

Programme Budgeting in Health and Social Care in Lanarkshire



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September 2023

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The loch at Strathclyde
Country Park, on the
borders of South and
North Lanarkshire



Introduction

This briefing paper presents insights and learning from the programme budgeting component of the CommonHealth Catalyst project.

CommonHealth Catalyst

CommonHealth Catalyst aimed to develop a community research consortium to address health disparities. This collaborative project undertook preparatory work to build the consortium focused on Lanarkshire, with a focus on understanding and addressing health disparities across the area.

This study sought to understand and contextualise the past and present health profile of the Lanarkshire and to develop the research capacities and capabilities on health disparities across the public and community and voluntary sectors, with a view to better equipping partners with the tools and knowledge to address drivers of inequity at a local level.

The project aimed to:

- Support and facilitate cross-partner collaboration between health and community partners and patient and public involvement and engagement to understand causes and potential solutions to health disparities.
- Scope the integrated care system(s) and community assets in Lanarkshire to understand the range of services, scale of provision, key stakeholders, and existing partnerships.
- Identify different collaborative models for integrating co-production into health systems improvement through a deliberative process that involves building trust and a shared vision.

The project worked to create the conditions and partnerships to attract and secure future research investment into Lanarkshire and Lanarkshire communities.

CommonHealth Catalyst was a nine-month study (November 2022 to July 2023) led by the Yunus Centre for Social Business and Health at Glasgow Caledonian University, with NHS Lanarkshire, the Glasgow Centre for Population Health (GCPH), The Health and Wellness Hub, and the University of Glasgow.

CommonHealth Catalyst project was funded by the Arts and Humanities Research Council (AHRC).

Study components

The project design had four components across two themes (Figure 1) underpinned by public engagement:

Theme 1: Learning from the past to shape solutions for the future

- 1a Looking at historical and present epidemiological data and the health profile of Lanarkshire over time
- 1b. Exploring the industrial heritage of Lanarkshire and legacy of deindustrialisation on health

Theme 2: Mapping the Health and Wellbeing Ecosystem

- 2a. Programme Budgeting (and Marginal) Analysis
- 2b. Asset-based approaches and the identification of community assets through asset mapping approaches

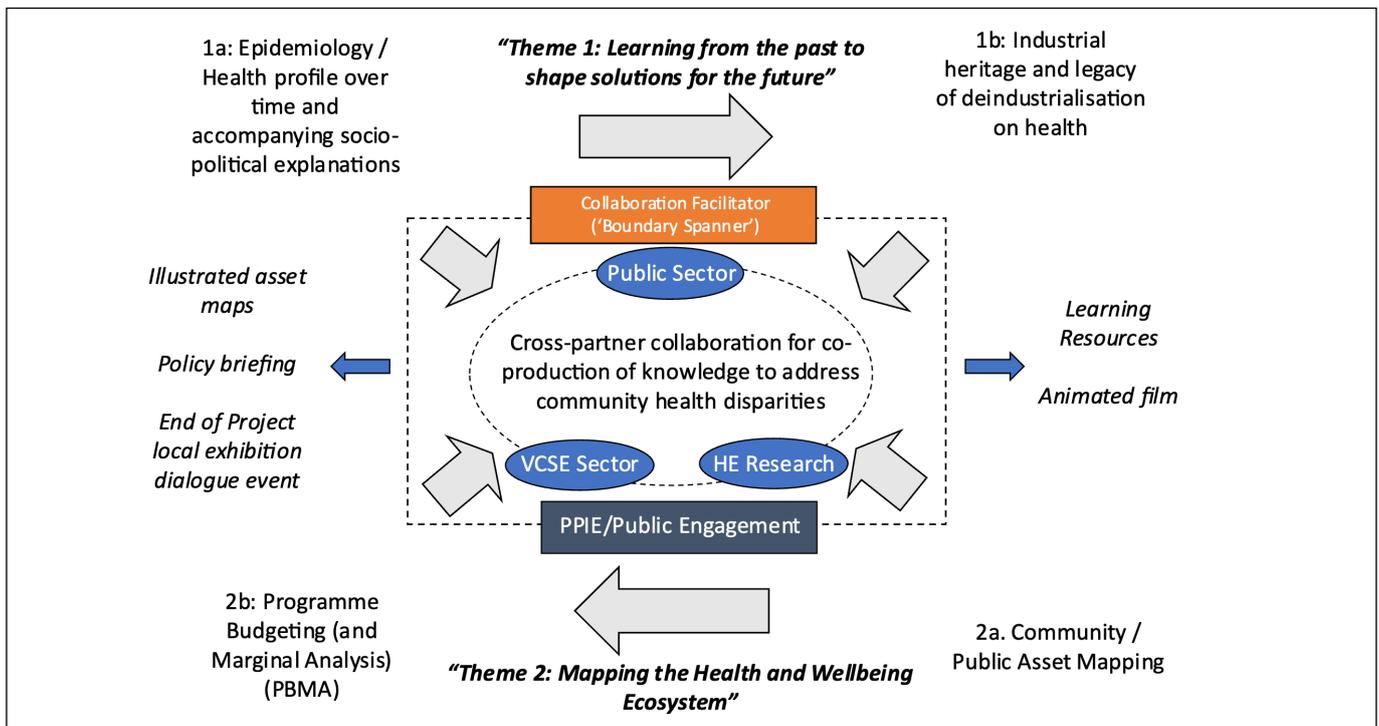


Figure 1. CommonHealth Catalyst study design

To ensure that the research project was informed by ongoing community expertise, voice, and perspective a Lived Experience and Advisory Panel was established. The Panel was made up of individuals with experience of living in Lanarkshire communities.

