directors of adass
adult social services
West Midlands

The Strategy Unit.

Scenario Explorations for Adult Social Care Services 2023-2035

A report for WM ADASS to inform action on the critical building blocks of a resilient adult social care system 2035

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1. Executive Summary

This report summarises the second stage of scenario analysis carried out with the West Midland's Association of Directors of Adult Social Services (WM ADASS). It forms part of a suite of resources including:

- An analysis of the key contextual forces likely to affect Adult Social Care services in the West Midlands 2023-2035s; and
- A scenario toolkit that enables WM ADASS members to continue developing insights through running further scenario workshops with local partners and stakeholders. Health and care leaders in other regions may also wish to draw on these resources.

The primary purpose of this work has been to inform the further development of:

- The ADASS Road Map for Adult Social Care Reform;
- The next stage WM ADASS Development Strategy; and
- The Logic Model for the 2023/24 Improvement Programme.

It has also aimed to assist in the creation of local plans for the future of adult social care.

The report presents the scenarios co-produced with WM ADASS and summarises the reflections generated by WM ADASS members and stakeholders in a scenario workshop. In an important sense, however, the reflections that the scenarios can generate and the actions that might be taken in response have only just begun to be harvested.

It is important to note, too, that these are reflections not prescriptions and should not be taken as the policy stance either of WM ADASS or of its individual members.

The four scenarios developed (see Appendix 1- Future Scenarios) describe a set of plausible, divergent, and challenging portrayals of how the context around adult social care might evolve.

There is no attempt here to predict any specific future set of circumstances or events. Instead, the function of the scenarios is to increase the agility, resilience, and effectiveness of local plans and the agency of those devising and implementing them.

In following sections, we set out the initial, diverse reflections of participants and their suggestions about the actions and mitigations that WM ADASS, and adult social care more broadly, might prioritise as part of establishing more resilient building blocks for the future of adult social care in the region.

Additionally, alongside the detailed reflections already mentioned, a common set of themes were identified across the four scenarios which have the potential to provide the beginnings of an agenda for action for WM ADASS and local services and partnerships:

- Extending Collaborative Working
- Strengthening Community Assets
- Transforming Social Care Careers
- Balancing Technology and Humanity
- Driving Change through Data and Evidence
- Shifting the Narrative.

From the work done to date, these themes could be considered as outlining the building blocks of a resilient adult social care system for 2035.

2. Introduction

This report covers the development and deployment of a custom collection of four scenarios addressing the potential future contexts that might plausibly be faced by adult social care services and those responsible for them.

Scenario Development

Initial work with stakeholders analysed the contextual environment for adult social care and identified a set of research questions (see Figure 1) that are explored in a previous report.

