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BACKGROUND

- The United Kingdom (UK) population is ageing rapidly similar to other high-income countries [1].
- Meeting the complex needs of older people is challenging in a health and care system that is single disease focused and poorly integrated
- Since responsibility for health and social care was devolved to Scotland in 1999, there is evidence of diverging policy and organisation of care compared to England [2].

AIM

To provide a comparative overview of major health and social care policies in England and Scotland relating to the care of older people (aged 65+).

METHODS

We mapped macro-level policy (national, overarching policies from the government or NHS) in England (<https://www.gov.uk/>) and Scotland (<https://www.gov.scot/>) published from January 2011 to December 2021

- Our focus included;
- Physical and mental health
  - Social care, or
  - Wellbeing of older people.

We excluded specific health problems, such as dementia, and specific care e.g., pharmaceutical care.

Data synthesis

Identified themes were organised using an adapted structure-process-outcome model [3, 4] (see Figure 1) allowing comparison of policies across both countries.

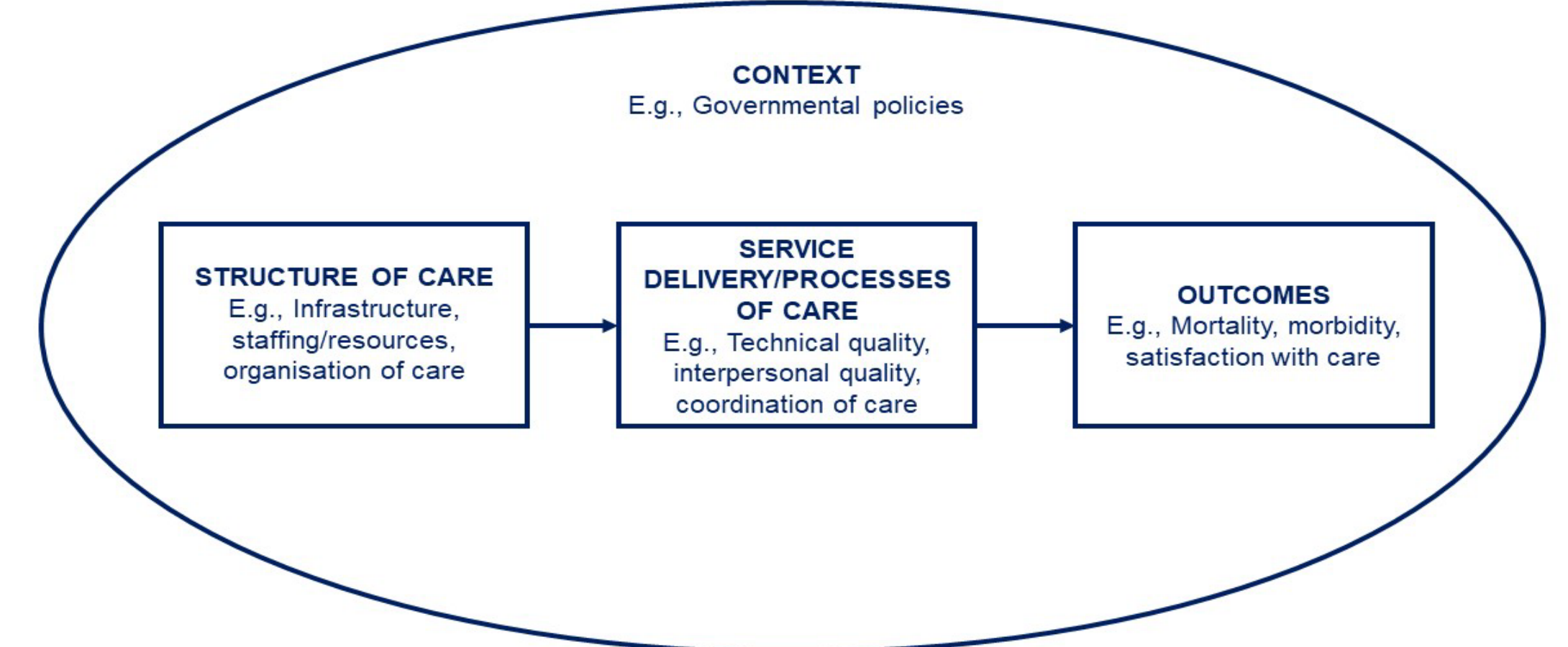


Figure 1. Conceptual framework underpinning the review (adapted from [4, 5])

RESULTS

18 policies in England and 21 policies in Scotland were reviewed (see Figures 2 and 3).

