Scenario Toolkit

Exploring the critical building blocks for a resilient Social Care system in 2035

Introduction

This toolkit has been prepared as a ready-to-use workshop resource, enabling individual WM ADASS members to engage their local stakeholders in thinking about the critical building blocks for a resilient Social Care system in 2035. It builds on activities already undertaken by WM ADASS with its associates and partners.

Scenarios are of proven value in helping organisations and systems to:

- Reframe their thinking about future priorities; and

- Increase their resilience and agility in a complex & changing environment.

The Strategy Unit is a West Midlands based organisation, hosted within the Midlands and Lancashire Commissioning Support Unit, supporting health and care systems across the country to make better decisions.

The 4 scenarios that form the basis of this toolkit were developed with WM ADASS following research into the expected key drivers of Social Care between now and 2035. All resources from this work are available on the Strategy Unit and WM ADASS websites.

The purpose of this work was to both to inform the development agenda for WM ADASS and to enable stakeholders in local areas to reflect together on building a more resilient Social Care system for the future.

Indicative Workshop Outline

1. **Introduction to scenarios** — 15 mins

2. **Questions for 2030** — 20 mins

3. **Scenario groupwork** — 65 mins

4. **Scenario feedback and discussion** — 40 mins

5. **Next steps** — 5 mins

These are suggested timings that can be adjusted as appropriate for each event, although we recommend a minimum of an hour and a half (focusing on sections 3 & 4). The key consideration for workshop leaders is enabling colleagues to immerse themselves in a future scenario, to reflect on the potential consequences of that scenario and to think imaginatively about how to respond to it.

Introduction to scenario thinking

Why scenarios?

The future is uncertain; unless we consider the future and the uncertainties that could affect health, how can we plan effectively and know whether our current plans are 'future-proofed'?

'Futures thinking' is an important part of planning, helping us to imagine what different futures might bring.

https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2018-better-health-within-reach

Annual Report of the Chief Medical Officer, 2018

Health 2040 – Better Health Within Reach

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TURBULENCE   NOVELTY

> For public sector organisations in particular, an important aspect of today's significant challenges and contemporary worries lies in the mismatch of fast moving, connected events and issues….and the slow pace of institutional responses….. Given this mismatch between faster feedback loops and the slow pace of institutional innovation, the anticipation of increasing TUNA disruptions does not seem outrageous.
>
> Ramirez & Wilkinson, *Strategic Reframing*

UNCERTAINTY   AMBIGUITY

Scenarios are......

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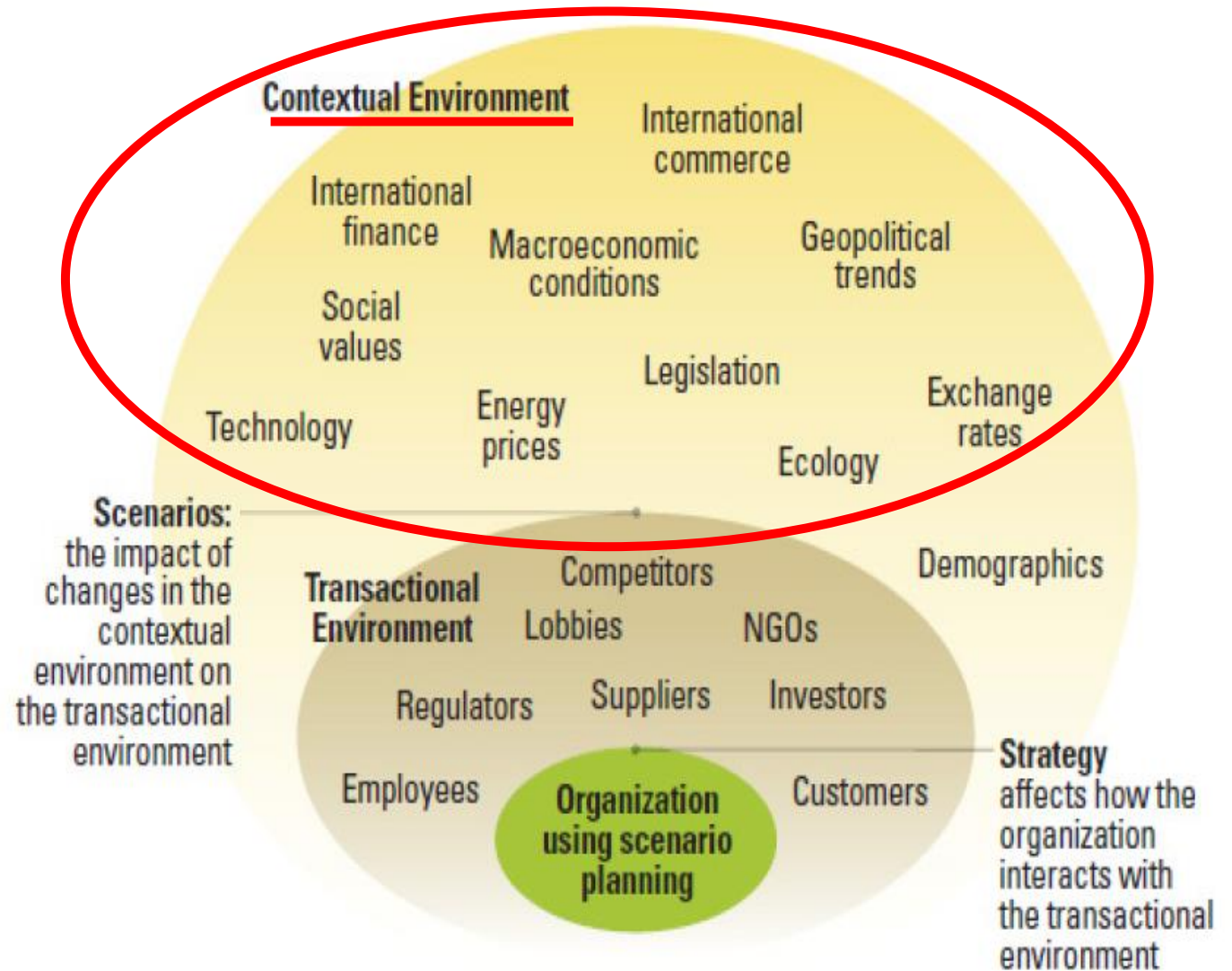| ☒ | Forecasts or Predictions | ☑ | Plausible |
☒	Preferences or Options	☑	Contrasting
		☑	Internally Coherent
☒	Best or Worst Case	☑	Challenging

