aimed to describe different service models and summarize evidence on impacts. Data from included publications were extracted and analysed narratively. Quality of included publications was assessed. Evidence on impact is presented according to each service objective.

Results Health-justice partnerships were diverse in their characteristics. Target populations focused on low income, vulnerable or underserved groups. Approaches to service coordination included co-location, referral, or integration of legal advisors into care teams and care pathways. The strongest evidence on impact was for increased access to legal assistance and improvements in individuals' financial and social circumstances. Despite this role in addressing social determinants of health, evidence was lacking on the wider issues of prevention and health inequalities. There was strong qualitative evidence for improvements in mental wellbeing, reflected in some quantitative research. Studies suggested positive outcomes in supporting healthcare professionals and contributing to high quality patient care, although findings on healthcare utilisation and costs were mixed.

Discussion This is the first international review on the delivery of health-justice partnerships, bringing together evidence from across the world to map current knowledge on service models and impacts. Integration of health and legal services aligns with policy priorities in both sectors, addressing social welfare legal issues which are leading causes of inequality and underlying determinants of poor health. The evidence supports health-justice partnerships as a means of improving access to justice for vulnerable groups and alleviating health-harming legal needs. Some key service objectives require a stronger knowledge base, while others remain un-evidenced. Cross-sector alignment and collaboration presents challenges, and further research is needed on successful delivery of integrated services. This review has informed a primary research study exploring implementation of health-justice partnerships in different settings across England to inform future policy and practice.

P91 IMPACT OF THE STATUTORY CONCESSIONARY TRAVEL SCHEME ON BUS TRAVEL AMONG OLDER PEOPLE: A NATURAL EXPERIMENT FROM ENGLAND

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Background In the context of ageing populations worldwide, increasing numbers of older people are lonely, isolated and excluded, with serious implications for their health, cognitive and physical functioning. Access to good public transport can improve mobility, access to services and social participation among older adults. Policies that improve access and encourage the use of public transport are therefore potentially important in promoting healthy and successful ageing. Concessionary travel schemes for older people are in place in many countries but are under threat following the global financial crisis. Evidence regarding the success of these schemes in increasing activity and social participation is generally positive but based largely on qualitative or observational associations. In particular, robust evaluations of the schemes are limited by the lack of appropriate comparison groups as they generally represent a universal benefit.

Methods We use changes to the English statutory concessionary travel scheme over time, in particular the rising eligibility age from 2010 onwards, as a natural experiment to explore its impact on older people's travel. A difference-in-difference analysis of the annual National Travel Surveys (2002–2016) compares three age groups differentially affected by the eligibility criteria: (i) those aged 50–59 years who were never eligible for the scheme (N~2,500 per year); (ii) those aged 60–64 years who were decreasingly eligible for the scheme from 2010 onwards (N~1,000 per year); and (iii) those aged 65–74 years who were consistently eligible for the scheme throughout the period of interest (N~2,000 per year).

Results Compared with 50–59 year-olds, bus travel among 60–74 year-olds increased year-on-year from 2002 to 2010, particularly from 2006 when the scheme offered free travel. The frequency of bus travel in both the older groups then fell following rises in eligibility age (annual change in the proportion traveling by bus at least weekly: -2.9% (-4.1%, -1.7%) in 60–64 and 65–74 compared with 50–59 year-olds). Results were consistent across gender, occupation and urban/rurality.

Conclusion Our results indicate that access to, specifically, free travel increases bus use and access to services among older people, potentially improving mobility, social participation and health. However, the rising eligibility age in England has led to a reduction in bus travel in older people, including those not directly affected by the change, demonstrating that the positive impact of the concession goes beyond those who are eligible. Future work should explore the cost/benefit trade-off of this and similar schemes worldwide.

P92 A MATCHED ANALYSIS OF THE IMPACT HAVING A CARER HAS ON AN INDIVIDUAL'S HEALTH AND SOCIAL CARE UTILISATION ACROSS FIVE SETTINGS OF CARE FOR ADULT RESIDENTS OF BARKING AND DAGENHAM

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Background Across the UK today, an estimated 6.8 million people are carers, supporting friends and family who are older, disabled or seriously ill. The economic value of informal carers contributions is an estimated £132 billion a year. This is calculated by multiplying the total hours of care provided by carers (using responses from the 'Personal Social Services Survey of Adult Carers in England 2014–15' to determine numbers of carers and average hours of care provided) by the unit cost of an hour of replacement home care for an adult (£17.20). This assumes informal carers provide substitution for formal care. Reliance on carers appears to be increasing, with fewer people getting access to formal support as a result of local authority budget cuts.

This study aimed to understand if people with a carer have different levels of service use across different settings of care when compared to those who do not have a carer but have similar characteristics.

