A comparative overview of health and social care policy for older people in England and Scotland, United Kingdom (UK)

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Corresponding Author:	Stewart W. Mercer, PhD, MB,ChB, MSc, BSc The University of Edinburgh College of Medicine and Veterinary Medicine UNITED KINGDOM
First Author:	Navneet Aujla
Order of Authors:	Navneet Aujla
	Helen Frost
	Bruce Guthrie
	Barbara Hanratty
	Eileen Kaner
	Amy O'Donnell
	Margaret E Ogden
	Helen G Pain
	Susan D Shenkin
	Stewart W Mercer
Abstract:	Background Responsibility for health and social care was devolved to Scotland in 1999, with evidence of diverging policy and organisation of care compared to England. This paper provides a comparative overview of major health and social care policies in England and Scotland, published between 2011-2021, relating to the care of older people. Methods We searched United Kingdom (UK) and Scotland government websites for macro-level policy documents between 2011-2021 relating to health and social care of older people (aged 65+). Data were extracted, and emergent themes were summarised according to Donabedian's structure-process-outcome model. Results We reviewed 18 policies in England and 21 in Scotland. Four main policy themes emerged that were common to both countries. Two related to structure of care: integration of care and adult social care reform. Two related to service delivery/processes of care: prevention and supported self-management and improving mental health care. Cross-cutting themes included person-centred care, addressing health inequalities, promoting use of technology, and improving outcomes. Conclusion Despite differences in structure of care, including a faster pace of change, more competition, and financial incentivisation in England compared to Scotland, there are similarities in policy vision around delivery/processes of care (e.g., person-centred care) and performance and patient outcomes. Lack of national health and social care datasets hinders evaluation of policies and comparison of outcomes between both countries.
Suggested Reviewers:	Katherine H Checkland, PhD Professor, The University of Manchester Katherine.H.Checkland@manchester.ac.uk Prof Checkland has research experience of the interaction between health policy and organisations within the health service.

	Mark Exworthy, PhD Professor of Health Policy and Management, University of Birmingham m.exworthy@bham.ac.uk
	Tim Doran, MBChB Professor of Health Policy, University of York tim.doran@york.ac.uk Prof Doran has experience of research into the impacts of health and social policies on health inequalities, and the effects and unintended consequences of quality improvement initiatives in healthcare.
	Sandra Mounier-Jack, MSc MBA ASSOCIATE PROFESSOR IN HEALTH POLICY, London School of Hygiene & Tropical Medicine Sandra.Mounier-Jack@lshtm.ac.uk

A comparative overview of health and social care policy for older people in England and Scotland, United Kingdom (UK)

Navneet Aujla*[1,3], Helen Frost*[2], Bruce Guthrie[2], Barbara Hanratty[1,3], Eileen Kaner[1,3], Amy O'Donnell[1], Margaret E. Ogden[4], Helen G. Pain[4], Susan D. Shenkin[2], Stewart W. Mercer[2]

* Contributed equally and should be considered as joint first authors.

Affiliations:

1. Population Health Sciences Institute, Newcastle University, UK

2. Advanced Care Research Centre, Usher Institute, University of Edinburgh, UK

3. NIHR Applied Research Collaboration North-East and North-Cumbria, Newcastle University, UK

4. Public contributor, UK

Corresponding author:

Professor Stewart Mercer

Advanced Care Research Centre

Usher Institute – University of Edinburgh

Old Medical School

Teviot Place

Edinburgh

EH8 9AG

Email: stewart.mercer@ed.ac.uk

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Conflict of interest

The authors have no conflicts of interest to declare.

Highlights

- Four policy themes, and four cross-cutting themes, common to both countries, emerged.
- Themes were summarised and compared between the countries using Donabedian's structure-process-outcome model.
- Despite structural differences in care, policy direction was similar in both countries.
- There were similarities in performance and patient outcomes in England and Scotland.
- Limited health and social care data hinder policy evaluation and outcome comparisons.

Author contributions

NA, HF, BG, BH, EK, AOD, MEO, SDS, and SWM were involved in conceptualising and designing the review. NA and HF curated and analysed the data. BG, BH, EK, AOD, SDS, and SWM supervised and supported the review, and with MEO, contributed to refining the policy themes and interpreting the findings. HGP also supported interpretation of the review findings. NA and HF contributed equally to leading and writing of drafts of the paper. All authors were involved in reviewing and editing drafts and approved the submitted version.

Abstract

Background

Responsibility for health and social care was devolved to Scotland in 1999 with evidence of diverging policy and organisation of care compared to England. This paper provides a comparative overview of major health and social care policies in England and Scotland published between 2011-2023 relating to the care of older people.

Methods

We searched United Kingdom (UK) and Scotland government websites for macro-level policy documents between 2011-2023 relating to the health and social care of older people (aged 65+). Data were extracted and emergent themes were summarised according to Donabedian's structure-process-outcome model.

Results

We reviewed 27 policies in England and 28 in Scotland. Four main policy themes emerged that were common to both countries. Two related to the structure of care: integration of care and adult social care reform. Two related to service delivery/processes of care: prevention and supported self-management and improving mental health care. Cross-cutting themes included person-centred care, addressing health inequalities, promoting use of technology, and improving outcomes.

Conclusion

Despite differences in the structure of care, including more competition, financial incentivisation, and consumer-based care in England compared to Scotland, there are similarities in policy vision around delivery/processes of care (e.g. person-centred care) and performance and patient outcomes. Lack of UK-wide health and social care datasets hinders evaluation of policies and comparison of outcomes between both countries.

Introduction

Similar to trends in other high-income countries, the United Kingdom (UK) population is ageing rapidly, due to a combination of decreased fertility and birth rates, and increasing life expectancy [1]. Across Europe, the proportion of people aged 65 years or over is rising at a faster rate than those aged below 65 [2], and is increasing faster than the UK in some countries, such as Italy [3]. The number of years spent in good health, however, is declining more rapidly in the UK than other European countries [4]. Disability-free life expectancy, which is often linked to socioeconomic disadvantage, has been falling in the UK in recent years with the biggest reductions in Scotland and parts of England, including the North-East, Midlands, and South-East of England, compared to the rest of the UK [5].

Older people are at risk of preventable non-communicable diseases, such as stroke, and multiple long-term conditions (multimorbidity) [6, 7]. Major risk factors, such as obesity, are exacerbated by factors including poor diet, lack of exercise, tobacco smoking and excessive alcohol intake, which are often rooted in the social determinants of health, such as poverty/disadvantage [6, 7]. Older people are also at risk of frailty and falls [9], and poor mental health and wellbeing, which worsened during the Covid-19 pandemic due in part to social isolation and loneliness [10, 11]. Supporting older people to live happier, healthier, and more independent lives for longer is a priority in the UK and globally [12-14]. However, to design future new models of health and social care, a more detailed understanding of the Government's vision in this area is required.

There are challenges in providing care for older people with complex health and social care needs [15]. The healthcare system remains largely based on a 'single-disease' model, which emphasises acute/episodic care for one condition at a time [7]. Care for people with multimorbidity, however, is often complex, long-term, and requires coordination between services and specialties [7]. In addition, health and social care, though inextricably linked, are often poorly integrated, resulting in a lack of consistency of care for patients [7]. The pandemic has placed unprecedented pressure on an already overextended health and social care sector and has further highlighted the interdependence of health and social care and the relative underfunding of adult social care in the UK, which is now in crisis [17-19]. The pandemic has also widened the gap of existing health inequalities between different regions in the UK and different ethnic and socioeconomic groups [21].

In 1999, responsibility for health and social care was devolved to the newly formed Scottish Parliament [22]. There is still commonality in the National Health Service (NHS) in all four UK nations, in that care is centrally financed through general taxation [22]. However, there are an increasing number of differences, such as the abolishing of prescription charges in Scotland but not in England [22]. Both countries face the shared problem of providing care for a rapidly growing population of older people with complex needs but given devolution may choose to respond to this problem differently. A comparison of health and social care policy for older adults in England and Scotland is, therefore, warranted [23]. Such a comparison may also be of international interest, especially in countries that have devolved health and social care policies at regional or provincial level.

This paper provides a comparative overview of major health and social care policies for older people, defined as those aged 65 years or older, in England and Scotland between 2011 and 2023, when important changes in legislation may have influenced the organisation and delivery of care in each country. The overview is part of a larger programme of work within an interdisciplinary collaboration and is intended to provide necessary context for the development and evaluation of future new models of care to support an ageing population.

Methods

We mapped health and social care policy documents in England and Scotland to:

1. Describe major, overarching, governmental policies directly concerning the physical and mental health, social care, and wellbeing of older people;
2. Summarise the main themes of these policies;
3. Discuss commonalities and differences in policies between both countries; and
4. Summarise opportunities for future research and policy.

Search strategy

We searched the UK government (https://www.gov.uk/) and Scotland government (https://www.gov.scot/) websites for relevant policy documents. Searches tailored to each website were undertaken up to February 2023. The search strategies can be found in the Appendix. We identified further pertinent policy documents through snowballing from included documents and discussion within our multidisciplinary team comprising clinical and academic experts in health and social care, including primary care, geriatric medicine, psychology, and public health.

Inclusion/exclusion criteria

We included a range of policy documents that were categorised as follows [25]**:** *legislation*, which describes the overall vision of governments and policy direction; *strategies*, which outline how to achieve this vision; and *frameworks* and delivery *plans*, which cover the detailed, operational planning to deliver on strategies/national policy. We focused on 'macro-level' policy documents, defined as national, overarching policies from the government or NHS. We included policy documents directly relevant to or specifically focused on older people (aged 65+) that involved supporting older people's physical and mental health, social care, or wellbeing and were published from January 2011 to February 2023. We also included recent consultation documents from government considered pertinent to informing forthcoming policies. Relevant outcome framework documents from government were also included.

We excluded:

- Policy documents at the 'meso-level' [26] (created for example by arm's length bodies such as Public Health England or Health Improvement Scotland [27]) and 'micro-level' at smaller area-level within a country.
- Policy documents focused on a specific health problem, such as dementia, incontinence, and suicide, or focused on specific care, e.g. pharmaceutical care. Mental health policy documents that generally relate to people's mental wellbeing were included, but those relating to a specific mental health problem (e.g. depression) were excluded.
- Policy documents incorporated within or superseded by more recent policy documents, unless they provided additional information not already covered elsewhere, and
- Any other policy document that did not fit within our categories, including reports/audits, priority setting/call to action/statement of intent documents, and documents relating to national programmes, workforce performance funding arrangements, procurement or infrastructure, and national clinical standards.

Data synthesis

We extracted the following data from each policy document into tables: author(s)/year published, document type, target population, main aim/vision, main actions and recommendations, evaluation

strategy (planned, actual), and details about health inequalities. Two researchers with topic knowledge independently reviewed the tabulated data for England and Scotland to identify emergent policy themes, which were then compared and final themes were agreed by consensus within the team.

After identifying the policy themes, we organised them based on Donabedian's structure-process-outcome model, which has been used extensively in health services research focused on measurement of quality of care [28]. This model suggests that quality of care can be evaluated based on three causally linked components: structure-process-outcome. Patient outcomes, such as mortality, morbidity, and satisfaction with care, are described as being directly affected by service delivery/processes of care, such as technical and interpersonal principles of care (e.g. person-centred care), which are in turn affected by the structural elements of care, including financing, resources, and overall organisation of care [28]. As shown in Figure 1, the structure, process, and outcomes of care are likely to be shaped by the context in which care is delivered, including governmental policies [29]. Donabedian's model [28] helped structure our comparison of the organisation and delivery of care for older people between England and Scotland, and allowed us to identify the level at which commonalities and differences lie (i.e. at the structure, process, or outcome). We based this comparison on a synthesis of our policy review and findings from the broader literature.

Results

Twenty-seven policies relating to the physical and mental health, social care, and wellbeing of older people were identified in England, including six Acts/Bills/white papers, four strategies, 14 frameworks/delivery plans and three consultations. Twenty-eight policies were identified in Scotland, including five Acts, nine strategies and 10 frameworks/delivery plans and four consultations. The publication timelines are summarised in Figures 2 and 3, and the policy documents are described in Table 1. Four inter-related policy themes and four cross-cutting themes emerged, which we describe below.

Policy themes across England and Scotland

Four inter-related policy themes emerged that are shared across England and Scotland. In line with Donabedian's model [28], two of four policy themes primarily related to the **structure of care**: integration of care and adult social care reform. The other two policy themes related more to the **service delivery/process** aspects of care: prevention and supported self-management and improving mental health care.

Structure of care

Integration of care

Integrated care is about "bringing together key aspects in the design and delivery of care systems that are fragmented" (p1) [30]. Integration of care has been a concern in both England and Scotland for many years because of acknowledged problems with fragmentation and poor coordination of support for people with complex needs, including older people.

In England, integration of care at all levels has been emphasised in legislation over the past decade, see for example, the 'Health and Social Care Act' (2012) [31], 'Care Act' (2014) [32], and recent 'Health and Care Bill' (2021) [33] (now enacted [34]), 'Putting People at the Heart of Care White Paper' (2021), and 'Health and Social Care Integration: Joining Up Care for People, Places, and Populations' white paper (2022) [35]. The 'NHS Five Year Forward View' (2014) included the development of new models of care to improve service integration [36]. One example is the Multispecialty Community Provider model, which brought healthcare professionals together to improve out-of-hospital care in the community, such as for older people with frailty. This model was examined across Vanguard sites from 2009, alongside Primary and Acute Care Services, Acute Care Collaborations, and Enhanced Health in Care Homes. A further example was the Integrated Care Pioneers across England. Following the 2019 'NHS Long-Term Plan' [37], 42 Integrated Care Systems have been created covering the whole of England, each comprising Integrated Care Partnerships, involving a range of providers; and Integrated Care Boards, which will take over some of the commissioning responsibilities of abolished Clinical Commissioning Groups [33, 37]. Clinical Commissioning Groups formed following the 'Health and Social Care Act' (2012) [31], and comprised several general practices working together within specified boundaries, to commission suitable services for their patients/local population. General practices are now being incentivised to form around 1250 Primary Care Networks [37], which are based on the same geographical boundary but with more of a focus on service delivery and expanding and connecting a range of local providers across sectors, including voluntary services. Primary Care Networks will receive additional funding to work on national priorities, such as reducing discharge delays and avoidable emergency attendances

and admissions [37]. Plans for the oversight and governance of Integrated Care Systems in England are now being considered in the 'Hewitt Review: Call for Evidence' (2022) [38].

In Scotland, several policies aimed to promote integrated approaches to supporting care for all, including older people [39-49]. The concordat between the Scottish government and local authorities to develop integrated services was written into law by the 'Public Bodies (Joint Working) Scotland Act' [39] in 2014, which required NHS boards to work in partnership with local authorities and community planning groups in Integration Authorities. The 31 Integration Authorities operate in partnership with 14 NHS boards and 32 councils with arrangements that vary depending on size, local context, and available resources. Integration Authorities divide their areas into at least two localities and provide strategic leadership. Locality-based health and social care partnerships deliver and organise services with support from the Health Boards. However, this may change with plans for the National Care Service [50], where responsibility for social care may be taken away from local authorities and controlled by central Scottish government. The National Care Service also proposes to establish Community Health and Social Care Boards that will take responsibility for the delivery of social care, replace Integration Authorities, and be accountable to Scottish Ministers.

Alongside these changes, the first phase of a new general practice contract was introduced from 2016 [42] with the abolition of the Quality and Outcomes Framework pay-for-performance system in primary care – used widely in England. General practices were incentivised to form local clusters with a dual role of improving quality of primary care and providing local leadership in the integration of care. In April 2018, the new Scottish general practice contract formalised cluster working and started a significant expansion of the primary care multidisciplinary team via Health Board employed staff attached to general practices. Negotiation of phase two of the new contract is ongoing.

Adult social care reform

An additional key emerging policy theme in both countries is around reforming adult social care, a sector that has been strained and under-resourced for many years as highlighted by the pandemic.

In England, the 'Care Act' (2014) [32] introduced a new framework for local authority means-tested payments for personal care and support for older adults, which was intended to ensure payment parity for everyone. The 'Care Act' also included new rights for unpaid carers, including carers' assessments, and support for improving carers' wellbeing, which is also a focus of later policies [51, 52]. The recent 'People at the Heart of Care: Adult Social Care Reform White Paper' (2021) [53] outlined three main objectives:

1. Choice, control, and support for independent living;
2. Access to personalised and high-quality care and support; and
3. Fairness and accessibility of care for all.

Several changes to previous arrangements were outlined, including: a Health and Social Care Levy of 1.25% to National Insurance contributions of people of working age from April 2022 (reversed in September 2022 [54]); a lifetime cap on adult social care costs from October 2023 ('cap and means test' reforms) [55]; more financial support to people with fewer assets; wider system-level support for the care sector to improve service delivery; and changes in funding arrangements to support local integration of care. The recent, 'Our Plan for Patients' (2022), outlined a new £500 million 'Adult Social Care Discharge Fund,' designed to facilitate discharge of older patients from hospital into the community with additional funds to support the social care workforce, including international recruitment [56].

Scotland diverged from England in 2002 when free nursing and personal care, instead of means-tested personal care, was introduced for adults over 65 years (see Table 2). In 2018, the 'Community Care Act (Personal and Nursing Care)' [57] extended this legislation to include younger adults under 65. In addition, the 'Social Care (Self-directed Support) (Scotland) Act' [58] was introduced in 2013 to provide support for carers during an emergency through their local authorities and the 2016 'Carer's Act' [59] aimed to enable easier and fairer access to care and creation of rights for unpaid carers.

The 'Independent Review of Adult Social Care' [60] in Scotland set out a new approach to social care focused on equality and person-centredness that moved away from crisis management to emphasising social care as preventative, anticipatory, collaborative, and supporting independent living. The review led to the 'National Care Service' consultation paper [50]. Alongside this, the 'National Carers Strategy' (2022) was developed with a broader ambition to change the way care is accessed and delivered [61].

In both countries, integrating health into policies on the wider determinants of health, such as housing, has been mentioned. In Scotland, a specific strategy for housing for older people was published in 2011 [62]. Housing was also a feature of 'A Fairer Scotland for Older People. A Framework for Action' (2021) [47], alongside recognising older people as 'assets' within a community. This is similar to England, where integrating housing into health and social care delivered locally was also mentioned, including supported living options and practical support, such as adaptations to maintain people's homes for independent living for as long as possible [37, 63, 64].

Delivery/processes of care

Prevention and supported self-management

Prevention and supported self-management has been embedded across several policies in England and Scotland and is driven by concerns around rapid population ageing, rising multimorbidity, and increased emergency admissions to hospital.

In England, a renewed focus on public health and prevention was mentioned in the 2012 'Health and Social Care Act' [31] where local authorities were given back responsibilities for improving local public health (after a transfer in the opposite direction in 1974). Preventative care was also emphasised in the 2014 'NHS Five Year Forward View' [36] and 'Next Steps on the Five Year Forward View' published in 2017 [64]. The 2019 'NHS Long-Term Plan' [37] further promoted a focus on out of hospital care, including urgent care, reablement, support for care homes and ageing well, and delays in discharge from hospital. This was echoed in the 'Our Plan for Patients' (2022) [56] and the recent 'Women's Health Strategy for England' (2022) [65] that considered improving care for women across the life course.

In Scotland, the need to provide preventative care has been embedded within many policies. For example, the 2016 'National Clinical Strategy for Scotland' [40] set out the triple aim of 'better care, better health, and better value' with a move towards anticipation, prevention, and self-management and working more closely across sectors. 'A More Active Scotland' (2018) [66] provided plans to encourage and support older people to move more, often through various initiatives such as the 'Take the Balance Challenge' that is specifically aimed at preventing frailty. Self-management was also the focus of the 'Making it Easier: A Health Literacy Action Plan for Scotland' and put in place ambitious plans to support people to improve their understanding and knowledge of health [67].

