IMAGINING THE FUTURE

a creative exploration

PURPOSE OF THE GAME

The purpose of the game is to stimulate discussion among participants about four worlds set in Scotland, in 2025: **Post Welfare World**, **New Normal World**, **Yesterday is Another World** and **Fully Integrated World**.

The game is played in four teams. Each team is allocated one of the four worlds which they discuss in terms of what they like and dislike.

Each team must share ideas on how to overcome the parts of their world they dislike and agree on the things that must be done to realise the elements they do like.

Each team is then challenged to present their world to the other teams.

Remember, the worlds are not predictions but scenarios and have been constructed based on trends, hopes, aspirations and what we think may drive change over the coming decade. There is no ‘right world’ or ‘wrong world’.

Join us. Join In

EACH GAME NEEDS

- master Time Keeper
- coffee, tea and lots of chocolate!

EACH TEAM NEEDS

- a minimum of four people
- keeper of The Rules
- keeper of Time
- keeper of the Flip Chart
- keeper of the Comment
- keeper of the Chat

2hrs, choose the quick game

3hrs, choose the full game

QUICK GAME INSTRUCTIONS

1. Everyone playing must first watch the four minute Imagining the Future introductory video at www.iriss.org.uk/2025
2. The Master of Time is appointed to make sure the allocated time for the game is kept to. This person also takes part in the game.
3. Each player chooses the world they want to explore. (optimum number is 7 in each team)
4. Each team appoints their 'Keeper' roles
5. The Keeper of the Rules reads out and explains the rules and instructions for playing the game
6. The Keeper of the Rules deals out all the 'description cards' relevant to your world
7. In turn, each player reads out their cards to the rest of their team
8. From their own cards, each player decides which **two** cards they want to discuss in more detail with the group (ideally one card should be something they like about the world and the other card might be something they do not like)
9. The discarded cards are returned to the pack
10. In turn, each player introduces the first of their chosen cards and members of the team are challenged to discuss what they like or dislike about the description on the card **and why**. (the Keeper of the Chat must ensure everyone gets their say)
11. After each card is discussed, the team must agree what would need to be put in place to avoid or realise that element of their world - from the perspective of 2014. (the Keeper of the Flip Chart records what the group thinks needs to happen)
12. In turn, each player introduces the second of their chosen cards and explains what they like or dislike about the description on the card.

13. The group discusses and agrees what would need to be put in place to avoid or realise that element of their world from the perspective of 2014. (the Keeper of the Flip Chart records what the group agrees needs to happen)
14. Decide who is going to present what your world is like to the other teams, and how
15. Decide who is going to present your group's thinking (from the flip chart)
16. In turn, each group presents their world to the other three groups describing what needs to happen to avoid or realise key parts of each world. (the Master Time Keeper should ensure at least 10 minutes per team)
17. After each presentation, each team is asked questions by the other teams.
18. Each team's designated 'Keeper of the Comment' writes a short entry describing the learning to come from the game
19. Players are asked to vote on the team that offered the best ideas on how to achieve and avoid elements of their world.

The winning team is the one that offers the most compelling and in depth presentation.

ROUND ONE - FULL GAME INSTRUCTIONS

1. Everyone playing must first watch the four minute Imagining the Future introductory video at www.iriss.org.uk/itf
2. The Master of Time is appointed to make sure the allocated time for the game is kept to. This person also takes part in the game.
3. Each player chooses the world they want to explore. (optimum number is 7 in each team)
4. Each team appoints their 'Keeper' roles.
5. The Keeper of the Rules reads out and explains the rules and instructions for playing the game
6. The Keeper of the Rules deals out all the 'description cards' relevant to your world
7. In turn, each player reads out their cards to the rest of their team
8. From their own cards, each player decides which two cards they want to discuss in more detail with the group (ideally one card should be something they like about the world and the other card might be something they do not like).
9. The discarded cards are returned to the pack
10. In turn, each player introduces the first of their chosen cards and members of the team are challenged to discuss what they like or dislike about the description on the card and why. (the Keeper of the Chat must ensure everyone gets their say)
11. After each card is discussed, the team must agree what would need to be put in place to avoid or realise that element of their world - from the perspective of 2014. (the Keeper of the Flip Chart records what the group thinks needs to happen)
12. In turn, each player introduces the second of their chosen cards and explains what they like or dislike about the description on the card.
13. The group discusses and agrees what would need to be put in place to avoid or realise that element of their world from the perspective of 2014. (the Keeper of the Flip Chart records what the group agrees needs to happen)