Scenarios are......

...... imaginative but realistic descriptions of potential futures and how they were shaped **by their contextual environment**.

They provide worlds into which we can take our strategic issues and explore how they might evolve.

They allow us to shape plans that are more robust and more realistic.

Using Scenario Planning to Reshape Strategy, MIT Sloan Management Review, Summer 2017 (Ramirez et al, 2017). https://sloanreview.mit.edu/article/using-scenario-planning-to-reshape-strategy/

Scenarios mitigate our biases

Anchoring bias.

People are **over-reliant** on the first piece of information they hear. In a salary negotiation, whoever makes the first offer establishes a range of reasonable possibilities in each person's mind.

Availability heuristic.

People **overestimate the importance** of information that is available to them. A person might argue that smoking is not unhealthy because they know someone who lived to 100 and smoked three packs a day.

Bandwagon effect.

The probability of one person adopting a belief increases based on the number of people who hold that belief. This is a powerful form of **groupthink** and is reason why meetings are often unproductive.

Blind-spot bias.

Failing to recognize your own cognitive biases is a bias in itself. People notice cognitive and motivational biases much more in others than in themselves.

Choice-supportive bias.

When you choose something, you tend to feel positive about it, even if that **choice has flaws**. Like how you think your dog is awesome — even if it bites people every once in a while.

Clustering illusion.

This is the tendency to **see patterns in random events**. It is key to various gambling fallacies, like the idea that red is more or less likely to turn up on a roulette table after a string of reds.

Confirmation bias.

We tend to listen only to information that confirms our **preconceptions** — one of the many reasons it's so hard to have an intelligent conversation about climate change.

Conservatism bias.

Where people favor prior evidence over new evidence or information that has emerged. People were **slow to accept** that the Earth was round because they maintained their earlier understanding that the planet was flat.

http://uk.businessinsider.com/cognitive-biases-that-affect-decisions-2015-8?r=US&IR=T

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Scenarios reduce the likelihood of failure

Strategies fail

- 82% - Misleading prejudgements

- 64% - Misleading experiences

- 69% - Inappropriate self-interest

- 43% - Inappropriate attachment

Finkelstein, S. el al *Think Again: Why Good Leaders Make Bad Decisions and How to Keep it from Happening to You*, HBS Press 2013.

Vision is limited

- 80% senior execs felt their organisations lacked peripheral vision

- 67% corporate strategists admitted their organisations had been surprised by up to 3 high-impact events in the last 5 years

- 97% lacked an early warning system to prevent future surprises

Integrating organisational networks, weak signals, strategic radars and scenario planning. *Technological Forecasting & Social Change*, May 2013.

Scenarios help avoid blinkered thinking

The Strategy Unit.

1878 - The Americans have need of the telephone, but we do not. We have plenty of messenger boys. *Sir William Preece, Chief Engineer, British Post Office*

1878 - When the Paris Exhibition closes, electric light will close with it and no more will be heard of it. *Oxford University professor Erasmus Wilson*

1899 - Everything that can be invented has been invented. *Official at US patent office.*

1900 - X-rays are a hoax, *Lord Kelvin*

1932 - There is not the slightest indication that nuclear energy will ever be obtainable. That would mean that the atom would have to be shattered at will. *Albert Einstein*

1954 - If excessive smoking actually plays a role in the production of lung cancer, it seems to be a minor one. *W.C. Heuper, National Cancer Institute*

1977 - There is no reason for any individual to have a computer in his home. *Ken Olson, Digital Equipment Corporation*

Scenarios help to develop dynamic capabilities

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"the ability to integrate, build, and reconfigure internal and external competences to address rapidly changing environments"

In order to meet new challenges, organizations and their employees need the capability to:

- Sense and shape opportunities and threats

- Seize opportunities

- Maintain effectiveness through enhancing, combining, protecting, and, when necessary, reconfiguring the enterprise's assets.

https://www.davidjteece.com/dynamic-capabilities/

Questions for 2035

EXERCISE

**Imagine you are suddenly transported from now to 2035.**

What's the question you'd most want to ask about health and care in the UK and/or the things that have shaped it?

