

Summary:

A life worth living



October 2011

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When asked how we want to live as we grow older most Scottish people express a desire to remain at home, to be well-supported emotionally and socially by people we know and to be able to remain as independent as possible for as long as we can. Despite some excellent examples of person-centred health and social care services supporting elderly people in Scotland and elsewhere there is still a mismatch between what we hope for and what we are most likely to get. This mismatch alone demands a serious rethink of how we marshal and deploy all the available resources, public and private.

We are living longer and we need to make sure that the extra years are worth living.

The current landscape

As a consequence of the baby boomer bulge, by around 2035 there will be more people claiming state pensions, more people managing multiple health conditions and more people requiring care in very old age.

And there will be fewer young people to support them. Currently, three people of working age support the costs of one pensioner; by then it will be down to two.

Demographics plus our strained fiscal position mean that a new order is needed.

The state, NHS and local authorities, as well as the third sector, have to find ways of collaborating to help people stay healthier and happier in their own communities and out of hospitals and nursing homes. A wholesale move towards personalising care will help. So too will be new types of contributory pension schemes to cover health and care costs.

But this is not enough. Getting old is not a clinical condition. It is a stage of life. If people are to flourish and benefit from longer lives, then a new balance needs to be struck between the relative responsibilities of individuals and the state.

There is also the matter of death — another stage in life. But we are not good at talking about it. There are worse things than dying. Most older people say that they value quality of life over longevity. Currently, our health practices value longevity over quality. We need a new mind set.



What the third sector can do

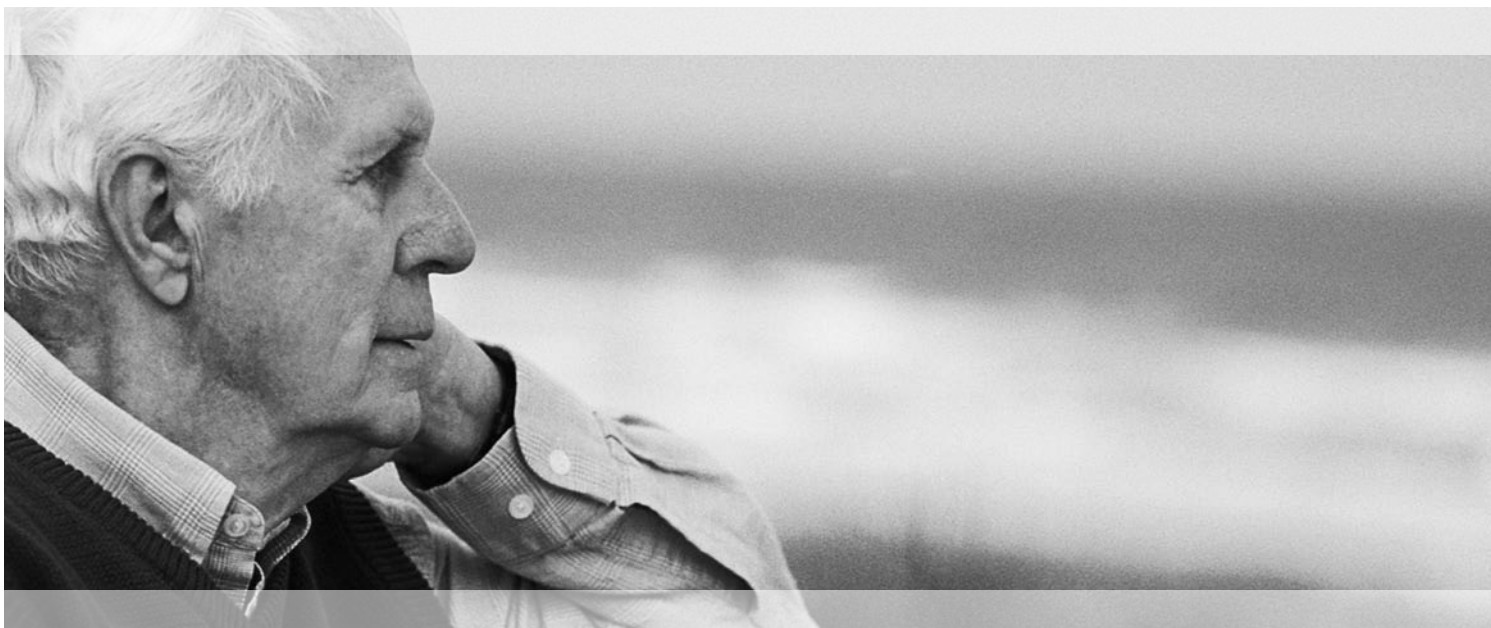
We need the values and vigour of an active third sector to complement the role of the state if we are to make the changes required. The third sector will be vital for mobilising people as carers, volunteers and as the cement for building communities.

Already, care organisations are changing in order to provide very personalised care to individual old people. These are organisations which have successfully moved beyond a checklist approach to care, to look at what people need, what they can do for themselves and what family and neighbours can realistically contribute.

For example, organisations which already orchestrate thousands of volunteers are looking at how the transferable credits model available to volunteer carers in Japan can transfer to Scotland. This “time banking” addresses the reality of families divided by geography.

We need to find new ways for individuals, the public sector and the third sector to work together.

Quality of life includes providing good “end of life” care. Our current mind set and systems do not make for an “easy death”. Palliative care has helped. But many people are kept alive at all costs when quality of life has completely diminished. We need to address “quality of death” as much as “quality of life”.



Conclusion & Recommendations

- **Service providers must consult and engage with Scotland's people to design cost-effective personalised services** which move away from industrial scale care provision as exemplified by the current contracting model. Locality planning is one method advocated to help ensure that communities are engaged in both the design and delivery of services.
- **Engineer out costly overlaps in service provision** between organisations and departments by taking a whole area or "Total Place" approach to reviewing how public services are delivered.
- **Avoid Implementation Deficit Syndrome** by ensuring learning, consultation and engagement is followed by swift action.
- **Improve our measures of well-being in older age** so that we can better track the quality and impact of social and health care provision.
- **Explore ways of ensuring commissioning and tendering rules are more third sector friendly** so that smaller organisations with relevant local or other specialist knowledge and skills are not excluded from creating and delivering personalised and localised services.
- Consider whether **greater tax raising powers in Scotland** should include measures which take into account examples such as the Dilnot Commission's recommendations for an insurance system. It is clear that better funding solutions are needed to help address the anxieties, impracticalities and lack of perceived fairness in the current funding and provision of elder care.
- **Focus on people's capabilities** and shift formal professional care provision towards those with the highest support needs while increasing investment in volunteer and kinship care for the majority of older people needing moderate levels of support in order to stay at home.
- **Third sector organisations need to be supported to be more effective participants in the knowledge exchange processes needed to create and sustain innovative services for our ageing population.** The advantages of letting thousands of Third sector flowers bloom in terms of energy, innovation and localisation are too easily undermined by lack of coordination and shared planning.



A Life Worth Living was commissioned by the Scottish Council for Voluntary Organisations (SCVO).