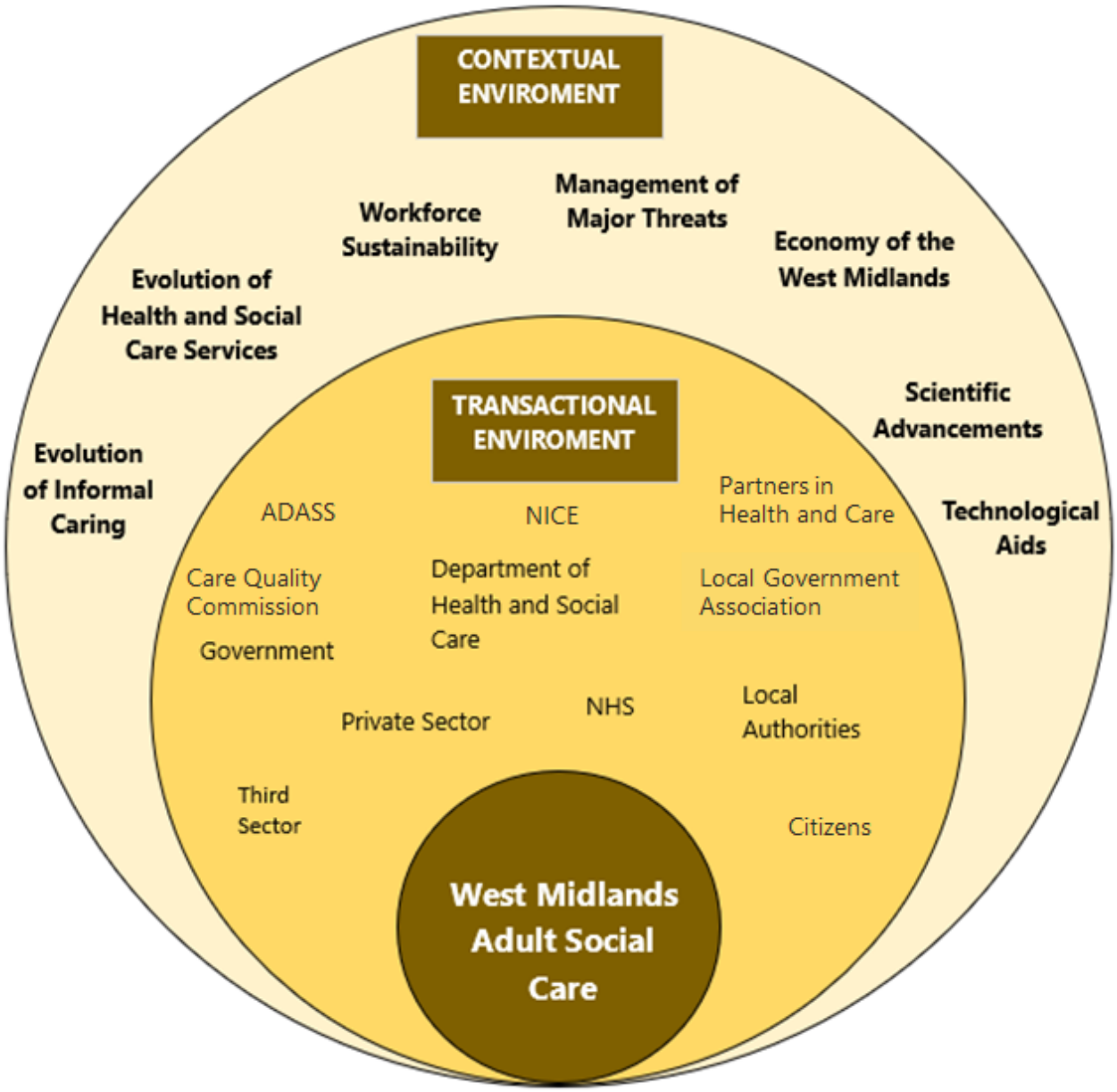


Figure 1 - Identified research themes

That work informed a half-day workshop in which participants began to build a set of scenarios using an inductive approach based around the polarities represented in the Driving Force Star Diagram (see Figure 2).

Participants were asked to create a coherent version of the future by placing a mark on each of the seven axes. They were then asked to discuss in groups the futures they had outlined and to test the range of contextual dynamics represented. This led to the identification of four configurations, around which participants began to develop scenario narratives. Following the workshop, these narratives were further developed, tested and refined by the Strategy Unit into a contrasting, challenging, coherent and plausible set of four future scenarios.

The method used to develop the scenarios, provides an open framework for ongoing collaborative

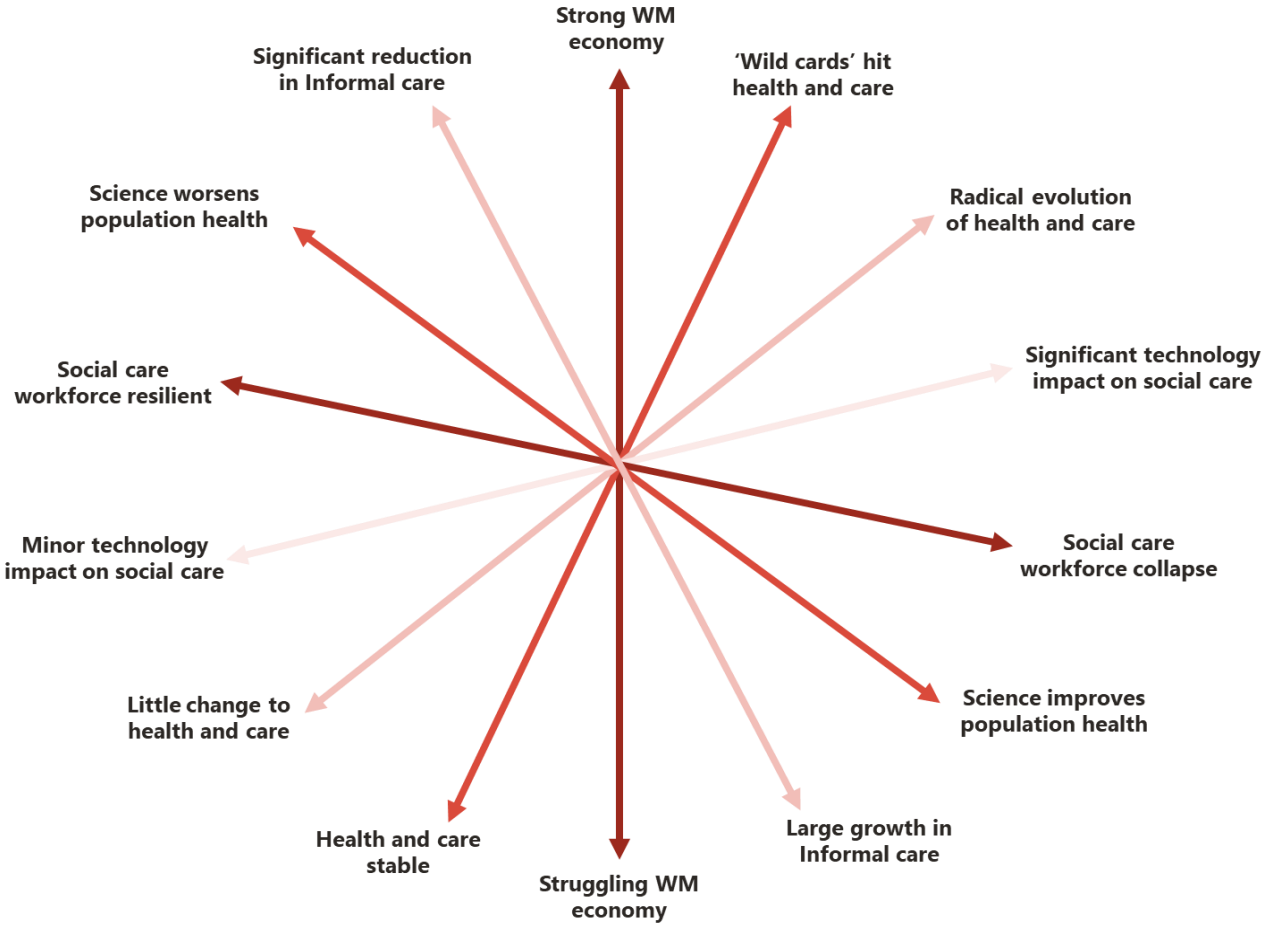


Figure 2 - Driving Force Star Diagram

learning, so these scenarios can continue to be revised and refreshed, as required, informed by these and/or other factors.