The programme budgeting approach

Programme Budgeting (PB) has been undertaken as one of two main parts of objective 2, Theme 2, to map and scope the integrated care system(s) and community assets in Lanarkshire. PB simply involves an assessment of the current allocation of resources in order to understand the range of services available in Lanarkshire, the extent of provision across each Partnership and, ultimately, although not for this project, to show potential scope for future action in terms of evidence-based shifts in resources in order to improve population health.

We aimed to assess the potential for creating a 'map' of the integrated care system landscape in Lanarkshire: services, structures, and key partners, and activities within. This was conducted and completed with staff working within the Partnerships. As part of this, it is also planned to consider such data alongside that collected in the parallel community asset mapping exercises that were undertaken.

The PB work, involved three main activities:

- Assessment of what data are publicly available;
- An introductory workshop with a group from each Partnership to discuss and outline the aim and scope of the work within the timescales of the project, and, in particular, to focus on whether finer levels of granularity in the data are possible to achieve in line with what might be perceived as relevant for future decision-making with respect to health and social care integration; and
- Follow up with particular staff members and further workshops aimed at achieving such granularity as well as interpreting and caveating the data provided.

Service	Expenditure (£m)
Social Care Services	
Hosted Services	149
Health Care Services	74
Family Health Services	110
Prescribing	69
Set-Aside Services	65
Housing Services	2
Transport Services	0.54
Corporate Services	0.21
Covid 19 costs	13
Total	685

Main findings

Publicly-available data

We aimed to produce a macro programme budget at a systems level for both Partnership areas, but also examine the extents to which these data can be disaggregated (e.g. by locality, demographic factors etc.). Information is available from the Strategic Commissioning Plans from each area. This can be used as a starting point for gathering further information. From publicly-available strategic planning documents, it is possible to draw out the information on overall resource use is shown in Tables 1 and 2 for North and South Lanarkshire respectively. Differences are largely due to population numbers and characteristics.

Looking further into the resource allocation, from the annual accounts for both areas for 2021/2022, the breakdown of hosted services can be found. Hosted services are those where North Lanarkshire Integrated Joint Board (IJB) acts as the lead for a number of delegated services from South Lanarkshire IJB and vice versa. More information on this is presented in Tables 3 and 4 below.

Service	Financial allocation (£m)
Social Care and Housing Services	206
Hosted Services	124
Family Health Services	104
Prescribing	66
Set-Aside Notional Allocation - Acute Services	60
Locality and Other Health Services	75
Total	635

Table 3: Hosted Services by North Lanarkshire on behalf of South Lanarkshire, Principal Income and Expenditure (North Lanarkshire Annual Accounts)

Delegated Services - Services hosted by the North Lanarkshire IJB On behalf of the South Lanarkshire IJB , 2021/2022

	Expenditure on hosted services	Income from hosted services	Net Expenditure
	£m	£m	£m
Sexual Health Services	1.442	(1.442)	0.000
Continence Services	1.099	(1.099)	0.000
Immunisation Services	1.077	(1.077)	0.000
Speech and Language Therapy Services	2.962	(2.962)	0.000
Children and Adult Mental Health Services	6.097	(6.097)	0.000
Children's Services	5.619	(5.619)	0.000
Integrated Equipment and Adaptation Service	0.278	(0.278)	0.000
Dietetics Services	1.864	(1.864)	0.000
Podiatry Services	2.118	(2.118)	0.000
Prisoner Healthcare Services	0.984	(0.984)	0.000
Blood Borne Virus Services	0.739	(0.739)	0.000
Hospital at Home Services	1.264	(1.264)	0.000
Mental Health Services	38.312	(38.312)	0.000
South Lanarkshire IJB Total	63.855	(63.855)	0.000
North Lanarkshire IJB Total	50.718	(65.994)	(15.276)
Total services hosted by the North Lanarkshire IJB	114.573	(129.849)	(15.276)

Towards greater granularity: workshop and follow-up activities

A workshop on programme budgeting was held at South Lanarkshire Headquarters on 13th June 2023. Workshop delegates are listed in Appendix 1.