Improving mental health care

Improving mental health care in the population, including for older people, has been a policy goal in both countries for many years, further highlighted by experiences of the pandemic.

Mental health is the focus of several policies in England [36, 37, 64, 65, 68-72]. The 'No Health Without Mental Health Strategy' (2011) covered the life course and focused on improving quality of mental health care, including for mental and physical health problems, alongside people's experiences of care, and reducing stigma and discrimination [68]. It also addressed the wider determinants of mental illness, such as social isolation in older adults [68]. There was a further commitment to improving mental health services in the 'NHS Five Year Forward View' (2014) [36], followed by the 2019 'NHS Long-Term Plan,' which focused on issues such as improving access to mental health services for individuals with long-term conditions and older people in the community (e.g. a 'round-the-clock' crisis response by 2021) and better prevention, early intervention, and service integration [37]. A 'Reforming the Mental Health Act' white paper, published in 2021 and updated to a 'Draft Mental Health Bill' in June 2022 [72], promoted legislative change to improve mental health services for the future and enable people with mental illness to have more say over their care [71]. The 'Women's Health Strategy for England' (2022) [65] noted the need to prevent mental health problems amongst women in later life and a recent consultation developed a 10-year cross-government plan for improving population mental health and wellbeing across England [73].

Similar to England, addressing mental health issues is considered a priority across the life course in Scotland. The 'Mental Health Strategy' (2017) [43], supported by the 'Mental Health Act' [74] and updated 'Mental Health and Wellbeing Strategy' (2022), committed to working across the NHS to provide psychological therapies and a range of interventions for people aged over 65 years. A commitment to supporting older people with mental health problems is reiterated in the 'Fairer Scotland for Older People Framework for Action' [47] and 'A Connected Scotland: Our Strategy for Tackling Social Isolation and Loneliness and Building Stronger Social Connections'. These documents set out priorities to improve mental health through empowering communities, prompting positive attitudes and tackling stigma around mental illness, promoting community connections, and supporting social infrastructure [46].

Cross cutting themes

Four cross-cutting themes emerged. Three themes related to the **service delivery/process** aspects of care: person-centred care, addressing health inequalities, and promoting the use of technology for health. One theme related to health and social care **outcomes**.

Delivery/processes of care

Person-centred care

Person-centred care is documented throughout policies in both countries and is particularly important in caring for older people with complex needs, who may lack capacity for decision-making, and with their families, may face choices around palliative and end of life.

In England, 'personalisation of care' was mentioned in several policies [31, 33, 35-37, 64, 65, 71, 75]. The 'NHS Long-Term Plan' (2019) suggested that more personalisation of care could help deliver 'person-centred care' and improve anticipatory and end of life care and support independent living, such as the roll out of personal health budgets that give individuals more choice and control over their own care [37]. The 'Power of Information: Putting All of Us in Control of the Health and Care

Information We Need' (2012) [76] outlined the rights of patients to information about themselves and their illness and care and was considered key to improving quality and integration of care and addressing health inequalities [76]. This is similar to the approach in Scotland and central to the 'A Health Literacy Action Plan for Scotland' (2017) [67].

Person-centred care is embedded within several policies in Scotland [40-43, 46, 47, 67] including 'Improving Together: A National Framework for Quality and GP Clusters in Scotland' (2017) [42], the 'Health and Social Care Delivery Plan' (2016) [41], and the 'Strategic Framework for Action on Palliative and End of Life Care' (2015) [77]. These policies focused on providing people opportunities for people to discuss their end of life care and access to palliative care when needed [77]. In Scotland, person-centred care was the focus of the Chief Medical Officer's vision for 'Realistic Medicine,' included in the 'National Clinical Strategy for Scotland' (2016) [40]. This encouraged honest and open dialogue between health and social care providers, shared decision-making, and reduction of harm and unwarranted variation in clinical practice. A related approach to 'Realistic Medicine,' called 'Choosing Wisely,' was mentioned in the 2014 'NHS Five Year Forward View' in England [36].

Addressing health inequalities

The importance of addressing health inequalities in vulnerable and marginalised communities (including older people) has been documented in several policies across both countries.

In England, policies have focused on improving prevention, reducing unmet healthcare need, and making sure that the delivery of care works well for everyone [31, 33, 36, 37, 64, 65, 68, 70, 71]. This includes deprived communities, people from black and minority ethnic backgrounds, homeless people, unpaid carers, women, and individuals with mental health problems and multimorbidity. The 'People at the Heart of Care: Adult Social Care Reform White Paper' (2021) [53] specifically mentioned the need to improve quality of care for older people across geographical regions and to address digital exclusion. The new Integrated Care Systems are considered key in addressing health inequalities across England [35, 37].

In Scotland, the 'Health and Social Care Delivery Plan' (2016) [41] described a vison for 'better health,' aiming to reduce health inequalities by adopting an approach based on anticipation, prevention, and self-management. The 'Active Scotland Delivery Plan' also focused on reducing inequalities and addressing disparities for older people by widening opportunities to participate in physical activity [66]. The latest framework for action, 'A Fairer Scotland for Older People' (2021) [47] was specific to older people. It referred to planning through an 'equality lens' across several issues including fuel poverty, financial security, providing health and social care provision, and introducing technology-enabled care. The recent 'A Scotland for the Future' strategy (2021) [78] pledged to continue investment in reducing health inequalities to ensure that people are supported to live longer healthier lives.

Promoting the use of technology for health and social care

There are several policies across England and Scotland that share a vision to embrace and enhance the use of technology in health and social care to support older people. Technologies fall into many categories, including:

1. Helping to integrate service delivery and improve access to data between institutions and professionals (covered later);
2. Supporting older people and their carers to live independently at home through digital clinical care (e.g. telecare, telehealth) [32, 40, 74]; and
3. Using sensor technologies [43], e.g. sensors to prevent falls at home [48].

In England, there has been a focus on digitally enabling care, such as through electronic health records, online appointment booking and repeat prescriptions, expanding the use of health apps and smartphones for healthcare use, and the development and rapid adoption of new assistive technologies [36, 37, 53, 64, 75]. Numerous innovations have been implemented such as initial rollout of an NHS app for patients to access their GP record and book appointments, and use of the Electronic Prescription Service by over 90% of general practices in England [37]. A Global Digital Exemplar programme involving 26 trusts was established to lead digital work in the NHS in England [37]. In the recent 'A Plan for Digital Health and Social Care' (2022) [79], the NHS App was considered key to improving the personalisation of care, and there was a vision to expand the capabilities and features of the NHS App and website to help them become a 'digital front door to the NHS' [79].

Scotland also has a vision for technology to play an increasing role in transforming care. The aim to improve access and availability of telehealth and telecare services was set out initially in the 'National Telehealth and Telecare Delivery Plan' in 2012 [80] and in the 'eHealth Strategy' in 2017 [44]. The objective was to embed telehealth and telecare within whole system pathways and support web-based triage and consultation systems in secondary and primary care. Further technology specific policies followed, including the 'Digital Health and Care Strategy: Enabling, Connecting, and Empowering' (2018) [45] (updated in 2021 [49]), with a vision to empower people to manage their own health with the support of digital technology. Another strategy, 'A Changing Nation: How Scotland will Thrive in a Digital World,' was published in 2021 [48], and continues to be updated [81], describing key actions including attention to inclusiveness with an ethical and user-focused approach, enabling digital skills and connecting older people to services.

Health and social care outcomes

Outcomes were mentioned in several policy documents across England (e.g. [31, 37, 68]) and Scotland (e.g. [41, 47, 78]). Although there was limited evaluation of health and social care outcomes in the policy documents themselves, secondary reports of case studies or audit data were commonly referred to with limited detail.

In England, several complementary documents were identified with a focus on 17 overlapping outcomes (see Figure 4): the 'No Health Without Mental Health: A Cross-Governmental Mental Health Outcomes Strategy for People of All Ages' (2011) [68]; 'Adult Social Outcomes Framework' (2012) [82]; 'NHS Outcomes Framework' (2016) [83]; and 'Public Health Outcomes Framework' (2016) [84] (see Table 2). The Quality and Outcomes Framework for general practices in England was also mentioned in the 'NHS Long-Term Plan' [37], and covers a range of clinical, public health, and quality improvement indicators [85] with a new version including the most effective indicators and designed to facilitate more personalised care [86].

A particular goal of policy documents in England has been to 'level up' outcomes across geographical areas [63, 68]. The aim has been to create a single set of health and social care outcomes that each locality in England can focus on delivering [63]. These outcomes would sit alongside improving data linkage and sharing throughout the health and social care system, accessing and transparency of data, supported by a strong data infrastructure, as outlined in the draft 'Data Saves Lives: Reshaping Health and Social Care with Data' strategy, published in June 2021 [87] (updated to a final version in June 2022 [88]).

In Scotland, the drive to improve access to data and services, infrastructure and skills, and manage health and care data for research and innovation has been central to 'How Scotland will Thrive in a

Digital World' [48]. The 'National Health and Wellbeing Outcome Framework' (2015) [89], applicable to all Health Boards, local authorities, and Integration Authorities, focused on improving quality of care and experiences of people using the services, including family and carers. Integration Authorities provide annual performance reports based on core Scottish national indicators designed to assess the nine health and wellbeing outcomes (see Figure 4) [89, 90]. The Scottish national indicators [90] and health and wellbeing outcomes [89] seek to track the progress of Scottish government policies drawing on routinely collected data and survey data [40, 41, 66]. The 'National Performance Framework,' published in 2018 [48, 78, 89], described a vision for improving health and wellbeing, taking into account the wider determinants of health, including economic, social and environmental factors [48, 89].

Discussion

Key commonalities and differences in policies for England and Scotland are summarised in Table 2, and elaborated below according to Donabedian's model [28].

Structure of care in England and Scotland

The structure of health and social care across England and Scotland is similar in terms of being mostly free at the point of care, primarily funded by general taxation, and primary care being the gatekeeper for secondary specialist referral with both countries having a similar social care structure.

Differences and challenges

England has tended to follow 'top down' re-organisation of care, such as the new Integrated Care Systems and Primary Care Networks, with a historical emphasis on market-orientation, competition, and consumer-based care, alongside target-setting policies that use financial incentives to improve quality of care (e.g. the Quality and Outcomes Framework). In England, several more intermediate levels of organisation have created a fragmented structure where local government and the NHS often work in 'silos' [92] and are frequently re-organised by central government [22, 93, 94]. In Scotland central control over the NHS also prevails, but generally there has been more structural stability with the intention to support sustained collaboration and build partnerships amongst frontline staff [22, 95-97]. However, due to lack of performance progress [23, 98], Scotland is considering re-structuring again with a proposed 'National Care Service' [50], despite concerns regarding risks to local services, increased central bureaucracy, and loss of the voices of older people [99].

Comparative studies report a more favourable working life for Scottish GPs compared with England, possibly due to encouraging collaboration in primary care, which led to the introduction of the new GP contact [100]. However, there are barriers to strategic success in Scotland, including issues relating to financial shortfalls, leadership and capacity, difficulties recruiting and a high turnover of staff, and disagreement over governance arrangements, a lack of transparency regarding data sharing, and concerns about sustainability [101, 102]

There is a growing emphasis on the position of social care in the move towards integrated care in both countries. For example, the name change of the Department of Health in England to the Department of Health and Social Care in 2018 and a new ministerial position for social care created in parallel [104]. However, the structural changes needed to integrate health and social care are in an early stage of implementation. Communication between different settings, including primary, secondary and social care could be improved by co-location of staff [92] but this may be hampered by concerns around further concentrating power in health [105]. Overall, it is too early to measure the impact of structural changes on integrated care for those with complex needs [91, 92, 101]**.**

Delivery/processes of care in England and Scotland

Policy goals for the delivery/processes of care are broadly similar across England and Scotland. Predominately, there is an awareness of the need to improve the delivery of mental health services, palliative care, and end of life care. For example, England recently initiated a drive towards improving mental health care, including changes to legislation [71, 72]. In Scotland, the Cross Party Group on Mental Health highlighted gaps in the 'Mental Health Strategy' (2017) [43] and made

several recommendations [106], including a specific minister for Mental Wellbeing and Social Care who was appointed in May 2021.

Differences and challenges

An example of divergence between the two countries is free nursing and personal care following an assessment of needs and free prescriptions for all in Scotland, but there is limited evidence of the impact of this policy. In England, provision of social care is means-tested and most adults pay for prescriptions. A recent consultation is considering whether to raise the age for free prescriptions in England to 66-years to align with the State Pension Age [107]. The overall vision of both governments is to shift care to the community where appropriate. There is some evidence in Scotland, however, that this shift of care is thought to have resulted in a reduction of people receiving care in care homes. Furthermore, an increase in the demand for care at home may result in overall increased costs to the Scottish government [108] and free personal care may not always be accessed equally, especially for those with high support needs, e.g. people with dementia [109]. In addition, delayed hospital discharge rates in Scotland have worsened recently compared to England, suggesting that other contextual factors play a large part in hospital discharge planning [110].

Market-orientated care in England aims to introduce choice between different NHS and private sector health and social care providers [111]. Scotland has relied more on internal professional motivation of healthcare workers [112] and collaboration with less competitiveness between healthcare providers. There is a smaller private health care system in Scotland, largely working in parallel to the NHS, with no formal contracts to provide care. The English rationale for offering more patient choice assumes that choice results in competition and therefore better providers get more business that in turn drives worse providers to improve practice [113]. However, some older people are less likely to be able to exert choice over their care due to issues such as cognitive impairment, or lack of ability to travel long distances for care, e.g. for hip replacement. There is little evidence that patient choice in England significantly impacts the efficiency and quality of care [114].

'Personalisation of care' is particularly mentioned in policy documents in England. Personalised care aims to give people choice and control over their care and aligns with the market-orientation, competition, and consumer-based care that has been common in England, and is delivered using approaches such as personal health budgets [37]. In both countries, personalisation of care is considered within the context of person-centred care, which is central to 'Realistic Medicine' in Scotland [42, 66, 67, 115]. By contrast, 'Choosing Wisely' in England aimed to encourage dialogue between patients and clinicians on patients' choices over their care [116], and received arguably less attention from government/NHS in England.

Person-centred care is rarely defined clearly and often in different ways depending on the context. The building blocks typically focus on the relational aspects of care, patient experience, and satisfaction with care, including shared decision-making, self-management support, person-centred planning, and a personal outcomes approach [117], delivered with dignity, compassion, and respect [118]. However, there is no consensus on the essential components of the approach [117-119] and limited data on how to measure it [120]. Evaluation is needed on whether the aspirations of policy in both countries for person-centred care can be both delivered and measured in practice [117, 121].

The focus on technology has advanced rapidly due to the Covid-19 pandemic with many examples of innovation across England and Scotland, e.g. 'Near Me' video conferencing had over 1 million appointments in Scotland in July 2021 [49]. There are moves towards embedding a human rights and ethical perspective in the development and use of technology in both countries [88, 122] as well as

signs of increasing collaboration and discussion with service users [123]. This is important because technology that addresses provider problems (such as improving efficiency in response to staff shortages) may not address older people's problems (such as loneliness or lack of continuity of care). Digital exclusion of older and less affluent people means that technology adoption may further widen inequalities [124] making a digital 'Inverse Care Law' possible [126]. Digital inequality has been described as another 'determinant of health' [127] that is likely to have a cascading affect throughout service provision unless directly addressed. Therefore, there is a need to understand how best to optimise older people's use of technology in order to enhance their experiences of care and not inadvertently increase health inequalities.

Health and social care outcomes in England and Scotland

In accordance with Donabedian's model, any divergence in the structure and service delivery/process of care may lead to different outcomes. Both countries share the vision of improving outcomes for older people but the complexities of care and rapid growth in demand, combined with a lack of comparable data makes evaluating the impact of policy on health and social care challenging [110]. In addition, England and Scotland publish different performance outcomes and as a result, a comparison of data is not always possible [23, 110].

Differences and challenges

An initial difference is that Scotland has published a 'National Health and Wellbeing Outcome Framework' (2015) [89], including but not exclusively for older people. In England, outcomes are summarised across several overlapping policy documents [68, 82-84] that followed a previous 'National Service Framework for Older People' (2001), which outlined the government's 10-year vision for service delivery across several areas (e.g. falls, stroke, and mental health), but were discontinued in 2013 when NHS England was renamed [129].

Despite various policy documents and intent to deliver and record meaningful outcomes, there is little change reported in the core indicators used to assess outcome in both countries with some having worsened [23]. In England and Scotland, the latest audit data highlights serious problems and risks relating to NHS performance since the Covid-19 pandemic, including growing financial pressures, workforce capacity, poor staff wellbeing, backlogs, and increased waiting times [130, 131].

In relation to the care of older people, both countries collect numerous indicators that relate to health and wellbeing outcomes for older people [68, 82-84, 89, 98] (see Figure 4). However, the starting points often differ and the health of the population vary widely across regions, as do resources [94]. In addition, the timing of measurement, either in survey or routinely collected data also vary, even if the metrics are comparable. Hence, previous reports of comparisons across the UK have been limited by the quality of available data [23, 102, 110, 132-137] with very few shared indicators relating to health and social care integration [23].

Since devolution, there is limited evidence available linking policies to performance and impact on patient outcomes in England or Scotland [23]. The lack of infrastructure to accurately record, monitor, link, and share data hinders this comparison [23, 110] and although much can be learnt from shared data, this rarely happens in practice. This is a particular problem in the care sector and for mental health services, limiting our understanding of care and outcomes for some of the most vulnerable individuals [138, 139]. Further research is needed to develop linked and integrated UK-wide datasets [110, 135, 136].

Evidence from and evaluation of different models of integrated care in England and Scotland suggests some improvement in access to services, patient experience, and collaboration between staff but policy expectations of large cost-savings and improved outcomes are currently not being met [140-147]. International evidence reports that whilst the NHS showed some areas of good performance compared to nine other high-income countries, the UK spent the least per capita on health care in 2017 and population health and patient safety were average or below in comparison [148].

Finally, despite being a policy vision for both countries, neither have yet made a demonstrable impact on reducing health inequalities and there is evidence of worsening inequalities following the Covid-19 pandemic [149, 150].

Strengths and limitations

A strength of this paper is that it provides a comprehensive review of macro-level health and social care policy documents for older people in England and Scotland based on factors important in influencing quality of care, as outlined by Donabedian [28]. Although widely used to assess quality of care, Donabedian's model is rarely used for reviewing policy. We have shown it can provide a useful framework for comparing the organisation and delivery of care and health outcomes between countries. We recognise that Donabedian's model does not account for many of the wider contextual issues such as organisational/team culture that may also affect care provision in England and Scotland. We also acknowledge that the meso- and micro-level policies excluded from our review may speak to some of the issues discussed in this paper. Given our focus on high-level aspirations of policy, we also excluded a range of documents from our review that provided primary data on evaluation of outcomes, though we draw on some of this literature in the reflections of our findings. Furthermore, policies are often rapidly changing and updated. While we searched for policy documents published from 2011 to February 2023, others published before 2011 shaped later policies [155] and some will emerge later.

Conclusion

Despite differences in the way that many policies are operationalised in England and Scotland, the vision of policy documents for older adults is similar in both countries. Furthermore, there is no strong evidence of differences in performance and patient outcomes. The shift to new models of care is not happening fast enough to meet the growing need and there are general concerns about financial sustainability, workforce shortages, and lack of funding for embedded rigorous evaluation.

A key challenge across England and Scotland relates to a lack of UK-wide health and social care datasets. This hinders evaluation of policy changes and direct comparison of delivery/processes and outcomes. Overall, opportunities for future research and policy consideration include:

- An integrated UK-wide dataset to monitor and report comparable data across health and social care in the UK;
- More focus on understanding the impact that technology might have in widening social and health inequalities; and
- More long-term evaluation of outcomes relevant to older people including evaluation of person-centred care and unpaid care.