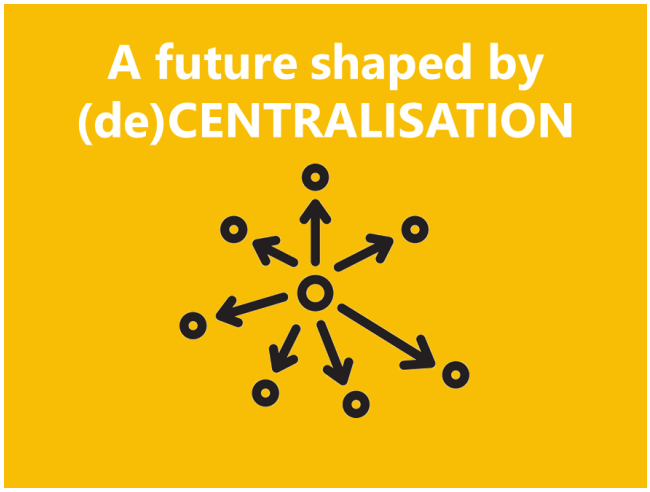
The scenarios developed are summarised below, and full narratives can be found in Appendix 1- Future Scenarios.

In the **Conflict** 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. 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.

In the **Community** scenario, 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. 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.

In the **Constraints** scenario, initial talks around further health and care reform have fallen silent, and national priorities have moved in other directions. 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. 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 **(De)Centralisation** scenario, 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. The West Midland's communities establish local partnerships and investment tracks, enabling the development of locally funded and supported healthcare spaces. Their economy sees an influx of industry 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.

Initial Scenario Deployment

A second half-day workshop was held through which four participant groups each immersed themselves in just one of the futures described. This workshop focused on supporting participants in beginning to identify the potential impact on adult social care of the four futures described, and to consider how that impact might be maximised or mitigated (as appropriate). It is important to note that the value of the scenarios lies as much in how they can help participants to reframe current perspectives and priorities, regardless of how the future actually evolves.

In their respective groups, participants were asked to consider and discuss a set of structured questions, and to prepare a presentation for the subsequent plenary session on the nature of their scenario and their initial reflections on it. This included making individual notes on a template provided. These notes were collated after the workshop and are summarised in the sections below.

The key questions participants were asked to explore were:

- What is 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.
- Thinking now of the planning and delivery of Social Care services, list the main challenges/ opportunities created by this scenario.
- What does the scenario make you think Social Care should do:

(i) More of?

(ii) Less of?

(iii) Differently?

In the plenary session, participants questioned each other about what they had each reported, and began to identify common themes.

3. A Future Shaped by Conflict

Group Summary

The immediate gut reaction of participants was depression and regression, and a desperate search for opportunities to counteract the inevitability of a militarised state fuelled by global and local conflicts. Participants were concerned regarding the loss of democratic values (e.g. strike action becoming illegal, and the expansion of the prison to production pipeline). They also felt that this society had become driven by individualism and opportunism, and there had been a shift away from communitarian ideals, leading to an increase in unmet need around mental health and wellbeing issues. Some participants felt that such an oppressive regime reinforced a belief in the need for a democratic challenge.

From the perspective of 2035, participants still wondered:

- What will be the role and duties of the statutory sector in a scenario driven by conflict?
- How are skills beyond STEM maintained and what services are needed to support this?
- What were the limitations to utilising, buying, and selling R&D?
- What is the breakdown of UK's GDP, considering that most of the capital is being spent on the military sector?
- How are resources such as food and water allocated?
- What does immigration look like? Are there tensions and pressures due to global conflict that are leading to net migration?
- What does the public sector look like given disparities in funding? How sustainable is the healthcare model in this scenario?
- What are the different unmet needs and health inequalities in this scenario, considering that there has been a reduction in informal caring?
- What is the impact on older populations due to the increase in the statutory retirement age to 70?
- What is the reliance of this society on technology? Is there a threat of cyberattacks?
- What does local democratic accountability look like?

When considering the opportunities of this scenario, participants felt that harnessing artificial intelligence (AI) and technology could have benefits including improved palliative care through wearable technology, efficient administrative services that would strip away bureaucracy, and predictive analysis for early intervention. However, some of the challenges arising from utilising technological advancements were the competency of the public to use such technology, as well as safeguarding and privacy issues associated with data sharing. Participants also questioned whether AI could ever replace human interaction and physical care. Nonetheless, participants agreed that this scenario could improve personalised care, where the data could detect health inequalities.

Participants also felt that another challenge would be the high demands from the workforce in terms of having to work longer hours, and the lack of choice in job opportunities due to a focus on the military sector. Some participants were worried that this would lead to many workforce challenges

around retention, recruitment, morale and motivation to work. There were also concerns around funding for the public sector beyond defence. However, some participants saw funding constraints as an opportunity for workers to collaborate more, leading to a seamless health and social care service. Overall, participants felt that this scenario would lead to better decision-making and governance processes, and decentralisation may lead to an opportunity for a community model of neighbourhood networks. However, some felt that this may be a distant dream due to the rise of individualism that would reduce the importance of community-led networks and a lack of social care skills.

It was thought that the dynamic of militarisation could lead to spin-off benefits within healthcare - joining up health with social care services, as well as working with other statutory bodies such as the military and educational institutions. Participants remained concerned about the mental and physical health of the public, especially older people. They felt that this scenario would provide the challenge of weakened end of life care, as the statutory retirement age has been increased to 70. This was exacerbated by the lack of informal care, as this scenario sees the working population migrating to cities for job opportunities.

Some participants were also concerned about the worsening health and inequalities in the UK, due to the widening gap between the 'haves' and the 'have-nots'. The restructuring of resource allocation was seen by the group as a concern as this would leave poorer populations vulnerable, leading to residual state provisions.