After an outline of the overall project, the focus on programme budgeting was introduced by explaining what programme budgeting is at a macro level — basically a 'map' of the health and social care system, as seen by

delegates, which can be populated with data on activity and cost and combined with data from needs assessments, local and more-formal evidence. This can be linked with the CommonHealth community asset-mapping work in thinking about scope for change within current budgets. Programme budgeting is based on the everyday notion of "how can we know where we are going if we do not know where we are?", from the perspective of resource availability.

This was well understood and received by the group, leading to two exercises which we intended to work

Table 4: Hosted Services by South Lanarkshire on behalf of North Lanarkshire, Principal Income and Expenditure (South Lanarkshire Annual Accounts)

Delegated Services - Hosted Services	South Lanarkshire IJB On behalf of the North Lanarkshire IJB , 2021/2022		
	Expenditure on hosted services	Income from hosted services	Net Expenditure
	£m	£m	£m
Primary Care Transformation	8.871	(8.871)	0.000
Community Dental Services	3.758	(3.758)	0.000
Out of Hours Services	4.509	(4.509)	0.000
Diabetic Services	2.930	(2.930)	0.000
Occupational Therapy Services	5.180	(5.180)	0.000
Palliative Care Services	3.770	(3.770)	0.000
Primary Care Services	0.387	(0.387)	0.000
Physiotherapy Services	5.149	(5.149)	0.000
Services hosted by the South Lanarkshire IJB on behalf of the North Lanarkshire IJB	34.554	(34.554)	0.000
Services hosted by the South Lanarkshire IJB on behalf of the South Lanarkshire IJB	18.524	(33.198)	(14.674)
Services hosted by the South Lanarkshire IJB Total (Note 4)	53.078	(67.752)	(14.674)

This is information that is available on the Partnerships' websites. The next stage is to think about what more in-depth information may be useful to document. This was addressed, initially, at a workshop held on 13th June 2023.

through. The first exercise asked the group to think about what the health and social care system currently looked like, suggesting it could include things like social care, housing, health, hosted services, prescribing, set-aside services, locality-based services, area-wide services, addiction and medical/nursing services as characterised in blank tables, which were presented to the group. These tables were intended merely to indicate what presentation of further details of specific service areas that fall under each of the broader categories outlined in Tables 1 and 2 might look like. They were also used to suggest the need for further information on the number of service users, age and locality to begin to build a picture on the scope of these services. This was the intention of Exercise 2: that of exploring the possibility of moving to further granulation in the data.

Again, this was well received by the group who immediately began to relate the programme budgeting work to internal work (e.g. 'Care Opinion and Service Trees') on more-detailed descriptive structures of services, especially for social care, and to discuss the need, in the interests of enhancing quality of care, to disaggregate social care and care at home data to further levels of granularity, such as by age and locality, so moving away from of a focus on "meds

and beds". Also, the locality information can be linked to the deprivation index and, of course to our asset maps. What might be missing from mapping and also programme budgeting data, however, are particular perspectives from professional (clinical) colleagues and covering areas such as adult services, justice services, services for children (some of which sit inside and some outside a Partnership, and some of which address quite complex needs), including interactions with regional centres and the City of Glasgow.

Health Improvement data were missing from what was provided at the workshop, but could be readily obtained, although much is attached to particular Scottish Government initiatives. For more community-based initiatives, contract data would also allow for ready identification of spend and activity.

Overall, the need to move forward was enthusiastically supported on the basis that nothing will change without understanding the whole system, including variations across localities (some of which may be more justifiable than others) and to consider other sources of data alongside programme budgeting, such as qualitative data on experiences of people. Despite such enthusiasm,

a repeated theme was the importance of caveating the data, as outlined below.

In order to advance the work, two further Teams meetings were held on 25th July and 29th August 2023. The attendees are listed in Appendix 1.

At these meetings it was agreed that we would explore the issue of granularity by tying in with work at Public Health Scotland (PHS) on disaggregation of data on expenditure and activity, including examination by locality. In essence, documents called Source Linkage Files allow users to view information about peoples' use of the NHS and the estimated cost associated with their healthcare. To support the integration of health and social care, the PHS Health & Social Care team has created a series of financial year files that link together various PHS health and social care data sets, as well as demographic data. This includes the following datasets: acute, mental health and geriatric long stay hospital admissions; A&E attendances; hospital outpatient appointments; community prescribing and community health; NRS deaths; social care including care at home, care home and self-directed support. Costs are attached to some datasets at an episode level. Note that these costs are apportioned mainly based on location and speciality, so the data should not be used to determine the exact costs for specific procedures.

