

PSSRU

Unit Costs of
Health & Social
Care 2014

Compiled by Lesley Curtis

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CONTENTS

Preface	1
Lesley Curtis	
Big data: increasing productivity while reducing costs in health and social care	8
Guest Editorial: Pavanraj Jessal	
Cost of integrated care.....	14
Martin Bardsley and Andrew Street	
Shared Lives – improving understanding of the costs of family-based support	21
Nadia Brookes and Lisa Callaghan	
RYCT & CSP intervention costs	27
Jennifer Beecham, Jennifer Wenborn, Georgina Charlesworth and Shaheen Ahmed	
I. SERVICES.....	29
1. Services for older people	31
1.1 Private sector nursing homes for older people	33
1.2 Private sector residential care for older people	34
1.3 Local authority residential care for older people	35
1.4 Nursing homes for people with dementia.....	36
1.5 Private and other independent sector residential homes for people with dementia.....	37
1.6 Local authority day care for older people	38
1.7 Extra care housing for older people	39
1.8 Community rehabilitation unit	40
1.9 Intermediate care based in residential homes	41
1.10 Dementia memory service	42
2. Services for people with mental health problems	43
2.1 NHS reference costs for mental health services.....	45
2.2 Local authority care homes for people with mental health problems	46
2.3 Voluntary, private and independent sector care homes for people with mental health problems.....	47
2.4 Local authority social services day care for people with mental health problems	48
2.5 Private sector day care for people with mental health problems	49
2.6 Behavioural activation delivered by a non-specialist	50
2.7 Counselling services in primary medical care	51
2.8 Individual placement and support.....	52
2.9 Deprivation of liberty safeguards in England: implementation costs	54
2.10 Mindfulness-based cognitive therapy – group-based intervention	55
2.11 Interventions for mental health promotion and mental illness prevention.....	56
3. Services for people who misuse drugs or alcohol	61
Services for people who misuse drugs or alcohol	63
3.1 Residential rehabilitation for people who misuse drugs or alcohol	64
3.2 Inpatient detoxification for people who misuse drugs or alcohol.....	65
3.3 Specialist prescribing.....	66
3.4 Alcohol health worker, Accident & Emergency	67
4. Services for people with learning disabilities.....	69
4.1 Group homes for people with learning disabilities	71
4.2 Fully-staffed living settings	72
4.3 Semi-independent living settings	73
4.4 Local authority day care for people with learning disabilities.....	74
4.5 Advocacy for parents with learning disabilities.....	75

5. Services for adults with physical disability.....	77
5.1 Local authority care homes for adults with a physical disability	79
5.2 Voluntary, private and independent sector care homes for adults with a physical disability	80
5.3 Day care for adults with a physical disability	81
5.4 Home care.....	82
6. Services for children and their families	83
6.1 NHS reference costs for children’s health services.....	85
6.2 Care home for children — local authority	86
6.3 Voluntary and private sector care homes for children	87
6.4 Local authority foster care for children	88
6.5 Social services support for children in need	89
6.6 Key worker services for disabled children and their families	91
6.7 End-of-life care at home for children.....	92
6.8 Multi-systemic therapy (MST).....	93
6.9 Cognitive behaviour therapy (CBT)	94
6.10 Adoption	95
6.11 Multidimensional treatment foster care (MTFC).....	98
6.12 Decision-making panels	99
6.13 Costs of reunification	100
6.14 Short-break provision for disabled children and their families	101
6.15 Local safeguarding children’s boards.....	102
6.16 Incredible Years parenting programme	103
6.17 Parenting programmes for the prevention of persistent conduct disorder	104
6.18 Parent training interventions for parents of disabled children with sleep or behavioural problems.....	106
6.19 Independent reviewing officer (IRO)	107
6.20 Early Years Teacher Classroom Management Programme	108
7. Hospital and related services.....	109
7.1 NHS reference costs for hospital services.....	111
7.2 NHS wheelchairs	112
7.3 Equipment and adaptations.....	113
7.4 Hospital-based rehabilitation care scheme	115
7.5 Expert patients programme	116
7.6 Public health interventions	117
7.7 Rehabilitation services	119
7.8 End-of-life care.....	121
7.9 Hospice Rapid Response Service.....	123
8. Care packages	125
8.1 Community care packages for older people	127
8.2 Social care support for older people, people with learning disabilities, people with mental health problems and people with physical disabilities	132
8.3 Health care support received by people with mental health problems, older people (over 75) and other service users	137
8.4 Adults with learning disabilities – care packages.....	138
8.5 Support for children and adults with autism	140
8.6 Services for children in care	145
8.7 Services for children in need.....	150
8.8 Common Assessment Framework (CAF).....	154
8.9 Services for children returning home from care.....	157
8.10 Support care for children	162
8.11 Young adults with acquired brain injury in the UK	165

8.12 Palliative care for children and young people	166
8.13 Residential parenting assessments	170
II. COMMUNITY-BASED HEALTH CARE STAFF.....	175
9. Scientific and professional	177
9.1 Community physiotherapist	179
9.2 NHS community occupational therapist.....	180
9.3 Community speech and language therapist.....	181
9.4 Community chiropodist/podiatrist.....	182
9.5 Clinical psychologist	183
9.6 Community pharmacist	184
10. Nurses, doctors and dentists	185
10.1 Community nurse (includes district nursing sister, district nurse).....	187
10.2 Nurse (mental health)	188
10.3 Health visitor	189
10.4 Nurse specialist (community).....	190
10.5 Clinical support worker nursing (community).....	191
10.6 Nurse (GP practice).....	192
10.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist).....	193
10.8a General practitioner — cost elements	194
10.8b General practitioner — unit costs	195
10.8c General practitioner — commentary	196
10.9 Dentist – performer-only.....	197
10.10 Dentist – providing-performer	198
10.11 NHS dental charges	199
III. COMMUNITY-BASED SOCIAL CARE.....	201
11. Social care staff	203
11.1 Social work team leader/senior practitioner/senior social worker.....	205
11.2 Social worker (adult services).....	206
11.3 Social worker (children’s services)	207
11.4 Social work assistant	208
11.5 Community occupational therapist (local authority)	209
11.6 Home care worker.....	210
11.7 Home care manager.....	211
11.8 Family support worker	212
11.9 Time banks	213
12. Health and social care teams	215
12.1 NHS community mental health team (CMHT) for older people with mental health problems	217
12.2 Community mental health team for adults with mental health problems	218
12.3 Crisis resolution team for adults with mental health problems.....	219
12.4 Assertive outreach team for adults with mental health problems	220
12.5 Early intervention team for adults with mental health problems.....	221
12.6 Generic single-disciplinary CAMHS team	222
12.7 Generic multi-disciplinary CAMHS team	223
12.8 Dedicated CAMHS team	224
12.9 Targeted CAMHS team	225
12.10 Transition services for children with complex needs when transferring to adulthood.....	226
12.11 Re-ablement service.....	229

IV. HOSPITAL-BASED HEALTH CARE STAFF	231
13. Hospital-based scientific and professional staff	233
13.1 Hospital physiotherapist	235
13.2 Hospital occupational therapist	236
13.3 Hospital speech and language therapist	237
13.4 Hospital dietitian	238
13.5 Hospital radiographer	239
13.6 Hospital pharmacist	240
13.7 Allied health professional support worker	241
14. Hospital-based nurses.....	243
14.1 Nurse team manager (includes ward manager, sister and clinical manager)	245
14.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)	246
14.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner).....	247
14.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner).....	248
14.5 Clinical support worker (hospital).....	249
15. Hospital-based doctors	251
15.1 Foundation house officer 1	253
15.2 Foundation house officer 2	254
15.3 Registrar group	255
15.4 Associate specialist	256
15.5 Consultant: medical	257
15.6 Consultant: surgical	258
15.7 Consultant: psychiatric	259
V. SOURCES OF INFORMATION	261
16. Inflation indices	263
16.1 The BCIS house rebuilding cost index and the retail price index	263
16.2 The hospital & community health services (HCHS) index	263
16.3 Gross domestic product (GDP) deflator and the tender price index for public sector buildings.....	264
16.4 The PSS pay & prices index	264
17. NHS staff earning estimates	266
17.1 Mean annual basic pay per FTE for non-medical occupational groupings, NHS England	266
17.2 Mean annual basic pay per FTE for qualified nursing, midwifery & health visiting staff by Agenda for Change band, NHS England	266
17.3 Mean annual basic pay per FTE for qualified allied health professionals staff by Agenda for Change band, NHS England	266
17.4 Mean annual basic pay per FTE for administration and estates	267
17.5 Mean annual basic pay per FTE by Agenda for Change band, NHS England.....	267
17.6 Mean annual basic pay per FTE for NHS staff groups	267
18. Training costs of health and social care professionals.....	268
19. Care home fees	269
20. Land values	270
21. Glossary	271
22. References	273
23. Index of references	287
24. List of useful sources.....	290
25. List of items from previous volumes.....	292

Preface

Lesley Curtis

In view of the government's announcement in the latest Spending Round (HM Treasury, 2013) for more efficiency savings to be made, commissioners remain under pressure to provide cost-effective services, not least for an ageing population (<http://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population>) and an increasing number of younger adults with learning difficulties (Emerson & Hatton, 2013). The Children's Social Care Innovation Programme (Department for Education, 2014) has also highlighted reform of systems for adoption, looked-after children, family justice and special educational needs.

With one of the main drivers of future spending pressure being identified as the rising unit costs of care, which have recently been reported to be offsetting any gains made from treating more patients (Appleby, 2013), it is not surprising that the number of people needing to use or construct cost information has grown (see the preface to the 2012 edition of this publication). For the *Unit Costs of Health and Social Care*, there has been an increasing readership and more feedback, with readers sometimes signposting to new sources of information or highlighting areas where clarification and more research are needed.

In the last few years we have aimed to address these issues in this section of the *Unit Costs of Health and Social Care* and have discussed methods used in the more routine elements of our unit costs. Last year we discussed our collaboration with Health Education England (HEE) to update the costs of qualifying professionals. In 2010 and 2012 the overhead element of our calculations was the main focus. This year we have carried out some new research to update the capital element of our cost estimates. We also introduce new schemas later in this preface.

Capital

To allow for the opportunity cost of buildings and equipment used in the production of services, we need to have an estimate of the costs involved and to make assumptions about both the length of time that the 'investment' will be tied up in the service, and the rate of return on that investment. For the *Unit Costs of Health and Social Care* estimates, the goal has always been to provide a close approximation of the 'long-run marginal opportunity cost', which is the cost of supporting one extra client or providing one additional unit of output while recognising the financial implications of necessary expansion to the service.

Discount rates were discussed in the preface to the 2003 and 2010 editions. This year we discuss new sources of residential land data, assumptions we make about office and land sizes, and other costs which are excluded from the regularly published Building Cost Information Service (BCIS).

Land costs

Until 2011, land costs for England and London were drawn from work published annually by the Department for Communities and Local Government (DCLG) (<https://www.gov.uk/.../live-tables-on-housing-market-and-house-prices>). They were then fed into the unit cost estimates by multiplying the cost by the estimated size of land occupied.

In the absence of any recent new published information, last year we commissioned the Valuation Office Agency (VOA) to provide estimates of the cost of a hectare of residential land in 10 regions in England and to provide a weighted average cost for England. Given the variation in land costs within regions, the VOA used previous research to inform the selection of sites and identify those which were representative of the region. Steps were taken to achieve consistency with previous data; weighting factors were derived for each region to reflect the relationship between valuation figures in the earlier price DCLG price list and those published in a VOA property market report (<http://www.voa.gov.uk/dvs/propertyMarketReport/pmrJan2011.html>). These weighting factors were then applied to the new land valuation figures.

Using the principle of opportunity costing, the best alternative value for land currently occupied by health or social care services is the sale of the land for residential purposes. The sites selected by VOA had no major contamination or remediation issues, there was good road frontage and no grant funding was available. Each of these factors may affect the land value. The sites were chosen with a view to providing an evidence base which can be readily updated.

Including inner and outer London, the VOA estimated the cost of land for residential purposes in England to be £3,718,000 per hectare or £372 per m², which is 58 per cent higher than the cost we have used in previous years. As in previous editions of this publication, we have provided a London multiplier which reflects the more expensive cost of land in London. Given the big difference between inner and outer London costs (£20,000,000 per hectare or £2,000 per m² compared with £7,000,000 per hectare or £700 per m²), we have used the land cost for outer London to ensure

consistency with the previous valuation. No appropriate weighting factor was available for London so these figures have been reported as 'unweighted'. Costs for other regions can be found in section 5 of this report.

Extra costs to the purchaser

Although Building Cost Information Services (BCIS) provides building costs and contract prices (the difference covers contingencies, preliminaries, external work and design fees), some other costs funded by the purchaser are not routinely collected, such as statutory, local authority and infrastructure charges and fees, furnishings and fittings, VAT and sectional agreements. In previous volumes, these costs have been added to the building costs using a multiplier derived from research carried out in the 1990s: one for health care schemes and the other for local authority-run schemes.

This year we have carried out a survey in collaboration with the BCIS to check that the multipliers are still valid. The BCIS provided a mailing list of 66 schemes procured between 2007 and 2011 (42 in health and 24 in social care), and an online and paper survey was distributed and followed up with a telephone call. Overall, a poor response rate (15%) was achieved (five replies from the health sector and five from local authority schemes). Extra costs reported for these schemes were incurred between 2007 and 2013.

Furthermore, special circumstances were reported for two of the new schemes, such as 'additional archaeology costs due to additional discoveries' and 'extensive surveys' due to historical information on services being poor. We found that costs rose only slightly in the health care sector, from 69 per cent of building costs to 71 per cent in the current survey. In the local authority-run schemes however, the difference in percentage additional costs between the two surveys was higher and as might be expected: 47 per cent of building costs in 1991 to 54 per cent in the current survey, raising the multiplier from 1.47 to 1.54. The extra costs in the current survey ranged from 29 per cent for an extra care housing scheme to 77 per cent for a children's residential unit. Due to the small number of schemes in the sample, further opportunities will be sought for future volumes to confirm this increase.

Size of offices

Although the BCIS provides functional prices such as the cost per person in a residential care home, day centre or operating theatre, when we provide the cost of a professional's time we need to include the costs for their office and the land they occupy. We also need to take into consideration whether some professionals are likely to share office space, and whether they make use of treatment space and communal facilities.

To identify the average size of an office occupied by each professional group, a large study beyond that possible within the resources of the *Unit Cost of Health and Social Care* research programme would be required. We have therefore based the sizes of offices, treatment space, communal facilities and land on a small-scale enquiry carried out locally in the 1990s. We are not aware of any new guidelines introduced since to suggest that office sizes have changed. This year, in line with our review of the capital element of our estimates, we have taken the opportunity to tabulate the office sizes used in these volumes and invite readers to comment and, if possible, provide better information.

	Office/treatment space size m2	Land size m2
All local authority offices	19	44
Practice staff (excluding GPs)	20	33
Hospital staff		
<i>treatment space</i>		
(OT, physios/dietitians, S&L therapists, pharmacists)	20	33
Radiographer	47	79
<i>Office</i>		
Office	3	5
<i>Shared facilities (locker room, canteen and community centre combined)</i>		
Shared facilities	5	9
Community staff		
<i>Treatment space</i>		
Nurses, health visitors	14	24
Therapists	17	29
<i>Office space</i>		
Nurses, health visitors	3	5
<i>Shared facilities (recreational space)</i>		
Nurses, health visitors	3	5
Therapists	3	5

Equipment costs

Until 2012 we were able to draw on work undertaken for the Department of the Environment by Ernst & Young, 1994, for the cost of local authority equipment and adaptations. This was replaced with a price list in last year's volume taken from the *TCES national catalogue of equipment for independent daily living* (<http://www.national-catalogue.org/smartassist/nationalcatalogue>) and *Equipment for older and disabled people: analysis of the market* (Consumer Focus, 2010), as we could no longer be confident that the costs were representative of today's prices.

The White Paper *Caring for our future: reforming care and support* (Department of Health, 2012) sets out a new vision for a reformed care and support system, and emphasises the role of aids and adaptations in helping people to remain as independent as possible in their own homes. With this in mind, work this year was commissioned to investigate the costs of arranging for and installing major adaptations (works over £1,000) and minor adaptations (works under £1,000), and this has replaced the price list in schema 7.3 of previous editions of this publication.

Time use

In last year's volume, we took the opportunity to draw the attention of readers to a survey we are carrying out to update or create multipliers to apply to the basic hourly cost to ensure staff time is appropriately allocated to activity categories. Distributed via the Royal College of Nursing, an online survey targeted at nurses generated 166 replies from a total of 27,500 e-mails sent (0.005% response rate). Further efforts were made to reach community nurses, and the Queen's Nursing Institute (QNI) forwarded the survey link to 5,816 district nurses via e-mail. An overall response rate of 1.5 per cent (86 replies) was achieved for community/district nurses, with the majority of replies returned from grade 7 staff.

At the same time, unknown to us, two other pieces of research were underway and the findings were published in 2013. First, the Royal College of Nursing (RCN) had commissioned research to examine the state of the district nursing workforce (Ball & Philippou, 2014). A survey was undertaken in November and December 2013 which included all 8,023 district nurses in England and which achieved a 30 per cent response rate. The survey population included all members recorded with the job title of district nurse, community staff nurse or community matron. The survey collected information on travel, working hours, caseloads and the proportion of time spent on different activities by job title and pay band. This information has now been included in schemas 10.1 and 10.4.

Secondly, the Nursing Times published findings from Stella Wright and Wilfred McSherry's observations of nursing care that were conducted in an acute NHS trust as part of a much larger mixed-methods study (Wright & McSherry, 2013). As the purpose of the study was to explore the impact of the productive ward programme on the delivery of nursing care and not to investigate the time each nurse spent with patients, we have not referenced the article in the schemas or used it to calculate any unit costs. However, some readers may find this useful as it includes information such as time spent on each duty, as well as interaction times with participating patients.

The PSSRU survey link was also sent to other staff groups using professional contacts, social media/friends and colleagues, and was distributed as an online bulletin to allied health professionals. In total, a further 38 responses were received, with 74 per cent of respondents being physiotherapists. This year, new opportunities to promote this survey will be sought to increase the response rate for the various staff groups.

Day care unit of activity

Pre-2009, the unit of activity for day care provided by local authorities as part of PSS EX1 collection was number of 'sessions' attended per week, which was defined as a morning, an afternoon or an evening at the day care facility. This enabled the average cost per session to be calculated by dividing the total cost by the total number of sessions attended during the year. Following new guidance issued in 2008, local authorities were asked to report on the number of clients attending day care or day services per week. To maintain some continuity, since 2008 we have continued to make assumptions about the number of sessions/days clients attend.

This year, to determine the best unit of activity, we have carried out a Freedom of Information request to ask local authorities the duration of a 'unit of activity' and to provide approximate guidance on how many units a week clients attend.

This has enabled us to include a total cost per week per person, as well as a cost per hour. This has then been used to calculate the cost per half-day session, which is the standard unit of day care for most local authorities responding to our information request.

What's new in the publication this year?

Guest editorial

Under the Health and Social Care Act 2012, NHS England has the power to direct the Health and Social Care Information Centre (HSCIC) to collect information from all providers of NHS care, including general practices. In this guest editorial, Pavanraj Jessal from the National Institute for Health and Care Excellence (NICE) discusses the benefits of 'Big Data' and how this can help unit costs to become more precise.

Articles

Person-centred coordinated care and support is key to improving outcomes for individuals who use health and social care services (National Collaboration for Integrated Care and Support, 2013). The first article, by Martin Bardsley and Andrew Street, discusses approaches to costing for those involved in planning or implementing integrated care initiatives and provides examples of pilot schemes using these approaches.

To follow up on an article by John Dickinson (Head of Shared Lives) in the 2011 edition of this publication in which the range of weekly payments to shared lives carers (plus management costs) were presented, this year Nadia Brookes (PSSRU) has provided an article which contributes to the understanding of the costs of shared lives and highlights where some of the gaps still lie. This article draws on work from the *Outcomes and Costs of Shared Lives* project commissioned by the National Institute for Health Research (NIHR) School for Social Care Research conducted between 2012 and 2014.

In 2007, the NIHR funded a five-year research programme: *Support at Home – Interventions to Enhance Life in Dementia (SHIELD)* aiming to reduce disability, improve outcomes, and enhance quality of life for people with dementia and their carers. This article by Jennifer Beecham & colleagues provides the costs of the *Remembering Yesterday Caring Today* (RYCT) group reminiscence intervention, which is run in community settings such as church halls.

New unit costs

Dementia

Following the publication of a systematic review of dementia care costs carried out by Knapp et al. (2013) and in the light of the Government's drive to improve the lives of people with dementia (see <https://www.gov.uk/government/policies/improving-care-for-people-with-dementia>), we have included two additional schema (see schemas 1.4 and 1.5). Schema 1.4 provides the costs, including external services received, for patients receiving nursing care in residential care homes, and schema 1.5 provides this information for those not receiving nursing care.

Hospice – Rapid Response Service

In the last two years, we have drawn on published work to include the costs of care services received by people in the last twelve months of life and the costs of providing end-of-life care at home for children. This year, following

recommendations made in the *End of Life Care Strategy for England* (Department of Health, 2008) for particular attention to be given to ensuring that rapid response nursing services are available for people approaching the end of life, we have provided the average cost per patient using the service (see schema 7.9). This work has been carried out in collaboration with Pilgrims' Hospices in East Kent.

Time banks

Promoting social action (giving, both of time and money) is part of the Big Society Agenda, and the *Giving* White Paper (HM Government, 2011) expressed enthusiasm for time-banking models, which are a way of releasing 'social capital' in communities and provide the infrastructure for sharing time, skills and resources. This year we have included the costs (schema 11.9) of the Rushey Green time bank (<http://www.rgtb.org.uk/index.html>), which has approximately 350 members.

Advocacy for people with learning disabilities

As discussed above, the Government has made choices at a time of spending restraint, which target resources on the needs of people with disabilities (HM Treasury, 2013). In schema 4.5, we have drawn on work by Bauer & colleagues (2013) to provide the cost of two interventions which provide an advocacy service to parents with learning disabilities who are at risk of losing their children into care.

Incredible Years Teacher Classroom Management Programme

The *Incredible Years Teacher Classroom Management Programme* is a prevention programme to strengthen teacher classroom management strategies, and promote children's prosocial behaviour and reading skills. Schema 6.20 provides the costs for two group leaders to deliver a six-day workshop to ten teachers.

Residential parenting assessments

The care package costs for children in schema 8.13 illustrates examples of the support given to families in receipt of a residential parenting assessment (RPA). These costs have been drawn from a study undertaken by the Childhood Wellbeing Research Centre (CWRC) (Munro et al., 2014) which explored the costs incurred to local authorities using RPAs. Three local authorities took part in an in-depth case analysis of 10 or 11 RPA cases. The social care processes and support unit costs are based on previous research by the Centre for Child and Family Research, and the weekly cost of the RPA is the rate charged to the local authority by the independent RPA provider.

Independent reviewing officers

In line with the provisions of the Children and Families Act 2014, children who do not return to the care of their parents, are not placed within a friends and family setting and who are not adopted require the best social care assistance. This will be managed by the Independent Review Office (IRO) who will review and monitor care plans for children growing up in the public care system. This year we have drawn information from a cost analysis of the IRO service by Jelacic & colleagues (2014) to provide the hourly costs and cost of carrying out a review, of the IRO. Caseloads and time inputs have been based on recommendations for a properly resourced IRO service (DCSF, 2010).

Costs of reunification

Reinforcing the government's commitment to improve services for vulnerable children, in early 2014 the National Society for the Prevention of Cruelty to Children (NSPCC) commissioned the Centre for Child and Family Research (CCFR) at Loughborough University to provide evidence to inform debates about the cost effectiveness and potential long-term savings of providing appropriate assessment, support and services to families on return home (Holmes, 2014). Schemas 8.9.1-8.9.4 provide the costs of packages of support and services that could be provided to children and families on return home. Parenting programmes, adult mental health, drug and alcohol and CAMHS services have been included for those with higher and more complex needs.

Dentists

This year, we have collaborated with the Department of Health and the Chief Dental Officer for England to provide two new schemas for dentists: the performer dentist, a qualified dentist who works for a GDS/PDS Provider; and the provider performer dentist, a qualified dentist who is a partner, sole trader, or shareholder who holds a General Dental Services/Primary Dental Services contract, and who also practises (see schemas 10.9-10.11).

For the 2015 edition, in view of the introduction of *Direct Access* (General Dental Council, 2013) enabling dental hygienists and dental therapists to take on more responsibility, we are planning to include other dental care staff. We are also hoping to carry out a survey in collaboration with the Department of Health on dental practices throughout England. As well as

providing salary information for dental hygienists and therapists, it is also hoped that the survey will provide better information on the costs of dental equipment used, and on other overheads.

Other information

Valuing patients' time for hospital appointments

Following feedback this year requesting sources of information relating to patients' time, we would like to draw readers' attention to a report published by the Centre for Health Economics (Van den Berg, 2013). This provides a methodology for providing a monetary value for time involved in admission, travel, waiting and treatment. The paper applies an approach to a sample of patients in the Netherlands not participating in the labour market, the costs of which are converted to pounds.

Acknowledgements

Earlier in this preface we identified the importance of providing feedback to us on the content of the *Unit Costs of Health and Social Care* volumes. We urge readers to continue doing this either by using our feedback form (<http://www.pssru.ac.uk/project-pages/unit-costs/feedback.php>) or directly by e-mail to L.A.Curtis@kent.ac.uk.

We would also like to draw readers' attention to the blogs we have recently published. The first provided a summary of the unit cost programmes at PSSRU and provided an insight into the many agencies and individuals who now use the publication (<http://blogs.lse.ac.uk/healthandsocialcare/2014/01/31/research-highlight-unit-cost-programmes-at-pssru/>). The second was targeted at commissioners and those involved in purchasing mental health care services (<http://www.pssru.ac.uk/blogs/blog/category/unit-costs/>) and was published during Mental Health Awareness Week in May 2014.

Finally, a wide range of individuals are consulted and provide direct input for this publication. First of all I would like to extend particular thanks to Jennifer Beecham, whose input into this volume continues to be invaluable. Thanks also to the rest of the PSSRU team who have contributed: Amanda Burns who this year has gained more experience in sourcing and researching information, and Jane Dennett and Ed Ludlow who have continued to provide valuable administrative and technical assistance. This year our University of Kent colleague, Jackie Sullivan, helped us out on more than one occasion with software support. Grateful thanks are also extended to our Working Group.

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Big data: increasing productivity while reducing costs in health and social care

Guest Editorial

Pavanraj Jessal¹

What is big data?

In recent years there has been widespread interest in the business and technology press surrounding a data-driven revolution, which is being brought about through the exponential growth of data that are being collected, stored and transferred. This vast amount of data is currently referred to as 'big data' and includes data that are continually collected through devices and technologies, such as credit cards and customer loyalty cards, the internet and social media.

In healthcare, big data include clinical data (clinicians' notes and prescriptions, medical imaging results, and laboratory, pharmacy and other administrative data); patient data in Hospital Episodes Statistics (HES), machine generated or sensor data, such as from monitoring vital signs; and articles in medical journals. At the same time, new advanced analytical techniques are allowing practitioners to connect and interrogate datasets that were once separate. By finding links and understanding patterns and trends in the data, big data analytics has the potential to improve care, increase efficiency and lower costs.

Potentially big data analytics can lead to better outcomes across many different areas of healthcare. Examples of this include:

- analysing patient characteristics and the cost and outcomes of care, to identify the most clinical- and cost-effective treatments
- applying advanced analytics to patient profiles (for example, segmentation and predictive modelling) to proactively identify people who would benefit from preventative care or lifestyle changes
- undertaking large-scale disease profiling to identify predictive events and support prevention initiatives
- identifying, predicting and minimising fraud by implementing advanced analytic systems for fraud detection (Raghupathi et al., 2014).

Volume, velocity and variety

Gartner, the US information technology research specialist and consultancy, first developed a model for big data. Its '3V' model encompassed 'volume, velocity and variety'. Gartner states that large amounts of data become big data when they meet three criteria: volume, variety and velocity. Gartner formalised its definition in 2012: 'big data are high volume, high velocity, and/or high variety information assets that require new forms of processing to enable enhanced decision making, insight discovery and process optimization' (Beyer, 2012).

Volume: Already huge quantities of data exist in the healthcare system, such as HES data, patient records and prescribing information. Over time, even more data will be created and accumulated, leading to an enormous volume of data. This is perhaps the most immediate challenge of big data, as it requires advances in data management. Virtualisation and cloud computing are facilitating the development of platforms for more effective capture, storage and manipulation of these large volumes of data.

Variety: *Variety* refers to a collection of many types of data, both structured and unstructured, including multimedia, social media and financial transactions, GPS tracking information, audio and video streams, and web content. Although standard techniques and technologies exist to deal with large volumes of structured data, it becomes a significant challenge to analyse and process a large amount of highly variable data and turn it into actionable information. The ability to perform real-time analytics against high-volume data across all specialties would improve healthcare.

Velocity: Data are being collected in real time and at a rapid pace or velocity. Traditionally in health and social care, data tended to be collected periodically; big data are processed and analysed in real or near-real time. This is advantageous in health and social care for areas such as clinical decision support, where access to up-to-date information is essential for correct and timely decision-making and elimination of errors.

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Some practitioners and researchers have introduced a fourth characteristic of big data: '*veracity*' (or data assurance). This means the big data, analytics and outcomes are error-free and credible. This is the aim but not yet the reality. If decisions are going to be made using this data, then it is imperative that the data are high quality and accurate.

Traditionally, most data collected appeared in a structured and semi-structured format but, increasingly, unstructured data are being collected. Structured data describes data that are grouped into a relational scheme (for example, rows and columns in a standard database). Because of the data's configuration and consistency, it can be queried simply to arrive at usable information, based on an organisation's parameters and need. Semi-structured data refer to data that may have some relational structure but which are incomplete or irregular. Unstructured data describe data of all formats that cannot easily be indexed into relational tables for analysis or querying. Examples include text and web pages, social network content and blog posts, images, audio and video (CEBR, 2012).

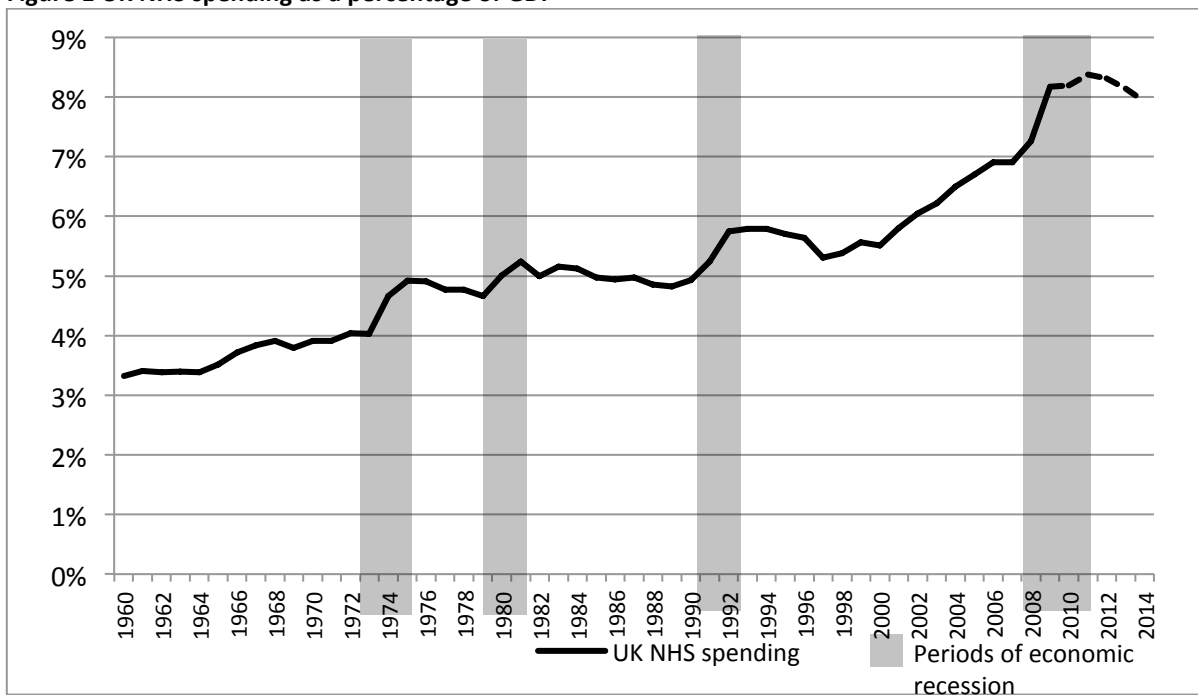
Of all of the sectors in the economy, healthcare is one of the leading generators of administrative data. During each episode of a patient's care, huge amounts of information can be generated, ranging from demographics to symptoms, observations and investigations, through to diagnoses, treatments, procedures and outcomes. Increasingly, this information is being recorded and stored electronically rather than on paper; however, only a tiny fraction of this information is currently fed into central flows of data where the information is collated and used for wider patient benefits.

The health and social care sector is in an excellent position to try and harness the potential of big data. Already the NHS has HES, which contains information about all admissions, outpatient appointments and A&E attendances at NHS hospitals in England. Across these three care settings, a number of common sections are recorded, such as patient identity, activity levels and clinical diagnoses. HES contains information about every hospital admission that has occurred since 1989, covering the whole population of England and spanning every hospital provider in the country. Over the coming years, HES will transform into the Care Episodes Service (CES), which will not only include a far richer hospital dataset but will also be expanded to include all other care settings including primary care, mental health, clinical audit and social care data. Examples of some of the new datasets which will be included are patient ward and theatre details, pharmacy data, pathology data and patient feedback information. This will provide a much more detailed picture of the patient and any variation in healthcare provided.

By expanding the amount of data collected from different care settings, it is hoped that these data can then be used to improve integration between separate services. One of the biggest perceived benefits of more integration is improved pathways of care, for example through reduced duplication, or provision of services in different locations. The next article in this volume, '*Cost of Integrated Care*' (Bardsley & Street) gives some examples of how this could be achieved, explaining the importance of population data linkage methods so that costs can be looked at for individuals over time, not just for particular interventions or treatments.

Rationale for analysing big data

Fifty years ago the UK's NHS consumed around 3.4 per cent of gross domestic product (GDP) (Organisation for Economic Co-operation and Development, 2012). Now, public spending on the NHS is nearly two-and-a-half times greater – amounting to 8.2 per cent of GDP and equivalent to seven times more in real terms (Appleby, 2013).

Figure 1 UK NHS spending as a percentage of GDP

Source: Organisation for Economic Co-operation and Development (2012): author estimates

The historic tendency has been for healthcare spending to grow, and the income elasticity of demand for healthcare tends to be above one, with increases in national income (GDP) leading to proportionately higher increases in healthcare spending.

Expenditure on healthcare is increased to obtain more in terms of volume and quality. However, increased and improved outputs and outcomes do not necessarily need more inputs. Increasing the productivity of each pound spent on health and social care would also produce better outcomes. The Office for Budget Responsibility's (OBR) projection taking health spending to 16.6 per cent of GDP by 2061/2, for example, assumes annual productivity gains in the NHS of just 0.8 per year (Office for Budget Responsibility, 2012). Higher productivity would reduce the need to spend more, while maintaining improvements in volume and quality. Experts are commenting that these productivity gains could be informed through the analysis of big data and big data analytics.

Accurate costing can contribute to the efficient allocation of resources in the health and social care system, and help identify where cost reduction is feasible and justifiable. Conversely, misleading or absent cost data can lead to unfair comparisons and flawed policy choices. Developing unit costs of health and social care can take considerable time and effort, and the precision of the cost will vary depending on the data and information used to calculate the cost. 'The least precise estimates are likely to be based on average per diems (or daily costs); the most precise estimates are likely to be based on micro-costing' (Drummond et al., 2005). With more data available across the health and social care sector, the data available to produce accurate and timely micro-costing will increase and, as long as the veracity of this data is strong, the unit costs developed will become more precise.

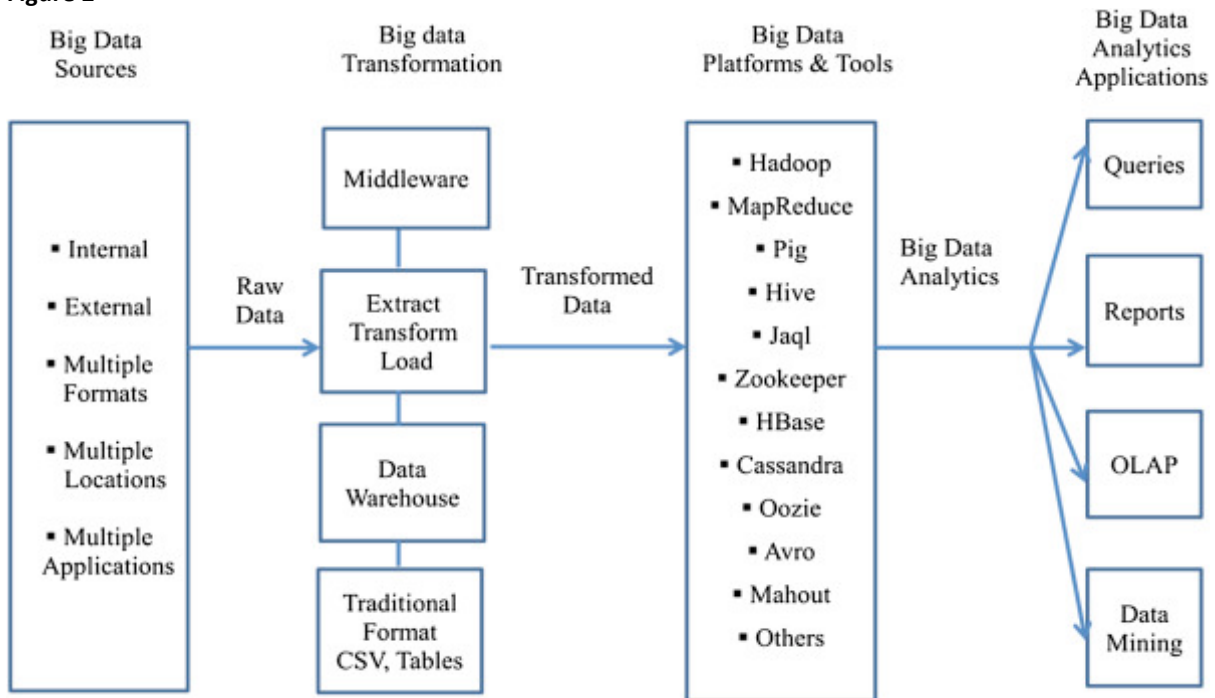
Architectural framework

The conceptual framework for a big data analytics project in healthcare is similar to that of a traditional health informatics or analytics project. The main difference lies in how big data need to be broken down and processed across multiple nodes. This can make big data analytics tools extremely complex, programming intensive and require the application of specialist skills.

Big data can come from internal or external sources in multiple formats and from multiple locations. For the purpose of big data analytics, these data need to be brought together (see Figure 2, Big data sources). In the second component (Figure 2, Big data transformation), the raw data need to be processed or transformed, and several options are available to do this. A service-oriented architectural approach combined with web services (middleware) is one possibility (Raghupathi et al., 2007). The data stay raw, and services are used to call, retrieve and process the data. Another approach is data warehousing, in which data from numerous sources are collected and prepared for processing, although the data are not available in real time. Through the steps of extraction, transformation and loading (ETL), data from various sources are cleaned and made ready. Several data formats can be input to the big data analytics platform.

In this next component in the conceptual framework (Figure 2, Big data platforms and tools), several decisions need to be made about the data input approach, distributed design, tool selection and analytics models. Finally, these three components lead to the four typical applications of big data analytics in healthcare (Figure 2, Big data analytics and applications). These include queries, reports, online analytical processing (OLAP) and data mining. Visualisation is an overarching theme across the four applications. Drawing from such fields as statistics, computer science, applied mathematics and economics, a wide variety of techniques and technologies has been developed and adapted to collect, manipulate, analyse and visualise big data in healthcare (Raghupathi et al., 2014).

Figure 2



Source: Raghupathi & Raghupathi (2014) – *Health Information Science and Systems*

Examples of how big data have been used to increase efficiency

Staff performance information can be dynamically monitored and forecast through predictive analytic tools, allowing departments to link strategic objectives with service-user outcomes. The use of predictive key performance indicators (KPIs), balance scorecards and dashboards in health and social care can bring operational benefits, provided that the required data are fully accessible to operations managers (CEBR, 2012). Also, a detailed understanding of how much time staff are spending on tasks and how well they are performing these tasks will help to produce more robust unit costs of labour time. For example, it could improve the accuracy of estimates made about the ratio of face-to-face contact a nurse has with a patient.

A wider set of patient data to analyse allows healthcare providers to accurately apply the latest findings of medical research; thus being able to efficiently prevent complications and new disease developments. Clinical decision support systems can compare patient information with research literature and medical guidelines, highlighting potential errors such as adverse drug reactions and enhancing the efficiency and quality of care. For example, chest pain can result in approximately 100 different diagnoses; decision support systems that can narrow down the alternatives can still leave the final decision to the physician, but will greatly speed up the process. The dependability and the comprehensiveness of support offered to healthcare providers will be further improved as these solutions develop and include other capabilities, such as image analysis (Piai & Claps, 2013).

Personalised medicine and evidence-based practices will also integrate more cohesively with chronic disease management programmes. Big data platforms enable healthcare providers to better control information coming from remote patient monitoring (RPM) systems checking patient adherence to prescriptions and to improve future treatment options and reduce complications. By effectively using information from RPM systems, healthcare providers will be able to reduce inpatient stays, limit emergency department visits, and improve the effectiveness of homecare and outpatient appointments. By applying advanced analytics such as segmentation and predictive modelling to patient profiles, healthcare providers can identify anomalies and find patients who are at high risk of developing a specific disease or

complication and would benefit from a preventive care programme or a disease management programme (Piai & Claps, 2013).

