sustainability

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Systematic Review

Connecting the Dots between Social Care and Healthcare for the Sustainability Development of Older Adult in Asia: A Scoping Review

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Abstract: Globally, we face a rapid double growth of the ageing population that urges an integrated framework plan by connecting the health and social care disciplines as a shared and continuum of care approach. Bridging the gap between health and social care is required to meet the demand of ageing population needs, the readiness of the stakeholders, and community as a holistic approach. This article provides an overview of the evidence gap between social care and healthcare through a scoping review. Articles retrieved related to social and health care for older adults in the Asia region were identified through a compilation of PubMed, SAGE, Springer, and Google Scholar searches between the years 2015 to 2021. Only twelve articles were used for result generation. The majority highlights the constraint on financial support, issues related to culture, human resource competency and community participation. The systematic review of the current work provides valuable insight for future researchers and policymakers in designing sustainable development integrated long term care (LTC) framework models and plans.

Keywords: sustainable development goals (SDGs); social care; health care; local communities; integrated care; elderly

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1. Introduction

The ageing population phenomenon in most regions of Asia has increased drastically. It goes much faster than most developed European countries and the United States, which took more than 150 years to become an aged nation. However, recent literature identified that world ageing populations have shifted to East Asia and Southeastern Asia. The population aged 65 years or over almost doubled from 6% in 1990 to 11% in 2019 [1]. Singapore and Thailand's population above 65 years old was forecasted to reach more than 29% and 26% by 2040 [2]. This was followed by Vietnam (16.3%); Brunei (16%); Malaysia

(12.9%) and Indonesia (12.6%). The life expectancy between Malaysia (76.3 years), Brunei (76 years) and Indonesia (71.7 years) with almost similar rates.

The increasing number of older persons is substantial for the dependency ratio. Meanwhile, Singapore shows the highest life expectancy of the elderly at 86 years, and Thailand is 77 years in the Asia region [2]. The dependency ratio of the elderly in Malaysia and Indonesia is almost the same, between 9–10 older people [3]. The calculation of this dependency ratio has not yet reached the classification as an old country [2,4]. However, Singapore and Thailand can be classified as ageing countries because the dependency ratio has reached 18 older adults aged 65 and above per 100 in terms of productive age population (15–64 years) [3,4]. A similar phenomenon will be experienced in Brunei, the Philippines, Myanmar and Cambodia. This phenomenon can also increase the demand for aged care services and the level of burden on family members' predominantly adult children, the community and the government. However, strategic planning on the integrated health and social care services and facilities needs to get underway in order to address the problems that may arise due to the acceleration in the elderly population in the future.

Many middle-income countries in Asia are predicted to be aged nations within a decade [3]. Considering this predicament, the government must prepare services and facilities to support the various needs of the elderly. Numerous health and social care services are available, but they operate without cohesion and collaboration. An integrated healthcare system has been shown as a good model for improving patient healthcare and reducing unnecessary healthcare resources [5]. However, sustaining a good project is always challenging, especially in countries with low financial allocation, multiethnic groups with various cultural beliefs, and political stability. Malaysia is one of the middle-income countries from the Southeast Asian region, which has multiracial with various religious beliefs and cultural practices. Currently, the aged group's Malaysian health care services focus on three main domains: physical health, psychosocial health, and nutritional/diet [6]. Not all aged people need to be taken care of by healthcare practitioners. Healthy and less disabled, aged people can be monitored in the community through good social healthcare with collaboration with healthcare services. There is pressure to initiate the collaborate of social and healthcare services facing the elderly with chronic diseases. The support services for dementia rehabilitation, psychotherapy, counselling, psychological treatment, and social work intervention is essential for the elderly to cope with personal and emotional assistance in the community setting [7].

Moreover, the Asian elderly preferred to live in a community rather than in institutional care. Family institutions provide care for the elderly in the community, especially in terms of shelter, safety, provisions, healthcare, financial, personal assistance, and emotional support. The social support and care industries are also essential factors in enhancing the wellbeing of the elderly compared to the formal care provided in hospitals, nursing homes and shelters [8]. Social care is an important sector integrated with the health care system, which fulfils effective and holistic services through practical social support innovations in enhancing the wellbeing of the elderly in the Asia region.

An integrated healthcare system should be ready to support the elderly population needs of the ageing country. A systematic review of the effectiveness of a multidisciplinary approach for chronic diseases post-hospital discharge has noted improved patient wellbeing and reduced unnecessary healthcare resources [5]. Suppose we want a similar concept as is seen in the multidisciplinary approach provided to the elderly population in the country with limited resources. How should it be focused, and how feasible is it? There is limited literature exploring coordinated care and the linkage between health and social care. Much of the literature highlights the need to bridge health and social care in meeting the primary demand of the elderly for future elderly care systems. The rapid increase in the elderly population in developed countries requires long-term plans with multidisciplinary and multi-agency integration using current technology [9]. However, the rapid increase of the elderly population in Asian regions or any developing countries may put more pressure on the existing health and social services that mainly focus on primary healthcare. Hence,

integration between health and social services is required to minimize the cost burden and lack of skilled human resources among the elderly carer. Organizational changes and the involvement of relevant agencies to create a comprehensive and integrated system are essential for both health and social services [10].