The linked dataset provides the basis for a wide array of analysis of resource consumption and outcomes across health and social care from individual level up to national level. Access to the Source linkage files is usually only granted to members of the LIST or H&SC teams within PHS. The total cost for each episode of healthcare is based on three main drivers of the hospital where they received care, the specialty involved and length of stay. It is important to bear in mind when conducting analyses that the costs are top down averages based (primarily) on hospital and specialty. This means that two episodes within the same hospital and specialty will have the same cost per day as one another, regardless of their other activity, with some exceptions (e.g. theatre time). This is the most crucial thing to remember when using the data, in order to avoid misrepresenting real costs. Therefore, the costs do not reflect the actual expenditure associated with each individual's episode and should not be used for lower-level analyses. For example, the cost data would not be suitable for an analysis comparing costs between individual patients with different diagnoses, but would be appropriate for comparing costs per day within a particular specialty between different areas of Scotland or between hospitals. Finally, note that for costs associated with outpatient attendances, only information about the patient's first attendance within a particular specialty is included in the Source Linkage Files. Therefore, the costs associated with the patient's subsequent outpatient attendances are not accounted for. Using this approach, and with these important caveats, data are presented across 10 localities in North and South Lanarkshire in Appendix 2. The data has been provided by the PHS Local Intelligence Support Team (LIST), requested by and provided to the North and South Lanarkshire Health and Social Care Partnerships.

The data presented are for just one year (2019-20) and for Lanarkshire as a whole. This is the latest pre-pandemic year for which we can link activity to cost data with some confidence, as, due to changes in service delivery during the pandemic, NHS Boards have not been able to provide data at this level of detail for subsequent years as yet. Key to the CommonHealth Catalyst project is that the data presented have shown the following: the potential for much greater disaggregation of data on activity and cost which is of greater relevance for future service planning, especially as data does become available over several years; and that data on cost and activity can be linked for this purpose.

In future, we can explore analyses of expenditure by area (and associated indicators of deprivation) as well, as, perhaps using other models or maps of care (e.g. the tiered model in Lanarkshire) alongside this. Also, for future consideration, the information can be further improved upon so as to minimise impacts of stated caveats and allow analyses over time and create an even more-global picture of resource use; as the data presented cover only activities under the jurisdiction of the Health and Social Care Partnerships, with wider health board, independent sector and other data still excluded.

Conclusions

Overall the programme budgeting aspect represented a very positive exercise in respect of staff willingness to work with their own data on cost and activity, and to do this to greater levels of granularity, all geared towards using available resources to maximise quality and outcomes. Not only that, but the exercises worked through have shown that, although data sets are still developing with regard to coverage, timeliness and levels of sophistication, the data will be there to support such willingness.

New College Lanarkshire
and Motherwell, Muirhouse
beyond from the former site
of Ravenscraig Steel Works



Appendices

Appendix 1

Attendees at initial workshop, South Lanarkshire HQ, 13th June 2023:

Graeme Cowan – Senior Manager for Strategy and Performance, North Lanarkshire

Claire Rae, Interim Head of Health and Social Care Partnership, South Lanarkshire

Laura Dover, Planning, South Lanarkshire

Martin Kane, Service Manager, Planning, South Lanarkshire

Craig, Quality Assurance, Participation and Engagement, North Lanarkshire

Pauline Izat, General Manager Children's Services, hosted in North Lanarkshire

Raymond Taylor, Service Manager, North Lanarkshire

Kerri Todd, Head of Health Improvement, NHS Lanarkshire

Cam Donaldson, Glasgow Caledonian University

Kirsty Strokosch, Glasgow Caledonian University

Attendees at Teams Meeting, 25th July 2023:

Graeme Cowan – Senior Manager for Strategy and Performance, North Lanarkshire

Laura Dover, Planning, South Lanarkshire

Martin Kane, Service Manager, Planning, South Lanarkshire

Kerri Todd, Head of Health Improvement, NHS Lanarkshire

Danielle Guthrie, Senior Management Accountant, NHS Lanarkshire (HSCNL)

Carolann Macdonald, Senior Management Accountant, NHS Lanarkshire (SL HSCP)

Cam Donaldson, Glasgow Caledonian University

Written input was also received from **Lianne Hering**, Finance Manager, Adult Social Care, North Lanarkshire

Attendees at Teams Meeting, 29th August 2023:

Graeme Cowan – Senior Manager for Strategy and Performance, North Lanarkshire

Martin Kane, Service Manager, Planning, South Lanarkshire

Kerri Todd, Head of Health Improvement, NHS Lanarkshire

David Readhead, Public Health Scotland

Cam Donaldson, Glasgow Caledonian University

Two more meetings subsequently took place, involving **Graeme, Martin, Cam** and **David** to round off the exercise.