Analysing datasets from the patient pathway as well as other administrative processes allows health and social care provider managers to identify inconsistencies, bottlenecks and misuse of resources. By mapping processes, healthcare providers will have greater visibility of areas where operations need to be streamlined. A leaner process will reduce costs, release unused resources and deliver a better service. For example, Nice University Hospital in France uses a radiofrequency identification (RFID)-based system for managing approximately 57,000 biological samples in the hospital's biobank. Previously, the hospital relied on a paper-based traceability process that was time-consuming and error-prone, and could result in lost samples and compromised security. The analysis of datasets and the integration of the workflows of pathology and the biobank centre has led to a saving of more than 50 per cent in time, increased traceability and timely delivery of biospecimen samples (Piai & Claps, 2013).

Conclusion

Big data and big data analytics are expected to transform health and social care. Organisations need to collect and store data, start to gather and share information, and implement strategies developed from the information. Health and social care organisations will need to invest in new technologies and new ways of working, and it will be important to recruit the right talent and develop the right culture. There will be challenges such as issues around privacy and confidentiality, data veracity and contextual meaningfulness, information assurance and organisational change. However, in order to make the improvements in the quality demanded from the health and social care services, while providing efficiency savings, the potential of innovative ideas such as big data and big data analytics will need to be fully explored.

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Cost of integrated care

Martin Bardsley and Andrew Street

It is now over ten years since Dennis Kodner noted that 'integrated care has become an international health care buzzword' (Kodner & Spreeuwenberg, 2002). In the UK that buzz is as loud as ever, with talk of integration featuring at all levels of the health and care system. A high-profile recent manifestation is the 'Pioneer programme' where 14 sites have been selected and are 'leading the way for health and care reform' (Department of Health, 2013). Expectations for these projects are high, as Norman Lamb the Health and Care minister noted: 'We have heard people talk about integration before, but it has never truly taken hold across the NHS. These pioneers are a starting gun for the NHS and social care to achieve a common goal – to get local health and care services working together, not separately, in the interests of the people that they all serve.'

One of the challenges in talking about integrated care is the range of different things that can fall under the heading. As Nick Goodwin observed, at its heart is a very simple idea 'combining parts so that they work to form a whole', but the process for doing that can take many forms (Goodwin, 2013). These approaches can be categorised in many different ways according to a range of possible attributes: for example, either vertical or horizontal, professional, organisation, virtual, cultural etc. (Shaw et al., 2011). This complexity makes both design and evaluation difficult. Moreover, making judgements about the success or otherwise of integrated care initiatives is also sensitive to wider contextual factors.

An understanding of the costs of integrated care is important for those involved in planning or implementing integrated care initiatives, as well as from a research perspective. In times of financial constraint, difficult choices have to be made about disinvestments if there is to be investment in setting up or re-configuring new services. Good information about likely costs now and in the future is therefore important. Yet because information is not always very clear or reliable, it makes it difficult to estimate potential implications of improved integration.

A review of integrated working between health and social care described the evidence base as 'less than compelling. It largely consists of small-scale evaluations of local initiatives which are often of poor quality and poorly reported. No evaluation studied for the purpose of this briefing included an analysis of cost-effectiveness' (Cameron et al., 2012). Mason & colleagues (2014) recently published their systematic review of schemes involving financial integration that reported an impact on secondary care use. Of the 38 schemes reviewed, for half (19) the impacts were mixed or unclear (Mason et al., 2014).

Nolte & Pitchforth (2014) commented that 'evidence that is available points to a positive impact of integrated care programmes on the quality of patient care and improved health or patient satisfaction outcomes. However, uncertainty remains about the relative effectiveness of different approaches and their impacts on costs'. Despite the lack of evidence, it is still the case that cost savings are often cited as a benefit of integration.

One of the implications of integration is that services are delivered in ways that are different from traditional organisation. Yet the financial systems to support care are often rooted in a specific organisation – so, by definition, studies to look at cost impacts have to span care sectors. The costs can be considered under two headings. First, the direct costs of the integrated service model itself. Second, the impact of integration on subsequent services use and costs – usually in the form of reduced hospitalisation though there are some descriptions of wider service use..

The following sections describe some examples under both headings.

Approaches to estimating the direct costs for integrated care

If integrated care is seen as a distinct intervention, and one additional to existing activities, then the process of direct costing is reasonably straightforward. Staff consumables and capital can be directly attributed to the new service model. Yet the division between new and old care models is rarely clear-cut and often the new model is phased in. This makes it difficult to determine the associated costs. Nevertheless, there are two studies that have sought to estimate the direct costs of some different models of integration.

Example (1) Virtual wards

One approach to integrating care services is called 'the virtual ward'. This model uses the staffing, systems and daily routines of a hospital ward to deliver preventive care to patients in their own homes, the aim being to reduce the risk of unplanned hospitalisation. While virtual wards have been introduced in many parts of the UK and overseas, their efficacy and cost-effectiveness have yet to be determined. One study of three different models of virtual wards (Lewis et al., 2013) attempted some crude costing of the interventions themselves. Costs were calculated on the basis of estimates of the

proportion of nursing and clerical staff time dedicated to running the virtual ward and the actual expenditure on ancillary items such as travel, stationery and rent.

Table 1 An example of costs associated with one model of a virtual ward

Direct cost of virtual ward	Average cost per annum	% of total costs
Nursing	£488,087	79.4%
Clerical and admin	£103,960	16.9%
Travel and communication	£9,593	1.6%
Consumables and other	£12,894	2.1%
TOTAL	£614,534	
Cost per day	£1,683.66	
Cost per patient day	£3.26	

Adapted from Lewis et al. (2013)

Generalising from this study is difficult because other models of virtual wards can have very different costs structures. This study found marked differences between the three sites in terms of their resource inputs. In particular, the unit costs were strongly influenced by differences in:

- Level of staffing
- Types of staff used, especially GP versus nursing roles
- Breadth of responsibilities for virtual ward staff
- Length of stay on the virtual ward

To facilitate generalisation, the authors generated a range of potential costs (see Table 2) to guide calculations.

Table 2 Typical direct costs of different configurations of virtual wards

	Configuration	Cost of delivery
Low-cost scenario	Nurse-led, high volume service with a mean length of stay of 180 days	£3 per patient day £510 per patient over six months
High-cost scenario	GP-led service with lower volumes of patients and a mean length of stay of 180 days	£17 per patient day £2,890 per patient over six months

Example 2. A national integrated care pilot

The study of national ICO (Integrated Care Organisation) pilots (RAND, 2012) looked at many different aspects of integrated care including the costs of 16 different initiatives. The researchers asked the organisations to report their own costs under six headings and to distinguish between the initial set-up costs and the subsequent running costs.

Figure 1 summarises the cost from one site which sought to integrate local health and social care teams comprising GPs, community health staff and adult social care staff. This site introduced six 'sub-pilots' spread across a large county. Each integrated team included elements of predictive risk assessment to target patient groups, common assessment processes, and a 'key worker' or case manager as a primary contact point.

Figure 1 Reported costs breakdown for one of the national integrated care pilots (adapted from Department of Health, 2012)

Running costs (non-labour, 12 months)				Estimate of total added cost for 12 months
Value of good/services carried over		Other		(Set up plus 12 months operation)
£2,368	Meeting room rental for core groups (4 meetings per year, for multiple groups)	£12,798	Staff travel £500 Training £66.50 (Site notes this is a low figure in the first year due to staff taking advantage of courses offered for free, e.g. Health Intelligence for Commission, Excel). Marketing and communications £500 (including stationery/usage of 'Integrating care in Norfolk' logo)	£278,967

Set-up costs (prior to first 12 months of operation)				Running costs (labour, 12 months)			
Labour		Non-labour		New staff		Existing staff	
£0	None reported due to difficulty in separating set-up and implementing periods	£88,787	Meeting room. Room giving in-kind, but value included in costing.	£125,863	Programme director (part-time) Senior project manager Project manager Project officer (part-time)	£51,520	All previously existing staff time devoted to ICP noted to replace previous work by 100% so it is not included in calculations. This number provided represents backfill payments to GPs for attending core group meetings.

RAND, 2012

Understanding resource use in integrated care settings

Some of the most important perceived benefits of integration lie in the promise of improved pathways of care. Often the benefits are presented in terms that suggest integration seeks to:

- reduce the effort that people have to make in finding their way round the health and social care system;
- reduce wasteful duplication;
- provide services in a different location, for example community based;
- invest in preventive or anticipatory care to reduce the need for more expensive treatment.

This means that an important element of the costs is related to wider service use of patients within integrated care programmes. This can be challenging to unravel as it requires activity and cost information across sectors – and often on a population basis.

One way to overcome the organisational problem is through exploiting person-level information systems and using secure data linkage – basically looking at records for the same person drawn from different sectors of care (Roos et al., 2008). This offers huge potential for looking at the impacts of new forms of care – especially those that include a degree of integration. Data linkage allows records to be joined over time to see what happens to patients both before and after care – essential for risk stratification and assessment of outcomes (Dixon & Bardsley, 2012). An increasing number of studies have shown it is possible to abide by stringent information governance requirements and to link data sets across NHS, social care, and primary and community care.

In the absence of data about care delivery across settings, some studies of integrated care focus solely on secondary care use, particularly changes in admission rates (Mason et al., 2014). In England, hospital activity is captured in a common dataset: Hospital Episode Statistics (HES) record information about A&E attendances, outpatient and inpatient activity in ways that allow records for each person to be linked over time. This activity can be costed (or more accurately, activity can be cost-weighted) using either national reference costs or variants of national tariffs. This makes it fairly easy to understand the commissioning costs (i.e. prices) associated with individual patients over a defined period of time. Moreover, as the vast majority of hospital care is funded by the NHS, the system can pick almost all these care inputs wherever a person is treated.

The national evaluation of ICO pilots described earlier used this approach to look at hospital use and costs before and after the start of the integration programmes. Table 3 summarises the findings for subsets of these programmes that involved case management. Activity in the integrated care sites is compared to a matched control population identified using HES data from other parts of the country. The results suggested that, at least in the short term, though the case management sites had slightly lower hospital costs linked with elective and outpatient activity, non-elective admissions were slightly higher. This was contrary to expectations that the schemes would reduce non-elective activity.

Table 3 Summary of hospital costs for a subset of national integrated care pilots involving case management (from RAND, 2012)

Measure	Cases		Controls		Difference n differences estimate	p-value
	Pre	Post	Pre	Post		
All admissions	£3,001	£2,037	£2,317	£1,510	-157.20	0.06
Elective admissions	£1,046	£499	£743	£525	-328.98	<0.0001
Non-elective admissions	£1,956	£1,538	£1,575	£985	171.78	0.01
Outpatient attendances	£326	£223	£289	£252	-65.58	<0.0001

The virtual ward study used a similar approach but was more ambitious in linking utilisation data from social care, general practice activity and some community care inputs. These data were available at person level, and the activity was costed using PSSRU unit costs.

Table 4 Individual service use costs on the six months before and after starting the intervention (n=989)

	% with a cost (pre or post)	Average cost per person pre (£)	% Total (pre)	Average cost per person post (£)	% total cost Posts
GP	92%	501	8.0%	538	9.0%
Community	62%	401	6.4%	837	14.0%
A&E	60%	136	2.2%	100	1.7%
Elective	26%	757	12.0%	504	8.4%
Emergency	55%	2,433	38.8%	1,867	31.1%
Out patients	78%	561	8.9%	437	7.3%
Social care	32%	1,489	23.7%	1,714	28.6%
Total		6,279	100.0%	5,996	100.0%

A similar approach has been adopted in South Somerset, where details of health and social care utilisation and costs for the local population have been combined into a single patient-level dataset (Kasteridis et al., 2014). The dataset links the utilisation of acute, primary care, community, mental health and social care data together. Costs are assigned according to the type of care received in each setting, and reflect the local prices that commissioners have to pay for each service. Demographic characteristics are available, including age, gender, socio-economic measures, and indicators of morbidity. The data have made it possible to calculate and analyse the annual costs involved in caring for people with particular conditions, according to the different health and social care settings in which they receive care. A video explaining how these data have been used is available here: <http://www.youtube.com/watch?v=Cr7aevRGBqM>.

The data were used to identify which group of patients should be the initial focus of improved integrated care arrangements, and the dataset has made it relatively straightforward to calculate the capitated commissioning budget for this group.

Implications

As the policy interest in integrated care grows, so does the need to establish methods to understand the costs and benefits of these 'new' ways of organising services. Although there are many strong advocates of integration, the supporting evidence base remains poor. Part of the problem lies in the sheer heterogeneity of things that fall under the heading of integration. It also has to be admitted that many of the evaluations are partial or cover a limited time period (Bardsley et al., 2013). There continues to be an important research agenda to understand the impacts of these schemes and their generalisability.

Yet the challenges of costing integrated care illustrate an important area where our information systems, both those recording activity and finances, can be developed and improved. Through population data linkage methods, subject to the necessary data security arrangements, it is possible to develop more sophisticated ways of looking at costs, not just for specific treatments or interventions but for individuals over time.

For those organisations developing integrated care models, a better understanding of activity across sectors is proving to be a challenging but recurring theme. There is a sense that the return on investing in integrated care will be realised through emergency admissions or less costly social care packages. Yet our information systems are not very well established to look at such impacts, and it is difficult to determine whether savings in one sector are offset by costs in another (Forder, 2009). Using population-based and person-level datasets can help tackle these problems, but there remains much practical and research work needed to establish the costs and benefits of integrated care.

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Shared Lives – improving understanding of the costs of family-based support

Nadia Brookes and Lisa Callaghan

Introduction

For Shared Lives (previously known as Adult Placement) the goal is an ordinary family life where everyone gets to contribute to real relationships and is able to be an active, valued citizen. Older and disabled adults are matched with compatible Shared Lives carers who are able to support and to include an adult in their family and community life. Shared Lives can provide long-term arrangements where the individual moves in to live with the Shared Lives carer and their family, or short breaks and day support for people who may live with family carers. Shared Lives carers provide personal care, and local Shared Lives schemes are regulated by the Care Quality Commission (Shared Lives Plus, 2014).

At present, around 80 per cent of Shared Lives schemes are managed by local authorities who recruit, assess and approve carers, match service users with carers and support placements. Shared Lives carers are self-employed and use their family home as a resource. There has been a limited amount of research in connection with Shared Lives, and it is only more recently that this type of model has begun to attract attention in the literature. There is some evidence of high levels of satisfaction among service users (Fiedler, 2005; NAAPS & IESE, 2009) alongside cost savings when compared to traditional services, particularly for people with learning disabilities (NAAPS & IESE, 2009; Social Finance, 2013). The National Institute for Health Research School for Social Care Research commissioned the Personal Social Services Research Unit at the University of Kent to examine the potential of Shared Lives to support certain groups of older people. The Outcomes, Processes and Costs of Shared Lives evaluation was conducted between 2012 and 2014. This short article presents some of the cost information obtained for the project, and aims to contribute to the understanding of the costs of Shared Lives more generally, as well as highlight where some of the gaps still lie.

Method

As part of the wider project, two attempts at gathering cost information were made: first, as part of a general scoping survey conducted for the development phase of the project; and second, a more detailed cost questionnaire was completed with a small number of schemes.

The scoping survey was web-based, and schemes were invited to participate through Shared Lives Plus (the UK network for family-based and small-scale ways of supporting adults). One hundred and nineteen schemes are members of Shared Lives Plus of a total of 121 across England. The aim was to obtain background information on schemes, who the schemes support, staffing and some cost information (Brookes & Callaghan, 2014). The cost information requested included: numbers and types of placements; numbers of Shared Lives carers and vacancies; numbers of scheme staff by type; rent and living costs paid to Shared Lives carers; payments to Shared Lives carers; information on paid breaks or respite; and any scheme management charges. Forty-three schemes completed a questionnaire, 26 of these returned some basic cost information.

A detailed cost questionnaire was sent to four Shared Lives scheme managers and gathered information about: scheme staffing and salary costs; services provided by staff; additional costs relating to service users (and who pays for them); rent and living costs paid to Shared Lives carers; 'hidden' costs to carers; annual operating cost of scheme; other related expenses; premises; management costs; and any income.

Estimating a unit cost for Shared Lives support

The cost of Shared Lives support is made up of two components which are derived separately but added together (Beecham, 2000): the payments paid directly to the carers, and a unit cost to cover the carer recruitment, matching of carers and service users and on-going support of carers. The following section provides an overview of the schemes which provided cost information, the different types of support, client groups and payments to carers. An illustrative example is then given of building up a unit cost of Shared Lives support. There was no 'typical' way of funding or costing Shared Lives services.

Numbers of service users, carers and workers

There have been recent attempts to capture the 'state' of the sector as a whole; Shared Lives Plus gathered information on a sample of 88 schemes across England for 2012/13 (Shared Lives Plus, 2014). Table 1 gives an overview of the schemes which contributed cost information. The majority of this was obtained for 2012.

Table 1 Overview of Shared Lives service users, carers and scheme workers

	Minimum	Maximum	Median	N
No. of service users	20	272	108	26
No. of Shared Lives carers	16	292	66	26
No. of Shared Lives staff/team members (overall WTE)	2	13	5	26
Ratio: numbers of Shared Lives carers to 1 WTE staff	6	37	14	26
Ratio: numbers of service users to 1 WTE staff	5	95	20	25

Schemes varied in size from 20 service users to 272, although the higher number refers to a scheme that covered more than one local authority area. The Shared Lives schemes provided different types of support: 25 of the 26 schemes provided long-term or residential support, 25 schemes provided respite or short breaks, 20 day time support, and five outreach or kinship services (where support is provided to someone who lives in their own home).

The majority of schemes had a dedicated manager and at least some administrative support. Other members of the staff teams were usually qualified social work staff and assistants, but there was considerable variation in staffing ratios and levels of pay.

Client group by placement type

The main client groups supported by the Shared Lives schemes were people with learning disabilities, older people, those with mental health issues and those with physical disabilities. Table 2 illustrates the total number in each client group by placement type.

Table 2 Total number supported by participating schemes by main client group and placement type

	Learning disabilities	Older people	Mental health	Physical disabilities
Long-term/residential	860	96	87	51
Respite/short breaks	581	60	34	29
Daytime	220	47	18	14
Outreach/kinship	15	264	5	
Total	1676	467	144	94

Payments to Shared Lives carers

Of the 43 schemes that completed the scoping questionnaire, only 26 provided carer payment information. Shared Lives carers are self-employed, and payments varied by local authority; some were linked to client group, others used a banding system (usually three) and there were some who indicated a single payment rate or range. Only one scheme made payments to carers based on number of hours worked. Overall, carer payments ranged from £136 per week to £1,000. To illustrate the different payment rates for Shared Lives carers, data from six schemes are presented in Table 3 below.

Table 3 Examples of payments to Shared Lives carers (2012)

	Region		Payments per week (£)
1	West Midlands	Learning disability Mental health Older people Physical disability	£260 £216 £221 £310
2	East Midlands	Mental health Older people Learning disability Special care Physical disability Severe/multiple disability	£136 £169 £185 £214 £237 £303
3	Greater London	Band 1 Band 2 Band 3	£223 £276 £329
4	South East	Band 1 Band 2 Band 3	£295 £348 £402
5	South East	Physical disability Short stay Per hour day care Band 1 Per hour day care Band 2 Per hour day care Band 3 Per hour day care Band 4	£449 £459 £6.00 £6.80 £8.00 £10.00
6	South East	Learning disabilities Older people and people with learning disabilities Older people Older people – very dependent Older people – very dependent and with dementia Mental health	£396 £396 £343 £396 £449 £343

There are other costs associated with the recruitment of carers such as advertising and publicity, approval panel costs, training and so on. Only two of the four schemes which completed the detailed cost questionnaire provided this information.

Costs of running the schemes: building up a unit cost of Shared Lives support

The illustrative example shown below uses cost information provided by one local authority Shared Lives scheme in south east England. This scheme had a minimum and a maximum payment level not obviously linked to need or particular client group. No information was available for overheads or capital costs, so these are based on the *Unit Costs of Health and Social Care* schemas for social care staff working in the community (Curtis, 2013). Only one of the four schemes which completed the questionnaire could identify overheads (although it was not clear what was included), and most scheme managers stated that it was not possible for them to determine or would be too problematic or time-consuming to achieve. None of the schemes that participated in the survey charged a management fee.

Expenditure type	Cost	£ per year
Direct costs	Salary costs for Shared Lives scheme team (includes salaries & wages, national insurance, superannuation & allowances) WTE management staff WTE operational/care staff WTE administration/clerical Total direct costs	 42,000 232,852 36,000 310,852
Other costs	Related expenses (added to cost of Shared Lives team) expenses (staff) printing, stationery, general office communications, computing advertising expenses recruitment expenses carer training Total 'other costs'	 10,760 1,301 1,358 1,471 Not available 507 15,397
Direct overheads	Includes administration, management & utilities @ 29% of direct salary costs	90,147
Indirect overheads	Includes general management and support services such as finance and human resources @ 16% of direct salary costs	49,736
Capital	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. Capital costs have been annuitised over 60 years at a discount rate of 3.5%.	1,897
	TOTAL COST PER YEAR OF RUNNING THE SHARED LIVES TEAM	468,029
	COST PER WEEK (yearly cost divided by 52)	9,001
	UNIT COST PER SERVICE USER (cost per week divided by total number of service users)*	56
	Scheme recruitment, matching & support of carer (weekly)	408
	Carer payment (mean weekly)	464
	UNIT COST PER CARER (cost per week divided by total number of scheme carers) Scheme recruitment, matching & support of carer (weekly) Carer payment (mean weekly) Total	 77 408 485

*consultation with staff suggested that input per service user did not differ greatly by client group.

The more detailed questionnaire asked for estimates of staff time per week spent on recruitment, assessment and selection of carers, the matching process and supporting placements. Three schemes provided this information. There was little consistency over time spent on carer recruitment, but this may have been due to how proactive schemes were in recruiting new carers at this time. Just over a quarter of staff time was spent on the matching process, on average 10 hours for each member of staff each week. A third of staff time each week was spent on supporting new or on-going placements, about 12.5 hours per week for each staff member. It was not possible to identify what activities were included in these estimates.

Conclusion

There is a lack of consistent cost information in relation to Shared Lives schemes, and estimating unit costs for the sector would benefit from a more thorough exploration of processes and direct and indirect activities. These could then be linked to data on salaries, overheads and so on. Using this bottom-up estimating approach would also allow exploration of variation in costs, which could help clarify associations with local authority, placement and service user-related factors.

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RYCT & CSP intervention costs

Jennifer Beecham, Jennifer Wenborn, Georgina Charlesworth and Shaheen Ahmed¹

Introduction

Increasingly, psychological interventions are provided in groups, rather than one-to-one. Estimating unit costs for group interventions is complex and can be time-consuming. The *Unit Costs of Health and Social Care* volumes have addressed this estimation issue twice recently (Barrett & Byford, 2008; Bonin & Beecham, 2012). In this short article, we describe an approach to cost estimation that resolves a further complication, where the number of team members facilitating and supporting each session varied, as well as the number of participants.

To illustrate the method, we use data about a group intervention provided to people with dementia and their family carers: *Remembering Yesterday, Caring Today* (RYCT).² We also describe the costs associated with the *Carer Support Programme* (CSP), a one-to-one intervention. Both interventions were evaluated as part of the NIHR-funded SHIELD research programme (Charlesworth et al., 2011). As well as contributing data to the full cost-effectiveness evaluation, the approach described below allows cost variations to be analysed: between iterations of the interventions and between those receiving the interventions.

The RYCT programme

Remembering Yesterday Caring Today (RYCT) is a manual-based group reminiscence intervention (Schweitzer & Bruce, 2008). There are 12 weekly two-hour sessions covering themes such as childhood and family life; courting and marriage; and food and cooking. Each session uses multisensory triggers and activities, such as (small) group discussions, object handling and singing songs. The seven subsequent monthly reunion sessions build on these themes or introduce new ones, depending on the preferences of the group.

Under the SHIELD evaluation, RYCT ran in community settings such as church halls. One or two trained facilitators led the sessions, supported by a team of volunteers, health and social care staff, and trainees, each of whom had attended RYCT training. An NHS Trust or local voluntary organisation hosted RYCT in seven sites, across which the 10-month programme was run 13 times.

Cost per team member

Over the course of the intervention, an Excel workbook was used to record the following information about team members.

- Status: volunteer or employees' professional background and grade (AfC band or similar)
- Number of hours allocated per person per session. Generally, one full day was allocated for the Lead Facilitator(s) and three to five hours for other team members, including travel time
- Travel mode and mileage to each session.
- Team attendance at each session

Together, these data allowed us to estimate a cost for each team member to attend a session. For employees, costs included professional group/grade,³ additional salary on-costs such as employers' National Insurance and superannuation contributions, direct and indirect organisational overheads, and their travel costs. These cost estimations for paid staff, plus reimbursed participant travel expenses, reflect the public sector perspective.

Cost per session

Team member costs per session were then combined with the team attendance data; between three and seventeen team members were present at each session. Each time a particular team member attended a session, we applied their unique 'team member cost'. These costs were totalled for each session and programme overheads (such as training, administrative support, venue, refreshments and materials for training and the intervention) then added.

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² The RYCT/CSP programme (ISRCTN3795 6201) is part of the Support at Home – Interventions to Enhance Life in Dementia (SHIELD) programme (Applicaton No. RP-PG-0606-1083) which is funded by the National Institute for Health Research (NIHR) Programme Grants for Applied Research scheme, held by North East London NHS Foundation Trust (NELFT). The grant-holders were Professors Orrell (UCL; Chief Investigator), Woods (Bangor), Challis (Manchester), Moniz-Cook (Hull), Russell (Swansea), Knapp (LSE) and Dr Charlesworth (UCL).

³ Salaries for all sites were estimated at 2011 London rates, assuming a standard 1549 working hours per annum.

- The cost per session – between £222 and £2,443 to the public sector – is mainly driven by the number of team members present.

For the societal perspective, two additional calculations were made: a cost per session, that included the costs of the time spent by volunteers at a replacement value (health care assistant), and then in a separate calculation, their attendance was valued at an opportunity cost (minimum wage).

Cost per dyad per session

The intervention focus was the dyad: the family carer and the person with dementia attended the sessions together and so were treated as one 'unit' in the cost analysis. Their attendance at each session was recorded on another Excel spreadsheet. Thus, we could calculate the cost-per-dyad-per-session by dividing the cost-per-session by the number of dyads attending each session.

- The cost per dyad per session – between £40 and £684 to the public sector – is mainly driven by the number of dyads attending each session (between two and 16), but also by the number of team members present

Cost per dyad per programme

In turn, these figures were totalled for each participating dyad to arrive at a cost-per-dyad-per-programme. This varied for each dyad, depending on which sessions they attended, and how many. Thus a unique intervention cost for each dyad was calculated which reflects how much of the intervention they received.

- The cost per programme per dyad is mainly, but not entirely, driven by the number of sessions each dyad attended, between 0 (where the dyad were allocated to the intervention group but did not attend any session) and 19 (attendance at all sessions).

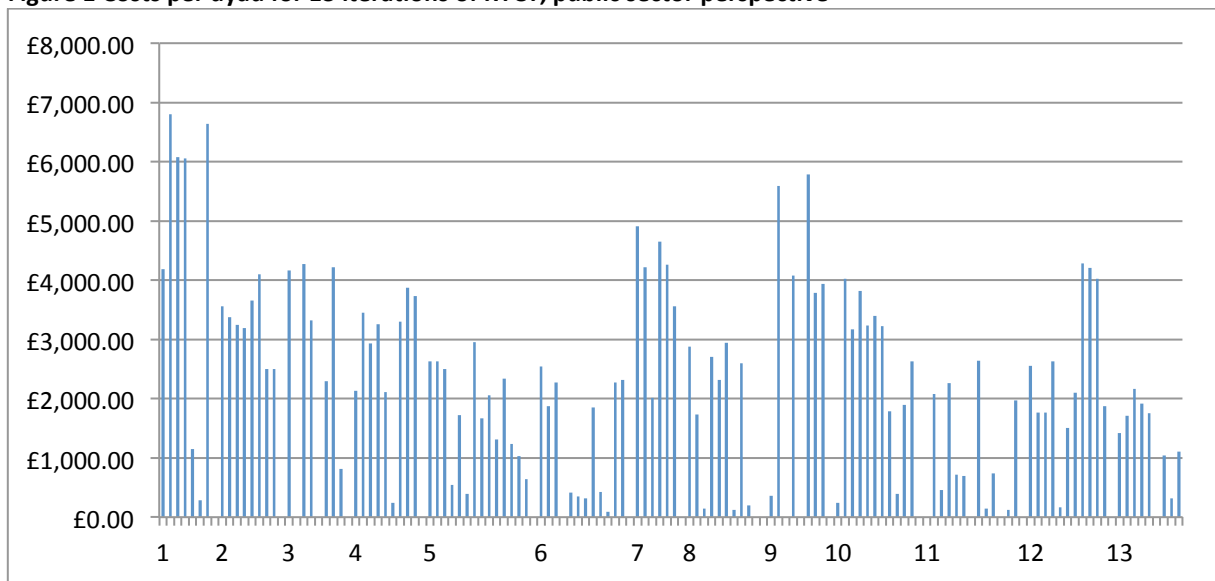
RYCT results

Thus, for each dyad, we have three figures representing the total intervention cost. Table 1 shows the costs of the full RYCT programme for 127 participating dyads to the public sector and for both societal perspectives employed. The more intensive 12-week part of the programme absorbed 75 per cent of the total costs.

Table 1 Costs per dyad for the 10-month RYCT programme (2011 prices)

Cost per dyad	Public sector cost	Including volunteer time: replacement cost	Including volunteer time: opportunity cost
Mean	£2,227	£2,953	£2,403
Median	£2,148	£3,066	£2,709
Range	£0 - £6,804	£0 - £8,106	£0 - £7,118

Mean and median costs are similar, although the range is wide. Figure 1 shows the distribution of costs-per-dyad-per-programme from the public sector perspective. The highest costs can be seen for the first time the RYCT programme was run (left hand side of the figure, Round 1) but also at Rounds 7 and 9. Not only are there high levels of cost variation between the iterations of the programme, but also within each Round.

Figure 1 Costs per dyad for 13 iterations of RYCT, public sector perspective

The Carer Support Programme (CSP)

This one-to-one intervention gave newer family carers access to an adult Carer Supporter (CS) who was an experienced family carer or close friend of a person with dementia (Charlesworth et al., 2008). A Carer Supporter Co-ordinator (CS-C), employed for a day a week in a local NHS Trust or voluntary sector organisation, screened, recruited and supported volunteer CS in each of the seven sites. They also matched CS and carers. The CS-C were supported by a Carer Supporter Manager (CS-M) based in a voluntary sector organisation. As with RYCT, the seven sites provided 13 iterations of CSP.

The Carer Supporters were all (unpaid) volunteers who attended training and agreed to abide by the Code of Conduct and Statement of Confidentiality. The CS provided emotional and informational support to the family carer, listened to them, and signposted carers to other local resources. They were asked not to carry out tasks that would otherwise be undertaken by a paid worker (such as home care workers), or to give advice or provide respite care. Each CS was asked to support their family carer face-to-face or by telephone for at least one hour per week for the first 12 weeks, and then two one-hour visits each month for a further seven months.

Cost estimation

As with the RYCT programme, data were collated on Excel spreadsheets. These reported the time spent by CS on travel and training and in providing support to family carers, expenses' claims, and CS-C time spent directly supporting each CS.

The public sector costs comprised the 'overarching' costs associated with activities that allowed volunteers to provide support to family carers: recruiting, training, organising and supporting the CS. We included costs for the CS-Manager (0.56 wte), the CS-Coordinators, and any additional support from the host organisation. These overarching costs were allocated to each dyad in line with the amount of time the CS spent supporting that family carer. As with the RYCT programme, we also estimated costs from a societal perspective using two values for volunteers: a replacement cost (health care assistant) and then an opportunity cost (minimum wage).

CSP results

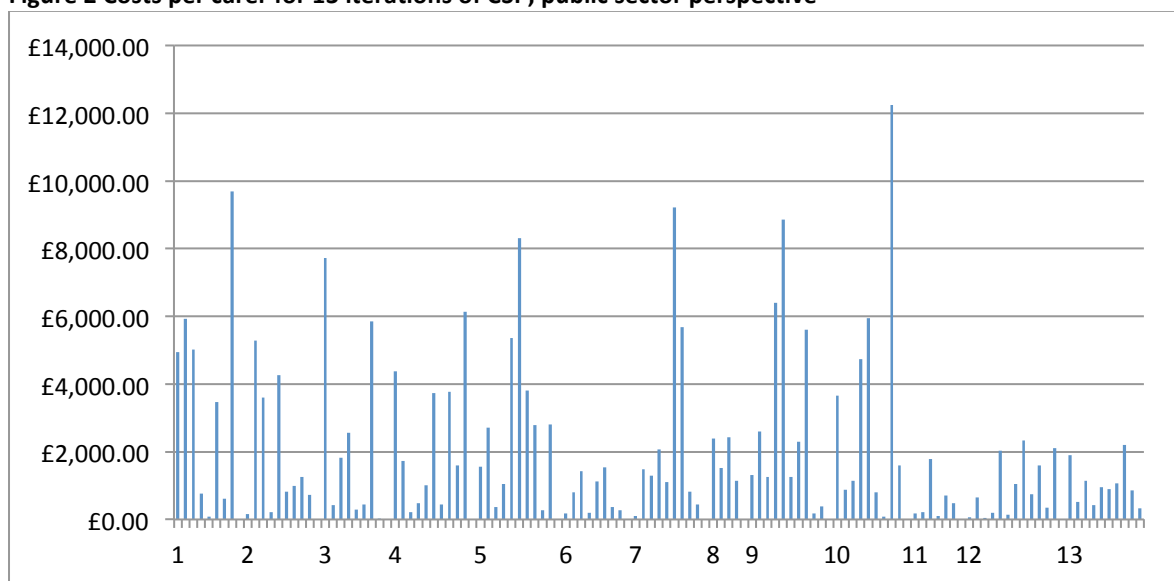
Table 2 shows the costs from the public sector and societal perspectives for the Carer Support Programme, which was provided to 109 participating family carers who were supporting people with dementia.

Table 2 Cost per carer for the full ten-month CSP programme

Cost per dyad	Public sector cost	Including CS time: replacement cost	Including CS time: opportunity cost
Mean	£2,136	£2,837	£2,339
Median	£1,143	£1,817	£1,390
Range	£32 - £12,249	£36 - £14,489	£33 - £12,782

For the CSP, in contrast to the RYCT programme, median costs are much lower than the mean. However, the final row of the table again shows a wide range of costs per carer. This is illustrated in Figure 2 from the public sector perspective (CS time valued at £0) for each iteration of the CSP programme. There is considerable cost variation within, as well as between the iterations. Five dyads (Rounds 1, 5, 7, 9 and 10) have total CSP intervention costs higher than £8,000.

Figure 2 Costs per carer for 13 iterations of CSP, public sector perspective



Conclusion

Mean public sector costs for the RYCT or CSP interventions are remarkably similar at just over £2,100 per dyad (2011 prices). Median costs are slightly higher for the RYCT programme, but the range is wider for the CSP where the highest cost per dyad is twice as much as the RYCT highest cost. These costs accrue over a ten-month period so the mean weekly cost would be around £50 for either RYCT or CSP. To set these costs in context, the national average cost for an older person with mental health needs who stays in hospital for a week is £2,233, the average cost per week for a private sector nursing home for the same year was £719, and the costs of a home care worker for a weekday hour is £18 (Curtis, 2011).

Both RYCT and CSP rely on time contributions from local volunteers, particularly CSP. If health care assistants were employed by the health trust to replace the Carer Support hours provided by volunteers, the mean public sector costs for both RYCT and CSP would rise by a further third (around £700; see the second data column in Tables 1 and 2).

Costs for both interventions show considerable variation within each of the 13 iterations. For the CSP these relate directly to the amount of time each Carer Supporter spends with the family carer. For RYCT, the group intervention, the picture is more complex. The number and type of team member attending each session caused the cost-per-session to vary. After the Round 1 pilot, sites were asked to moderate the staff numbers at each session to the expected participant numbers, but considerable variation in the cost-per-dyad-per-session remains, in part caused by participant attendance. To encourage attendance, participants could be offered help with travel to the sessions (taxi, for example), and they were contacted before the session to remind them of date and timing. Even so, attendance at some sessions was low, with the complexity of daily caring tasks and health issues often leading to last-minute non-attendance. These variations in the 'dose' of intervention that each participant received (represented by the cost-per-dyad-per-programme) might make a difference to outcomes either for the family carer or the person with dementia. This is just one of the questions that will be addressed in the full economic analysis.

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I. SERVICES

1. Services for older people

- 1.1 Private sector nursing homes for older people
- 1.2 Private sector residential care for older people
- 1.3 Local authority residential care for older people
- 1.4 Nursing homes for people with dementia
- 1.5 Private and other independent sector residential homes for people with dementia
- 1.6 Local authority day care for older people
- 1.7 Extra care housing for older people
- 1.8 Community rehabilitation unit
- 1.9 Intermediate care based in residential homes
- 1.10 Dementia memory service

1.1 Private sector nursing homes for older people

Using PSS EX1 2012/13¹ returns uprated by the PSS pay & prices inflator, the median cost per person for supporting older people in a nursing care home was £507 per week, with an interquartile range of £459 to £564. The mean cost was £511 per week. The standard NHS nursing care contribution is £109.79 and the higher-level NHS nursing care contribution is £151.10.² When we add the standard NHS nursing care contribution to PSS expenditure, the total expected median cost is £617 and the mean cost is £621.

Costs and unit estimation	2013/2014 value	Notes
A. Fees	£729 per week	The direct unit cost of private sector nursing homes is assumed to be the fee. Where a market is fairly competitive, such as that for private sector nursing homes, it is reasonable to assume that the fee will approximate the societal cost of the service. ³ A weighted average fee for England reflecting the distribution of single and shared rooms was taken from the Laing & Buisson market survey. ⁴ Care home fees have been split into their component parts by Laing & Buisson (2013). ⁵ For nursing care for frail elderly people, total fees comprise care costs (45%), accommodation costs (20%), ancillary costs (27%) and operator's profit (8%).
External services B. Community nursing C. GP services D. Other external services		No current studies indicate how external services are used by nursing home residents. See previous editions of this volume for sources of information.
E. Personal living expenses	£23.90 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £23.90. ⁶ This has been used as a proxy for personal consumption.
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a nursing home. See previous editions of this volume for sources of information.
Dependency		No current information is available on the relationship of dependency with cost. See previous editions of this volume for sources of information.
Occupancy	89.8 per cent	The occupancy level in England for-profit and not-for-profit homes was 89.8 per cent in 2012. ⁴
London multiplier	1.12 x A	Fees in London nursing homes were 12 per cent higher than the national average. ⁴
Unit costs available 2013/2014		
£729 establishment cost per permanent resident week (A); £753 establishment cost plus personal living expenses per permanent resident week (A and E).		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² <https://www.gov.uk/government/news/nhs-funded-nursing-care-rates-increased-for-2013> [accessed 9 October 2014].

³ Kavanagh, S., Schneider, J., Knapp, M., Beecham, J. & Netten, A. (1992) *Elderly people with cognitive impairment: costing possible changes in the balance of care*, PSSRU Discussion Paper 817/2, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Laing & Buisson (2014) *Care of older people: UK market report 2013/2014*, Laing & Buisson, London.

⁵ Laing & Buisson (2013) *Councils rely on a 'hidden tax' on older care home residents*, Laing & Buisson, London.

<http://www.laingbuisson.co.uk/MediaCentre/PressReleases/CareofElderly201213PressRelease.aspx> [accessed 19 September 2014].

⁶ Department of Health (2013) *Charging for residential care*, <https://www.gov.uk/government/news/charging-for-residential-care--2/> [accessed 3 October 2013].

1.2 Private sector residential care for older people

Using PSS EX1 2012/13¹ returns updated by the PSS pay & prices inflator, the median cost per person for supporting older people in a residential care home provided by other organisations (voluntary, private and independent) was £490 per week, with an interquartile range of £443 to £561. The mean cost was £493 per week.

Costs and unit estimation	2013/2014 value	Notes
A. Fees	£553 per week	The direct unit cost of private care homes is assumed to be the fee. Where a market is fairly competitive, such as that for private sector residential homes, it is reasonable to assume that the fee will approximate the societal cost of the service. ² A weighted average fee for England reflecting the distribution of single and shared rooms was taken from the Laing & Buisson market survey. ³ Care home fees have been split into their component parts by Laing & Buisson (2013). ⁴ For residential care for the frail elderly, total fees comprise care costs (33%), accommodation costs (25.5%), ancillary costs (34.5%) and operator's profit (7%).
External service B. Community nursing C. GP services D. Other external services		No current studies indicate how external services are used by residential care home residents. See previous editions of this volume for sources of information.
E. Personal living expenses	£23.90 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £23.90. ⁵ This has been used as a proxy for personal consumption.
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a residential care home. See previous editions of this volume for sources of information.
Dependency		No current information is available on the relationship of dependency with cost. See previous editions of this volume for sources of information.
London multiplier	1.12 x A	Fees in London residential homes were 12 per cent higher than the national average. ³
Occupancy	88.5 per cent	The occupancy level in England for-profit and not-for-profit homes was 88.5 per cent in 2013. ³
Unit costs available 2013/2014		
£553 establishment cost per permanent resident week (A); £577 establishment cost plus personal living expenses per permanent resident week (A and E).		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Kavanagh, S., Schneider, J., Knapp, M., Beecham, J. & Netten, A. (1992) *Elderly people with cognitive impairment: costing possible changes in the balance of care*, PSSRU Discussion Paper 817/2, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Laing & Buisson (2014) *Care of older people: UK market report 2013/2014*, Laing & Buisson, London.

⁴ Laing & Buisson (2013) *Councils rely on a 'hidden tax' on older care home residents*, Laing & Buisson, London.
<http://www.laingbuisson.co.uk/MediaCentre/PressReleases/CareofElderly201213PressRelease.aspx> [accessed 3 October 2014].

⁵ Department of Health (2013) *Charging for residential care*, <https://www.gov.uk/government/news/charging-for-residential-care--2> [accessed 9 October 2014].