Connecting health and social care is vital, as not all older adults have chronic diseases that need institutional care. Many of them are healthy and able to monitor themselves with minimal support. However, facilitating support is essential to integrated care between health and social. The rapid increase in the elderly population in developed countries requires long-term plans with multidisciplinary and multi agencies integration as it is overwhelmed with the cost for disease burden management. A study in the United Kingdom, a high-income country, reported that those countries planned care for people living with multimorbidity and long-term conditions started 20 years ago. They predicted the number of elderly will double by 2026 [8]. Community participation, issues on minority groups, and assessing homecare have been highlighted as essential but lacking integration. The rapid increase of the elderly population, especially within cities, put a burden on the existing health and social services. Hence, the need for integration between health and social services is at an all-time high, especially for those middle-income countries that will become aging countries in less than a decade. Telehealth has been implemented in many high-income countries under governmental and middle-income countries through private institutional services. A review of 25 health communities in England to introduce integrated health and social care for the elderly concluded that the requirement of organizational changes and the involvement of relevant agencies to create a comprehensive and integrated system is essential for both health and social services [9].

With the increase in the global population of older adults, health and social care integration has also undergone reforms to adapt to the supply and demand of elderly care and adjustment to the modernization-based family structure. The traditional role of elderly care by families as the informal caregivers and treatment models in hospitals or care institutions also transitioned towards being more client-focused and empowered the integration of health, social, and community aspects and technological consumerism [10].

The sustainability of health and social care is not just a family issue. However, the stakeholders must also address the community, private sector, non-governmental organizations, religious groups, and government. The proposed mitigation measures to ensure that the United States is prepared to address an increase in the ageing population include (1) investment for early development, (2) improving lifelong learning, (3) the engagement of older adults in society through employment incentives and volunteerism, (4) the empowerment of geriatric training to address the lack of human resources in elderly care, and (5) ensuring financial security through the redevelopment of social security and medical programs without increasing the cost to the government [11]. In most countries, long-term care policies and services are being developed in response to immediate political or financial constraints, not by building a sustainable system that integrates social care and health services. Even though there is an increase in research assessing the connection of health and social care of the elderly, there still exists space for improvement in preparing a framework that can map the relationship in a much more comprehensive manner. Few studies have been conducted in this area in the past [1,12]. Thus, the present review aims to bridge the gap between health and social care of the elderly in a strategic framework for the integrated long-term care (LTC) model tailored to the elderly's needs in the Asia region and to sustainable development with a focus on community-based implementation. For this reason, this article aims to collect relevant contemporary evidence and later will be used as a reference for future researchers or planners in planning for short, intermediate and long-term plans.

2. Material and Methods

The present review aims to identify the gap between healthcare and social care models implemented for the elderly in Asia by focusing on outcomes of interest. Our review

assessed recent primary studies and reviews tailored to the evidence-informed policy formulation and implementation [12,13]. This review is written based on the systematic review writing guidelines and checklist [14–16]. As we included the review papers as well, it will allow us to get some information based on more than the past five years of studies that have been critically reviewed [16]. Recent studies in the Asian region highlighted three important aspects of connecting social and health care in planning for the long term population shift. Therefore, we conducted a literature review within the last five years that published evidence to explore issues, challenges in facing limitations, and technologies used in facilitating the bridging healthcare and social care for the population-base. Three outcome variables were studied: financial, human resources and the LTC model. The review protocol was designed, but we did not register in any systematic review registry. This review aims to provide an evidence-based synthesis for the national diagnostic study and long-term care plan for communities in Malaysia. The study's outcome will be used in Malaysian strategic planning for the elderly. When completing the review protocol we had already commenced data extraction.

2.1. The Review Protocol

The PRISMA Statement (Preferred Reporting Item for Systematic reviews and Meta-Analyses) [14,16] is used as an outline to ensure (1) that the research is done comprehensively, (2) that the inclusion and exclusion criteria are stated clearly for reference, and (3) that quality assessment of scientific literature was undertaken in a defined time (Figure 1). The rigorous search based on medical subject headings (MeSH) was identified to assess the gap and successful connection between health and social care of the elderly using a proposed framework (Figure 2). The framework was created based on the literature review and experience of the authors. The findings obtained from the scoping review were mapped as a conceptual framework (Figure 2) and critically reflected the outcomes of interest [17]. Our review focuses on identifying knowledge gaps to help underpin evidence mapping and inform future research, and therefore is fit for a scoping review rather than systematic review according to the guidelines written by Munn et al. [18]. However, to provide evidence-based results for our national strategic planning for elderly care in Malaysia, we followed the systematic review methodology for literature assessment.

2.2. Systematic Search Strategies

The present review did not use any published clinical trial studies. Three research assistants (JCFY, FO, RR) were employed to do the literature search covering 2015 to April 2021 based on the criteria listed in Table 1. A search strategy was developed, and three researchers verified all retrieved related articles and stored them in the EndNote reference manager. We used removing duplicating function based on the same title, authors, journal and year of publication. PubMed, SAGE, Springer, and Google Scholar databases were chosen to identify publications using MeSH words listed in Table 2 based on the search string. We used all fields, set the time range from 2015 to 2021, and included human studies and observational studies. The studies selected were limited to the English and Malay languages with full-text access. All identified publications were screened for eligibility from the title and abstract. The researchers later reviewed and compared the studies' findings according to the specified fields listed as outcomes (Table 1). For the Google Scholar advanced search, we browsed based on words that occurred in the title of the articles and with at least one word: older adult, elderly, geriatric and with all of the words: integrated, continuum, social and health care. We commenced searching for articles between January–April 2021.