In response to being asked how current plans should be enhanced because of considering this scenario, participants recorded the following suggestions:

More of
• Assess the best methods for delivering care – Partnerships? Community assets? Self-assessments?; • Consider opportunities within technological advancements, and how it can be utilised to improve adult social care services; • More partnership with the private sector as sharing of resources; • Prioritising action to reduce demand and recruitment gap; • Social prescription services; • Joined-up health and social care services; • Use of self-assessed care; • Working with other institutions e.g., businesses, colleges, military; • Accelerate technological development and deployment; • Identify and protect high-risk individuals; • Forecast/ prevention
Less of
• Reducing silo working and disintegrated services; • Reducing the time spent waiting for legislative changes, optimising existing resources; • Bridging the gap between social care and healthcare within the NHS; • Less intervention in end-of-life healthcare i.e., chasing old people in and out of hospital;

• Less focus on short-term political priorities
Differently
• Role restructuring and design - ensuring that role descriptions are not similar; • Continuous support for mental health/ prevention due to conflict and disruption; • Shifting views for end-of-life care; • Learning examples from different countries that have successful social care systems; • Safeguarding - internally and externally; • Conversations around mental and physical health; • Shaping the workforce differently; • Working together with universities

Group Discussion

Looking ahead, participants questioned the role of the statutory sector and the amalgamation of health and care bodies. They explored the limitations of research and development (R&D) within a military-focused society and pondered resource allocation challenges, such as food and water. The participants considered the impact of global conflicts on immigration dynamics and speculated about net migration. They also raised concerns about the sustainability of the healthcare model, funding disparities, and the reduction in informal caring, leading to unmet needs and health inequalities. The increment in the retirement age to 70 prompted discussions about its implications for older populations. Cybersecurity threats and the reliance on technology were also subjects of concern. Lastly, participants delved into the nuances of local democratic accountability within this scenario.

Despite the challenges and threats presented in the scenario, participants also identified potential opportunities for positive change. They recognized the potential benefits of harnessing AI and technology, such as wearable devices for improved palliative care and predictive analysis for early intervention. These advancements could enhance personalized care and help detect health inequalities. Additionally, participants saw the potential for improved decision-making and governance processes through decentralization and community-led networks. The narrative's emphasis on the industrial resurgence and investment in STEM subjects also sparked ideas about joining up health with social care services and collaborating with other statutory bodies, such as the military and educational institutions. The participants acknowledged that while individualism and funding disparities may pose obstacles, there is still room for innovative solutions and the integration of different sectors to address societal needs and promote well-being.

With this in mind, participants were able to identify the following priorities:

- Integrate artificial intelligence and technology into healthcare systems to enhance personalised care, early intervention, and detection of health inequalities.

- To foster community-led networks to address the challenges of a disintegrated society and promote social cohesion. This step will also help bridge the caps in social care and enhance wellbeing.
- Collaboration between different sectors such as healthcare, education and military to address societal needs holistically. Prioritising partnerships and joint initiatives can lead to better decision-making, resource allocation and service integration.
- To invest in mental health infrastructure, training and improve the accessibility of these services which can help rising demand and reduce healthcare inequalities.
- Empower the workforce by addressing present challenges e.g. long working hours, limiting job opportunities and low morale. Initiatives that support work-life balance, career development and job satisfaction can help attract and retain skilled professionals in the healthcare sector.

4. A Future Shaped by Community

Group Summary

Initial discussions showcased a divide in the group's gut reactions ranging from excitement to dread. However, by the end, this had developed into a consensus of excitement towards the opportunities that this scenario would give to the development of localised social care. Questions were raised about who would lead on the development of the 15-minute city communities and what the utilisation of technology in care would realistically look like. Concerns were highlighted around how diverse communities could be maintained under this model of community living, and whether future generational migrations would be discouraged. Positive reactions were shown at the overall picture that this scenario paints for 2035, with the group having more questions around digital transformation, infrastructure, funding, and geographical service management.

From the perspective of 2035, participants still wondered:

- What does the significant impact of technology realistically look like, and how would this enable and deliver to the model presented, and impact on the more vulnerable?
- The extent to which digital technology would transform healthcare.
- How 'undesirable' or 'troubled' population groups will be supported and integrated into 15-minute city communities?
- What will be the role of the statutory sector? Leadership is necessary to evolve this type of working, but where does this sit?
- How will different population structures and geographies be accounted for and supported? What will be the impact on inequalities, and how will this be managed positively?
- Finance will drive these changes - investment is the corner stone – so how will funds be distributed equitably to all communities?
- Government bodies will have to release power and allow decision making to sit within local communities. How can this be achieved?
- Where will the funding and infrastructure for these new communities come from and how will they be supported? Who will take charge to allow these communities to grow and prosper?
- What will the local structure look like? And is it realistic?
- What is the nature of the service specification for care?

When the group began considering the challenges and opportunities for social care under this scenario, it noted the implications of local/regional areas starting from different socioeconomic

points. There was consensus in the group that for health and social care to be available to all there would need to be a plan of action on how to manage these differences and to build all communities up to the same point to prevent health inequalities. The group dug deeper into the natural disparities that would occur in these communities, how realistically these could be managed, and the resource it would take to do this. A challenge discussed in the group was finding the right infrastructure for all communities and populations to agree upon and implement, alongside trying to reach an agreement on service funding and priorities. There were also open questions and challenges as to who the decision makers would be in these circumstances, whether they would sit locally, and how they would be managed, reported, and made accountable.

Another challenge mentioned was the cost of upskilling people to ensure that the skills and knowledge required to make the community model of 15-minute cities work across all areas, and how this could not easily be measured due to diversity of population profiles in each community. Many raised concerns around the more rural areas of the country, and how the 15-minute model would work in these areas, highlighting that these are commonly the areas where older and, in many cases, more vulnerable individuals of the population live. From this, another discussion began around the containment of talent in communities, with individuals being prevented or discouraged from moving into other communities to ensure skills are not lost. There was consensus from the group around the negative impact that this would have, with the loss of diverse communities, and the potential populational 'interbreeding' that could occur. Moreover, the idea of this siloed living also raised the question of what would happen to those with socially 'undesirable traits' and how would these 15-minute communities be encouraged and supported to include these individuals within their population.