1.3 Local authority residential care for older people

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for local authority expenditure, which have been updated using the PSS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£86 per week	Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£18.40 per week	Land costs researched for PSSRU by the Valuation Office Agency. ³ The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the local authority expenditure costs so no additional cost has been added for items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£995 per week	The median estimate is taken from PSS EX1 2012/13 updated using the PSS pay & prices Index. ¹ Capital charges relating to buildings and oncosts have been deducted. The mean cost is £839 per week (interquartile range £766-£1,304).
E. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 total expenditure figures so no additional overheads have been added.
External services		
F. Community nursing		
G. GP services		
H. Other external services		No current studies indicate how external services are used by residential care home residents. See previous editions of this volume for sources of information.
I. Personal living expenses	£23.90 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £23.90. ⁴ This has been used as a proxy for personal consumption.
Use of facility by client	52.18 weeks per year	
Occupancy	89 per cent	Based on information reported by Laing & Buisson. ⁵
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a residential care home. See previous editions of this volume for sources of information.
Dependency		No current information is available on the relationship of dependency with cost. See previous editions of this volume for sources of information.
London multiplier	1.32 x (D)	Based on PSS EX1 2012/13 data. ¹
Unit costs available 2013/2014		
£1,100 establishment cost per permanent resident week (includes A to E); £1,124 establishment cost plus personal living expenses per permanent resident week (includes A to D and I).		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁴ Department of Health (2014) *Charging for residential accommodation guide*,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301250/CRAG_34_April_2014.pdf [accessed 9 October 2014]

⁵ Laing & Buisson (2010) *Councils set to shunt social care costs to the NHS and service users as cuts take effect*, Laing & Buisson, <http://www.laingbuisson.co.uk/LinkClick.aspx?fileticket=7NqBssCOgKA%3D&tabid=558&mid=1888> [accessed 10 October 2014].

1.4 Nursing homes for people with dementia

This schema presents the cost per resident week for a pooled sample of 40 residents living in nursing care homes. The data was taken from two multi-centre cohort studies conducted in the UK.^{1,2} The average establishment cost per resident week was £781.

Costs and unit estimation	2013/2014 value	Notes
A. Fees	£781 per week	The fee is a weighted average for England reflecting the distribution of single and shared rooms taken from the Laing & Buisson market survey. ³ The fee was used as a proxy as the type of managing organisation for the nursing homes was not specified. Care home fees have been split into their component parts by Laing & Buisson (2014). ³ For nursing care for people with dementia, total fees comprise care costs (46%), accommodation costs (20%), ancillary costs (27%) and operator's profit (8%).
<i>External services</i> B. Community nursing C. GP services D. Other external services	£6.30 per week £8.00 per week £16.10 per week	The weekly cost reflects average level of external services used by residents with dementia living in nursing care home in two multi-centre cohort studies conducted in the UK. ^{1,2} In the study with the lowest level of community nursing input and study with the highest level of community nursing input, the average weekly cost is £2.00 and £11.50 respectively. Other external services include social care and community health services.
E. Personal living expenses	£23.90 per week	The Department of Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £23.90. ⁴ This has been used as proxy for personal consumption.
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a residential care home.
London multiplier	1.12 x A	Fees in London nursing homes were 12 per cent higher than the national average. ¹
Occupancy		The occupancy level in Sefton for private and voluntary dementia nursing homes was 89 per cent in 2012. ⁵ The occupancy level in England for-profit and not-for-profit older people nursing homes was 88 per cent in 2014. ¹
Unit costs available 2013/2014		
£781 establishment cost per permanent resident week (A); £836 establishment cost and external services plus personal living expenses per permanent resident week (includes A to E)		

¹ Livingston, G., Katona, C., Roch, B., Guilhaume, C. & Rive, B. (2004) A dependency model for patients with Alzheimer's disease: its validation and relationship to the costs of care-the LASER-AD Study, *Current Medical Research and Opinion*, 20, 7, 1007-16.

² Romeo, R., Knapp, M., Sato, A., Jones, R. & Lacey, L. (2012) Relationship between healthcare and social care costs and patient dependence on others as illness progresses in Alzheimer's disease (AD): Results from the Dependence in Alzheimer's Disease in England (DADE) study, *Alzheimer's & Dementia: The Journal of the Alzheimer's Association*, 8, 4, Supplement, page P237.

³ Laing & Buisson (2014) *Care Act could open floodgates to a new 'top up' market in care homes*, Laing & Buisson, London.

⁴ Department of Health (2014) *Charging for residential accommodation guide*, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301250/CRAG_34_April_2014.pdf [accessed 9 October 2014]

⁵ Laing & Buisson (2012) *Actual costs of residential care in Sefton*, Laing & Buisson, London.

1.5 Private and other independent sector residential homes for people with dementia

This schema presents the cost per resident week for a sample of 206 residents living in private and other independent sector such as voluntary, not-for-profit trust and housing association residential care homes. The information was taken from two multi-centre studies conducted in the UK.^{1,2} The average establishment cost per resident week was £639. Suggested occupancy levels were taken from Laing & Buisson (2012).³

Costs and unit estimation	2013/2014 value	Notes
A. Fees	£639 per week	The fee is a weighted average for England reflecting the distribution of single and shared rooms taken from the Laing & Buisson market survey. ⁴ Care home fees have been split into their component parts by Laing & Buisson (2014). ³ For residential care for people with dementia, total fees comprise care costs (37%), accommodation costs (24%), ancillary costs (31%) and operator's profit (7%).
<i>External services</i>		
B. Community nursing	£21.70	The weekly cost reflects average level of baseline services for patients with dementia living in residential care homes. ³ In the study with the lowest level of community nursing input and study with the highest level of community nursing input, the average weekly cost is £13 and £32 respectively. Other external services include social care and community health services.
C. GP services	£43.60	
D. Other external services	£20.00	
E. Personal living expenses	£23.90 per week	The Department of Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £23.90. ⁵ This has been used as proxy for personal consumption
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a residential care home.
London multiplier		No estimate is available for privately and other independent sector managed residential homes
Occupancy		The occupancy level in Sefton for private and voluntary dementia residential homes was 90 per cent in 2012. ³
Unit costs available 2013/2014		
£639 establishment cost per permanent resident week (A); £749 establishment cost and external services plus personal living expenses per permanent resident week (includes A to E)		

¹ Amador, S., Goodman, C., King D., Ng, Y.T., Elmore, N., Mathie, E., Machen, I. & Knapp M (2013) Exploring resource use and associated costs in end-of-life care for older people with dementia in residential care homes, *International Journal of Geriatric Psychiatry*, 29, 7, 758-66.

² Orrell, M., Hancock, G., Hoe, J., Woods, B., Livingston, G. & Challis, D (2007) A cluster randomised controlled trial to reduce the unmet needs of people with dementia living in residential care, *International Journal of Geriatric Psychiatry*, 22, 1127-1134.

³ Laing & Buisson (2012) *Actual costs of residential care in Sefton*, Laing & Buisson, London.

⁴ Laing & Buisson (2014) *Care Act could open floodgates to a new 'top up' market in care homes*, Laing & Buisson, London.

⁵ Department of Health (2014) *Charging for residential accommodation guide*,

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/301250/CRAG_34_April_2014.pdf [accessed 9 October 2014]

1.6 Local authority day care for older people

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for expenditure, which has been uprated using the PSS pay & prices inflator. The median and mean cost was £129 per client week (including capital costs). These data do not report on the number of sessions clients attended each week.

To determine the best unit of activity, this year we have carried out a Freedom of Information request to ask local authorities the duration of a 'unit of activity' and to provide approximate guidance on how many times a week clients attend.

Based on information provided by ten local authorities,² we have calculated an average cost per client attendance and also a cost per client hour. We have then used this information to calculate the cost of a client session lasting 3.5 hours which is a typical standard unit of day care for most local authorities responding to our information request. See preface for more information.

Costs and unit estimation	2013/2014 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£5.30 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). ³ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Land costs researched for PSSRU by the Valuation Office Agency. ⁴ These allow for 33.4 square metres per person. The cost of land has been annuitised at 3.5 per cent over 60 years.
B. Land	£1.40 per client attendance	
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the local authority expenditure figures so no additional cost has been added for items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£49 per client attendance	The median and mean cost per week is taken from PSS EX1 2012/13 and has been uprated using the PSS pay & prices index. Based on PSSRU research, ² older people attend on average 2.5 times per week (4.6 hours in duration) resulting in a median and mean cost per day care attendance of £49 and £49. Capital charges relating to buildings have been deducted.
E. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 total expenditure figures so no additional overheads have been added.
Use of facility by client		Assumes clients attend 2.5 times per week. ²
Occupancy		
London multiplier	1.34 x A 1.88 x B 1.32 x D	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2013/2014		
£56 per client attendance (includes A to D); £12 per client hour; £42 per client session lasting 3.5 hours.		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Based on research carried out by PSSRU in 2014.

³ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁴ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

1.7 Extra care housing for older people

This is based on an evaluation of extra care housing which followed the development of 19 new-build extra care housing schemes located across England.¹

Extra care housing is primarily for older people, and the accommodation is (almost always) self-contained. Care can be delivered flexibly, usually by a team of staff on the premises for 24 hours a day. Domestic care and communal facilities are available. For more information, see the Bäumker & Netten article in the 2011 edition of this report.

All costs have been updated from 2008 to current prices using the appropriate inflators. The mean cost of living in extra care housing was estimated at £443 per resident per week, with a standard deviation of £187 and a range of £182 to £1,291. The median cost was £377 per resident per week.

Costs and unit estimation	2013/2014 value	Notes
A. Capital costs		
Building and land costs	£105 per resident per week	Based on detailed valuations for the buildings and the land provided by the housing associations operating the extra care schemes. For properties constructed before 2008, capital values were obtained from the BCIS, and down-rated using the All-In Tender Price Index. Includes the cost of land, works including site development and landscaping, equipment and furniture, professional fees (architects, design and surveyors' fees). ¹
B. Housing management and support costs		
Housing management	£55 per resident per week	Information taken from the annual income and expenditure accounts for each individual scheme after at least one full operational year. Average running costs were calculated by dividing the adjusted total running cost by the number of units in the scheme. The cost includes management staff costs (salary and oncosts including national insurance and pension contributions, and office supplies), property maintenance and repairs, grounds maintenance and landscaping, cleaning of communal areas, utilities, and appropriate central establishment costs (excluding capital financing).
Support costs	£10 per resident per week	
C. Personal living expenses	£96 per resident per week	As significant variability existed in the approaches to meal provision in the schemes, items related to catering costs were removed from the financial accounts, and the cost of food and other consumables was estimated using the Family Expenditure Survey (2013), tables 24. ² Costs have been updated using the Retail Price Index.
D. Health and social service costs	.	Estimates of health and social service costs were made combining resource use information reported by 465 residents six months after admission, with the appropriate unit costs taken from the respective local authorities or, where appropriate, from national sources. ³
Health services	£71 per resident per week	Health care estimates ranged from £0-£718.
Social services	£106 per resident week	Social care estimates ranged from £0-£702
Use of facility by client	52.18 weeks per year	
Unit costs available 2013/2014		
£170 accommodation, housing management and support costs; £266 accommodation, housing management, support and living expenses; £443 total cost (A to D).		

¹ Darton, R., Bäumker, T., Callaghan, L. & Netten, A. (2011) *The PSSRU evaluation of the extra care housing initiative: Technical Report*, Personal Social Services Research Unit, University of Kent, Canterbury.

² Office for National Statistics (2013) *Family spending 2013 edition*, Office for National Statistics, London, available at http://data.gov.uk/dataset/family_spending [accessed 10 October 2014].

³ Curtis, L. (2008) *Unit Costs of Health and Social Care 2008*, Personal Social Services Research Unit, University of Kent, Canterbury.

1.8 Community rehabilitation unit

This schema is based on a joint project between Kent County Council, Ashford Borough Council, Age Concern and Ashford Primary Care Trust.¹ Home Bridge provides recuperative care in seven purpose-built self-contained units for older people who need a period of recuperation following an illness, fall or where people have had increasing problems managing daily living. It provides intensive therapy and support to rebuild mobility and confidence so people can return home. Originally estimated in 2005, costs have been updated using the appropriate inflators.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary and oncosts	£75,656 per year	The team comprises a scheme manager (20%), a part-time care manager (80%) and support workers. Employer's national insurance is included plus 18 per cent of salary for employer's contribution to superannuation.
B. Direct overheads	£28,550 per year	This includes maintenance, running costs, repair/renewal of fixtures/fittings. Building expenses and equipment costs. Includes project manager (5%), Community Assessment and Rehabilitation Team (CART) co-ordinator, social services team leader (8%) and agency fees.
Administrative costs	£4,760 per year	
Management costs	£17,916 per year	
C. Indirect overheads	£11,559 per year	To cover the finance function.
D. Capital:		Based on actual cost of the 7 units, a lounge (shared by sheltered housing) and an office and updated using the Tender Price Index for Public Sector Building (non-housing). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
– building costs	£24,994 per year	
– land costs	£11,490 per year	
Occupancy	71 per cent	On average, 5 of the 7 places are occupied at any one time.
Caseload	32 per year	The annual caseload for January 2004 to January 2005 was 32 clients.
Average length of stay	33 nights	
Hours and length of service	7 days a week (to include weekends and bank holidays)	The service is available 7 days a week with support workers working 10.5 hours daily (3,832 hours per year). The scheme manager is available from Monday to Friday 7 am to 3 pm, and in case of emergency there is cover during evenings, nights and weekends via the call centre.
Patient-related hours		All clients receive an initial assessment when referred to Home Bridge, usually in hospital. They are assessed on arrival by a community care manager, who monitors them throughout their stay and discharges them at the end of their stay. 50 per cent of clients stay on average 29 nights and receive 41 hours of contact with a support worker per week. 25 per cent of clients stay 10 days and receive an additional 10 hours with a support worker each week. 25 per cent of clients stay on average 64 days and receive 137 hours with support workers.
Typical episode	7 hours per week	
Low-cost episode	5 hours per week	
High-cost episode	10 hours per week	
Cost of hospital assessment and admission to Homebridge	£314	Between 3-5 hours of a hospital care manager's time: prepares the discharge from hospital and arranges the referral to Home Bridge. A further 3 hours is required by the social services duty desk to make the admission arrangements at Home Bridge. This is based on the salary of a social work assistant.
Cost of discharge from Homebridge	£509	This is carried out by a community care manager and takes 8.5 hours. It involves 7.5 hours face-to-face contact time for liaison with patient, professionals, families and services, and also 1 hour administration.
Cost of health services provided by the CART co-ordinator	£406	On average, 7 hours of therapy or nursing care was provided by the CART team.
Unit costs available 2013/2014		
Full unit costs (all activities): Per person (actual occupancy) £34,985 per year, £671 weekly (includes A to D); per person (full occupancy) £24,989 per year, £479 weekly. Cost per episode: £2,808 (typical episode), £1,913 (low-cost episode); £5,699 (high-cost episode).		

¹ Curtis, L. (2005) The costs of recuperative care housing, in L. Curtis (ed.) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

1.9 Intermediate care based in residential homes

This information is based on PSSRU research carried out with the Social Work and Social Care Section at the Institute of Psychiatry.¹ It provides the costs of comparative intermediate care schemes based in residential homes. The average weekly cost per client across the four schemes is £590, and the average annual cost per client is £3,374. All costs have been uprated to 2014 values using the appropriate PSS inflators. The *National Evaluation of the Costs and Outcomes of Intermediate Care for Older People*² should also be downloaded for comparative costs.

	Social care only			Social and health care
	Scheme A provides a therapeutic programme of recuperative care with 16 recuperative beds. Care staff include care workers, a senior night carer and rehabilitation workers.	Scheme B is provided by the local authority for people with dementia. A fee is paid by the local authority for care staff.	Scheme C is a short-stay residential home for people having difficulty managing at home, or who have been recently discharged from hospital or are considering entry to a residential care home. A fee is paid by the local authority for care staff.	Scheme D is run by the local authority in conjunction with the primary care trust and provides 6 weeks of support and rehabilitation to older people who have the potential to return to their own home after a stay in hospital. Staff include a care manager, therapists, a visiting medical officer and promoting independence assistants.
Wages/salary	£216,441	£148,417	£102,318	£160,223
Oncosts Employer's national insurance plus 14 per cent of salary for employer's contribution to superannuation	£46,535	£31,910	£21,998	£34,448
Direct overheads Includes salaries of supervisory staff, running costs and supplies	£245,654	£52,762	£48,499	£27,603
Indirect overheads Management fees (inc. premises' costs) Capital/premises	£159,423 £35,178	£42,210		£9,107
Total costs ³	£703,232	£275,299	£172,815	£231,382
Caseload	196	51	64	67
Average length of stay	34 days	54 days	46 days	32 days
No. of beds	16	10	8	8
Weekly costs per client	£843	£528	£414	£576
Average annual cost per client	£3,588	£5,398	£2,700	£3,453
Cost of typical client episode	£4,094	£4,073	£2,693	£2,634

¹ Baumann, M., Evans, S., Perkins, M., Curtis, L., Netten, A., Fernandez, J.L. & Huxley, P. (2007) Organisation and features of hospital, intermediate care and social services in English sites with low rates of delayed discharge, *Health & Social Care in the Community*, 15, 4, 295-305.

² Barton, P., Bryan, S., Glasby, J., Hewitt, G., Jagger, C., Kaambwa, B., Martin, G., Nancarrow, S., Parker, H., Parker, S., Regen, E. & Wilson, A. (2006) *A national evaluation of the costs and outcomes of intermediate care for older people. Executive Summary*, Intermediate Care National Evaluation Team (ICNET), University of Birmingham and University of Leicester. <http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/research/intermediate-care-older-people.pdf> [accessed 9 October 2014].

³ Where the fee for providing the scheme was provided, 80 per cent was estimated by the service provider as the amount for care staff salaries. The remainder was allocated to overheads.

1.10 Dementia memory service

Memory assessment services support the early identification and care of people with dementia. They offer a comprehensive assessment of an individual's current memory abilities and attempt to determine whether they have experienced greater memory impairment than would be expected for their age. Memory assessment services are typically provided in community centres by community mental health teams, but also are available in psychiatric and general hospitals. Some commissioners consider locating services (or aspects of such services) in primary care, where they are provided by practitioners with a special interest in dementia.¹ The goal is to help people, from the first sign of memory problems, to maintain their health and their independence. See *Commissioning a memory assessment service for the early identification and care of people with dementia* for more information on this service.²

Information for this service has been provided by the South London and Maudsley (SLAM) NHS Foundation Trust. Based in the Heavers Resource Centre, Croydon, the service provides early assessment, treatment and care for people aged 65 and over who have memory problems that may be associated with dementia. The initial assessment is provided in the client's own home wherever possible. The average annual cost per client is £1,201. Two further dementia memory services provided by SLAM (but not providing assessments) had average annual costs per client of £996 (Lambeth and Southwark) and £753 (Lewisham). The costs of another London dementia memory service can be found in <http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Dementia-Services-Guide.pdf>.

In 2013, an audit of memory services was carried out by the Royal College of Psychiatrists. For more information see <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/nationalclinicalaudits/memoryservicesaudit.aspx>. Using information provided by around half of clinics in England on annual funding and number of patients seen and assessments completed, the average total annual cost was estimated to be £639,725, with an average annual cost per patient attendance of £470. The average minimum cost per patient was £205 and the average maximum cost was £648. Memory clinics not providing complete data were excluded from the analysis.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£444,328 per year	Based on mean salaries for Agenda for Change (AfC) bands. ³ Weighted to reflect the input of 1 WTE associate specialist, 0.40 WTE consultant, 2 WTE occupational therapists (bands 6 & 7), 2.8 WTE psychologists (bands 5, 7 & 8) and nurses (band 6 & two nurses on band 7).
B. Salary oncosts	£113,752 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Overheads Management and administration	£110,205 per year	Provided by the South London and Maudsley NHS Foundation Trust and based on median salaries for Agenda for Change (AfC) administrative and clerical grades. ³ Includes 3 FTE administrative and clerical assistants (bands 3, 4 & 5) and management provided by 0.2 WTE psychologist (band 8).
Non-staff	£178,425 per year	Provided by the South London and Maudsley NHS Foundation Trust. This includes expenditure to the provider for travel/transport and telephone, education and training, office supplies and services (clinical and general), as well as utilities such as water, gas and electricity
D. Capital overheads	£3,595 per year	Based on the new-build and land requirements of 4 NHS offices and a large open-plan area for shared use. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	50.4 weeks per year 40 hours per week	Unit costs are based on 2,016 hours per year: 260 working days (8 hours per day) minus bank holidays.
Caseload	708 clients per year	Provided by the South London and Maudsley NHS Foundation Trust.
Unit costs available 2013/2014		
Total annual cost £850,305; total cost per hour £422; cost per client £1,201.		

¹ Department of Health (2011) *Commissioning services for people with dementia*, http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_127381 [accessed 9 October 2014].

² National Institute for Health and Clinical Excellence (NICE) (2007) *Commissioning a memory assessment service for the early identification and care of people with dementia*, <http://dementianews.wordpress.com/2011/05/12/nice-commissioning-guide-memory-assessment-services/> [accessed 9 October 2014].

³ Health & Social Care Information Centre (2013) *NHS staff earnings estimates June 2014*, Health & Social Care Information Centre, Leeds.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

2. Services for people with mental health problems

- 2.1 NHS reference costs for mental health services
- 2.2 Local authority care homes for people with mental health problems
- 2.3 Private sector care homes for people with mental health problems
- 2.4 Local authority social services day care for people with mental health problems
- 2.5 Private sector day care for people with mental health problems
- 2.6 Behavioural activation delivered by the non-specialist
- 2.7 Counselling services in primary medical care
- 2.8 Individual placement and support
- 2.9 Deprivation of liberty safeguards in England: implementation costs
- 2.10 Mindfulness based cognitive therapy – group-based intervention
- 2.11 Interventions for mental health promotion and mental illness prevention

2.1 NHS reference costs for mental health services

We have drawn on the *NHS Trust and Primary Care Trusts combined* to report on the NHS reference costs of selected mental health services.¹ All costs have been updated to 2013/14 prices using the HCHS pay & prices inflators. Only services with more than 10 data submissions have been included, but weighted costs have been provided for service groups which do include services with fewer than 10 submissions. Children's services have only been included in the group averages, and the costs of selected mental health care services for children can be found in schema 6.1.

As the first step towards the introduction of a national tariff for mental health services, the Department of Health mandated the use of the mental health care clusters as the currencies for adult mental health services for working-age adults and older people. The care clusters cover most services for working-age adults and older people, and replace previous reference cost currencies for adult and elderly mental health services. They also replace some currencies previously provided for specialist mental health services or mental health specialist teams. The mental health care cluster for working-age adults and older people focuses on the characteristics and needs of a service user, rather than the individual interventions they receive or their diagnosis. See *NHS reference costs guidance* for 2011-2012¹ for more information on care clusters and the method used to allocate drugs to services.

Each reported unit cost includes:

- (a) direct costs – which can be easily identified with a particular activity (e.g. consultants and nurses)
- (b) indirect costs – which cannot be directly attributed to an activity but can usually be shared among a number of activities (e.g. laundry and lighting)
- (c) overheads – which relate to the overall running of the organisation (e.g. finance and human resources).

	Mean £	Lower quartile £	Upper quartile £
MENTAL HEALTH SERVICES			
Mental health care clusters	£351	NA	NA
Mental health care clusters (initial assessment)	£267	£303	£318
All drug and alcohol services (adults and children)	£122	£57	£148
Alcohol services – admitted (per bed day)	£353	£267	£422
Alcohol services – community (per care contact)	£120	£54	£144
Alcohol services – outpatient (per attendance)	£105	£60	£132
Drug services – admitted (per bed day)	£471	£338	£572
Drug services – community (per care contact)	£105	£38	£134
Drug services – outpatient (per attendance)	£130	£79	£113
Mental health specialist teams (per care contact)	£121	£81	£141
A&E mental health liaison services	£206	£156	£235
Criminal justice liaison services	£197	£108	£295
Improving Access to Psychological Therapies (IAPT), adult and elderly	£105	£86	£118
Prison health adult and elderly	£82	£16	£121
Forensic community, adult and elderly	£236	£118	£279
Secure mental health services (per bed day)	£537	£478	£584
Low-level secure services	£415	£382	£458
Medium-level secure services	£507	£426	£552
Specialist mental health services (per bed day)	£295	£241	£337
Eating disorder (adults) – admitted	£434	£372	£463
Mother and baby units – admitted	£685	£612	£747

¹ Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

2.2 Local authority care homes for people with mental health problems

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for expenditure which has been updated using the PSS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
Capital costs		
A. Buildings and oncosts	£97 per resident week	Based on the new-build and land requirements for homes for people with mental health problems. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Total local authority expenditure (minus capital)	£941 per resident week	The median revenue weekly cost estimate (£941) for supporting adults in own-provision residential care (includes full-cost paying and preserved-rights residents). Capital costs relating to buildings and land have been deducted. The mean cost per client per week is reported as being £1,299. Councils reporting costs of over £2,000 per client week have not been included in this estimate.
C. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Other costs		
D. Personal living expenses	£23.90 per week	The DWP personal allowance for people in residential care or a nursing home is £23.90. ³ This has been used as a proxy for personal consumption.
E. External services		No information is available.
Use of facility by client	365.25 days per year	
Occupancy	100 per cent	No statistics available, therefore 100 per cent occupancy assumed.
London multiplier	0.93 x (A to B)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2013/2014		
£1,038 per resident week establishment costs (includes A to B); £1,062 per resident week (includes A to D).		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Department of Health (2012) *Charging for residential care*, <https://www.gov.uk/government/news/charging-for-residential-care--2/> [accessed 9 October 2014].

2.3 Voluntary, private and independent sector care homes for people with mental health problems

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for expenditure costs, which have been uprated using the PSS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
Capital costs		
A. Buildings and oncosts	£97 per resident week	Based on the new-build and land requirements for homes for people with mental health problems. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Total expenditure (minus capital)	£613 per resident week	The median cost estimate (£613) for supporting adults in residential care provided by other organisations (includes full-cost paying and preserved-rights residents). The mean cost per client per week is reported as being £625. Capital charges relating to building and oncosts have been deducted. ¹ Councils reporting costs of over £2,000 per client week have not been included in this estimate.
C. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Other costs		
D. Personal living expenses	£23.90 per week	The DWP allowance is used as a proxy for personal consumption. ³
E. Service use		No information available on service use.
Use of facility by client	365.25 days per year	
Occupancy	100 per cent	No statistics available, therefore 100 per cent occupancy assumed.
London multiplier	1.12 x (A to B)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2013/2014		
£710 per resident week establishment costs (includes A to B); £734 per resident week (includes A to D).		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Department of Health (2012) *Charging for residential care*, <https://www.gov.uk/government/news/charging-for-residential-care--2/> [accessed 9 October 2014].

2.4 Local authority social services day care for people with mental health problems

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for local authority expenditure costs, which have been uprated using the PSS pay & prices inflator. Councils reporting costs of more than £500 per client week have been excluded from these estimates. The median and mean cost was £105 per client week (including capital costs). These data do not report on the number of sessions clients attended each week.

To determine the best unit of activity, this year we have carried out a Freedom of Information request to ask local authorities the duration of a 'unit of activity' and to provide approximate guidance on how many units a week clients attend.

Based on information provided by ten local authorities,² we have calculated an average cost per client attendance and also a cost per client hour. We have then used this information to calculate the cost of a client session lasting 3.5 hours, which is a typical standard unit of day care for most local authorities responding to our information request.

For day care for people with mental health problems, the average number of sessions attended per week was 3, which is also the number of sessions recommended as part of a total recovery programme.³

Costs and unit estimation	2013/2014 value	Notes
Capital costs		
A. Buildings and oncosts	£5.30 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.40 per client attendance	Based on research carried out by the Valuation Office Agency. ⁴ These allow for 33.4 square metres per person. ⁵ The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings and oncosts are included in the local authority expenditure figures, so no additional cost has been added for other items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£29 per client attendance	The median cost per client week has been taken from PSS EX1 2012/13 ¹ and uprated using the PSS pay & prices index. Assuming people with mental health problems attend on average 3 times per week (4.1 hours in duration), the median and mean cost per day care attendance is £29 and £22 respectively. Capital charges relating to buildings have been deducted.
E. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Use of facility by client		Assumes clients attend 3 times per week. ²
Occupancy	87 per cent	
London multiplier	1.34 x A 1.88 x B 0.92 x D	Relative London costs are drawn from the same source as the base data.
Unit costs available 2013/2014		
£35 per client attendance (includes A to D); £8.60 per client hour; £30 per client session lasting 3.5 hours.		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Based on research carried out by PSSRU in 2014.

³ Salford City Council (2011) *Mental health*, Salford City Council. <http://www.salford.gov.uk/mentalhealth.htm> [accessed 9 October 2014].

⁴ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

2.5 Private sector day care for people with mental health problems

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for expenditure costs, which have been uprated using the PSS pay & prices inflator. The median cost was £97 per client week and the mean cost was £86 (including capital costs).

To determine the best unit of activity, this year we have carried out a Freedom of Information request to ask local authorities the duration of a 'unit of activity' and to provide approximate guidance on how many times a week clients attend.

Based on information provided by ten local authorities,² we have calculated an average cost per client attendance and also a cost per client hour. We have then used this information to calculate the cost of a client session lasting 3.5 hours, which is a typical standard unit of day care for most local authorities responding to our information request.

For day care for people with mental health problems, the average number of sessions attended per week was 3, which is also the number of sessions recommended as part of a total recovery programme.³

See preface for more information.

Costs and unit estimation	2013/2014 value	Notes
Capital costs		
A. Buildings and oncosts	£5.30 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.40 per client attendance	Based on research carried out by the Valuation Office Agency. ⁴ These allow for 33.4 square metres per person. ⁵ The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings are included in the local authority expenditure figures, so no additional cost has been added for other items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£33 per client attendance	The median cost per client week has been taken from PSS EX1 2012/13 ¹ and uprated using the PSS pay & prices index. Assuming people with mental health problems attend on average 3 times per week (4.1 hours in duration), ² the median cost per day care attendance per day is £33 and the mean cost per day is £30. Capital charges relating to buildings have been deducted.
E. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Use of facility by client		Assumes clients attend 3 times per week. ²
Occupancy		
London multiplier	1.34 x A 1.88 x B 0.92 x D	Relative London costs are drawn from the same source as the base data.
Unit costs available 2013/2014		
£40 per client attendance (includes A to D); £9.80 per client hour; £34 per client session lasting 3.5 hours.		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds

² Based on research carried out by PSSRU in 2014.

³ Salford City Council (2011) *Mental health*, Salford City Council. <http://www.salford.gov.uk/mentalhealth.htm> [accessed 9 October 2014].

⁴ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

2.6 Behavioural activation delivered by a non-specialist

Behavioural activation provides a simple, effective treatment for depression. This group-based intervention is delivered over 12 one-hour sessions by two mental health nurses on post-qualification pay bands with no previous formal therapy training. They received 5 days training in behavioural activation and 1 hour clinical supervision fortnightly from the principal investigator.¹ Sessions are usually attended by 10 people. Costs are based on Agenda for Change band 7, the grade normally used for this service. However, if we base the costs on Agenda for Change band 5, the cost per session per person is £10 (£12 with qualifications) and for 12 sessions £125 (£148 with qualifications).¹

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£76,690 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 7 of the July 2013-June 2014 NHS staff earnings estimates. ²
B. Salary oncosts	£19,196 per year	Employer's national insurance is included plus 14 per cent of salary for contribution to superannuation.
C. Qualifications	£20,878 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴ See schema 7.4 for more details. This is for 2 mental health nurses.
D. Training for behavioural activation	£635 per year	Training costs were calculated by facilitators' hourly rate for the duration of the training (35 hours) divided by the number of participants attending (n=10) (£200 per therapist). Supervision costs were based on 1-hour fortnightly contact for 40 weeks (£2,937 per therapist). 12 session behavioural protocol (£226 per therapist). These costs have been annuitised over the working life of the nurse.
E. Overheads		Taken from NHS (England) Summarised accounts. ⁵
Management, administration and estates staff	£18,516 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£40 243 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
F. Capital overheads	£7,375 per year	Based on the new-build and land requirements of NHS facilities (2 offices) but adjusted to reflect shared use of both treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time		Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 grade G nurses, 45 per cent of time was spent on direct clinical work, 13 per cent on consultation and liaison, 8 per cent on training and education, 4 per cent on research and evaluation, 23 per cent on admin and management, 7 per cent on other work. Seventeen per cent was spent on tier 1 work and this was assumed to be spread across all types of activity for the purpose of the analysis.
Face-to-face contacts	1:0.89	
Patient-related work	1:0.33	
Duration of contact		One-hour sessions included direct treatment time of 40-50 minutes and administration.
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
Cost per session per person £10 (£12); Cost per 12 sessions per person £125 (£148)		

¹ Ekers, D., Godfrey, C., Gilbody, S., Parrott, S., Richards, D., Hammond, D. & Hayes, A. (2011) Cost utility of behavioural activation delivered by the non-specialist, *British Journal of Psychology*, 199, 510-511, doi:10.1192/bjpp.bp.110.090266

² Health & Social Care Information Centre (2013) *NHS staff earnings estimates 2014* (not publicly available), Health & Social Care Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London, <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

2.7 Counselling services in primary medical care

Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing.¹

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£38,497 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 7 of the July 2013-June 2014 NHS staff earnings estimates. ²
B. Salary oncosts	£9,640 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Overheads Management and administration	£9,295 per year	No information available on management and administrative overheads for professionals working in primary care. The same level of support has been assumed for counsellors as for other NHS staff (19.31 per cent of direct care salary costs).
Office, general business and premises (including advertising and promotion)	£18,591 per year	No information available on overheads for a counsellor working in primary care. All information on office and general business expenses is drawn from the GP earnings and expenses report. ³ The same level of overheads (office & general business, premises and other expenses) has been assumed as for a practice nurse (see schema 10.6).
D. Capital overheads	£3,250 per year	Based on new-build and land requirements for a practice nurse non-treatment space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ^{4,5}
E. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁶
Ratio of direct to indirect time on client contact		No current information available on patient-related activity. See previous editions of this publication for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/
Consultations	55 minutes	
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁷ Each practice in the study employed counsellors for between 6 and 49 hours per week.
Unit costs available 2013/2014		
£50 per hour (includes A to D).		

¹ British Association for Counselling and Psychotherapy (2011) *BACP definition of counselling*, BACP. www.bacp.co.uk/ [accessed 9 October 2014].

² Health & Social Care Information Centre (2013) *NHS staff earnings estimates 2014* (not publicly available), Health & Social Care Information Centre, Leeds.

³ Information Centre (2014) *GP earnings and expenses 2013/2013*, Information Centre, Leeds. <http://www.hscic.gov.uk/article/2021/Website-Search?productid=15467&q=GP+earnings+and+expenses&sort=Relevance&size=10&page=1&area=both#top> [accessed 9 October 2014].

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁶ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

⁷ Contracted hours are taken from NHS Careers (2014) *Pay and benefits*, National Health Service, London. <http://www.nhs Careers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

2.8 Individual placement and support

Provided by Justine Schneider and Sheila Durie

Description of Individual Placement and Support (IPS)

People with severe mental health problems face particular barriers to employment, both in relation to their impairments¹ and as a result of stigma and prejudice.² To overcome these, an approach known as Individual Placement and Support (IPS) has been developed³ and has strong evidence to support it.^{4,5} There are 25 criteria for 'fidelity' of IPS to the standards of best practice. The management ratio and the caseload sizes used here are within the bounds of 'good to exemplary' scores; most of the other fidelity criteria have little or no direct impact on service costs. Caseload capacity is determined both by size and by turnover. There is evidence from the US that each place on a caseload serves about 1.8 clients over a year, so a caseload of 20 has a throughput of 38 individuals per year on average. Although caseload size is used here to estimate a range of unit costs for IPS, turnover has not been factored in because it is likely to vary according to the skills of the post-holder.

Necessary conditions for IPS to operate

Successful operation of IPS requires work-oriented mental health services, through cross-sector engagement and partnership working. The specialist skills of IPS staff and managers provide direct interventions with service users and employers to place people in work and support them as required. Responsibility for the maintenance of work-oriented mental health is shared more widely across professionals in the field.

Variations in the costs presented

The IPS approach requires employment specialists to be integrated into the mental health team. However, there is a wide range of levels at which the specialists are currently appointed. Therefore, in schema 2.9.1 we offer costs for four grades of staff, two with professional qualifications (e.g. psychology, occupational therapy) and two with no particular qualifications. These different levels of pay, combined with a range of caseload sizes, yield a range of unit costs, as shown in schema 2.9.2. To the salary costs are added the usual overheads, plus a cost for a team leader, who according to IPS guidance should not supervise more than 10 staff and should be available to provide practical support. A small marketing budget is included here, but annual costs for training were not available. We were advised by experienced IPS services that no other costs are commonly incurred. The unit cost per year shown in schema 2.9.2 ranges from £1,893 to £7,323, depending on caseload size and salary level of the worker. This does not take account of turnover in clients, who are unlikely to remain in the service for a full year.

Comparative costs of day care

Unit costs of IPS may be compared to the costs of private sector day care. In schema 2.5 of this volume, the cost of private sector day care was £40 per session outside of London. Schema 2.9.3 shows the unit cost per day for the four grades of staff, combined with the same range of caseload sizes as in schema 2.9.2. The unit cost per day shown in schema 2.9.3 range from £45 to £174 depending on caseload size and salary level of the worker. Whereas day care is often allocated in perpetuity, IPS is geared to finding a person paid work, and therefore the amount used by a given individual is likely to decrease over time. Moreover, there is some evidence that those individuals who attain work gain self-esteem⁶ and reduce their reliance on mental health services, though not necessarily on social security benefits.⁷

¹ McGurk, S. & Mueser, K. (2004) Cognitive functioning, symptoms and work in supported employment; a review and heuristic model, *Schizophrenia Research*, 70, 147-174.

² Thornicroft, G. (2006) *Shunned: discrimination against people with mental illness*, Oxford University Press, Oxford.

³ Department of Health (2006) *Vocational services for people with severe mental health problems: commissioning guidance*, CSIP for Department of Work and Pensions and Department of Health.

⁴ Bond, G.R., Drake, R.E. & Becker, D.R. (2008) An update on randomized controlled trials of evidence based supported employment, *Psychiatric Rehabilitation Journal*, 31, 280-289.

⁵ Burns, T., Catty, J., Becker, T., Drake, R., Fioritti, A., Knapp, M., Lauber, C., Rossler, W., Tomov, T., van Busschbach, J., White, S. & Wiersma, D. (2007) The effectiveness of supported employment for people with severe mental illness: a randomised controlled trial, *The Lancet*, 370, 1146-1152.

⁶ Sesami Research and Practice Partnership (2007) The SESAMI evaluation of employment support in the UK: background and baseline data, *Journal of Mental Health*, 16, 3, 375-388.

⁷ Schneider, J., Boyce, M., Johnson, R., Secker, J., Grove, B. & Floyd, M. (2009) Impact of supported employment on service costs and income of people, *Journal of Mental Health*, 18, 6, 533-542.

2.8.1 Cost components

	Unqualified	Unqualified	Qualified	Qualified
	Band 3	Band 4	Band 5	Band 6
Salary	£18,433	£21,220	£23,475	£30,998
Salary oncosts	£4,062	£4,837	£5,464	£7,555
Overheads – staff	£4,344	£5,032	£5,588	£7,445
Overheads – other	£9,441	£10,936	£12,145	£16,181
Capital	£2,794	£2,794	£2,794	£2,794
Team leader	£7,166	£7,166	£7,166	£7,166
Marketing budget	£1,089	£1,089	£1,089	£1,089
Total	£47,329	£53,074	£57,721	£73,228

2.8.2 Unit costs per person per year

	Unqualified	Unqualified	Qualified	Qualified
Caseload size	Band 3	Band 4	Band 5	Band 6
10 people	£4,733	£5,307	£5,772	£7,323
15 people	£3,155	£3,538	£3,848	£4,882
20 people	£2,366	£2,654	£2,886	£3,661
25 people	£1,893	£2,123	£2,309	£2,929

2.8.3 Unit costs per person per day

	Unqualified	Unqualified	Qualified	Qualified
Caseload size	Band 3	Band 4	Band 5	Band 6
10 people	£113	£126	£137	£174
15 people	£75	£84	£92	£116
20 people	£56	£63	£69	£87
25 people	£45	£51	£55	£70

2.9 Deprivation of liberty safeguards in England: implementation costs

In 2009 the government provided additional funding of £10 million for local authorities and £2.2 million for the National Health Service (NHS) for the implementation of deprivation of liberty safeguards (DoLS). This amends a breach of the European Convention on Human Rights and provides for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

In 2009, a study was carried out to estimate the costs likely to be incurred with the implementation of the DoLS in England, and data on resource utilisation were collected from professionals conducting the six formal assessments required.¹ These are: age assessment, mental health assessment, mental capacity assessment, best-interest assessment, eligibility assessment and no refusal assessment, the latter of which establishes whether authorisation of deprivation of liberty would conflict with other authorities (for example, power of attorney) for decision-making for that individual.

The 40 interviews included professionals conducting the six DoLS assessments, the secretarial staff in DoLS offices and the independent mental capacity advocates. Each professional provided the average time taken for an individual DoLS assessment or for combined assessments, when more than one of the six DoLS assessments were conducted together. Information on average travelling time and distance was also provided. Total assessment time for each individual (including travelling time) was multiplied by the unit cost for that professional and a travelling allowance.

The average cost for a single DoLS assessment across the five DoLS offices was £1,366. The standard deviation around the estimated cost of a single DoLS assessment was £413, and the 95 per cent confidence interval was £513 to £2,150. All costs have been updated to 2013/2014 prices using the appropriate inflators.

Costs for a single deprivation of liberty safeguards (DoLS) assessment

All assessments include travel time	DoLS office 1	DoLS office 2	DoLS office 3	DoLS office 4	DoLS office 5	Average of the five offices
Assessments by mental health assessor	£492	£224	£567	£281	£242	£360
Assessments by best-interest assessor	£691	£415	£288	£1,000	£557	£588
Secretarial costs	£322	£181	£126	£574	£302	£300
Independent mental capacity advocates assessments	£111	£85	£60	£58	£72	£77
Court protection costs	£42	£42	£42	£42	£42	£42
Total costs	£1,659	£947	£1,082	£1,955	£1,214	£1,366

¹ Shah, A., Pennington, M., Heginbotham, C. & Donaldson, C. (2011) Deprivation of liberty safeguards in England: implementation costs, *British Journal of Psychiatry*, 199,232-238, doi:10.1192/bjp.bp.110.089474.

