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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 2023.

- 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.

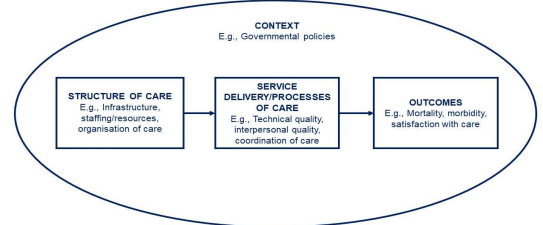


Figure 1. Conceptual framework underpinning the review (adapted from [4, 5])

RESULTS

27 policies in England and 28 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

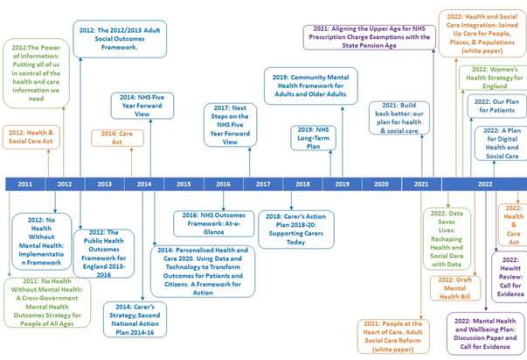


Figure 2. Timeline of policies in England from 2011-2023
Key: Government Act/Bill/white paper is orange; strategy is green; frameworks/delivery plans are blue; consultations are purple

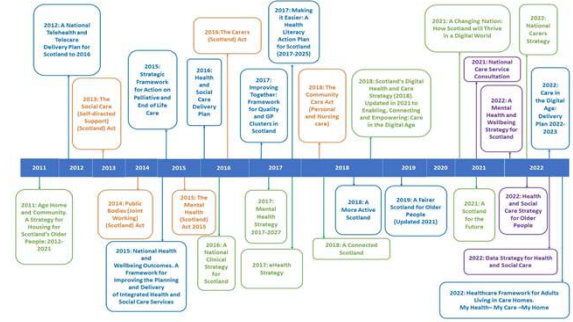


Figure 3. Timeline of policies in Scotland from 2011-2023
Key: Government Acts are orange; strategy is green; frameworks/delivery plans are blue; consultations are purple

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	
Structure of care	<ul style="list-style-type: none"> • Free at the point of healthcare • Drive towards integration of care • Focus on reform of adult social care 	<ul style="list-style-type: none"> • Market orientated healthcare policies • A lot of competition, now being reduced • Top-down approach determined by central government • Complex organisational structure • Faster pace change 	<ul style="list-style-type: none"> • Competition discouraged • Small parallel private health care provision • Bottom-up approach determined locally • More stable organisational system • Slower pace of change 	
Service delivery/processes of care	<p>Focus on:</p> <ul style="list-style-type: none"> • Prevention and supported self-management • Mental health • Anticipatory and end of life care • Person-centred care • Technology and data • Addressing health inequalities 	<ul style="list-style-type: none"> • Means-tested personal care • Most adults pay prescription charges • 'Choosing Wisely' initiative [5] • Patients can choose where some health care is delivered e.g. hip replacement 	<ul style="list-style-type: none"> • Free personal care • Free prescriptions for all • 'Realistic Medicine' initiative [6] • Less patient choice for where health care is delivered 	
Outcomes [7-10]	<p>Performance between 2011-2023 has varied over time and includes:</p> <ul style="list-style-type: none"> • Possible reduction in unplanned hospital admissions • Some improvement in collaborative working • Some improvement of integrated care to patient experience 			

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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