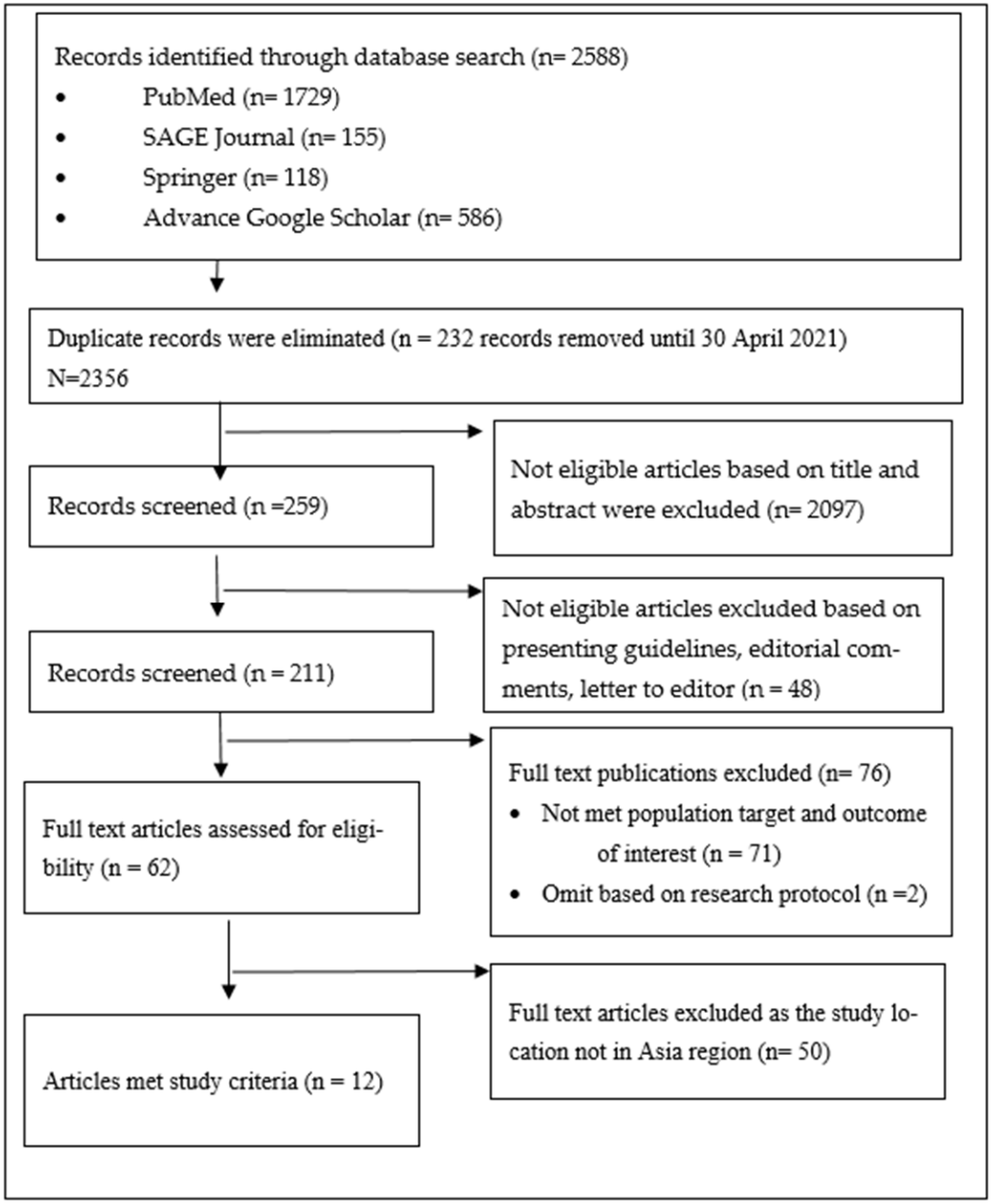

Figure 1. PRISMA study flow chart.

Table 1. Search descriptor for review.

Criteria	Determinants
Population	Older adults (50–59 years old) and elderly (6o years and above) in Asia. Elderly OR elderly persons OR older adults OR ageing OR senior citizens OR old persons OR aged
Intervention	Received or provides social or health care for any form of needs for the elderly. Formal or informal care, integrated care, continuum care, transitional care, rehabilitation care, nursing, and mobilization care.
Comparator	None
outcomes	Finance model, human resources, model of long-term care (LTC.)