2.10 Mindfulness-based cognitive therapy – group-based intervention

Mindfulness-based cognitive therapy (MBCT) is a manualised skills training programme designed to enable patients to learn skills that prevent the recurrence of depression. It is derived from mindfulness-based stress reduction, a programme with proven efficacy in ameliorating distress in people suffering chronic disease.

To provide the unit costs of this service, we have drawn on information provided by Kuyken et al. (2008)¹ which was based on data from three mindfulness-based cognitive therapy therapists who took part in the study. There were 12 individuals in each group.

Costs and unit estimation	Unit cost 2013/2014	Notes
A. Wages/salary	£38,497 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 7 of the July 2013-June 2014 NHS staff earnings estimates. ² See section V for further information on salaries.
B. Salary oncosts	£9,640 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications		No information available
D. Overheads		Taken from NHS (England) Summarised accounts. ³
Management, administration and estates staff	£9,295 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£20,203 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,338	Based on the new-build requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{4,5}
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Face-to-face time	1:0.67	Based on data from the three MBCT therapists who took part in the study.
Length of sessions	2 hours	Therapy sessions lasted two hours with 12 people attending each session.
Unit costs available 2013/2014		
£172 per session, £14 per service user.		

¹ Kuyken, W., Byford, S., Taylor, R.S., Watkins, E., Holden, E., White, K., Barrett, B., Byng, R., Evans, A Mullan, E. & Teasdale, J.D. (2008) Mindfulness-based cognitive therapy to prevent relapse in recurrent depression, *Journal of Consulting and Clinical Psychology*, 76, 966-978.

² Health & Social Care Information Centre (2013) *NHS staff earnings estimates 2013* (not publicly available), Health & Social Care Information Centre, Leeds.

³ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁶ Contracted hours are taken from NHS Careers (2014) *Pay and benefits*, National Health Service, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

2.11 Interventions for mental health promotion and mental illness prevention

Information has been drawn from Knapp et al. (2011)¹ and explores the economic case for mental health promotion and prevention, based on a detailed analysis of costs and benefits for 15 different interventions. All costs have been updated using the appropriate inflators.

The full report can be downloaded at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126085/.

Parenting interventions for the prevention of persistent conduct disorders

Context: Conduct disorders are the most common childhood psychiatric disorders, with a UK prevalence of 4.9 per cent for children aged 5-10 years. The condition leads to adulthood anti-social personality disorder in about 50 per cent of cases, and is associated with a wide range of adverse long-term outcomes, particularly delinquency and criminality. The costs to society are high, with average potential savings from early intervention previously estimated at £150,000 (2011 prices) per case.

Intervention: Parenting programmes can be targeted at parents of children with, or at risk of, developing conduct disorder, and are designed to improve parenting styles and parent-child relationships. Reviews have found parent training to have positive effects on children's behaviour, and that benefits remain one year later. Longer-term studies show sustained effects but lack control groups; cost-effectiveness data are limited, but in one trial, health and social services costs were found to reduce over time.

Cost: The median cost of an 8-12 week group-based parenting programme is estimated at £988 per family, while that of individual interventions is £2,156. Assuming 80 per cent of people receive group-based interventions and 20 per cent individual interventions, in line with NICE guidance, the average cost of the intervention can be estimated at £1,221 per family.

School-based social and emotional learning programmes to prevent conduct problems in childhood.

Context: Conduct problems in childhood cover a range of oppositional or anti-social forms of behaviour, such as disobedience, lying, fighting and stealing, and are associated with a range of poor outcomes, including increased risk of criminal activity, fewer school qualifications, parenthood at a young age, unemployment, divorce or separation, substance abuse and psychiatric disorders, many of which lead to increased costs across several agencies.

Intervention: School-based Social and Emotional Learning (SEL) programmes help children and young people to recognise and manage emotions, and to set and achieve positive goals. International evidence shows that SEL participants demonstrate significantly improved social and emotional skills, attitudes, behaviour and academic performance.

Cost: The costs of a representative intervention, including teacher training, programme co-ordinator and materials, were estimated at £137 per child per year at current prices.

School-based interventions to reduce bullying

Context: Being bullied at school has adverse effects on both psychological well-being and educational attainment. There is evidence from longitudinal data that this has a negative long-term impact on employability and earnings; on average, lifetime earnings of a victim of bullying are reduced by around £50,000. According to an Ofsted survey,² 39 per cent of children reported being bullied in the previous 12 months.

Intervention: Anti-bullying programmes show mixed results. One high-quality evaluation of a school-based anti-bullying intervention found a 21-22 per cent reduction in the proportion of children victimised.

Cost: Information is limited on the cost of anti-bullying programmes, but one study estimates this at £16 per pupil per year at current prices.

¹ Knapp, M., McDaid, D. & Parsonage, M. (2011) *Mental health promotion and mental illness prevention: the economic case*, Department of Health, London.

² Ofsted (2008) *Children on bullying*, Ofsted, <http://www.ofsted.gov.uk/resources/children-bullying> [accessed 9 October 2014].

Early detection for psychosis

Context: It is estimated that each year in England more than 15,000 people exhibit early symptoms before the onset of full psychosis. Progression of the disease is associated with higher costs to public services (including health, social care and criminal justice), lost employment, and greatly diminished quality of life for the individual and their family.

Intervention: Early detection services aim to identify the early symptoms of psychosis, reduce the risk of transition to full psychosis, and shorten the duration of untreated psychosis for those who develop it. Such services include cognitive behavioural therapy, psychotropic medication, and contact with psychiatrists. This contrasts with treatment as usual which typically consists of GP and counsellor contacts.

Cost: One year of an early detection intervention has been estimated to cost £3,058 per patient, compared with £771 for standard care (2009 prices).

Early intervention for psychosis

Context: Psychosis related to schizophrenia is associated with higher costs to public services (including health, social care and criminal justice), lost employment, and greatly diminished quality of life for the individual with the illness and their family.

Intervention: Early intervention teams aim to reduce relapse and readmission rates for patients who have suffered a first episode of psychosis, and to improve their chances of returning to employment, education or training, and more generally their future quality of life. This intervention involves a multidisciplinary team that could include a range of professionals (psychiatrists, psychologists, occupational therapists, community support workers, social workers and vocational workers).

Cost: The annual direct cost per patient of this type of service, plus other community psychiatric services and inpatient care, has been estimated at £11,815 at current prices. The first year of the early intervention team's input is estimated to cost £2,467 per patient.

Screening and brief intervention in primary care for alcohol misuse

Context: It is estimated that 6.6 million adults in England currently consume alcohol at hazardous levels, and 2.3 million at harmful levels.

Intervention: An inexpensive intervention in primary care combines universal screening by GPs of all patients, followed by a 5-minute advice session for those who screen positive.

Cost: The total cost of the intervention averaged over all those screened was £18.00 at current prices.

Workplace screening for depression and anxiety disorders

Context: Labour Force Survey data suggest that 11.4 million working days were lost in Britain in 2008/09 due to work-related stress, depression or anxiety. This equates to 27.3 days lost per affected worker.

Intervention: Workplace-based enhanced depression care consists of employees completing a screening questionnaire, followed by care management for those found to be suffering from, or at risk of developing, depression and/or anxiety disorders. Those at risk of depression or anxiety disorders are offered a course of cognitive behaviour therapy (CBT) delivered in six sessions over 12 weeks.

Cost: It is estimated that £32 covers the cost of facilitating the completion of the screening questionnaire, follow-up assessment to confirm depression, and care management costs. For those identified as being at risk, the authors estimated that the cost of six sessions of face-to-face CBT is £249.

Promoting well-being in the workplace

Context: Deteriorating well-being in the workplace is potentially costly for businesses as it may increase absenteeism and presenteeism (lost productivity while at work), and in the longer term potentially leads to premature withdrawal from the labour market.

Intervention: There are a wide range of approaches: flexible working arrangements; career progression opportunities; ergonomics and environment; stress audits; and improved recognition of risk factors for poor mental health by line managers. A multi-component health promotion intervention consists of personalised health and well-being information and advice; a health risk appraisal questionnaire; access to a tailored health improvement web portal; wellness literature, and seminars and workshops focused on identified wellness issues.

Cost: The cost of a multi-component intervention is estimated at £83 per employee per year.

Debt and mental health

Context: Only about half of all people with debt problems seek advice, and without intervention almost two-thirds of people with unmanageable debt problems will still face such problems 12 months later. Research has demonstrated a link between debt and mental health. On average, the lost employment costs of each case of poor mental health are £12,361 per year, while the annual costs of health and social service use are £1,631.

Intervention: Current evidence suggests that there is potential for debt advice interventions to alleviate financial debt, and hence reduce mental health problems resulting from debt. For the general population, contact with face-to-face advice services is associated with a 5 per cent likelihood of debt becoming manageable, while telephone services achieve 47 per cent.

Cost: The costs of this type of intervention vary significantly, depending on whether it is through face-to-face, telephone or internet-based services. The Department for Business, Innovation and Skills suggests expenditure of £259 per client for face-face-debt advice; telephone and internet-based services are cheaper.

Population-level suicide awareness training and intervention

Context: The economic impacts of suicide are profound, although comparatively few studies have sought to quantify these costs. This is in part because a proportion of individuals who survive suicide attempts are likely to make further attempts, in some cases fatal.

Intervention: There is evidence that suicide prevention education for GPs can have an impact as a population-level intervention to prevent suicide. With better identification of those at risk, individuals can receive cognitive behavioural therapy (CBT), followed by ongoing pharmaceutical and psychological support to help manage underlying depressive disorders.

Cost: The authors estimated that a course of CBT in the first year is around £433 per person. Further ongoing pharmaceutical and psychological therapy is estimated to cost £1,278 a year. The cost of suicide prevention training for GPs, based on the Applied Suicide Intervention Skills Training (ASIST) course, is £216.

Bridge safety measures for suicide prevention

Context: Jumping from height accounts for around 3 per cent of completed suicides.

Intervention and cost: Following the installation of a safety barrier in 1998, at a cost of £324,382 at current prices, the number of suicides reduced from an average of 8.2 per year in the five years before the barrier, to 4 per year in the five years after it was installed.

Collaborative care for depression in individuals with Type II diabetes

Context: Depression is commonly associated with chronic physical health problems. US data indicate that 13 per cent of all new cases of Type II diabetes will also have clinical depression. These patterns are important as evidence shows that co-morbid depression exacerbates the complications and adverse consequences of diabetes, in part because patients may more poorly manage their diabetes. This has substantial economic consequences.

Intervention: 'Collaborative care', including GP advice and care, the use of antidepressants and cognitive behavioural therapy (CBT) for some patients, can be delivered in a primary care setting to individuals with co-morbid diabetes.

Cost: It is estimated that the total cost of six months of collaborative care is £737, compared with £374 for usual care.

Tackling medically unexplained symptoms

Context: Somatoform conditions present physical symptoms for which there is no identifiable physical cause. These medically unexplained symptoms are thought to be triggered or exacerbated by emotional factors, such as psychosocial stress, depression or anxiety. The financial costs to public services and society are considerable.

Intervention: Cognitive behavioural therapy (CBT) has been found to be an effective intervention for tackling somatoform conditions and their underlying psychological causes.

Cost: A course of CBT may last for 10 sessions at £93 per session. Costs associated with the need to raise the awareness of GPs to the potential role of CBT treatment for somatoform conditions, either through e-learning or face-to-face training.

Befriending of older adults

Context: Befriending initiatives, often delivered by volunteers, provide an 'upstream' intervention that is potentially of value both to the person being befriended and the befriender.

Intervention: The intervention is not usually structured and nor does it have formally-defined goals. Instead, an informal, natural relationship develops between the participants, who will usually have been matched for interests and preferences. This relationship facilitates improved mental health, reduced loneliness and greater social inclusion.

Cost: The contact is generally for an hour per week or fortnight. The cost to public services of 12 hours of befriending contact is estimated at £88, based on the lower end of the cost range for befriending interventions.

3. Services for people who misuse drugs or alcohol

- 3.1 Residential rehabilitation for people who misuse drugs or alcohol
- 3.2 Inpatient detoxification for people who misuse drugs or alcohol
- 3.3 Specialist prescribing
- 3.4 Alcohol health worker, Accident & Emergency Department

Services for people who misuse drugs or alcohol

Statistics produced by the National Drug Treatment Monitoring System (NDTMS), presented in the National Treatment Agency's (NTA) Annual Report 2008/09,¹ revealed the prevalence of people who misuse drugs or alcohol.

The information presented in schemas 3.1 to 3.3 was provided by the National Treatment Agency² and present the unit costs of three treatment interventions: (a) residential rehabilitation, (b) inpatient detoxification and (c) specialist prescribing. These interventions are described fully in *Business Definition for Adult Drug Treatment Providers* (National Treatment Agency, 2010).³

National average costs for the interventions were calculated. These excluded instances where the provider data fell in the top and bottom 5 per cent of unit costs for service users in treatment **OR** days in treatment, and the top and bottom 10 per cent of unit costs for service users in treatment **AND** days in treatment.

¹ National Treatment Agency for Substance Misuse (2009) *Annual report, 2008/09*. http://www.nta.nhs.uk/uploads/nta_annual_report_08-09_2.pdf [accessed 9 October 2014].

² Personal communication with the National Treatment Agency, 2010.

³ National Treatment Agency for Substance Misuse (2010) *NDTMS dataset G, definition, business definition for adult drug treatment providers*, <http://www.nta.nhs.uk/core-data-set.aspx/> [accessed 9 October 2014].

3.1 Residential rehabilitation for people who misuse drugs or alcohol

Residential rehabilitation consists of a range of treatment delivery models or programmes to address drug and alcohol misuse, including abstinence orientated drug interventions within the context of residential accommodation. Other examples include inpatient treatment for the pharmacological management of substance misuse, and therapeutic residential services designed to address adolescent substance misuse. Of the 210,815 individuals receiving structured drug treatment in 2008/09,¹ 4,711 were in residential rehabilitation. The real figure is likely to be higher as only about two-thirds of residential providers sent data to the National Drug Treatment Monitoring System in 2008/09.

Information has been drawn from a sample of 34 residential rehabilitation programmes to produce a unit cost per resident week of £633 (unchanged from last year) at 2013/2014 prices. The Gross Domestic Product (GDP) index has been used to uprate from 2007/08 prices, as suggested by the NTA. It was not possible to provide details of costs for this service due to the method of data collection.

¹ National Treatment Agency for Substance Misuse (2009) *Annual report, 2008/09*, http://www.nta.nhs.uk/uploads/nta_annual_report_08-09_2.pdf [accessed 9 October 2014].

3.2 Inpatient detoxification for people who misuse drugs or alcohol

An Inpatient Unit (IPU) provides care to service users with substance-related problems (medical, psychological or social) that are so severe that they require medical, psychiatric and psychological care. The key feature of an IPU is the provision of these services with 24-hour cover, seven days per week, from a multidisciplinary clinical team who have had specialist training in managing addictive behaviours.

Treatment in an inpatient setting may involve one or more of the following interventions: (a) assessment, (b) stabilisation and (c) assisted withdrawal (detoxification). A combination of all three may be provided, or one followed by another.

The three main settings for inpatient treatment are: (a) general hospital psychiatric units, (b) specialist drug misuse inpatient units in hospitals and (c) residential rehabilitation units (usually as a precursor to the rehabilitation programme). See *Business Definition for Adult Drug Treatment Providers*¹ for more detailed information on this intervention.

Based on information provided by the National Treatment Agency in 2010, the average cost for inpatient detoxification (NHS and voluntary organisations) is £152 per patient day, which is equivalent to £1,061 per patient week (unchanged from last year).

Costs and unit estimation	2013/2014 value	Notes
A. Direct pay	£88 per patient day	Salaries plus oncosts for care staff.
B. Direct overheads	£16 per patient day	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration (for example, telephones and information technology).
C. Indirect costs and overheads	£48 per patient day	Includes capital charges, expenditure on refurbishment, property and buildings, housekeeping, catering, portorage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.
Unit costs available 2013/2014		
£152 per patient day or £1,061 per patient week		

¹ National Treatment Agency for Substance Misuse (2010) *NDTMS dataset G, definition, business definition for adult drug treatment providers*, <http://www.nta.nhs.uk/core-data-set.aspx> [accessed 9 October 2014].

3.3 Specialist prescribing

Specialist prescribing is community prescribing for drug misuse in a specialist drug service setting, normally staffed by a multidisciplinary substance misuse team. Specialist prescribing interventions normally include comprehensive assessments of drug treatment need and the provision of a full range of prescribing treatments in the context of care-planned drug treatment. The specialist team should also provide, or provide access to, a range of other care-planned health-care interventions including psychosocial interventions, a wide range of harm reduction interventions, Blood Borne Virus (BBV) prevention and vaccination, and abstinence-oriented interventions.

The teams include specialist doctors who are usually consultant addiction psychiatrists 'with a Certificate of Completion of Training (CCT) in psychiatry, with endorsement in substance misuse working exclusively to provide a full range of services to substance misusers'. See *Business Definition for Adult Drug Treatment Providers*¹ for more detailed information on this intervention.

Based on information provided by the National Treatment Agency,² the average cost for specialist prescribing is £53 per patient week. All costs have been updated from 2007/08 using the Gross Domestic Product (GDP) index, as suggested by the NTA.

Using reference costs 2011/2012,³ the mean cost per client contact in a NHS and PCT combined drugs and alcohol mental health team was £119 per face-to-face contact and £51 per non face-to-face contact. These costs have been updated using the Hospital and Community Health Services (HCHS) inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Direct pay	£24 per patient week	Salaries plus oncosts for care staff.
B. Direct overheads	£18 per patient week	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration (for example, telephones and information technology).
C. Indirect costs and overheads	£10 per patient week	Includes capital charges, capital on refurbishment, property and buildings, housekeeping, catering, portage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.
Unit costs available 2013/2014		
£52 per patient week		

¹ National Treatment Agency for Substance Misuse (2010) *NDTMS dataset G, definition, business definition for adult drug treatment providers*, <http://www.nta.nhs.uk/core-data-set.aspx> [accessed 9 October 2014].

² Personal communication with the National Treatment Agency, 2010.

³ Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 9 October 2014].

3.4 Alcohol health worker, Accident & Emergency

Alcohol health workers (AHWs) are experienced mental health nurses who have undertaken specific training in counselling people who misuse alcohol. AHWs interact with people in a non-confrontational and patient-centred way, and during an assessment may offer feedback about safe levels of drinking and suggest a range of strategies aimed at reducing levels of consumption. Information for this schema is based on a study carried out by the Centre for the Economics of Mental and Physical Health at the Institute of Psychiatry, London.¹

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£31,943 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 7 of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 14.7 per cent can be added to reflect payments for activity such as over-time, shift work and geographic allowances. See preface and section V for further information on salaries.
B. Salary oncosts	£7,818 per year	Employer's national insurance contribution is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴ See the preface for more information on qualifications and also schema 7.4 for details. It has been assumed that this health worker requires the same qualifications as a staff nurse/ward manager.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁵
Management, administration and estates staff	£7,678 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,687 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared office space for administration, and recreational and changing facilities. ^{6,7} Treatment space has not been included.
Working time	41.6 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 225 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time on: clinic contacts	1:0.22	Based on a survey of AHWs in a London A&E department, ¹ 82 per cent of time is spent on face-to-face contact and 18 per cent on onward referral. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Length of contact	55 minutes	Per clinic contact. Based on survey of AHWs in London A&E department. ¹
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£48 (£56) per clinic consultation		

¹ Barrett, B., Byford, S., Crawford, M.J., Patton, R., Drummond, C., Henry, J.A. & Touquet, R. (2006) Cost-effectiveness of screening and referral to an alcohol health worker in alcohol misusing patients attending an accident and emergency department: a decision-making approach, *Drug and Alcohol Dependence*, 81, 1, 47-54.

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014*, Health & Social Care Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Audit Commission (2012) *NHS summarised accounts 2012-2013*, NHS, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits*, National Health Service, London. <http://www.nhs.gov.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Training days as recommended by professional bodies. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

4. Services for people with learning disabilities

- 4.1 Group homes for people with learning disabilities
- 4.2 Fully staffed living settings
- 4.3 Semi-independent living settings
- 4.4 Local authority day care for people with learning disabilities

4.1 Group homes for people with learning disabilities

The costs of group homes are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ The sample comprises residents living in fully-staffed and semi-independent living settings (53 service users). These costs have been updated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al., 2007, chapter 3), which provides further details on service provision for people with intellectual disabilities.^{2,3}

Costs and unit estimation	2013/2014 value	Notes
A. Capital costs	£69 per week	Capital costs for buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ¹
Revenue costs		
B. Staffing (direct and non-direct staffing)	£708 per week	Calculated using facility-specific expenditure accounts. ¹
C. On-site administration	£21 per week	
D. Agency overheads	£123 per week	
Other costs		
E. Personal living expenses for items such as food, utilities, personal care and leisure	£266 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single). ^{4,5}
External services		
F. Hospital	£11 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI), ⁶ with 35 residents in group homes interviewed. ¹ Costs for day services were estimated using accounts information, where available. Unit costs for all other services were taken from this volume.
G. Community	£19 per week	
H. Day services	£202 per week	
Use of facility by client	52.18 weeks per year	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	The sample of service users used to derive the table were of mild to moderate learning disability and therefore with higher levels of ability (ABS>145). ^{1,7} For lower levels of ability a multiplier of 1.60 could be applied. ^{1,6}
Unit costs available 2013/2014		
£921 establishment cost per resident week (includes A to D), £1,418 care package costs (includes A to H).		

¹ Felce, D., Perry, J., Romeo, R., Robertson, J., Meek, A., Emerson, E. & Knapp, M. (2008) Outcomes and costs of community living semi-independent living and fully staffed group homes, *American Journal on Mental Retardation*, 113, 2, 87-101.

² Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.

³ Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study, country report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.

⁴ Department for Work and Pensions (2013) Benefits uprating <http://www.parliament.uk/briefing-papers/SN06512.pdf> [accessed 9 October 2014].

⁵ Note that last year's prices were based on 2013/2014 allowances and therefore this cost has not changed this year.

⁶ Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.

⁷ Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive behavior scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.2 Fully-staffed living settings

The costs of fully-staffed living settings are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ All costs have been uprated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al. 2007, chapter 3), which provides further details on service provision for people with learning disabilities.^{2,3}

Costs and unit estimation	2013/2014 value	Notes
A. Capital costs	£79 per week	Capital costs for buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Revenue costs		
B. Staffing (direct and non-direct staffing)	£948 per week	Calculated using facility-specific expenditure accounts. ¹
C. On-site administration	£29 per week	
D. Agency overheads	£149 per week	
Other costs		
E. Personal living expenses for items such as food, utilities, personal care and leisure	£266 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single). ^{4,5}
External services		
F. Hospital	£8 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI), ⁶ with 35 residents in fully-staffed living settings interviewed. Costs for day services were estimated using accounts information, where available. ¹ Unit costs for all other services were taken from this volume.
G. Community	£17 per week	
H. Day services	£229 per week	
Use of facility by client	52.18 weeks per year	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	Clients were grouped according to scores on the Adaptive Behaviour Scale (ABS). ⁷ Scores between zero and 145 were grouped as less able; scores higher than 145 were grouped as more able (145 was selected to allow relatively even distribution between groups). All participants in the study had mild to moderate learning disability. ¹
Unit costs available 2013/2014		
£1,205 establishment costs per resident week (includes A to D); £1,725 care package costs (includes A to H).		

¹ Felce, D., Perry, J., Romeo, R., Robertson, J., Meek, A., Emerson, E. & Knapp, M. (2008) Outcomes and costs of community living semi-independent living and fully staffed group homes, *American Journal on Mental Retardation*, 113, 2, 87-101.

² Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.

³ Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study, country report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.

⁴ Department for Work and Pensions (2013) *Benefits uprating*, <http://www.parliament.uk/briefing-papers/SN06512.pdf> [accessed 9 October 2014].

⁵ Note that last year's prices were based on 2013/2014 allowances and therefore this cost has not changed this year.

⁶ Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.

⁷ Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive behavior scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.3 Semi-independent living settings

The costs of semi-independent living settings are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.¹ The sample comprised 35 service users who were resident in semi-independent living settings. These settings were partially staffed, having no paid support for at least 28 hours per week when service users were awake at home. These settings did not have any regular night-time support or sleep-over presence. All costs have been uprated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al., 2007, chapter 3), which provides further details on service provision for people with learning disabilities.^{2,3}

Costs and unit estimation	2013/2014 value	Notes
A. Capital costs	£53 per week	Capital costs for buildings and land were calculated using market valuations of property. They have been annuitised over 60 years at a discount rate of 3.5 per cent.
Revenue costs B. Staffing (direct and non-direct staffing) C. On-site administration D. Agency overheads	£259 per week £10 per week £62 per week	Calculated using facility-specific expenditure accounts. ¹
Other costs E. Personal living expenses for items such as food, utilities, personal care and leisure	£266 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single). ^{4,5}
External services F. Hospital G. Community H. Day services	£11 per week £15 per week £126 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI), ⁶ with 35 residents in semi-independent living settings interviewed. Costs for day services were estimated using accounts information, where available. ¹ Unit costs for all other services were taken from this volume.
Use of facility by client	52.18 weeks per year	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	Clients were grouped according to scores on the Adaptive Behaviour Scale (ABS). ⁷ Scores between zero and 145 were grouped as less able; scores higher than 145 were grouped as more able (145 was selected to allow relatively even distribution between groups). All participants in the study had mild to moderate intellectual disability. ¹
Unit costs available 2013/2014		
£384 establishment costs per resident week (includes A to D); £802 care package costs (includes A to H).		

¹ Felce, D., Perry, J., Romeo, R., Robertson, J., Meek, A., Emerson, E. & Knapp, M. (2008) Outcomes and costs of community living semi-independent living and fully staffed group homes, *American Journal on Mental Retardation*, 113, 2, 87-101.

² Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study. Volume 2: Main Report*, Tizard Centre, University of Kent, Canterbury.

³ Mansell, J., Knapp, M., Beadle-Brown, J. & Beecham, J. (2007) *Deinstitutionalisation and community living: outcomes and costs: report of a European study, country report: United Kingdom*, Tizard Centre, University of Kent, Canterbury.

⁴ Department for Work and Pensions (2013) *Benefits uprating*, <http://www.parliament.uk/briefing-papers/SN06512.pdf> [accessed 9 October 2014].

⁵ Note that last year's prices were based on 2013/2014 allowances and therefore this cost has not changed this year.

⁶ Beecham, J. & Knapp, M. (1992) Costing psychiatric interventions, in G. Thornicroft, C. Brewin & J. Wing (eds) *Measuring Mental Health Needs*, Oxford University Press, Oxford.

⁷ Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive behavior scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.4 Local authority day care for people with learning disabilities

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for expenditure costs, which have been uprated using the PSS pay & prices inflator. The median cost was £284 per client week and the mean cost was £293 per client week (including capital costs). These data do not report on the number of sessions clients attended each week.

To determine the best unit of activity, this year we have carried out a Freedom of Information request to ask local authorities the duration of a 'unit of activity' and to provide approximate guidance on how many times a week clients attend.

Based on information provided by ten local authorities,² we have calculated an average cost per client attendance and also a cost per client hour. We have then used this information to calculate the cost of a client session lasting 3.5 hours which is a typical standard unit of day care for most local authorities responding to our information request.

See preface for more information.

Costs and unit estimation	2013/2014 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£5.30 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£1.40 per client attendance	Based on research carried out by the Valuation Office Agency. ³ These allow for 33.4 square metres per person. ⁴ The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings and oncosts are included in the revenue costs so no additional cost has been added for other capital such as equipment and durables.
D. Total local authority expenditure (minus capital)	£69 per client attendance	The median cost per client week has been taken from PSS EX1 2012/13 ¹ and uprated using the PSS pay & prices index. Assuming people with learning disabilities attend on average 4.8 times per week (4 hours in duration), ² the median cost per day care attendance is £69 and the mean cost per attendance is £67. Capital charges relating to buildings have been deducted. Councils reporting costs of over £2,000 per client week have not been included in this estimate.
E. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Use of facility by client		Assumes clients attend 4.8 times per week. ²
Occupancy		No current information is available.
London multiplier	1.34 x (A to B) 1.32 x (D to E)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2013/2014		
£76 per client attendance (includes A to D); £16 per client hour; £55 per client session lasting 3.5 hours.		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Based on research carried out by PSSRU in 2014.

³ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

4.5 Advocacy for parents with learning disabilities

Advocacy can help service users both to understand their rights and choices and also to support them in resolving issues of great significance to their lives. We have drawn on an article by Bauer & Colleagues (2014)¹ for the costs of providing an advocate for parents with learning disabilities and at risk of having their children taken into care. Based on information provided by two of the four projects and taking mid-points of salary ranges provided, combined with routine data and assumptions made for staff employed by local authorities, the mean cost of an advocacy intervention consuming 95 hours of client related work (including one-to-one sessions, external meetings, but excluding travel and training costs), was £4,245. Information on the wider costs and benefits of advocacy and early intervention signposted or referred to by the advocate can be found in the referenced paper (Bauer & Colleagues, 2014).¹

The costs below are based on the average of two advocacy projects. The first is in rural and urban parts of the country where most service users are in areas of deprivation; and the second in urban regions with large areas of poverty and child protection issues.

Costs and unit estimation	2013/2014 value	Notes (for further clarification see Commentary)
A. Wages/salary	£31,072 per year	Project A: Two part-time advocates (salary range £20,000-£25,000); Project B: Eighty per cent of a service manager (salary range £29,604-£31,766). Plus one part-time (3.5 hours per week) advocate (salary range £26,401-£28,031).
B. Salary oncosts	£10,902 per year	Employer's national insurance is included plus 20 per cent of salary for employer's contribution to superannuation.
C. Overheads Management/supervision	£5,979 per year	Project A: supervision from a service manager for 2 hours per month (24 hours per year) Project B: service manager is provided with 4 hours formal supervision and 20 hours informal supervision per month (288 hours per year). Advocate has 3 hours formal and 3 hours informal supervision by manager per month (72 hours per year).
Direct overheads	£2,938 per year	Premises costs (office, stationery, utilities etc.) are estimated at 7 per cent of salary costs. ²
Indirect overheads	£6,716 per year	Indirect overheads assumed to be 16 per cent of direct care salary costs. ² They include general management and support services such as finance and human resource departments.
D. Qualifications	No costs available	Project A: advocates required 20 hours of national advocacy training. Project B: NVQ level 4 management and national advocacy qualification required.
E. Training	No costs available	Project A: further training consisted of 8 hours by Family Rights Group plus additional training to individual requirements. Project B: 5 days per year provided by a range of safeguarding, advocacy, legal and community organisations.
F. Capital overheads	£2,451 per year	It is assumed that one office is used and costs are based on the new-build and land requirements of a local office and shared facilities for waiting, interviews and clerical support. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel	No costs available	Project A: average travel time per intervention = 70 minutes, range (40-120 minutes) Project B: average travel time = 15 minutes.
Working time	41 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.2 days sickness leave have been assumed based on the median average sickness absence level in England for all authorities. Unit costs assumes 1,516 hours of client-related work per year.
Ratio of direct to indirect time on client-related work	1:0.13	1,344 hours of client-related work are assumed per year. ¹
Caseload		Project A: Caseload of 8-10 parents. Project B 10 families.
Time per case	95 hours of client related work.	On average, an advocacy intervention consisted of 95 hours of client-related work (one-to-one sessions, external meetings travelling and preparation time) provided over a 10 month period. Face-to-face time ranged from 3 to 68 hours. Time per case ranged from 3 to 68 hours delivered over periods of 3 months to 6 years.
Unit costs available 2013/2014		
Average cost per working hour £26, average cost per client related hour £45. (Estimates exclude travel costs).		
Average total cost £60,059; Total cost for project A: £41,298; Total cost for project B: £78,819.		
Average cost per advocacy intervention (based on 95 hours); £4,263 (Project A £2,919 and Project B £5,571).		

¹ Bauer, A., Wistow, G., Dixon, J. & Knapp, M. (2014) Investing in advocacy for parents with learning disabilities: what is the economic argument? *British Journal of Learning Disabilities*, doi: 10.1111/bld.12089.

² Based on information taken from Selwyn, J., Sempik, J., Thurston, P. & Wijedasa, D. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al (2010). Home care re-ablement services: Investigating the longer-term impacts, Final Report, University of York, PSSRU Kent, Department of Health, London.

5. Services for adults with physical disability

- 5.1 Local authority care homes for adults with a physical disability
- 5.2 Voluntary, private and independent sector care homes for adults with a physical disability
- 5.3 Day care for adults with a physical disability
- 5.4 Home care for adults with a physical disability

5.1 Local authority care homes for adults with a physical disability

This schema uses the Personal Social Services Expenditure return (PSS EX1),¹ which has been updated using the PSS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
Capital costs		
A. Buildings and oncosts	£131 per resident week	Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land costs	£16 per resident week	Based on Department for Communities and Local Government statistics. ³ The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Total local authority expenditure (minus capital)	£809 per resident week	The median revenue weekly cost estimate (£809) for supporting adults in own-provision residential care (includes full-cost paying and preserved-rights residents). Capital costs relating to buildings and land have been deducted. The mean cost per client per week is reported as being £1,087.
D. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Other costs		
E. Personal living expenses	£23.90 per week	The DWP personal allowance for people in residential care or a nursing home is £23.90. ⁴ This has been used as a proxy for personal consumption.
F. External services		No information is available.
Use of facility by client	365.25 days per year	
Occupancy	100 per cent	No statistics available, therefore 100 per cent occupancy assumed.
London multiplier		No statistics available.
Unit costs available 2013/2014		
£956 per resident week establishment costs (includes A to C); £980 per resident week (includes A to E).		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁴ Department of Health (2012) *Charging for residential care*, <https://www.gov.uk/government/news/charging-for-residential-care--2/> [accessed 3 October 2014].

5.2 Voluntary, private and independent sector care homes for adults with a physical disability

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for expenditure which has been updated using the PSS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
Capital costs		
A. Buildings and oncosts	£131 per resident week	Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land costs	£16 per resident week	Based on Department for Communities and Local Government statistics. ³ The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Total expenditure (minus capital)	£704 per resident week	The median revenue weekly cost estimate (£704) for supporting adults in residential care provided by others (includes full-cost paying and preserved-rights residents). Capital costs relating to buildings and land have been deducted. The mean cost per client per week is reported as being £718.
D. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Other costs		
E. Personal living expenses	£23.90 per week	The DWP personal allowance for people in residential care or a nursing home is £23.90. ⁴ This has been used as a proxy for personal consumption.
F. External services		No information is available.
Use of facility by client	365.25 days per year	
Occupancy	100 per cent	No statistics available, therefore 100 per cent occupancy assumed.
London multiplier		No statistics available.
Unit costs available 2013/2014		
£852 per resident week establishment costs (includes A to C); £876 per resident week (includes A to E).		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁴ Department of Health (2012) *Charging for residential care*, <https://www.gov.uk/government/news/charging-for-residential-care--2/> [accessed 3 October 2014].

5.3 Day care for adults with a physical disability

This schema uses the Personal Social Services Expenditure return (PSS EX1)¹ for revenue costs, which have been uprated using the PSS pay & prices inflator. The median cost was £198 per client week and the mean cost was £203 per client week (including capital costs). These data do not report on how many sessions clients attended each week.

To determine the best unit of activity, this year we have carried out a Freedom of Information request to ask local authorities the duration of a 'unit of activity' and to provide approximate guidance on how many times a week clients attend.

Based on information provided by ten local authorities,² we have calculated an average cost per client attendance and also a cost per client hour. We have then used this information to calculate the cost of a client session lasting 3.5 hours, which is a typical standard unit of day care for most local authorities responding to our information request.

Costs and unit estimation	2013/2014 value	Notes
Capital costs (A, B & C)		
A. Buildings and oncosts	£5.30 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on research carried out by the Valuation Office Agency. ³ These allow for 33.4 square metres per person. ⁴ The cost of land has been annuitised at 3.5 per cent over 60 years.
B. Land	£1.30 per client attendance	
C. Other capital		
Revenue costs		
D. Salary and other revenue costs	£73 per client attendance	The median cost per client week has been taken from PSS EX1 2012/13 ¹ and uprated using the PSS pay & prices index. Assuming people with learning disabilities attend on average 2.7 times per week (4.8 hours in duration), ² the median cost per day care attendance is £73 and the mean cost per attendance is £75. Capital charges relating to buildings have been deducted. Councils reporting costs of over £2,000 per client week have not been included in this estimate.
E. Agency overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 expenditure figures so no additional overheads have been added.
Use of facility by client		Assumes clients attend 2.7 times per week. ²
Occupancy		No current information is available.
London multiplier	1.34 x A 1.88 x B 1.07 x D	Relative London costs are drawn from the same source as the base data for each cost element. ^{1,3,4}
Unit costs available 2013/2014		
£80 per client attendance (includes A to D); £16.60 per client hour; £58 client per session lasting 3.5 hours.		

¹ Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

² Based on research carried out by PSSRU in 2014.

³ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

5.4 Home care

The mean (median) gross weekly expenditure on home care per adult aged under 65 with a physical disability is £199 (£191). Assuming home care is provided 7 days a week, the median weekly expenditure is £29 and the mean is £28.

See schema 11.6 for more information on home care

6. Services for children and their families

- 6.1 NHS reference costs for children's health services
- 6.2 Care home for children—local authority
- 6.3 Care home for children—voluntary and private sector
- 6.4 Local authority foster care for children
- 6.5 Social services support for children in need
- 6.6 Key worker services for disabled children and their families
- 6.7 End-of-life care at home for children
- 6.8 Multi-systemic therapy (MST)
- 6.9 Cognitive behaviour therapy
- 6.10 Adoption
- 6.11 Multidimensional treatment foster care
- 6.12 Decision-making panels
- 6.13 Costs of reunification
- 6.14 Short-break provision for disabled children and their families
- 6.15 Local safeguarding children's boards
- 6.16 Incredible Years parenting programme
- 6.17 Parenting programmes for the prevention of persistent conduct disorder
- 6.18 Parent training interventions for parents of disabled children with sleep problems
- 6.19 Independent reviewing officer (IRO)
- 6.20 Early Years Teacher Classroom Management programme

6.1 NHS reference costs for children's health services

We have drawn on the *NHS Trust and Primary Care Trusts combined* dataset to report the costs of selected children's health services.¹ All costs have been updated to 2013/2014 levels using the HCCHS pay & prices inflator.

Each reported unit cost includes:

- (a) direct costs – which can be easily identified with a particular activity (e.g. consultants and nurses)
- (b) indirect costs – which cannot be directly attributed to an activity but can usually be shared among a number of activities (e.g. laundry and lighting)
- (c) overheads – which relate to the overall running of the organisation (e.g. finance and human resources).

For information on the method used to allocate drugs to services, see *NHS reference costs guidance* for 2012-2013.¹

	National Average	Lower quartile	Upper quartile
COMMUNITY SERVICES, average cost per care contact/group session			
Therapy services			
Physiotherapy group	£145 (£81)	£61 (£61)	£119 (£91)
Occupational therapy group	£178 (£113)	£94 (£69)	£217 (£132)
Speech therapy services group	£87 (£89)	£62 (£68)	£92 (£103)
All community paediatrician services (excluding Treatment Function Code (TFC) and vaccination programmes), average cost per care contact			
Weighted average of face-to-face contacts	£310	£185	£382
Weighted average of non-face-to-face contact	£176	£99	£175
Community health services – nursing, average cost per care contact/group session			
School-based children's health core (other) services – group multi professional	£63 (£83)	£46 (£74)	£76 (£74)
School-based children's health core (other) services – group single professional	£46 (£74)	£37 (£43)	£50 (£54)
School-based children's health core (other) services – one to one	£50 (£53)	£35 (£37)	£60 (£58)
OUTPATIENT ATTENDANCES, average cost per attendance			
Paediatrics	£189	n/a	n/a
Paediatric consultant-led outpatient attendances	£195		
Paediatric non-consultant-led outpatient attendances	£122		
SPECIALIST PALLIATIVE CARE, average cost per bed day			
Inpatient specialist palliative care	£149	£54	£322
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES			
Day care facilities – regular attendances	£296	£277	£300
Admitted patients	£614	£534	£695
Community contacts	£227	£172	£280
Outpatient attendances	£271	£214	£325

¹ Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

6.2 Care home for children — local authority

This schema presents the costs per resident week for a local authority care home for children. Establishment costs are £2,995 per resident week. All costs have been updated using the PSS pay & prices index. For more information on the market in children's care homes see *DfES Children's Services: Children's Homes and Fostering*,¹ and for information on secure children's homes see Mooney et al. (2012).²

Costs and unit estimation	2013/2014 value	Notes
Capital costs (A & B)		
A. Buildings	£143 per resident week	Based on the new-build and land requirements for local authority children's homes. These allow for 59.95 m ² per person. ³ Capital costs are discounted at 3.5 per cent over 60 years. This remains unchanged from last year.
B. Land	£20 per resident week	Land costs researched for PSSRU by the Valuation Office Agency ⁴ and annuitised at 3.5 per cent over 60 years.
C. Total local authority expenditure (minus capital)	£2,831 per resident week	Mean costs for children looked after in own-provision children's homes are based on the underlying data of the Section 251 ⁵ of the Department for Education's <i>Financial Data collection for outturn 2012/13</i> . The cost for a child for a week in an own-provision residential care home was £2,831. This was calculated by dividing net current expenditure for local authority (LA) provision children's care homes (£300,426,698) by the number of LA provision care days for children in residential care (709,604). ^{5,6} We have excluded capital charges for buildings and updated costs using the PSS pay & prices inflator. Local authorities reporting costs of less than £400 per week (£57 per day) or more than £14,000 per week (£2,000 per day) have been excluded.
D. Agency overheads		Most of the direct social work costs and the commissioning costs for children's services have been excluded from these estimates. Also excluded are occupational therapy services and child protection social work costs.
E. Other costs		No current information available on the costs of external services received. See previous editions of this publication for sources of information.
Use of facility by client	52.18 weeks	
Occupancy		No current information available. See previous editions of this volume for sources of information.
London multiplier	1.20 x A 1.88 x B 1.11 x C	Relative London costs are drawn from the same source as the base data for each cost element. ^{3,4,5}
Unit costs available 2013/2014		
£2,995 establishment costs per resident week (includes A to C).		