Appendix 2

Health and social care activity and costs for North Lanarkshire, 2019-20

CommonHealth Catalyst Programme Budgeting — Health & Social Care Activity and Costs for North Lanarkshire residents in financial year 2019/20							
Please Note: The data in the table below is based on annual counts of the total activity and costs within financial year 2019/20 for measures available in the Source linked dataset. Activity and costs are for North Lanarkshire residents, based on selecting a person's most recent HSCP of residence within 2019/20. The methodology used within the Source dataset may not match the methodology used in other published data sources.							
Measure	Airdrie	Bellshill	Coatbridge	Motherwell	North Lanarkshire North	Wishaw	North Lanarkshire
Total net cost	£59,550,460	£44,127,099	£57,984,384	£59,139,022	£85,895,611	£55,641,052	£362,337,628
Total net cost including 'did not attend'	£59,781,019	£44,303,836	£58,258,433	£59,423,273	£86,252,229	£55,860,949	£363,879,738
Counts of Non-service-users	11,105	8,099	9,877	11,448	18,992	9,632	69,153
Number of preventable admissions	1,422	1,149	1,426	1,343	1,756	1,349	8,445
Number of preventable bed days	7,474	5,505	7,659	7,064	11,846	7,442	46,990
Number of deaths	777	672	867	824	1,081	961	5,182
Number of acute episodes	24,005	17,301	23,338	20,980	34,441	20,711	140,776
Number of acute day case episodes	5,453	4,897	5,406	6,158	9,966	6,209	38,089
Number of acute inpatient episodes	18,552	12,404	17,932	14,822	24,475	14,502	102,687
Number of elective inpatient episodes	1,837	1,238	1,567	1,503	3,086	1,624	10,855
Number of non-elective inpatient episodes	16,715	11,165	16,365	13,319	21,389	12,876	91,829
Cost of acute activity	£34,624,234	£25,281,377	£33,018,625	£32,012,438	£52,869,283	£32,871,645	£210,677,601
Cost of acute day case activity	£5,520,923	£4,881,650	£5,544,974	£6,146,469	£10,137,369	£6,064,122	£38,295,507
Cost of acute inpatient activity	£29,103,311	£20,399,726	£27,473,651	£25,865,969	£42,731,914	£26,807,523	£172,382,095
Cost of acute elective inpatient activity	£6,374,551	£4,475,020	£5,392,709	£5,033,913	£10,115,608	£5,629,556	£37,021,356
Cost of acute non-elective inpatient activity	£22,728,761	£15,924,418	£22,080,942	£20,832,056	£32,616,306	£21,176,244	£135,358,726
Number of acute inpatient bed days	46,751	33,187	45,824	44,136	74,790	46,524	291,213
Number of acute elective inpatient bed days	4,849	3,542	4,368	3,868	8,073	4,395	29,095
Number of acute non-elective inpatient bed days	41,902	29,644	41,456	40,269	66,717	42,125	262,113
Number of maternity episodes	2,227	1,545	1,614	2,812	1,689	2,192	12,079
Number of maternity day case episodes	386	259	217	528	254	376	2,020
Number of maternity inpatient episodes	1,841	1,286	1,397	2,284	1,435	1,816	10,059
Cost of maternity activity	£2,234,177	£1,503,900	£1,786,529	£2,576,691	£3,369,488	£2,064,282	£13,535,066
Cost of maternity day case activity	£208,845	£151,528	£145,272	£287,034	£261,069	£200,402	£1,254,150
Cost of maternity inpatient activity	£2,025,332	£1,352,372	£1,641,257	£2,289,656	£3,108,418	£1,863,880	£12,280,916
Number of maternity inpatient bed days	2,132	1,393	1,667	2,362	2,915	1,942	12,411
Number of mental health inpatient episodes	184	192	209	231	201	171	1,188
Cost of mental health inpatient activity	£2,995,582	£3,280,824	£4,353,574	£6,884,453	£2,768,631	£2,818,240	£23,101,305
Number of mental health inpatient bed days	6,120	15,880	9,706	16,098	10,830	6,552	65,187
Number of geriatric long stay inpatient episodes	133	87	138	134	133	141	766