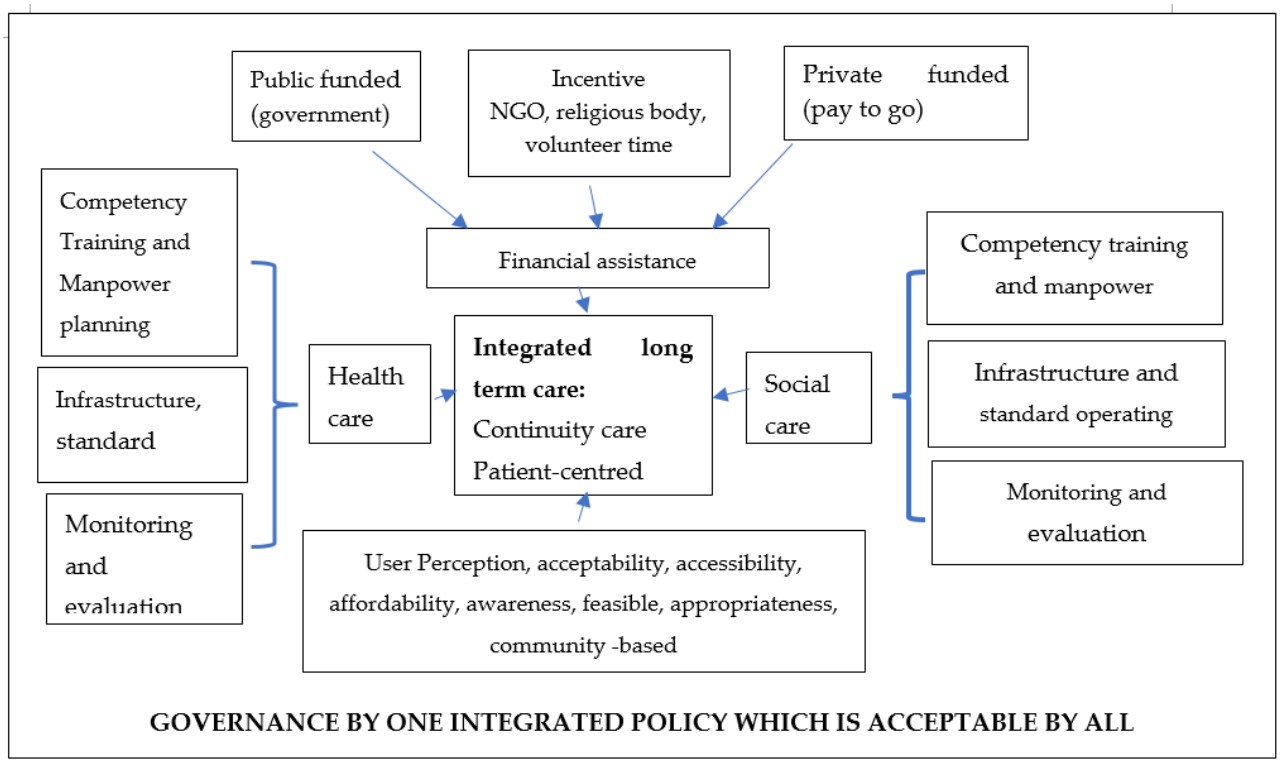

Figure 2. Framework model for long term care health and social integration.

Table 2. List of the search string.

Database	Search String
PubMed	Carers OR caregivers OR parental duties OR filial piety OR formal OR informal AND integrated care OR continuum care OR transitional care OR Asia. *Filters applied:free full text, associated data, comparative study, meta analysis, review, systematic review, in the last 5 years, human, english, malay, MEDLINE, aged 60+ years*
Sage Journal	Needs OR gerontology OR geriatric OR welfare OR support OR nursing OR community service OR aid OR rehabilitation AND integrated care OR continuum care OR transitional care AND Asia *Filters applied: [[Abstract needs] OR [Abstract gerontology] OR [Abstract geriatric] OR [Abstract welfare] OR [Abstract support] OR [Abstract nursing] OR [Abstract community]] AND [[Abstract service] OR [Abstract aid] OR [[Abstract rehabilitation] AND [Abstract integrated]]] AND [[Abstract care] OR [Abstract continuum]] AND [[Abstract care] OR [Abstract transitional]] AND [Abstract care] AND [Abstract asia]*
Advance Google Scholar	Elderly OR older adults OR ageing OR senior AND social care AND health care AND integrated care AND continuum care OR transitional care AND Asia AND Barrier AND long term care *Filters applied:Elderly OR older adults OR ageing OR senior AND social care AND health care AND integrated care AND continuum care OR transitional care AND Asia AND Barrier AND long term care*
Springer	Social care service OR aged community-based OR elderly support service OR elderly social work OR old age assistance OR elderly casework AND integrated care OR continuum care OR transitional care *Filters applied:'Social care service OR aged community-based OR elderly support service OR elderly social work OR old age assistance OR elderly casework AND integrated care OR continuum care OR transitional care within English, Article*

2.3. Selection Criteria

For this review, "elderly" is defined as people aged 60 and above. All published articles based on human study reports related to the elderly that discuss the health and social care perspective were included for this review. We added the word integrated as an exact phrase for advanced Google Scholar. We used additional filters like article type (comparative

study, evaluation study) and language (English, Malay). In addition, studies conducted on non-human subjects, editorial comments, guidelines, and letters were excluded. All duplicated articles were removed from compilation files, including those articles that have been used in the review articles we selected. Ineligible articles based on a title and abstract which did not fulfil the criteria listed in Table 3 were excluded (n = 2097). Table 3 illustrates the indication criteria for the present review.

Table 3. Selection criteria for systematic review.

Item	Inclusion Criteria
Date of a published article	1 January 2015 to April 2021
Exposure of interest	Social care model for elderly Healthcare model for elderly
The geographical location of the study	Asia
language	Malay and English
participants	Older adults (50–59 years old) and elderly (60 years and above)
Reported outcomes of interest	Finance model, human resources, model of long-term care (LTC.)
Study design	Systematic review, quantitative, qualitative and mixed-method study

2.4. Selection of Articles

The records from the database search were assessed for eligibility based on the title and abstract before retrieving the full text. Potential and eligible records were retrieved for full text and further screening on their suitability based on the criteria assessment (Table 3) conducted by two research assistants (FO and RR). Figure 1 outlines the process of selection. Two research assistants (JCYF and RR) retrieved full-text articles by downloading them from the website or requesting the help of our university librarian helpdesk assistant to retrieve them from national libraries and other various sources available. One research assistant and two authors (JCYF, KA and RS) reviewed the compilation of full-text articles. We omitted articles that did not mention any outcomes of interest, such as finance model, human resources, and model of long-term care (LTC). We critically appraised and assessed the risk of bias for each article. Two authors (KA and RS) finalized the assessment and created the evidence table with help from two research assistants (JCFY and RR). The third author (SS) was consulted for clarification. Selection criteria based on PICO (Tables 1 and 3) allowed us to choose related articles within the stated time and to conduct them systematically. There were four databases used in the present study. The PubMed database supports the search and retrieval of medical life science-related literature and is a favourable platform for publication by medical and health scientists. SAGE and Springer databases covered tremendous open access, focusing on humanities and social sciences studies. Google Scholar (advance search strategy) covers peer-reviewed and non- indexed publications.