¹ Department for Education (2006) *DfES children's services: children's homes and fostering*, PricewaterhouseCoopers, London.

² Mooney, A., Statham, J., Knight, A. & Holmes, L. (2012) *Understanding the market for secure children's homes*, Summary Report, A rapid response study for the Department for Education, Childhood Wellbeing Research Centre, Loughborough.

³ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁴ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁵ Department for Education (2014) *Underlying data of the section 251 data archive: outturn data-detailed level 2008-09 onwards, outturn summary 2012-13*, Department for Education, London. <https://www.gov.uk/government/publications/outturn-2012-to-2013-data-section-251> [accessed 20 October 2014].

⁶ Department for Education (2011) *Children looked after in England including adoption and care leavers, year ending 31 March 2012, SSDA903*. Data provided by DfE. <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/index.shtml> [accessed 1 October 2013].

6.3 Voluntary and private sector care homes for children

This schema presents the costs per resident week for a non-statutory care home for children. Establishment costs are £2,947 per resident week. See *DfES Children's Services: Children's Homes and Fostering*, for information on the market in children's care homes.¹

Costs and unit estimation	2013/2014 value	Notes
Capital costs (A & B)		
A. Buildings	£143 per resident week	Based on the new-build and land requirements for local authority children's homes. These allow for 59.95 m ² per person. ² Capital costs are discounted at 3.5 per cent over 60 years. This remains unchanged from last year.
B. Land	£20 per resident week	Land costs researched for PSSRU by the Valuation Office Agency ³ and annuitised at 3.5 per cent over 60 years.
C. Total expenditure (minus capital)	£2,784 per resident week	Mean costs for children looked after in externally provided children's homes (e.g. non local authority (LA) own provision) are based on the underlying data of the Section 251 ⁴ of the Department for Education's <i>Financial Data collection for outturn 2012/13</i> . The cost for a child for a week in a non-statutory residential care home for children was £2,784. This was calculated by dividing net current expenditure for other provision children's care homes (£656,837,857) by the number of care days in non-LA provision for children in residential care (1,581,898). ^{4,5} We have excluded capital charges for buildings and uprated costs using the PSS pay & prices inflator. The number of local authorities reporting costs of less than £400 per week (£57 per day) or more than £14,000 per week (£2,000 per day) have been excluded.
D. Agency overheads		Most of the direct social work costs and the commissioning costs for children's services have been excluded from these estimates. Also excluded are occupational therapy services and child protection social work costs.
E. Other costs		No current information available on the costs of external services received. See previous editions of this publication for sources of information.
External services		
Use of facility by client	52.18 weeks	
Occupancy		No current information available. See previous editions of this volume for sources of information.
London multiplier	1.20 x A 1.88 x B 1.07 x C	Relative London costs are drawn from the same source as the base data for each cost element. ^{2,3,4}
Unit costs available 2013/2014		
£2,947 establishment costs per resident week (includes A to C).		

¹ Department for Education (2006) *DfES children's services: children's homes and fostering*, PricewaterhouseCoopers, London. <https://www.education.gov.uk/publications/RSG/publicationDetail/Page1/RW74> [accessed 9 October 2013].

² Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁴ Department for Education (2014) *Underlying data of the section 251 data archive: outturn data-detailed level 2008-09 onwards, outturn summary 2012-13*, Department for Education, London. <https://www.gov.uk/government/publications/outturn-2012-to-2013-data-section-251> [accessed 20 October 2014].

⁵ Department for Education (2013) *Children looked after in England including adoption and care leavers, year ending 31 March 2011, SSDA903*. Data provided by DfE, <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption> [accessed 18 November 2014].

6.4 Local authority foster care for children

This schema provides the cost of local authority foster care for children. For information on multidimensional treatment foster care, see schema 6.10 of this volume. See Holmes & Soper (2010)¹ and Department for Education (2006)² for more information on the costs of foster care.

Costs and unit estimation	2013/2014 value	Notes
A. Boarding out allowances, administration and the costs of social worker and other support staff who support foster carers	£468 per child per week	Using Section 251 ³ data and dividing total net expenditure for own-provision foster care (including children placed with family and friends) (includes own provision and other public provision) of £840,645,533 by the total number of days of care (12,647,252), ⁴ the cost per day for 2012/13 was £66 (£465 per week) and £468 when uprated to 2013/14 prices using the PSS pay & prices inflator. Using Section 251 and dividing total net expenditure for all foster care (includes own-provision, private, other public and voluntary foster care) of £1,536,280,000 ³ by the total number of activity days (18,340,684), ⁴ the cost per day for all provision foster care for 2012/13 was £84 (£586 per week) and £591 when uprated using the Personal Social Services (PSS) pay & prices inflator.
B. Social services (including cost of social worker and support)	£233 per child per week	Although Section 251 data includes the costs of social workers and staff who support foster carers, it excludes social work costs related directly to the fostered children. The majority of children looked after are in foster placements and the mean cost of social services support from fieldwork teams and centres (costed staff/centre time) has been estimated from the Children in Need (CiN) census 2005 ⁵ and has been uprated to current levels using the PSS pay & prices inflators. At 2013/2014 prices, this was £233 per child per week.
C. Other services, including education		No current information available on the costs of other external services received. See previous editions of this publication for sources of information.
Service use by client	52.18 weeks per year	
London multiplier	1.72 x A	Relative London costs are drawn from the same source as the base data. ²
Unit costs available 2013/2014		
£700 per child per week		

¹ Holmes, L. & Soper, J. (2010) *Update to the cost of foster care*, Loughborough University, Loughborough.

² Department for Education (2006) *DfES children's services: children's homes and fostering*, PricewaterhouseCoopers, London. <https://www.education.gov.uk/publications/RSG/publicationDetail/Page1/RW74> [accessed 9 October 2013].

³ Department for Education (2014) *Underlying data of the section 251 data archive: outturn data-detailed level 2008-09 onwards, outturn summary 2012-13*, Department for Education, London. <https://www.gov.uk/government/publications/outturn-2012-to-2013-data-section-251> [accessed 20 October 2014].

⁴ Department for Education (2013) *Children looked after in England including adoption and care leavers, year ending 31 March 2011, SSSA903*. Data provided by DfE, <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption> [accessed 18 November 2014].

⁵ Department for Education and Skills (2005) *Children in need in England: results of a survey of activity and expenditure as reported by local authority social services' children and families teams for a survey week in February 2005*, Department for Education and Skills, London.

6.5 Social services support for children in need

Until 2005, the Children in Need census was a biennial survey which collected information on the numbers and characteristics of children in need: that is, children receiving social services support. The unit costs of these services were also published for a survey week in February 2005 which included 234,700 children.¹ Since 2008/09, the annual Children in Need census has contained slightly different information. In 2008/09, although financial information was collected, rather than being for a sample week as in previous censuses the collection covered six months. Further differences between these two surveys are discussed in Mahon (2008).²

In this schema, therefore, we present information collected in 2005 which is based on services received by each child seen during a survey week in February. These costs have been uprated to 2013/2014 costs using the PSS pay & prices inflators. At 2013/2014 prices, the average weekly cost for looked-after children was £791 while, for children supported in their families or independently, the cost was £163, with an average cost per Child in Need of £337.

For care package costs which provide examples of the support received by children in need, see schemas 6.5.1-6.5.4.

Three types of expenditure are captured in the schemas below:

- 1) The costs of field and centre staff time carrying out social services activities with, or on behalf of, identified children in need and their families.
- 2) The costs of providing care and accommodation for children looked after (and similar regular, ongoing expenditure that can be treated in the same way).
- 3) One-off or ad hoc payments and purchases for children in need or their families.

6.5.1 Social services' costs per child per week by region

Location	Children supported in families or independently		Children looked after		Total	
	Total no. of children	Average cost per child	Total no. of children	Average cost per child	Total no. of children	Average cost per child
All shire counties	60,265	£145	22,875	£744	83,140	£308
All unitary authorities	35,235	£145	12,115	£855	47,350	£326
All metropolitan districts	40,760	£157	18,685	£709	59,445	£331
All London authorities	32,490	£227	12,230	£954	44,720	£425
England	168,750	£163	65,900	£791	234,650	£337

¹ For further information on this survey see <http://www.education.gov.uk/rsgateway/DB/SFR/s001084/sfr20-2012md.pdf> [accessed 9 October 2013].

² Mahon, J. (2008) *Towards the new children in need census*, York Consulting, <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-RW039> [accessed 9 October 2013].

6.5.2 Social services costs per child per week by need category

Need category ¹	Children supported in families or independently		Children looked after	
	Total no. of children	Mean cost per child	Total no. of children	Mean cost per child
Abuse/neglect	50,900	£163	36,000	£756
Disability	21,100	£186	8700	£756
Parental illness or disability	8,400	£163	3,200	£709
Family in acute stress	20,000	£140	4,100	£989
Family dysfunction	23,400	£151	6,400	£896
Socially unacceptable behaviour	12,200	£186	1,800	£1,396
Low income	3,900	£174	270	£768
Absent parenting	5,500	£233	4,400	£698
Cases other than children in need	8,000	£151	460	£675
Cases not stated	15,400	£151	660	£547

6.5.3 Average cost (£ per week) per child receiving support: by service categories

	Children supported in families or independently	Children looked after	Total
	Mean cost per child	Mean cost per child	Mean cost per child
Costs for staff/centre time	£134	£233	£163
Ongoing costs	£23	£552	£169
One-off costs	£6	£12	£5
Total costs	£163	£791	£337

6.5.4 Average cost (£ per week) for identified groups of children

	Children supported in families or independently		Children looked after		Total	
	Mean hours per child	Mean cost per child	Mean hours per child	Mean cost per child	Mean hours per child	Mean cost per child
Asylum-seeking children	1.5	£256	2.4	£698	1.8	£413
Disabled children	2.5	£186	3.0	£826	2.7	£407
Autistic children	2.6	£192	2.8	£960	2.7	£488
All children	2.3	£163	3.5	£791	2.7	£337

¹ As specified in Department for Education and Skills (2005) Children in need in England: results of a survey of activity and expenditure as reported by local authority social services' children and families teams for a survey week in February 2005, Department for Education and Skills, London.

6.6 Key worker services for disabled children and their families

Key workers provide a single point of contact for disabled children and their families, supporting them and facilitating access to other services. Both key workers and the families supported see the key worker role as providing information and advice, identifying and addressing needs, accessing and co-ordinating services for the family, providing emotional support, and acting as an advocate. Research has shown that key worker services generate good outcomes for families, and provision is encouraged through central government policy.

In 2004/05, research was carried out in seven sites providing key worker services to explore the effectiveness of different models and also to calculate costs.^{1,2} In total, 205 families returned questionnaires of which there were 189 valid responses. Predominantly, key workers included in the study came from four professional backgrounds: health visiting, nursing, teaching and social work. However, parents, paediatricians, dietitians, speech therapists, occupational therapists, physiotherapists and early years workers also acted as key workers. The children supported by these seven key worker services had a range of diagnoses, of which autistic spectrum disorders, cerebral palsy and developmental delay were the most common. Most children had more than one condition.

The schema below shows that the average cost per working hour for the seven services was £34, ranging from £24 to £43. This has been calculated by dividing the total cost by the total number of hours for which staff members undertook key-working activities. The unit cost is, therefore, weighted for the staff-mix on each service. Over a three-month period, the mean and median costs of contact, taking into account telephone calls and the costs of visits, were £153 and £88 respectively. All costs have been uprated to reflect 2013/2014 prices.

Assuming this level of contact to be constant over 12 months, annual average contact costs would be £605. Using information provided by 11 key workers reporting time use, the contact to other activity ratio is 1:1.6 (for each hour spent in contact with the family, two and a half hours are spent on activities such as travel, liaison, meetings etc.). At 2013/2014 prices, the total cost of all participating schemes was £2,278,031 and this total caseload was 1,237, giving an average annual cost per family across the schemes of £1,842.

Use and costs of key worker services in three months prior to survey					
Service	Cost per working hour	Mean number of visits (range)	Mean number of telephone calls (range)	Mean cost of visits and telephone calls	Median cost of visits and telephone calls
A	£26	2.9 (0-8)	6.7 (1-16)	£145	£127
B	£43	2.7 (0-24)	5.0 (0-60)	£187	£91
C	£36	3.6 (0-10)	5.4 (1-80)	£191	£143
D	£38	1.9 (0-12)	2.5 (0-12)	£109	£61
E	£38	2.8 (0-20)	4.6 (0-50)	£186	£115
F	£32	4.4 (0-12)	2.5 (0-12)	£112	£76
G	£24	1.4 (0-6)	2.1 (0-6)	£39	£24
Total/average	£34	2.8 (0-24)	4.4 (0-60)	£153	£88

¹ Greco, V., Sloper, P., Webb, R. & Beecham, J. (2005) *An exploration of different models of multi-agency partnerships in key worker services for disabled children: effectiveness and costs*, Social Policy Research Unit, University of York.

² Beecham, J., Sloper, P., Greco, V. & Webb, R. (2007) The costs of key worker support for disabled children and their families, *Child: Care, Health and Development*, 33, 5, 611-618.

6.7 End-of-life care at home for children

Information for this schema has been provided by Rhiannon Edwards and Jane Noyes at Bangor University and was taken from the *My Choices* project report¹ which provided a summary of the proposed *additional costs* associated with providing palliative care at home (assuming care is provided for one week, 24 hours per day).

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£289,117 per year	Based on the mean basic salaries for 5.5 community nurses (band 6), 1 specialist palliative care nurse (band 7), 0.2 medical equipment technician (band 6), 0.5 clinical psychologist (band 7) and 15 band 7 nurses, each working 100 hours per year.
B. Salary oncosts	£70,876 per year	Employer's national insurance plus 14 per cent of salary for employer's contribution to superannuation.
C. Overheads Staff costs	£20,542 per year	Includes IT and administrative support, 0.5 WTE band 7 and 0.5 WTE band 5 respectively.
D. Travel costs	£27,857 per year	No travel costs available but the assumption is that they are equivalent to those reported in schema 7.5.
Working time	24 hours per day, 52.18 weeks	Unit costs based on 168 hours per week and 52.18 weeks per year.
Unit costs available 2013/2014		
Cost per week £7,827; cost per hour £46.60 (if working 24/7).		

¹ Noyes, J., Hain, R., Tudor Edwards, R., Spencer, L., Bennett, V., Hobson, L., & Thompson, A. (2010) *My choices project* report, Bangor University, CRC Cymru, Cardiff University School of Medicine, N Warwickshire PCT, Royal College of Paediatrics and Child Health, Public Health Wales NHS Trust, Bath and NE Somerset PCT, <http://www.bangor.ac.uk/healthcaresciences/research/My%20Choices%20Project%20Report%20-%202022-09-2011.pdf> [accessed 9 October 2013].

6.8 Multi-systemic therapy (MST)

Multi-systemic therapy (MST) is an intensive family- and community-based treatment programme that focuses on addressing all environmental systems that impact on chronic and violent juvenile offenders: their homes and families, schools and teachers, neighbourhoods and friends (<http://mstservices.com/>).

This schema is based on costs estimated for a randomised controlled trial of interventions for adolescents aged 11-17 years at risk of continuing criminal activity.¹

Costs and unit estimation	Unit cost 2013/2014	Notes
A. Salary plus oncosts	£46,656 per year	Based on the salary of a chartered counselling psychologist. ¹ Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
B. Overheads		Taken from NHS (England) Summarised accounts. ²
Management, administration and estates staff.	£9,009 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£19,581 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£3,687 per year	Based on the new-build and land requirements of NHS facilities and adjusted to reflect shared used of both treatment and non-treatment space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,588 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ³
Face-to-face time	1:1.40	The direct: indirect ratio was based on a survey of the three MST therapists who took part in the trial.
Length of sessions	60 minutes	Therapy sessions lasted 60 minutes.
Unit costs available 2013/2014		
£50 per hour; £119 per therapy session.		

¹ Cary, M., Butler, S., Baruch, G., Hickey, N. & Byford, S. (2013) Economic evaluation of multisystemic therapy for young people at risk for continuing criminal activity in the UK, *PLoS One* 8(4):e61070, doi:10.1371/journal.pone.0061070. <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0061070> [accessed 11 November 2014].

² Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

³ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London, <http://www.nhs.gov.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

6.9 Cognitive behaviour therapy (CBT)

This schema is based on costs estimated for a randomised controlled trial of interventions for adolescents with depression. The setting was two Child and Mental Health Services (CAMHS) teams in secondary care where CBT was delivered.¹ Barrett and Petkova summarise CBT costs over 21 studies in a short article in the 2013 edition of this publication.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£42,866 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 7 of the July 2013-June 2014 NHS staff earnings estimates. ² An average has been taken of these salaries.
B. Oncosts	£5,597 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications		No information available.
D. Overheads		Taken from NHS (England) Summarised accounts. ³
Management, administrative and estates staff	£9,358 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£20,340 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training		Information not available for all care staff.
F. Capital overheads	£3,935 per year	Based on the new-build and land requirements of an NHS office and shared facilities, capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ^{4,5} Based on the assumption that there is one office per team.
Working time	43.4 weeks per year, 37.5 hours per week	Unit costs are based on 1,627 hours per year: 217 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Ratio of direct to indirect time on face-to-face contact	1:1	Fifty per cent of time is spent on face-to-face contact and 50 per cent on other activities.
Length of contact	55 minutes	Average duration of CBT session.
Unit costs available 2013/2014		
£93 cost per CBT session.		

¹ Goodyer, I., Harrington, R., Breen, S., Dubicka, B., Leech, A., Rothwell, J., White, L., Ford, C., Kelvin, R., Wilkinson, P., Barrett, B., Byford, S. & Roberts, C. (2007) A randomised controlled trial of SSRIs with and without cognitive behavioural therapy in adolescents with major depression, *British Medical Journal*, doi:10.1136/bmj.39224.494340.55.

² Health & Social Care Information Centre (2013) *NHS staff earnings estimates 2014* (not publicly available), Health & Social Care Information Centre, Leeds.

³ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁴ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

6.10 Adoption

In 2013, an overview of the adoption research initiative was published.¹ This draws on studies commissioned by the Department for Education (DfE) as part of the Adoption Research Initiative (ARI) to explore issues relating to the implementation of the Adoption and Children Act 2002 in England and Wales. This schema draws mainly on information contained in this overview, providing the costs of various stages of the adoption process, from the fees to post-adoption support for families. It also includes information from a routine source: Section 251 of the Department of Education's financial data collection. All costs have been uprated using appropriate inflators.

Local authority expenditure – Section 251

In the Section 251 financial accounts, adoption services include 'adoption allowances paid and other staff and overhead costs associated with adoption including the costs of social workers seeking new and supporting existing adoptive parents'.² Based on the outturn accounts for 2013/14³ and activity data taken from the Department of Education's statistical release for children looked after in England,⁴ the average cost per day for own-provision adoption services was £229. This was calculated by dividing total expenditure (£241,026,000) for own-provision and other provision adoption services by the total number of days of care for both own provision (PR1) and other local authority provision (PR2) (1,057,879). At 2013/2014 prices, the cost per day for private and voluntary services is £233, which was calculated by dividing private and voluntary expenditure (£22,711,000) by the total number of private and voluntary care days (98,292). The average cost per day across all adoption services (including the private and voluntary sector) at 2013/2014 prices is £230. This was calculated by dividing total expenditure (£263,737,000) by total number of days of care (1,057,879) and uprating by the PSS pay & prices index.

Inter-agency fees

Local authorities (LAs) and voluntary adoption agencies (VAAs) arrange adoptions in England. LAs place children for adoption with their own approved prospective adopters (an 'internal placement') or with approved prospective adopters provided by another local authority or by a VAA (an 'external placement'). VAAs also place a very small number of children relinquished into their care for adoption. Where an external placement is made, an inter-agency fee is charged. This fee enables an agency that has recruited and approved the prospective adopters to recoup their costs. Current fees (2013) are shown in schema 6.10.1 below (http://www.baaf.org.uk/webfm_send/3161/).

6.10.1 Inter-agency fees

Local authorities	Costs for 2013/2014
Fees for one child	£27,000
Fees for two children	150 per cent of the above fee
Fees for three or more children	200 per cent of the above fee
Voluntary adoption agencies	
Fees for one child	£27,000 comprising £18,000 on placement, and £9,000 when the adoption order is made or 12 months from start of placement, whichever is sooner
Ongoing support	£750 per month

As part of the Adoption Research Initiative, the DfE funded a study to establish whether the inter-agency fee was a good reflection of the expenditure incurred by LAs and VAAs in placing a child or sibling group (Selwyn et al., 2009, 2011).⁵ Financial accounts for 2007-08 from ten LAs and 17 VAAs were analysed, and the average cost per adoptive placement was estimated as £37,200 for a VAA and £35,000 for LAs, when expenditure on inter-agency fees had been excluded. The inter-agency fee in 2009 was £24,080 for a VAA, or around three-quarters of the estimated cost per placement in a typical VAA: a shortfall of around £10,000 per placement. 'Accounts submitted to the Charity Commission 2007-08 suggest VAAs contribute about £3.5 million to adoption services from income received from donations, legacies and investments' (Selwyn, 2011, p.427).

¹ Thomas, C. (2013) *Adoption for looked after children: messages from research*, British Association for Adoption & Fostering (BAAF).

² www.education.gov.uk/childrenandyoungpeople/strategy/financeandfunding/section251/a00191786/outturn-guidance/ [accessed 9 October 2013].

³ Department for Education (2014) *Underlying data of the section 251 data archive: outturn data-detailed level 2008-09 onwards, outturn summary 2012-13*, Department for Education, London. <https://www.gov.uk/government/publications/outturn-2012-to-2013-data-section-251> [accessed 20 October 2014].

⁴ Department for Education (2014) *Children looked after in England including adoption and care leavers, year ending 31 March 2013, SSDA903*. Data provided by DfE, see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253578/ssda903guidancenotes201213v12.pdf [accessed 9 October 2014].

⁵ Selwyn, J., Sempik, J., Thurston, P. & Wijedasa, D. (2009) *Adoption and the inter-agency fee*, Centre for Child and Family Research, <http://www.bristol.ac.uk/sps/research/projects/current/rk6582a/rk6582afinalreport.pdf> [accessed 9 October 2013]. See also Selwyn, J. & Sempik, J. (2011) Recruiting adoptive families: the costs of family finding and the failure of the inter-agency fee, *British Journal of Social Work*, 41, 415-431.

Family-finding

Linking and matching in adoption is the process of identifying an adoptive family which might best be able to meet the needs of a specific child who is waiting for an adoptive placement. More specifically, linking refers to the process of investigating the suitability of one or more prospective adoptive families who might meet the needs of a certain child or sibling group, based on their prospective adopter reports. Matching refers to the process whereby a local authority decides which prospective adoptive family is the most suitable to adopt a particular child. This family will be identified as a 'match' for the child or sibling group at the Adoption Panel, but the large variation in the way adoption panels are implemented means these costs are difficult to estimate.

Information has been drawn from a survey of adoption agencies (Dance et al., 2008),¹ and 6.10.2 shows how much social worker time was spent on the relevant activities required to produce the assessment form for a prospective adoptive family. The number of hours spent on each activity was broadly in line with other research (Selwyn et al., 2006).² Many other activities are undertaken as part of the adoption process, including completing the various legal procedures, writing reports for adoption panel meetings, and preparing and introducing children and adoptive families. Each of these activities will involve considerable amounts of social work time and input from other professions, thereby adding to the costs shown here.³ The average cost to the adoption agency of these four sub-processes amounts to £6,344. Costs for participating teams were estimated during the study and have been updated from 2007/08 prices using the PSS pay & prices inflator.

6.10.2 Cost estimation of adoption activities

		Costs 2013/2014
Child assessment	55 social work hours (over four months)	£2,671
Adopter's assessment	64 social work hours (over six months)	£2,350
Preparing child's profile	6 social work hours	£157
Family-finding process – talking to children, families and professionals as part of the linking process	16 social work hours	£1,282
Total	141 social work hours	£6,460

Helping birth families

A study undertaken by Neil & colleagues (2010)⁴ and commissioned by the DfE aimed to estimate the cost of providing support services to birth relatives over 12 months. Seventy-three birth relatives were interviewed, and 57 (78%) were re-interviewed approximately 15 months later. Case workers completed diaries to record time spent on each of the various services provided to birth relatives, and other agencies provided information about the number and type of services provided for each person in the interview sample over one year. For each type of support, a unit cost was taken from the 2007 volume of the *Unit Costs of Health and Social Care*. The unit costs were combined with each person's use of support services to calculate the total costs of support. Costs have been updated using the PSS pay & prices inflator.

Birth relatives were reported to have used 8.35 support services (range 0 to 70) over the 12-month study period at an average cost of £563 (range £0 to £5,023). Services included a telephone line for out-of-hours support, drop-in sessions, duty sessions, following referrals by telephone, providing venues for meetings, and liaison with other service providers. All other services were excluded from the cost estimates. The research was completed before the current consultation on the review of contact arrangements <http://www.education.gov.uk/childrenandyoungpeople/families/adoption/a00212027/>.

Supporting direct contact after adoption

A study undertaken by Neil & colleagues (2010)⁵ explored services provided to support post-adoption contact in 'complex' cases, i.e. direct contact where agencies had an ongoing role in the contact. They reported that the average adoptive family was estimated to have used contact support services 12 times over a 12-month period at a mean total cost of £1,200 (range £0-£4,461). The average birth relative used contact support services 8.9 times over a 12-month period, at a mean total cost of £833 (range £0-£2,184).

¹ Dance, C., Ouwejan, D., Beecham, J. & Farmer, E. (2008) *Adoption agency linking and matching practice in adoption in England and Wales, Survey Findings*, Department for Education, Research Brief DCSF-RBX-16-08. <https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-RBX-16-08/> [accessed 9 October 2013].

² Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2006) *Costs and outcomes of non-infant adoptions*, BAAF, London.

³ Dance, C., Ouwejan, D., Beecham, J. & Farmer, E. (2010) *Linking and matching: a survey of adoption agency practice in England and Wales*, BAAF, London.

⁴ Neil, E., Cossar, J., Lorgelly, P. & Young, J. (2010) *Helping birth families: a study of service provision, costs and outcomes*.

<http://www.adoptionresearchinitiative.org.uk/study5.html> [accessed 9 October 2013]. See also consultation on the review of contact arrangements for children in care and adopted children and on the placement of sibling groups for adoption, <http://www.education.gov.uk/childrenandyoungpeople/families/adoption/a00212027/> [accessed 9 October 2013].

⁵ Neil, E., Cossar, J., Jones, C., Lorgelly, P. & Young, J. (2010) *Helping birth relatives and supporting contact after adoption*, Adoption Research Initiative, http://www.adoptionresearchinitiative.org.uk/summaries/ARI_summary_8.pdf [accessed 23 October 2013].

Post-adoption support for adoptive parents

A legal framework for the provision of adoption support is set out in the Adoption and Children Act 2002 and the Adoption Support Services Regulations 2005 (Department of Health, 2005; Bonin et al. 2013).^{1,2} Families have a right to an assessment of their support needs and may be entitled to (means-tested) financial support, access to support groups, support for contact with birth relatives, and therapeutic services that support the relationship between children and their adoptive parents, including training to meet the child's needs, respite care and assistance in cases of disruption.

Bonin et al. (2013)¹ provide the costs of services over a six-month period through data collected from 19 adoptive parents six months after a child (average age 23 months) had been placed with them. Schema 6.10.3 shows that the total mean public sector cost for support services was £3,953 (uprated from 2007/08 prices), rising to £7,078 if financial support is included.

6.10.3 Services received by adoptive parents

Service or support	Mean costs (sd)	Range (lower)	Range (upper)
Adoption support & social care	£2,382	£843	£6,415
Health care	£517	£0	£1,995
Education support	£11	£0	£117
Specialist services	£114	£0	£1,315
Total cost of services	£3,024	£1,043	£6,672
Financial support	£4,224	£0	£22,645
Total cost (services and financial support)	£7,248	£1,405	£23,688

Financial support includes Adoption Allowances (n=6 families), settling-in grants (n=7), reimbursed expenses over the introductory period (n=8), and benefits and tax credits. In a more recent study, 61 adoptive parents caring for 94 children were interviewed: 88 per cent were reimbursed for expenses during introductions, 70 per cent had received a settling-in grant, and 26 per cent received an Adoption Allowance (Selwyn et al., 2009).¹

Another study funded through the Adoption Research Initiative reported costs of £3,302 (uprated from 2006/07 prices using the PSS pay & prices inflator) for adopters of children with severe behavioural difficulties, estimated over an average of 12 months of the placement (Sharac et al., 2011).² Social work was at the heart of adoption support, accounting for nearly half (44%) of costs. Use of education support (20% of total costs), health care (13%) and other services such as day care and home help (23%) were also recorded.

¹ Selwyn, J., Sempik, J., Thurston, P. & Wijedasa, D. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol.

² Sharac, J., McCrone, P., Rushton, A. & Monck, E. (2011) Enhancing adoptive parenting: a cost-effectiveness analysis, *Child and Adolescent Mental Health*, 16, 2, 110-115. See also <http://www.adoptionresearchinitiative.org.uk/study6.html> [accessed 9 October 2013].

6.11 Multidimensional treatment foster care (MTFC)

Multidimensional treatment foster care (MTFC) is a programme of intervention designed for young people who display emotional and behavioural difficulties. It is based on social learning and attachment theories, and provides intensive support in a family setting. A multidisciplinary team of professionals works with foster carers to change behaviour through the promotion of positive role models. Placements are intensive and tailored to the child's specific needs, with 24-hour support to carers. The specialised team of professionals is responsible for the planning and delivery of the programme, and each practitioner has a clearly-defined role. The core team consists of a programme supervisor, individual therapist, birth family therapist, skills worker, administrator, foster carer recruiter and education worker; additional staff may be appointed in some local authorities (see schema 6.4 for information on local authority foster care for children).

Research to calculate the costs of multidimensional treatment foster care^{1,2} built on a previous study that calculated unit costs for eight social care processes.³ The process costs shown below align with those in the schemas for children in care (8.6.1-8.6.4); in particular the high-cost children. Costs per hour have been calculated using Curtis (2007)⁴ and include overheads and capital costs. For each process, the salary and overhead costs have been multiplied by the time spent by the practitioners involved. The costs tabulated below for providing and maintaining the placement account for over 90 per cent of the costs of a care episode, but exclude the set-up costs. Costs have been updated from 2006/2007 to 2013/2014 prices using the PSS pay & prices inflators.

6.11.1 Costs of eight social care processes for MTFC

Process number	MTFC cost per child (2013/2014 prices)
Process one: decision to place and finding first MTFC placement	£9,805
Process two: care planning	£252
Process three: maintaining the placement (per month)	£7,415
Process four: leaving care/accommodation	£488
Process five: finding subsequent MTFC placement	£9,113
Process six: review	£693
Process seven: legal process	£4,906
Process eight: transition to leaving care services	£2,174

6.11.2 Process costs for other types of provision for young people

Process number	LA foster care in LA area (2013/2014 prices)	Agency/foster care in LA area (2013/2014 prices)	Agency residential in LA area (2013/2014 prices)
Process one	£1,226	£1,741	£1,546
Process two	£252	£252	£252
Process three	£3,843	£5,558	£10,655
Process four	£488	£488	£488
Process five	£550	£1,097	£1,118
Process six	£833	£833	£833
Process seven	£4,906	£4,906	£4,906
Process eight	£2,174	£2,174	£2,174

¹ Holmes, L., Westlake, D. & Ward, H. (2008) *Calculating and comparing the costs of multidimensional treatment foster care*, Report to the Department for Children, Schools and Families, Loughborough Centre for Child and Family Research, Loughborough University.

² Holmes, L., Ward, H. & McDermid, S. (2012) *Calculating and comparing the costs of multidimensional treatment foster care in English local authorities*, *Children and Youth Services Review*, 34, 2141-2146.

³ Ward, H., Holmes, L. & Soper, J. (2008) *Costs and Consequences of Placing Children in Care*, Jessica Kingsley, London.

⁴ Curtis, L. (2007) *Unit Costs of Health and Social Care 2007*, Personal Social Services Research Unit, University of Kent, Canterbury.

6.12 Decision-making panels

A number of studies carried out by the Centre for Child and Family Research at Loughborough University have explored the costs of decision-making panels for the Common Assessment Framework (CAF),¹ short-break services for disabled children and their families,² and joint commissioning for children with additional needs. The joint commissioning panels were held to discuss both looked-after children and children in need cases. Information was gathered from practitioners, managers and administrative staff on the time taken to complete activities prior to, during and after panel meetings. The costs of the Common Assessment Framework and short-breaks panels are based on data provided by two local authorities. The joint commissioning panel is based on information gathered in one local authority. The activity times for each personnel type involved in the three panels are shown in the schema below.

6.12.1 Activity times for CAF, short breaks for disabled children and their families and joint commissioning for children with additional needs panels by personnel type

Panel	Activity times				
	Panel member	Social worker	Principal manager	Administrator	Lead professional
CAF panel	1 hour 10 minutes	N/A	N/A		5 hours
Short-breaks panel	3 hours 20 minutes	1 hour 45 minutes	N/A	4 hours 40 minutes	N/A
Joint commissioning panel	1 hour 45 minutes	2 hours	1 hour 45 minutes	3 hours 20 minutes	N/A

Unit costs are calculated by multiplying the number of hours carried out for each process by each type of personnel, by the relevant unit costs per hour. Unit costs per hour are based on average salaries for each staff type using national salary scales including salary oncosts (national insurance and superannuation). Direct, indirect and capital overheads are applied as outlined in the *Unit Costs of Health and Social Care* (2011).

Personnel type	Unit cost per hour
Panel member (senior manager)	£48
Family support worker	£30
Social worker	£41
Team manager	£48
Administration	£29

The cost of the CAF panel is based on 12 panel members, discussing eight cases per meeting. The cost of the short breaks panel is based on five panel members discussing four cases per meeting. The cost of the joint commissioning panel is based on four panel members discussing eight cases per meeting.

6.12.2 Cost per case for CAF, short breaks and joint commissioning panels

Panel	Costs per case considered £					Total cost per case
	Panel member	Social worker	Principal manager	Administrator	Lead professional	
CAF panel	£83.53				£139.62	£223.15
Short-breaks panel	£114.18	£63.32		£134.84		£312.36
Joint commissioning panel	£42.01	£71.15	£84.02	£95.94		£293.12

¹ Holmes, L., McDermid, S., Padley, M. & Soper, J. (2012) *Exploration of the costs and impact of the Common Assessment Framework*, Department for Education, London.

² Holmes, L., McDermid, S. & Sempik, J. (2010) *The costs of short break provision*, Department for Children, Schools and Families, London.

6.13 Costs of reunification

The Centre for Child and Family Research (CCFR) was commissioned by the National Society for the Prevention of Cruelty to Children (NSPCC) to estimate the costs to the public purse of providing services¹ to support successful reunification to all children and families following a care episode (Holmes, 2014).² This schema provides the weighted average cost per case, based on estimates that 53 per cent of the children returning home (5,342) will require a high level of support, 16 per cent (1,613) will have medium levels of need, and 31 per cent (3,125) will have low levels of need. The cost for a high, medium and low need case are also included. Two types of costs have been provided here: the cost of providing additional support services for children and families following reunification, and the cost of Children in Need support to children and families when the child returns home. At 2013/14 prices, the weighted average cost was £5,627 per case.

The assumptions about the proportion of families with high, medium, and low needs are adapted from the Farmer et al. (2011)³ study which concluded that 28 per cent of returns were good quality, 14 per cent borderline, 49 per cent poor quality and 9 per cent were not clear. It is assumed that the poor quality returns represent high need, the borderline medium need, and the good quality returns low need. The 9 per cent where the quality of returns is unclear has been apportioned equally across the three categories. Hence, it has been assumed that 53 per cent of reunification cases have high support needs, 16 per cent have medium support needs and 31 per cent have low support needs.

The costs include the provision of parenting support, adult mental health, drug and alcohol and CAMHS services for those with medium and high needs. The proportion of families in each category receiving specific interventions, and the intensity of the interventions, are based on the research evidence (Wade et al., 2011⁴; Farmer et al., 2011³; Meltzer et al., 2003⁵). The cost estimations are based on national data. There will be variations between authorities in terms of the needs and costs of the families they are supporting.

The report acknowledges its limitations: for example, the exclusion of the costs incurred by other agencies to support vulnerable children and their families on reunification. It is also acknowledged that some of the assumptions and categorisations will mask some of the complexities of individual cases and the costs associated with supporting these families.

Services	2013/2014 Cost per case	Notes
High needs Adult mental health (60%; fortnightly); Drug and alcohol services (50%, fortnightly); Parenting support (80%; weekly); CAMHS (45%, fortnightly).	£9,330	Based on Farmer et al. (2011) ³ and Meltzer et al. (2003) ⁵ . Based on Farmer et al. (2011) ³ and Meltzer et al. (2003) ⁵ Based on Farmer et al. (2011) ³ and costs for a family support worker (see schema 11.8). Based on Farmer et al. (2011) ³ and Meltzer et al. (2003). ⁵
Medium needs Parenting support CAMHS	£1,613	80 per cent of parents receive parenting support, fortnightly, for one year (Farmer et al., 2011). ³ Forty five per cent of children receive CAMHS services, monthly, for one year (Meltzer et al., 2003). ⁵
Low needs		It has been assumed that any services to meet the needs of the families would have been provided prior to the child returning home and as part of routine service provision.
Support High needs	£3,803	Comprises 6 months at a high level (8 hours 15 minutes social worker time plus 50 minutes team manager per month); 3 months at medium level (5 hours and 45 minutes social worker time plus 50 minutes team manager per month) and 3 months at a low level (2 hours and 35 minutes social worker time plus 50 minutes team manager per month). ⁶
Medium needs	£2,384	Comprises ongoing support for the family as an open Child in Need case for 9 months; 6 months at medium level followed by 3 months at a low level.
Low needs	£1,188	Comprises ongoing support as an open Child in Need case for 6 months at a low level.
Unit costs available 2013/2014		
£5,656 average weighted cost per case.		

¹ Research indicates that much of this support is **not** currently provided. In cases where it is provided by local authorities, it will not represent additional spend. There are significant variations between authorities in terms of types and levels of social care support and services, so the degree of overestimation of the additional cost of these services will vary accordingly.

² Holmes, L. (2014) *Supporting children and families returning home from care*, Centre for Child and Family Research, Loughborough University.

³ Farmer, E., Sturgess, W., O'Neill, T. & Wijedasa, D. (2011) *Achieving successful returns from care: what makes reunification work?* British Association for Adoption and Fostering, London.

⁴ Wade, J., Biehal, N., Farrelly, N. and Sinclair, I. (2011) *Caring for Abused and Neglected Children: Making the Right Decisions for Reunification or Long-term Care*, Jessica Kingsley Publishers, London.

⁵ Meltzer, H., Gatward, R., Corbin, T., Goodman, R. & Ford, T. (2003) *The mental health of young people looked after by local authorities in England*, The Stationery Office, London.

⁶ Holmes, L. & McDermid, S. (2012) *Understanding costs and outcomes in child welfare services*, Jessica Kingsley Publishers, London.

6.14 Short-break provision for disabled children and their families

The Centre for Child and Family Research were commissioned by the Department for Children, Schools and Families (now the Department for Education) to calculate the costs incurred by children's services departments to provide short-break services.¹ The average cost of different types of short-break services was estimated, along with the costs of the routes by which families access provision and the ongoing activity undertaken to support the child and family once in receipt of short-break services.¹ The study employs a bottom-up costing methodology,² using social care activity time data as the basis for building up unit costs. See Holmes & McDermid in Curtis (2010) for detailed information on the methods employed.³

The services

Short breaks can be delivered in the form of overnight stays, day, evening and weekend activities, and can take place in the child's own home, the home of an approved carer, or a residential or community setting.⁴ A range of services and their costs were identified in this study.

Service type	Unit	Average cost 2013/14 value		Range 2013/14 value
		Mean cost	Median cost	
Residential	Per child per night (24-hour period)	£274	£300	£73-£422
Family-based overnight	Per child per night (24-hour period)	£178	£153	£146-£235
Day care	Per child per session (8 hours)	£136	£127	£103-£214
Home support	Per family per hour	£22	£22	£18-£27
Home sitting	Per family per hour	£19	£19	£11-£28
General groups	Per session	£346	£396	£101-£640
Afterschool clubs	Per session	£291	£283	£249-£344
Weekend clubs	Per session	£324	£325	£309-£337
Activity holidays	Per child per break	£1,336	£863	£118 ^a -£3,853 ^b

^a Short break of two days

^b Short break of seven days

The social care processes

The study also calculated the costs of social care activity associated with providing short-break services to disabled children and their families. This included the routes by which families were able to access short-break provision, and any ongoing activity undertaken to support the child and family once in receipt of short-break services.

Process	Out of London cost 2013/2014 value	London cost 2013/14 value
Referral and assessment processes		
Local Core Offer eligibility models ⁵	Not available	£12 ^a
Common Assessment Framework	£190 ^a	Not available
Initial assessment	£341 ^a	£312 ^a
Core assessment	£513 ^a	£722 ^a
Resource panels for short-break services ⁶	£97 ^a	£53 ^a
Ongoing support		
Ongoing support	£78 ^b	£101 ^b
Reviews	£197 ^a	£265 ^a

^a per process per child

^b per month per child

¹ Holmes, L., McDermid, S. & Sempik, J. (2009) *The costs of short break provision: report to the Department for Children, Schools and Families*, Centre for Child and Family Research, Loughborough University.

² Beecham, J. (2000) *Unit Costs – Not exactly child's play: a guide to estimating unit costs for children's social care*, Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit, University of Kent; Ward, H., Holmes, L. & Soper, J. (2008) *Costs and consequences of placing children in care*, Jessica Kingsley, London.