Given that many countries around the world face similar challenges of ageing and care, international comparative studies within and between countries are warranted. The above three issues of data

availability, technological impact, and long term evaluation are also likely to be of relevance to countries other than the UK.

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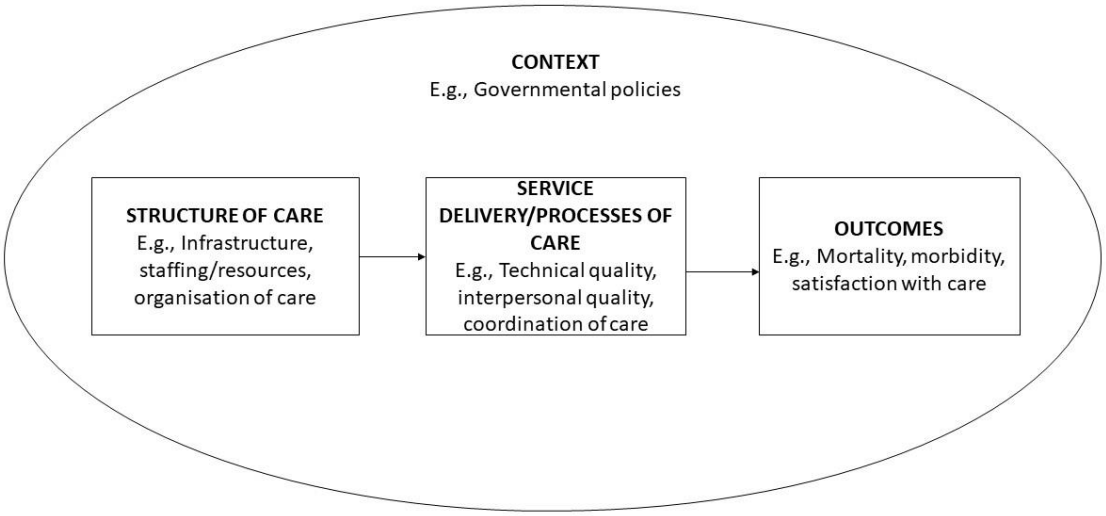

Figure 1. Conceptual framework underpinning the review (adapted from Donabedian [28] and Klokkerud, Hagen [29])

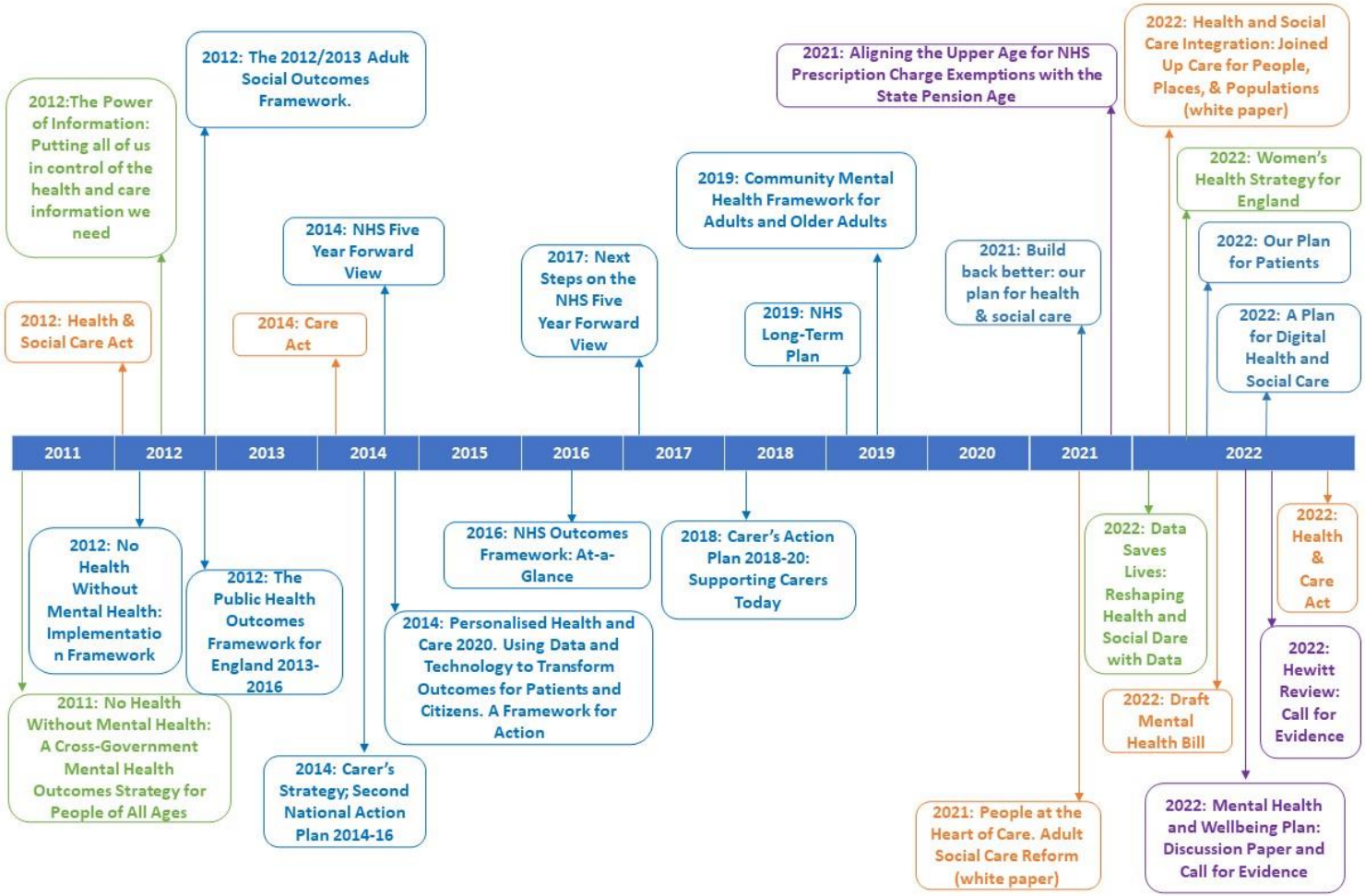

Figure 2. Timeline of policies in England from 2011-2023

Key: Government Act/Bill/white paper is orange; strategy/priority-setting is green; delivery plans/frameworks are blue; consultations are purple.

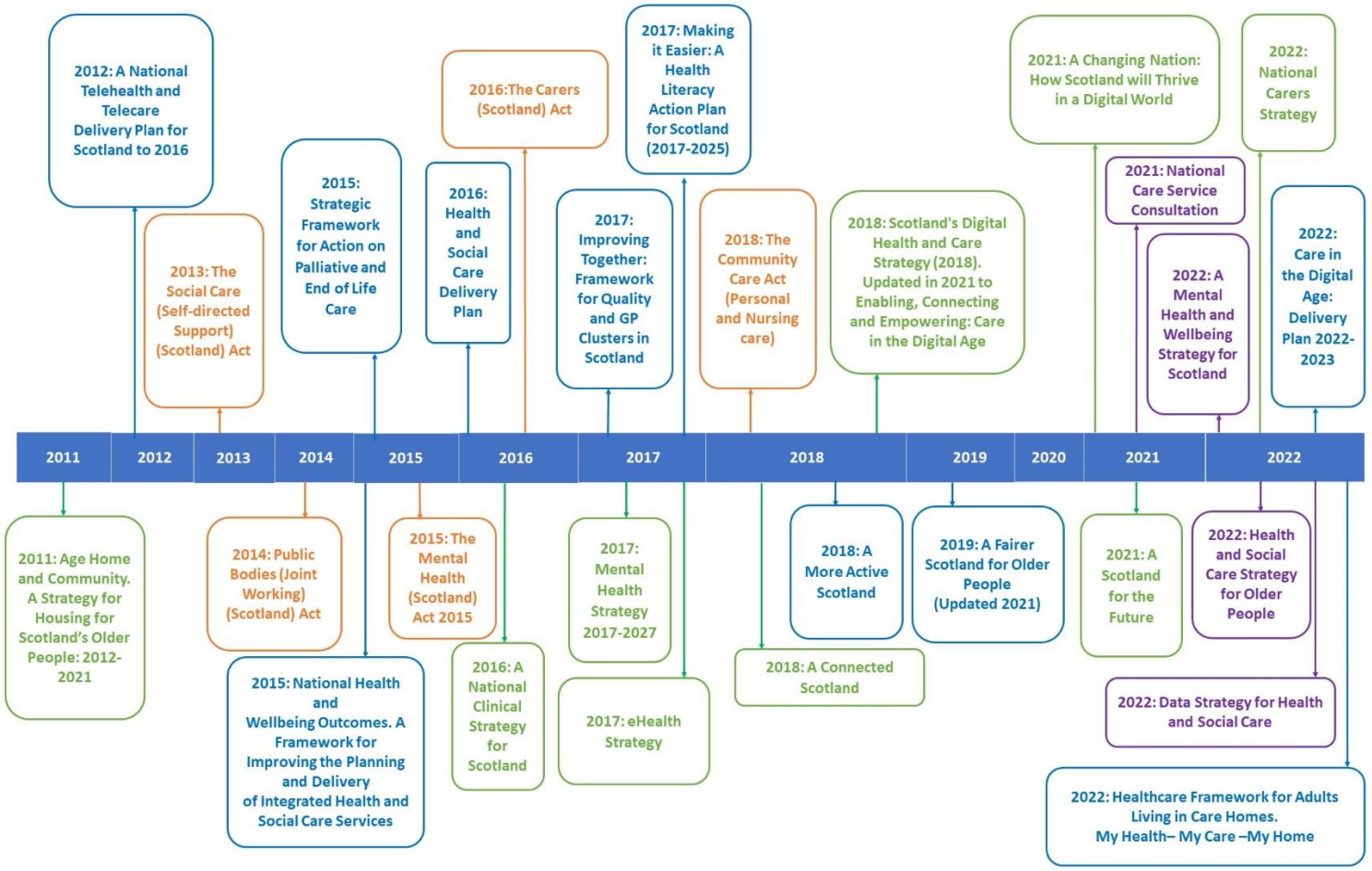

Figure 3. Timeline of Scottish policies from 2011-2023

Key: Government Act/Bill/white paper is orange; strategy/priority-setting is green; delivery plans/frameworks are blue; consultations are purple.

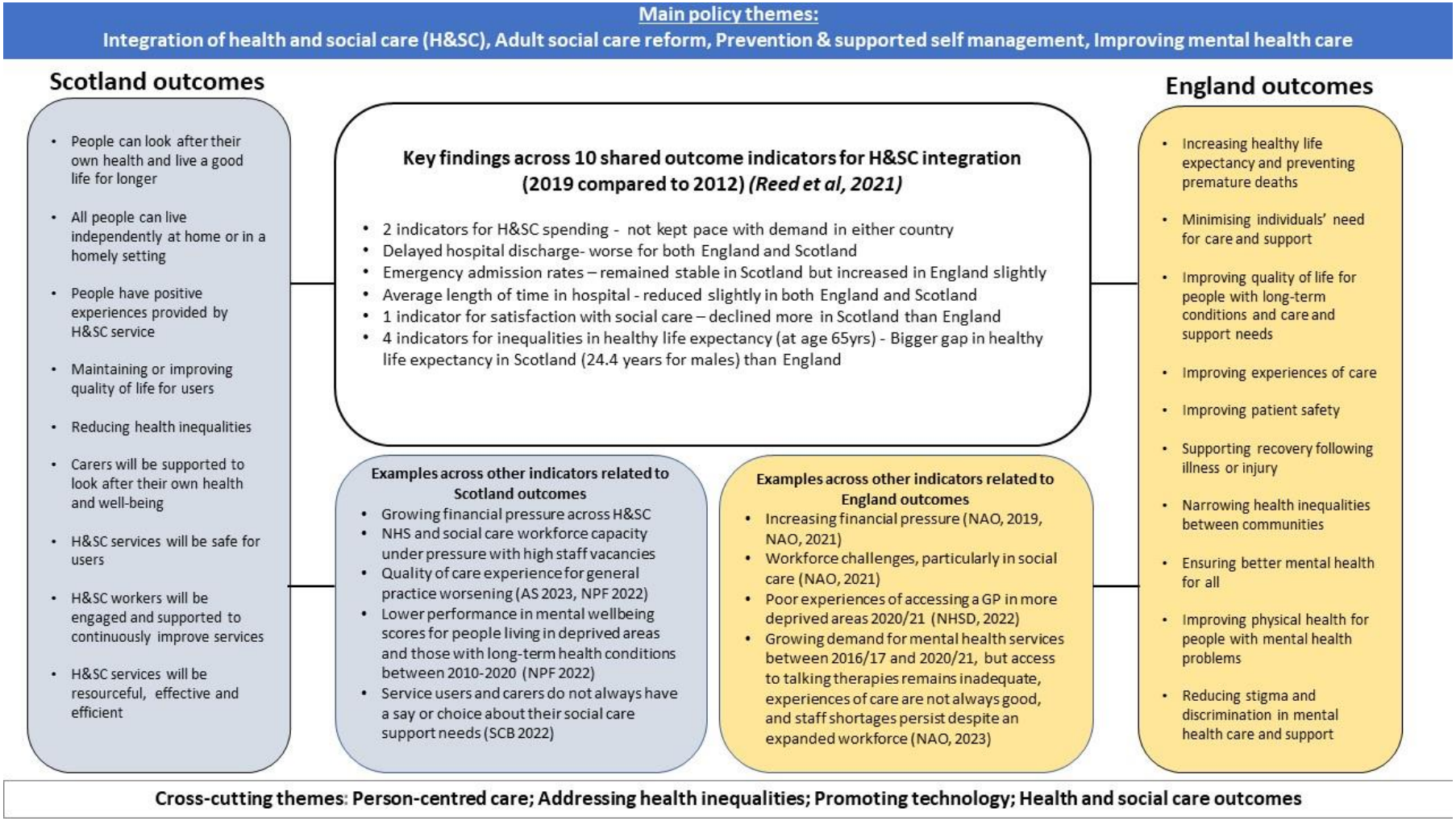

Figure 4. Summary of health, wellbeing, and social care outcomes across England and Scotland

Key:

AS = Audit Scotland (2023) [130]

NPF = National performance framework (2022) [98]

SCB = Social care briefing (2022) [156]

NAO = National Audit Office (2019, 2021, 2023) [139, 157, 158]

NHSD = NHS Digital (2022) [159]

Table 1. Summary of macro-level health and social care policies identified in England and Scotland

	Legislation[1]	Strategies[2]	Framework/delivery plans[3]	Consultations[4]
England	Health and Social Care Act (2012) [31] - Improving quality of care in response to a rising demand on NHS services, increased treatment costs, limited resources, and safety concerns. Care Act (2014) [32] Improving well-being, prevention, service integration, information, and advice, safeguarding and quality of services for adults with care and support needs. Health and Care Bill (2021) [33] (Enacted in 2022 to the Health and Care Act [34]) Reducing bureaucracy, increasing accountability, and improving integration of care and supporting recovery of the health and social care system following the pandemic. People at the Heart of Care. Adult Social Care Reform White Paper (2021) [53] Improving adult social care service in the next 10 years. Reforming the Mental Health Act (White Paper) (2021) [71] (Updated to	No Health Without Mental Health: A Cross-Governmental Mental Health Outcomes Strategy for People of All Ages (2011) [68] Improving mental health and wellbeing for all, including experiences of care, and reduced harm, stigma, and discrimination. The Power of Information: Putting All of Us in Control of the Health and Care Information We Need (2012) [76] Improving patient care and outcomes through accurate and accessible information to providers and patients. Data Saves Lives: Reshaping Health and Social Care with Data (2019) [87] (Updated in June 2022 to a final version [88]) Improving data systems and sharing to improve patient care and future data-driven innovation. Women's Health Strategy for England (2022) [65]	No Health Without Mental Health: Implementation Framework (2012) [69] Ensuring the vision of improved mental health and wellbeing for all is achieved. Carer's Strategy: Second National Action Plan 2014-16 (2014) [51] Identifying, recognising, and supporting carers to realise their potential and have a life alongside caring, and maintain their own health and wellbeing. 2014: Personalised Health and Care 2020. Using Data and Technology to Transform Outcomes for Patients and Citizens. A Framework for Action [75] Working to make better use of data and technology to improve health and social care including personalisation of care and patient empowerment.	Aligning the Upper Age for NHS Prescription Charge Exemptions with the State Pension Age (2021) [107] Consultation around options for increasing the age at which people pay for prescriptions to 66-years old, unless exempt from paying for other reasons. Mental Health and Wellbeing Plan: Discussion Paper and Call for Evidence (2022) [73] Consultation around development of a 10-year cross-government plan for improving population mental health and wellbeing. Hewitt Review: Call for Evidence (2022) [38] Consultation around plans for oversight and governance of the Integrated Care Systems.

	a Draft Mental Health Bill in June 2022 [72]) Updating mental health legislation to transform services in the future. Health and Social Care Integration: Joining Up Care for People, Places, and Populations (2022) [35] This White Paper outlines plans to integrate health and social care and improve access, experience, and outcomes of care for all.	Sets out a 10-year strategy for improving health and social care for women across the life course.	NHS Five Year Forward View (2014) [36] Changes to patient care and services provided by the NHS including personalised, integrated care, and prevention and supported self-management. Next Steps on the NHS Forward View (2017) [64] Supporting changes in patient care and services provided by the NHS. Carer's Action Plan 2018-20: Supporting Carers Today (2018) [52] Developing and implementing services and systems that work for carers, which facilitates their identification, recognition, and support their own health and wellbeing. NHS Long-Term Plan (2019) [37] Implementing a new service model to improve personalisation, and integration of care, reduce pressure on hospitals and	

			improve care in the community. <u>The Community Mental Health Framework for Adults and Older Adults (2019) [70]*</u> Strengthening mental health support in the community to improve access and quality of care, and health, wellbeing, and involvement of people with mental health problems. <u>Build Back Better: Our Plan for Health and Social Care (2021) [63]</u> Supporting recovery of health and social care services following the pandemic. <u>Our Plan for Patients (2022) [56]</u> Outlines measures to support the NHS and social care to deliver effective care to patients despite challenges. Focuses on ambulances, backlogs, social care, doctors, and dentists. <u>A Plan for Digital Health and Social Care (2022) [79]</u>	

			Sets out a plan for delivering faster and more effective, personalised health and social care supported by digital technology with the NHS App as a central feature. <u>The 2012/2013 Adult Social Outcomes Framework (2012) [82]</u> Provides a set of outcome measures considered a priority for adult social care, including improving individuals' quality of life, reducing need for care and support, improving service-users' experiences, and preventing harm. <u>NHS Outcomes Framework: At-A-Glance (2016)[83]</u> Sets out key NHS outcomes and indicators for 2016-2017, across the following domains: prevention of premature deaths, improvement of quality of life for people with long-term conditions, recovery support following illness or injury, improved patient experience of care,	

			and prevention of avoidable harm. The Public Health Outcomes Framework for England 2013-2016 (2012)[84] Follows the 'Healthy Lives, Healthy People: Update and Way Forward' published in 2011 [160], and aims to align with the NHS Outcomes Framework and Adult Social Care Outcomes Framework. Sets out two overarching outcomes for improving public health, as follows: increased healthy life expectancy, and reduced inequalities in life expectancy across the population.	
Scotland	The Social Care (Self-directed Support) (Scotland) Act (2013) [58] Supports carers including self-directed support that focuses on inequality and supporting the right kind of individualised support during a crisis or an emergency. Public Bodies (Joint working) Scotland Act (2014) [39] Sets out principles for local authorities and health boards to work together to	* Age Home and Community. A strategy for Housing for Scotland's Older People: 2012-2021 [62] A vision for housing needs for older people with recommendations to improve living standards and promote preventative support services. A National Clinical Strategy for Scotland (2016)[40]	A National Telehealth and Telecare for Scotland to 2016 (2012) [80] Sets out a vision for a Scotland to increase the use of technology in health care to support self-management and empower people (including unpaid carers).	National Care Service Consultation (NCS) [50] leading on from the Independent Review of Adult Social Care (2021) [60]. The NCS consultation recommends a human -rights approach and fundamental changes to adult social care in Scotland considering service users, their carers and families, and social care

	plan and deliver adult community health and social care services, including services for older people. The Mental Health Act (2015) Updates previous Act that sets out rights for people with mental health problems and principles for how care should be delivered including hospital care and emergency hospital detention [74]. The Carers (Scotland) Act (2016) [59] Aims to support carers' health and well-being and help make care more sustainable through enabling carer involvement in certain services. The Community Care Act (Personal and Nursing Care (2018) [57] Extension of previous Act (2002) to includes free personal care for people under 65 years as well as over 65 years following assessment of needs by local authorities, regardless of income or residential status; and creation of rights for unpaid carers.	Sets out how clinical services need to change to provide sustainable health and social care services fit for the future. E-Health Strategy (2017) [44] The overall vision is to improve information sharing, support self-management of health and well-being and strengthen partnerships between the NHS, Scottish Government, and the research sector. Mental Health Strategy (2017-2027) [43] The focus is on prevention, access to treatment, joined-up accessible services, improving the physical wellbeing of people with mental health problem. A Connected Scotland (2018) [46] The vision is to connect people and communities and provide equal opportunities to develop meaningful relationships. Scotland's Digital Health and Care Strategy (2018)[45] Updated in 2021 to Enabling, Connecting and Empowering: Care in the Digital Age [49]	Strategic Framework for Action on Palliative and End of Life Care (2015) [77] Improving access to palliative care and providing people, families, and carers with support from professionals to plan their end-of-life care. National Health and Wellbeing Outcomes: Improving the Planning and Delivery of Integrated Health and Social Care Services (2015) [89] A framework for improving the planning and delivery of integrated health and social care services linked to the integrated indicators Health and Social Care Delivery Plan (2016) [41] This delivery plan focuses on 3 main areas known as the 'triple aim' improving quality of care, (better care) promoting healthier lives for all (better health) and making better use of resources (better value).	providers. The National Care Service consultation is still under review at the time of writing. A Mental Health and Wellbeing Strategy for Scotland (2022) This consultation document sets out a broad vision to improve mental health and wellbeing for all through health promotion, rapid and easier access to safe and effective mental health care[162]. Health and Social Care Strategy for Older People (2022) [163] This strategy aims to build on the National Care Service consultation to seek stakeholder views on 4 specific topics- Place and wellbeing, preventative and proactive care, integrated planned and unscheduled care. 2022: Data Strategy for Health and Social Care [154].