ROUND TWO - FULL GAME INSTRUCTIONS

1. Each team is issued with eight prompt cards
2. The Keeper of the Chat turns over one of the prompt cards and read out to the your team
3. Consider and discuss the prompt card in relation to your world
4. Repeat until all eight prompt cards have been discussed
5. The Keeper of the Flip Chart should record the team's thoughts in relation to each prompt card
6. Decide who is going to present what your world is like to the other teams, and how.
7. Decide who is going to present your group's thinking (from the flip chart)
8. In turn, each group presents their world to the other three groups describing what needs to happen to avoid or realise key parts of each world. (the Master Time Keeper should ensure at least 10 minutes per team)
9. After each presentation, each team is asked questions by the other teams.
10. Each team's designated Keeper of the Comment writes a short entry describing the learning to come from the game.
11. Players are asked to vote on the team who offered the best ideas on how to achieve and avoid elements of their world.

The winning team is the one that offers the most compelling and in depth presentation.

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THE POST WELFARE WORLD

A new community spirit, more usually associated with a perception of close-knit rural areas, has emerged in many parts of urban Scotland as citizens respond to a growing desire for a sense of belonging. Citizens have become the new social care providers.

Change has been enforced because of the collapse of overstretched services and high levels of relationship breakdown, poor mental health and the rise in single households.

Caring for friends and family has become a natural response and many have begun to eschew traditional services which had failed to meet their growing expectations long before radical reforms were implemented.

Hundreds of local organisations offering spaces have sprung up where people feel that they are included, supported, respected and are among like minded people. Community space range from places to address personal issues of addiction to bereavement and loneliness and all are designed to create a more compassionate and caring environment defined by trust and community.

Community groups not only offer kinship but increased self esteem and confidence through their training, volunteering and job opportunities. Glasgow-based Just Us, one of Scotland's most successful urban community trusts, offers corporate event hosting employs more than 200 staff and volunteers.

Eight years ago the government, facing ever increasing expectations of choice and a rapidly ageing population, finally acknowledged that it could no longer afford to support its citizens from the cradle to the grave.

By 2020 the post-war model for health and social care had been largely dismantled along with the welfare state. Everyone, including children, now receives a basic Citizen's Income (CI). In the case of adults, this is expected to be topped up by paid work. There is no other financial support for the unemployed, those on low incomes, the old or disabled.

Councils have a statutory duty to protect the most vulnerable children and adults but due to constraints on budgets they meet only the minimal requirements, and social workers and mental health officers often have to resort to crisis management.

A spate of scandals in children's homes has led to a loss of confidence in the service and fewer referrals into the system.

Health services have been drastically overhauled as a result of crippling cutbacks and increasing dependency on them from the growing number of older people. A penalty system has been introduced for those who misuse health services. Parts of the health service operate a pay-as-you-go service. There is a flat £15 charge for a GP consultation and prescriptions.

An extensive pre-school service for all children from 18 months of age has been launched, school is now compulsory until 18 and citizenship and health and well-being are exam subjects at National 5 and Higher level.

The overhaul of the health and social care sector has led to major career shifts for workers. A large number have moved into the growing voluntary and private sector or have set up on their own, often working privately for those willing to pay for care.

Significant numbers of workers have retrained and are now working in a range of different professions, though family and friends often call upon their experience. Those remaining in the statutory sector feel overstretched and frustrated that they cannot do more to assist those requiring support.