2.5. Risk of Bias

The Mixed Method Appraisal Tool (MMAT) version 2018 [15] and AMSTAR checklist [16] was used as a guide. The risk of bias of the studies was summarised in the last column in Table 4 (risk of bias). Generally, the individual reported moderate to good based on the screening checklist fulfilled. The checklist adequately approaches the research question and findings with coherence among the sources, data collection, and analysis. Each "yes" as in the checklist was rated as "+". Articles with more "+" scores mean better reporting and have reduced biases and random errors.

Table 4. Table of evidence summary of included studies.

Reference	Country	Region (Study Location)	Objective	Study Design	Sample Population	Elements	Study Output			Risk of Bias
							Finance Model	Human Resources	Model of LTC.	
Briggs et al., 2018 [19]	Australia, Belgium, Canada, Finland, France, Germany, Hong Kong, Netherlands, New Zealand, Norway, Scotland, Singapore, Spain, South Africa, Sweden, Switzerland, Taiwan, UK, USA.	• Africa • Asia & Pacific • Europe • North America	• To conduct a review of reviews in evaluating the integrated care interventions for older people	Review of reviews Period: 2015–2017	• Patient-centred care approach on the older adults (≥60 years of age) • Review of MEDLINE (Ovid and Cochrane database)	Mortality; hospitalization; cost and resource utilization; physical functioning; psychological functioning	Various publicly and privately funded models	Nurses, physiotherapists, general practitioners, and social workers	Community services which may include the non-government and unpaid sectors	+++
Chavez, Dwyer & Ramelet 2018 [20]	Canada, Netherlands, Taiwan, USA.	• Asia & Pacific • Europe • North America	• To identify and summarise the standard clinical settings, interventions, and outcomes of nurse practitioner care specific to older people	Scoping review Period: January 1980 and March 2016	• Masters-prepared nurse practitioners providing care for patients over 65 years of age • CINAHL, EMBASE, MEDLINE, Google Scholar, Cochrane Collaboration and Joanna Briggs Institute databases	• Health	• financial-related outcome reported benefits for home care and long-term care settings. • enhance key financial-related outcomes by contributing to decreased service utilization and length of stay	• Nurse practitioners: geriatric residency programs unfilled posts • Emphasis on expert knowledge and competencies in pathophysiology, pharmacology, and advanced physical assessment	Primary care, home care, long-term care, acute care, and transitional care	+++
Kirst et al., 2017 [21]	Australia, Canada, France, Italy, Netherlands, New Zealand, Sweden, U.S.A., UK,	• Asia & Pacific • Europe • North America	• To identify critical processes that lead to the success or failure of integrated care programs in achieving outcomes (reduced healthcare utilization, improved patient health, and improved patient and caregiver experience)	Realist review Period: January 1980 and July 2015	• Integrated care programs for older adults • 12 indexed databases (Ovid Medline; Ovid Embase; Allied and Complementary Databases (AMED); PsychINFO; Cumulative Index to Nursing and Allied Health Literature (CINAHL); Ageline; Social Sciences Abstract; Applied Social Sciences Index and Abstracts (ASSIA); Social Services Abstracts; Sociological Abstracts; International Bibliography of the Social Sciences (IBSS) and Education Resources Information Center (ERIC))	• Health • Social	• Capitation models (incentives for providers to implement integrated care) • Healthcare utilization (emergency department visits, outpatient use, hospitalizations, hospital readmissions, length of stay, long-term care admissions)	• Nurses, primary care physicians, care coordinators and specialists. • Strong leadership sets clear goals and establishes an organizational culture supporting the program • trusting multidisciplinary teams and commitment to the program model.	• Community-based services • joint governance structures, support team collaboration and implementation program services (e.g., social care services, care coordination and planning)	+++
Stoop et al., 2019 [22]	Canada, France, Germany, Japan, Netherlands, New Zealand, Sweden, USA.	• Asia & Pacific • Europe • North America	• To describe and compare different CGA instruments and procedures conducted within integrated care programs for older people living at home • To describe how the principles of integrated care were applied in these CGAs	Scoping review Period: 2006–2018.	• Integrated care programs for older people aged 65 years and older living at home • Medline/PubMed, Embase and Scopus	• Health • Social	Not available	General practitioners, social workers, elderly welfare consultants, physical therapists, occupational therapists, dietitians, pharmacists, (specialist) nurses, psychologists, geriatricians, nursing home physicians, psychiatrists, and other medical specialists. Involvement of r community organizations providing services beyond the (professional) expertise of the core	Home care needs to assess frailty or complex/multiple health and social care needs in various domains of life, which may benefit from an integrated care approach. The program needs to enhance professionals and students' skills, efficient care, and quality of life.	+++