Cost of geriatric long stay inpatient activity	£1,930,952	£930,363	£2,247,356	£1,270,219	£1,466,873	£1,134,486	£8,980,250
Number of geriatric long stay inpatient bed days	5,759	2,864	6,724	4,272	5,457	3,911	28,987
Number of Delayed Discharge episodes with a non-Code9 reason for delay	641	560	710	699	647	703	3,960
Total number of Delayed Discharge bed days with a non-Code9 reason for delay	4,645	4,258	6,449	6,931	6,781	5,621	34,685
Number of Delayed Discharge episodes with a Code9 reason for delay	20	11	22	17	19	12	101
Total number of Delayed Discharge bed days with a Code9 reason for delay	1,644	921	1,462	1,816	1,359	611	7,813
Number of new outpatient attendances	13,857	10,645	12,792	14,319	22,123	13,536	87,272
Cost of new outpatient attendances	£2,346,430	£1,776,983	£2,149,145	£2,362,144	£3,946,829	£2,249,959	£14,831,491
Number of A&E attendances	22,632	15,422	21,150	20,172	28,149	19,712	127,237
Cost of A&E attendances	£2,526,831	£1,726,683	£2,372,361	£2,234,135	£3,510,190	£2,192,802	£14,563,002
Cost of prescribing items dispensed	£11,738,126	£8,867,454	£11,121,240	£10,866,832	£16,695,542	£11,473,344	£70,762,539
Number of GP OoH cases (multiple consultations per case)	8,892	5,832	7,229	7,101	10,470	6,354	45,878
Number of GP OoH Home visit consultations	1,350	1,040	1,381	1,303	1,674	1,295	8,043
Number of GP OoH Doctor / Nurse advice consultations	1,599	1,082	1,397	1,276	1,803	1,261	8,418
Number of GP OoH Other consultations	29	27	37	32	235	32	392
Number of GP OoH Primary Care Centre / Emergency Primary Care Centre consultations	6,484	4,118	4,896	5,031	7,401	4,261	32,191
Total time for GP OoH Consultations	150,681	100,831	120,469	124,409	177,485	111,000	784,875
Cost of all GP OoHs	£1,154,127	£759,516	£935,555	£932,109	£1,268,774	£836,294	£5,886,374
Number of continuous Care Home episodes	456	469	717	427	777	563	3,409
Number of continuous Care Home beddays	62,779	67,061	132,391	73,277	87,534	112,854	535,896
Cost of continuous Care Home stays	£5,989,329	£8,535,804	£15,909,035	£8,332,622	£11,025,613	£13,800,432	£63,592,834
Total number of home care episodes, includes personal, non-personal and unknown type	1,530	1,319	1,605	1,701	1,806	1,771	9,732
Total number of personal home care episodes	1,473	1,248	1,531	1,646	1,758	1,682	9,338
Total number of non-personal home care episodes	57	71	74	55	48	89	394
Total number of home care episodes flagged as being reablement	421	477	474	462	702	595	3,131
Total cost of home care hours	£8,524,921	£6,450,140	£8,369,755	£9,337,996	£8,821,633	£9,771,735	£51,276,181
Total number of home care hours	256,230	194,057	253,549	280,840	265,678	294,823	1,545,177
Total number of personal home care hours	254,686	190,747	248,773	279,450	263,305	291,801	1,528,761
Total number of non-personal home care hours	1,544	3,310	4,776	1,390	2,374	3,022	16,416
Total number of home care hours that were flagged as being reablement	29,418	27,225	29,462	37,125	47,173	43,514	213,917
Total number of alarms packages	9,312	8,164	10,883	10,031	13,549	11,117	63,056
Total number of telecare packages	277	332	462	376	528	431	2,406

Total number of SDS packages (option 1)	172	137	113	147	381	223	1,173
Total number of SDS packages (option 2)	778	557	683	718	1,106	742	4,584
Total number of SDS packages (option 3)	154	138	190	177	167	137	963
Number of people with Arthritis Arteriosis (based on hospital admissions data)	2,657	2,188	2,530	2,872	4,604	3,260	18,111
Number of people with Asthma (based on hospital admissions data)	3,227	2,288	2,860	2,697	3,850	2,695	17,617
Number of people with Atrial Fibrillation (based on hospital admissions data)	1,325	1,094	1,322	1,344	2,108	1,561	8,754
Number of people with Cancer (based on hospital admissions data)	2,508	1,992	2,262	2,370	4,459	2,687	16,278
Number of people with Cerebrovascular Disease (CVD) (based on hospital admissions data)	1,517	1,115	1,453	1,421	2,114	1,611	9,231
Number of people with Chronic Liver Disease (based on hospital admissions data)	480	446	498	579	756	645	3,404
Number of people with Chronic Obstructive Pulmonary Disease (COPD) (based on hospital admissions data)	1,364	1,193	1,345	1,485	1,750	1,515	8,652
Number of people with Dementia (based on hospital admissions data)	368	439	586	457	631	531	3,012
Number of people with Diabetes (based on hospital admissions data)	2,195	1,707	2,057	2,200	2,869	2,378	13,406
Number of people with Epilepsy (based on hospital admissions data)	573	491	587	627	804	660	3,742
Number of people with Coronary heart disease (CHD) (based on hospital admissions data)	3,151	2,378	2,916	2,879	4,366	3,220	18,910
Number of people with Heart Failure (based on hospital admissions data)	787	585	749	636	1,166	704	4,627
Number of people with Multiple Sclerosis (based on hospital admissions data)	118	94	90	114	195	113	724
Number of people with Parkinsons (based on hospital admissions data)	96	84	93	91	147	103	614
Number of people with Renal Failure (based on hospital admissions data)	958	834	1,023	993	1,299	1,096	6,203
Number of people with Congenital Problems (based on hospital admissions data)	2,188	1,669	1,892	2,068	3,521	2,218	13,556
Number of people with Diseases of Blood and Blood Forming Organs (based on hospital admissions data)	2,880	2,391	2,702	2,724	4,469	2,880	18,046
Number of people with Other Endocrine Metabolic Diseases (based on hospital admissions data)	3,156	2,700	3,097	3,532	4,698	3,725	20,908
Number of people with Other diseases of Digestive (based on hospital admissions data)	21,828	16,984	19,909	20,931	32,460	21,063	133,175

Data Source

PHS SOURCE individual linkage file 2019/20.