As a result of the proliferation of technology and efficiency savings within companies, people are more professionally mobile, many working freelance on zero hours contracts, often based at home, which enables them to be more responsive to the needs of the community.

Multi-generational living has become the answer for a growing number of families. The new “sandwich generation” was highlighted in the 2021 Census, which showed the number of homes occupied by three generations of the same families has more than trebled in the last decade.

In order to meet their own and others' needs, communities are willing to try new approaches to health and life issues. Individuals are no longer reliant on the state to provide solutions to their health or social problems.

Under the neighbourhood health watch initiative (NHW), members of the NHW keep an eye on older residents and support each other's well being, inviting each other to walking clubs and spreading the word about nutrition and yoga classes. They also check in on housebound residents.

Now, in 2025, time is the new currency. Citywide time banking networks, which allow people to swap skills and trades - from befriending to childcare, roofing to accountancy - are commonplace in Scotland’s four main cities.

Community-run living centres have become the new social hubs. Operating from defunct or underused public sector buildings, for a peppercorn rent, these centres provide crèche facilities, homework clubs, sports and social activities and support groups for all ages.

The German inspired Edinburgh Family House, which runs nursery provision alongside treatment for dementia patients, has been widely praised by the Dementia Scotland for its ground-breaking work.

Those who previously suffered from lack of confidence in the workplace before Citizens Income (CI), have found new confidence, desire and willingness for work.

However, despite the huge advances in technology, telehealth and telemedicine are not used widely as the government has deemed them a potential drain on resources, leaving private companies to exploit their potential.

Adult children tend to stay at home into their 30s, and when they leave, they live nearby, to stay close to friends and family.

House prices have stabilised and renting is the norm now that legislation has been brought in to stop landlords exploiting the private sector market. Greater protection for tenants and longer leases have led to stability and a greater sense of security.

Citizens, who have the right to buy common land under government legislation, are increasingly choosing to build their own homes. Last year 100 BYOH projects were completed, including five community-led housing schemes.

A subgroup known as the Affluent Outsiders has chosen not to follow the community model. They prefer to buy their services and rely on economic activity to provide for their needs. They provide a sizeable income for the co-operative communities, hiring staff from personal assistants to gardeners and therapists.

Dr Hito Shukosi, WHO's senior health advisor, believes social wealth approaches have the potential to make a significant impact on life expectancy and health outcomes in Scotland's most deprived areas of Scotland. "Active participation leads to a more positive outlook, stronger relationships and healthier lifestyles".

In communities where there is little social cohesion and high levels of poverty, life in 2025 is very hard. The withdrawal of state support has meant that many vulnerable people have slipped through the net.

Those who are socially excluded and those who have little social capital have become the new underclass.

Some community groups have been accused of being socially conservative, judgemental and tribal.

IMAGINING THE FUTURE

a creative exploration

THE NEW NORMAL WORLD

Citizens, service providers and the state have found their proper roles and responsibilities and social cohesion is strong. An ageing population has led to a critical mass of people recognising that everyone requires support and care at some point in life.

There is no stigma in receiving support services. It's the new normal. 'Social Services' is not a term that is recognised or used in the same way it was a decade ago.

Today people with disabilities and chronic conditions and many with mental health issues are fully integrated into society.

Most people do not require any formal support. They earn, learn, care, contribute, participate and volunteer like everyone else and they buy support services as and when they need them.

Community empowerment and land reform legislation have provided a major catalyst for grass roots activism and participation. Across the country, communities now own buildings and land once the property of the state. This has led to a widespread increase in ‘common good’ facilities.

In urban and rural areas, community groups - particularly those based in less affluent parts of the country - have developed a national reputation for making a difference to the lives of those who felt marginalised, disenfranchised and forgotten by the state, professions and society.

Community trusts set up in response to public demand offer a range of services from support and activities for the elderly to youth centres run by teenagers and nurseries.