4 main policy themes emerged, common to both countries:

- Integration of care
- Adult social care reform
- Prevention and supported self-management
- Improving mental health care

Cross-cutting themes included:

- Person-centred care
- Addressing health inequalities
- Promoting use of technology
- Improving outcomes and data

The main policy commonalities and differences are summarised in Table 1

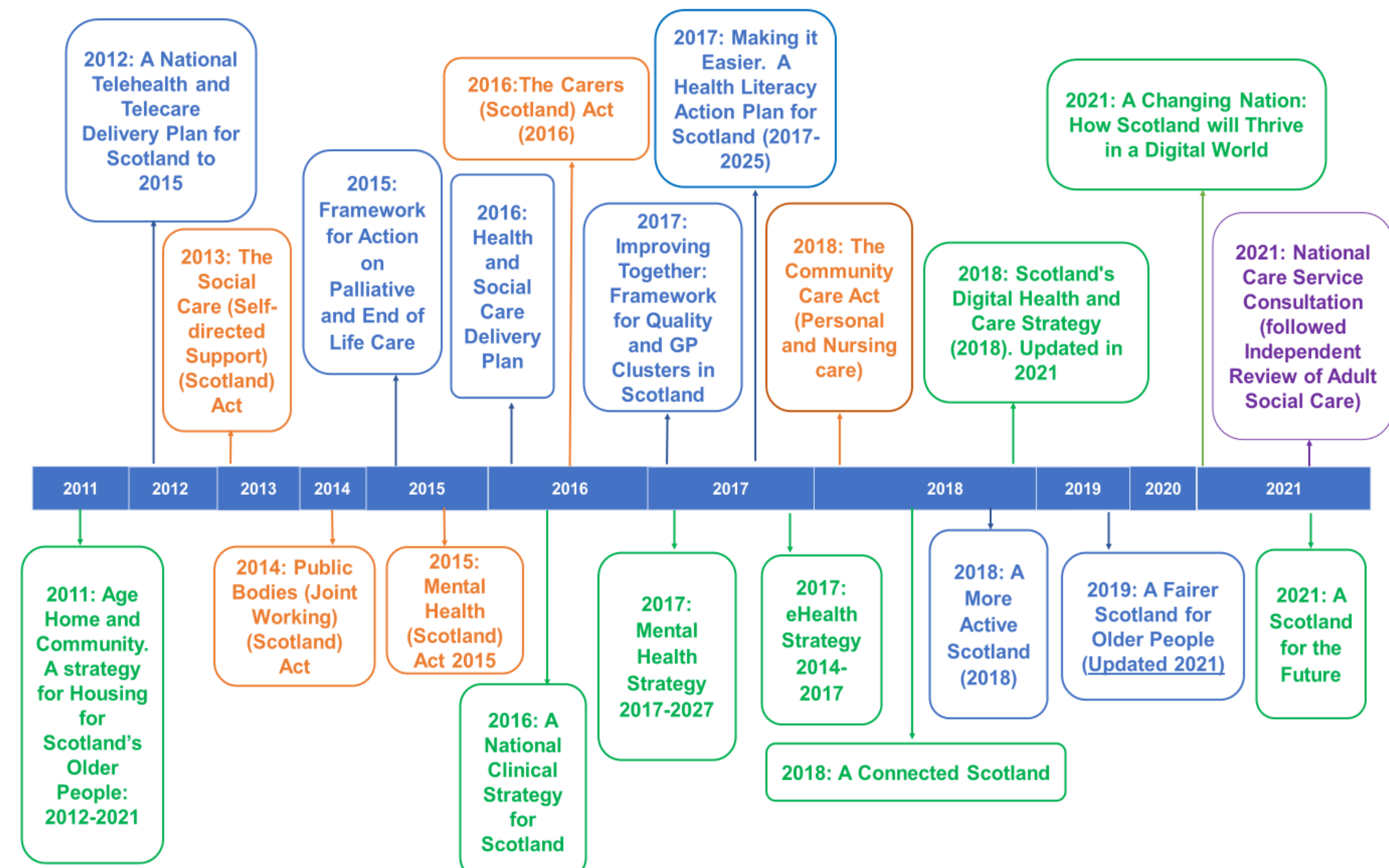


Figure 3. Timeline of policies in Scotland from 2011-2021

Key: Government Acts are orange; strategy is green; frameworks/delivery plans are blue; consultations are purple.

