1

H2

H3

**Present concerns**

**Aspirational systems**

**Promising innovations**
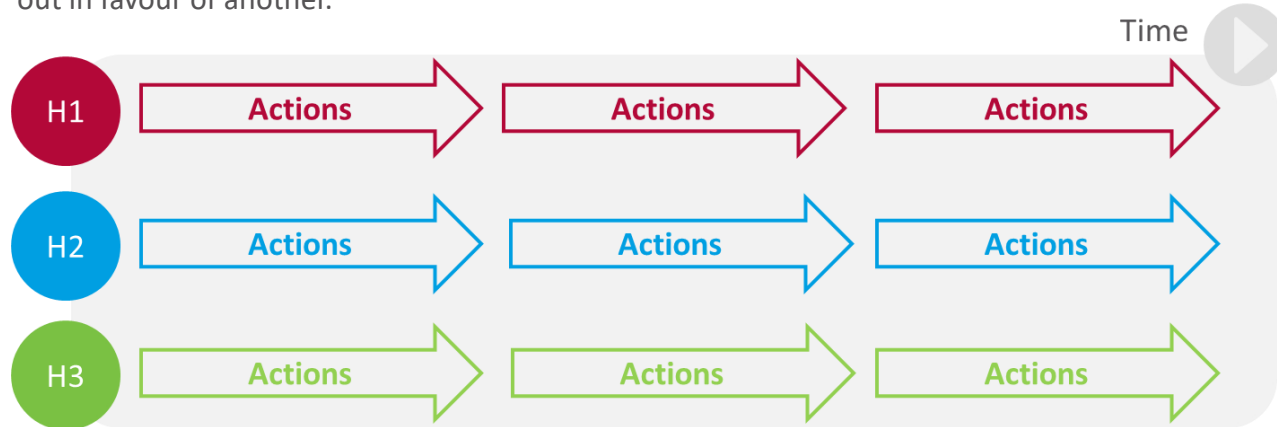
**Hope and inspiration**

**Enduring features**

# Three Horizons can help generate more useful short-, medium- and long-term planning

At the beginning of this paper, we said that Three Horizons was not about short-, medium- and long-term planning. Horizon 1 isn't about the actions in the short term, Horizon 2 isn't about the actions in the medium term and Horizon 3 isn't about actions in the long term. All three Horizons require short-, medium- and long-term actions to be concurrent. Action focused on Horizon 1 doesn't lead us to Horizon 3.

However, once we have a clear sense of what Horizons 1, 2 and 3 are, then our planning will require us to consider when we do what work, both to recognise limited resources (prioritisation), but also as some things can't be done until something else is done (phasing).

A structure along the lines of the one below can help provide an outline to phase your work while ensuring that one Horizon isn't crowded out in favour of another.

Time

| H1 | Actions | Actions | Actions |
| H2 | Actions | Actions | Actions |
| H3 | Actions | Actions | Actions |

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# 4. Three Horizons in Action – North Lanarkshire

The session that was undertaken in North Lanarkshire involved five key sections:

1.  An introduction to explain the Three Horizons approach and how it will support their goals.

2.  Exploring Horizon One through discussing:
    *   What the current practice is
    *   How might this support or hinder adaptation to changing context
    *   Essential features to maintain (H1 in the future) – What are the elements of what we do now that we will still need to do in 5 years time?

3.  Exploring Horizon Three through discussing:
    *   Future aspirations – What should we be doing in 5 years' time?
    *   Inspirational practice – What practice do we have which really excites us looking to the future?

4.  Exploring Horizon Two through discussing:
    *   Innovations in play – How are we already changing and what changes are we developing over the coming year or so?
    *   Do these new innovations continue or improve on the culture/approaches of those H1 practices we want to stop?
    *   Or do they help change the approach and underpinning culture of how things are done, moving us towards H3?

5.  Reflection

The next four pages summarise the analysis from the Three Horizons work in North Lanarkshire.

**Healthcare Improvement Scotland**

## Towards a 'one stop-shop'

Members had previously spoken about the notion of the 'one-stop shop', this session started with a reflection of insights gathered so far and a discussion around additional challenges particular to achieving this goal.

### Relationships

- Good information sharing and collaboration are usually the result of good interpersonal relationships rather than established joint working
- Relationship dynamics enable practitioners to know about and trust other services so that they are confident that a person is going to receive good support
- Similarly, they are a source of information sharing where two practitioners can discuss people and explore where wider needs can be met across services

### Gaps

- There are significant gaps between when a person asks for help and receiving support
- This is often due to services waiting for a formal diagnosis before providing support, or because of transitions between services
- Third sector organisations do a lot of work with people during these gaps but with little input from statutory/clinical services

### Outreach

- Assertive outreach is an important part of ensuring a person is getting the right support – even across silos
- Some service are reluctant to network/do outreach as they are at capacity already and have long waiting lists
- There is not much discharge planning from statutory services
- Outreach can support those people who are unable to seek help themselves

## Access, continuity and coordination

There is a broad consensus that individual services provide good and important support to people. The challenge is on how to support people along a journey within a system that delivers by specialism.

The discussions and themes from the 'Setting the Scene' conversation point to key elements of a model that they would like to develop:

*Access* – how can we improve how people are able to get support?

*Continuity* – how do we make sure that people are in touch with services even while transitioning between services or waiting for support?

*Coordination* – how do we make sure that support from different organisations for different needs is coordinated?