- Reflect individually for 2 minutes

- Share in groups for 8 minutes

- Plenary feedback for 10 minutes

Scenario groupwork

Work so far

1. Delphi exercise conducted with local stakeholders

2. Desktop research undertaken by the Strategy Unit

3. Workshops held to develop 4 scenarios and to share initial reflections
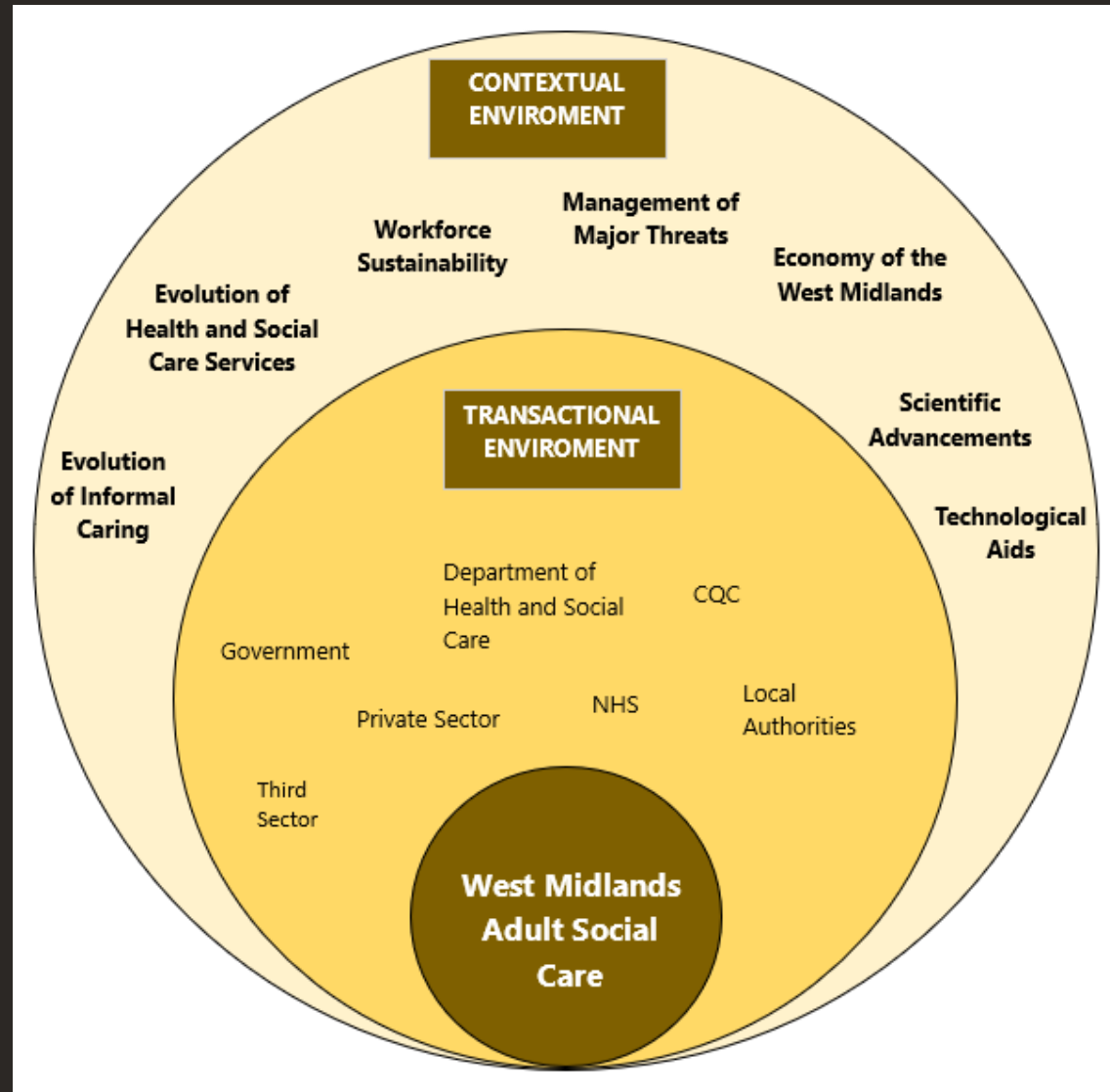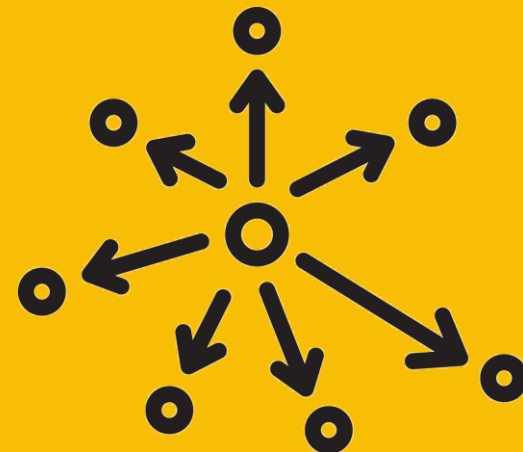
A future shaped by CONFLICT

A future shaped by CONSTRAINTS

A future shaped by COMMUNITY

A future shaped by (de)CENTRALISATION

A future shaped by .... – response template

What's your gut reaction to this scenario in one brief phrase?	
Thinking of the scenario narrative itself (not its impact on Social Care), identify two questions that are unanswered.	1. 2.
Thinking now of the planning and delivery of Social Care services, list the main challenges/ opportunities created by this scenario.	1. 2. 3.