		Focus on providing a lead for increasing access to data, supporting digital transformation and effective use of data at the point of care through a national digital platform to give a fuller easily accessible view of health and social care needs. <u>A Changing Nation: How Scotland will Thrive in a Digital World (2021) [48]</u> <u>Leading to Connecting Scotland</u> Sets out a digital vision with principles based on collaboration, innovation and sustainability, inclusivity with an ethical and user focussed approach. <u>A Scotland for the Future: opportunities and challenges of Scotland's changing population (2021)[78]</u> Focuses on increasing life expectancy and reducing health inequalities. This includes four key areas for focus including 36 action plans relating to Support for families, healthy living, being inclusive. <u>2022: National Carers Strategy [61]</u>	<u>Improving Together: Framework for Quality and GP Clusters in Scotland (2017) [42]</u> Proposes a refocusing of the GP role as expert medical generalists leading to 2018 General Medical Council (GMC) service contract and formation of GPs clusters. <u>Making it Easier: a Health Literacy Action Plan 2017-2025 (2017) [67]</u> Focuses on 4 actions to improve health literacy practice based on a human rights approach It aims to remove barriers and support people's need through shared decision-making. <u>A More Active Scotland (2018)[66]</u> A vision for Scotland to support people to be more active, through multi-sectorial partnerships. It focuses on a, human rights, and opportunities for all.	Consultation that aims to takes an inclusive approach to gather information on how data should be used and managed across health and social care. The focus is on empowering people receiving and delivering care and supporting industry, innovators, and researchers.

		The key themes of his strategy aim to support carers. Examples of support relate to people living with problems related to COVID-19, recognising, valuing and involving carer more in decisions, providing health and social care support and social and financial inclusion.	*A Fairer Scotland for Older People (2019) (Updated 2021 [47] A vision to support equality for the ageing population. Actions include support for better access to health and social care. Healthcare framework for adults living in care homes. My Health – My Care – My Home (2022) [161] This framework incudes 7 aims focused on improving, supporting, and delivering optimum care in care homes to ensure that people have what they need to live well. The aims include a focus on personalised care that is consistent across care homes. 2022: Care in the Digital Age: Delivery Plan 2022-2023 [81] This delivery plan has a vision to make best use of digital technology to improve care and wellbeing. It has 3 aims that focus on improving accessibility of data for citizens and researchers,	

			including a person-centred, secure and ethical foundation underpinning 6 linked workstreams.	

* Policies specific to older people.

[1] Legislation includes an Act of Parliament, where a new law is created or an existing law is changed; a Bill, which sets out proposals for a new law or changes to an existing law; a green paper, which is based on consultation of policy/legislative proposals; and a white paper, which sets out proposals for future legislation [164].

[2] Strategy documents outline how governments will achieve the vision set out in legislation [25].

[3] Frameworks/delivery plans cover the detailed, operational planning involved in delivering strategies/legislation [25].

[4] Consultation documents are referred to in this paper as any documents not formally named as green/white papers but refer to a period of formal consultation with a range of stakeholders.

Table 2. Summary of main policy commonalities and differences in England and Scotland, according to Donabedian's framework

	Commonalities	Differences	
		Scotland	England
Structure of care (Organisational resource, and characteristics of organisations where healthcare occurs)	Integration of care including health and social care, primary/ secondary/tertiary care, and physical health and mental health care Reforming and shifting the paradigm of adult social care.	Competition discouraged in hospital care and abolishment of financial incentives (e.g. the Quality and Outcomes Framework) in primary care	Competition and market orientated policies in healthcare continued until 2016 but then moved towards a more integrated and collaborative approach similar to Scotland. Financial incentivisation to improve quality of care has continued with an updated Quality and Outcomes Framework for primary care
		Small parallel private health care provision primarily used to manage waiting lists (e.g. hip replacements) Bulk of social care provision by private providers	Larger private health care sector delivering some core NHS services and a privatised social care system
		GP clusters formed in 2018 with smaller groups of GPs in each cluster compared to England (depending on location). Focused on quality improvement and collaboration	Clinical Commissioning Groups introduced in 2012, which are now abolished and replaced by Primary Care Networks
		Bottom-up approach determined locally depending on context	Top-down approach determined by central government
		Until recently, more stable organisational system to embed policy into practice.	Complex and fragmented organisational structure with multiple tiers of management and faster pace change
Delivery/processes of care (technical and interpersonal principles of care, such as services, diagnosis, treatment,	Focus on prevention and supported self-management and shifting the balance of care from secondary to primary and community where relevant to provide care in the community	Free nursing and personal care, following assessment of needs, and free prescriptions for all. Assessment for free nursing and personal care is carried out by local authority staff. It is based on the person's needs and can include help with personal hygiene, nutrition	Provision of personal care is means-tested, and most adults pay prescription charges. Upper age for free prescriptions may increase to 66 in line with the State Pension Age.

shared decision-making)	Focus on mental health, palliative, and end of life care and anticipatory care Person-centred care, including patient empowerment and shared decision-making Patients' right to information Embracing technology including digital platforms Focus on addressing health inequalities	management, and simple treatment. Care is usually provided within six weeks at home or in care homes at the rate of £212.85 a week for personal care and £95.80 a week for nursing care [165]. This does not cover help around the home such as washing clothes or additional private care home fees and all further activities outside the home are means-tested.	
		Introduction of 'Realistic Medicine' in 2012 by the Chief Medical Officer	Potential use of the 'Choosing Wisely' initiative with less driving from central government
		Less patient choice for health care services	More focus on personalisation of care and patient choice for health care services
Outcomes (Impact of care on patients/populations e.g. mortality, morbidity, and patient experience and satisfaction with care)	Limited evaluation of outcomes included in policy documents. Mainly based on secondary reports of case studies or audit data with lack of detail. Lack of comparable UK wide health and social care datasets of performance and patient outcomes Challenges with data linkage and sharing, especially in social care.	For summary of the National Health and Wellbeing Outcomes (2015) [89] see Figure 4	For summary of outcomes from the 'No Health Without Mental Health: A Cross-Governmental Mental Health Outcomes Strategy for People of All Ages' (2011) [68]; 'Adult Social Outcomes Framework' (2012) [82], 'NHS Outcomes Framework' (2016) [83], and 'Public Health Outcomes Framework' (2016) [84] see Figure 4.

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Appendix

Search strategies (Jan 2011- Feb 2023)

England

A search for macro-level policies in England included the following steps:

- www.gov.uk
- 'Government activity' – 'Policy papers and consultations:' 'Topics' – 'Health and social care' and 'Updated after' 01.01.2011 ("outcome" was entered into the search box to filter the search results for pertinent outcome framework documents), and
- 'Government activity' – 'Departments' – 'Department of Health and Social Care: 'Policy papers and consultations' – 'See all policy papers and consultations,' 'Updated after' 01.01.2011

Scotland

A search from 01/01/2011 to February 2023 for macro level Scottish policies included the following steps:

- https://www.gov.scot/
- Search of the following topics in health and social care.

Health improvement
Mental Health
Physical activity and sport
Death and End of Life care
Healthcare standards
Primary care
Disabled people
Illness and Long-term conditions
Independent living
Social care

- https://www.gov.scot/Publications

In publications search for health and social care from 01/01/2011 to February 20/02/23 of type Regulation/directive/order or strategy/plan or advice/ guidance, advice, and guidance.

Author contributions

NA, HF, BG, BH, EK, AOD, MEO, SDS, and SWM were involved in conceptualising and designing the review. NA and HF curated and analysed the data. BG, BH, EK, AOD, SDS, and SWM supervised and supported the review, and with MEO, contributed to refining the policy themes and interpreting the findings. HGP also supported interpretation of the review findings. NA and HF contributed equally to leading and writing of drafts of the paper. All authors were involved in reviewing and editing drafts and approved the submitted version.

Abstract

Background

Responsibility for health and social care was devolved to Scotland in 1999~~,~~ with evidence of diverging policy and organisation of care compared to England. This paper provides a comparative overview of major health and social care policies in England and Scotland, published between 2011-~~2021~~2023, relating to the care of older people.

Methods

We searched United Kingdom (UK) and Scotland government websites for macro-level policy documents between 2011-~~2021~~ 2023 relating to the health and social care of older people (aged 65+). Data were extracted, and emergent themes were summarised according to Donabedian's structure-process-outcome model.

Results

We reviewed ~~18~~ 27 policies in England and 2~~8~~1 in Scotland. Four main policy themes emerged that were common to both countries. Two related to the structure of care: integration of care and adult social care reform. Two related to service delivery/processes of care: prevention and supported self-management and improving mental health care. Cross-cutting themes included person-centred care, addressing health inequalities, promoting use of technology, and improving outcomes.

Conclusion

Despite differences in the structure of care, including more competition, financial incentivisation, and consumer-based care in England compared to Scotland, there are similarities in policy vision around delivery/processes of care (e.g.~~,~~ person-centred care) and performance and patient outcomes. Lack of UK-wide ~~national~~ health and social care datasets hinders evaluation of policies and comparison of outcomes between both countries.

Introduction

Similar to trends in other high-income countries, the United Kingdom (UK) population is ageing rapidly, due to a combination of decreased fertility and birth rates, and increasing life expectancy [1]. Across Europe, ~~The~~ the proportion of people aged 65 years or over is rising at a faster rate than those aged below 65 [2], and is increasing faster than the UK in some countries, ~~. These trends are evident elsewhere in Europe, with the proportion of older people in many countries,~~ such as Italy~~, increasing faster than in the UK~~ [3]. ~~Healthy life expectancy,~~The number of years spent in good health, however, is declining more rapidly in the UK than ~~in~~ other European countries [4]. Disability-free life expectancy, which is often linked to socioeconomic disadvantage, has ~~also~~ been falling in the UK in recent years~~,~~ with the biggest reductions ~~seen~~ in Scotland and parts of England, including the North-East, Midlands, and South-East of England, compared to the rest of the UK [5].

Older people are at risk of ~~Preventable~~ preventable non-communicable diseases, such as stroke, and multiple long-term conditions (multimorbidity) [6, 7]. ~~, are leading causes of death and disability in older people .~~ Major risk factors, such as obesity, are exacerbated by factors including poor diet, lack of exercise, tobacco smoking and excessive alcohol intake, which are often rooted in the social determinants of health, such as poverty/disadvantage [6, 7]. ~~More deprived communities are often likely to experience death and disability due to long-term illness at a younger age [8]. Older people typically experience multiple long-term conditions (multimorbidity), the prevalence of which increases with social deprivation [7]~~. Older people are also at risk of frailty and falls [9], and poor mental health and wellbeing, which worsened during the Covid-19 pandemic due in part to social isolation and loneliness [10, 11]. ~~Older people's mental health has been worsened by the Covid-19 pandemic due to the burden of illness, lockdowns, shielding and uncertainty about the future .~~ Supporting older people to live happier, healthier, and more independent lives for longer is a priority in the UK and globally [12-14]. However, to design future new models of health and social care, a more detailed understanding of the Government's vision in this area is required.

There are challenges in providing care for older people with complex health and social care needs [15]. The healthcare system remains largely based on a 'single-disease' model, which emphasises acute/episodic care for one condition at a time [7]. Care for people with multimorbidity, however, is often complex, long-term, and requires coordination between services and specialties [7]. ~~Reflecting that research is also usually single-disease focused, clinical guidelines often do not explicitly account for comorbidity and complexity [16], and healthcare professionals – apart from those working in general practice and geriatric medicine – are not always trained and supported to manage patients with multimorbidity [7].~~ In addition, h~~H~~ealth and social care, though inextricably linked, are often poorly integrated, resulting in a lack of consistency of care for patients [7]. The pandemic has ~~also~~ placed unprecedented pressure on an already overextended health and social care sector and has further highlighted the interdependence of health and social care and the relative underfunding of adult social care in the UK, which is now in crisis [17-19]. ~~People living in care homes were disproportionately affected by the pandemic and accounted for around 27% of deaths from Covid-19 across the UK [20].~~ The pandemic has also widened the gap of existing health inequalities between different regions in the UK and different ethnic and socioeconomic groups [21].

In 1999, responsibility for health and social care was devolved to the newly formed Scottish Parliament [22]. There is still commonality in the National Health Service (NHS) in all four UK nations, in that care is centrally financed through general taxation ~~with relatively minimal patient fees~~ [22]. However, there are an increasing number of differences, ~~including~~ such as the abolishing of

prescription charges in Scotland but not in England~~, and the differences in charging for personal care, which is free in Scotland and means-tested in England~~ [22]. Both countries face the shared problem of providing care for a rapidly growing population of older people with complex needs but given devolution may choose to respond to this problem differently. A comparison of health and social care policy for older adults in England and Scotland is, therefore, warranted [23]. Such a comparison may also be of international interest, especially in countries that have devolved health and social care policies at regional or provincial level.

This paper provides a comparative overview of major health and social care policies for older people, defined as those aged 65 years or older, in England and Scotland between 2011 and ~~2021~~2023, when important changes in legislation may have influenced the organisation and delivery of care in each country. The overview is part of a larger programme of work within an interdisciplinary collaboration and is intended to provide necessary context for the development and evaluation of future new models of care to support an ageing population.

Methods

We mapped health and social care policy documents ~~policies~~ in England and Scotland to:

1. Describe major, overarching, governmental policies directly concerning the physical and mental health, social care, and wellbeing of older people~~;~~,
2. Summarise the main themes of these policies~~;~~,
3. Discuss commonalities and differences in policies between both countries~~;~~ and
4. Summarise opportunities for future research and policy.

Search strategy

We searched the UK government (https://www.gov.uk/) and Scotland government (https://www.gov.scot/) websites for relevant ~~policies~~policy documents. Searches tailored to each website were undertaken up to ~~the end of 2021~~ February 2023. The search strategies can be found in the Appendix. We identified further pertinent policy documents ~~policies~~ through snowballing from included documents ~~policies~~ and discussion within our multidisciplinary team comprising clinical and academic experts in health and social care, including primary care, geriatric medicine, psychology, and public health~~, and experts by experience.~~.

Inclusion/exclusion criteria

~~There is little agreement in the literature on the best way to define 'policy'~~ [24]~~. We consider~~ We included a range of policy documents that were categorised as follows ~~as an umbrella term, which is broadly consistent with the World Health Organisation (WHO) definition~~ [25]~~: . National policies, such as~~ *legislation*, which describes the overall vision of governments and policy direction; *strategies*, which outline how to achieve this vision; and *frameworks* and delivery *plans*, which cover the detailed, operational planning to deliver on strategies/national policy ~~[25]~~. We focused on 'macro-level' policy documents, defined as national, overarching policies from the government or NHS. We included policy documents ~~policies that were~~ directly relevant to or specifically focused on older people (aged 65+); that involved supporting older people's~~'~~ physical and mental health, social care, or wellbeing; and were published from January 2011 to ~~December 2021~~February 2023. We also included recent consultation documents from government ~~published in 2021,~~ considered pertinent to informing forthcoming policies. Relevant outcome framework documents from government were also included.

We excluded:

- ~~Meso-level~~ Policy documents at the 'meso-level' ~~policies~~ [26] (created for example by arm's length bodies such as Public Health England or Health Improvement Scotland [27]) and 'micro-level' ~~policies~~ at smaller area-level within a country ~~[26]~~.
- Policy documents ~~Policies~~ focused on a specific health problem, such as dementia, incontinence, and suicide, or focused on specific care, e.g.~~,~~ pharmaceutical care. Mental health policy documents that generally relate to people's~~'~~ mental wellbeing were included, but those relating to a specific mental health problem (e.g.~~,~~ depression) were excluded.
- Policy documents ~~Policies~~ incorporated within or superseded by more recent policy documents~~policies~~, unless they provided additional information not already covered elsewhere, and
- Any other policy document that did not fit within ~~the~~ our ~~policy~~ categories ~~we define above~~, including reports/audits, priority setting/call to action/statement of intent documents, and documents relating to national programmes, ~~outcome/~~workforce performance

~~management,~~ funding arrangements, procurement or infrastructure, and national clinical standards.

Data synthesis

We extracted the following data from each policy document into tables: author(s)/~~,~~year published, document type, target population, main aim/vision, main actions and recommendations, evaluation strategy (planned, actual), and details about health inequalities. Two researchers with topic knowledge independently reviewed the tabulated data for England and Scotland to identify emergent policy themes, which were then compared~~,~~ and final themes were agreed by consensus within the team.

After identifying the policy themes, we organised them based on ~~used~~ Donabedian's structure-process-outcome model, which has been used extensively in health services research focused on measurement of quality of care [28] ~~as a framework for describing our themes~~. This model suggests that quality of care can be evaluated based on three causally linked components: structure-process-outcome. Patient outcomes, such as mortality, morbidity, and satisfaction with care, are described as being directly affected by service delivery/processes of care, such as technical and interpersonal principles of care (e.g.~~,~~ person-centred care), which are in turn affected by the structural elements of care, including~~,~~ financing, resources, and overall organisation of care [28]. As shown in Figure 1, the structure, process, and outcomes of care are likely to be shaped by the context in which care is delivered, including governmental policies [29]. ~~We also use~~ Donabedian's model [28] helped structure our comparison of ~~to discuss commonalities and differences in policies~~ the organisation and delivery of care for older people between England and Scotland, and allowed us to identify the level at which commonalities and differences lie (i.e., at the structure, process, or outcome). We based this comparison ~~which we base~~ on a synthesis of our policy review and findings from the broader literature.