Table 4. *Cont.*

Reference	Country	Region (Study Location)	Objective	Study Design	Sample Population	Elements	Study Output			Risk of Bias
							Finance Model	Human Resources	Model of LTC.	
Threapleton et al., 2017 [23]	Australia, Canada, Hong Kong, Italy, Netherlands, New Zealand, Sweden, UK, USA.	• Asia & Pacific • Europe • North America	• To inform health system improvements by summarising components of integrated care in older populations • To identify key implementation barriers and facilitators	Scoping review Period: 2005 to February 2017	• Integrated care approaches in older/frail populations • MEDLINE, the Cochrane Library, organizational websites and internet searches	• Health • Social	Funding should be realigned, pooled, and ring-fenced to facilitate the integration of services.	Case managers, nurses, or social workers	Integrated care consists of 8 components: (i) care continuity/transitions; (ii) enabling policies/governance; (iii) shared values/goals; (iv) person-centered care; (v) multi-/inter-disciplinary services; (vi) effective communication; (vii) case management; (viii) needs assessments for care and discharge planning	+++
Song, P. & Tang, W. 2019 [24]	Japan	• Asia & Pacific	• To develop personnel to facilitate this paradigm shift	Cross-sectional study	• Super-aged society	• Health	Not available	Nurse specialists	Community-based (e.g., provides a variety of homes), Institutional services (e.g., strictly on physical and mental status)	+++
Du, P. & Wang, Y. 2016 [25]	China	• China	• To reconstruct and consolidate elder family care capabilities and narrow the gap amongst various areas of service provision	Policy review	• Older persons (≥50 years of age) • Report and policy plan	• Social and healthcare integration	Not mentioned	Emphasis on eldercare providers within families as a foundation, the community as the base and governments/agencies as supplementary	Conceptualize 'integrated care' and 'new healthy ageing' as 'elderly care road with Chinese features'. Encouraging social participation in the cultural foundation for elderly care. Proposing reconstruction and consolidation of elder family care capabilities to support elder care capacities of the families through social services, the development of long-term care insurance systems and relevant service systems, and narrowing the gap amongst various areas of service provision	++
Cassum, Cash, Qidwai & Vertejee 2020 [26]	Pakistan	• Asia & Pacific	• To explore the experiences of the elderly people • To identify the reason which compelled the elderly to reside in these shelter homes	Qualitative exploratory study	• 14 elderly males and females purposively selected from shelter homes	• Health • Social	The religious community provide the funding based on an assessment by SWB (Social Welfare Board), lack of family support	Nurses, physiotherapists. Capacity building training to HCPs for the care of the elderly	Shelter homes need a policy on retirement Socio-cultural value related.	+++

Table 4. *Cont.*

Reference	Country	Region (Study Location)	Objective	Study Design	Sample Population	Elements	Study Output			Risk of Bias
							Finance Model	Human Resources	Model of LTC.	
Sun et al., 2021 [27]	Canada, Hong Kong, Philippines, Republic of Slovenia, Switzerland, UK, USA.	• Asia & Pacific • Europe • North America	• To appraise the adaptation of older people's transition to the residential care facilities	Meta-synthesis Period: from their inception until April 2020	• Older adults • Six databases (CINAHL, Cochrane, Embase, Pubmed, PsycInfo, and Web of Science)	• Health	Not mentioned	Nurses caregivers involved in the decision-making process	Nursing care, assisted living, residential care, and long-term care, transition to residential care facilities, cultural adaptation	+++
Lawless, Marshall, Mittinty & Harvey 2020 [28]	Australia, Canada, Denmark, Netherlands, New Zealand, Sweden, UK, USA.	• Asia & Pacific • Europe • North America	• To systematically map and synthesize the literature on older adults' perceptions and experiences of integrated care	Scoping review Period: June 2008 to July 2019	• Adults aged ≥60 years • Electronic databases (EMBASE, CINAHL, PubMed and ProQuest Dissertation and Theses) and the grey literature (Open Grey and Google Scholar)	• Health	Not mentioned	Various healthcare settings, including primary care, hospitals, allied health practices and emergency departments, 'good' patient-provider communication and relationships, open communication and sharing Decision-making, perceptions of safety and care quality.	Integrated (coordinated) Healthcare. Need to have continuity, both in terms of care relationships and management, seamless transitions between care services and/or settings, and coordinated care that delivers quick access, effective treatment, self-care support, respect for patient preferences, and involves carers and families.	+++
Noda et al., 2021 [29]	China, Indonesia, Japan, Philippines, Thailand, South Korea	• Asia & Pacific	• To investigate healthcare reform policies with a framework using tools for cross-country comparisons	Cross-country study using document review and informat interview on policy, strategy and regulation of care provision	• Elderly aged ≥65 years	• Health	Not mentioned	Strengthening Doctor and hospital-based healthcare delivery system, livelihood support coordinator,	Healthcare service delivery policies, the transformation of service delivery system., long term care and welfare. National commission on social security reform, home care model, community services centre, integrated care,	+++
Wong et al., 2020 [30]	Hong Kong	• Asia & Pacific	• To study the effectiveness of a health-social partnership program for discharged non-frail older adults	single-blind randomized controlled trial and follow up observation.	• Patients aged 60 or over	• Health • Social	Departmental research fund of the Hong King Polytechnic University	Advance practise nurse and nurse case manager	Health-social partnership program	++++

2.6. Analysis

The articles were read systematically, and the key themes from the findings and discussion were extracted. Summary of findings from the literature was critically appraised and synthesized in specific themes based on the required outcomes. Results were then narratively examined. Coding of data was done systematically based on emerging themes. Compositions were synthesized and classified to form coding categories based on outcomes of interest. Data related to the selected report includes study location, objectives, study design, participants, outcomes of interest findings (financial model, human resource, LTC model) and level of risk of bias assessed. The economic model is defined based on the definition used in the published report [31] as (i) charge the elderly for service, (ii) formal personal care offer to the elderly free of charge through universal health care coverage through the government healthcare organization and (iii) universal elderly care insurance. Human resources are defined as qualifications, training, skills [32]. Model LTC is defined as long-term care programs that care providers designed based on long-term care service plans delivered by trained care managers [12,33]. Data were synthesized through narrative synthesis and MMAT guide for study limitation [15]. Findings of the present review were mapped and illustrated in the framework model for long term care health and social integration developed by the authors as a conceptual framework (Figure 2). We revisited UNFPA [1] and WHO [12] on the national plans on ageing to help us design the conceptual framework based on present reviews synthesis that focuses on long term care plans in integrating social and healthcare in the Asian region.

3. Results

3.1. Review Selection

About 2588 citations were found, with 2356 screened at the title and abstract stage after duplications or articles from similar resource surveys were removed. Two hundred and fifty-nine (259 articles) were deemed potentially significant, but after accounting for those editorial comments, poster presentation, proceedings, and letter to the editor, the number was reduced to 211. These studies underwent a full-text screening for inclusion, and 149 posts were ultimately deleted and another 50 eliminated for study location outside the Asia region, leaving only 12 articles [19–30] to be synthesized. The process can be seen in Figure 1 with the reasons for exclusion.