What does the scenario make you think Social Care should do: • more of? • less of? • differently?	More	Less	Differently

Group Work

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- Arrange yourselves into 4 groups – one for each scenario – try to make it a mixed group across specialties/disciplines/sectors/organisation

- Identify a facilitator/note-taker

- Distribute scenario narratives and associated response forms

- Ask group members introduce themselves

TASK 1

- **Individually**, read the full narrative for your scenario, and make notes in response to the first two items on the scenario response form (10 mins)

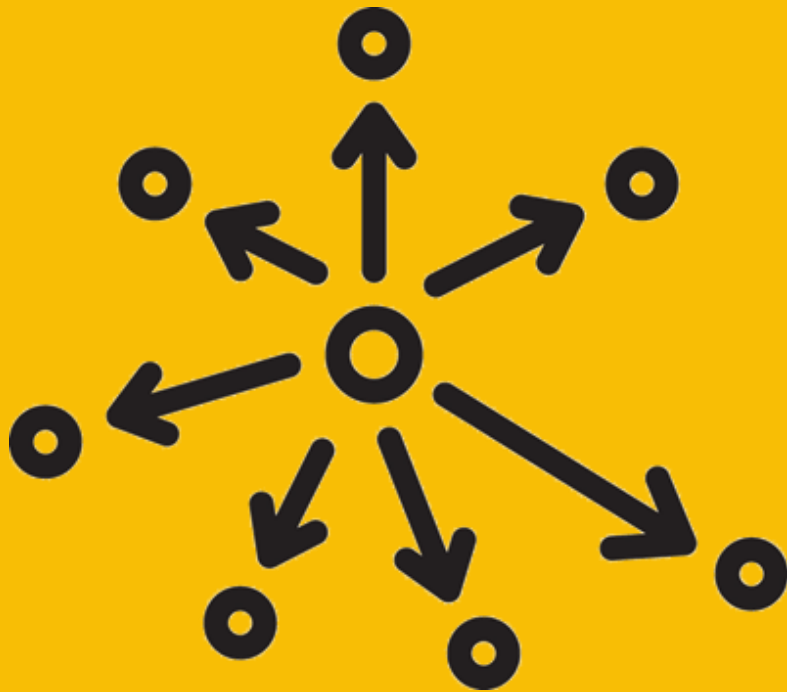- In **groups**, share your reflections on those two items (15 mins)

TASK 2

- **Individually**, list the main challenges/ opportunities created by this scenario and what you might do in response (10 mins)

- Discuss in **groups** (30 mins)

Sharing scenario insights

In turn, each group briefly summarises its scenario and shares its key reflections (40 minutes).

A future shaped by (de)CENTRALISATION

In this scenario, the UK's constitution and its population centres are shaped by increasing types and degrees of decentralisation. Disruption, strikes, and rapidly worsening health inequalities, make way for radical reforms, tech investment, and change to stabilise the economy and health of the population. In response to need outstripping resource, West Midland's communities establish local partnerships and investment tracks, enabling the development of locally funded and supported healthcare spaces which benefit their population. The West Midland's economy begins to prosper, not least through the injection of investment from the rail, digital and creative industries. The West Midlands sees an influx of industry, building on its historic range of trades and resulting in reduced unemployment and increased economic productivity. However, ongoing suburbanisation is depleting historic centres whilst also increasing the costs of those who relocate there, forcing many to work beyond retirement age (and adversely impacting the capacity for informal care).

A future shaped by CONFLICT

In this scenario, the nation and the region are shaped by conflict of varying types. The manufacturing sector has seen a significant boost due to new military demands. This has led to the West Midland's shifting back to a more industrial focus which has significantly strengthened the regional economy but also significantly exacerbated workforce pressures across the health and care sector and contributed to a reduction in the provision of informal care.

Due to the focus of the economy, tech companies prioritise R&D for defence-related industries whilst other opportunities are neglected. The government's revision of the national health and care structure sees the sector and all its components as one, with little capacity for addressing the needs of specific geographic or demographic groups. The climate change agenda is neglected.

A future shaped by CONSTRAINTS

This scenario is marked by a range of constraints: constrained resources, employment and lives. There is a sense of merely drifting with no clear sense of direction. In this scenario, initial talks around further health and care reform have fallen silent, and national priorities have moved in other directions. Although there have been technological and scientific advancements in health, these are not accessible to the general public, and the ones that are merely provide a 'quick fix' solution to complex issues. In the West Midlands, the economy is struggling under the strain of the decreasing working age population and limited economic growth. Increasing service pressures from demand continuing to outstrip resource, and the local of flexible working in sector roles, has driven the collapse of the care workforce. Consequently, levels of informal caring have been forced to increase, contributing to a further decline in the working age population and general ongoing decline in population health and wellbeing. This, combined with available technology, had created isolating virtual bubbles in which people spend much of their lives. Globally, small-scale conflicts between and within nations rumble on with little hope of resolution.

A future shaped by COMMUNITY

By 2035, communities are coming together to find innovative solutions to the challenges they face, and this has led to a greater sense of solidarity and mutual support, and a shift of power away from formal authorities. Over the years 2023-2035, the healthcare system has undergone a significant transformation, and citizens are more involved in their healthcare. A combination of technological advancements and scientific breakthroughs have contributed to significant changes in healthcare, supporting the development of a resilient workforce, though cybercrime was also able to flourish. The West Midlands has developed a collection of 15-minute cities which has significantly reduced carbon emissions and air pollution, resulting in a positive impact on public health. Community living is also a central aspect of 15-minute cities, with the design of buildings and public spaces promoting social interaction and community assets. Informal care is supplementing the formal social care system, which despite thriving, has seen significant increases in demand due to an aging population.

Next steps

Next Steps

- Share conclusions and agree actions

- Continue the conversation

- Feed back your reflections

Workshop resources

N.B. These scenarios form a set designed to support the development of robust strategic plans across Social Care in the West Midlands. The alternative plausible futures that are described are not intended as recommended or preferred scenarios, neither do they represent the policy of the WM ADASS or the Strategy Unit.

The Strategy Unit.

A future shaped by CONFLICT

Summary

In this scenario, the nation and the region are shaped by conflict of varying types. The manufacturing sector has seen a significant boost due to new military demands. This has led to the West Midland's shifting back to a more industrial focus which has significantly strengthened the regional economy but also significantly exacerbated workforce pressures across the health and care sector and contributed to a reduction in the provision of informal care. Due to the focus of the economy, tech companies prioritise R&D for defence-related industries whilst other opportunities are neglected. The government's revision of the national health and care structure sees the sector and all its components as one, with little capacity for addressing the needs of specific geographic or demographic groups. The climate change agenda is neglected.