Results

~~Eighteen~~ Twenty-seven policies relating to the physical and mental health, social care, and wellbeing of older people were identified in England, including ~~five~~ six Acts/Bills/white papers, ~~three~~ four strategies, ~~nine~~ 14 frameworks/delivery plans and ~~one~~ three consultations. Twenty-eight~~one~~ policies were identified in Scotland, including five Acts, nine~~eight~~ strategies and ~~seven~~10 frameworks/delivery plans and four~~one~~ consultations. The publication timelines are summarised in Figures 2 and 3, and the ~~policies~~ policy documents are described in Table 1. Four inter-related policy themes and four cross-cutting themes emerged, which we describe below.

Policy themes across England and Scotland

Four inter-related policy themes emerged that are shared across England and Scotland. In line with Donabedian's model [28], two of ~~our~~ four policy themes primarily related to the **structure of care**: integration of care and adult social care reform. The other two policy themes related more to the **service delivery/process** aspects of care: prevention and supported self-management and improving mental health care.

Structure of care

Integration of care

Integrated care is about "bringing together key aspects in the design and delivery of care systems that are fragmented" (P1) [30]. Integration of care has been a concern in both England and Scotland for many years because of acknowledged problems with fragmentation and poor coordination of support for people with complex needs, including older people.

In England, integration of care at all levels has been emphasised in legislation over the past decade, see for example, the 'Health and Social Care Act' (2012) [31], 'Care Act' (2014) [32], and ~~the~~ recent 'Health and Care Bill' (2021) [33] (now enacted [34]), ~~and~~ 'Putting People at the Heart of Care White Paper' (2021), and 'Health and Social Care Integration: Joining Up Care for People, Places, and Populations' white paper (2022) [35]. The 'NHS Five Year Forward View' (2014) ~~covered~~ included the development of new models of care to improve service integration [36]. One example is the Multispecialty Community Provider model, which brought healthcare professionals together to improve out-of-hospital care in the community, such as for older people with frailty. This model was examined across Vanguard sites from 2009, alongside ~~vertically integrated~~ Primary and Acute Care Services, ~~and other models, such as~~ Acute Care Collaborations, and Enhanced Health in Care Homes. A further example ~~are~~wa~~i~~s the Integrated Care Pioneers across England. ~~Integrated Care Pioneers across England are a further example. Now,~~ Following~~through~~ the 2019 'NHS Long-Term Plan' [37], 42 Integrated Care Systems ~~are being~~have been created ~~across~~ covering the whole of England, each comprising Integrated Care Partnerships, involving a range of providers; and Integrated Care Boards, which will take over some of the commissioning responsibilities of abolished Clinical Commissioning Groups [33, 37]. Clinical Commissioning Groups formed following the 'Health and Social Care Act' (2012) [31], and comprised several general practices working together~~,~~ within specified boundaries, to commission suitable services for their patients/local population~~, including older adults~~. General practices are now being incentivised to form around 1250 Primary Care Networks [37], which are based on the same geographical boundary but with more of a focus on service delivery and expanding and connecting a range of local providers across sectors, including voluntary services. Primary Care Networks will receive additional funding to work on national priorities, such as

reducing discharge delays and avoidable emergency attendances and admissions [37]. Plans for the oversight and governance of Integrated Care Systems in England are now being considered in the 'Hewitt Review: Call for Evidence' (2022) [38].

In Scotland, several policies aimed to promote integrated approaches to supporting care for all, including older people [39-49]. The concordat between the Scottish government and local authorities to develop integrated services was written into law by the 'The Public Bodies (Joint Working) Scotland Act' [39] in 2014, which required NHS boards to work in partnership with local authorities and community planning groups in Integration Authorities. The 31 Integration Authorities operate in partnership with 14 NHS boards and 32 councils with arrangements that, which vary depending on size, local context, and available resources. Integration Authorities divide their areas into at least two localities and provide strategic leadership. Locality-based health and social care partnerships deliver and organise services with support from the Health Boards. However, this is likely tomay change following consultation of with plans for the National Care Service (NCS) [50], where that suggests responsibility for social care may be taken away from the local authorities and controlled by central Scottish government. The idea being that care will then be more consistent across the country. The National Care Service also proposes to establish Community Health and Social Ccare Bboards that will take responsibility for the delivery of social care, and replace Integration Authorities and be accountable to Scottish Ministers. similar to the changes in England.

Alongside these changes, the first phase of a new general practice contract was introduced from 2016 [42], with the abolition of the Quality and Outcomes Framework pay-for-performance system in primary care – used widely in England. – and GP General practices were incentivised to form local clusters with a dual role of improving quality of primary care (intrinsic role) and providing local leadership in the integration of care. (extrinsic role). In April 2018, the new Scottish general practice (GP) contract formalised cluster working and started a significant expansion of the primary care multidisciplinary team via Health Board employed staff attached to general GP practices. Negotiation of phase two of the new contract is ongoing.

Adult social care reform

An additional key emerging policy theme in both countries is around reforming adult social care, a sector that has been strained and under-resourced for many years, as highlighted by the pandemic.

In England, the 'Care Act' (2014) [32] introduced a new framework for local authority means-tested payments for personal care and support for older adults, which was intended to ensure payment parity for everyone. The 'Care Act' also included new rights for unpaid carers, including carers' assessments, and support for improving carers' wellbeing, which is also a focus of later policies [51, 52]. The recent 'People at the Heart of Care: Adult Social Care Reform White Paper' (2021) [53] now outlines outlined three main objectives:

1. Choice, control, and support for independent living;
2. Access to personalised and high-quality care and support; and
3. Fairness and accessibility of care for all.

Several changes to previous arrangements weare outlined, including: a Health and Social Care Levy of 1.25% to National Insurance contributions of people of working age from April 2022 (reversed in September 2022 [54]); a lifetime cap on adult social care costs from October 2023 ('cap and means test' reforms) [55]; more financial support to people with fewer assets; wider system-level support for the care sector to improve service delivery; and changes in funding arrangements to support local integration of care. The recent, 'Our Plan for Patients' (2022), outlineds a new £500 million

'Adult Social Care Discharge Fund,' designed to facilitate discharge of older patients from hospital into the community~~,~~ with additional funds to support the social care workforce, including international recruitment [56].

Scotland diverged from England in 2002 when free nursing and personal care, instead of means-tested personal care, was introduced for adults over 65 years (s~~S~~ee Table 2)~~.~~. In 2018, the 'Community Care Act (Personal and Nursing Care)' [57] extended this legislation to ~~also~~ include younger adults under 65. In addition, the 'Social Care (Self-directed Support) (Scotland) Act' [58] was introduced in 2013 to provide support for carers during an emergency through their local authorities and the 2016 'Carer's Act' [59] aimed to enable easier and fairer access to care and creation of rights for unpaid carers.

~~More recently, T~~the 'Independent Review of Adult Social Care' [60] in Scotland set~~s~~ out a new approach to social care focused on equality and person-centredness that move~~d~~s away from crisis management to emphasising social care as preventative, anticipatory, collaborative, and supporting independent living. The review led to ~~a~~ the 'National Care Service' consultation paper [50]. ~~that recommends structural change such as creating Community Health and Social Care Boards that would be the local delivery body for the National Care Service and accountable to Ministers [50].~~ Alongside this, t~~T~~he 'National Carers Strategy' (2022) was developed ~~alongside the~~ with a broader ~~policy~~ ambition to change the way care is accessed and delivered [61].

In both countries, integrating health into policies on the wider determinants of health, such as housing, ha~~i~~s been mentioned. In Scotland, ~~there is~~ a specific strategy for housing for older people ~~, which~~ was published in 2011 [62]. Housing wa~~i~~s also a feature of 'A Fairer Scotland for Older People. A Framework for Action' (2021) [47], alongside recognising older people as 'assets' within a community. This is similar to ~~In~~ England, ~~there is mention of~~ where integrating housing into health and social care delivered locally wa~~i~~s also mentioned, including supported living options and practical support, such as adaptations to maintain people's~~'~~ homes for independent living for as long as possible [37, 63, 64].

Delivery/processes of care

Prevention and supported self-management

~~This theme~~Prevention and supported self-management ha~~i~~s been embedded across several policies in England and Scotland and is driven by concerns around rapid population ageing, rising multimorbidity, and increased emergency admissions to hospital.

In England, a renewed focus on public health and prevention was mentioned in the 2012 'Health and Social Care Act' [31] where~~, in which~~ local authorities were given back responsibilities for improving local public health (after a transfer in the opposite direction in 1974). Preventative care was also emphasised in the 2014 'NHS Five Year Forward View' [36] and 'Next Steps on the Five Year Forward View' published in 2017 [64]. The 2019 'NHS Long-Term Plan' [37] further promote~~d~~s a focus on out of hospital care, including urgent care, reablement, support for care homes and ageing well, and delays in discharge from hospital. This wa~~i~~s echoed in the 'Our Plan for Patients' (2022) [56] and the recent 'Women's Health Strategy for England' (2022) that ~~focused on~~considered improving care for women across the life course [65].

In Scotland, the need to provide preventative care ha~~i~~s been embedded within ~~with~~rooted in many policies. For example, the 2016 'National Clinical Strategy for Scotland' [40] sets out the triple aim of 'better care, better health, and better value' with a move towards anticipation, prevention and self-

management and working more closely across sectors. 'A More Active Scotland' (2018) [66] ~~sets out~~provided plans to encourage and support older people to move more, often through various initiatives such as the 'Take the Balance Challenge' that is specifically aimed at preventing frailty. Self-management wa~~i~~s also the focus of the 'Making it Easier: A Health Literacy Action Plan for Scotland' ~~that sets out~~and put in place ambitious plans to support people to improve their understanding and knowledge of health [67].

Improving mental health care

Improving mental health care in the population, including for older people, has been a policy goal in both countries for many years, further highlighted by experiences of the pandemic.

Mental health ~~i~~is the focus of several policies in England [36, 37, 64, 65, 68-72]. The 'No Health Without Mental Health Strategy' (2011) covered the life ~~-~~course and focused on improving quality of mental health care, including for mental and physical health problems, alongside people's~~'~~ experiences of care, ~~more positive experiences of care and less harm; improving mental and physical health and recovery for people with mental illness;~~ and ~~reducing~~ reducing stigma and discrimination [68]. It also ~~mentioned tackling~~ addressed~~ing~~ the wider determinants of mental illness, such as social isolation ~~amongst~~ in older adults [68]. There was a further commitment to improving mental health services in the 'NHS Five Year Forward View' (2014) [36]~~, . This was~~ followed by the 2019 'NHS Long-Term Plan,' which focused on ~~several~~ issues~~,~~ such as improving access to mental health services for individuals with long-term conditions ~~across the life course (including~~ and older people in the community (e.g.~~,~~ a 'round-the-clock' crisis response by 2021) ~~for older people and those with long-term conditions), ~~and better prevention, ~~and~~ early intervention, and service integration~~, improving quality of life for people with mental illness, and there was specific mention of a 'round-the-clock' crisis response for older adults in the community by 2021~~ [37]. A 'Reforming the Mental Health Act' white paper~~, was~~ published in 2021 and ~~(~~updated to a 'Draft Mental Health Bill' in June 2022 [72]~~),~~ ~~to~~ promoted legislative change to ~~help prepare~~improve mental health services for the future and enable people ~~affected by~~with mental illness to have more say over their care [71]. The 'Women's Health Strategy for England' (2022) [65] ~~includes a focus on~~noted the need to prevent~~ing~~ mental health problems amongst women in later life and~~.~~ ~~There was also~~ a recent consultation ~~recently to~~ developed a 10-year cross-government plan for improving population mental health and wellbeing across England [73].

Similar to England, a~~A~~ddressing mental health issues is ~~viewed as~~considered a priority across the life course in Scotland. The 'Mental Health Strategy' (2017) [43], supported by the 'Mental Health Act' [74]~~,~~ and updated 'Mental Health and Wellbeing Strategy' (2022), committed~~s~~ to working across the NHS to provide psychological therapies and a range of interventions for ~~older~~ people aged over 65 years. ~~The focus on prevention and health inequalities and recognising the enormous impact of mental health on wellbeing and quality of life in older age is similar to England.~~ A~~This~~ commitment to supporting older people with mental health problems is reiterated in the 'Fairer Scotland for Older People Framework for Action' [47] and ~~the~~ 'A Connected Scotland: Our Strategy for Tackling Social Isolation and Loneliness and Building Stronger Social Connections~~,~~'. These documents~~which~~ set~~s~~ out priorities to improve mental health through empowering communities, prompting positive attitudes and tackling stigma around mental illness, promoting community connections, and supporting social infrastructure [46].

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Cross cutting themes

Four cross-cutting themes emerged. Three themes related to the **service delivery/process** aspects of care: person-centred care, addressing health inequalities, and promoting the use of technology for health. One theme related to health and social care **outcomes**.

Delivery/processes of care

Person-centred care

Person-centred care is documented throughout policies in both countries and is particularly important in caring for older people with complex needs, who may lack capacity for decision-making, and with their families, may face choices around palliative and end of life.

In England, 'personalisation ofed care' wasis a central focusmentioned in of several policies [31, 33, 35-37, 64, 65, 71, 75]. The 'NHS Long-Term Plan' (2019) suggesteds that specifically mentions more personalisation of care could an help deliver 'person-centred care' as and a way of improving improve anticipatory and end of life care and of supporting independent living, such as through the roll out of personal health budgets that give individuals more choice and control over their own care [37]. The 'Power of Information: Putting All of Us in Control of the Health and Care Information We Need' (2012) [76] outlineds the rights of patients to information about themselves and their illness and care and was , which. Information provision is also considered key in to improving quality and integration of care and addressing health inequalities [76]. This is similar to the approach in Scotland and central to the 'A Health Literacy Action Plan for Scotland' (2017) [67].

Person-centred care is embedded within several policies in Scotland [40-43, 46, 47, 67] including 'Improving Together: A National Framework for Quality and GP Clusters in Scotland' (2017) [42], the 'Health and Social Care Delivery Plan' (2016) [41], and the 'Strategic Framework for Action on Palliative and End of Life Care' (2015) [77]. These policiesthat focusedes on providing people being able to have opportunities for people to discuss their end of life care and have access to palliative care when needed [77]. ISpecifien to Scotland, person-centred care wais the focus of the Chief Medical Officer's vision for 'Realistic Medicine,' included in the 'National Clinical Strategy for Scotland' (2016) [40]. This encourageds honest and open dialogue between health and social care providers, shared decision-making, and reduction of harm and unwarranted variation in clinical practice. A related approach to 'Realistic Medicine,' called 'Choosing Wisely,' wais mentioned in the 2014 'NHS Five Year Forward View' in England [36].

Addressing health inequalities

The importance of addressing health inequalities in vulnerable and marginalised communities (including older people) has been documented in several policies across both countries.

In England, policies have focused on improving prevention, reducing unmet healthcare needs, and making sure that the delivery of care works well for everyone [31, 33, 36, 37, 64, 65, 68, 70, 71]. This includes deprived communities, people from black and minority ethnic backgrounds, homeless people, unpaid carers, women, and people individuals with multimorbidity, and people with mental health problems and multimorbidity. The 'People at the Heart of Care: Adult Social Care Reform White Paper' (2021) [53] specifically mentioneds the need to improve quality of care for older people across geographical regions and to address digital exclusion in older people. The new Integrated Care Systems are considered key in addressing health inequalities across England [35, 37].

In Scotland, the 'Health and Social Care Delivery Plan' (2016) sets outdescribed a vison for 'better health,' by promoting and supporting healthier lives and aiming to reduce health inequalities by

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adopting an approach based on anticipation, prevention, and self-management. The 'Active Scotland Delivery Plan' also focuseds on reducing inequalities and addressing disparities for older people ~~in the~~by widening opportunities to participate in physical activity [66]. The latest framework for action, 'A Fairer Scotland for Older People' (2021) [47] wais specific to older people. It referreds to planning through an 'equality lens' across several issues including fuel poverty, financial security, providing health and social care provision, and introducing technology-enabled care. The recent 'A Scotland for the Future' strategy (2021) [78] pledgeds to continue investment in reducing health inequalities to ensure that people are supported to live longer healthier lives.

Promoting the use of technology for health and social care

There aare several policies across England and Scotland that share ~~in~~ a vision to embrace and enhance the use of technology in health and social care to support older people. Technologies fall into many categories, including:

1. ~~h~~Helping to integrate service delivery and improve access to data between institutions and professionals (covered later);~~,~~
2. ~~s~~Supporting older people and their carers to live independently at home through digital clinical care (e.g.~~,~~ telecare, telehealth) [32, 40, 74];~~,~~ and
3. ~~u~~Using sensor technologies [43], e.g.~~,~~ sensors to prevent falls at home [48].

In England, there has been ~~an emphasis~~a focus on digitally enabling care, ~~for example~~such as through electronic health records, online appointment booking and repeat prescriptions, expanding the use of health apps and smartphones for healthcare use, and the development and rapid adoption of new assistive technologies [36, 37, 53, 64, 75]. Numerous innovations have been implemented such as initial rollout of an NHS app for patients to access their GP record and book appointments,~~;~~ and use of the Electronic Prescription Service by over 90% of general practices in England [37]. A Global Digital Exemplar programme involving 26 trusts was ~~also~~ established ~~in England~~ to lead digital work in the NHS in England ~~nationally~~ [37]. In the recent, 'A Plan for Digital Health and Social Care' (2022)~~:~~ [79], the NHS App wais considered key to improving the personalisation of care ~~[79]~~, and there wais a vision to expand the capabilities and features of the NHS App and website to help them become a 'digital front door to the NHS' [79].

Scotland also has a vision for technology to play an increasing role in transforming care. The aim to improve access and availability of telehealth and telecare services was set out initially in the 'National Telehealth and Telecare Delivery Plan' in 2012 [80] and in the 'eHealth Strategy' in 2017 [44]. The objective was to embed telehealth and telecare within whole system pathways and ~~to~~ support web-based triage and consultation systems in secondary and primary care. Further technology specific policies followed, including the 'Digital Health and Care Strategy: Enabling, Connecting, and Empowering' (2018) [45]~~,~~ ~~which was~~ (updated in 2021 [49]), with a vision to empower people to manage their own health with the support of digital technology. Another strategy, 'A Changing Nation: How Scotland will Thrive in a Digital World,' was published in 2021 [48], and continues to be updated [81], ~~and describes~~ describing key actions including ~~a focus on~~attention to inclusiveness~~,~~ with an ethical and user-focus~~s~~ed approach, enabling digital skills and connecting older people to services. ~~This strategy continues to be updated reflecting the vision of the Scottish Government on making best use of technology to support design and delivery of services~~ [81].

Health and social care outcomes

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Outcomes were mentioned in several policy documents ~~policies~~ across England (e.g.~~,~~ [31, 37, 68]) and Scotland (e.g.~~,~~ [41, 47, 78]). Although~~,~~ there was limited evaluation of health and social care outcomes in the policy documents themselves, ~~where~~ secondary reports of case studies or audit data were commonly referred to with limited detail.

