

## **FINANCE COMMITTEE**

### **DEMOGRAPHIC CHANGE AND AGEING POPULATION INQUIRY**

#### **SUBMISSION FROM ALAN SINCLAIR**

##### **Political-Economic Context**

1. In boxing, it is the combination of the first hard punch that causes an opponent to drop their guard and the second thump to the unprotected head that knocks the opponent witless.
2. Our first heavy punch comes from the financial collapse.
3. In 2008, the financial collapse set in motion a tidal wave. Mervyn King in his most recent Mansion House speech talked of, “the dark clouds” over the economy, referring to the depth of the recession and the string of European countries that will likely default. Reinhart and Rogoff of Harvard have modelled financial collapses in the last two hundred years. They identify four instances similar to today’s pattern of nation state debt overhang and calculate that on average it took the countries concerned 23 years to recover. A warning is given that in each of the cases, the level of personal debt was nowhere near approached what we find today. An important constituent of the financial collapse was short-term thinking.
4. Our second heavy punch is already coming in our direction – our ageing population.
5. Today 3 people in work support 1 old person. In 23 three years or there about, 2 people in work will support 1 old person. Most old people will live longer and have multiple health conditions. As the IMF has estimated in a working paper, the fiscal effects of this reduction of labour and ramping up of health and care costs, will result in a financial somersault greater than the financial collapse.
6. Do we have the wit and are we big enough and brave enough to overcome our short-term political and institutional thinking to frame an appropriate response?

##### **Health, Care, Housing and the Labour Market**

7. How we direct public services will have a profound effect on how we respond to an ageing population. Already in different parts of the country we can see parts of the picture emerging in for example Nairn, North Lanarkshire and the Borders where the nature of services are being rethought and delivered in a different way. In Holland a big problem has been broken down to a human scale, with a human touch through the Buurtzorg.
8. We have become accustomed in public services to think in terms of targets, budgets and efficiency. Each has their place, but the type and scale of the challenge we now face requires new tooling. Even without a financial crisis and the fiscal effects of ageing, we need to ask ourselves if we would want to continue spending in the same way on health and care for older people? A loud “NO” is the answer, as

what we have now does not meet our very human needs for a more personal and sensitive care system.

9. Personal reflection and what you see in your own family tell us that as people get older they want to have control over their lives, to be independent, to stay in their own homes, to be respected, to be treated fairly, to have decent neighbours and to be able to do what they want to do with friends and family. It is about belonging, having connections and purpose. We need to talk comfortably and constructively about death and dying, with families seeing death as part of life.

10. The old Consumer Association found that commissioners of services are concerned about what services are provided. Service users are more concerned about the nature and quality of the service – for example, can the service provider provide companionship, human warmth or anything else that is not on the prescribed list of duties?

11. What we are in the danger of missing by concentrating on service delivery is the simple truth about how people growing old and h want to live and die.

12. If, getting old and dying is a normal part of life then the role of services should be more about how to support people, families and communities to look after themselves.

13. How we set a question determines the type of answer we get. I think the Finance Committee has rightly identified this topic as being of major importance. The question asked by the Committee is; People are living longer and current spending on managing health conditions and care is unsustainable. We need greater efficiency in health, care and housing services to shift the balance of care to the community. Reorganising technical public services is only part of the task. A joiner needs a hammer, but if it is the only tool he or she has then everything will be treated as a nail.

14. Perhaps a more appropriate way of framing the question would be; ageing and dying is a normal part of life. How can each person, each family and each neighbourhood rise to the challenge of giving people a good life and a good death? To answer this question we need to look at:

- what can government and public services can do?
- what we can do as individuals?
- what we can do collectively as families and neighbourhoods?

15. A map of this is drawn below.

Map: A Life Worth Living	
I - Personal values and views <ul style="list-style-type: none"> <li>• Mindset</li> <li>• A life worth living</li> <li>• Connected, isolated, not bored</li> </ul>	IT — Objective <ul style="list-style-type: none"> <li>• Good diet, exercise, alcohol consumption, safe housing</li> <li>• Different acute conditions</li> </ul>

<ul style="list-style-type: none"> <li>• Look after self</li> <li>• Look after others</li> <li>• Purpose and belonging</li> </ul>	<ul style="list-style-type: none"> <li>• Ability and disability</li> <li>• Care system performance outcomes</li> </ul>
<b>WE</b> <ul style="list-style-type: none"> <li>• Building neighbourliness</li> <li>• Community capacity</li> <li>• Self-directed care</li> <li>• Social and cultural norms</li> <li>• Participate and volunteer</li> <li>• “Normalise” old age</li> </ul>	<b>THEM</b> <ul style="list-style-type: none"> <li>• Government UK and Scotland, NHS and local authority policy</li> <li>• Make apriority or not</li> <li>• Policy and programme reality</li> <li>• Balance between prevention, early intervention, acute services and care</li> <li>• Support to keep people in community</li> </ul>

16. Some issues to box over:

- i. What seriously, realistically, is likely to be the path of Scottish public income and expenditure over the next two to three decades given the financial collapse, European nations defaulting and the fiscal effects of ageing?
- ii. “Fair Care Funding” was published in 2011 by the Dilnot Commission and sought to reconcile personal spend on care with state provision in England. A total cap on personal expenditure on care would be set at £35,000; once an individual has spent this amount, the state would meet the remaining costs. For political reasons the Chancellor has kicked this into the long grass. Can and should such a proposal to deal with inequalities in care be introduced in Scotland?
- iii. In reforming public services (“THEM”) to deal with health and care do not lose sight of the central issue of how people, as they get older, want to lead a normal life that they can control for as long as possible and to die a good death. It is to this end that services should be designed and measured.