Scenario Narrative

By 2025 and fuelled by ongoing global conflicts and deteriorating East-West relations, there had been a renewed focus in the UK on the power and resources of its military forces. Just as the Falklands War in the 1980s had turned around plans to reduce defence spending so, in the aftermath of the Ukraine war and looming Chinese action on Taiwan, the 2024 general election developed a focus on defence policy and funding that had not been expected a couple of years earlier. In different ways, election manifestos sought to address public concerns about how best to protect the interests of the UK on the global stage. The new Government naturally made defence a priority, and investment levels began to be increased until they well-exceeded the 2% of national GDP expected in NATO. To ensure the UK benefitted economically, as well as in strict defence terms, the Government began to increase investment support for the defence sector to further expand the scale and profitability of the UK defence sector. Initial funding commitments unavoidably impacted previously prioritised projects such as HS2 and the New Hospitals Programme, though it did lead to progress on Social Care funding reform (with an underlying aim of reducing the cost burden on the State). The West Midland's historical links to the defence industry made it a perfect candidate for supporting this renaissance. The region's importance in this stand-out Government priority was emphasised by the Ministry of Defence establishing a significant presence in the new Government building in central Birmingham. Big manufacturers in the West Midlands, such as Jaguar Land Rover and JCB (along with the regional supply chain – a remnant from the industrial revolution), won the first of several large rolling contracts with the MoD to develop and manufacture the hardware (and modern powertrains) to support expected military requirements.

A future shaped by CONFLICT

The Government's clear policy direction gave companies and private investors the confidence to make significant forward commitments towards an industrial resurgence in the region. The education sector was pressed to do likewise (through funding incentives and new inspection requirements). Schools, colleges, and universities began to prioritise investment and resource into Science, Technology, Engineering and Maths (STEM) subjects, providing fully funded courses, apprenticeships, and development opportunities both for those already in education and those working in other fields (creating pressures in hospitality and logistics sector, as well as worsening the position for health and care employers). The costs and career prospects for STEM vs other paths materially changed the university and employment market.

Conflict was not only experienced on a global stage. The many and enduring industrial disputes that began in the earlier 2020s soured industrial relations (almost to 1970s levels) and became a pre-cursor to longer and more bitter strikes in the winter of 2026/27. By 2030, legislation had been enacted that limited the powers of Trade Unions, significantly increasing the thresholds required to support the withdrawal of labour and extending the industries in which strike action was illegal (including for jobs "wholly or partly associated with the defence of the Realm or the health and wellbeing of its people"). These changes seemed possible because of the anxiety that existed in the population (an anxiety traded on in political debate) about anything that might affect the freedom to go about the activities of daily life. The legislation that had been introduced in the early 2020s to crack down on disruptive protests that inconvenienced the lives of "the law-abiding majority" was used with increasing frequency and severity, supported by changes to sentencing guidelines for the Courts. In response to a challenge that this would further stretch prison capacity and not support a reduction in criminal behaviour, the Government ensured that it's educational investments in support of the defence industry provided a directly pipeline from prison to production line. Where there have been objections to what some framed as "this workhouse approach", the Government attacked opponents as "snowflakes". Escalating conflict was increasingly impacting UK discourse and culture, as well as global security. The strong 'for profit' delivery model established across several sectors, began to have an adverse effect on voluntary and community sector (VCS) support and infrastructure. This was due, in part, to the Government's requirement that non-defence sectors should become much leaner. The amalgamation of all statutory health and care bodies into a single system within each of sub-regions reflected the same dynamic. Within this sector, faced by escalating levels of unmet need, the frustrations of middle-income households (supported by the growing prosperity of those working in the industrial sector) led to the near-abandonment of publicly-funded health and care services by this segment of the population – though they retained high expectation of emergency services and long-term/high-cost treatments such as for cancer. So, it turned into a very 'healthy' period for private health and care providers and investors.

A future shaped by CONFLICT

By 2035 there was a well-established societal focus on productivity and wealth generation that was accompanied by an increasingly strong narrative about the "undeserving poor". A further global conflict in 2032 increased the numbers of those seeking support and refuge in historic safe havens like the UK. Debates polarised around whether these people were a further unwelcome burden on hard-working families or a vital source of additional labour that could accelerate our industrial growth and national prosperity. A reduction in informal caring has been exacerbated by two factors: first, new work has caused many to seek new homes so the working age population is less likely to live close to aging relatives, and; secondly, the creation of large villages has effectively cut off older people with young people not seeing or interacting with older people.

Social conflict was not only manifested in widening gaps in health, social, and economic inequality but also in the criminal justice system. The Government commitment to protecting the population and limiting the impact of "social disruptors" of any kind supported increased resourcing for police services. A pre-existing recruitment challenge in the police had deteriorated, however, through a combination of having to deal with increasing social unrest, historic reputational damage linked to institutional bias, and the greater prospects now existing in other sectors. Partnership working between police and other agencies, such as those supporting the homeless, became more difficult because of the actions police services were being required to take, including a campaign to clear the streets of rough sleepers, as had happened during the COVID-19 pandemic, but with a focus of preparing them for work in industry – seen as a double benefit of cleaning up the streets and providing additional workforce.