Notes

- (1) Activity and costs provided are the sum of annual counts for financial year 2019/20.
- (2) Activity and costs have been provided for North Lanarkshire residents, based on selecting a person's most recent HSCP of residence within 2019/20.
- (3) The data includes North Lanarkshire residents who have changed residence over the course of the year. As the activity and costs provided for individuals are based on total annual counts for financial year 2019/20, this will therefore include activity and costs for periods of time in 2019/20 where individuals were not North Lanarkshire residents and then became North Lanarkshire residents later within 2019/20.
- (4) Based on patients being treated anywhere in Scotland.
- (5) The methodology used within the Source linked dataset may not match the methodology used in other published data sources.
- (6) See Costs Methodology worksheet for details on the costs methodology used.

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Health and social care activity and costs for South Lanarkshire, 2019-20

CommonHealth Catalyst Programme Budgeting - Health & Social Care Activity and Costs for South Lanarkshire residents in financial year 2019/20

Please Note: The data in the table below is based on annual counts of the total activity and costs within financial year 2019/20 for measures available in the Source linked dataset. Activity and costs are for South Lanarkshire residents, based on selecting a person's most recent HSCP of residence within 2019/20. The methodology used within the Source dataset may not match the methodology used in other published data sources.

Measure	Clydesdale	East Kilbride	Hamilton	Rutherglen Cambuslang	South Lanarkshire
Total net cost	£66,443,618	£94,081,477	£121,898,524	£70,957,650	£353,381,269
Total net cost including 'did not attend'	£66,682,151	£94,424,417	£122,429,625	£71,228,259	£354,764,453
Counts of Non-service-users	12,565	20,391	23,218	13,300	69,474
Number of preventable admissions	1,247	1,785	2,425	1,188	6,645
Number of preventable beddays	7,779	11,810	14,845	9,134	43,568
Number of deaths	848	1,119	1,420	734	4,121
Number of acute episodes	23,110	31,279	40,415	24,805	119,609
Number of acute day case episodes	8,070	8,680	11,544	7,583	35,877
Number of acute inpatient episodes	15,040	22,599	28,871	17,222	83,732
Number of elective inpatient episodes	1,891	2,782	3,330	2,197	10,200
Number of non-elective inpatient episodes	13,149	19,817	25,541	15,025	73,532
Cost of acute activity	£36,802,277	£55,604,466	£68,823,647	£45,234,274	£206,464,664
Cost of acute day case activity	£8,010,066	£9,897,439	£12,470,331	£8,804,289	£39,182,126
Cost of acute inpatient activity	£28,792,210	£45,707,027	£56,353,316	£36,429,985	£167,282,538
Cost of acute elective inpatient activity	£6,795,041	£10,348,116	£11,687,202	£7,127,110	£35,957,469

Cost of acute non-elective inpatient activity	£21,997,170	£35,358,911	£44,666,114	£29,302,874	£131,325,069
Number of acute inpatient bed days	48,069	74,323	92,938	61,748	277,078
Number of acute elective inpatient bed days	5,529	7,899	8,757	5,440	27,625
Number of acute non-elective inpatient bed days	42,540	66,424	84,181	56,308	249,453
Number of maternity episodes	1,853	2,271	4,225	1,304	9,653
Number of maternity day case episodes	304	178	431	314	1,227
Number of maternity inpatient episodes	1,549	2,093	3,794	990	8,426
Cost of maternity activity	£1,824,919	£2,902,080	£4,168,902	£2,483,008	£11,378,908
Cost of maternity day case activity	£121,731	£113,584	£242,733	£265,954	£744,002
Cost of maternity inpatient activity	£1,703,188	£2,788,495	£3,926,168	£2,217,054	£10,634,906
Number of maternity inpatient bed days	1,741	2,864	4,060	2,177	10,842
Number of mental health inpatient episodes	265	241	464	236	1,206
Cost of mental health inpatient activity	£4,560,749	£4,907,892	£9,917,360	£3,595,272	£22,981,274
Number of mental health inpatient bed days	22,751	11,473	19,964	11,804	65,992
Number of geriatric long stay inpatient episodes	524	803	742	168	2,237
Cost of geriatric long stay inpatient activity	£3,533,559	£3,434,632	£3,793,186	£668,633	£11,430,009
Number of geriatric long stay inpatient bed days	12,206	9,978	11,733	2,069	35,987
Number of Delayed Discharge episodes with a non-Code9 reason for delay	861	1,029	1,361	466	3,717
Total number of Delayed Discharge bed days with a non-Code9 reason for delay	8,910	10,896	14,551	6,240	40,597
Number of Delayed Discharge episodes with a Code9 reason for delay	16	29	33	20	98
Total number of Delayed Discharge bed days with a Code9 reason for delay	1,431	1,640	2,559	1,868	7,498
Number of new outpatient attendances	16,329	24,140	28,921	15,534	84,924
Cost of new outpatient attendances	£2,730,348	£4,165,497	£4,983,995	£2,898,803	£14,778,642
Number of A&E attendances	20,141	32,095	37,784	22,194	112,214
Cost of A&E attendances	£2,271,383	£4,010,143	£4,541,256	£2,623,548	£13,446,329
Cost of prescribing items dispensed	£13,855,888	£17,748,472	£23,620,918	£12,528,855	£67,754,133
Number of GP OoH cases (multiple consultations per case)	6,559	10,088	15,785	8,952	41,384
Number of GP OoH Home visit consultations	1,518	2,232	2,881	1,258	7,889
Number of GP OoH Doctor / Nurse advice consultations	1,588	1,976	2,919	1,088	7,571
Number of GP OoH Other consultations	28	61	56	654	799
Number of GP OoH Primary Care Centre / Emergency Primary Care Centre consultations	3,970	6,564	11,053	6,417	28,004
Total time for GP OoH Consultations	116,222	174,646	273,833	165,778	730,479
Cost of all GP OoHs	£864,495	£1,308,297	£2,049,260	£925,257	£5,147,309
Number of continuous Care Home episodes	643	906	970	553	3,072