In England, several complementary documents were identified with a focus on 17 overlapping outcomes (see Figure 4): the 'No Health Without Mental Health: A Cross-Governmental Mental Health Outcomes Strategy for People of All Ages' (2011) [68]; 'Adult Social Outcomes Framework' (2012) [82];~~,~~ 'NHS Outcomes Framework' (2016) [83];~~,~~ and 'Public Health Outcomes Framework' (2016)~~-~~ [84] (see Table 2). The Quality and Outcomes Framework for general practices in England was also mentioned in the 'NHS Long-Term Plan' [37], and covers a range of clinical, public health, and quality improvement indicators [85]~~,~~ with a new version including the most effective indicators and designed to facilitate more personalised care [86]. ~~These mainly covered patient safety, service effectiveness, and the quality of experiences of patients/service users. There was limited evaluation of health and social care outcomes in the policies themselves, in which secondary reports of case studies or audit data were commonly referred to with limited detail.~~

A particular goal of policy documents in England ha~~i~~s been to 'level up' outcomes across geographical areas [63, 68]. ~~Policies referred to several performance measures such as the NHS Outcomes Framework, Adult Social Care Outcomes Framework~~ [76] ~~and the Quality and Outcomes Framework, which is currently being revised~~ [37]~~.~~ The~~re is an~~ ~~An~~ aim has been ~~is~~ to create a single set of health and social care outcomes that each locality in England can focus on delivering [63]. These outcomes would~~is~~ sit~~is~~ alongside improving data linkage and sharing throughout the health and social care system, ~~and~~ accessing and transparency of data~~, ,~~ ~~supported~~ by a strong data infrastructure, ~~which was~~as outlined in the draft 'Data Saves Lives: Reshaping Health and Social Care with Data' strategy, published in June 2021 [87] (~~replaced~~ updated ~~with~~ to a final version ~~at the time of writing~~in June 2022 [88]).

In Scotland, the drive to improve access to data and services, ~~improve~~ infrastructure and skills, and manage health and care data for research and innovation has been~~is~~ central to 'How Scotland will Thrive in a Digital World' [48]. The 'National Health and Wellbeing Outcome~~s~~ Framework' (2015) [89]~~,~~ applicable~~es~~ to all Health Boards, local authorities, and Integration Authorities, ~~and~~ focuse~~d~~s on improving quality of care and experiences of people using the services, including family and carers. ~~Each~~ Integration Authoritie~~s~~y provide~~s~~ annual performance reports based on core Scottish national indicators designed to assess the nine health and wellbeing outcomes (see Figure 4) [89, 90]. The Scottish n~~N~~ational indicators [90] and health and wellbeing outcomes [89] ~~are the focus of several policies and~~ seek~~aim~~used to track the progress of Scottish government policies drawing on routinely collected data and survey data [40, 41, 66]. The 'National Performance Framework,' published in 2018 [48, 78, 89], describe~~d~~s a vision for improving health and wellbeing, taking into account the wider determinants of health, including economic, social and environmental factors [48, 89].

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Discussion

In this discussion, we reflect on Kkey commonalities and differences in policies for England and Scotland, which we are summarised in Table 2, according to Donabedian's model [28], and base on our review and findings from the broader literature, and elaborated below, according to Donabedian's model [28].

Structure of care in England and Scotland

The structure of health and social care across England and Scotland is similar in terms of being mostly free at the point of care, primarily funded by general taxation, centrally managed by respective governments post devolution, and primary care being the gatekeeper for secondary specialist referral, with both countries having a similar social care structure.

Differences and challenges

England tends has tended to follow 'top down' re-organisation of care, such as the new Integrated Care Systems and Primary Care Networks, with a historical emphasis on and market-orientedorientation, competition, and consumer-based care, alongside target-setting policies that use financial incentives to improve quality of care, such as the (e.g., the Quality and Outcomes Framework). for GPs .The creation and rapid implementation of Primary Care Networks also came with financial incentives [91]. The faster pace of structural change Iin England, several more intermediate levels of organisation has have created a fragmented structure where regional local government and the NHS often work in 'silos' [92] and are frequently re-organised by central government [22, 93, 94]. This differs to In Scotland, central control over the NHS also prevails, but generally there has been more structural stability policy has been relatively stable in comparison, where the pace of structural change has been relatively slower in comparison, with the intention to support enable sustained better collaboration and build partnerships and trust amongst frontline staff [22, 95-97]. However, due to lack of performance progress [23, 98], Scotland is is considering re-structuring again with the health and social care service with athe proposed 'National Care Service' [50], although there aredespite concerns regarding risks to local services, increased central bureaucracy, and loss of the voices of older people which are unlikely to be resolved imminently [99].

Comparative studies report a more favourable working life for Scottish GPs compared with England, possibly due to a long-term and stable environment encouraging collaboration in primary care, which led to the introduction of the new GP contact , which led to the introduction of the new GP contact [100]. However, there are also barriers to strategic success in Scotland, including issues relating to financial shortfalls, leadership and capacity, difficulties recruiting and a high turnover of staff, and difficulties recruiting, disagreement over governance arrangements, a lack of transparency regarding data sharing, and concerns about sustainability [101, 102]. [39, 41, 50]. The challenges to health and social care integration [102, 103] are noted in the 'National Care Service' consultation analysis that highlights several issues that will need to be considered in any structural changes in Scotland [103]. These include the risk of increasing bureaucracy that may result in fewer opportunities for older people to express their needs for services and the impact on the workforce retention and morale [103]. Overall, it is too early to measure the impact of structural or organisational changes on integrated care for those with complex needs in Scotland or England [91, 92, 101].

There is a growing emphasis on the position of social care in the move towards integrated care in both countries. For example, the name change of the Department of Health in England to the Department of Health and Social Care in 2018 and a new ministerial position ~~created~~ for social care created in parallel [104]. However, the structural changes needed to integrate health and social care are ~~not fully developed~~in an early stage of implementation. Communication between different settings, including primary, secondary and social care could be improved by co-location of staff [92] but this may be hampered by concerns around further concentrating ~~the imbalance between health and social care in both countries, with more~~ power ~~and esteem~~ in ~~the hands of~~ health [105]. Overall, it is too early to measure the impact of structural ~~or organisational~~ changes on integrated care for those with complex needs ~~in Scotland, England~~ [91, 92, 101].

Field Code Changed

Delivery/processes of care in England and Scotland

Policy goals for the delivery/processes of care are broadly similar across England and Scotland. Predominately, there is an awareness of the need to improve the delivery of mental health services, palliative care, and end of life care. For example, England ~~has~~ recently initiated a drive towards improving mental health care, ~~which has started with a proposal for~~including changes ~~in~~ to legislation [71, 72]. In Scotland, the Cross Party Group ~~(CPG)~~ on Mental Health highlighted gaps in the 'Mental Health Strategy' (2017) [43] and made several recommendations~~, including increasing investment for prevention, improving access to treatment and prioritising data collection and measurement~~ [106], including ~~and~~ a. ~~A~~ specific minister for Mental Wellbeing and Social Care who was appointed ~~in Scotland~~ in May 2021 ~~with a remit to move the 'Mental Health Strategy' (2017) forward~~.

Differences and challenges

An example of divergence between the two countries is free nursing and personal care following an assessment of needs and free prescriptions for all in Scotland, but there is limited evidence of the impact of this policy. ~~, while l~~In England, provision of social care is means-tested~~,~~ and most adults pay for prescriptions. A recent consultation is considering whether to raise the age for free prescriptions in England to 66-years to align with the State Pension Age [107]. The overall vision of both governments is to~~o~~ shift care to the community~~,~~ where appropriate. ~~Providing free personal care in Scotland is one of the policies that aims to support this vision.~~ There is some evidence ~~of a shift in the balance of this shift~~ in Scotland, however, that this shift of care ~~it~~ is thought to have resulted in a reduction of~~in~~ people receiving care in care homes. Furthermore~~In addition~~, an increase in the demand for care at home may result in overall ~~overall~~ increased costs to the Scottish government [108] and free personal care ~~does not necessarily result in all people~~may not always be accessed ~~accessing care~~ equally, especially for those with ~~particularly~~ high support needs ~~who need additional support~~, e.g., people with dementia [109]. ~~Overall~~In addition, delayed hospital discharge rates ~~from hospital~~ in Scotland have worsened recently~~,~~ compared to England, suggesting that other contextual factors play a large part in hospital discharge planning [110].

Market-orientated care in England aims to introduce choice between different NHS and private sector health and social care providers [111]. Scotland has relied more on internal professional motivation of healthcare workers [112] and collaboration with less competitiveness between healthcare providers. There is a ~~much~~ smaller private health care system in Scotland, largely working in parallel to the NHS, with no formal contracts to provide care. The ~~positive~~ English rationale for offering more patient choice assumes that choice results in competition and therefore better providers get more business that in turn drives worse providers to improve practice [113]. However,

some older people are less likely to be able to exert choice over their care due to issues such as cognitive impairment, ~~complex needs,~~ or lack of ability to travel long distances for care, e.g.~~,~~ for hip replacement. ~~Patient choice fails to account for pre-existing inequalities in income or other determinants of health and T~~there is little evidence ~~from peer-reviewed research~~ that patient choice in England significantly impacts the efficiency and quality of care [114]. ~~and England may align more with Scotland in the future . Since devolution, England has championed competition and choice but there has been a shift since 2016 and the English NHS has aligned more with Scotland, focusing on integration and collaboration to improve services [110].~~

~~We found that person-centred care is rooted within several policies across Scotland and England.~~ 'Personalisation of care' is particularly mentioned in policy documents in England. Personalised care ~~is all about~~aims to give~~ing~~ people choice and control over their care~~,~~ and aligns with the market-orientation, competition, and consumer-based care that has been common in England, and is delivered using approaches such as ~~.~~ personal health budgets [37]. ~~personalisation of care is focused on encouraging professionals to shift towards participative care planning to give people different choices for their care and~~ In both countries, personalisation of care is considered within the context of person-centred care, which is ~~is rooted within several policies 'Person-centred care' is~~ central to ~~initiatives, such as~~ 'Realistic Medicine' in Scotland [42, 66, 67, 115]~~,~~ ~~aiming to change care delivery across health and social care~~~~which was significantly supported by the Chief Medical Officer~~ [115]. By~~In~~ contrast, 'Choosing Wisely' in England aimed to encourage dialogue between patients and clinicians on patients' choices over their care [116], and received arguably less attention from government/NHS in England.

~~However, p~~Person-centred care is rarely defined clearly and often in different ways depending on the context. The building blocks typically focus on the relational aspects of care, patient experience, and satisfaction with care, includinge shared decision-making, self-management support, person-centred planning, and a personal outcomes approach [117], delivered with dignity, compassion, and respect [118]. However, there is no consensus on the essential components of the approach [117-119] and limited data on how to measure it [120]. ~~It is therefore complex to implement and~~ Eevaluation is needed on whether the aspirations of policy in both countries for ~~delivering~~ person-centred care can be both delivered and measured in practice [117, 121]

The focus on technology has advanced ~~more~~ rapidly due to the Covid-19 pandemic with many examples of innovation across England and Scotland, e.g. ~~. For example, over 1 million~~ 'Near M~~m~~e' video conferencing~~,~~ had~~with~~ over 1 million appointments in Scotland ~~were carried out in Scotland~~ in July 2021 [49]. There are moves towards embedding a human rights and ethical perspective in the~~to~~ development and~~ing the~~ use of technology in ~~social care in Scotland~~both countries [88, 122] as well as~~nd~~ signs of increasing collaboration and discussion with service users [123]. This is important ~~since~~ because technology that addresses provider problems (such as~~,~~ improving efficiency in response to staff shortages) may not address older people's problems (such as~~,~~ loneliness or lack of continuity of care)~~,~~ D~~and d~~igital exclusion of older and less affluent people means that technology adoption may further widen inequalities [124]~~.~~ ~~International evidence on digital access to primary care reports some advantages if a flexible approach is adopted for older people~~ [125] ~~but~~ making~~the likelihood of~~ a digital 'Inverse Care Law' ~~is~~ possible [126]. Digital inequality has been described as another 'determinant of health' [127] that is likely to have a cascading ~~contribute to~~affect~~s~~ throughout service provision ~~other health inequalities~~ unless directly addressed. ~~-~~Therefore, there is a need to understand how best to optimise older people's~~'~~ use of technology in order to enhance their experiences of ~~health and social~~ care ~~in a way that does not without widening~~and not inadvertently increase health inequalities.

Health and social care outcomes in England and Scotland

In accordance with Donabedian's model, any divergence in the structure and service delivery/process of care may lead to different outcomes. Both countries share the vision of improving outcomes for older people but the complexities of care and rapid growth in demand, combined with a lack of comparable data ~~adequate outcomes,~~ makes evaluating the impact of policy on health and social care challenging [110]. In addition, England and Scotland publish different performance outcomes and as a result, ~~a~~so comparison of data ~~across health and social care~~ is not always possible [23, 110].

Differences and challenges

An initial difference is that Scotland has published a 'National Health and Wellbeing Outcome Framework' (2015) [89], ~~integration of health and social care,~~ including but not exclusively for older people. ~~Notably, around the same time the Scottish government supported NHS Health Scotland produced in the development of a strategic outcomes framework for optimising older people's quality of life was developed by the Scottish Government's Integration & Reshaping Care policy team and partners, with an aim to provide information care pathways for to achieving these outcomesplanning and commissioning[128].~~ In England, outcomes are summarised across several overlapping policy documents [68, 82-84] that followed the previous 'National Service Framework for Older People' (2001), which outlined the government's 10-year vision for service delivery across several areas (e.g.~~,~~ falls, stroke, and mental health), but were discontinued in 2013 when NHS England ~~formed~~was renamed [129].

Despite various policy documents ~~the publication of these policies~~ and intent to deliver and record meaningful outcomes, there is little change reported in the core indicators ~~that are~~ used to assess ~~the~~ outcome in both countries~~, and some~~with some having ~~indicators have~~ worsened [23]. In England and Scotland, the ~~the~~ latest a~~A~~udit ~~of~~data highlights serious problems and risks relating to NHS performance since the ~~COVID~~Covid-19 pandemic, including growing financial pressures, workforce capacity, poor staff wellbeing, backlogs, and increased waiting times ~~highlights the serious problems and risks~~ [130, 131].

~~These problems relate to growing financial pressures and unprecedented challenges, such as workforce capacity, wellbeingwellbeing, and staff retention, as well as the backlog of care resulting from increased waiting time for various specialties and increase in waiting lists for planned treatment. The Scottish government NHS Recovery Plan (ref) has committed to spending £1.26 billion over the next 5 years as part of the NHS recovery plan, but transparency is needed about what progress has and has not been made[130]. For instance, delayed discharge remains a barrier to people being ready to leave hospital, due to lack of space in care homes or necessary care at home not being ready in time [130].~~ In relation to the care of older people, both countries ~~England and Scotland~~ collect numerous indicators that relate to health and wellbeing outcomes for older people [68, 82-84, 89, 98] (see Figure 4). ~~that are beyond the scope of this paper to present and review highlights the~~ However, the starting points often differ and the health of the population vary widely across regions, as do resources [94].~~-~~ In addition, the timing of measurement, either in survey or routinely collected data also vary, even if the metrics are comparable. Hence,~~-~~ previous reports of comparisons across the UK have been limited by the quality of available data [23, 102, 110, 132-137]~~,~~ with very few shared indicators relating to health and social care integration [23].

~~Overall, the authors concluded that~~ Since devolution, there is ~~no currently~~limited ~~available~~ evidence available linking policies to performance and impact on patient outcomes in England or~~and~~ Scotland [23]. The lack of infrastructure to accurately record, monitor, link, and share data hinders this comparison [23, 110] and although much can be learnt from shared data, this rarely happens in practice. This~~ere~~ is a particular problem in the care sector and for mental health services, limiting our understanding of care ~~(including unpaid care~~ [110]~~)~~ and outcomes for some of the most vulnerable individuals [138, 139]. Further research is needed to develop linked and integrated UK-wide datasets [110, 135, 136].

Evidence from and evaluation of different models of integrated care in England and Scotland suggests some improvement in access to services, patient experience, and collaboration between staff but policy expectations of large cost-savings and improved outcomes are currently not being met [140-147].~~-~~ International evidence reports that whilst the NHS showed some areas of good performance compared to nine other high-income countries, the UK spent the least per capita on health care in 2017 and population health and patient safety were average or below in comparison [148].

Finally, despite being a policy vision for both countries, neither have yet made a demonstrable impact on reducing health inequalities~~,~~ and there is evidence of worsening inequalities following the Covid-19 pandemic [149, 150].

~~Similar challenges were noted in the Scottish School of Primary Care National Evaluation of 204 projects [145]. Most improvements were seen in integration between primary care, community, and secondary care, public experience of care and increase in the contribution of primary care services to public health. However, a lot of the evaluations were small scale and difficult to implement nationally [145]. One of the key messages from this evaluation, similar to the review of Vanguard Programmes in England [146], was the , need for more usable data to assist with data collection, analysis, and interpretation of results . This is particularly problematic in the care sector, limiting our understanding of care (including unpaid care [110]) and outcomes for some of our most vulnerable citizens [138].~~

~~Reducing health inequalities across the life course has been a vision for both countries yet neither have made a demonstrable impact on this important outcome. In Scotland, despite the central government focus on health inequalities and specific policies for older people[47], the gap In healthy life expectancy has been widening (24 year gap) [149] and in England there is a persistent North-South health gap where people in the North East have some of the highest health care needs across regions [150]. As with many policies, there is intent to change but there remains a large 'implementation gap' relating to service delivery [149].~~

~~Review evidence of different models of imodels of Integrated health and social care may improve access to services, patient experience, and collaboration between staff but policy expectations of large cost-savings and evidence of improvements in other health outcomes are not currently being met [140, 141].~~

~~Overall, the gap between policy vision for health and social care and clinical reality remains hard to deliver and assess in the UK and globally [151, 152].~~

~~Comparison with international literature on new models of integrated care~~

~~Evidence from international literature suggests that integrated health and social care may improve access to services, patient experience, and collaboration between staff but policy expectations of~~

~~large cost-savings and evidence of improvements in other health outcomes are not currently being met [140, 141]. Overall, the shift to new models of care is not happening fast enough in the UK to meet the growing need, particularly since the pandemic [133], and there are general concerns about financial sustainability and lack of funding for embedded rigorous evaluation [23, 110, 133, 153]. England and Scotland are focusing now on developing data strategies that consider issues such as trust and transparency in data sharing, and safeguarding/ethics [87, 154]. The vision of these policies is essential as much of the information that is required to measure progress or deterioration in health and social care is not available or assessed by different metrics [110], particularly in social care.~~

Strengths and limitations

A strength of this paper is that it provides a ~~broadly focused~~comprehensive review of macro-level health and social care policy documents for older people in England and Scotland~~,~~ based on~~. and considers important~~ factors important in influencing quality of care, ~~-~~as outlined ~~suggested~~ by Donabedian [28]. Although widely used to assess quality of care, Donabedian's model is rarely used for reviewing policy.~~,~~ W~~and w~~e have shown it can provide a useful framework for comparing the organisation and delivery of care~~,~~ and health outcomes between countries. W~~Although, w~~e recognise that Donabedian's model does not account for many of the wider contextual issues such as organisational/team culture that may also affect ~~the~~ care provision ~~of care in both countries~~in England and Scotland. We also acknowledge that the meso- and micro-level policies ~~we~~ excluded from our review may ~~be important~~speak to some of the issues discussed in this paper. Given our focus on high-level aspirations of policy, we also excluded a range of documents from our review ~~providing~~ that provided primary data on evaluation of outcomes, though we draw on some of this literature in the reflections of our findings. Furthermore, policies are often rapidly changing and updated.~~,~~ W~~and w~~hile ~~. Although~~ we searched for ~~policies~~ policy documents published from 2011 to ~~up to~~ ~~the end of 2021~~February 2023,~~ several policies have since been~~ others ~~have been~~ published before ~~that~~ 2011 ~~have~~ shaped later policies [155] and some will emerge ~~after this date~~later.