Many Community Trusts have taken over council facilities and set up trading subsidiaries to employ local people to run centres which offer restaurants, conference centres and community theatres.

The government, keen to reduce dependency on the state, has recognised the work of these groups with the introduction of new national award schemes and a small prize fund to celebrate and encourage a more DIY approach as it continues with its public sector reforms.

A bottom-up approach has driven a culture of collaboration between citizens, local and central government and health and social care professionals. They now work together to provide joint solutions to address the growing pressures of Scotland's rapidly ageing population, its ever-shrinking finances and society's growing expectations of choice.

Community Improvement Coalitions are the ‘engine room’ of change and innovation. CICs bring together individuals from the community, the voluntary sector and social enterprise as well as representatives from business, health and social care. With representation from the police and fire service these inclusive groups make key spending decisions.

Community Improvement Coalitions are the shapers and makers of local services and all have their own social justice charters which are drawn up by members of the local community. These groups host regular social debates and speed dating style ideas exchanges to create solutions to local problems and improve life in the community.

Universities are collaborating with health and social services to narrow the gap between learning and practice. Heads of faculties meet regularly with practitioners and service heads to exchange success stories, emerging issues and developments in best practice to improve the way services operate on the ground.

Healthy living and ageing centres, pre-birth parenting programmes and employability schemes targeting people with disabilities, mental health problems, learning difficulties and addictions are among the many initiatives improving health and reducing inequalities.

The Dundee Community Improvement Coalition has reported a threefold increase in people over 60 undertaking regular exercise while in Glasgow a community safety initiative with Glasgow Housing Association has resulted in a 50% drop in house fires and a 30% reduction in the fear of crime. Initiatives like these are significantly reducing inequalities in Scotland's most deprived areas.

Over the past four years more than 100 people with a history of alcohol and drug misuse have secured jobs in social care as addiction workers following training provided by the Lothians Trainspotting Project which works in conjunction with NHS Scotland. Self supporting recovery networks are life changing for the individuals and families, particularly those with children. They can live healthier, more independent lives. Such initiatives are having an enormous positive impact on all their futures.

Based on the Alaskan Nuka system of healthcare, which is built around the the value of shared responsibility, centres provide specialists such as behaviourists and acupuncturists as well as mainstream health care workers who offer relationship focused care and same day access. All aspects of the care system are designed by the patient-owners who make up 55% of the workforce and the entire board of directors. The not-for-profit Life centres, which opened two years ago, have informal collaboration zones and flexible talking rooms.

People Powered Care is driving the new agenda, underpinned by a slew of enlightened government policies. The new living wage - currently £10 an hour has dramatically reduced in-work poverty while new apprenticeship schemes and incentives for businesses have led to higher employment rates, particularly among the women, the ‘young’ old and the disabled.

The increase in lifelong learning programmes has led to a highly skilled older workforce. Most people under the age of 75 are engaged in some form of community activity (with many contributing their time, energy and assets as coaches or volunteers for local groups based around their interest, skills and knowledge.

The government is reversing years of under investment in housing. A major expansion in the creation of affordable housing stock is under way, with the emphasis on co-housing projects for the rental market. New Scandinavian style apartment blocks with communal facilities on the ground floor and basement and a communal roof patio or communal decked garden area are becoming a common sight around Scotland. They are proving popular particularly with single parents and retired people with limited incomes.

A new social security allowance (SSA) - linked to the cost of living - has been drawn up by the Social Security Partnership for Scotland, the body consisting of representation from voluntary organisations, trade unions and businesses. Under the scheme carers receive the same amount as job seekers. Eligibility criteria have been tightened as a result of cost cutting measure. Only the most vulnerable and those with complex needs receive state-funded support but what they receive is tailored.

Flexible personal budgets have enabled people to move away from traditional services and, while some people mix and match their care with local authority and private services, many choose to hire self-employed personal assistants (PAs) who help them with daily tasks.