³ Holmes, L. & McDermid, S. (2010) The costs of short break provision, in L. Curtis (ed.) *Unit Costs of Health and Social Care 2011*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Department for Children, Schools and Families (2008) *Aiming high for disabled children: short breaks implementation guidance*, Department for Children, Schools and Families, London.

⁵ 'Local core offer eligibility model' refers to an access route whereby a local authority offers the provision of a standardised package of short-break services to a specific population of disabled children and young people who meet an identified set of eligibility criteria.

⁶ Two of the three participating authorities used panels to decide how resources might be most usefully deployed to support families. The out of London authority held panels once a fortnight and the London authority held their panel monthly.

6.15 Local safeguarding children's boards

Research carried out by the Centre for Child and Family Research examined the cost of local safeguarding children's boards (LSCBs) as part of a wider study commissioned by the Department for Children, Schools and Families to explore the effectiveness of the boards in meeting their objectives.¹

To understand the costs of the LSCB meetings, information was gathered from practitioners, managers and administrative staff on the time taken to complete activities before, during and after LSCB meetings. Board members were asked to complete a time use event record to indicate the time they spent on different LSCB activities in the month preceding the LSCB meeting. Activities included: travel to and from meetings, preparation for meetings and provision of feedback to their agency. Data were collected in relation to the main LSCB meetings and subgroup meetings. The activity times are outlined in the schema below.

6.15.1 Average time spent by board members before and after LSCB meetings

Activity	Average time spent per meeting ^a
Travel	0.89 hours
Preparation for meetings	3.07 hours
Feedback to own agency	1.33 hours
Total	5.29 hours

^a Figures do not include the time spent in the meeting.

Unit costs are calculated by multiplying the number of hours carried out for each activity by each type of personnel by the relevant unit costs per hour. Unit costs per hour are based on average salaries for each staff type using national salary scales and applying oncosts and overheads as presented in this volume.

Six local authority areas contributed to the study. The structure and activities of the LSCBs in these six areas varied considerably. The costs in each area and the overall average cost are shown below, uprated to 2013/14 using the appropriate inflators.

6.15.2 The costs of local safeguarding children's boards

LSCB	Infrastructure (staffing, including Chair) per year	Estimated costs of board member attendance at LSCB meetings		Cost of subgroups
		Estimated cost per meeting	Estimated cost per year	
Area one	£134,041	£11,504	£69,025	£66,877
Area two	£104,475	£7,191	£43,146	£21,925
Area three	£302,073	£17,427	£209,120	£146,845
Area four	£96,965*	£16,051	£64,204	£79,838
Area five	£113,676	£9,552	£57,312	Data not available
Area six	£196,817	£16,681	£66,726	Data not available
Average cost	£158,008	£13,068	£84,923	£78,871

*Figure does not include the time spent in the meeting.

¹ France, A., Munro, E. & Waring, A. (2010) *The evaluation of arrangements for effective operation of the new local safeguarding children boards in England*, Final Report, Department for Education, London.

6.16 Incredible Years parenting programme

The Incredible Years series includes three interlocking training programmes for parents, children and teachers.¹ The parenting programmes are targeted at children up to 12 years of age, and the child and teacher programmes are for children aged 3-8 years. The schema below shows costs for the Webster-Stratton Incredible Years basic parenting programme, which were collected in 2003/04 and have been updated using the hospital and community health services inflators (HCHS). The costs have been calculated using weekly diaries completed by leaders of four groups, and the cost information supplied by the Incredible Years Welsh Office. The figures include costs of weekly attendance at supervision for group leaders. This was required because these leaders were participating in a randomised controlled trial, and were relatively inexperienced and were not certified leaders. Generally, supervision for inexperienced leaders would be recommended on a termly basis, with encouragement to work for leader certification. Further details of the study are available from Edwards et al. (2007).²

Set-up costs are not itemised in the schema below. These include producing the programme kits and also the training of two leaders, and their travel and supervision time. The total cost for these activities was £4,815 and the total time taken was 53 hours.

Costs and unit estimation	2013/2014 value	Notes
A. Capital costs premises	£3,738	Capital costs were 25 per cent of total costs.
B. Salaries and oncosts	£7,551	Direct salary and oncosts for running the group included the recruitment costs (£1,079), supervision costs (£4,576) and group running costs (£1,897). The activities included: - 2 group leaders to recruit parents, including travel time - 2 leaders to run the group - salary in group session preparation time for 2 leaders - supervision time for 2 leaders including travel - trainer costs to deliver supervision
C. Overheads	£2,302	Telephone costs (£51), mileage costs (£819), clerical support costs (£101) and transport and crèche costs (£1,331).
Venue costs and refreshments	£1,397	Venue costs and refreshments.
Working time Length of programme	379.25 hours	375.25 hours spent by 2 leaders to run the programme.
Unit costs available 2013/2014		
Based on 8 parents per group: total costs per child (including set-up costs) £1,869 (£2,471); Based on 12 parents per group: total cost per child (including set-up costs) £1,246 (£1,647).		

¹ Webster-Stratton, C. & Hancock, L. (1998) Training for parents of young children with conduct problems: content, methods and therapeutic processes, in C.E Schaefer & J.M. Briesmeister (eds) *Handbook of parent training*, Vol. 9, September, John Wiley, New York.

² Edwards, R.T., Céilleachair, A., Bywater, T., Hughes, D.A. & Hutchings, J. (2007) Parenting programme for parents of children at risk of developing conduct disorder: cost and effectiveness analysis, *British Medical Journal*, 334, 682-688.

6.17 Parenting programmes for the prevention of persistent conduct disorder

The most successful parenting programmes targeted at parents of children with or at risk of developing conduct disorder are designed to improve parenting styles and parent-child relationships, in turn having positive effects on child behaviour. This schema draws information from a study by Bonin & colleagues (2011)¹ which identified the average costs for group-based interventions and one-to-one delivery-based interventions. In turn these estimates drew on data collected between 2007 and 2009 by researchers at the National Academy for Parenting Research. Data on parenting programmes can be found at <http://www.education.gov.uk/commissioning-toolkit>. While there are many different parenting programmes, administered in a variety of formats, often they are group-based lasting between 1.5 and 2.0 hours per week over 8-12 weeks.

Schemas 6.15.1 and 6.15.2 show the cost of delivering five parenting programmes for which there is evidence of effectiveness. According to NICE (2007),² about 80 per cent of parenting programmes can be delivered in a group format, and this figure is used to weight the median costs. The expected intervention cost based on 80 per cent group and 20 per cent individual provision used for the model is therefore £1,213 per participant. All costs have been updated to 2013/2014 using the appropriate inflators.

6.17.1 Group delivery (Incredible Years, Triple P and Strengthening Families, Strengthening communities)

	Median	Mean	Low	High
Total practitioner cost (includes time in session, preparation and supervision time)	£6,417	£6,254	£1,203	£10,975
Venue hire	£964	£913	£551	£1,171
Food and refreshment	£503	£477	£287	£611
Childcare	£578	£513	£198	£701
Translation services	£646	£575	£222	£785
Materials	£150	£143	£113	£157
Total cost per session for training, supervision and materials	£9,258	£8,873	£2,574	£14,400
Total per person assuming 10 per group	£926	£887	£257	£1,440
Total costs of practitioners' training time and fees	£2,010	£2,317	£1,416	£3,834
Training/100 (assuming 10 participants per group +10 sessions delivered per training received)	£20	£23	£14	£38
Per person estimate include a component for training	£946	£910	£272	£1,478
Hours of supervision needed x hourly cost of minimum recommended level of supervisor	£469	£469	£256	£680
Per person supervision estimate assuming: 10 per group; cost does not depend on number of practitioners; nor the number of programmes run at once	£47	£47	£26	£68
Per person estimate including a component for training and supervisor cost	£993	£957	£297	£1,546

¹ Bonin, E., Stevens, M., Beecham, J., Byford, S. & Parsonage, M. (2011) Costs and longer-term savings of parenting programmes for the prevention of persistent conduct disorder: a modelling study, *BMC Public Health* 2011, 11:803. doi:10.1186/1471-2458-11-803.

² National Institute for Health and Clinical Excellence (2007) *Parent-training/education programmes in the management of children with conduct disorders*, National Institute for Health and Clinical Excellence, London.

6.17.2 One-to-one delivery (Incredible Years, Triple P, Strengthening Families, Strengthening communities and Helping the Noncompliant Child)

	Median	Mean	Low	High
Total staff cost (includes session, preparation and supervision time) for one lead practitioner	£1,898	£2,702	£755	£5,488
Total food/10	£50	£38	£0	£61
Childcare/10	£57	£41	£0	£70
Translation/10	£65	£46	£0	£79
Materials/10	£14	£12	£1	£16
Total session costs (including preparation, supervision, materials etc.)	£2,084	£2,839	£756	£5,714
Training costs (lead practitioner)	£685	£671	£489	£857
Training fees	£640	£865	£142	£2,121
Total costs of lead practitioner's training time and fees	£1,325	£1,536	£632	£2,978
Per person training component/50 (assuming 50 deliveries per training)	£26	£31	£13	£60
Total including training component	£2,110	£2,870	£769	£5,774
Hours of supervision needed x hourly cost of minimum recommended level of supervisor	384 hrs	452 hrs	256 hrs	680 hrs
Per person supervision estimate assuming: 10 one-to-one programmes delivered per supervisor term; cost does not depend on the number of practitioners	£38	£45	£26	£68
Per person estimates include a component for training and supervisor cost	£2,150	£2,915	£795	£5,842

6.18 Parent training interventions for parents of disabled children with sleep or behavioural problems

This schema draws on work carried out by Beresford and colleagues (2012)¹ and provides the costs of five different parent training interventions for parents of disabled children with sleep or behavioural problems. Costs have been updated using current salaries and overhead information. The cost for each programme is an average cost.

Description of programme	Staff (Agenda for Change band/local authority band if provided) FTE unless otherwise noted	Staff sessions and hours (including preparation, delivery, debrief)	Total cost (including programme and staff)
The Ascend Programme is a group-delivered parent-training programme for parents of children with Autistic Spectrum Conditions (ASC). Up to 20 participants per programme.	Clinical psychologist (7), learning disability nurse (7), S&L therapist (5), consultant clinical psychologist (8D), consultant psychiatrist (8DD), learning disability nurse (6), CAMHS therapist (6), social worker assistant, learning disability nurse (7), clinical psychologist (6)	Delivered in 10 weekly sessions of 2-2.5 hours plus final follow up session. In total 46.5 hours were delivered by staff in 4 programmes.	Staff cost £7,782 Programme cost £171 Total £7,953
The Cygnnet programme is a group-delivered parent-training programme for parents of children with Autistic Spectrum Conditions, age 7 to 18.	Cygnnet co-ordinator, Bradford and District Autistic Support Group (BADASG) co-ordinator, child psychologist (8B), consultant clinical psychologist (8D), clinical psychologist (7), social worker, teacher, administrator (level 3), senior CAMHS practitioner (7), 3 STARS workers and a student nurse.	Delivered in CAMHS and voluntary sector community facilities in 6-weekly 2.5 hour sessions. There is a reunion session at three months. In total staff delivered 51.5 hours in 6 programmes.	Staff cost £3,930 Programme cost £171 Total £4,101
The Confident Parenting Programme is a 6-week, group-delivered parent-training programme for parents of disabled children (aged 7 to 18 years). A maximum of 12 participants is recommended.	Consultant clinical psychologist (8C), 2 clinical psychologists (7 and 5), head teacher, assistant psychologist (6) and teacher. There are typically 3 members of staff at each session.	The programme has 6-weekly sessions of 2 hours (+1 optional follow-up). In total staff delivered 69 sessions (15 hours) in 4 programmes. An additional 40 hours was required to set up the group.	Staff cost £4,069 Programme cost £226 Total cost £4,295
Riding the Rapids is a group-delivered parent-training programme for parents of children with Autistic Spectrum Conditions and other disabilities (aged 4-10).	Clinical psychologist (8b), teaching assistant (TA4), S&L therapist, clinical psychologist, senior nurse, deputy head, community nurse (7), parent facilitator, 2 clinical psychologists, assistant psychologist and a community nurse.	The programme is delivered in 10-weekly sessions of 2 hours. In total 33.5 hours were delivered in 7 programmes.	Staff cost £3,184 Programme cost £255 Total cost £3,439
The Promoting Better Sleep Programme is a group-delivered intervention for parents of children with Autistic Spectrum Disorder and/or learning and/or sensory disabilities.	C & A learning disabilities team co-ordinator (7), community learning disability nurse (6), consultant clinical psychologist (8D), autistic spectrum link nurse (4). (Typically 2 members of staff at each session)	A manual-based programme in 4-weekly sessions of 3 hours over 5-6 weeks. In total 32 sessions (16.5 hours) were delivered in 4 programmes.	Staff cost £1,889 Programme cost £111 Total cost £2,000

¹ Beresford, B., Stuttard, L., Clarke, S., Maddison, J. & Beecham, J. (2012) *Managing behaviour and sleep problems in disabled children: an investigation into the effectiveness and costs of parent-training interventions*, Research Report DFE-RR204a, Department for Education, London.

6.19 Independent reviewing officer (IRO)

An independent reviewing officer (IRO) ensures that the care plan for a looked-after child clearly sets out the help, care and support that they need, and takes full account of their wishes and feelings. Local authorities are required by law to appoint an IRO for each looked-after child. Since 2011, IROs are responsible for chairing statutory reviews and also for monitoring children's care plans on an ongoing basis (Ofsted, 2013). The analysis of resources needed for the IRO service was conducted as part of the cost analysis carried out by the Centre for Child and Family Research (CCFR), Loughborough University (Jelicic et al., 2014).¹ Caseloads and time inputs have been based on suggested best practice and statutory guidance.²

Costs and unit estimation	2013/2014 value	Notes
A. Salary	£38,592 per year	In line with IRO Guidance (Department for Children Schools & Families, 2010) ² IROs are paid at the same level as a team manager. The average salary for a team manager was £35,410 for 2007/08. ³ As no new salary estimates are available, this has been inflated to reflect the pay increments for social workers reported in the Local Government Earnings Surveys 2009 to 2014. ⁴
B. Salary oncosts	£12,011 per year	Employer's national insurance is included plus 20 per cent of salary for employer's contribution to superannuation. ⁵
C. Qualifications	£25,430 per year	IROs are required to be registered social workers. Qualification costs have been calculated using the method described in Netten et al. (1998). ⁶ Current cost information is drawn from research by Curtis et al. (2011). ⁷
D. Ongoing training		IROs should have training to develop their observational skills for work with children under the age of four, communicate with disabled children and develop links with and awareness of support and services for disabled children. IROs have regular monthly or six-weekly supervision, and regular access to their managers for ad hoc consultation. ²
E. Direct overheads	£14,675 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£8,096 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁸
F. Capital overheads	£1,897 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{9,10} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per review. For information see <i>Green Book: National Agreement on Pay and Conditions of Service</i> . ¹¹
Working time	41 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.2 days sickness leave have been assumed based on the median average sickness absence level in England for all authorities. ^{9,12} Unit costs are based on 1,516 hours per year.
Review	8.5 hours	Based on recommendations for a properly resourced IRO service, a standard case should take a total of between 7.5 and 9.5 hours. This includes preparation time (up to 1 hr) consultation with the child/young person, social worker, parents and foster carer/ keyworker/family or friends' carer, the review meeting (between 1.5 to 2 hrs) plus travel time, and up to two hrs for writing up the report. This work takes the midpoint (8.5 hours).
Ongoing monitoring	1 hour	Up to 1 hour is allocated between review meetings for standard cases. Up to 2 additional hours should be allocated if there are issues that need to be resolved, delays, poor practice or if the child is unhappy in their placement.
Case load	60	It is estimated that a caseload of 50-70 looked-after children for a full time equivalent IRO would represent good practice in the delivery of a quality service. ² The midpoint has been taken. Results of a national survey show that overall the (mean) average caseload for a full-time equivalent IRO was 78 looked-after children.
London multiplier	1.10 x A 1.49 x F	Allows for higher costs associated with London compared to the national average cost. ^{4,9,10}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£50 (£67) per hour; £422 (£565) per review; £472 (£631) (including ongoing monitoring).		

¹ Jelicic, H., La Valle, I. & Hart, D. with Holmes, L. (2014) *The role of Independent Reviewing Officers (IROs) in England*, National Children's Bureau, London.

² Department for Children Schools & Families (2010) *IRO Handbook, Statutory guidance for independent reviewing officers and local authorities on their functions in relation to case management and review for looked after children*, Department for Children, Schools and families. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/273995/iro_statutory_guidance_iros_and_las_march_2010_tagged.pdf (accessed 8 July 2014).

³ Local Government Association Analysis and Research (2008) *Local government earnings survey 2007*, Local Government Analysis and Research, London.

⁴ Local Government Association (2014) *Local government pay and workforce research*, <http://www.local.gov.uk/research-pay-and-workforce/> [accessed 16 October 2014].

⁵ Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London.

⁶ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁷ Curtis, L. Moriarty, J. & Netten, A. (2012) The costs of qualifying a social worker, *British Journal of Social Work*, 42, 4, 706-724.

⁸ Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁹ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

¹⁰ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

¹¹ Local Government Employers (2012) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/web/guest/workforce/-/journal_content/56/10180/3510601/ARTICLE/ [accessed 9 October 2013].

¹² Local Government Association (2012) *Local government workforce survey 2011/12*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

6.20 Early Years Teacher Classroom Management Programme

The Teacher Classroom Management programme is a prevention programme to strengthen teacher classroom management strategies, and promote children's prosocial behaviour and school readiness (reading skills). The programme is intended for group leaders who plan to work with groups of teachers to promote these skills. It is divided into 6 full-day workshops, with enough time between each workshop, for teachers to practice the new skills they are learning. *The Teacher Classroom Management Programme* is useful for teachers, teacher aides, school psychologists and school counsellors <http://incredibleyears.com/programs/teacher/classroom-mgt-curriculum/>. See also Ford et al. (2012) for details on the cost-effectiveness of the programme.¹

The following schema provides the costs for two group leaders to deliver a six-day workshop to 10 teachers. Excluded from this schema are the costs of ongoing consultation by telephone or in person for new group leaders. The consultation fee is £120 per hour. Although not obligatory, group leaders are encouraged to apply for certification/accreditation (£270). Where costs on the Incredible Years website have been provided in dollars, they have been converted at a rate of \$1=£0.60 (2 June 2014).

Costs and unit estimation	2013/14 value	Notes
Start-up costs		
Group leader training	£1,440 per year	Based on the cost of £240 per person per day for a three-day training course. Training delivered by an Incredible Years certified trainer or mentor. (Costs exclude airfare from the USA and accommodation, which will vary and might be shared with other programmes).
Materials	£1,492 per year	This includes Incredible Years materials such as manuals, assorted books, tool box, wheel of fortune, puppets etc. Also video cameras should be included if sessions are to be filmed
Group leaders		
Course planning	£6,600 per year	Based on the cost of £550 per day (includes salaries and overheads) for two group leaders for six days.
Course delivery	£6,600 per year	Based on the cost of £550 per day (includes salaries and overheads) for two group leaders for six days.
Teachers attending programme		
Supply cover	£9,600 per year	Supply cover provided for the 10 teachers attending the course at £160 per day for 6 days.
Incredible Years professional		
Supervision	£1,560 per year	Supervision provided by an Incredible Years professional for the 6 sessions. Based on a cost of £260 per session
Venue		Cost for venue is not known.
Course materials	£350 per year	Books and handouts at £35 per teacher for 10 teachers
Miscellaneous costs	£50 per annum £360 per annum	Incentives and materials Lunch and refreshments are based on a cost of £60 per session.
Certification/accreditation	£267 per annum	This promotes fidelity to the programme
Unit Costs for 2013/14		
Start-up costs £2,932 (excluding airfare and accommodation for Incredible Years trainer).		
Cost per programme for 10 teachers excluding start-up costs £25,387.		
Cost per teacher excluding start-up costs £2,539.		

¹ Ford, T., Edwards, V. Sharkey, S., Ukoumunne, O., Byford, S. Norwich, B. & Logan, S. (2012) Supporting teachers and children in schools: the effectiveness and cost-effectiveness of the incredible years teacher classroom management programme in primary school children: a cluster randomised controlled trial, with parallel economic and process evaluations, *BMC Public Health* 2012, 12:719, doi:10.1186/1471-2458-12-719.

7. Hospital and related services

- 7.1 NHS reference costs for hospital services
- 7.2 NHS wheelchairs
- 7.3 Equipment and adaptations
- 7.4 Hospital based rehabilitation care scheme
- 7.5 Expert patients programme
- 7.6 Public health interventions
- 7.7 Rehabilitation services
- 7.8 End-of-life care
- 7.9 Hospice rapid response service

7.1 NHS reference costs for hospital services

We have drawn on the *NHS Trust and Primary Care Trusts combined* dataset to report the costs of selected adult health services.¹ All costs have been updated to 2013/14 levels using the HCHS pay & prices inflator.

Each reported unit cost includes:

- (a) direct costs – which can be easily identified with a particular activity (e.g. consultants and nurses)
- (b) indirect costs – which cannot be directly attributed to an activity but can usually be shared among a number of activities (e.g. laundry and lighting)
- (c) overheads – which relate to the overall running of the organisation (e.g. finance and human resources).

For information on the method used to allocate drugs to services, see reference cost guidance for 2012-2013.¹

	National average	Lower quartile	Upper quartile
Elective/non elective Health Care Resource Group (HRG) data, average cost per episode			
Elective inpatient stays	£3,403	£2,568	£4,013
Non-elective inpatient stays (long stays)	£2,716	£2,029	£3,197
Non-elective inpatient stays (short stays)	£611	£408	£726
Day cases HRG data (finished consultant episodes)			
Weighted average of all stays	£701	£503	£835
Day care facilities (average cost per patient day)			
Stroke patients	£208	£153	£268
Elderly patients	£157	£76	£208
Other patients	£157	£94	£214
Outpatient procedures			
Weighted average of all outpatient attendances	£109	NA	NA
PALLIATIVE CARE			
Day case and regular day/night – specialist inpatient palliative care, same day (adults and children)	£122	£63	£121
Inpatient – specialist palliative care (adults and children), average cost per bed day	£326	£190	£441
Inpatient – hospital specialist palliative care support (adults and children), average cost per bed day	£117	£62	£131
Outpatient – medical specialist palliative care attendance (adults and children)	£153	£95	£169
Outpatient – non-medical specialist palliative care attendance (adults and children)	£124	£63	£163
AMBULANCE SERVICES (Weighted average of attendances)			
Calls	£7	£6	£8
Hear and treat and refer	£48	£39	£54
See and treat and refer	£176	£157	£198
See and treat and convey	£233	£209	£258

NB See *Transforming NHS ambulance services* for further information on paramedic services unit costs.²

¹ Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

² National Audit Office (2011) *Transforming NHS ambulance services*, <http://www.nao.org.uk/wp-content/uploads/2011/06/n10121086.pdf> [accessed 22 October 2013].

7.2 NHS wheelchairs

Information about wheelchair costs is based on the results of a study of six sites supplying wheelchairs to adults and older people.¹ The study information was supplemented with national data not available from the sites. Three main types are identified: those propelled by an attendant or self-propelled; a lighter type of chair especially designed for active users; and powered wheelchairs. (Active users are difficult to define, but generally refer to individuals who are permanently restricted to a wheelchair but are otherwise well and have high mobility needs). The cost of modifications is included in the estimated capital value, but this is a very approximate mid-range figure so specific information should be used wherever possible. All costs have been updated using the retail price index.

Although no further studies have been carried out on wheelchairs, current price information suggests that powered wheelchairs range from £700-£3,000 and self- or attendant-propelled wheelchairs range from £100-£650.

Type of chair	Total value 2013/2014	Annual cost 2013/2014	Notes
Capital costs			
Self- or attendant-propelled	£278	£62	Capital value has been annuitised over five years at a discount rate of 3.5 per cent to allow for the expected life of a new chair. In practice, 50 per cent of wheelchairs supplied have been reconditioned, not having been worn out by the time their first users ceased to need them.
Active user	£694	£154	
Powered	£1,387	£307	
Revenue costs			
Maintenance			Revenue costs exclude therapists' time but include the staff costs of maintenance. The costs include all costs for pressure relief. The cost of reconditioning has not been included in the cost of maintenance.
- non-powered		£29	
- powered		£116	
Agency overheads			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2013/2014			
£91 per self or attendant propelled chair per year; £183 per active user per chair per year; £424 per powered chair per year.			

¹ Personal communication with Richard Murray, National Health Service Management Executive, 1995.

7.3 Equipment and adaptations

Community equipment refers to any items of equipment prescribed by occupational therapists, physiotherapists and other health staff, designed to help vulnerable or older people and those with disabilities or long-term health conditions to manage everyday tasks independently at home. Last year, in the absence of current information on the costs of providing adaptations and equipment, we presented a price list for a selection of equipment listed in the *Transforming Community Equipment Services* (TCES) national catalogue of equipment for independent daily living: <http://www.national-catalogue.org/smartassist/nationalcatalogue> and *Equipment for older and disabled people: an analysis of the market* (Consumer Focus, 2010) (see 7.3 of last year's publication). This year, as discussed in the preface, we have drawn from a study commissioned by PSSRU and undertaken by Astral/Foundations (<http://www.foundations.uk.com/about-home-improvement-agencies/>), a part of which was to identify the process and resources used to supply equipment and adaptations. Information was received from 17 organisations (85% response rate) to support the research: ten local authorities, six Home Improvement Agencies (HIAs) and the British Association of Occupational Therapists. The research differentiated between the time taken to supply and install minor adaptations (generally those under £1,000) and also provided time inputs of the staff involved in administering the process and assessing clients.

In schemas 7.3.1-7.3.2, we have provided information on: equipment and installation costs for major and minor adaptations and in schemas 7.3.3-7.3.4 staff preparation and assessment time are provided. Further work will be carried out for next year's volume to monetise the staff preparation and assessment time for both major and minor adaptations. Excluded from the research brief were items of equipment and systems commonly regarded as telecare or telehealth, as these types of equipment have been the focus of previous work (see Henderson & colleagues article in the 2013 edition of this report).

The period over which adaptations to housing should be annuitised is open to debate. Ideally they should be annuitised over the useful life of the aid or adaptation. In many cases this is linked to the length of time the person using the appliance is expected to remain at home. Where it is expected that the house would be occupied by someone else who would also make use of the equipment, a longer period would be appropriate. Clearly, this is difficult to do in practice. Following government guidelines on the discount rate, the items in the schema below have been annuitised over 10 years at 3.5 per cent.¹

7.3.1 Major adaptations, including installation costs

	Sample size	Lowest cost	Highest cost	Mean (median) cost	Mean (median) annual equipment cost (3.5% discount)
Level access shower	21	£2,500	£12,000	£4,651 (£3,986)	£559 (£479)
Stair lift (straight)	21	£1,050	£2,829	£1,874 (£1,925)	£225 (£231)
Stair lift (more complex)	7	£2,300	£6,613	£4,564 (£4,600)	£549 (£553)
Convert room for downstairs WC /washroom	7	£2,800	£22,000	£9,856 (£9,872)	£1,185 (£1,187)
Build Downstairs extension for WC/washroom	5	£12,000	£30,000	£22,563 (£25,000)	£2,712 (£3,005)
Build downstairs extension for bedroom	5	£12,000	£45,000	£26,715 (£25,745)	£3,211 (£3,095)
Build downstairs extension for bedroom and en suite facilities	6	£23,000	£45,000	£33,639 (£32,067)	£4,043 (£3,854)
Total	52				

¹ See http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Aboutus/Procurementandproposals/Publicprivatepartnership/Privatefinanceinitiative/Changestotreasurygreenbook/DH_4016196.

7.3.2 Minor adaptations, including installation costs

	Sample size	Lowest cost	Highest cost	Mean (median) cost	Mean (median) annual equipment cost (3.5% discount)
Fit handrail – external	8	£16	£101	£42 (28)	£5 (£3.40)
Fit handrail – internal	10	£9.40	£65	£28 (20)	£3.40 (£2.40)
Fit handrail to bath	8	£8.40	£28.36	£18 (20)	£2.20 (£2.40)
Fit over bath shower	6	£320	£1800	£107 (£1200)	£12.90 (£144)
Create step to front/back door	8	£20	£1500	£476 (£90)	£57 (£10.90)
Create ramp to front/ back door	5	£120	£700	£313 (120)	£37.60 (£14)
Lay new path, per metre cost	3	£100	£120	113 (£120)	£13.60 (£14.40)
Widen doorway for wheelchair access	6	£300	£660	£530 (£660)	£63.70 (£79.30)
Install lighting to outside steps/path	5	£25	£600	£253 (£140)	£30.40 (£16.80)
Move bed to downstairs room	3	£30	£45	£40 (£45)	£4.80 (£5.40)
Raise electrical sockets/lower light switches	6	£40	£150	£79 (£75)	£9.50 (£9.00)

7.3.3 Mean average time inputs for staff involved in the process of providing minor adaptations

	Average time in minutes			
	Initial enquiry	OT	HIA administrator	Total time
Fit handrail – external	9.8	84	30	123.8 (2.06 hours)
Fit handrail – internal	9.8	72	30	111.8 (1.7 hours)
Fit handrail to bath	9.8	42	24	75.8 (1.1 hours)
Fit (handrail) over bath shower	9.8	84	42	135.8 (2.1 hours)
Create step to front/back door	9.8	132	30	171.8 (2.7 hours)
Create ramp to front/back door	9.8	360	30	399.8 (6.5 hours)
Lay new path, per metre cost	9.8	192	48	249.8 (4 hours)
Widen doorway for wheelchair access	9.8	456	42	507.8 (8.3 hours)
Install lighting to outside steps/path	9.8	318	12	339.8 (5.5 hours)
Move bed to downstairs room	9.8	78	42	129.8 (2 hours)
Raise electrical sockets/lower light switches	9.8	156	36	201.8 (3.2 hours)

7.3.4 Mean average time inputs for staff involved in providing major adaptations

	Average minutes						Total time
	Initial enquiry	OT	LA grants officer	HIA technical officer	HIA caseworker	HIA administrator	
Level access shower	9.8	210	462	420	287	168	1,557 (26 hours)
Stairlift (straight)	9.8	72	186	120	474	120	982 (16.4 hours)
Stairlift (more complex)	9.8	156	756	306	96	120	1,444 (24.1 hours)
Convert room for downstairs WC/Washroom	9.8	498	792	672	276	312	2,560 (42.7 hours)
Build downstairs extension for WC washroom	9.8	816	1,188	1,578	144	174	3,910 (65.2 hours)
Build downstairs extension for bedroom and ensuite facilities	9.8	1,068	1,356	1,272	372	234	4,312 (71.9 hours)

7.4 Hospital-based rehabilitation care scheme

This PCT-run rehabilitation unit, based in a hospital in Kent, is supervised by a nurse consultant. The information was collected in 2005/06 just after a quick redesign, but costs reflect current prices, inflated by the HCHS pay & prices index. The unit is managed by a modern matron, but has a strong multi-professional team. The unit is divided into three sections. The first is the 'assessment area', where patients go for between 24-72 hours on admission to have their health care needs closely observed and identified. They then go to the 'progression area', which is for patients who need moderate to high nursing support and where a rehabilitation programme is provided. Finally, patients move to the 'independent area' before returning home. In total there are 38 beds in the unit.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£915,709 per year	Based on salaries for a team of a modern matron (band 8), 3 nurse team managers (band 7), 7 (WTE 5.34) nurse specialists (band 6), 8 (WTE 6.31) nurses (band 5), 21 (WTE 17.09) higher-level clinical support workers (band 4), 4 (WTE 3.2) clinical support workers (band 3) and a support physiotherapist (band 3). ¹
B. Salary oncosts	£218,863 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications		
D. Overheads		Taken from NHS (England) Summarised accounts. ²
Management, administration and estates staff	£219,086 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£476,180 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£92,036 per year	Includes capital overheads relating to the building and equipment which have been annuitised using the appropriate discount rate.
Hours and duration of service	7 days a week (to include weekends and bank holidays) 8.00 am – 9.00 pm, 365 days per year.	If necessary, the service provides an intensive package of care over 24 hours.
Average duration of stay	14 days	Patients can stay up to six weeks, but average duration is 14 days.
Caseload per worker	30 per month	The total annual caseload was 358.
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
Cost per bed per week £973; Average annual cost per patient £5,368; Cost of a typical client episode £1,940.		

¹ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

² Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

7.5 Expert patients programme

Self-care support in England is provided through a broad initiative called the Expert Patients Programme (EPP). The programme focuses on five core self-management skills: problem-solving, decision-making, resource utilisation, developing effective partnerships with health-care providers, and taking action. It offers a toolkit of fundamental techniques that patients can use to improve their quality of life. It also enables patients who live with a long-term condition to develop their communication skills, manage their emotions, manage daily activities, interact with the health-care system, find health resources, plan for the future, understand exercising and healthy eating, and manage fatigue, sleep, pain, anger and depression (Department of Health, 2001).^{1,2} Courses led by trainers who themselves have a chronic condition were held for an optimum number of 16 people over sessions lasting six weeks. The groups were led by two lay trainers or volunteers.

The information for this schema is based on research carried out by the University of York.^{3,4} The cost per participant is £300. These costs are based on 2005 data and have been updated using the appropriate inflators.

Costs and unit estimation	2013/2014 value	Notes
A. Staff salaries (including oncosts) and expenses	£4,418,230	Includes EPP trainers and co-ordinators.
B. Overheads:		
Publicity material	£488,379	Includes awareness raising, staff magazine, manuals, course books, website, intranet.
Office expenditure	£254,350	Includes IT and other office expenditure.
Assessment	£9,553	Assessment to ensure quality of trainers and programme.
C. Other overheads:	£414,358	Includes EPP staff days, venues (volunteers and staff).
Rental	£427,624	Rental of premises for EPP sessions.
D. Travel	£27,857	Volunteer travel expenses.
Number of participants	20,000	Participants were a range of people living with long-term conditions.
Length of programme	6 weeks	EPP courses take place over six weeks (2½ hours a week) and are led by people who have experience of living with a long-term condition.
Unit costs available 2013/2014		
Cost per participant £300.		

¹ Department of Health (2001) *The expert patient: a new approach to chronic disease management in the 21st Century*, The Stationery Office, London.

² Expert Patients Programme Community Interest Company, *EPP price guide 2008/2009*, London.

³ Richardson, G., Gravelle, H., Weatherly, H. & Richie, G. (2005) Cost-effectiveness of interventions to support self-care: a systematic review, *International Journal of Technology Assessment in Health Care*, 21, 4, 423-432.

⁴ Richardson, G., Kennedy, A., Reeves, D., Bower, P., Lee, V., Middleton, E., Gardner, C., Gately, C. & Rogers, A. (2008) Cost-effectiveness of the expert patients programme (EPP) for patients with chronic conditions, *Journal of Epidemiology and Community Health*, 62, 361-367.

7.6 Public health interventions

These costs are drawn from two reports: *Prioritising investments in public health* (Matrix Evidence and Bazian, 2008),¹ commissioned by the Department of Health, and *A review of the cost-effectiveness of individual level behaviour change interventions* commissioned by the Health and Well-Being Alliance group (North West Public Health Observatory, 2011).² Here we present the costs of interventions for which the economic evidence originated in the UK. Further information can be found on Public Health Interventions in the Cost Effectiveness Database (PHICED) <http://www.yhpho.org.uk/PHICED/>. All costs have been taken directly from the reports and updated to 2013/2014 prices using the appropriate inflators. Further information on the specific research studies can be found in the reports named above.

Intervention: Reducing long-term absence in the workplace

The NICE public health guidance on Management of Long-term Sickness and Incapacity for Work provides cost information for three types of intervention: physical activity and education (10 sessions of physiotherapy or physical activity and 10 sessions of cognitive behaviour therapy); workplace intervention (usual care, workplace assessment and work modifications and communication between occupational physician and GP to reach a consensus on return to work); and physical activity and education along with a workplace visit (sessions as before plus half a day of line manager's time).

Intervention	Workplace intervention	Physiotherapy/ physical activity	Cognitive behaviour therapy	Workplace visit	Total
Physical activity and education		£177	£673		£850
Workplace intervention	£572				£572
Physical activity education and workplace visit		£177	£673	£50	£901

Alcohol intervention

Intervention: Brief interventions have proven to be effective and have become increasingly valuable for the management of individuals with increasing and high-risk drinking, filling the gap between primary prevention efforts and more intensive treatment for persons with serious alcohol use disorders. The cost of delivering ten minutes' brief advice for alcohol ranges from £7 for a practice nurse to £36 for a GP (see schemas 10.6 and 10.8c of this publication).

Reducing the incidence of sexually transmitted infections (STIs) and teenage pregnancy

Intervention: Individual risk counselling, defined here as one-to-one interventions, delivered by a counsellor to at-risk groups with the aim of reducing incidence of STIs or risky behaviour. Individual risk counselling can be delivered through clinics (genitourinary medicine, abortion, or drug and alcohol misuse clinics), community health services, GPs and other community and non-health-care settings. The review suggested that counselling interventions cost between £84 and £185 per person.

Reducing smoking and the harms from smoking

Intervention: The review suggested that there is strong evidence that **mass media campaigns** for both young and adult populations cost between £0.29 and £2.01 per person. Estimates of cost are higher when the unit receiving the intervention is defined as those potentially exposed to the campaign (£26-£49).

Intervention: Drug therapies for smoking cessation. This can include nicotine replacement therapy (NRT) (such as nicotine patches and gum), nicotine receptor partial antagonists (such as varenicline), opioid antagonists (such as naltrexone), clonidine, lobeline, or antidepressants (such as bupropion). There is evidence that drug therapy (bupropion, nicotine replacement therapy and varenicline) has a moderate effect on smoking cessation, particularly in people motivated to quit. There is economic evidence from the UK on the cost of NRT (£46-£160 per person), bupropion (£88-£94 per person), and combinations of NRT and bupropion (£176-£182 per person).

Intervention: A ten-minute opportunistic brief advice session for smoking is £36 for a GP and £7 for a practice nurse (see schemas 10.6 and 10.8c of this publication).

¹ Matrix Evidence & Bazian (2008) *Prioritising investments in public health*, Department of Health, London.

² North West Public Health Observatory (2011) *A review of the cost-effectiveness of individual level behaviour change interventions*, Health and Wellbeing Alliance, Manchester. <https://www.ewin.nhs.uk/news/item/2011/changes-in-the-nhs> [accessed 9 October 2013].

Well man services

Information has been drawn from the Liverpool Public Health Observatory Series¹ and provides the costs of 18 well man pilots in Scotland funded between June 2004 and March 2006, aimed to:

- Promote healthier lifestyles and attitudes among men;
- Provide men with an opportunity to undertake a health assessment and to obtain advice and support on health and lifestyle issues;
- Effectively engage all men and, in particular, those who were hardest to reach as a consequence of social exclusion or discrimination. They were also intended to identify what worked in promoting and sustaining health awareness and improvement in men.

Staff variation was the main factor in different session costs, and attendance rate was the main factor in cost per health assessment, particularly at drop-in services in community venues, where attendance was unpredictable. The costs did not include those incurred by patients.

Cost comparison of delivery modes – well man service pilots

Location	Cost per session		Cost per assessment	
	Number	Range	Number	Range
Health clinics	9	£204-£904	9	£46-£307
Workplaces	2	£225-£238	3	£29-£111
Community venues (inc. pharmacies)	6	£109-£463	4	£68-£1,208

Health action area – community programme

Within the Wirral health action area, specialist lifestyle advisory staff are co-located with health trainers and community health development staff. These teams work with individuals and groups and provide (or commission) a community programme of lifestyle activities including mental wellbeing. They work closely with employability programmes such as the Condition Management Programme and Wirral Working 4 Health. The teams are based in a variety of community venues including a children's centre, and they also work closely with a wide network of other partner agencies, particularly where there is a common interest, e.g. in accessing particular groups such as men aged over 50 or homeless people. This is a model of wellness which takes a network approach within a particular neighbourhood potentially involving all aspects of the wellbeing of an individual or family through joint working rather than a discrete wellness service.

An evaluation of the community programme showed the average cost per client is £36.

¹ Winters, L., Armitage, M., Stansfield, J. Scott-Samuel & Farrar, A. (2010) *Wellness services – evidence based review and examples of good practice*, Final Report, Liverpool Public Health Observatory.

7.7 Rehabilitation services

7.7.1 Tertiary 'specialised' rehabilitation services (Level 1)

These are high-cost/low-volume services, which provide for patients with highly complex rehabilitation needs that are beyond the scope of their local and district specialist services. These are normally provided in co-ordinated service networks planned over a regional population of 1-3 million through collaborative (specialised) commissioning arrangements.¹

The data below provide the annual cost per bed, the average daily cost per bed and the average daily cost per occupied bed and have been drawn from research carried out in eight sites by Turner-Stokes & colleagues (2012).² The information has been calculated from budget statements and accounting costs. These averages include costs from a range of different service models, which are separated in later versions of the Specialised Services National Definition Sets. The wide range of bed-day costs also reflects diversity in staffing/resource provision to meet differing case-load complexity which is factored into commissioning currencies using a costing model based on the Rehabilitation Complexity Scale.³ The UK Rehabilitation Outcomes Collaborative is in the process of revising its figures on staffing levels and costs based on the updated figures reported by services for 2013/14 will be available in the next edition.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary and oncosts	£128,395 per year	Staff include: 2.5 WTE consultants accredited in rehabilitation medicine and/or neuropsychiatry, 2.5 WTE training grades doctors and 1.5 WTE trust grade doctor, 30 nurses, 6 physiotherapists and 6 occupational therapists, 3 speech and language therapists, 2.5 clinical psychologists, 2 social workers/discharge co-ordinators and 0.75 WTE dietitians, 3 technical/clerical assistants, 1 service manager. This team covers 20 beds so the total cost has been divided by 20 to give the average cost per bed.
B. Direct overheads		
Non-pay patient costs	£11,684 per year	Includes the cost of diagnostic & clinical services, drugs/pharmacy, medical and therapy supplies, travel/transport, interpreters, equipment hire, clinical specialist support and the cost of minor procedures.
Ward costs	£17,205 per year	Includes the cost of cleaning, portering, catering, laundry, provisions utilities, maintenance, replacement of bedding & rates.
Provision of equipment and facilities	£1,412 per year	Includes the cost of wheelchairs, mobility and exercise equipment, electronic assistive technology, hydrotherapy and other therapy.
Rehabilitation unit office/administrative costs	£2,825 per year	Includes the cost of office consumables, computer hardware, computer software, IT support, telephones, filing, data and records.
Office (staff) costs	£1,926 per year	Includes administrators and office management.
C. Indirect costs	£22,854 per year	Includes general capital depreciation (departmental and central resources). Also includes central costs relating to HR, Trust management, payroll, Finance and Estates.
D. Overheads	£20,030 per year	Includes units contribution to Public Dividend Capital, interest charges and other costs not included above that are specific to unique factors associated with the rehabilitation service.
Number of beds per unit	26	Median number of beds per unit. Numbers ranged from 15-54.
Occupancy	90 per cent	Average occupancy across the 8 units. Occupancy ranged from 70-99 per cent.
Unit costs available 2013/2014		
Total annual cost per bed £206,331; average daily cost per bed £565 (range £459-£649); average daily cost per occupied bed £628.		