~~Summary~~ **Conclusion**

Despite differences in the way that many policies are operationalised in England and Scotland, ~~such as rapid structural change in England – as in the case of integrated health and social care – and greater competition and financial incentivisation compared to Scotland,~~ the vision of policy document~~i~~s for older adults is similar in both countries. ~~and~~Furthermore, t~~-t~~here is no strong evidence of differences in performance and patient outcomes. The shift to new models of care is not happening fast enough to meet the growing need and there are general concerns about financial sustainability, workforce shortages, and lack of funding for embedded rigorous evaluation. ~~There are also similarities in the delivery/processes of care and no strong evidence to date of differences in performance and patient outcomes. A~~

A~~The~~ key challenge across England and Scotland relates to a lack of ~~national~~ UK-wide health and social care datasets. This ~~, which~~ hinders evaluation of policy changes and direct comparison of delivery/processes and outcomes ~~of care between the two countries~~. Overall, o~~O~~pportunities for future research and policy consideration include:

- An integrated ~~national~~ UK-wide dataset to monitor and report comparable data across health and social care in the UK~~;~~.
- More focus on understanding the impact that technology might have in widening social and health inequalities; and~~.~~

- More long-term evaluation of outcomes relevant to older people including evaluation of person-centred care and unpaid care.

Given that many countries around the world face similar challenges of ageing and care, international comparative studies within and between countries are warranted. The above three issues of data availability, technological impact, and long term evaluation are also likely to be of relevance to countries other than the UK.

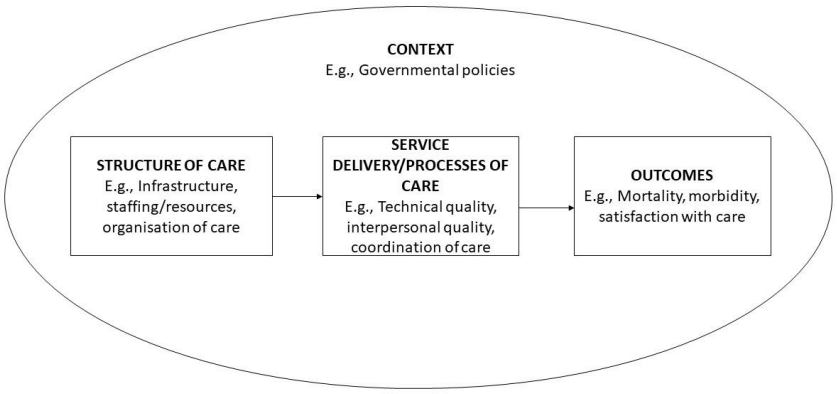
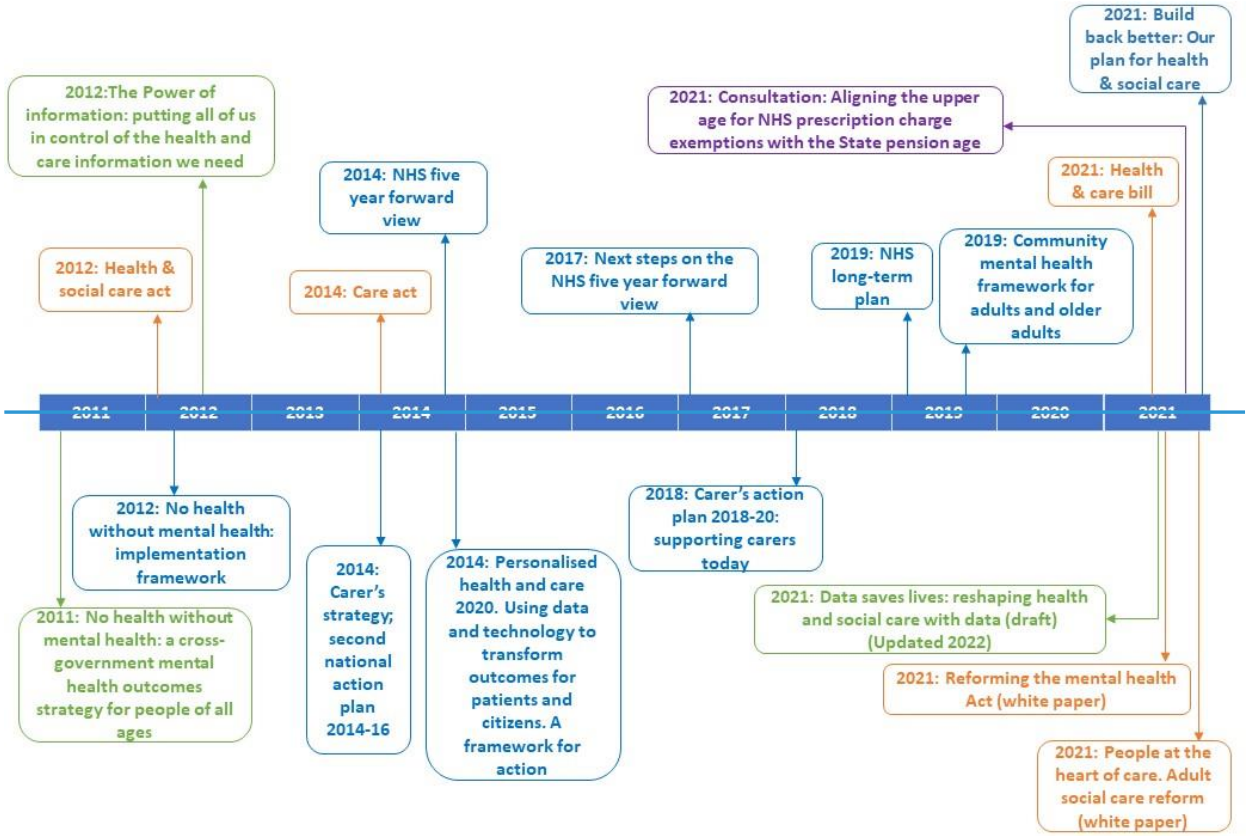


Figure 1. Conceptual framework underpinning the review (adapted from Donabedian [28] and Klokkerud, Hagen [29])


2021: Build back better: Our plan for health & social care
2012:The Power of information: putting all of us in control of the health and care information we need
2021: Consultation: Aligning the upper age for NHS prescription charge exemptions with the State pension age
2014: NHS five year forward view
2021: Health & care bill
2012: Health & social care act
2014: Care act
2017: Next steps on the NHS five year forward view
2019: NHS long-term plan
2019: Community mental health framework for adults and older adults
2011
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2021
2012: No health without mental health: implementation framework
2018: Carer's action plan 2018-20: supporting carers today
2014: Carer's strategy; second national action plan 2014-16
2014: Personalised health and care 2020. Using data and technology to transform outcomes for patients and citizens. A framework for action
2021: Data saves lives: reshaping health and social care with data (draft) (Updated 2022)
2011: No health without mental health: a cross-government mental health outcomes strategy for people of all ages
2021: Reforming the mental health Act (white paper)
2021: People at the heart of care. Adult social care reform (white paper)

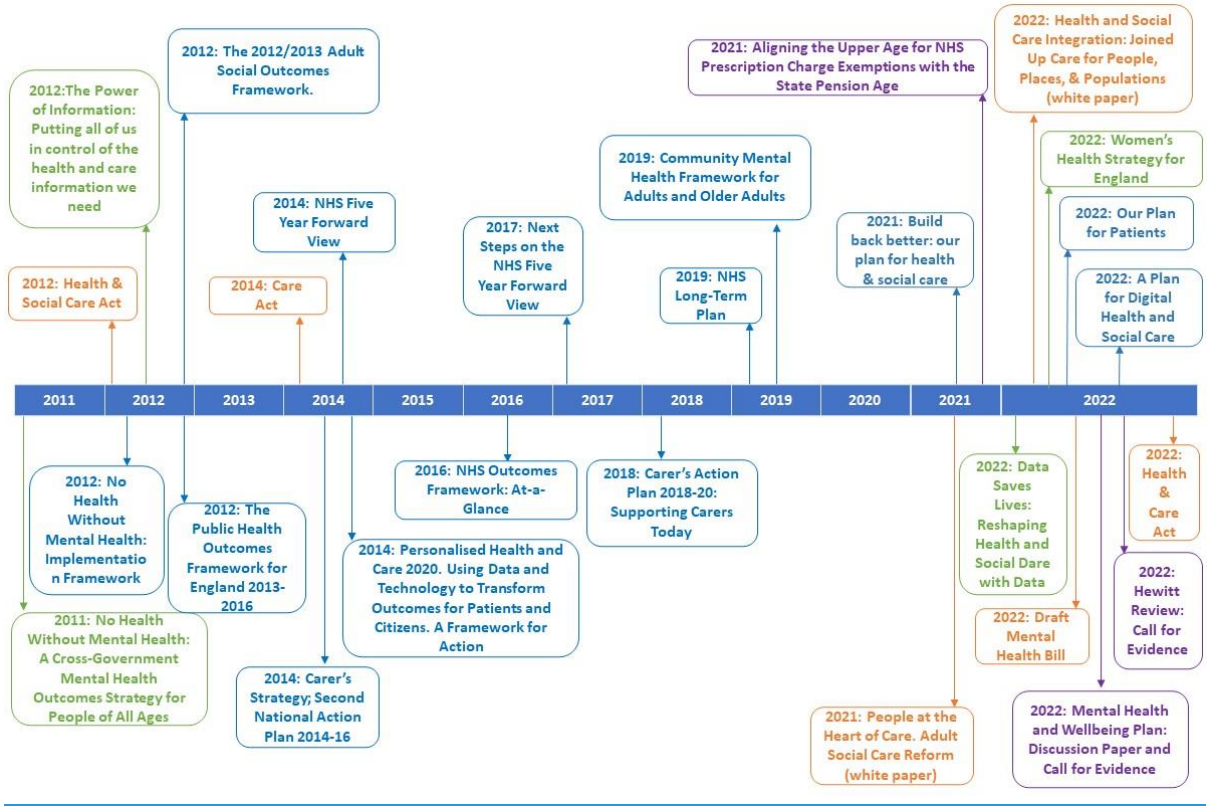
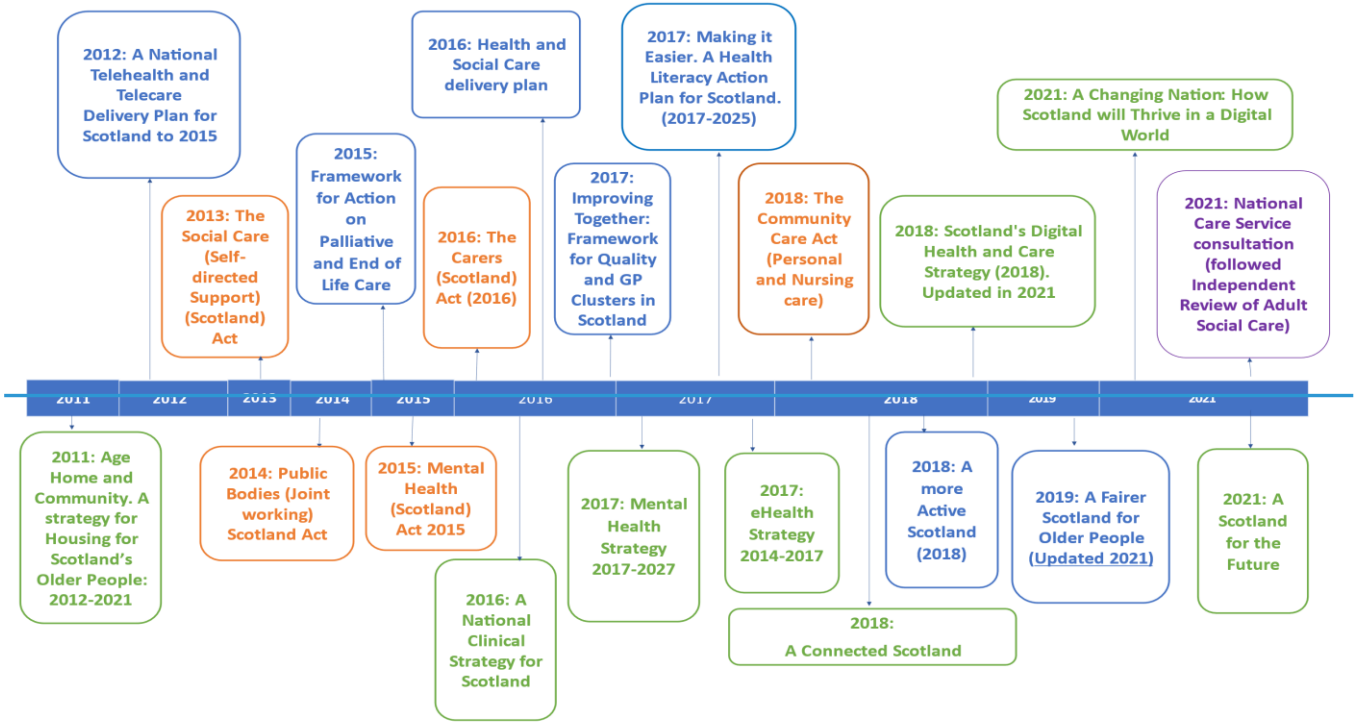


Figure 2. Timeline of policies in England from 2011-~~2021~~2023

Key: Government Act/Bill/white paper is orange; strategy/priority-setting is green; delivery plans/frameworks are blue; consultations are purple.


2012: A National Telehealth and Telecare Delivery Plan for Scotland to 2015
2013: The Social Care (Self-directed Support) (Scotland) Act
2015: Framework for Action on Palliative and End of Life Care
2016: Health and Social Care delivery plan
2016: The Carers (Scotland) Act (2016)
2017: Improving Together: Framework for Quality and GP Clusters in Scotland
2017: Making it Easier. A Health Literacy Action Plan for Scotland. (2017-2025)
2018: The Community Care Act (Personal and Nursing care)
2018: Scotland's Digital Health and Care Strategy (2018). Updated in 2021
2021: A Changing Nation: How Scotland will Thrive in a Digital World
2021: National Care Service consultation (followed Independent Review of Adult Social Care)
2011
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2021
2011: Age Home and Community. A strategy for Housing for Scotland's Older People: 2012-2021
2014: Public Bodies (Joint working) Scotland Act
2015: Mental Health (Scotland) Act 2015
2016: A National Clinical Strategy for Scotland
2017: Mental Health Strategy 2017-2027
2017: eHealth Strategy 2014-2017
2018: A more Active Scotland (2018)
2018: A Connected Scotland
2019: A Fairer Scotland for Older People (Updated 2021)
2021: A Scotland for the Future

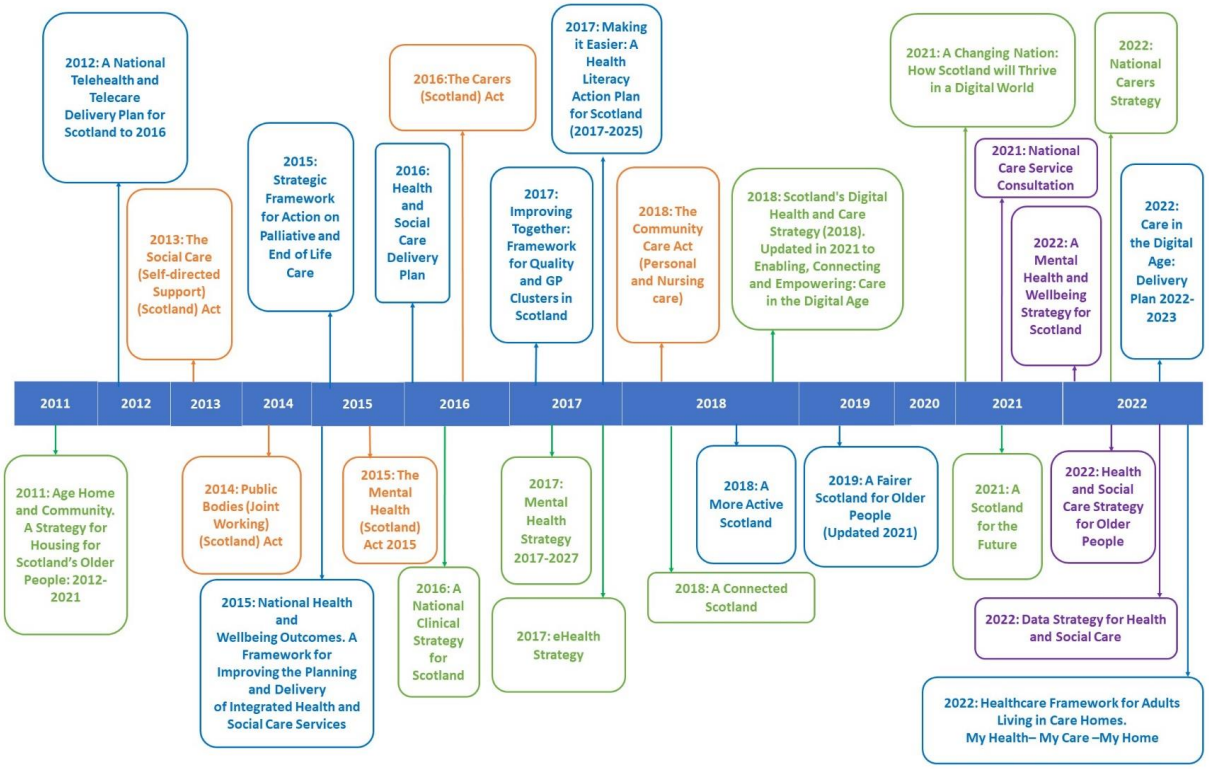

Figure 3. Timeline of Scottish policies from 2011-~~2021~~2023

Key: Government Act/Bill/white paper is orange; strategy/priority-setting is green; delivery plans/frameworks are blue; consultations are purple.