There are 18 directors of social work who play a strategic role across local authorities, a move that has been criticised by Social Work Scotland who fear that the increased pressures and lack of opportunities for promotion by younger staff may affect recruitment and deter people from entering the profession. Social workers are known for facilitating and commissioning, rather than working directly with specific individuals or families and, as such, spend much of their time in community settings.

Decisions on what services people access are often made in collaboration with the individual's family or a voluntary organisation acting as an advocate, with no pressure on time unlike the old system of timed 10, 15 or 30 minute slots.

There has been a sea change in culture across both health and social services which are much more integrated. Cross-agency secondments, job shadowing, rotational programmes and mentoring for all NHS and social services staff is standard practice. Pay inequality across the public, private and third sector has all but been eradicated.

A new supportive climate has resulted not only in more productive and engaged staff but also in higher retention and lower sickness levels. However, some have found the transition easier than others, despite a raft of leadership seminars and new courses to prepare staff at all levels.

Some senior social work staff have been resistant to the introduction of new hybrid health and social care trained social workers and in some areas where leadership is weak, the power shift from managers to front-line staff is happening more slowly.

New self-employed personal assistants have taken over much of the work carried out in the past by social care workers. Their numbers have risen four fold since 2014, to 20,000. Personal Assistants work on individual contracts, usually juggling at least one other job and do anything from shopping and cleaning to taking their employers to a range of activities and events.

Almost all hospital procedures are carried out as day cases with on-going support provided in the community by a new breed of generic health and social care workers (HESOS), who provide holistic care, mostly to older people with complex needs. HESOS provide welcome packages, ensuring the house is clean and tidy, food is in the fridge and that the right medication is provided. General duties range from wound dressing and administering medicine to help with personal care, shopping and social activities.

Technology is improving many aspects of people's lives and health and has led to huge advances in treatment and more efficient provision of health and social care. Today some third sector groups in rural areas are using video to reach more isolated citizens rather than having support workers and counsellors drive miles across their region.

IMAGINING THE FUTURE

a creative exploration

YESTERDAY IS ANOTHER WORLD

Today in 2025 Scotland's health and social services are on the brink of collapse.

More than a decade after The Christie Commission called for urgent public sector reform to prepare for a tidal wave of demand in the face of a rapidly ageing population and shrinking budgets, little progress has been made.

The demographic time bomb has gone off. Almost half the population is over 50, while a third is aged over 65 and Scotland's fragmented, complex and much reduced public services have reached crisis point as need outstrips supply.

Attempts to transform the culture and practices within social services have failed as a result of entrenchment among professionals and the short-termism of politicians chasing office rather than long term sustainable change.

Plans to move to more community-based local care with much wider collaborative working, not just between health and social services, but between the public, private and third sectors, have failed to gather momentum, due in part to a lack of leadership from within the public services.

Budgetary inflexibility and inconsistencies between national targets and local outcomes have also been major stumbling blocks.

In the absence of a willingness to raise new revenues through higher taxes, fewer staff are having to achieve more with less. Staff have taken on bigger work loads and wider roles.

The majority of social workers are in their 50s, after years in the profession, many are worn down by bureaucracy, budget cuts, rising workload and their low public status.

Many older social workers bemoan the lack of leadership and support from their managers and directors of social work and complain they feel hamstrung by their employers and unable to do their job properly.

Last month, speaking at the annual Scottish Association of Social Workers conference, senior social worker Meredith West echoed the feeling of many when she said: "*This is not why I came into social work. I came in to make a difference. What we need is a return to our core values of the 1970s.*"

Critics say the biggest problem for the social work profession is that it has failed to transform in line with the realities of the 21st century. "*While the social work values of the 1970s may have been radical then, they are not now*" ,"*The social work profession from training to practice has sought to protect its professional identity, control and power relationships based on the values of yesteryear.*"

Cuts in funding to colleges and universities have resulted in fewer student places and the reintroduction of tuition fees has driven away many of tomorrow's social workers and support staff.