The statutory retirement age has been increased to 70, though there is increasing disparity between those able to retire in their 50s and those continuing to work (at least on a part-time basis) through their 70s. The pressing threats of conflicts of varying types, at home and abroad, has not left much oxygen for meeting the Net Zero targets ambitiously set over a decade ago in the context of the planetary threats from climate change. But, sooner or later, the assessment of relative threat levels may need to be revised, particularly given the adverse climate impact of defence production (balanced by its more immediate economic benefits).

Military conflict often drives later advances in other areas – though it is not yet clear what those advances will be when the development focus shifts again.

A future shaped by CONFLICT – response template

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What does the scenario make you think Social Care should do: • more of? • less of? • differently?	**More**	**Less**	**Differently**

A future shaped by CONSTRAINTS

Summary

This scenario is marked by a range of constraints: constrained resources, employment and lives. There is a sense of merely drifting with no clear sense of direction. In this scenario, initial talks around further health and care reform have fallen silent, and national priorities have moved in other directions. Although there have been technological and scientific advancements in health, these are not accessible to the general public, and the ones that are merely provide a 'quick fix' solution to complex issues. In the West Midlands, the economy is struggling under the strain of the decreasing working age population and limited economic growth. Increasing service pressures from demand continuing to outstrip resource, and the local of flexible working in sector roles, has driven the collapse of the care workforce. Consequently, levels of informal caring have been forced to increase, contributing to a further decline in the working age population and general ongoing decline in population health and wellbeing. This, combined with available technology, had created isolating virtual bubbles in which people spend much of their lives. Globally, small-scale conflicts between and within nations rumble on with little hope of resolution. this scenario, generational differences have created stark variations in care needs and attitudes towards taking responsibility for individual health and wellbeing. The influence of younger generations on political debate has shaped a future of health and care tailored towards the priorities and capabilities of the young. Older generations have struggled to adjust.

Scenario Narrative

In 2025, the newly elected Government set out a range of policies and priorities for action, few of which built on what the previous government had initiated. This significant change of gear effectively delayed real action on current challenges. There were indications of an intent to focus on the rebuilding of the economy, with investment and resource to be injected into the manufacturing sector with an aim of making the UK economy more resilient and less reliant on an old model of globalisation. There are promises of investment in technology, but resources are limited and the semiconductor industry, especially TMSC chip supply, had still not recovered for the significant disruption it suffered during COVID. The pace of technological change slows, questioning the longevity of Moore's Law. New technology that does emerge, reaches only a fraction of the population it did ten years earlier.

A future shaped by CONSTRAINTS

The conflict in Ukraine was not quickly resolved in late 2023, as had been expected, and while the sides settled into a war of attrition, global leaders seemed to lose interest (though some UK industries maintained a decent income stream from the conflict). At home, peak prices associated with the early days of conflict had abated yet inflation remained above target and the associated higher interest rates constrained investment.

Through the latter part of the 2020s, the West Midlands' economy faced increasing struggles - rates of unemployment escalated across the region, despite a reduction in the economically active population (due to deteriorating population health, a significant proportion of which was associated with post-COVID delays in diagnosis and treatment.

The Government's election promises required it to focus efforts on trying to catalyse the manufacturing and retail sectors, especially as the 2029 general election approached. These supported sectors were broadly able to maintain the real value of wages against inflation. The pressure on the jobs market meant they also had to respond to the desire for more flexible working and were able to do both these things much more effectively than public sector employers.

In response to poorer population health, the National Institute for Health and Care Excellence (NICE) found itself increasingly asked to approve 'quick fix' treatments that the commercial health sector developed. These things generally mitigated symptoms but also mitigated against the positive behaviour change that would promote healthier lives. A vicious circle of deteriorating population health and increasing treatment costs took root, especially linked to cardiovascular disease and co-morbidities in later life.

By 2030, technology is increasingly supporting people living virtual lives, reducing levels of physical activity, and face to face social interaction. Technology also improved referral times for many industries including care, however, this merely increased levels of unmet need, as the human resource needed to address this demand was not there.

Into the 2030s, the West Midlands economy continued to struggle, with the workforce pool being one of the most constrained in the country. Previous routes to international recruitment had dried up through the declining attractiveness of the UK economy. As the economy continues to stagnate, poverty increases: schools and hospitals amongst others find themselves providing food and warmth to their employees and those they care for. Hopes that the voluntary sector would take up some of the strain are dashed as volunteering declines (with people focusing on their own needs and those of their immediate family) and charitable funding sources tighten (in all but a few more prosperous areas). More families having to take on the responsibility of care for their older relatives.

A future shaped by CONSTRAINTS

Excessive waiting times and constrained funding generate a two-tier health and care system in which the financially able move away from state-provided support and directly fund the majority of their health and care needs. Care homes have an ever-increasing reliance on a relatively small pool of self-funders.

By 2035, any tech-based support that is available and relevant is only being given to those most in need or who can afford to self-fund its purchase. Increasing service pressures due to demand outstripping resource, and the inflexible work-life balance of sector roles, has driven the collapse of the care workforce. Consumerism and convenience foods have worsened population health and reduced the workforce pool while increasing need. As formal care collapses, people have to begin caring for themselves which in turn takes more people out of the workforce pool and worsens their health.

There is a growing sense that the policy direction of the last decade – and perhaps even of decades before that – has been misguided. More radical options begin to be floated and to gather support.

Although the Government narrowly won re-election in 2034, it operated as a minority government and, in 2035, its days looked numbered.