3.2. Types of Reviews

Table 4 displays the characteristics of twelve articles used for the review. The articles were published between the years 2015 and 2021. They consist of two systematic reviews 22,], four scoping reviews, one quick review literature search, one cross-sectional study, one qualitative study, one meta-synthesis, one cross-country study and one mixed-method study. Out of the twelve articles, seven were reviews containing primary studies from the Asia and Pacific region, following inclusion criteria for this review protocol. The remaining publications include a cross-sectional study (Japan), a qualitative study (Pakistan), a meta-synthesis (China), a cross-country study of healthcare policies (China, Indonesia, Japan, Philippines, Thailand, and South Korea) and a mixed-method study (Hong Kong). The articles' sample population were older adults aged 50 years and above. One of the articles focused on care managers among the nurse practitioners who provide care for elderly patients. Out of the twelve articles, three discussed the elderly integrated care program. All articles contained social care and healthcare elements. One article [34] focused on the literature on interventions related to integrated care for older people by identifying critical elements for modelling.

3.3. Focus of Reviews

The researchers aimed to look at three components in the present review's study output: the finance model, human resources, and the model of long-term care (L.T.C.). Out

of the twelve articles, seven did not specify or contain information regarding any finance model. For those that did include information about the financial aspect, one of them involved different types of models funded publicly and privately. Another publication used capitation models to encourage providers to carry out integrated care through incentives. The third article advised that funding needed to be reevaluated to achieve better service integration. Finally, the fourth article mentioned a financing system provided by the religious community.

Most (n = 10) reported more on medical specialists than people related to social care in human resources. The medical staff mentioned included general practitioners, nurses, physiotherapists, occupational therapists, dietitians and pharmacists. In comparison, only three publications mentioned social workers, case managers or psychologists. One other paper focused on providers of elderly care as being the family, government, and society.

For the third component, the model of long-term care (LTC), six articles looked into community-based services where they provide different types of homes to suit the needs of the elderly. Types of care were coded into acute care, primary care, home care, long-term care, and transitional care. Only one article suggested that community-based services include non-governmental agencies. In contrast, another study suggested the community as the base with family systems serving as the foundation and institutions relegated to supplementary support. The other three reports looked deeper into the characteristics and components of integrated care. These three reports also came out with eight elements that made up a successful integrated care approach focusing on person-centred care and shared values and goals. One report found determines the viability of a health-social partnership program in the pilot study and highlights its essential determinants. Another paper compared the healthcare service delivery policies placed in several Asian countries.

Reviews of articles related to intervention for integrated healthcare highlighted the lack of information, particularly on organizational and system service levels in the intervention project assessed based on the WHO ICOPE model approach [34].

4. Discussion

Most Asian cultures and nations rely on family and the community to care for their elderly [3, 10.14]. Therefore, bridging the gap between health and social care is required to meet the demand of the ageing nation as a holistic approach. The present review identifies the gaps between existing social care and healthcare of older adults in Asian countries by focusing on three components: the finance model, human resources, and the model of long-term care (LTC). At each component, health and social care providers must outline in a matrix their plans with regard to specific activities: how it can be funded or paid out pocket and the planned implementation in the linkage system to provide shared and continuous care. The systematic review of the current work provides valuable insight for future researchers and policymakers in developing a sustainable integrated LTC framework model in practice.

Population ageing and the resulting epidemiological transition are problematic and would not be manageable by an acute-care, doctor-based system only. However, a growing ageing population experiencing delays in marriage, lower fertility rates, and an increase in living standards in most Asian countries mean that taking care of the elderly will become a crisis and negatively impact elderly wellbeing. In addition, extraordinarily high costs for people, households, and the country were noted. Therefore, integrating social care into the long-term care plan for the elderly is urgently required. Telehealth in connecting social care and health care requires good financial support in preparation for the system, equipment and promotion. Studies assessing the country plan on telehealth in improving the service delivery system reported challenges and barriers in its implementation, even among the high-income countries [9,17]. The gap between health care and social care needs to be minimized to provide a holistic approach toward the supervision of older adults. Emphasizing competent skills training [32,33] is essential in the LTC plan of action. They

planned for human resource capacity and skill competency tailored to the local population's needs and culture.

Even a cursory glance at the publications included in this review shows that there is still much work to be done to provide long-term care to the older adult population in Asia. It is also essential to integrate social and health care to ensure that the needs and demands of the elderly and their caregiver are met comprehensively. However, achieving successful and sustainable integrated care is a long journey filled with trial and error. With one of the world's oldest populations, Japan started its insurance system covering universal social long-term care twenty years ago [33]. They are still reviewing and improving their long-term care system to suit the needs that have evolved over the years. Japan aims to establish integrated care at a community-based level before 2025 to assimilate more holistic care into medical care.

Limited studies were found in the Asia region related to long-term and integrated care for the elderly. Many literature reviews were conducted earlier [17–19] that assessed interventional care, but our study managed to identify specific gaps related to the financial model, human resource planning and method of LTC. With improvements in health care and socioeconomic status, people worldwide live longer. The life span age increases correlate with a country's increase in income status. However, not many studies are conducted to investigate how best to approach long-term care according to community need and the supported environment. This paper can surmise that care for the elderly is more focused on the medical aspect. Population ageing has challenges as many people survive to live longer, but not all would live well. Contracting with non-communicable diseases (NCDs) prevalent in diabetes, hypertension, obesity, and high cholesterol poses the most significant health threat to the elderly as a package of co-morbidities [19–21]. Social and psychological care takes a backseat as governments and healthcare staff focus more on improving the elderly's physical health [19]. The presence of a systematic review depicted a lack of counsellors, psychologists and social workers who participated in designing a long-term care plan. Long term care should be based on fulfilling needs respectfully, as shown in Figure 2. Figure 2 illustrates our findings from the present review. Health and social care will be determined by financial, shared continuum care services and qualified staff planning care and monitoring the results. The concept emphasised by WHO [35] was used as outlined in Figure 2 by the listed domains. The connectors act as process flow to bridge the gap between user and system provider at community-level implementation.