In terms of opportunities, the group reported feelings of excitement when thinking about local authorities' opportunity to lead in this scenario and begin to investigate local solutions for problems enabling a personalised approach for the community's population. Ideas of positive autonomy at local level were discussed, with the group acknowledging the opportunities this scenario gives to respond to local needs creating useful diversity within the health and social care system. The group agreed that the local focus of health and social care in this scenario, supported the integration of social care delivery into the community and health response, with the potential of building more resilient care responses instead of having such a reliance on informal carers, and the care workforce. In addition, the group expressed their excitement, belief, and commitment to work towards this, stating that although the time frame may be unrealistic, the overall concept was plausible and positive. They finished with an in-depth discussion about the strategic, financial, and infrastructural opportunities this scenario provides, mentioned the potential of building health agency cooperations.

In response to being asked how current plans should be enhanced in light of this scenario, participants recorded the following suggestions:

More of
• Consultation and engagement with micro-providers, local communities, and local/national health and social care services; • Joined up working with micro-providers, local communities, and local/national health and social care services; • Education and career pathways; • Integration of services; • Flexibility towards the planning and resourcing of care; • Available funding streams; • Support community projects get started, progress, and grow; • Digital investment and growth; • Community based social work; • Integration of social care setting into community settings; • Co-production with local people.
Less of
• Making decisions on someone else's behalf; • Making assumptions on what people want and people need; • Bureaucracy; • Restrictions due to policy and governance that is now outdated and does not support care givers and those in need of care; • Government influence; • Reactive responses to care needs.
Differently
• Access to services; • Funding of services; • Access to funding; • Recognition of care cost and need; • Increase person-centred care; • Drive change from community needs including health and care; • Increase convenient interconnecting resources; • Be more flexible about micro-providers and their contributions to community-based healthcare and not so focused on restrictive legislation (Local Authorities taking a lead on this); • Use of AI; • Support for informal carers needs to evolve and have a better infrastructure surrounding it, making it easier for informal carers to get advice, training, and assistance where needed; • Care workforce management needs to evolve, with protection of working contracts as well as the overall wellbeing of the workforce.

Group Discussion

The group had mixed initial responses to this scenario, with a combination of feeling excited, motivated, and positive, to feelings of claustrophobia, dread, and worry. The scenario was seen as something that was plausible, but the group had doubts around achieving the level of national cohesion, social connection, and agreement to purpose in the time frame currently given. Some of the participants also felt that elements of this scenario were idealistic, and slightly rose-tinted, with fears that the process of creating, managing, and supporting the 15-minute city model will be a lot more complex than described. The group discussed at length the potential loss of diverse communities through this scenario model, and the effect that this could have when it comes to health, social, and economic inequality. Moreover, the idea of these 15-minute city communities also raised the question of what would happen to those with socially 'undesirable traits' and what would the encouragement and support be/ look like for communities to include these individuals within their population.

However, after further discussions, the group experienced what they described as an "aha!" moment in their thinking which made them look at this scenario in a different way. The group discussed the opportunities that this scenario creates for Local Authorities to lead on the building of a restructured, refocused, resilient, well-resourced, and localised health and social care service. The group discussed the need to support Local Authorities by empowering them to take a leadership role in their communities, supporting the development of micro-provider collaborations, and improve local decision-making. The group also discussed how they would need to make sure that all communities were starting at the same point with resource, funding, and opportunity, to reduce competition and manage health inequalities.

In order to support this scenario, participants identified the following priorities:

- To empower and support Local Authorities in working with communities and to develop better decision-making, encouraging them to accept the leadership role in the running and management of community social care services.
- Acknowledge and investigate examples of positive and impactful community working, and how this has been managed and made possible so it can be adapted/replicated in other communities.
- Engage with and support collaboration with micro-providers to better establish a more resilient social care service in the community for the community.
- To deliver a strong and resilient social care foundation to all communities, taking the time to manage and support each community to reach the same level of resource, skillset, capacity, and funding.

5. A Future Shaped by Constraints

Group Summary

There was consensus in the group that the scenario was plausible with some members of the group stating that it was disturbingly likely. Participants spoke of current trends which they felt, if left unchecked, could result in the outcomes described in the scenario. For instance, the portrayal of the longer-term health and economic implications of remote working and people living increasingly 'virtual lives' particularly resonated with several participants. The group agreed that the end point of the narrative was a worrying and depressing tale of decline which we should strive to avoid. One participant commented that while the end point was possible, it had not taken sufficient account of local action and that there is sufficient time to prevent such a future unfolding.

From the perspective of 2035, participants still wondered:

- Where are the talented young people going to do? Is brain drain contributing to high vacancy rates?
- What are the alternative political narratives nationally?
- What is local government doing to develop local, bottom-up alternatives?
- What do the electorate want?
- Other than poor health, what else is driving the high levels of unemployment when there are also high levels of vacancies?
- What other factors are causing the significant decline in population health?
- How will people and communities support themselves if there is so little infrastructure and resources to support them?
- What is being done to strengthen the workforce?
- What would happen if the NHS collapsed entirely?

Reflecting upon the specific challenges posed by the scenario, participants highlighted the difficulties stemming from a reduction in the social care workforce. There were concerns that a decrease in the number of people working in care roles would put further strain on friends and family members supporting those in need of care. Furthermore, the group were alarmed that the reduction in the social care workforce would be happening alongside a significant increase in demand for care because of the ageing population and worsening health. Participants noted that the challenge is not simply that an overstretched social care workforce must try to meet the needs of the growing number of people requiring care but that the complexity and level of need would also be increasing. This is due to worsening population health leading to more individuals living with multiple long-term health conditions.