A future shaped by CONSTRAINTS – response template

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A future shaped by COMMUNITY

Summary

By 2035, communities are coming together to find innovative solutions to the challenges they face, and this has led to a greater sense of solidarity and mutual support, and a shift of power away from formal authorities. Over the years 2023-2035, the healthcare system has undergone a significant transformation, and citizens are more involved in their healthcare. A combination of technological advancements and scientific breakthroughs have contributed to significant changes in healthcare, supporting the development of a resilient workforce, though cybercrime was also able to flourish. The West Midlands has developed a collection of 15-minute cities which has significantly reduced carbon emissions and air pollution, resulting in a positive impact on public health. Community living is also a central aspect of 15-minute cities, with the design of buildings and public spaces promoting social interaction and community assets. Informal care is supplementing the formal social care system, which despite thriving, has seen significant increases in demand due to an aging population.

Scenario Narrative

In 2025, the UK faced an ongoing cost-of-living crisis that led to distrust of public authorities and a shift in the role of the government. The increasing cost of basic necessities like food and housing, coupled with stagnant wages, drove a growing criticism of Government inaction and its failure to address the root causes of the crisis. Inflation seemed to have become endemic, despite the pain of higher interest rates.

As part of the 2024 general election campaign, the new government had promoted the development of "15-minute cities" – putting essential services such as schools, shops, green space, and public transport all within a short radius to create thriving communities – as it was a policy that had been gaining popularity around the world to address issues related to urbanization, environmental sustainability, and community wellbeing. People's trust in government – national and local - had been eroded, and many had become disillusioned with traditional political structures. Interest began to grow in alternative ways to addressing the issues faced, not least to the potential of fuller devolution both regionally and locally.

A future shaped by COMMUNITY

The increasing reliance on digital technology and the accessibility of data in healthcare emerged to be both a boon and a challenge: it opened up new possibilities for healthcare providers and patients alike but it also created new vulnerabilities that could be exploited by malicious actors. Systems proved vulnerable in those days to the proliferation of cybercrime, some of which was motivated by simple criminal greed and some by the ill intent of state actors. Public acceptance of new technologies in health and care was held back by fear of what could happen if critical monitoring equipment or living aids could suddenly come under the control of others. Privacy and safety were both under threat, and profound questions of trust were raised.

Through the latter part of the 2020s, public distrust and dislike of authorities became the norm and pressure grew for increasing devolution of powers at all levels – as much as possible to local communities themselves. Where this started to flourish, people took a more active role in shaping their communities and finding solutions to their challenges, rather than relying solely on local or national governments to act. Communities came together, generating a greater sense of solidarity and mutual support, though not without some form of politics playing out where people found themselves taking differing views (and with no-one else to blame).

This shift in social structures also led to an increase in informal care where local communities more actively supported the needs of their members. Careers in health and care became more popular again as the social valuation of caring roles increased: a virtuous circle of mitigated demand and a more resilient workforce, able to provide more person-centred care. It came to matter less that digital aids might be compromised through failure or cyberattack because there was a more natural and more human monitoring taking place in local communities (though, of course, there was also a natural postcode lottery about how effective this was).

The rise of informal community care also brought some challenges, particularly around safeguarding. Informal carers often had no formal vetting and there was evidence of vulnerable individuals in some communities being placed at risk of theft, fraud and abuse. There was also concern about the unqualified advice that informal carers might give, in their desire to help. Again, a community solution was generally preferred to formal authorisation controlled by the State, so charities and VCS groups began to provide training and advice, safeguarding procedures and channels of communication between communities and statutory providers. They could also educate people around cyber security, paving the way for the re-emergence of a degree of trust in digital monitoring, technological aids and sharing personal data to support effect care.

A future shaped by COMMUNITY

This proved to be especially important over succeeding years as the potential of personalised medicine started to bear fruit, with breakthroughs in scientific research leading to new treatments for complex care needs, including dementia. Elements of this required the integration of AI and machine learning algorithms into healthcare systems to identify patterns and tailor interventions. There was early evidence of a down-shift in disease-related morbidity and mortality.

As technological advances took an increasing role, providers found a degree of freedom to adopt a more person-centred and holistic approach to healthcare, including a focus on effective community lifestyle interventions. Communities could see the impact of poor health (and poor environments) of their life and found greater motivation to act.

By 2035, local communities were becoming a much more significant force is shaping key aspects of their own lives, including the economic development that affects them. Local authorities – at least in more developed communities – found themselves in more of a supportive and enabling role, led by neighbourhood agendas and providing infrastructure to support them and their aims. This included the infrastructure and, to some degree, investment support for the 15-minute city implementation (though there were complaints from rural areas across the region that the model simply did not work in their areas).

Despite the successes of this new 'communitarianism', there had been some loss of focus in at-scale economic development, and difficult decisions would lie ahead about whether, and how, some rebalancing would be possible. There had been some influx of investment into construction to support the development of community infrastructure – and into the parallel development of more sustainable construction materials and the roll-out of energy-efficient technologies. The design of buildings and public spaces promoted social interaction, with shared spaces such as communal gardens, rooftops, and community centres, promoting a sense of shared ownership and community spirit. But national and regional authorities were beginning to look at some more centralised responses to drive wider economic growth. Local communities had become more resilient and self-reliant, for sure, but there were concerns how truly sustainable they were without some greater economic transformation. This economic frailty, combined with the increased frailty of an aging demographic, appeared to be storing up problems for the future, that local communities may struggle to combat.

A future shaped by COMMUNITY – response template

What's your gut reaction to this scenario in one brief phrase?	
Thinking of the scenario narrative itself (not its impact on Social Care), identify two questions that are unanswered.	1. 2.
Thinking now of the planning and delivery of Social Care services, list the main challenges/ opportunities created by this scenario.	1. 2. 3.