Number of continuous Care Home beddays	158,780	230,667	241,471	149,401	780,319
Cost of continuous Care Home stays	£17,048,193	£27,739,958	£27,857,604	£15,480,467	£88,126,223
Total number of home care episodes, includes personal, non-personal and unknown type	2,771	3,893	5,350	2,580	14,594
Total number of personal home care episodes	2,647	3,695	5,108	2,490	13,940
Total number of non-personal home care episodes	121	198	240	90	649
Total number of home care episodes flagged as being reablement	563	1,050	1,295	651	3,559
Total cost of home care hours	£10,983,428	£14,037,665	£19,248,883	£9,192,330	£53,462,306
Total number of home care hours	471,224	594,579	818,256	390,454	2,274,514
Total number of personal home care hours	429,702	555,509	748,387	354,955	2,088,553
Total number of non-personal home care hours	41,481	39,071	69,660	35,499	185,711
Total number of home care hours that were flagged as being reablement	21,055	59,052	63,962	25,258	169,326
Total number of alarms packages	110	56	245	35	446
Total number of telecare packages	33	34	50	16	133
Total number of SDS packages (option 1)	260	355	450	162	1,227
Total number of SDS packages (option 2)	56	46	97	25	224
Total number of SDS packages (option 3)	953	1,068	1,698	544	4,263
Number of people with Arthritis Artherosis (based on hospital admissions data)	4,026	5,053	6,402	3,753	19,234
Number of people with Asthma (based on hospital admissions data)	2,898	3,731	5,012	3,087	14,728
Number of people with Atrial Fibrillation (based on hospital admissions data)	1,770	2,272	2,829	1,506	8,377
Number of people with Cancer (based on hospital admissions data)	3,317	4,612	5,298	3,436	16,663
Number of people with Cerebrovascular Disease (CVD) (based on hospital admissions data)	1,615	2,232	2,952	1,617	8,416
Number of people with Chronic Liver Disease (based on hospital admissions data)	564	560	924	765	2,813
Number of people with Chronic Obstructive Pulmonary Disease (COPD) (based on hospital admissions data)	1,325	1,891	2,747	1,438	7,401
Number of people with Dementia (based on hospital admissions data)	546	985	1,014	510	3,055
Number of people with Diabetes (based on hospital admissions data)	2,482	2,996	4,035	2,006	11,519
Number of people with Epilepsy (based on hospital admissions data)	680	1,048	1,337	791	3,856
Number of people with Coronary heart disease (CHD) (based on hospital admissions data)	3,333	4,335	5,985	3,061	16,714
Number of people with Heart Failure (based on hospital admissions data)	749	1,007	1,262	777	3,795
Number of people with Multiple Sclerosis (based on hospital admissions data)	174	277	246	149	846
Number of people with Parkinsons (based on hospital admissions data)	122	143	170	89	524
Number of people with Renal Failure (based on hospital admissions data)	1,231	1,540	2,007	950	5,728

Number of people with Congenital Problems (based on hospital admissions data)	2,173	3,226	4,083	2,432	11,914
Number of people with Diseases of Blood and Blood Forming Organs (based on hospital admissions data)	3,052	3,943	5,393	3,074	15,462
Number of people with Other Endocrine Metabolic Diseases (based on hospital admissions data)	4,055	4,959	6,528	3,662	19,204
Number of people with Other diseases of Digestive (based on hospital admissions data)	24,113	32,706	43,581	22,142	122,542

Data Source

PHS SOURCE individual linkage file 2019/20.

Notes

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Acknowledgements

We would like to acknowledge the patience and enthusiasm of those listed in Appendix 1.



CommonHealth Catalyst was funded by the Arts and Humanities Research Council (AHRC)
November 2022 to September 2023

CommonHealth Catalyst: Developing a community research consortium to address health disparities' was funded by AHRC's 'Mobilising community assets to tackle health inequalities' programme. Ref: AH/X005801/1



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