Participants spoke about the need to strengthen the social care workforce within the constraints presented in the scenario, namely, a reduced workforce pool due to ill health and lack of international recruitment opportunities. Here, the opportunity was to focus on the career pathways that social care can offer and improving the training and development of staff. Participants also noted other ways of making social care work more attractive by introducing formalised pay scales and qualifications to help professionalise roles. This could be part of a wider strategy to raise the profile of social care and help shape societal attitudes towards social care careers. However, participants also suggested that meaningful change to pay would require a radical transformation in funding. Given the constraints of the workforce pool and the high demands upon staff, some members of the group emphasised the importance of improving retention and the need to support the wellbeing of staff. Investing in the health of care staff will potentially save money in the long-term. This linked to the group's thinking around the use of technology. Participants noted that due to the financial constraints described in the scenario, any investment in technology must be highly strategic. Members of the group felt that the effective adoption of technology could help to mitigate against the impacts of a decreasing workforce. Indeed, the clever use of technology may help free up more time for care staff to connect with the individuals they care for and maximise the relational aspect of care roles. This in turn may increase the attractiveness of the role and boost recruitment opportunities. However, the group warned against impulsive, short-sighted purchasing of the latest technology solutions which could result in the waste of precious resources.

Other opportunities stressed in the group were the increased need for prevention and coproduction. Participants saw a greater role for social care in encouraging healthy behaviours and reversing the trends towards sedentary lifestyles and social isolation. Some members believed that educating people on the benefits of exercise, diet and mental health would be important. Similarly, participants felt that beginning prevention work much earlier would help people to stay living independently for longer. The group also believed that the failure of government policy to address the issues arising in the scenario, presented an opportunity for more community initiatives and local coproduction. In effect, communities would take a greater ownership for the health and care of their populations with more bottom-up approaches.

In response to being asked how current plans should be enhanced because of considering this scenario, participants recorded the following suggestions:

More of
• Community development; • Future proofing of homes; • Co-production; • Increase tax funded care; • Embed people in communities; • Diverse leadership;

• Risk taking; • Working closer with community leaders; • Smarter at upskilling workforce; • Strengthen career pathways, make care work more attractive; • Needs-led care - listening to what people and communities need.
Less of
• One-size fits all bed based care; • Top to bottom decision-making; • Crisis narrative and fatalism; • Profit extraction by large providers; • "Doing to people"; • Overstrain of family carers.
Differently
• Working with housing to build homes that support people to live independently at home; • Review care work roles – make them more flexible to allow people to work part-time; • Include people at strategic level to design and lead on services; • Use data efficiently and effectively; • Investment nationally into digital support opportunities; • New narrative to make social care a key part of society on a par with NHS; • Provide what communities ask for; • Shared learning; • Move more into delivery partner space and less on the edge of NHSE-led initiatives.

Group Discussion

The group's initial reaction to the scenario was of sadness, concern and alarm. Participants spoke about how the end point described in the scenario was "the way we are going", and the result of a "domino effect". In particular, the group were saddened by the high levels of unmet need and profound inequalities which continue to increase during the narrative. There were comments regarding the amounts of suffering that large portions of the population would be experiencing in such a future, especially amongst the poorest and most vulnerable. Participants thought it was plausible that a key factor driving the population's worsening health would be remote working. They also commented on the negative economic impact of people not commuting as regularly and how this may harm local businesses and increase social isolation. Additionally, the group believed that a decline in the population's health would significantly increase workforce fragility but they felt that the scenario did not fully explain the reasons behind such high rates of unemployment in the region. Participants wondered whether unemployment was also being driven by a lack of skills or people leaving the UK for more attractive alternatives. Similarly, the group were concerned by the increasing strain on informal carers and the emergence of a two-tier health and care system.

The group wanted to know more about societal attitudes in the scenario. Faced with a stagnating economy and a collapsing health and care system, participants wondered what the electorate would have wanted and what alternative visions may have been offered. Here the conversation moved to what action the group felt needed to be taken to reverse some of the trends outlined in the scenario. One participant stressed the need for attention on better housing which led to the group reflecting on the role of local authorities in responding to the wider determinants of health. The group then discussed the extent to which services could collaborate more effectively in the community to help manage the population's health. Participants described the value in stronger relationships being developed and the need for coproduction. There was consensus that the voices of service users need to be heard and that care must be led by their needs. Some members of the group also stated that there are substantial benefits from national infrastructure and having certain initiatives being rolled out on a national scale. While communities must still be provided the space to implement changes according to their local context, participants outlined the potential waste of resources if national infrastructure was replaced by an extreme localist approach.

The areas of focus highlighted by the group were:

- The need to begin prevention work much earlier and increase the population's awareness of social care services before they need to use it;
- Strengthen the recruitment and retention of the social care workforce by introducing pay scales, better career pathways, more flexible working and qualifications;
- A space for both place and national infrastructure. Maximise the cost-effectiveness of having certain strategies and initiatives on a national level such as the digital offer but providing space for communities to implement locally;
- Maximise population health management locally in the community. Coproduction and collaboration of community services to better understand the needs and wants of the local population;
- Strategic procurement and integration of technology will be critical in helping an ageing population live independently for longer and supporting the care workforce.

6. A Future Shaped by (de)Centralisation

Group Summary

There was a range of initial reactions noting both serious concerns about the exacerbated inequalities within a two-tier system and a sense of positive and challenging aspects being identified which were seen as a refreshing change from the status quo. There was a strong sense of change with shifting roles individually and institutionally, with new players (e.g. football clubs) bringing some improvements. The postcode lottery was seen to be a difficulty, however the primary concern expressed related to the lack of "heart" or personal emotional engagement driven by a lack of informal care and the increased use of robots.