Opposition politicians have blamed the meltdown of social care on poor policy decisions, the lack of joint working with health services and education cuts. Professional protectionism is preventing joint working, causing unnecessary duplication and a shocking waste of tax payers money.

Carers' groups, however, have accused politicians from all parties of failing to fix the roof when the sun was shining. There is less money and society's problems are getting worse, with more children in poverty and more older people with no family or friends to look after them.

Inequalities have been exacerbated by the acute financial squeeze reflected in the increasing number of ghettos of ‘social’ refugees.

Against the advice of most public policy experts, money is ploughed into bricks and mortar. As ever, politicians are disinclined to support the closure of their local hospitals because the negative publicity may affect their chances of re-election.

Local authorities are also wedded to tried and tested working practices and continue to invest in large block contracts and old-style solutions such as day centres and care homes despite the fact that clients and surveys constantly tell them what they already know - that most people want to spend time with the people they know and remain in their home as long as they can, preferably until they die.

In a recent interview on Scotland Today, Gordon Morrison, chief executive of the Scotland Patients' Association, said: "*Local authorities insist on using anti-societal, artificial institutions which are unresponsive to the needs of individuals and communities. However, as a society we also have to acknowledge our part in this. We want the taxes of America but the services of Scandinavia.*"

The gulf between growing expectations of choice and provision has widened. Following growing concern over the cost of personal budgets and negative media stories there has been a backlash against self directed care resulting in the withdrawal of personal budgets for service users.

Self directed care, has long been considered by its critics as a poor use of scarce resources, particularly when money was used to fund leisure activities and trips abroad. Studies have shown that while giving people choices over what service they access had a positive effect on service users, the budgets led to ‘increased bureaucracy and poor use of human resources’. Many were poorly managed and sometimes inappropriately used. The scrapping of personal budgets has resulted in a significant number of job losses among the substantial personal assistant workforce.

Continuous cuts have restricted options. Service users are generally offered the most cost effective and safest solution, not necessarily the one most suited to their personal circumstances, which has led to a lack of trust. In the main, social workers, who are in charge of budgets and care management, decide what's best for service users based on what people can't do rather than on what they can do. It has become a tick box exercise.

Financial constraints mean a one-size fits all approach is the path of least resistance rather than the more personal one preferred by users and a minority of more enlightened members of the workforce. In some cases people are being given home care packages when simple solutions like a wheelchair or a ramp would do.

Over the past 12 years the public sector social services workforce has shrunk by around 20% through natural wastage and increased outsourcing to private and third sector organisations and greater competition, particularly in the growing residential care sector.

Young staff are struggling to cope with the complexity of cases and are getting little leadership from their more experienced yet disillusioned colleagues. Bullying is a major problem and less senior staff lack the confidence to challenge their peers. There is little sharing of ideas or practice within social services or with health professionals.

Despite having sold off their own care homes to raise funds for pension pots, local authorities continue to drive down costs in private care homes to levels that are causing concern. Charities and voluntary organisations say that outsourcing has favoured out-of-town companies taking money and jobs out of the economy. They have highlighted a ‘worrying’ rise in profit-driven global firms entering the market and the potential consequences in the case of their financial collapse. There are no contingency plans.

A number of local communities are also developing their own services from youth groups to lunch clubs and conference facilities through Community Development Trusts. Members of these communities have in many cases become the new family and support for the many who now live on their own.

Collaboration between organisations, individuals and communities, where arguably the most progress can be made, is patchy and draws scepticism from many within the profession who feel crippled by local authorities. They find it easier to go with the status quo and this has led to increased mistrust and jealousies between communities and professionals.

As part of the government's Ageing Well agenda, many older people take part in intergenerational learning hubs which have been established in local libraries and cafés and people over 55 now account for a third of undergraduates in Scotland's universities.

The country is benefiting from the ‘reserve’ silver army. Women are going back to work in their 60s and 70s, putting in an average 16 hour week as work becomes the ‘new’ solution to the pension crisis.