¹ Turner-Stokes, L. (2010) *Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs*, British Society of Rehabilitation Medicine, http://www.bsrm.co.uk/ClinicalGuidance/Levels_of_specialisation_in_rehabilitation_services5.pdf [accessed 9 October 2013].

² Turner-Stokes, L., Bill, A. & Dredge, R. (2012) A cost analysis of specialist inpatient neurorehabilitation services in the UK, *Clinical Rehabilitation*, 26, 3, 256-263, <http://cre.sagepub.com/content/26/3/256> [accessed 25 July 2013].

³ Turner-Stokes, L., Sutch, S. & Dredge, R. (2012) Healthcare tariffs for specialist inpatient neurorehabilitation services: rationale and development of a UK casemix and costing methodology, *Clinical Rehabilitation*, 26, 3, 264-79, <http://cre.sagepub.com/content/26/3/264/> [accessed 9 October 2013].

7.7.2 Local (district) specialist rehabilitation services (Level 2)

These are typically planned over a district-level population of 250-500,000 and are led or supported by a consultant trained and accredited in rehabilitation medicine, working both in hospital and the community setting. The specialist multidisciplinary rehabilitation team provides advice and support for local general rehabilitation teams.¹ The data below provide the annual cost per bed and have been drawn from research carried out in seven sites by Turner-Stokes & colleagues (2011).² The information has been calculated from budget statements and accounting costs. These averages include costs from a range of different service models. The wide range of bed-day costs reflects diversity in staffing/resource provision to meet differing case-load complexity which is factored into commissioning currencies using a costing model based on the Rehabilitation Complexity Scale.³ The UK Rehabilitation Outcomes Collaborative is in the process of revising its figures on staffing levels and costs based on the updated figures reported by services for 2013/14 will be available in the next edition.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary and oncosts	£100,568 per year	Staff include: 1.5 WTE consultants accredited in rehabilitation medicine and/or neuropsychiatry, 2 WTE training grades doctors and 1.5 WTE trust grade doctor, 28 nurses, 4 physiotherapists and 4 occupational therapists, 2 WTE speech and language therapists, 2 WTE clinical psychologists, 1.5 social workers/discharge co-ordinators and 0.5 WTE dietitians, 2 technical/clerical assistant, 0.5 service manager. This team covers 20 beds so the total cost has been divided by 20 to give the average cost per bed.
B. Direct overheads		
Non-pay patient costs	£10,811 per year	Includes the cost of diagnostic & clinical services, drugs/pharmacy, medical and therapy supplies, travel/transport, interpreters, equipment hire, clinical specialist support and the cost of minor procedures.
Ward costs	£14,844 per year	Includes the cost of cleaning, portering, catering, laundry, provisions utilities, maintenance, replacement of bedding & rates.
Provision of equipment and facilities	£1,106 per year	Includes the cost of wheelchairs, mobility and exercise equipment, electronic assistive technology, hydrotherapy and other therapy.
Rehabilitation unit office/administrative costs	£2,414 per year	Includes the cost of office consumables, computer hardware, computer software, IT support, telephones, filing, data and records.
Office (staff) costs	£1,529 per year	Includes administrators and office management.
C. Indirect costs	£12,873 per year	Includes general capital depreciation (departmental and central resources). Also includes central costs relating to HR, Trust management, payroll, Finance and Estates.
D. Overheads	£12,973 per year	Includes units contribution to Public Dividend Capital, interest charges and other costs not included above that are specific to unique costs factors associated with the rehabilitation service.
Number of beds per unit	20	Median number of beds per unit. Numbers ranged from 12-30.
Occupancy	96 per cent	Average occupancy across the 7 units. Occupancy ranged from 84-100 per cent.
Unit costs available 2013/2014		
Total annual cost per bed £157,117; average daily cost per bed £430 (range £321-£529); average daily cost per occupied bed £448.		

¹ Turner-Stokes, L. (2010) *Specialist neuro-rehabilitation services: providing for patients with complex rehabilitation needs*, British Society of Rehabilitation Medicine. http://www.bsrm.co.uk/ClinicalGuidance/Levels_of_specialisation_in_rehabilitation_services5.pdf [accessed 9 October 2013].

² Turner-Stokes, L., Bill, A. & Dredge, R. (2011) A cost analysis of specialist inpatient neurorehabilitation services in the UK, *Clinical Rehabilitation*, October 5 <http://cre.sagepub.com/content/26/3/256/> [accessed 9 October 2013].

³ Turner-Stokes, L., Sutch, S. & Dredge, R. (2012) Healthcare tariffs for specialist inpatient neurorehabilitation services: rationale and development of a UK casemix and costing methodology, *Clinical Rehabilitation*, 26, 3, 264-79, doi:10.1177/0269215511417467. <http://cre.sagepub.com/content/26/3/264/> [accessed 9 October 2013].

7.8 End-of-life care

Recent research carried out by the Nuffield Trust¹ on behalf of the National End of Life Care Intelligence Network has examined the health and social care service use patterns across seven local authorities for a cohort of 73,243 people who died.

Schema 7.8.1 provides the total cost of care services received in the last twelve months of life and also the average cost per decedent and per user of each type of service. Estimated social care costs include only the most common types of services provided by local authorities. Hospital care accounted for 66 per cent of total care costs with social care costs accounting for 34 per cent of total costs.

Emergency hospital admissions were responsible for 71 per cent of all hospital costs in the final year of life and 46 per cent of total costs. Emergency admissions rose sharply in the final year such that by the final month of death, costs had risen by a factor of 13 compared to 12 months earlier. They accounted for 85 per cent of hospital costs in the final month (£1,983 per decedent). Elective inpatient costs more than tripled in the same time (from £76 per decedent to £260 per decedent).

7.8.1 Estimated average cost of care services in the last twelve months of life

	Total cost	Total cost per decedent	% total	No. of users	Total cost per user
Hospital care	£511	£6,975	66%	65,624	£7,784
Inpatient emergency	£363	£4,956	47%	54,577	£6,652
Inpatient non-emergency	£97	£1,322	12%	58,165	£1,664
Outpatient	£42	£569	5%	50,155	£831
A&R	£9	£128	1%	48,000	£195
Social care	£261	£3,566	34%	20,330	£12,847
Residential and nursing care	£209	£2,859	28%	10,896	£19,724
Home care	£40	£553	5%	10,970	£3,691
Other	£11	£154	1%	4,084	£2,760
Total	£772	£10,541	100%	NA	NA

One of the key findings of the research was that there were significant differences in the use of social care between groups of individuals with certain long-term conditions: people with dementia, falls and stroke were more likely to use social care services, while people with cancer were least likely to use social care (even when adjusted for age). Schema 7.8.2 provides a breakdown of these groups, including prevalence rates and costs. A person may have more than one condition so the groups are not mutually exclusive, and the sum of individual rows exceeds the total. Hospital costs were higher for those with more than one long-term condition (as might be expected), and social care costs decreased with an increasing number of long-term conditions.

¹ Georghiou, T., Davies, S., Davies, A. & Bardsley, M. (2012) *Understanding patterns of health and social care at the end of life*, Nuffield Trust, London.

7.8.2 Cost of hospital and social care services by diagnostic group per decedent in the final year of life

Diagnostic group	Average costs, final year, £ per person			
	Number	Hospital care	Social care	Hospital and social care
All people	73,243	£6,942	£3,483	£10,424
No diagnoses	22,118	£3,418	£4,280	£7,697
Any diagnosis	51,125	£8,465	£3,138	£11,603
Hypertension	21,241	£9,474	£2,879	£12,353
Cancer	19,934	£9,924	£1,345	£11,268
Injury	17,540	£10,223	£4,183	£14,406
Atrial fibrillation	13,567	£9,572	£3,410	£12,981
Ischaemic heart disease	13,213	£9,710	£2,905	£12,615
Respiratory infection	11,136	£10,625	£2,313	£12,938
Falls	10,560	£9,393	£5,295	£14,688
Congestive heart failure	10,474	£9,756	£3,299	£13,055
Chronic obstructive pulmonary disease	9,392	£9,531	£2,600	£12,131
Anaemia	9,210	£11,191	£3,135	£14,326
Diabetes	8,697	£9,741	£3,238	£12,979
Cerebrovascular disease	8,290	£9,592	£4,309	£13,901
Peripheral vascular disease	6,780	£11,052	£2,872	£13,924
Dementia	6,735	£8,000	£9,231	£17,231
Renal failure	6,570	£11,154	£3,314	£14,468
Angina	6,549	£10,430	£2,937	£13,367
Mental disorders, not dementia	4,814	£10,461	£3,731	£14,192
Iatrogenic	4,190	£15,076	£2,616	£17,692
Asthma	3,480	£10,125	£2,564	£12,689
Alcoholism	2,437	£9,234	£1,198	£10,431
Non-rheumatic valve disorder	2,059	£11,368	£2,261	£13,630

7.9 Hospice Rapid Response Service

This schema is based on a Rapid Response Service (RRS) introduced by Pilgrims Hospices in East Kent in 2010. RRSs provide intense care over relatively short periods when crises arise, and work alongside regular domiciliary services that offer longer-term support, to help avoid admission to hospice or hospital.¹ This team services three areas and has access to a service co-ordinator, medical advice and equipment that can be carried by car. The team responds rapidly 24/7 to crises in patients' own homes (including care homes); undertakes a robust assessment which takes account of patient and carer/family preferences, patient needs, and patient prognosis; provides hands on care; and works in co-ordination with other community services. See *Setting up a new hospice at home service*² for further information. See also *National Survey of Patient Activity Data* for more information on specialist palliative care services.³

Costs and unit Estimation	2013/2014 value	Notes
A. Wages/salary	£275,725 per year	Based on mean Agenda for Change (AfC) salaries for 18 band 3 health care assistants (HCAs) ⁴ who spend 85 per cent of their time on duties related to the RRS.
B. Salary oncosts	£60,402 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications		HCAs required NVQ 2/3 or equivalent and community end-of-life care experience.
D. Training		The HCAs were provided with an initial orientation training programme covering introduction to the hospice and clinical work on wards and in the community. They also attended a 5-day hospice palliative care course costing approximately £750. Staff have continued to access in-house development training, statutory and mandatory annual training.
E. Overheads		Taken from NHS (England) Summarised accounts. ⁵ Hospice overheads are broadly similar to those applied to NHS staff.
Service co-ordinator and day to day co-ordinator	£69,453 per year	Supervision (40% of WTE) provided by Agenda for Change band 8 plus a day to day coordinator (80% of WTE) provided by Agenda for Change band 3.
Management, administration and estates staff	£16,990 per year	Includes estates and indirect care staff which are assumed to be approximately 5 per cent of direct care salary costs.
Non-staff	£141,066 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
F. Capital overheads	£3,687 per year	Based on the new-build and land requirements of NHS facilities. ^{6,7} It is assumed that each HCA uses one-sixth of an office. Six HCAs are on duty at any one time. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
H. Travel	£121,512 per year	£12 per visit. Based on the average number of visits per patient in 2012 (16.6).
Caseload	610 per year	
Hours and length of service		The service is available 24/7.
Ratio of indirect time to direct time		No estimates available for percentage of service time spent with patients. Travel time is high given the area covered by the service (approx.20% of total time).
Number of rapid response visits	16.6 per patient	Based on the average number of visits per patient in 2012 (610). Episodes vary according to need. The average number of referrals was 670 (multiple referrals for some people).
Unit costs available 2013/2014		
Total annual costs £688,836; cost per hour of service £79; average cost per patient (referral) £1,129 (£1,028).		

¹ Butler, C., Holdsworth, L. Coulton, S. & Gage, H. (2012) Evaluation of a hospice rapid response community service: a controlled evaluation, *BMC Palliative Care* 2012, 11:11, doi:10.1186/1472-684X-11-11.

² Butler, C. & Holdsworth, L. (2013) Setting up a new evidence-based hospice-at-home service in England, *International Journal of Palliative Nursing*, 19(7):355-359.

³ The National Survey of Patient Activity Data for Specialist Palliative Care Services (2014) National Survey of Patient Activity Data for Specialist Palliative Care Services, MDS Full Report for the year 2012-2013, Public Health England.

⁴ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

⁵ Audit Commission (2013) NHS summarised accounts 2012-2013, NHS, London.

⁶ Building Cost Information Service (2014) Surveys of tender prices, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

8. Care packages

- 8.1 Community care packages for older people
- 8.2 Social care support for older people, people with intellectual disabilities, people with mental health problems and people with physical disabilities
- 8.3 Health care support received by people with mental health problems, older people (over 75) and other service users
- 8.4 Adults with learning disabilities – care packages
- 8.5 Support for children and adults with autism
- 8.6 Services for children in care
- 8.7 Services for children in need
- 8.8 Common Assessment Framework
- 8.9 Services for children returning home from care
- 8.10 Support care for children
- 8.11 Young adults with acquired brain injury in the UK
- 8.12 Palliative care for children and young people
- 8.13 Residential parenting assessments

8.1 Community care packages for older people

8.1.1 Community care package for older person: very low cost

The care package described in this schema is an example of support where the costs to the public purse for health and social support were in the lowest decile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 10 per cent of cases incurred gross public community care costs of less than £50 per week. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in schema 8.8. All costs have been updated with the appropriate inflators.

Typical case			
Mrs A was an 83-year old widow who lived alone in sheltered accommodation but received help from two people, with most help coming from another family member.			
Functional ability			
Mrs A had problems with three activities of daily living: using the stairs, getting around outside, and bathing. Her problems stemmed from a previous stroke.			
Services	Average weekly cost (2013/2014)	Level of service	Description
Social care			
Home care	£37	1 hour	Taken from PSS EX1 2012/13, ² the average cost for one hour of local authority home care is £37 (see schema 11.6).
Meals on wheels	£46		Taken from PSS EX1 2012/13, ² the average cost per meal on wheels was £6.60 for the local authority and £5.00 for the independent sector.
Health care			
GP	£11	11.7 minutes	Surgery visits estimated at once every four weeks based on the <i>General Practitioner Workload Survey, July 2007</i> . ³
Accommodation	£170		Based on the weekly cost of extra care housing. See schema 1.7.
Living expenses	£164		Taken from the <i>Family Expenditure Survey (2013)</i> . ⁴ Based on one retired adult household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£95		Excludes accommodation and living expenses.
	£429		All costs.

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for older people*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

³ Information Centre (2007) *2006/07 UK general practice workload survey, Primary Care Statistics*, Information Centre, Leeds.

⁴ Office for National Statistics (2013) *Family spending 2013 edition*, Office for National Statistics, London, available at http://data.gov.uk/dataset/family_spending [accessed 10 October 2014].

8.1.2 Community care package for older person: low cost

The care package described in this schema is an example of support where the costs to the public purse for health and social care were in the bottom quartile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 25 per cent of cases incurred gross public community care costs of less than £95 per week. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in schema 8.8. All costs have been uprated using the appropriate inflators.

Typical case			
Mrs B was a 79-year old widow who lived alone but received help from two people, most help being provided by a family member.			
Functional ability			
Mrs B had problems with three activities of daily living: using the stairs, getting around outside and bathing. Her problems stemmed from arthritic conditions and cardiovascular disease.			
Services	Average weekly cost (2013/2014)	Level of service	Description
Social care			
Home care	£148	4 hours per week	Based on 4 hours of local authority-organised home care (see schema 11.6).
Private home care	£45	3 hours per week	Based on 3 hours of independently provided home care (see schema 11.6).
Health care			
Community nurse	£4.80	20 minutes	Community nurse visits once a month (see schema 10.1).
GP	£21	23.4 minutes	Home visits estimated at once every four weeks based on the <i>General Practitioner Workload Survey</i> , July 2007. ²
Accommodation	£90		The national average weekly gross rent for a two-bedroom house in the social housing sector. ³
Living expenses	£164		Taken from the <i>Family Expenditure Survey</i> (2013). ⁴ Based on one retired person household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£219 £473		Excludes accommodation and living expenses. All costs.

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for older people*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² Information Centre (2007) *2006/07 UK general practice workload survey*, *Primary Care Statistics*, Information Centre, Leeds.

³ Department for Communities and Local Government (2014) *English housing survey headline report 2012-2013*, table 3, <https://www.gov.uk/government/statistics/english-housing-survey-2012-to-2013-headline-report> [accessed 10 November 2014].

⁴ Office for National Statistics (2013) *Family spending 2013 edition*, Office for National Statistics, London, available at http://data.gov.uk/dataset/family_spending [accessed 10 October 2014].

8.1.3 Community care package for older person: median cost

The care package described in this schema illustrates the median public sector costs per week for health and social care support in a 2005 home care sample of 365 cases.¹ In this sample there were 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in schema 8.8. All costs have been uprated using the appropriate inflators.

Typical case			
Mrs C was an 80-year old widow living with two other relatives.			
Functional ability			
Mrs C had problems with four activities of daily living: using the stairs, getting around outside, dressing and bathing.			
Services	Average weekly cost (2013/2014)	Level of service	Description
Social care Home care	£370	10 hours per week	Based on the cost of local authority-organised home care (see schema 11.6).
Health care GP	£11	11.7 minutes	Surgery visits estimated at once every four weeks based on the <i>General Practitioner Workload Survey</i> , July 2007. ²
Accommodation	£164		Based on the mean weekly rent paid by private renters. ³
Living expenses	£164		Living expenses taken from the <i>Family Expenditure Survey</i> (2013). ⁴ Based on one-person retired household mainly dependent on state pensions.
Total weekly cost of health and social care package	£370 £698		Excludes accommodation and living expenses. All costs.

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for older people*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² Information Centre (2007) *2006/07 UK general practice workload survey*, Primary Care Statistics, Information Centre, Leeds.

³ Department for Communities and Local Government (2014) *English housing survey headline report 2012-2013*, table 3, <https://www.gov.uk/government/statistics/english-housing-survey-2012-to-2013-headline-report> [accessed 10 November 2014].

⁴ Office for National Statistics (2013) *Family spending 2013 edition*, Office for National Statistics, London, available at http://data.gov.uk/dataset/family_spending [accessed 10 October 2014].

8.1.4 Community care package for older person: high cost

The care package described in this schema is an example of where the costs to the public purse for health and social care support were in the top quartile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 25 per cent of cases incurred gross public community care costs of over £283 per week. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in schema 8.8. All costs have been uprated using the appropriate inflators.

Typical case			
Mr D was a 79 year old widower who owned his own home and lived with two other friends. One of these friends provided him with help.			
Functional ability			
Mr D had problems with seven activities of daily living: using the stairs, getting around outside and inside the house, using the toilet, transferring between chair and bed, dressing and bathing. His problems stemmed from arthritic conditions and a previous stroke.			
Services	Average weekly cost (2013/2014)	Level of service	Description
Social care			
Home care	£370	10 hours per week	Based on local authority-organised home care (see schema 11.6).
Day care	£56		Attended a day centre about once a week (see schema 1.4).
Private home care	£358	24 hours per week	Based on PSS EX1 2012/13 data on independently provided home care (see schema 11.6).
Health care			
Community nurse	£19	20 minutes	Once a week visit from a community nurse (see schema 10.1).
OT	£62		Two visits were made by the OT (see schema 9.2).
GP	£11	11.7 minutes	Visits (surgery) estimated at once every four weeks based on the <i>General Practitioner Workload Survey, July 2007</i> . ²
Accommodation	£67		Based on the average weekly mortgage payment paid by owner occupiers. ³
Living expenses	£213		Living expenses taken from the <i>Family Expenditure Survey (2013)</i> . ⁴ Based on two adult retired households not mainly dependent on state pensions.
Total weekly cost of health and social care package	£877		Excludes accommodation and living expenses and privately purchased home care.
	£1,157		All costs

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for older people*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² Information Centre (2007) *2006/07 UK general practice workload survey, Primary Care Statistics*, Information Centre, Leeds.

³ English housing survey headline report 2012-2013: tables <http://www.gov.uk/government/statistics/english-housing-survey-2012-to-2013-headline-report> [accessed 13 November 2014]

⁴ Office for National Statistics (2013) *Family spending 2013 edition*, Office for National Statistics, London, available at http://data.gov.uk/dataset/family_spending [accessed 10 October 2014].

8.1.5 Community care package for older person: very high cost

The care package costs described in this schema is an example of support where the costs to the public purse for health and social care support were in the top decile in a 2005 home care sample of 365 cases.¹ In this sample, which had 35 per cent of 'intensive' cases with ten or more home care hours per week compared with 26 per cent in England as a whole, ten per cent of cases incurred gross public community care costs of over £390 per week. Care package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. Costs for all professionals exclude qualifications.

Prior to services being allocated, the service user's needs were assessed and these costs are excluded from these care packages. Information on the Common Assessment Framework (CAF) used for children and families can be found in schema 8.8. All costs have been uprated using the appropriate inflators.

Typical case			
Mrs E was an 82 year old woman who was married and lived with her husband and another relative in her own home. Her husband provided most support.			
Functional ability			
Mrs E suffered from dementia and needed help with nine activities of daily living: stairs, getting around outside and inside the house, using the toilet, transferring between chair and bed, dressing, bathing, washing and feeding.			
Services	Average weekly cost (2013/2014)	Level of service	Description
Social care Home care	£1,111	30 hours per week	Based on the cost of local authority-organised home care (see schema 11.6).
Health care Community nurse	£19	20 mins	One visit a week from a community nurse (see schema 10.1).
GP	£11	11.7 mins	Visits (surgery) estimated at once every four weeks based on the <i>General Practitioner Workload Survey</i> , July 2007. ²
Accommodation	£46		Based on the annuitised value of all houses shared between three people. Taken from the Halifax Price Index, August 2014. ³
Living expenses	£213		Living expenses taken from the <i>Family Expenditure Survey</i> (2013). ⁴ Based on one-person retired household, not mainly dependent on state pension.
Total weekly cost of health and social care package	£1,141 £1,401		Excludes accommodation and living expenses. All costs.

¹ Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for older people*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.

² Information Centre (2007) *2006/07 UK general practice workload survey, Primary Care Statistics*, Information Centre, Leeds.

³ Lloyds Banking Group (2013) *Halifax house price index*, http://www.lloydsbankinggroup.com/media/pdfs/halifax/2013/060913_HPI.pdf [accessed 14 October 2013].

⁴ Office for National Statistics (2013) *Family spending 2013 edition*, Office for National Statistics, London, available at http://data.gov.uk/dataset/family_spending [accessed 10 October 2014].

8.2 Social care support for older people, people with learning disabilities, people with mental health problems and people with physical disabilities

The care packages described in the following schemas (8.2.1-8.2.4) are drawn from the National Evaluation of the Individual Budgets Pilot Projects (IBSEN).¹ This study collected information on the social care service use of 1001 people across four client groups: older people, people with learning disabilities, people with mental health problems, and people with physical disabilities. For the study, the service users' needs were categorised as critical, substantial or moderate, and information was collected on a pre-specified set of services: the type of accommodation in which they usually lived, the number of hours of home care and day care received each week, and the social security benefits they received. The services were costed using information contained in this volume where possible (see details below); otherwise they have been taken from the Personal Social Services Expenditure return (PSS EX1, 2011/2012)² and updated using the PSS pay & prices inflator. As no information was available on whether the services had been provided by the local authority or private organisations, we have used the weighted average price.

Home care: The cost per hour for a home care worker is £24 (face-to-face) (see schema 11.6). As the PSS EX1 return does not distinguish between client groups for home care, the cost of home care for adults and older people has been used for all client groups. This cost is likely to be an under-estimate for certain client groups.

Day care: To arrive at a cost per day care attendance, assumptions have to be made about the number of times service users attend per week. New research (see preface for information) suggests that older people attend on average 2.49 times per week, people with mental health problems attend on average 2.88 times per week, people with physical disabilities attend on average 2.65 times per week, and that people with learning disabilities attend four times per week. Based on these assumptions, the mean cost per client attendance for older people is £56 per week, and for people with mental health problems (local authority and independent provision) is £38.² For people with learning disabilities the mean cost is £76 per session² and for people with physical disabilities the mean cost of a day care session is £79.²

Benefit receipt: All benefit receipt was costed using information taken from the Department for Work and Pensions (DWP)³ and summed to provide a total for each service user. Benefits included long-term incapacity benefit (£101.35 per week), severe disability benefit (£58.20 per week), disability (mobility) benefit (£55.25 per week), disability care allowance (£53 per week), attendance allowance (lower/higher rate, £53/£79.15 per week), carer's allowance (£59.75 per week) and housing benefit (£71.70 per week).

Accommodation: Information was available on whether the service user lived in a registered care home, sheltered accommodation, supported living, flats, private accommodation or rented accommodation; whether the service user lived alone or in shared accommodation; and the number of bedrooms in the accommodation. No information is available on whether the service user lived in accommodation provided by the local authority or private organisations. We have taken the lower-cost assumption that the accommodation was provided by a private sector organisation. For each client group, the appropriate cost was taken from this volume or other national sources such as Rentright (<http://www.rent-right.co.uk/>), a website which provides the average rental costs for England for each month, or the Halifax Price Index which provides average prices for privately-owned accommodation in England. Sometimes judgements were made about the type of accommodation according to the level of need of the service user. For example, for people with physical disabilities, where a care home was specified, it was assumed that this was a high dependency care home (see schema 5.1 of last year's volume). Similarly, when a 'flat' was specified and the level of need was 'critical' or 'substantial', the cost of special needs flats were applied (see schema 5.3 of the 2012 volume). When the accommodation type was 'supported living', when the level of need was 'critical', it was assumed that this also was a care home; otherwise the cost of 'extra care housing' was used. Costs for residential care and supported living for all client groups were taken from the relevant sections of this volume.

¹ Glendinning, C., Challis, D., Fernandez, J., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. & Wilberforce, M. (2008) *Evaluation of the individual budgets pilot programme: Final Report*, Social Policy Research Unit, University of York, York.

² Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

³ See: <http://www.payingforcare.org/types-of-state-and-local-authority-support> [accessed 10 October 2014].

8.2.1 Social care support for older people

In the IBSEN study, 281 people were aged over 65 (28% of the whole sample): 39 had critical needs, 171 had substantial needs and 71 moderate needs. The average total cost for the whole sample was £282 per week, with 10 per cent incurring costs of less than £125 and 10 per cent more than £562.

Service/need group	Average weekly costs (2013/2014)	Number of users	Description
Home care			
Critical	£297	18 users	Forty-two per cent of the sample of older people reported the use of home care. The average weekly cost for critical needs users was £297 compared to £157 for those with moderate needs. The average weekly cost for all 118 service users was £176 (9 hours per week).
Substantial	£154	74 users	
Moderate	£157	26 users	
Average/total	£176	118 users	
Day care			
Critical	£132	4 users	Twelve per cent of the older participants reported the use of day care. The average weekly cost for all 35 users was £71.
Substantial	£85	24 users	
Moderate	£69	7 users	
Average/total	£71	35 users	
Benefits			
Critical	£123	15 users	Thirty-seven per cent reported receiving benefits. In total, the cost of benefits received by critical service users was £123 compared to £95 for moderate service users. The total average weekly cost for all 105 users was £93. ¹
Substantial	£85	66 users	
Moderate	£95	24 users	
Average/total	£93	105 users	
Accommodation			
Critical	£167	39 users	The cost of accommodation for those with moderate needs was 6 per cent higher than those with critical needs. The average weekly cost for accommodation was £165.
Substantial	£138	171 users	
Moderate	£177	71 users	
Average/total	£165	281 users	
Total costs			
Critical	£384	39 users	The average weekly cost for all service users was £282. Support costs for critical service users were 33 per cent higher than costs for moderate service users.
Substantial	£265	171 users	
Moderate	£287	71 users	
Average/total	£282	281 users	

¹ Benefits in this volume last year were for 2013/14 and therefore remain unchanged.

8.2.2 Social care support for people with learning disabilities

In the IBSEN study, 260 people had learning disabilities (26% of the whole sample): 76 had critical needs, 159 had substantial needs and 25 moderate needs. The average cost for this sample was £318 per week, with 10 per cent incurring costs of less than £182 and 10 per cent more than £473.

Service/need group	Average weekly costs (2013/2014)	Number of users	Description
Home care			
Critical	£394	28 users	Forty-six per cent of the sample of people with learning disabilities reported the use of home care. Of those, the average weekly cost for critical users was £394 compared to £274 for those with moderate needs. The average weekly cost for all 77 service users was £387.
Substantial	£387	47 users	
Moderate	£274	2 users	
Average/total	£387	77 users	
Day care			
Critical	£330	18 users	Twenty-eight per cent of the whole sample of people with learning disabilities reported the use of day care. The average weekly cost was £53 across the 72 users.
Substantial	£48	51 users	
Moderate	£35	3 users	
Average/total	£53	72 users	
Benefits			
Critical	£140	68 users	Seventy-seven per cent reported receiving benefits. In total, the value of benefits received by critical service users was £140 compared to £146 for moderate service users. The total average weekly cost for all 199 users was £139. ¹
Substantial	£138	119 users	
Moderate	£146	12 users	
Average/total	£139	199 users	
Accommodation			
Critical	£183	76 users	The cost of accommodation for those with critical needs was £183 compared to the cost of those with moderate needs of £66. The average weekly cost for the whole sample of people with learning disabilities was £157.
Substantial	£158	159 users	
Moderate	£66	25 users	
Average/total	£157	260 users	
Total costs			
Critical	£393	76 users	The average weekly cost for all service users was £318. Support costs for critical users were 28 per cent higher than costs for moderate service users.
Substantial	£307	159 users	
Moderate	£169	25 users	
Average/total	£318	260 users	

¹ Benefits in this volume last year were for 2013/14 and therefore remain unchanged.

8.2.3 Social care support for people with mental health problems

In the IBSEN study, 143 people had mental health problems (14% of the whole sample): 22 had critical needs, 96 had substantial needs and 25 moderate needs. The average cost for these 143 people was £457 per week, with 10 per cent incurring costs of less than £194 and 10 per cent incurring costs of more than £503 per week.

Service/need group	Average weekly costs (2013/2014)	Number of users	Description
Home care			
Critical	£103	4 users	Seven per cent of people with mental health problems were receiving home care. The average weekly cost for critical users was £103 compared to £78 for moderate users. The average weekly cost for all 10 service users was £176.
Substantial	£253	5 users	
Moderate	£78	1 user	
Average/total	£176	10 users	
Day care			
Critical	£68	5 users	Fourteen per cent of people with mental health problems were receiving day care. The average weekly cost was £70 across all users of day care.
Substantial	£71	13 users	
Moderate	£65	2 users	
Average/total	£70	20 users	
Benefits			
Critical	£144	17 users	Seventy-seven per cent service users were receiving benefits. In total, the value of benefits received by critical service users was £144 compared to £111 for moderate service users. The total average weekly cost for all 110 users was £145. ¹
Substantial	£156	73 users	
Moderate	£111	20 users	
Average/total	£145	110 users	
Accommodation			
Critical	£197	22 users	The cost of accommodation for those with critical needs was £197 compared to the cost of those with moderate needs of £170. The average weekly cost across all users was £198.
Substantial	£210	96 users	
Moderate	£170	25 users	
Average/total	£198	143 users	
Total costs			
Critical	£327	22 users	The average weekly cost for all service users was £457. Support costs for critical users were 22 per cent higher than costs for moderate service users.
Substantial	£535	96 users	
Moderate	£267	25 users	
Average/total	£457	143 users	

¹ Benefits in this volume last year were for 2013/14 and therefore remain unchanged.

8.2.4 Social care support for people with physical disabilities

In the IBSEN study, 317 people had physical disabilities (32% of the whole sample): 52 had critical needs, 245 had substantial needs and 20 moderate needs. The average cost for this group was £687 per week, with 10 per cent of service users incurring costs of less than £261 and 10 per cent more than £1,089.

Service/need group	Average weekly costs (2013/2014)	Number of users	Description
Home care			
Critical	£379	31 users	Fifty-six per cent of the total sample of people with physical disabilities received home care. The average weekly cost for users with critical needs was £379 compared to £125 for those with moderate needs. The average weekly cost for all users of home care (176 people) was £289.
Substantial	£280	136 users	
Moderate	£125	9 users	
Average/total	£289	176 users	
Day care			
Critical	£158	8 users	Twelve per cent of the people with physical disabilities were receiving day care. The value of day care received by moderate users was 56 per cent higher than critical users. The average weekly cost was £169 for all 37 users of day care.
Substantial	£166	27 users	
Moderate	£246	2 users	
Average/total	£169	37 users	
Benefits			
Critical	£129	72 users	Ninety-four per cent of service users were receiving benefits. In total, the cost of benefits received by critical service users was £129 per week compared to £175 for moderate service users. The total average weekly cost for all 297 service users was £175. ¹
Substantial	£175	230 users	
Moderate	£165	17 users	
Average/total	£175	297 users	
Accommodation			
Critical	£757	52 users	The average weekly cost of accommodation for those with critical needs was £757 compared to £238 for those with moderate needs. The average weekly cost was £323.
Substantial	£238	245 users	
Moderate	£238	20 users	
Average/total	£323	317 users	
Total costs			
Critical	£1,223	52 users	The average weekly care package cost for all service users was £687 per week. Support costs for critical users were 260 per cent higher than costs for moderate service users.
Substantial	£586	245 users	
Moderate	£470	20 users	
Average/total	£687	317 users	

¹ Benefits in this volume last year were for 2013/14 and therefore remain unchanged.

8.3 Health care support received by people with mental health problems, older people (over 75) and other service users

Information for this schema has been drawn from the *Evaluation of the Personal Health Budget Pilot Programme*¹ and provides information on the health service use of participants in the year before the study started. The information provided in the schema below shows the total mean annual cost of health care received by all service users, which includes people with chronic obstructive pulmonary disease, diabetes, long-term neurological conditions, mental health, stroke and patients eligible for NHS Continuing Healthcare. It also provides this information separately for people with mental health problems and people over 75 with one of the above health conditions.

The information was collected in 2009 and has been updated using the appropriate inflators.

Health services received	Total mean annual cost (2013/2014)	Number of patients	Range of costs
All service users			
Nursing and therapy	£217	1278	£0-£14,053
Primary care	£855	2028	£0-£10,595
Inpatient care	£4,072	1771	£0-£107,169
Outpatient and A&E	£967	1772	£0-£11,995
People with mental health problems			
Nursing and therapy	£156	180	£0-£3,851
Primary care	£548	344	£0-£2,400
Inpatient care	£4,330	358	£0-£107,169
Outpatient and A&E	£826	358	£0-£6,614
People over 75			
Nursing and therapy	£185	226	£0-£4,005
Primary care	£1,094	345	£0-£13,473
Inpatient care	£5,956	275	£0-£76,904
Outpatient and A&E	£1,038	275	£0-£6,910

¹ Forder, J., Jones, K., Glendinning, C., Caiels, J., Welch, E., Baxter, K., Davidson, J., Windle, K., Irvine, A., King, D. & Dolan, P. (2012) *Evaluation of the personal health budget pilot programme*, Department of Health, London.

8.4 Adults with learning disabilities – care packages

These care packages (8.4.1 and 8.4.2) draw on research carried out by Laing & Buisson¹ and commissioned by the Department of Health. They provide illustrative cost models in learning disabilities social care provision, first for residential care homes and then for supported living schemes.

8.4.1 Residential care homes

The schema below provides examples of high-specification care homes in the South East of England, one with 4 bedrooms and one with 8 bedrooms. Twenty four-hour support is provided in both houses; they are well equipped and include en suites with bath or shower rooms and good communal spaces. The average fee paid for a place in the 4-bedroom house is £1,600 per week and is £1,450 for a place in the 8-bedroom house.

Costs and unit estimation	2013/2014	
	4-bed house	8-bed house
Staff costs		
Salaries	£211,035	£305,639
Training	£6,317	£6,843
Staff overheads	£7,264	£21,478
Capital costs		
Building	£22,211	£31,097
Equipment	£8,885	£17,770
Living expenses		
Personal living expenses	£25,644	£46,402
Utilities	£7,327	£14,653
Direct overheads		
Maintenance/service	£28,574	£47,379
Indirect overheads		
Head office costs	£18,424	£36,849
Total cost per year	£335,682	£528,111
Total cost per person per year	£83,920	£66,014
Total cost per person per week	£1,608	£1,265

¹ Laing & Buisson (2011) *Illustrative cost models in learning disabilities social care provision*, Department of Health, London.

8.4.2 Supported living homes

The weekly unit costs per service user for both homes in this schema are similar. Both homes support service users with, on average, the same level of needs for support hours, although there are some offsetting differences: in particular, staff costs are higher at the two-bedded home but the manager costs are lower, reflecting input of only five hours a week for both services (i.e. 2.5 hours per service user).¹

Costs and unit estimation (2013/2014)	This example is of a two-bedded supported living home in the North West of England, using budgeted costs (average of 94 hours of support)		This example is of a three-bedded supported living home in the North West of England, using budgeted costs (average of 85.7 hours of support)	
	Per person fee/cost per week (including oncosts)	2 residents Total per year	Per person fee/cost per week (including oncosts)	3 residents Total per year
INCOME				
Fees	£924	£96,116	£924	£144,175
COSTS				
Direct staff costs				
Senior support staff	£216	£22,562	£272	£42,553
Support staff	£370	£38,594	£301	£47,006
Sub-total	£586	£61,157	£573	£89,558
Waking nights				
Sleep-in	£112	£11,169	£71	£11,169
Manager	£40	£4,051	£92	£14,427
Sub-total	£152	£15,220	£163	£25,596
Recruitment	£5	£511	£5	£740
Training	£12	£1,326	£12	£2,040
Other staff overheads	£16	£1,700	£19	£2,989
Total staff support costs	£772	£79,914	£773	£120,924
Management costs-area, division, central	£126	£13,173	£127	£19,945

¹ Laing & Buisson (2011) *Illustrative cost models in learning disabilities social care provision*, Department of Health, London.

8.5 Support for children and adults with autism

There is growing evidence on the economic burden of autism spectrum disorders (ASD). Autism has life-time consequences with a range of impacts on the health, economic well-being, social integration and quality of life of individuals with the disorder, their families, and potentially the rest of society. Many of those impacts can be expressed as economic costs.

Interventions and services currently used to treat or support children and adults with ASD include those provided by medical practitioners, nurses, dietitians, psychologists, speech and language therapists, teachers and various providers of complementary and alternative medicine, such as music therapy, aromatherapy, homeopathic remedies, naturopathic remedies, manipulative body therapies and spiritual healing. These treatments, services and supports impose costs to the state, the voluntary sector or to the families of people with ASD who have to pay for them from their own pockets.

Here we present cost information taken from two research studies. The first focuses on pre-school children and provides the service and wider societal costs in the UK.¹ It looked at the services received by 152 pre-school children with autism, reported family out-of-pocket expenses and productivity losses, and explored the relationship between family characteristics and costs.

Service use data were collected using a modified version of the Child and Adolescent Service Use Schedule (CA-SUS) asking about the use of specialist accommodation such as foster and respite care, education or day care facilities attended, all medication prescribed for the individual child, all hospital contacts, and all community health, education and social care services, including non-statutory provision. School-based services were not recorded separately to avoid double-counting costs already included in the overall cost of the education facility, and because parents may not always be aware of their use. In addition, parents were asked to report details of time off work due to their child's illness, and expenditure on any specialist equipment or other extraordinary costs, such as home adaptations, conference or training attendance, and overseas travel that were a direct result of their child's autism. Information from this study is found in 8.5.1.

The second study provides the annual costs for children and adults with low-functioning and high-functioning ASD (i.e. with and without an intellectual disability). The research^{2,3} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom drawing on previous research, national surveys, expert advice and supplemented with service use data on 146 children and 91 adults. In the sample of children with autism, ages ranged from 3 to 17, with a mean of 10.28 years (standard deviation 3.17) and a median age of 10. The purpose of the study was to examine the service, family and other economic consequences of autism in the UK for children and adults with ASD. See schemas 8.5.2 to 8.5.4 for costs from this study.

¹ Barrett, B., Byford, S., Sharac, J., Hudry, K., Leadbitter, K., Temple, K., Aldred, C., Slonims, V., Green, J. & the PACT Consortium (2012) Service and wider societal costs of very young children with autism, *Journal of Autism and Developmental Disorders*, 42, 5, 797-804.

² Knapp, M., Romeo, R. & Beecham, J. (2007) *The economic consequences of autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

³ Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.5.1 Children with autism (pre-school)

Information for this schema has been taken from Barrett et al. (2012).¹ All costs were originally estimated at 2006/2007 prices and have therefore been updated to 2013/2014 using the appropriate inflators.

This schema reports the service and wider societal costs for the six months prior to interview for pre-school children with autism. The mean total service costs were £2,878, equivalent to £480 per month and over £5,756 per year. Almost half the costs (44%) were for education and childcare, 41 per cent were for community health and social services, and 12 per cent for hospital services. Total costs varied substantially between the children in the study (range £351 to £7,422 over six months). Box 1 below presents case studies of low- and high-cost cases.

On average, families spent an additional £293 as a result of their child's illness over the six months prior to interview (range £0 to £4,319). Fifty-one per cent of families reported taking some time off work due to their child's illness over the six months, associated with productivity losses of £305 per family. Total costs including all services, family costs and productivity losses were estimated at over £3,475 over six months, equivalent to over £579 per month.