From the perspective of 2035, participants still wondered:

- What standards are there for Social Care in 2035?
- What is life like for children and young people and what has happened to education services and family support?
- What has happened in relation to population movement and the impact on familial relationships including proximity of family for support?
- What has happened to funding for social care including the level of wages across public services?
- What impact will the increased cost of living have on wellbeing?
- What will the impact be of the reduction in informal care on isolation and loneliness with the potential knock-on effect on mental health?
- What will the social impact of robots be and will this all be negative or might there be surprising positives? What might be the unintended consequences of technology?
- What does the new housing stock look like and what is the impact of this on public health?

In terms of the challenges and opportunities for Social Care, several themes emerged. Localism and de-centralisation was seen as giving more authority and autonomy to locally-accountable politicians and officers and there was a call for greater understanding of where and how centralization and de-centralization works. There was questioning about how political structures may have changed including reformulation of local government which might be under a West Midlands mayor possibly with powers to raise local taxes to invest locally. So, while there might be decentralisation on a national level this might be accompanied by some centralization on a local level.

A concern about the increased reliance on charities and community initiatives was expressed as a driving force for a structurally embedded lottery geographically with an inability to consistently meet

local need. If there are no standards in place, then variations could be substantial and drive further health inequalities. The need for sustainable investments and services was expressed - i.e. it was not acceptable for the success of a local football club to define standards of social care. It was considered that the 'Inverse Care Law' may be strengthened with widening inequalities and reduced informal care with its powerful advocacy function.

There were two main themes around wellbeing. The first was in terms of the challenges of working longer with a sense of needing to work to live rather than working to live and a significantly reduced quality of life with burnout leading to large numbers of older people being discarded in terms of health, wellbeing and contribution to society. The second area was that reliance on companion robots will not meet the core human needs for a sense of belonging, human contact, being connected to the community and to give and receive love.

The positives were in stark contrast and different members of the group brought quite different approaches to their thinking. There was a strong sense of reduced red tape and massively increased efficiency in the delivery of social care with the potential for localism to be driven by a substantially increased influence by service users / experts by experience who will have organised and integrated into service delivery. The value of better health from medical developments which operate preventatively was noted as of massive benefit enabling a transition to retirement with purpose and contribution during later years. The possibility that robots are integrated in such a way that independence is enhanced and the dystopian view of robots taking over the world in an emotionally unengaged manner purely for the benefit of multinational corporations was considered.

In response to being asked how current plans should be enhanced because of considering this scenario, participants recorded the following suggestions:

More of
• Community focused services with self-service options; • Increased use of technology and innovations; • Focus on relationships at all levels; • Investment in and consideration of local solutions; • Evidence and research; • Understanding of longer-term consequences; • Involvement of people using services and people not using services; • Influence on housing policy, including "granny flats"; • Challenge inequality; • Increase local partnerships with charities and community groups; • Work to common values and principles with established standards maintained and improved to guard against postcode lottery; • A reduced head count of staff who should be experienced and qualified with the ability to interchange between Health and Social Care roles.
Less of

• Reliance on robots / simple technological solutions as the only answer; • Staffing will be needed over time; • Reorganisations of statutory services; • Health inequalities addressed by closer partnership and greater resource between Public Health and Social Care; • Isolation; • Being defined by finances; • Being narrow in our thinking.
Differently
• Open to development of minimum income via universal benefits; • Consider the value of "outcomes-based commissioning" which, at its best, may deliver real improvements and drive innovation; • The system to be based on strengths not deficits; • Focus on housing / Accessible housing to be the norm; • Co-production at the strategic level to empower communities and individuals; • Understand the dynamics of communication.

Group Discussion

There was discussion about the re-imagining of Social Care using the concept of "nurturing relationships" and that this could be embedded into policy. The main priorities of the group were:

- Service
- Operational
- Strategic

The strong energy from some of the group towards the benefits of localism was balanced by a fear of postcode lottery and the need for strong national standards against which the worst local practices could be evaluated.

- Build on the integration of the voice and influence of experts-by-experience;
- Build the research base of evidence of what works, based on the lived experience;
- Continue to focus on building "Place" as a key building block of local service and partnership;
- Continue to build the confidence of Social Care to be rooted in lived experience as an independent, valued and integrated partner in working with Health;
- Shift towards a more positive attitude to technology while retaining a mindful approach to safeguarding and the risks of over-intrusion;

- Continue to focus on Personalisation as a key non-negotiable standard which will need to be re-imagined as changes happen over the next decade.

7. Emerging Themes

In addition to the risk detail that comes from engaging with the elements of diverse scenarios – detail that can continue to be trawled for insights and ideas – several common themes generally emerge. Plausibly, these themes indicate areas where focused action is likely to be beneficial whatever future adult social care faces between now and 2035.

In this work to date, the following themes have emerged that could form the basis of an agenda for development and action, regionally and locally.

Extending Collaborative Working

Rather than any simplistic notion of 'integration', this is about collaboration around services and resources across sectors and organisations.

A strong consensus could be seen across all scenarios regarding the importance of building and maintaining strong working relationships across different areas, organisations, and communities. These relationships could allow social care to function more effectively, supporting open communication with important stakeholders and providing vulnerable service users with the care and assistance they need to lead fulfilling lives. Moreover, this would encourage more collaborative working and shared learning, supporting further open conversation around shared resource and intelligence as well as building trust.

Competition or conflict amongst services, individuals, and sectors within Local Authority geographies, was felt to be significantly impactful to the success of the wider West Midlands region. Through the establishment of a shared purpose and vision, stakeholders can begin to direct their resources and efforts towards this in a collaborative and supportive manner. This could include significant collaborative action to grasp opportunities around workforce development, digital technology, community engagement and action (with Local Authority partners) on the wider determinants of health and the region's economic prosperity.

Agreement was seen across all scenarios regarding the important role government bodies play in the establishment and infrastructure of social care in the West Midlands. Local and national government play a significantly important role in the resourcing and funding of local social care.