Figure 2 depicts the importance of every level of involvement through an empowerment program that includes individual, family and community participation. Issues on the structural organization should not be a barrier. Functionality is essential in determining the quality of life and longevity. Increasing chronic cases among older adults have been linked with dysfunctionality due to intrinsic body response capacity. However, a coordinated system without borders may promote user-friendliness and sustainability of any program intervention like integrated care or a community-based approach. A systematic review [19] on integrated care highlighted the importance of coordination of the clinical (micro), organizational/service (meso) or health system (macro) levels for the elderly. A good connection between social and healthcare will reduce the burden on managing chronic cases through shared care and improve individual functionality by inculcating preventive measures at the community level. A recent study done in Australia reported that similar needs and demands are required for integrated care which focused on (1) access to care, (2) the funding mechanism, (3) being tailored to the local community, and (4) the quality of care [36]. The planning in rural areas with limited resources needs to be cautiously assessed for sustainability [37]. Recent approaches highlight the possibility of using green care to help improve the psychosocial aspect of disease burden [38,39]. Green care is a concept that connects with nature, like contact with plants and animals. It is a model for improving social care, physical activity, mood, and creating entrepreneurship for financial support, and has been mentioned in a longitudinal study in Netherlands [40]. However, this model needs strong

community participation and family involvement while the government of stakeholders supports providing infrastructure and training in enhancing sustainability [41,42].

4.1. Strength and Limitation

The strength of the present review is that it uses complete terms and reviewing reference lists of included studies to ensure completeness. We focused on Asia and hope it will guide us in identifying tailored information to local people. We review any articles published, as it will help us to review previous evidence, and we only focus on those periods not yet published in the review scope. One of the reviews articles [19] had reviewed previous studies on intervention for elderly care and integration care. Grey literature sources obtained primarily through Google Scholar were omitted in the result synthesis, but their opinion was used in the introduction part of this paper. We are from multidisciplinary backgrounds and should have different views, but we can agree with regard to our conceptual model developed from this review.

Limitations found in our search strategy may contribute to the missing of relevant papers not published online. Our approach regarding excluding non-older people may cut the caregiver involved as an essential aspect of human resources. The experience of caregivers would be a helpful addition to the literature.

4.2. Implication and Sustainability

Bridging health and social care is an essential attribute in making an excellent sustainable model of LTC for the elderly. The national plan for the elderly program needs to focus on the type of services, the financial support and the required human resource competencies. A recent study [26,27] highlights the importance of financial security versus out of pocket money borne by the elderly for healthcare costs. However, future research should focus on these three attributes: finance model, human resources, and model of long-term care (LTC) in designing program interventions tailored to the local community.

The effective use of ICT technology in terms of recording, monitoring, and rating as a guideline facilitates coordination in the long-term care of the elderly (LTC). A sustainable LTC model for the elderly can be achieved by a comprehensive, integrated governance collaboration between the community, private sector, non-governmental organizations, religious groups, and government sectors. It has been suggested that regular social impact assessment research ensures the efficiency of service delivery by the government to the grassroots so that the community can optimize health and social care to achieve the happiness and wellbeing of healthy, positive, active and productive older persons. It is proposed that research and innovation be conducted periodically to adapt technology according to local cultural and religious modules.

The future research direction should focus on green governance theory. Each stakeholder entity will participate in green governance activities through negotiations and bind their respective comparative between social and health care advantages to achieve their respective goals. Hence, past studies have also shown that, theoretically, green climate psychology is a mediator influencing the relationship between green organizational governance and human capital behaviour. We suggest that future studies consider engaging in a multilevel approach to design a green economy and sustainable LTC model for older people in the Asia region.

5. Conclusions

This review highlights the need to bridge the gap between social and healthcare long-term care planning for the elderly in the Asia region, focusing on comprehensiveness, multidisciplinary, shared care, and continuum of care. The ultimate aim of having a practical model at the implementation level is to ensure sustainability and promote independent living in their homes and communities. Therefore, the care planning should focus on three main components: the financial model, human resources, and the long term care model. Involvement of all levels: individual, family, society, and stakeholders should be clearly

outlined in the plan to make it sustainable. Connecting to nature is part of a model that needs to be assessed for implementation tailored to local acceptance. An ageing population has implications for nearly every facet of society, and each country needs to prepare for this demographic transition through a sustainable policy for long-term care. The rise in chronic disease and complex disabilities will make the elderly who live at home suffer from limitations that affect their quality of life. The proposed care must cover two-pronged health care and social care to support this situation. Asia and the Pacific region need to closely look into the social care aspects of their long-term care policies to ensure the best quality of life possible for our elderly population. The majority were severely affected by the population paradigm and belong to low to middle-income countries. Urbanization and demographic shifts will change socio-cultural values through adaptation needs and demands. However, due to multiethnicity, Asian populations with cultural diversity need to be considered. Cultural adaptation is a vital part of the assessment. The number of care providers with competent knowledge and good abilities in terms of the assessment and provision of comprehensive care based on the needs of the elderly has to be planned with an appropriate salary or allowance basis. Social care empowerment in community dwellers may foster collaboration and help to reduce the urge for hiring trained staff at minimal cost.

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