There is a greater appreciation of the older generation and a consequent reduction in complaints about ageism. However, Age Concern Scotland is campaigning to improve the ‘inadequate’ levels of care currently provided to older people.

Gadgets of all kinds are making life easier for those who can afford them, from intelligent stair lifts to (intelligent) refrigerators that read bar codes to identify use by dates, informing their owner that they should use the product before it goes out of date. Many models can be linked to the internet to record items as they are consumed and suggest menu options.

IMAGINING THE FUTURE

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THE FULLY INTEGRATED WORLD

Today in 2025 there are encouraging signs that many of the health messages and interventions of previous decades are leading to healthier lifestyles among the younger population with smoking and binge-drinking at an all time low among 18-25-year-olds. Services are carefully streamlined to avoid duplication so the most could be made of vital resources.

The increasing number of older people, particularly those aged 75+, continues to put a massive strain on public services. The new government, mindful that the ‘septuagenarian stampede’ was coming down the track, took the decision five years ago to speed up reform. Following a three year transition programme, full integration of health and social care functions was completed in 2023.

Former health boards and local authorities have merged and bedded-in as single administrative units. These constantly require cost effective solutions from department heads juggling falling budgets and rising demand and increasing expectations from a burgeoning number of people with long-term health or social problems.

Managers who have all undergone a new in-house MBA style course designed to provide them with skills including objective decision making, collaborative management and dynamic leadership.

The new National Health and Social Service (NHSS) offers a one-stop-shop to patients and maximises the use of technology to increase productivity and keep human resources costs to a minimum.

Online GP consultations and virtual wards are the norm. Patients are required to pay for a face-to-face consultation. Accident and emergency doctors regularly consult specialists out of hours via video link. As well as potentially saving lives, this cuts staffing costs.

The old district and cottage hospitals have disappeared and there are just six regional Centres of Surgical and Medical Excellence for all procedures. These ultra-efficient state-of-the-art centres use the latest technology and techniques to save and prolong people's lives.

There is a high throughput of patients who receive top quality care by experts, but once treated they are discharged quickly, often the same day, with no further intervention unless they are re-admitted. Carers, many of whom are in their 60s and already under pressure or suffering from chronic ailments, are left to pick up the slack.

Self management is central to the NHSS's strategy to reduce the need for health care services, particularly in the acute hospital sector where unit costs are high. This is despite all areas have been targeted for efficiency savings.

User friendly personal monitors and new technologies allow many patients to manage their conditions at home and has made transition from hospital to home seamless. Those with complex or chronic conditions are often prescribed mobile phones with pre-loaded apps to meet their assessed needs. These apps provide relevant medical information, lifestyle advice and links to peer groups and other community-based groups to combat social exclusion.

More than 80% of those deemed to need care or support receive it in their homes from a range of professionals, but mostly from new health and social care practitioners (HSPs), who, as part of a multi-disciplinary team, keep colleagues in the loop on how patients are doing.

Increasing workloads mean that new peripatetic HSPs often end up working longer hours than they are paid for, or have to leave without finishing some of their tasks to the detriment of the person they are supporting.

Community groups and charities continue to attack the new reforms for restricting choice and for being budget rather than person-focused ‚Äì the guiding principle of integration a decade ago.

A number of charities have also expressed serious concerns about the over-reliance on telecare. In an open letter to the Caledonian newspaper, Age Concern Scotland wrote: "*Replacing people with machines has not been the answer. Care is over medicalised and faceless.*"

Isolation and loneliness have become the biggest issues for vulnerable people in Scotland. A survey by the organisation found that that one in three older people spend most, if not all of their day, alone in their home.

Some aspects of new technology that have been widely welcomed include new biometric identification techniques that allow primary care health records, which are linked to hospitals, to be accessed even if patients are unconscious.

The government, which swept to power on the back of its social justice agenda, is proud of its equality programmes, which target areas of acute deprivation and are funded by new fat and sugar taxes.