Strengthening Community Assets

However well-structured and shared public sector resources may be, they are distinct from the local community itself. Developing sustainable and resilient resources within each community, 'place', neighbourhood, or locality required separate focus. Building capabilities applies to communities as well as to individuals.

There is a risk that policies and strategic plans assume that communities are biddable components of a model of care. The risk of plans failing or not reaching their full potential, are increased by extent to which the real preferences, behaviours and constraints of local communities are not continuously examined and understood. This population/public engagement pushes beyond the more traditional communication that policy makers and strategy developers commonly use. User-centred intelligence is every bit as vital to population health management as is 'business intelligence' and formal population and performance data. When looking at the local communities that WM ADASS supports, there is a clear diversity in not only the social care and health needs, but also the socioeconomic status of these communities. Ranging from extremely rural to urbanised city communities, there was consensus on the significant importance of local data and engagement and its role in painting an accurate landscape of social care need both now and in the future.

How do we enable a step-change in user- and community-centred care that reflects geographical, generational, and individual needs and preferences? How can the provision of services at scale be combined with services that are personalised, accessible, and responsive? How do we enable real conversations and mutual accountability between social care services and the population they serve?

There is an opportunity to create new modes of co-production between the health and social care services, and local communities, through both digital and face-to-face mechanisms. There are benefits to be realised in terms of public understanding of the need for change, a greater willingness to engage in self-care (supported by shared decision-making), and support for community assets and initiatives.

In order to be more responsive to the changes that are occurring, local stakeholders and authorities need to be supported by mechanisms that enable them to experiment, to learn and to share their learnings, failures, and successes. Action in this area could be progressed through the development of community-based collaborations, building relationships with micro-providers, national funding, and local incentives.

Transforming Social Care Careers

Workforce is a very significant challenge right across health and care services, and sometimes those services increase rather than reduce the mutual challenges. Alongside national plans, there is much that local partners might seek to do in making work more flexible, more rewarding, with better career pathways, relevant qualifications and standardised pay sclaes.

Social Care will not be able to deliver the desired transformation in outputs and outcomes without a workforce of the needed scale and characteristics. Participants highlighted that adult social care in the West Midlands needs to develop better career and educational pathways, providing current employees and the younger generation with a more positive outlook on a career in adult social care.

In addition, a strong consensus was had around the effective management of demand within the sector, with participants highlighting current and on-going struggles of needs outstripping capacity and resource.

Balancing Technology and Humanity

In the context of global debate about the roles and risks of technology and artificial intelligence, there is a need for local partners to understand the real potential of these things and how they might be used to make care more personalised and efficient (enabling a shift from task-focused to person-centred care) and to support independence and choice.

The role of digital technology, research, and associated innovations featured in all scenarios, but the impact of these elements was not always positive nor equitably shared. Participants were in agreement that an effective, joined-up plan for digital technology across the West Midlands adult social care was needed to ensure that the rollout and deployment of technological innovations are consistent and that there are no geographical, social, or generational inequalities relating to access. Moreover, participants also agreed that training and education in the use of new technologies or innovations, both for the workforce and local communities, if necessary, should be prioritised to increase confidence and usage across different generations and conditions, so that their potential to improve health outcomes increases.

There was a consensus that there are already known examples of good practice across the West Midlands region, and a greater opportunity may reside in harnessing that good practice, assessing and evaluating its potential and, where appropriate, rapidly sharing it across the region.

However, this is not simply a task that requires specialist technical and research expertise that can be determined remotely but one that needs to be explored and negotiated with local communities and with the adult social care workforce. There do appear to be real opportunities to improve and simplify healthcare through, for example, assistive technologies, artificial intelligence, interconnected devices, and the like. None of these things will realise their potential, however, without adequate public and professional buy-in. There would also need to be a common approach to investing in priority technologies and innovations that are cost-effective and avoid the 'postcode lottery' effect.

Driving Change through Data and Evidence

There are significant opportunities to develop a better and richer understanding of emerging needs through a shared approach to population health analytics (shared across the region and across sectors). The intelligence generation can inform service planning, workforce development and prevention activities, and support a focus on reducing inequalities. Data to inform action should also be complemented by robust evidence around what works, when and for whom.

Shifting the Narrative

A final theme that was something of an undercurrent to other discussions was the need – and desire – to shift the narrative around social care. It is regarded quite differently in public consciousness to 'health', and to the socially and politically powerful branding of 'the NHS'. It is arguably much less well understood – the needs it serves, the way it works, the wider social and economic benefits it brings. Other change that is needed may be hard to win without change here too.

Next Steps

Participants discussed the importance and value in taking the time to engage in the exploration and analysis of these four alternative scenarios in a safe environment, away from day-to-day transactional considerations. Participants agreed that the scenarios, groups responses, and the summary of the process, should be shared within the wider WM ADASS workforce and Local Authorities, to encourage further reflections and to enrich and strengthen future decision-making.

Evidentially, since the value of scenario work is significantly impacted by the level of participation and engagement from its target audience – we recommend the following considerations for WM ADASS and its wider stakeholders:

a) Using the insights from this work to drive specific practical actions that could include:
    i. The re-prioritisation of focus on key areas of adult social care development to ensure its maximal effectiveness;
    ii. The development of targeted mitigation plans linked to potential future eventualities; and
    iii. The development of a means of identifying emerging changes in the WM ADASS's contextual environment to increase its agility and resilience throughout the following 10 years and beyond.
b) Holding similar exercises at local level, and agreeing to share the outputs of such exercises to increase shared learning; and
c) Promoting the scenarios and the insights generated to other regions.

Appendix 1- Future Scenarios

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

2025

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.

2030

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.

2035

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 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

2025

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.

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.

2030

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. 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.

2035

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 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.

Scenario Narrative

2025

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.

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.

2030

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.

2035

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 elder relatives.

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 (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

2025

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.

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.

2030

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.

2035

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.

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