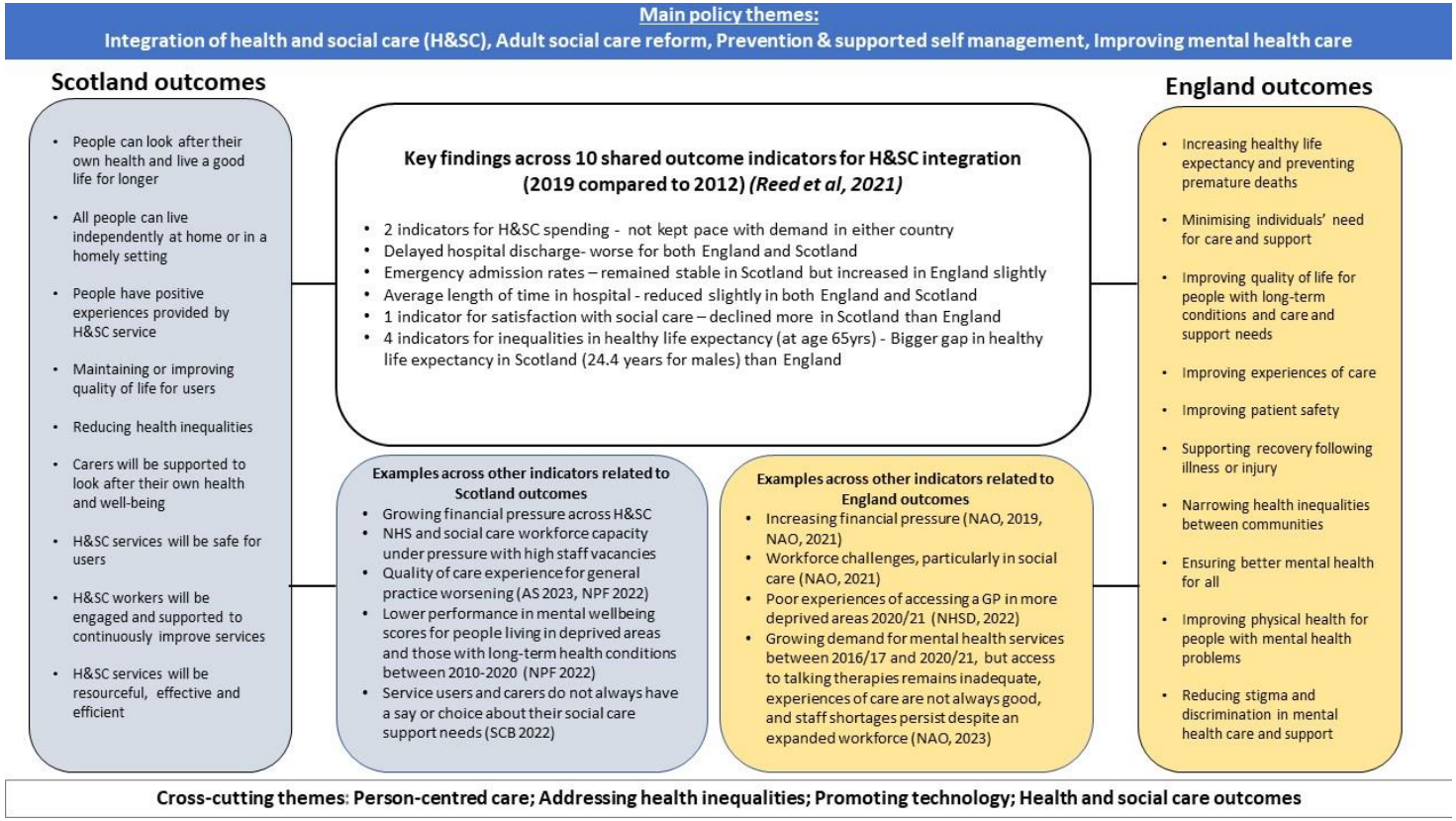

Figure 4. Summary of health, wellbeing, and social care outcomes across England and Scotland

Key:

AS = Audit Scotland (2023) [130]

NPF = National performance framework (2022) [98]

SCB = Social care briefing (2022) [156]

NAO = National Audit Office (2019, 2021, 2023) [139, 157, 158]

NHSD = NHS Digital (2022) [159]

Table 1. Summary of macro-level health and social care policies identified in England and Scotland

	Legislation[1]	Strategies[2]	Framework/delivery plans[3]	Consultations[4]
England	Health and Social Care Act (2012) [31] - Improving quality of care in response to a rising demand on NHS services, increased treatment costs, limited resources, and safety concerns. Care Act (2014) [32] Improving well-being, prevention, service integration, information, and advice, safeguarding and quality of services for adults with care and support needs. Health and Care Bill (2021) [33] (Enacted in 2022 to the Health and Care Act [34]) Reducing bureaucracy, increasing accountability, and improving integration of care and supporting recovery of the health and social care system following the pandemic. People at the Heart of Care. Adult Social Care Reform White Paper (2021) [53] Improving adult social care service in the next 10 years. Reforming the Mental Health Act (White Paper) (2021) [71] (Updated to	No Health Without Mental Health: A Cross-Governmental Mental Health Outcomes Strategy for People of All Ages (2011) [68] Improving mental health and wellbeing for all, including experiences of care, and reduced harm, stigma, and discrimination. The Power of Information: Putting All of Us in Control of the Health and Care Information We Need (2012) [76] Improving patient care and outcomes through accurate and accessible information to providers and patients. Data Saves Lives: Reshaping Health and Social Care with Data (2019) [87] (Updated in June 2022 to a final version [88]) Improving data systems and sharing to improve patient care and future data-driven innovation. Women's Health Strategy for England (2022) [65]	No Health Without Mental Health: Implementation Framework (2012) [69] Ensuring the vision of improved mental health and wellbeing for all is achieved. Carer's Strategy: Second National Action Plan 2014-16 (2014) [51] Identifying, recognising, and supporting carers to realise their potential and have a life alongside caring, and maintain their own health and wellbeing. 2014: Personalised Health and Care 2020. Using Data and Technology to Transform Outcomes for Patients and Citizens. A Framework for Action [75] Working to make better use of data and technology to improve health and social care including personalisation of care and patient empowerment.	Aligning the Upper Age for NHS Prescription Charge Exemptions with the State Pension Age (2021) [107] Consultation around options for increasing the age at which people pay for prescriptions to 66-years old, unless exempt from paying for other reasons. Mental Health and Wellbeing Plan: Discussion Paper and Call for Evidence (2022) [73] Consultation around development of a 10-year cross-government plan for improving population mental health and wellbeing. Hewitt Review: Call for Evidence (2022) [38] Consultation around plans for oversight and governance of the Integrated Care Systems.

	a Draft Mental Health Bill in June 2022 [72]) Updating mental health legislation to transform services in the future. Health and Social Care Integration: Joining Up Care for People, Places, and Populations (2022) [35] This White Paper outlines plans to integrate health and social care and improve access, experience, and outcomes of care for all.	Sets out a 10-year strategy for improving health and social care for women across the life course.	NHS Five Year Forward View (2014) [36] Changes to patient care and services provided by the NHS including personalised, integrated care, and prevention and supported self-management. Next Steps on the NHS Forward View (2017) [64] Supporting changes in patient care and services provided by the NHS. Carer's Action Plan 2018-20: Supporting Carers Today (2018) [52] Developing and implementing services and systems that work for carers, which facilitates their identification, recognition, and support their own health and wellbeing. NHS Long-Term Plan (2019) [37] Implementing a new service model to improve personalisation, and integration of care, reduce pressure on hospitals and	

			improve care in the community. The Community Mental Health Framework for Adults and Older Adults (2019) [70]* Strengthening mental health support in the community to improve access and quality of care, and health, wellbeing, and involvement of people with mental health problems. Build Back Better: Our Plan for Health and Social Care (2021) [63] Supporting recovery of health and social care services following the pandemic. Our Plan for Patients (2022) [56] Outlines measures to support the NHS and social care to deliver effective care to patients despite challenges. Focuses on ambulances, backlogs, social care, doctors, and dentists. A Plan for Digital Health and Social Care (2022) [79]	

			Sets out a plan for delivering faster and more effective, personalised health and social care supported by digital technology, with the NHS App as a central feature. The 2012/2013 Adult Social Outcomes Framework (2012) [82] Provides a set of outcome measures considered a priority for adult social care, including improving individuals' quality of life, reducing need for care and support, improving service-users' experiences, and preventing harm. NHS Outcomes Framework: At-A-Glance (2016)[83] Sets out key NHS outcomes and indicators for 2016-2017, across the following domains: prevention of premature deaths, improvement of quality of life for people with long-term conditions, recovery support following illness or injury, improved patient experience of care,	

			and prevention of avoidable harm. The Public Health Outcomes Framework for England 2013-2016 (2012)[84] Follows the 'Healthy Lives, Healthy People: Update and Way Forward' published in 2011 [160], and aims to align with the NHS Outcomes Framework and Adult Social Care Outcomes Framework. Sets out two overarching outcomes for improving public health, as follows: increased healthy life expectancy, and reduced inequalities in life expectancy across the population.	
Scotland	The Social Care (Self-directed Support) (Scotland) Act (2013) [58] Supports carers including self-directed support that focuses on inequality and supporting the right kind of individualised support during a crisis or an emergency. Public Bodies (Joint working) Scotland Act (2014) [39] Sets out principles for local authorities and health boards to work together to	* Age Home and Community. A strategy for Housing for Scotland's Older People: 2012-2021 [62] A vision for housing needs for older people with recommendations to improve living standards and promote preventative support services. A National Clinical Strategy for Scotland (2016)[40]	A National Telehealth and Telecare for Scotland to 2016 (2012) [80] Sets out a vision for a Scotland to increase the use of technology in health care to support self-management and empower people (including unpaid carers).	National Care Service Consultation (NCS) [50] leading on from the Independent Review of Adult Social Care (2021) [60]. The NCS consultation recommends a human -rights approach and fundamental changes to adult social care in Scotland considering service users, their carers and families, and social care

	plan and deliver adult community health and social care services, including services for older people. The Mental Health Act (2015) Updates previous Act that sets out rights for people with mental health problems and principles for how care should be delivered including hospital care and emergency hospital detention [74]. The Carers (Scotland) Act (2016) [59] Aims to support carers' health and well-being and help make care more sustainable through enabling carer involvement in certain services. The Community Care Act (Personal and Nursing Care (2018) [57] Extension of previous Act (2002) to includes free personal care for people under 65 years as well as over 65 years following assessment of needs by local authorities, regardless of income or residential status; and creation of rights for unpaid carers.	Sets out how clinical services need to change to provide sustainable health and social care services fit for the future. E-Health Strategy (2017) [44] The overall vision is to improve information sharing, support self-management of health and well-being and strengthen partnerships between the NHS, Scottish Government, and the research sector. Mental Health Strategy (2017-2027) [43] The focus is on prevention, access to treatment, joined-up accessible services, improving the physical wellbeing of people with mental health problem. A Connected Scotland (2018) [46] The vision is to connect people and communities and provide equal opportunities to develop meaningful relationships. Scotland's Digital Health and Care Strategy (2018)[45] Updated in 2021 to Enabling, Connecting and Empowering: Care in the Digital Age [49]	Strategic Framework for Action on Palliative and End of Life Care (2015) [77] Improving access to palliative care and providing people, families, and carers with support from professionals to plan their end-of-life care. National Health and Wellbeing Outcomes: Improving the Planning and Delivery of Integrated Health and Social Care Services (2015) [89] A framework for improving the planning and delivery of integrated health and social care services linked to the integrated indicators Health and Social Care Delivery Plan (2016) [41] This delivery plan focuses on 3 main areas known as the 'triple aim' improving quality of care, (better care) promoting healthier lives for all (better health) and making better use of resources (better value).	providers. The National Care Service consultation is still under review at the time of writing. A Mental Health and Wellbeing Strategy for Scotland (2022) This consultation document sets out a broad vision to improve mental health and wellbeing for all through health promotion, rapid and easier access to safe and effective mental health care[162]. Health and Social Care Strategy for ~~older~~ Older ~~people~~ People (2022) [163] This strategy aims to build on the National Care Service consultation to seek stakeholder views on 4 specific topics- Place and wellbeing, preventative and proactive care, integrated planned and unscheduled care. 2022: Data Strategy for Health and Social Care [154].

		Focus on providing a lead for increasing access to data, supporting digital transformation and effective use of data at the point of care through a national digital platform to give a fuller easily accessible view of health and social care needs. A Changing Nation: How Scotland will Thrive in a Digital World (2021) [48] Leading to Connecting Scotland Sets out a digital vision with principles based on collaboration, innovation and sustainability, inclusivity with an ethical and user focussed approach. A Scotland for the Future: opportunities and challenges of Scotland's changing population (2021)[78] Focuses on increasing life expectancy and reducing health inequalities. This includes four key areas for focus including 36 action plans relating to Support for families, healthy living, being inclusive. 2022: National Carers Strategy [61]	Improving Together: Framework for Quality and GP Clusters in Scotland (2017) [42] Proposes a refocusing of the GP role as expert medical generalists leading to 2018 General Medical Council (GMC) service contract and formation of GPs clusters. Making it Easier: a Health Literacy Action Plan 2017-2025 (2017) [67] Focuses on 4 actions to improve health literacy practice based on a human rights approach It aims to remove barriers and support people's need through shared decision-making. A More Active Scotland (2018)[66] A vision for Scotland to support people to be more active, through multi-sectorial partnerships. It focuses on a, human rights, and opportunities for all.	Consultation that aims to takes an inclusive approach to gather information on how data should be used and managed across health and social care. The focus is on empowering people receiving and delivering care and supporting industry, innovators, and researchers.

		The key themes of his strategy aim to support carers. Examples of support relate to people living with problems related to COVID-19, recognising, valuing and involving carer more in decisions, providing health and social care support and social and financial inclusion.	*A Fairer Scotland for Older People (2019) (Updated 2021 [47] A vision to support equality for the ageing population. Actions include support for better access to health and social care. Healthcare framework for adults living in care homes. My Health – My Care – My Home (2022) [161] This framework incudes 7 aims focused on improving, supporting, and delivering optimum care in care homes to ensure that people have what they need to live well. The aims include a focus on personalised care that is consistent across care homes. 2022: Care in the Digital Age: Delivery Plan 2022-2023 [81] This delivery plan has a vision to make best use of digital technology to improve care and wellbeing. It has 3 aims that focus on improving accessibility of data for citizens and researchers,	

			including a person-centred, secure and ethical foundation underpinning 6 linked workstreams.	

* Policies specific to older people.

[1] Legislation includes an Act of Parliament, where a new law is created or an existing law is changed; a Bill, which sets out proposals for a new law or changes to an existing law; a green paper, which is based on consultation of policy/legislative proposals; and a white paper, which sets out proposals for future legislation [164].

[2] Strategy documents outline how governments will achieve the vision set out in legislation [25].

[3] Frameworks/delivery plans cover the detailed, operational planning involved in delivering strategies/legislation [25].

[4] Consultation documents are referred to in this paper as any documents not formally named as green/white papers but refer to a period of formal consultation with a range of stakeholders.

Table 2. Summary of main policy commonalities and differences in England and Scotland, according to Donabedian's framework

	Commonalities	Differences	
		Scotland	England
Structure of care (Organisational resource, and characteristics of organisations where healthcare occurs)	Integration of care including health and social care, primary/ secondary/tertiary care, and physical health and mental health care Reforming and shifting the paradigm of adult social care.	Competition discouraged in hospital care and abolishment of ~~more market orientated~~financial incentives (e.g.~~,~~ the Quality and Outcomes Framework) in primary care	Competition and m~~M~~arket orientated policies in healthcare ~~Competitiveness and continuing Quality and Outcomes Framework and other incentivised approaches. Following the Health and Social Care Act (2012) competitiveness~~ continued until 2016 but then moved towards a more integrated and collaborative approach similar to Scotland. Financial incentivisation to improve quality of care has continued with an updated Quality and Outcomes Framework for primary care
		Small parallel private health care provision primarily used to manage waiting lists (e.g.~~,~~ hip replacements) Bulk of social care provision by private providers	Larger private health care sector delivering some core NHS services and a privatised social care system
		GP clusters formed in 2018~~,~~ with smaller groups of GPs in each cluster compared to England (depending on location). Focused on quality improvement and collaboration	Clinical Commissioning Groups introduced in 2012, which are now abolished and replaced ~~with~~ by Primary Care Networks
		Bottom-up approach determined locally depending on context	Top-down approach determined by central government
		Until recently, more stable organisational system ~~with slower pace of change~~ to embed policy into practice.	Complex and fragmented organisational structure with multiple tiers of management and faster pace change

Delivery/processes of care (technical and interpersonal principles of care, such as services, diagnosis, treatment, shared decision-making)	Focus on prevention and supported self-management and shifting the balance of care from secondary to primary and community where relevant to provide care in the community Focus on mental health, palliative, and end of life care and anticipatory care Person-centred care, including patient empowerment and shared decision-making Patients' right to information Embracing technology including digital platforms Focus on addressing health inequalities	Free nursing and personal care, following assessment of needs, and free prescriptions for all. Assessment for free nursing and personal care is carried out by local authority staff. It is based on the person's needs and can include help with personal hygiene, nutrition management, and simple treatment. Care is usually provided within six weeks at home or in care homes at the rate of £212.85 a week for personal care and £95.80 a week for nursing care [165]. This does not cover help around the home such as washing clothes or additional private care home fees and all further activities outside the home are means-tested.	Provision of pPersonal care ~~provision~~ is means-tested, and most adults pay prescription charges. Upper age for free prescriptions may increase ~~in the future~~ to 66 in line with the State Pension Age.
		Introduction of 'Realistic Medicine' in 2012 by the Chief Medical Officer	Potential ~~broader~~ use of the 'Choosing Wisely' initiative~~,~~ with less driving from central government
		Less patient choice for health care services	More focus on personalisation of care and patient choice for health care services
Outcomes (Impact of care on patients/populations e.g.~~,~~ mortality, morbidity, and patient experience	Limited evaluation of ~~patient~~ outcomes included in ~~policies~~policy documents. Mainly based on secondary reports of case studies or audit data with lack of detail.	For s~~S~~ummary of the National H~~h~~ealth and Wellbeing Outcomes (2015) [89] see Figure 4 ~~Integrated health and social care may reduce unplanned hospital admission and increase the likelihood of dying at home if desired. Some improvement in collaborative working~~	For s~~S~~ummary of outcomes from the 'No Health Without Mental Health: A Cross-Governmental Mental Health Outcomes Strategy for People of All Ages' (2011) [68]; 'Adult Social Outcomes Framework' (2012) [82], 'NHS Outcomes Framework' (2016) [83], and 'Public Health Outcomes Framework' (2016) [84] see Figure 4.

and satisfaction with care)	Lack of comparable UK wide~~national~~ health and social care datasets of performance and patient outcomes Challenges with data linkage and sharing, especially in social care.	~~but no evidence of reduced associated costs. Waiting times in accident and emergency departments have worsened recently.~~	~~Integrated care programmes may slow down increases in emergency hospital admissions but there is limited evidence of benefit for preventing admissions. Some improvement to patient experience of care, and collaboration between staff has been noted.~~

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Appendix

Search strategies (Jan 2011- ~~Dec 2021~~Feb 2023)

England

A search for macro-level policies in England included the following steps:

- www.gov.uk
- 'Government activity' – 'Policy papers and consultations:' 'Topics' – 'Health and social care' and 'Updated after' 01.01.2011 ("outcome" was entered into the search box to filter the search results for pertinent outcome framework documents), and
- 'Government activity' – 'Departments' – 'Department of Health and Social Care: 'Policy papers and consultations' – 'See all policy papers and consultations,' 'Updated after' 01.01.2011

~~The search strategy relates to the new version of the UK Government's website, which changed in December 2021.~~

Scotland

A search from 01/01/2011 to February 2023 for macro level Scottish policies included the following steps:

- https://www.gov.scot/
- Search of the following topics in health and social care.

Health improvement
Mental Health
Physical activity and sport
Death and End of Life care
Healthcare standards
Primary care
Disabled people
Illness and Long-term conditions
Independent living
Social care

- https://www.gov.scot/Publications

In publications search for health and social care from 01/01/2011 to February 20/02/23 of type Regulation/directive/order or strategy/plan or advice/ guidance, advice, and guidance.

Author contributions

NA, HF, BG, BH, EK, AOD, MEO, SDS, and SWM were involved in conceptualising and designing the review. NA and HF curated and analysed the data. BG, BH, EK, AOD, SDS, and SWM supervised and supported the review, and with MEO, contributed to refining the policy themes and interpreting the findings. HGP also supported interpretation of the review findings. NA and HF contributed equally to leading and writing of drafts of the paper. All authors were involved in reviewing and editing drafts and approved the submitted version.

Associate Editor, Health Policy

14th March 2023

Dear Dr Irene Papanicolas,

Re. Re-submission of the following manuscript, "A comparative overview of health and social care policy for older people in England and Scotland, United Kingdom (UK)" (HEAP-D-22-00488)

Thank you for your second consideration of the above paper for publication in Health Policy. We are delighted that you have now accepted the paper pending minor changes as stated in your email.

The revised version addresses the main comments the reviewers raised. However, it would be good for our readership (which spans outside the UK) if in the introduction and at the end of the conclusion you could highlight why this information might be of interest to other countries, and if there are any more general take-aways for readers to consider.

We have add this sentence towards the end of the Introduction (line 64-65 in clean version).

"Such a comparison may also be of international interest, especially in countries that have devolved health and social care policies at regional or provincial level."

We have added this sentence to the end of the Conclusions (lines 572-574 in clean version).

"Given that many countries around the world face similar challenges of ageing and care, international comparative studies within and between countries are warranted. The above three issues of data availability, technological impact, and long term evaluation are also likely to be of relevance to countries other than the UK."

We hope this is satisfactory and look forward to hearing from you in due course,

Yours sincerely

Stewart Mercer, on behalf of all the authors.