DISCUSSION & CONCLUSION

- Despite diverging policies, the vision for the health and social care of older people is similar in England and Scotland.
- There are differences in the structure of care e.g., a faster pace of change and financial incentivisation in England and key differences in delivery/funding of care e.g., free personal care in Scotland.
- There is limited evidence to date of differences in performance and patient outcomes
- There are challenges with data linkage/sharing, especially in social care

Table 1. Summary of main policy commonalities and differences in England and Scotland

	Commonalities		Differences
		England	Scotland
<b>Structure of care</b>	<ul style="list-style-type: none"> <li>• Free at the point of healthcare</li> <li>• Drive towards integration of care</li> <li>• Focus on reform of adult social care</li> </ul>	<ul style="list-style-type: none"> <li>• Market orientated healthcare policies</li> <li>• A lot of competition, now being reduced</li> <li>• Top-down approach determined by central government</li> <li>• Complex organisational structure</li> <li>• Faster pace change</li> </ul>	<ul style="list-style-type: none"> <li>• Competition discouraged</li> <li>• Small parallel private health care provision</li> <li>• Bottom-up approach determined locally</li> <li>• More stable organisational system</li> <li>• Slower pace of change</li> </ul>
<b>Service delivery/processes of care</b>	<p>Focus on:</p> <ul style="list-style-type: none"> <li>• Prevention and supported self-management</li> <li>• Mental health</li> <li>• Anticipatory and end of life care</li> <li>• Person-centred care</li> <li>• Technology and data</li> <li>• Addressing health inequalities</li> </ul>	<ul style="list-style-type: none"> <li>• Means-tested personal care</li> <li>• Most adults pay prescription charges</li> <li>• 'Choosing Wisely' initiative [5]</li> <li>• Patients can choose where some health care is delivered e.g., hip replacement.</li> </ul>	<ul style="list-style-type: none"> <li>• Free personal care</li> <li>• Free prescriptions for all</li> <li>• 'Realistic Medicine' initiative [6]</li> <li>• Less patient choice for where health care is delivered</li> </ul>
<b>Outcomes [7-10]</b>	<p>Performance between 2011-2021 has varied over time and includes:</p> <ul style="list-style-type: none"> <li>• Possible reduction in unplanned hospital admissions</li> <li>• Some improvement in collaborative working</li> <li>• Some improvement of integrated care to patient experience</li> </ul>	-	-

Opportunities for future research and policy recommendations include:

- An integrated, routinely collected national dataset to monitor and report comparable data across health and social care in the UK.
- More focus on understanding the impact of technology on widening social and health inequalities for older people.
- More long-term evaluation of outcomes relevant to older people.

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The authors are supported by the Advanced Care Research Centre (ACRC), which is funded by Legal and General PLC. (as part of their corporate social responsibility (CSR) programme, providing a research grant to establish the independent Advanced Care Research Centre at University of Edinburgh). The funder had no role in the conduct of the study, interpretation, or the decision to submit for publication. The views expressed are those of the authors and not necessarily those of Legal and General PLC. We thank ACRC PPI contributors for their support in the review process.

EK is supported by an NIHR Senior Investigator Award and is Director of the National Institute of Health and Care Research (NIHR) Applied Research Collaboration (ARC) North-East and North Cumbria (NENC) (NIHR200173). BH and NA are supported by the NIHR ARC NENC. AOD is also funded by a NIHR Advanced Fellowship (ADEPT: Alcohol use disorder and Depression Prevention and Treatment, Grant: NIHR300616). The NIHR have not had any role in the design, implementation, analysis, write-up and/or dissemination of this research. The views expressed are those of the authors and not necessarily those of NIHR.