	More	Less	Differently
What does the scenario make you think Social Care should do: • more of? • less of? • differently?**			

A future shaped by (de)CENTRALISATION

Summary

In this scenario, the UK's constitution and its population centres are shaped by increasing types and degrees of decentralisation. Disruption, strikes, and rapidly worsening health inequalities, make way for radical reforms, tech investment, and change to stabilise the economy and health of the population. In response to need outstripping resource, West Midland's communities establish local partnerships and investment tracks, enabling the development of locally funded and supported healthcare spaces which benefit their population. The West Midland's economy begins to prosper, not least through the injection of investment from the rail, digital and creative industries. The West Midlands sees an influx of industry, building on its historic range of trades and resulting in reduced unemployment and increased economic productivity. However, ongoing suburbanisation is depleting historic centres whilst also increasing the costs of those who relocate there, forcing many to work beyond retirement age (and adversely impacting the capacity for informal care).

Scenario Narrative

By 2025, the consequences of two years of industrial action, stretched resources, and underfunded sectors, could be seen in the exacerbated health inequalities and avoidable tragedies reported by the media daily. A two-tier health system emerged as those who could afford it were increasingly prepared to pay to avoid extreme waiting times for treatment, even though many had received a rapid diagnosis in one of the new community diagnostic centres. With a societal consensus that the current system is broken, the wealthier football clubs in the West Midlands substantially increase their community involvement. Among the highest profile developments is a new, multimillion pound mental health hub around one club and a state-of-the-art wellbeing centre linked to another club. Similarly, universities and some of the larger employers in the region strengthen their partnerships with charities and community services. The new Government, elected with a mandate for change, seeks to push through radical reforms. Plans are set out to take the railways back into public ownership as well significant reforms to healthcare. In their efforts to address the rising sickness and vacancy rates in public sector services, considerable investments are made in high performance computing and AI. Changes are also made to the immigration policy as part of an international recruitment drive to help increase the available workforce pool.

A future shaped by (de)CENTRALISATION

Many companies in the West Midlands have embraced hybrid working resulting in underused commercial office buildings which are now beginning to be repurposed. In city and town centre areas, some of these buildings are redesigned to incorporate fitness facilities and social areas while maintaining bookable rooms for working, and Local Authorities are provided substantial Government funding to acquire them and convert them into apartments as part of a wider housing initiative across the region.

By 2030, while the cost-of-living crisis persists for a large portion of the region's population, the West Midlands economy continues to benefit from HS2 construction contracts as well as its growing reputation in digital and creative industries. Following the BBC's pledge to spend at least 60% of its television budget outside of London, Midland's studios become home to the production of prominent shows, and regional locations are increasingly chosen as filming locations for Hollywood blockbusters. The West Midlands gaming sector expands creating a substantial number of tech jobs. Furthermore, the labour market is strengthened by the significant advances being made in genomics and personalised medicine improving the health of large portions of the population.

Developments in vaccines, gene therapies and drugs have led to a range of highly effective treatments for obesity, type 2 diabetes, and depression. Unemployment rates fall and wages begin to keep up with inflation. Strong economic growth in the region as well as the anticipation of HS2 makes the West Midlands especially attractive to Londoners unable to purchase family homes near the capital. Rents and house prices steadily rise especially in the leafy suburbs with good transport links to town and city centre, especially larger conurbations. The higher cost of living as well as an ever-increasing state pension age, means that the number of people working over the age of 65 continues to grow.

The reforms to healthcare, the sizeable investment in AI tools for early diagnosis and back-office automation, amount to significant improvements in the quality of healthcare most people receive. However, the successful implementation of such changes is far from uniform across the West Midlands. Similarly, the Governments' efforts to further disincentivise private landlords and increase Local Authority and housing association tenancies, are producing mixed results. Furthermore, risky health behaviours persist in the most deprived sections of society. The disparities in the population's health are most stark in those over 75 years old.

A future shaped by (de)CENTRALISATION

By 2035, the number of informal carers has decreased significantly. This is mostly a result of the older working age population being unable to manage the demands of fulltime work and caring for elderly parents. Instead, companion robots are widely adopted and with an increasing number of older people living without the support of friends and family, they are heavily relied upon. Most of the leading manufacturers offer a range of products to meet different needs.

With better drug treatments for slowing down the progress of neurodegenerative conditions, many people with early-stage dementia hope to live at home for longer. Such is the demand, many local authorities in the West Midlands heavily subsidise the cost of the latest models for individuals who meet specific criteria. However, there are concerns about the use of companion robots. For instance, there are reported instances of errors causing medication reminders to malfunction resulting in hospitalisations and a small number of deaths. Additionally, there are worries regarding companion robots' influence over the lives of vulnerable people and the potential for companies to use them to gather data or advertise products.

The adoption of AI tools and the automation of work processes which helped drive productivity has reshaped the nature of work in many industries. As education and training attempt to keep up with the latest advances and the incorporation of quantum computing across sectors, there are growing fears about the longevity of certain professions. Strengthening cyber security is a priority for the Government. There is strong public support for trialling universal basic income, not only to address the impact of automation on labour but also the socioeconomic inequalities which persist. While many large organisations and football clubs remain keen to have substantial involvement in community initiatives, the waxing and waning of their financial support becomes a challenge for local authorities and the voluntary sector.

A future shaped by (de)CENTRALISATION – response template

What's your gut reaction to this scenario in one brief phrase?			
Thinking of the scenario narrative itself (not its impact on Social Care), identify two questions that are unanswered.	1. 2.		
Thinking now of the planning and delivery of Social Care services, list the main challenges/ opportunities created by this scenario.	1. 2. 3.		
What does the scenario make you think Social Care should do: • **more of?** • **less of?** • **differently?**	**More**	**Less**	**Differently**

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