Therefore, while the notion of a 'one-stop shop' might be a shorthand for wider systemic change, there are clear ideas around what needs to be looked at.

## Building on findings from the Interconnected System Map

There was a discussion centred on the finding from the Interconnected System Mapping session, which highlighted service silos across mental health and substance use, along with the reliance on signposting to connect services.

Diagnostic based services in the acute sector entrench silos along the pathway

Signposting organisations are the key gateway into community support

Lots of great services but not well connected/wrapped around people

# Three Horizons: Unpicking some detail

**Digging deeper**
Taking a closer look at some of the responses across the Three Horizons it is possible to build a more detailed understanding of what might be required to support system change going forward. Horizon One is where we are, Horizon Three is where we would like to get to. Horizon Two then describes how we might get there.

**Horizon One: Business as usual**
*Funding*
Current funding is short term and often quite prescriptive. This results in services being unable to response to changing needs or meet future demand. In addition, it was noted that competition for funding disincentives collaboration.

*Scope*
Linked with funding, narrow scopes of services mean that they are not flexible enough to be person centred as they cannot respond to broad or changing individual needs. It also reduces the amount of routine enquiry across a range of needs that is essential for supporting joined up, collaborative working.

*Relationships*
The above context leads to weak relationships across services. Silos have emerged that mean there is little communication and collaboration across mental health and substance use services. This is exacerbated by the complex governance around different work streams that make it challenging to understand how best to bring services together.

**Horizon Three: Visionary**
*Needs based services*
There is a no wrong door policy underpinned by needs based services. Key principles within this include not rejecting referrals and bringing a range of services in to support a person.

*Empowered workforce*
Staff feel empowered to make decisions and supported in positive risk taking. This can be enabled by the idea of collective responsibility rather than notions of 'risk holding'.

*Longer term, flexible support*
Services provide support to people over a long period of time that can flex to their needs. To allow people to stay engaged with services, to ease access if they need them again, support early intervention if needs are escalating and allow for clinical.

**Horizon Two then describes how we might bridge this gap between business as usual and our vision.**

## Three Horizons Tool

This approach can be used to explore different levels of system change. There was discussion around broad ideas to provide a scope for further discussion.

Participants described the conditions that underpin the situation at each Horizon. This enables identification of what needs to be done to enable system transformation.

Doing this helped identify what needs to be done in order to shift practice towards Horizon Three. These conversation supported the definition of areas of focus.

**Incremental change –** required to formalise existing relationships and develop structures around collaboration.

**System change –** required to build a strong foundation for shared working that will enable sustainable collaboration.

**Culture change –** required to ensure that behaviour and practice shifts towards a whole system perspective and the benefits of the above are felt operationally.

**Healthcare Improvement Scotland**

**Digging deeper**

Taking a closer look at some of the responses across the Three Horizons it is possible to build a more detailed understanding of what might be required to support system change going forward.

**Horizon Two: Switching the lens**

These discussions centred on the types of activity required that will support the development of third horizon conditions – what changes need to be made now to ensure that longer term changes are effective and sustainable.

*Networking*

More regular networking opportunities can support staff and services to understand the broad range of support in North Lanarkshire. Building relationships and speaking in an open environment can develop understanding of how services can compliment each other in supporting a person.

*Capacity building*

Exploring where there might be opportunities to develop staff to support both mental health and substance use, or identify need. With the aim of enabling staff to provide low level interventions, reducing the need for further signposting.

*Roles and responsibilities*

Clear articulation and understanding of roles and responsibilities can build more confidence in referrals. This includes understanding of the role services play in someone's recovery/support – especially in the case of smaller wellbeing focused services.

*Collaboration*

Small scale but routine collaboration between services can help with early identification of wider challenges, and provide scalable solutions.

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# Three Horizons: Defining a Focus

## Areas of focus

The Three Horizons Tool can be used to identify approaches to system change. This workshop brought together people from across the community and voluntary sector to look at where we are and where we would like to get to, before looking at how we might get there.

Through these conversations, three areas of activity emerged:

| Collaborative commissioning | Developing links with statutory services | Network building |
|---|---|---|
| Using commissioning to develop joined up services that can provide wrap-around support for people and meet them where they are | Working with statutory services to establish pathways into the community and voluntary sector in a way that allows for support across mental health and substance use services | Creating opportunities for information sharing and collaboration across the sector with the aim of identifying areas for more formal collaboration |

These areas of activity, along with the findings and insights from this workshop and those from previous workshops will be brought together to form a series of work packages across North Lanarkshire.

To hear more about these sessions or the wider programme, please get in touch with the team on his.mhportfolio@nhs.scot

## How might we…

*…reduce the number of services people have to go through to get support?*

*…develop holistic needs based pathways?*

*…develop shared assessments within the third sector?*

*…coordinate/join-up care within acute/secondary services?*

*…use these system assets to wrap care around people?*

## Next Steps

**Person Centred Journey Mapping:**
Working with people to understand their experiences with service across the system. This will help compare the system as planned with the system as experienced – and highlight further areas for focus.

**Phase One Summary:**
Bringing together all of the findings so far to define the key challenges/areas of focus for the programme.

**'How might we…' sessions:**
To start thinking about potential tests of change through engaging with staff and people with experience of accessing services.

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This resource has been collated by advisors in Strategic Planning within the Transformational Change - Systems Unit at 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.

**Healthcare Improvement Scotland**
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