Methods A quantitative study using person-level data in Barking and Dagenham (B&D), a London borough, to assess the impact of having a carer in terms of the differences in cost-weighted utilisation relative to a matched control group. Nearest neighbour matching was used, matching on age,

gender, ethnicity, deprivation, BMI category, smoking status, the number of long-term conditions, the prevalence of 16 conditions, housing tenure, benefits received and housing occupancy.

Results For the adult residents of B&D between 1st April 2016 and 31st March 2017, health and care costs were £2,662 (CI £1,595, £3,729) higher for people registered in their primary care records to have a carer (n=1,295) compared to a matched cohort of adults who were not registered as having a carer. Social care accounted for the majority of this difference (39%).

Conclusion The increased costs across all settings of care suggest that informal carers do not provide care substitution or, at least, that additional service use induced by the carer may dominate any substitution effect. There is an opportunity to provide bespoke training and education to informal carers and identify interventions that could support more care substitution.

For people who have a carer, such support may be a key element in enabling them to access services and, as such, there may be wider inequalities in access to services for people without a carer. In a society that is ageing with projections suggesting that there will be more people without carers in the future, these inequalities need to be addressed.

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AGEING WELL IN RURAL COMMUNITIES: THE CONTRIBUTION OF NEIGHBOURHOOD PLANNING IN ENGLAND

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Background Recent years have seen a proliferation of efforts globally to make cities places that foster healthy ageing. Despite exceptions, initiatives to promote the age-friendliness of rural communities have lagged behind. Identifying mechanisms that can enhance ageing well in rural settings and contribute to reducing inequalities is vital, particularly as these communities are experiencing rapid population ageing. This paper presents findings from a study that explored the potential of Neighbourhood Planning (NP) in England to generate processes and deliver outcomes in rural communities that support ageing well. NP is a participatory planning process that involves communities taking an active role in shaping their area.

Methods A scoping review was carried out to identify the existing evidence on NP and ageing and health in rural areas. Rural communities at an advanced stage of NP were mapped using QGIS to assess national coverage, including in relation to area deprivation and population age profile. All contactable communities were sent a questionnaire designed to identify those where NP focused on ageing-related issues. Six communities with an age-friendly focus in NP were selected as case studies where interviews and focus groups with stakeholders and residents and documentary analysis were carried out.

Results No literature that combined a focus on NP and ageing and rural settings was found. There were 572 rural communities at an advanced stage of NP. Mapping highlighted gaps in

their distribution across rural England that broadly coincided with local authority districts with older age profiles and greater deprivation. The survey response was n=75/557. Respondents mentioned as ageing-related priorities in NP meeting older residents' housing needs (n=30), supporting older residents' health and wellbeing (n=23), and improving transport (n=17). The survey informed the case studies. Findings from the latter indicated the potential of NP to result in age-friendly improvements in the physical environment, e.g. age-appropriate housing and improved walkways. They also highlighted various ways in which the very process of NP can support ageing well, e.g. by generating involvement of older people that can strengthen social connectedness. A detailed Theory of Change was developed of ways in which NP can support ageing well in rural communities.

Conclusion This study examined an under-researched mechanism for turning rural settings into places where people can age well. As well as highlighting the potential of NP to support the creation of age-friendly rural communities, it has delivered an evidence-informed Theory of Change that can be tested further.

P94

THE FEASIBILITY AND ACCEPTABILITY OF DIGITAL TECHNOLOGY FOR HEALTH AND WELLBEING IN SOCIAL HOUSING COMMUNITIES IN CORNWALL: A QUALITATIVE SCOPING STUDY

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Background Digital technology interventions for health and wellbeing are appealing, accessible, scalable and low cost. However, the evidence is far from established; many existing studies are of low quality, and there has been a focus on quantitative evaluation and on clinical and residential care populations. The Smartline project aims to explore the role that digital technology may play in improving health, wellbeing and social connectedness in social housing residents from low socioeconomic status communities in Cornwall. The aims of this study were: to explore existing digital technology use and competence; to explore digital willingness and readiness to use new technologies; to identify perceived barriers and facilitators to technology use; and to scope the feasibility and acceptability of potential digital interventions in the Smartline cohort.

Methods Three semi-structured focus groups (19 participants) and individual telephone interviews (n=3, ongoing) in a purposive, maximal variation sample of Smartline participants. To complement the qualitative responses, some self-reported quantitative data was collected in the focus groups, including perceived technology competence (self-rated according to the UK government Digital Inclusion Scale) and preference ranking of eight interventions. Focus groups and interviews were audio-recorded, transcribed verbatim and analysed thematically.

Results Existing levels of experience with digital technology are diverse, ranging from 'willing and unable' to 'expert'. Perceived barriers include usability, cost, poor internet connection, lack of skills and knowledge, safety and privacy concerns, sensory impairments and physical disabilities. Facilitators include awareness, training and technical support, improved access to