Keen to reduce persistent poor levels of health and close the significant income and life expectancy gap between the most deprived and most affluent areas of Scotland, politicians have invested heavily in education, employment and healthy living campaigns.

Standardisation and the current risk averse health and social services system leave little room for creative solutions. There have been calls for more social prescribing by GPs for activities ranging from fishing and swimming, to knitting, dancing and baking to keep people physically and mentally healthy, out of hospital and off painkillers and anti-depressants. A recent study from Audit Scotland found the NHSS could cut more than £10m a year off its drugs bill if doctors curtailed medical approaches. Overstretched GPs, however, rarely have time to discuss alternative approaches within their ten minute slots. Pills are often the quickest option.

All NHSS referrals are monitored through the recently expanded Patient Safety Programme which records adverse events and outcomes. Staff have become paranoid about negative publicity and fear being hauled before the NHSS Council following recent adverse publicity over a drowning accident during a young leaders' course.

NHSS bosses are desperate to do well in the annual performance league table. This is despite criticism from Audit Scotland in its latest report that authorities are focusing their attention on the cost of services without sufficient attention to, or information about, quality and value for money.

There has been a steep rise in the number of industrial tribunals as staff fight back against poor personnel management and weak leadership. A recent case which resulted in the reinstatement of a social worker and the sacking of her boss highlighted a lack of direction and vision and a worrying ‘climate of fear and intimidation’.

The increased use of technology in health and social care has required carers as well as workers to develop new skills and keep abreast of the constant updates. New leadership courses aimed at speeding up decision making and increasing efficiency have helped staff educate carers and patients in telecare. These courses are now an integral part of all training programmes. They offer staff new strengths, including adaptability, confidence, sensitivity and determination.

Now that the NHSS has significantly reduced its workforce, private firms and third sector organisations play a much larger role in proving care and support services, from the much reduced care home sector to child care and day services.

Social enterprises are also helping local people re-define their relationship with their cities while creating new opportunities and driving social and economic change. Initiatives range from shops and restaurants employing homeless people to organisations offering palliative care at home for patients who are being failed by the cash-strapped NHSS. While demand is high for the latter, services are limited due to lack of funding.

Increasingly, community groups are operating in parallel to the NHSS rather than in collaboration now that money is driving decision making and professionals have to justify every penny spent. Community organisations and third sector groups compete with each other and professionals for funding.

The NHSS has ended any meaningful public consultation on service issues in the belief that they are merely talking shop and it's a waste of time and money. The profession tends to be dismissive and sceptical of community-led alternatives while community groups in turn feel undervalued and frustrated, accusing the NHSS of arrogance and short-sightedness.

From the point of view of the NHSS, the service is well organised, efficient and seamless but it is less flexible for patients/users who merely have to accept what is on offer unless they pay for alternatives.

A large number of older people live alone following the death of their partner or because of the high divorce rate among the post 60 age group. While Skype keeps them in touch its no use in cases of emergency.

Many are critical that the promise of integration and enabling technology has failed to be realised. During a recent debate in parliament one politician stated: "*This slick world of infinite possibilities is foundering because of fear, mistrust and the continual failure to remember that care is about helping people to achieve the best outcomes.*"

IMAGINING THE FUTURE

a creative exploration

PROMPT CARD

Imagine your team is a senior leadership group in social services, in your world, in 2025.

What leadership styles and competences would you have to display as a team to be effective / make changes for the better?

Imagine you are in this world in 2025.

What might the system of regulation look like? What are the implications for risk and the safety of vulnerable people in this world?

Imagine you are in this world in 2025 and doing similar work to now, in 2014.

How would your role have changed? What might it be like working in this world in 2025?

What are the implications for the wider workforce in this world?

What aspects of your world do you think decision-makers are currently planning for?

What are the implications from your world for health and social care integration.

What things should we be mindful of as the integration agenda moves forward, from 2014?

If you had one message for the Scottish Government, in relation to your team's discussions, what would it be?

What are the key professional roles in social services in your world, in 2025?