Total costs per child for the six months prior to interview (£, n=152)

	Mean	SD	Total service cost %	Total cost %
Accommodation	£18	£223	0.62	0.51
Hospital-based health services	£350	£513	12.16	10.07
Community health and social services	£1,181	£990	41.04	33.99
Medication	£19	£95	0.66	0.55
Voluntary sector services	£33	£91	1.16	0.96
Education and child care	£1,277	£913	44.36	36.73
Total service costs	£2,878	£1,382	100.00	82.81
Out-of-pocket expenses	£293	£620		8.42
Productivity losses	£305	£666		8.77
Total costs (2013/2014)	£3,475	£1,851		100.00

Box 1 Case studies of high and low cost cases

High cost — £7,422 over six months

Child H attends a mainstream nursery part-time and a specialist playgroup one day a week. He spent three nights in hospital following a grommet operation, and had two outpatient appointments with the ear, nose and throat specialist before and after the operation. Child H had monthly visits to his GP, regular contact with the practice nurse and his health visitor, and weekly contacts with a speech and language therapist at the local health centre. In addition, he had contact with a community paediatrician and a portage worker.

Low cost — £351 over six months

Child I does not attend any formal education or childcare, spending all his time at home with his mother. He had one visit to a paediatrician at the local hospital, but did not have any other hospital contacts or use any services in the community.

¹ Barrett, B., Byford, S., Sharac, J., Hudry, K., Leadbitter, K., Temple, K., Aldred, C., Slonims, V., Green, J. & the PACT consortium (2012) Service and wider societal costs of very young children with autism, *Journal of Autism and Developmental Disorders*, 42, 5, 797-804.

8.5.2 Children with low-functioning autism (ages 0-17)

The research carried out by Knapp et al. (2007, 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom. Costs estimated for children used a combination of routinely collected and research data and a pooled dataset of 146 children.

The schema below summarises the average cost per child with low-functioning ASD, whether living with their families or living in a residential or foster care placement. Costs are organised under a number of different service and support headings. Family expenses were also included and, where appropriate, costs were imputed for the lost employment of parents. The schema distinguishes children in three different age groups. For the two older age groups, the largest contributors to these totals are the care placements themselves, and special education. The authors noted that, given the availability of data, residential special school costs may have been under-estimated.

Average annual cost per child with low-functioning ASD

	Living in residential or foster care placement			Living in private households with family		
	Ages 0-3	Ages 4-11	Ages 12-17	Ages 0-3	Ages 4-11	Ages 12-17
Residential/foster care placement	£17,705	£25,495	£36,236	-	-	-
Hospital services	-	£978	£1,801	-	£978	£1,801
Other health and social services	£664	£7,840	£454	£664	£7,840	£454
Respite care	-	-	-	-	£3,207	£4,181
Special education	-	£10,375	£31,334	-	£10,375	£31,334
Education support	-	£1,344	£1,132	-	£1,344	£1,132
Treatments	-	£20	£17	-	£20	£17
Help from voluntary organisations	-	-	-	-	£957	£109
Benefits	-	-	-	£4,264	£4,540	£4,540
Lost employment (parents)	-	-	-	-	£2,367	£2,367
Total annual cost (excluding benefits)	£18,369	£46,053	£70,973	£664	£27,089	£41,395
Total annual cost (including benefits)	£18,369	£46,053	£70,973	£4,928	£31,629	£45,935

Note: Expenditure on social security/welfare benefits could partly double-count the costs of lost employment for parents, which is why two totals are provided above.

¹ Knapp, M., Romeo, R. & Beecham, J. (2007) *The economic consequences of autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

² Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.5.3 Children with high-functioning autism (ages 0-17)

The research carried out by Knapp et al. (2007, 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom.

As in schema 8.3.2, the schema below distinguishes costs under a number of different service and support headings. The study assumed that all children with high-functioning ASD live with their parents.

Average annual cost per child with high functioning ASD

	Living in private household with family		
	Ages 0-3	Ages 4-11	Ages 12-17
Hospital services	-	£882	£882
Other health and social services	£1,378	£1,378	£1,378
Respite care	-	£7,388	£7,388
Special education	-	£13,256	£13,256
Education support	-	£619	£619
Treatments	-	£168	£168
Help from voluntary organisations	-	-	-
Benefits	£532	£532	£532
Lost employment (parents)	-	£245	£245
Total annual cost (excluding benefits)	£1,378	£23,936	£23,936
Total annual cost (including benefits)	£1,910	£24,468	£24,468

Notes

The costs for children aged 4-11 and aged 12-17 are the same.

Expenditure on social security/welfare benefits could partly double-count the costs of lost employment for parents, which is why two totals are provided above.

¹ Knapp, M., Romeo, R. & Beecham, J. (2007) *The economic consequences of autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

² Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.5.4 Adults with autism

The research carried out by Knapp et al. (2007, 2009)^{1,2} estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom. The estimated annual costs for adults with high- and low-functioning ASD are presented below and were calculated from routinely-collected and research data and a pooled dataset of 185 individuals. Imputed costs for lost employment are included for both the individuals with ASD and for parents, where these are appropriate. Costs are arranged by place of residence.

A sizeable part (59%) of costs for an adult with high-functioning ASD living in a private household (with or without family) is the imputed cost of lost employment (and hence also lost productivity to the economy. Part of that (not separately identified here) would be lost tax revenue to the Exchequer. Costs for high-functioning adults in supported living settings or care homes are much higher (£96,843 and £99,921 per year respectively) and the proportion attributable to lost employment is lower. The largest cost element in each case is for accommodation, and includes the costs of staff employed in those settings or supporting the residents.

Average annual cost per adult with ASD

	Adults with high-functioning ASD			Adults with low-functioning ASD			
	Private household	Supporting people	Residential care	Private household	Supporting people	Residential care	Hospital
Accommodation	£1,689	£66,985	£70,063	-	£66,985	£70,063	-
Hospital services	£882	£882	£882	£99	£170	£39	£85,664
Other health and social services	£552	£552	£552	£802	£531	£657	-
Respite care	-	-	-	£1,743	-	-	-
Day services	£2,526	£2,526	£2,526	£4,258	£4,112	£941	-
Adult education	£3,275	£3,275	£3,275	£1,629	£966	£3,763	-
Employment support	-	-	-	£572	£1,240	-	-
Treatments	£168	£168	£168	£70	£70	£70	-
Family expenses	£2,146	-	-	£2,471	-	-	-
Lost employment (parents)	£4,181	-	-	£4,181	-	-	-
Sub-total	£15,419	£74,388	£77,466	£15,825	£74,075	£75,534	£85,664
Lost employment (person with ASD)	£22,454	£22,454	£22,454	£25,403	£25,403	£25,403	£25,403
Total (excluding benefits)	£37,873	£96,843	£99,921	£41,228	£99,478	£100,937	£111,067
Benefits	-	-	-	£7,607	£4,903	£4,903	£1,050
Total (including benefits)	£37,873	£96,843	£99,921	£48,836	£104,381	£105,839	£112,117

¹ Knapp, M., Romeo, R. & Beecham, J. (2007) *The economic consequences of autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

² Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.6 Services for children in care

The following schemas present illustrative costs of children in care reflecting a range of circumstances. Information from practitioners and managers, gathered in the course of developing unit costs for social work processes, indicated that some needs — or combinations of them — are likely to have an impact on the cost of placements: disabilities; emotional or behavioural difficulties; and offending behaviour.¹ Unaccompanied asylum-seeking children comprise a further group whose circumstances, rather than their attributes, engender a different pattern of costs. In any population of looked-after children, there will be some children who have none of these additional support needs. Authorities with a higher proportion of children without additional needs will incur lower average costs per looked-after child. However, in reality their overall expenditure on children's services may be greater, for such authorities may place a higher proportion of their whole population of children in need away from home than do those with better-developed family support services.

The study by Ward and colleagues identified different combinations of additional support needs. There were five 'simple' groups of children who display none or one of the attributes expected to affect costs, and six complex groups of children who display two or more additional support needs. In the sample of 478 children, 129 (27%) showed no evidence of additional support needs; 215 (45%) displayed one; 124 (26%) children displayed combinations of two; and a very small group of children (2%) displayed combinations of three or more.

The care package costs for children described in schemas 8.6.1-8.6.4 illustrate an example of the support received by children in some of these groups, taken from the study sample. Costs relate to time periods stated in each schema.

¹ Ward, H., Holmes, L. & Soper, J. (2008) *Costs and consequences of placing children in care*, Jessica Kingsley, London.

8.6.1 Children in care: low-cost — with no evidence of additional support needs

Child A is a boy aged 14 with no evidence of additional support needs. The schema shows the total cost incurred by social services and other agencies from February 2005 to October 2006, uprated using the PSS pay & prices inflator. Child A became looked after at the age of six, as the result of neglect. A care order was obtained in 2002. Since then he has been placed with the same local authority foster carers, a placement that had lasted eight years by the start of the study. In June 2006, his case was transferred to the leaving care team. Reviews were held at six-monthly intervals and his care plan was updated every six months. He attended six-monthly dental appointments and an annual looked-after child medical. During the time period shown above, this young person attended weekly, hour-long physiotherapy sessions as a result of a neck injury. He completed his statutory schooling in summer 2008 and obtained seven GCSEs. He then progressed to further education to start an A level course.

Child A had a relatively inexpensive placement with local authority foster carers. He incurred some educational costs, in that he attended school, and some health care costs, but there was no exceptional expenditure. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£247 x 3	£742	£175 x 3	£526
Maintaining the placement	£824 x 87 weeks minus £10,003 ¹	£61,718	£56 x 3	£168
Review	£638 x 3 + £20 ²	£1,935		
Legal	£8 ³ x 87 weeks	£686	£12.6 ⁴ x 87 weeks	£1,096
Transition to leaving care	£1,903	£1,903		
Cost of services				
Mainstream schooling			£28 ⁵ per day	£7,986
FE college			£27 ⁵ per day	£832
Looked-after child medical			£38 ⁶	£38
Physiotherapy (home visit)			£81 x 87 weeks ⁷	£7,037
Dentist			No current costs	
Total cost over 9 months		£66,984		£17,680

¹ Cost includes payment made for the placement and all activity to support the placement. There is a reduction in cost as a result of reduced activity once the placement has lasted for more than one year.

² An additional cost is incurred for the first 16+ review.

³ The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.

⁴ Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and outcomes of non-infant adoptions*, report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.

⁵ Based on the cost of a secondary school place. Calculated by dividing total secondary school expenditure by the total number of pupils on the roll, and by the total number of days of pupil contact (190). Department for Education (2011) *Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2011-12*, Department for Education, London and table 1A 'All Schools: pupils with statements of special educational needs'.

⁶ Based on the unit cost of a surgery consultation with a general practitioner (see table 10.8b).

⁷ Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/reference-costs-guidance-for-2011-12/> [accessed 9 October 2013].

8.6.2 Children in care: median cost — child with emotional or behavioural difficulties

Between February 2005 and April 2006, Child B was placed with local authority foster carers (within the area of the authority). She then moved to another placement with local authority foster carers within the area of the authority. A care order was obtained for this young person when she first became looked after. During the time-frame, three review meetings were held and her care plan was also updated on three occasions. Child B attended mainstream school from December 2005 until June 2006 where she received support from a personal teaching assistant for four hours a week. This young person attended six-monthly dental appointments and also her annual looked-after child medical. Child B also received speech therapy until July 2006. Following a self-harm incident she was taken to the accident and emergency department and was referred to a clinical psychologist and began weekly sessions in April 2005.

Costs to social services are relatively low, largely because she was placed with local authority foster carers within the authority area throughout the study period, and not considered difficult to place. There were relatively high costs to other agencies, designed to meet both her health and educational needs. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA		Cost to others	
	Unit costs	Total	Unit costs	Total
Care planning	£247 x 3	£742	£175 x 3	£526
Maintaining the placement	£721 x 59 weeks minus £6,147 ¹	£36,392	£56 x 3	£168
Finding subsequent placement	£320	£320		
Review	£638 x 3	£1,915		
Legal	£9.60 ² x 59 weeks	£566	£12.60 ³ x 59	£741
Cost of services				
Mainstream schooling			£28 ⁴ per day	£8,559
Looked-after child medical			£38 ⁵	£38
Speech therapy			£89 x 60 weeks	£5,338
Clinical psychologist			£137 x 52 weeks	£7,130
Hospital accident and emergency visit (admitted)			£233	£233
Personal teaching assistant			£22 (4 hours per week for 25 weeks) ⁶	£2,200
Dentist			No current costs	
Total cost over 14 months		£39,935		£24,933

¹ Cost includes payment made for the placement and all activity to support the placement. There is a reduction in cost as a result of reduced activity once the placement has lasted for more than one year.

² The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.

³ Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and outcomes of non-infant adoptions*, report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.

⁴ Based on the cost of a secondary school place. Calculated by dividing total secondary school expenditure by the total number of pupils on the roll, and by the total number of days of pupil contact (190). Department for Education (2012) *Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2011-12*, Department for Education, London and table 1A 'All Schools: pupils with statements of special educational needs'.

⁵ Based on the unit cost of a surgery consultation with a general practitioner (see table 10.8b).

⁶ Based on the average salary of a teaching assistant, <http://www.tes.co.uk/article.aspx?storyCode=6168765/> [accessed 22 October 2013].

8.6.3 Children in care: high cost — children with emotional or behavioural difficulties and offending behaviour

Child C was aged 15 at the start of the study. He first became looked after at the age of 11, when his parents needed respite. Prior to the start of the study he was placed in secure accommodation on five separate occasions. He had also been placed in various residential homes, schools and foster placements, many of which had broken down. As a consequence, he had been classified as 'difficult to place'. During the study period (74 weeks), Child C experienced ten different placements. He also refused all statutory medical and dental appointments; furthermore, he refused any mental health support. Child C did not complete his statutory schooling as a result of numerous exclusions and non-attendance. Prior to the start of the study he had a history of offending: this continued throughout the study, with him committing ten further offences. He ceased being looked after in summer 2007 when he refused to return to any placement provided by the local authority.

The costs to social services were relatively high, both because of a number of out-of-authority, residential placements provided by independent sector agencies and due to nine changes of placement. There were substantial costs to other agencies (Youth Offending Team and the Police) as a result of his offending behaviour. No additional health care costs were incurred for this young man because of his refusal to engage in the services offered to him. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£247 x 2	£495	£175 x 2	£351
Maintaining the placement	£366,440 ¹	£366,440	£56 x 74 weeks ²	£4,144
Ceased being looked after	£428	£428		
Find subsequent placements	£10,540 ³	£10,540		
Review	£1,915	£1,915	£205 x 2	£410
Cost of services⁴				
YOT involvement/criminal costs			£1,110 ⁵ x 74 weeks	£82,140
Total cost over 18.5 months		£379,819		£87,045

¹ This cost includes the payment made for the placement and all activity to support the placements. There is an increase in cost in the first three months of a placement due to increased social worker activity.

² Child C ceased being looked after in July 2011, therefore the time period being costed is 74 weeks.

³ Child C experienced nine changes of placement during the timeframe of the study.

⁴ There are no additional education costs because these are included in the costs of the placements in process three.

⁵ Liddle, M. (1998) *Wasted lives: counting the cost of juvenile offending*, National Association for the Care and Resettlement of Offenders (NACRO), London.

8.6.4 Children in care: very high cost — children with disabilities, emotional or behavioural difficulties plus offending behaviour

Child D experienced nine different placements from February 2006 to October 2007. Initially he was placed in an independent sector agency residential unit with education facilities. In March 2006, he was placed with independent sector foster carers, again out of area. He then experienced three further placements, all out of area authority and all provided by independent sector organisations: another residential unit, then another foster placement, then a third residential placement. In September 2006 he was placed overnight in a secure unit within the authority. He then had three independent sector placements: foster carers, a residential unit, and a specialised one-bedded residential unit in December 2006. This placement was also out of the area of the authority. Review meetings were held six-monthly and his care plan was also updated every six months. This young person attended the education provision in two different residential units until summer 2006, when he was permanently excluded. He then started sessions with a home tutor in October 2006. Over the 20 months he attended six-monthly dental appointments and his looked-after child medical. He also attended weekly sessions with a clinical psychologist from October 2006 onwards. In September 2006 he was accused of a criminal offence; the police were involved, but he was not convicted.

These costs are markedly higher than for the majority of other children in the sample. Child D had become difficult to place; and increasing amounts of social work time had to be spent on finding the rare placements that were prepared to accept him. The costs of changing placements were calculated at over £1,000 per move. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£150 x 3	£450	£175 x 3	£526
Maintaining the placement	£700,571 plus £1,797 ¹	£702,368		
Finding subsequent placements	£20,759	£20,759	£95 x 8	£783
Review	£1,015 x 3	£3,044	£399 x 3	£1,197
Legal	£5.3 ² x 87 weeks	£461	£6 ³ x 87 weeks	£539
Transition to leaving care	£1,903	£1,903		
Cost of services				
Home tuition			No current costs	
Permanent exclusion			No current costs ⁴	
Looked-after child medical			£38 ⁵	£38
Clinical psychologist			£137 per hour for 52 weeks	£7,130
Police costs for criminal offence (police statement and interview)			£325 ⁶	£325
Dentist			No current costs	
Total cost over 20 months		£728,985		£10,539

¹ The cost includes the payment made for the placements and all activity to support the placements. There is an increase in cost in the first three months of a placement due to increased social worker activity.

² The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.

³ Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and outcomes of non-infant adoptions*, report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.

⁴ See Prince's Trust (2007) *The cost of exclusion*, Prince's Trust, London. <http://www.princes-trust.org.uk/PDF/Princes%20Trust%20Research%20Cost%20of%20Exclusion%20apr07.pdf> [accessed 9 October 2013].

⁵ Based on the unit cost of a surgery consultation with a general practitioner (see table 10.8b).

⁶ Bedfordshire Police (2012) *2012/13 Fees and charges handbook*, http://www.bedfordshire.police.uk/PDF/bedfordshire_fees_and_charges.pdf [accessed 9 October 2013].

8.7 Services for children in need

The care package costs for children described in the schemas (8.7.1-8.7.4) illustrate examples of the support received by children in need reflecting a range of circumstances. These costs have been drawn from a study undertaken by the Centre for Child and Family Research (CCFR) at Loughborough University in which the costs of key social care processes for children in need have been calculated in four local authorities, including initial and core assessments, children in need reviews, along with ongoing social care activity to support families.¹ The study used a bottom-up costing methodology,² which uses social care activity time data as the basis for building up unit costs. The unit costs per hour are based on average salaries for each staff type using national salary scales and applying oncosts and overheads as presented in this volume.

The costs provided were for 2008/09 and have been updated using the appropriate inflators. For social services support received by children in need, see schemas 6.5.1-6.5.4.

8.7.1 Child A – no additional needs

Child A – No additional needs: out of London costs

Child A, a boy aged 11 at the start of the study, was referred to social care in August 2007. Support was offered to his family, who had been assessed as being in need due to 'family dysfunction'. Child A lived with his mother and had no siblings.

Concerns had been raised about the relationship between Child A and his mother, in particular the ability of his mother to deal with his tantrums and use appropriate levels of discipline.

In addition to the ongoing case management provided by the allocated social worker, a family support worker from the social care team had been allocated to the case to undertake some work around discipline and behaviour. A weekly visit was made by the family support worker. This work ceased in December 2008, three months into the data collection period. One Child in Need Review was carried out during the study time period.

Total costs for Child A during the six-month data collection period^a

Social care activity costs (out of London costs)			
Process	Frequency	Unit cost	Sub-total
CiN 3 – ongoing support	6 months	£112	£674
CiN 6 – planning and review		£234	£234
Cost of social care case management activity			£907
Additional services costs (out of London costs)			
Family support	Once a week for 10 weeks ^a	£35	£353
Cost of services			£353
Total cost incurred by children's social care for Child A during the 6-month period			£1,261

^a There was no evidence of additional support services being provided by other agencies during the study timeframe.

¹ Holmes, L. & McDermid, S. (2012) *Understanding costs and outcomes in child welfare services*, Jessica Kingsley, London.

² Beecham, J. (2000) *Unit costs – not exactly child's play: a guide to estimating unit costs for children's social care*, Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit, University of Kent; Ward, H., Holmes, L. & Soper, J. (2008) *Costs and consequences of placing children in care*, Jessica Kingsley, London.

8.7.2 Child B – no additional needs, aged six and under

Child B – No additional needs, aged six and under: London costs

Child B was referred to social care in June 2008, aged 14 months, due to concerns about her mother's mental health. Although both parents lived at home, Child B's mother was struggling to fulfil her caring duties because of her anxiety and depression. These difficulties were also putting a strain on the parents' relationship. Consequently, Child B was assessed as being in need under Section 17 of the Children Act 1989. The primary need code was recorded as 'family in acute distress' and no additional needs were identified.

During the study time period, the family was in receipt of a number of additional support services. Weekly one-to-one home visits were provided by a mental health social worker from multi-agency early intervention service. A mental health support worker was funded by the Primary Care Trust to address and support Child B's mother. Additional one-to-one support was offered to Child B's mother for an hour each week by the local authority family support team. The family also attended weekly group sessions at the local children's centre. There were two Child in Need reviews during the data-collection period.

Total costs for child B during the six-month data collection period^a

Social care activity costs (London costs)			
Process	Frequency	Unit cost	Sub-total
CiN 3 – ongoing support	6 months	£242	£1,455
CiN 6 – planning and review	2	£268	£565
Cost of social care case management activity			£2,020
Additional services costs (London costs)			
Social care services			
Family support	Once a week for 21 weeks ¹	£45	£937
Cost of service care provision			£937
Services from other agencies			
Children's centre stay and play group provided by Local authority, not social care	Once a week for 21 weeks ²	£15	£336
One-to-one support from mental health social worker provided by the PCT	Once a week for 21 weeks ³	£122	£2,552
Cost of service provision from other providers			£2,888
Total cost incurred by children's social care for Child B during the 6-month period			£2,957
Total cost incurred for Child B during the 6-month period			£5,846

^a There was no evidence of additional support services being provided by social care during the study timeframe.

¹ Unit cost based on a one-hour visit and 40 minutes travel time.

² Tidmarsh, J. & Schneider, J. (2005) Typical costs of sure start local programmes, in L. Curtis (ed.) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Curtis, L. (2011) *Unit Costs of Health and Social Care 2011*, Personal Social Services Research Unit, University of Kent, Canterbury. (Costs have been updated to 2013 values.)

8.7.3 Child C – emotional or behavioural difficulties

Child C – Boy with emotional or behavioural difficulties: out of London costs.

Child C was aged 14 at the time of the data collection and had been receiving support as a Child in Need since September 2008, as his family was 'in acute distress'.

Child C's mother had been subject to domestic abuse by her partner and, although he no longer lived in the family home, their relationship had continued to be chaotic. The family had been receiving family therapy, provided by a voluntary agency, twice a month, to help another sibling with obsessive compulsive disorder.

The family's circumstances were reviewed at a Child in Need Review in November 2008. At this review meeting Child C's teacher noted that he had also exhibited symptoms of low self-esteem. His school attendance had been low and his teacher was concerned that this might be a result of his anxieties around socialising with his peers.

The review meeting concluded that the family's situation had not improved and, because of the additional concerns raised by the teacher and social worker, a Core Assessment was recommended. This was carried out in December 2008. Subsequently, Child C was referred to CAMHS for weekly sessions and his mother was offered women's aid support.

Total costs for Child C during the six-month data collection period^a

Social care activity costs (out of London costs)			
Process	Frequency	Unit cost	Sub-total
CiN 3 – ongoing support	6 months	£210	£1,257
CiN 6 – planning and review		£234	£234
CiN 5 – core assessment		£616	£616
Cost of social care case management activity			£2,107
Additional services from other agencies (out of London costs)			
Family therapy provided by voluntary agency	Twice a month for 6 months ¹	£106	£1,114
Women's aid provided by voluntary agency	Weekly for 3 months ²	£66	£698
CAMHS provided by Primary Care Trust	Weekly for 3 months ³	£69	£831
Cost of service provision from other providers			£2,643
Total cost incurred by children's social care for Child B during the 6-month period			£2,107
Total cost incurred for Child B during the 6-month period			£4,750

a There was no evidence of additional support services being provided by social care during the study timeframe.

¹ Barlow, J., Davis, H., McIntosh, E., Jarrett, P., Mockford, C. & Stewart-Brown, S. (2006) Role of home visiting in improving parenting and health in families at risk of abuse and neglect: results of a multicentre randomised controlled trial and economic evaluation, *Archives of Disease in Childhood*, 92, 3, 229-233.

² McIntosh, E. & Barlow, J. (2006) The costs of an intensive home visiting intervention for vulnerable families, in A. Netten & L. Curtis (eds) *Unit Costs of Health and Social Care 2006*, PSSRU, University of Kent, Canterbury.

³ Curtis, L. (2013) *Unit Costs of Health and Social Care 2013*, Personal Social Services Research Unit, University of Kent, Canterbury.

8.7.4 Child D – became looked after during the data collection

Child D was first referred to social care in August 2007 and had been receiving support as part of a Child Protection Plan. Her parents were identified as regular drug users and this was felt to be impacting on their ability to care appropriately for her needs. In particular, her mother's chaotic lifestyle and regular drug use meant that she frequently failed to get Child D ready for school. The home environment was felt to be unsuitable for young children. Child D was five and a half at the start of the data collection. Child D lived with her mother, and had regular contact with her father who also misused drugs. Both parents were reluctant to engage with additional services, although Child D's father would occasionally attend a stay-and-play group at the local Sure Start children's centre with his daughter.

In early December 2008 the social worker was contacted by a child care worker at the children's centre who reported that Child D presented with bruises, allegedly caused by her mother's new partner. Along with concerns regarding the lack of improvements since the implementation of a Child Protection Plan, further investigation was instigated and the decision was taken for Child D to be placed in local authority foster care. A review was held 28 days after the child was placed and the Care Plan updated following that review. Child D remained on a Child Protection Plan whilst being looked after.

Total costs for Child D during the six-month data collection period^a

Social care activity costs (London costs)			
Process	Frequency	Unit cost	Sub-total
Child in Need processes			
CiN 3 – ongoing support	Two and a half months	£242	£606
Looked-after children processes¹			
LAC1 – Decide child needs to be looked after		£1,120	£1,120
LAC3 – Maintaining the placement ²	Three and a half months		
LAC2 – Care planning		£220	£220
LAC6 – Review			£688
Cost of social care case management activity			£2,635
Additional services from other agencies (London costs)			
Sure Start stay and play group provided by Local authority (not social care) ³	Twice during the data collection period	£15	£30
Cost of service provision from other providers			£30
Total cost incurred by children's social care for Child D during the 6-month period			£2,635
Total cost incurred for Child B during the 6-month period			£2,665

^a There was no evidence of additional support services being provided by social care during the study timeframe.

¹ Ward, H., Holmes, L. & Soper, J. (2008) *Costs and consequences of placing children in care*, Jessica Kingsley, London.

² The costs of maintaining the placement also include the weekly fees and allowance of the child's placement.

³ Tidmarsh, J. & Schneider, J. (2005) Typical costs of sure start local programmes in L. Curtis (ed.) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

8.8 Common Assessment Framework (CAF)

The Common Assessment Framework (CAF) is a standardised approach for assessing children and their families, to facilitate the early identification of additional needs and to promote a co-ordinated service response. CAF is underpinned by an integrated approach to support and has been designed for use by all professionals working with children and families with additional needs who do not meet the threshold for more intensive interventions such as those associated with children's social care or safeguarding.¹ Information for schemas 8.8.1-8.8.3 have been provided by researchers from the Centre for Child and Family Research, Loughborough.¹

The study used a bottom-up costing methodology,² which uses social care activity time data as the basis for building up unit costs. The unit costs per hour are based on average salaries for each staff type using national salary scales and applying oncosts and overheads as presented in this publication.

8.8.1 Family A: support from a lead professional (LP)

Family A live in London and consists of Jennifer, who has two sons, Ryan and Jack, aged 8 and 4 respectively. Jennifer and the boys' father had recently separated. Jennifer contacted CAMHS after discovering that Ryan had been self-harming. CAHMS informed Jennifer that they had a six-month waiting list for assessments but referred their case onto 'Family Help', a voluntary organisation that supports vulnerable children and families. The service manager completed a CAF, although a pre-CAF checklist was not completed. A family support worker from Family Help was allocated to support their case and was identified as the lead professional for the child and family. Following the completion of the CAF assessment, the support worker visited the child and family on a fortnightly basis. Team Around the Child (TAC) meetings were not held, and the support worker continued to support the child and family until a CAHMS assessment was offered. The child and family were not in receipt of other additional services at this time. Jennifer reported that the support they had received from Family Help had been extremely useful and that Ryan's self-harming behaviour had reduced. Jennifer reported that she thought that the CAF had helped her family.

Total costs for family A during a six-month period³

Social care activity costs (London costs)			
Process	Frequency	Unit cost	Sub-total
Process 2: CAF assessment completed by service manager		£342	£342
Process 4: ongoing support from the family support worker	Fortnightly visits for 6 months ⁴	£52	£628
Total cost of CAF support for Family A during the 6-month period			£970

¹ Holmes, L., McDermid, S., Padley, M. & Soper, J. (2012) *Exploration of the costs and impact of the Common Assessment Framework* (Research Report DFE-RR210), Department for Education, London.

² Beecham, J. (2000) *Unit costs – not exactly child's play: a guide to estimating unit costs for children's social care*, Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit, University of Kent; Ward, H., Holmes, L. & Soper, J. (2008) *Costs and consequences of placing children in care*, Jessica Kingsley, London.

³ Costs have been rounded to the nearest pound.

⁴ Holmes, L. & McDermid, S. (2012) *Understanding costs and outcomes in child welfare services: a comprehensive costing approach to managing your resources*, Jessica Kingsley, London. (This suggests that the average time for a home visit is 1 hour 40 minutes, including travel time.)

8.8.2 Family B: support from a range of services

Mother, Michelle, lives with her daughter Sophie, aged 13. Michelle suffers with anxiety and depression and finds it very difficult to leave the house. Concerns were raised by Sophie's school about her behaviour and a reduction in attendance; subsequently they referred the child and family to a voluntary organisation, 'Family Help', after completing a pre-CAF checklist. A worker from Family Help completed a CAF assessment and decided that Michelle and her daughter would benefit from additional support, both to improve Sophie's behaviour and to support Michelle with her mental health difficulties and parenting. A family support worker was identified as the lead professional (LP). One Team Around the Child (TAC) meeting was held, which Michelle attended, along with the support worker and the school education welfare officer.

Michelle received one-to-one parenting support, once a week for 8 weeks, and then attended a parenting course over 8 weeks. Sophie received one-to-one support in school from a learning mentor. The LP continued to co-ordinate the support and provided a 12-week focused piece of family support, visiting Michelle and Sophie on a weekly basis.

Michelle said that the LP had been extremely supportive and thought that the other services provided as a result of the CAF had helped her and Sophie: she would have liked more of the intensive parenting support offered by the LP, and reported that Sophie's behaviour in school had improved.

Total costs for family B during the six-month period¹

Social care activity costs (out of London costs)			
Process	Frequency	Unit cost	Sub-total
Process 1: pre-CAF checklist completed by education welfare officer	Once	£18	£18
Process 2: completion of the CAF assessment by family support worker	Once	£175	£175
Process 3: TAC meeting attended by family support worker	Once	£203	£203
Process 3: TAC meeting attended by education welfare officer	Once	£27	£27
Process 4: ongoing support of lead professional by family support worker	Over five and a half months	£165	£912
Cost of case management activity			£1,334
Additional services (out of London costs)			
Parenting course	Once a week for 8 weeks ²	£49	£338
One-to-one parenting support	Once a week for 8 weeks	£52	£419
Focused family support	Once a week for 12 weeks	£50	£604
Total cost of additional support			£1,361
Total cost of CAF support incurred for Family B during the 6-month period			£2,695

¹ Costs have been rounded to the nearest pound.

² Tidmarsh, J. & Schneider, J. (2005) Typical costs of sure start local programmes, in L. Curtis (ed.) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

8.8.3 Family C: CAF as a step up to social care

Kyle, aged 13, lives with his mother, Louise, and four year old brother, Robert. A CAF was initiated in January 2011 by the school due to concerns about Kyle's deteriorating behaviour at home and school. Kyle has long-standing mental health difficulties, anxieties about new situations and had difficulties making friends. Louise also had mental health difficulties and there were concerns about her capacity to maintain the children's food and drink intake. There were also some concerns about Louise's offending behaviour.

The CAF was undertaken by the school learning mentor, and a Team Around the Child (TAC) meeting was convened. The TAC was attended by the learning mentor, an educational psychologist, and a family support worker from Children's Services. Prior to the initial TAC meeting, Kyle had been permanently excluded from school after his behaviour became untenable and was placed at another school at the end of March 2011. A referral was also made to the children's social care emergency duty team by a hospital doctor following concerns about Louise's mental health. The social care team were aware that a CAF was in process and therefore no further action was taken.

A number of services were initiated to support the child and family; ADHD support was provided to both Kyle and Louise. They saw the ADHD nurse on a monthly basis. A family support worker was also identified to address some of Kyle's behavioural difficulties. The family support worker visited the family once a week for 8 weeks. Despite some improvements, the family suffered a number of setbacks and was referred to children's social care in July 2011. The CAF case was closed, and a child protection plan was initiated.

Total costs for family C during the six-month period¹

Social care activity costs (out of London costs): CAF			
Process	Frequency	Unit cost	Sub-total
Process 1: Pre-CAF checklist completed by learning mentor	Once	£14	£14
Process 2: Completion of the CAF assessment by learning mentor	Once	£164	£164
Process 3: TAC meeting attended by learning mentor	Once	£280	£280
Educational psychologist		£41	
Family support worker		£26	
Process 4: Ongoing support of lead professional by learning mentor	Five months	£157	£785
Process 5: Case closure			£90
Cost of case management activity for CAF			£1,333
Social care activity costs (out of London): social care			
CiN process 1: initial contact and referral with no further action		£221	£221
CiN process 1: initial contact and referral		£200	£200
CiN process 7: Section 47 enquiry		£547	£547
Total cost of care management activity for social care			£968
Additional services (out of London costs)			
ADHD nurse	Once a month for 6 months	£46	£277
Family support worker ²	Once a week for 8 weeks	£50	£400
Total cost of additional services			£677
Total cost of CAF support incurred for Family C during the 6-month period			£2,301
Total cost of support for Family C during the 6-month period			£2,978

¹ Costs have been rounded to the nearest pound.

² Curtis, L. (2014) *Unit Costs of Health and Social Care*, Personal Social Services Research Unit, University of Kent, Canterbury.

8.9 Services for children returning home from care

A child is recorded as returning home from an episode of care if he or she ceases to be looked after by returning to live with parents or another person who has parental responsibility. This includes a child who returns to live with their adoptive parents but does not include a child who becomes the subject of an adoption order for the first time, nor a child who becomes the subject of a residence or special guardianship order.¹

In light of the research findings about the lack of support leading to breakdown of reunification in some circumstances, the Department for Education has worked with Loughborough University to draw up a number of scenarios reflecting the costs of returning children home based on a range of ages, circumstances and placement types.

Information for schemas 8.9.1 to 8.9.4 have been drawn from a study commissioned by the Childhood Wellbeing Research Centre and undertaken by the Centre for Child and Family Research (CCFR) at Loughborough University.¹ They make use of existing unit costs that have been estimated in previous research studies carried out by the CCFR.^{2,3,4} The aim of this work was to provide a series of estimated unit cost trajectories for children returning home from care. The care illustrates examples of the support received by children 12 months after returning home from care.

The unit cost estimations used are based on estimates for the 2013/14 financial year. Where costs have been taken from research completed in previous years, the unit costs have been inflated to 2013/14. The unit costs of support foster care have been estimated for the Fostering Network, and have been included in these case studies with their permission.⁵

¹ Department for Education (2013) *Data pack: improving permanence for looked after children*, <http://www.education.gov.uk/a00227754/looked-after-children-data-pack/> [accessed 1 October 2013].

² Ward, H., Holmes, L. & Soper, J. (2008) *Costs and consequences of placing children in care*, Jessica Kingsley, London.

³ Holmes, L., McDermid, S., Padley, M. & Soper, J. (2012) *Exploration of the costs and outcomes of the Common Assessment Framework*, Department of Health, London.

⁴ Holmes, L. & McDermid, S. (2012) *Understanding costs and outcomes in child welfare services*, Jessica Kingsley, London.

⁵ The Fostering Network and Holmes, L. (2013) *Unit Costs of Support Care*, The Fostering Network, London.

8.9.1 Child A – low level of Child in Need support on return home from care

Child A became looked after under Section 20 arrangements at the age of five. Child A was placed with grandparents out of the area of the local authority under kinship placement arrangements. The placement lasted for three months and, on return home, formal support was not provided; however, the grandmother provided ongoing informal support to the family. In October 2012 Child A became looked after again and returned to the care of the grandmother.

Social care processes (case management)			
Process	Frequency	Unit cost	Sub-total
LAC 1 – became LAC (looked-after child)	Twice	£1,275	£2,550
LAC 2 – care plan	Once a fortnight	£241	£482
LAC 3 – ongoing	Six months in total	£2,923	£17,540
LAC 4 – return home	Once	£415	£415
LAC 6 – review	Twice	£618	£1,237
Total social care case management costs			£22,224

8.9.2 Child B – high level of Child in Need support on return home from care

Child B first became looked after as a baby and was placed with local authority foster carers when an interim care order was obtained. In February 2011, Child B returned home and a high level of (Child in Need) support was provided to the family throughout. For the duration of the 12 months, the parent was provided with drug and alcohol treatment services.

Social care processes (case management)			
Process	Frequency	Unit cost	Sub-total
CiN 3 – ongoing support	12 months	£199	£2,393
CiN 6 – planning and review	3 times	£230	£690
Cost of social care case management activity			£3,083
Additional services costs (out of London)			
Drug and alcohol treatment services	Once a fortnight	£121	£3,142
Total social care case management costs			£6,225

8.9.3 Child C – high level of Child in Need support and support foster care provided on return home from care

Child C was placed in a specialist therapeutic foster care community placement outside the area of the placing authority between September 2011 and October 2012. Prior to this placement, Child C had experienced two other placements and was accommodated under Section 20 arrangements.¹ Child C had emotional and behavioural problems, and was aged 11 at the start of the specialist placement. On return home, Child C was referred to receive support foster care. A support foster care family was identified, and respite care was provided by the carers for one overnight stay per week. The case also remained open as a CiN/support foster care case, and this support continued until March 2013.

Social care processes (case management)			
Process	Frequency	Unit cost	Sub-total
LAC 2 – carer plan	Twice	£240	£479
LAC 3 – ongoing	10 months	£11,938	£119,380
LAC 4 – return home	Once	£415	£415
LAC 6 – review	Twice	£618	£1,237
Support foster care – ongoing	2 months	£693	£1,386
Support foster care – referral	Once	£395	£395
Total social care case management unit costs			£123,291

¹ Department for Education (2012) *Children in care*, <http://www.education.gov.uk/childrenandyoungpeople/safeguardingchildren/a0068940/children-in-care/> [accessed 10 September 2013].

8.9.4 Child D – ongoing support provided by an independent fostering provider on return home from care

Child D was placed with Intensive Foster Placement (IFP) foster carers in June 2010, aged 16, after a care order was obtained. Child D had emotional and behavioural difficulties and remained in the placement until August 2011. On return home, Child D continued to be supported by the IFP, and there was a good working relationship between the foster carers and birth family. The support continued until the end of March 2012. CiN support was provided during the first three months of 2012.

Social care processes (case management)			
Process	Frequency	Unit cost	Sub-total
CiN 3 – ongoing support	3 months	£1,080	£3,239
CiN 4 – close case	Once	£99	£99
Total social care case management unit costs			£3,337

8.10 Support care for children

Support care is short-term preventative foster care aimed at families in crisis, with a view to avoiding a child being taken into care full-time and long-term. Support carers look after the child on a part-time basis, while at the same time a package of other support services is offered to the family, giving them space, guidance and help to work through their problems.

The information reproduced below has been drawn from the *Unit Costs of Support Care* (2013).¹ The report demonstrates that support care, including the accompanying support services for families, has a far lower unit cost than the foster care it replaces.

As well as helping struggling families stay together, support care also helps family and friends' carers such as grandparents, who report that they struggle when children are first placed with them. It can also help to prevent adoption breakdown, and be a breathing space for some families whose disabled children do not reach the criteria for short breaks but desperately need help.

Using a range of pre-existing process unit costs (for example, referrals, reviews and ongoing support),² the costs of support care, using individual case studies as illustrative examples, are presented in schemas 8.10.1 and 8.10.2. Comparative costs if the local authority had been required to place them as looked-after children are also shown. Costs have been updated to current prices using the PSS pay & prices inflator. The key for the social care processes is as follows:

The first case study (8.10.1) shows that, for Family A, the costs would have been much higher if the local authority had been required to place them as looked-after children. The cost to look after the three children in local authority foster care for one year is £129,326, which is nearly nine times higher than the estimated social care costs of providing support care for the same duration (£14,441).

The second case study (8.10.2) shows that the total estimated cost to look after Child B in local authority foster care for one year is £46,015 – four times higher than the estimated social care costs of providing support care for the same duration (£10,858).

¹ The Fostering Network and Holmes, L. (2013) *Unit costs of support care*, the Fostering Network, London.

² Taken from: Ward, H., Holmes, L. & Soper, J. (2009) *Costs and consequences of placing children in care*, Jessica Kingsley, London; Holmes, L. & McDermid, S. (2012) *Understanding costs and outcomes in child welfare services: a comprehensive costing approach to managing your resources*, Loughborough University; Holmes, L., McDermid, S., Padley, M. & Soper, J. (2012) *Exploration of the costs and impact of the Common Assessment Framework*, Department for Education, London.

8.10.1 Family A – support care for a sibling group

Family A were referred to support care following social work concerns about their living arrangements and the deterioration in family relationships. The family consisted of 11 children living with their mother and step-father in a small three-bedroom house. In addition to support care, the family were engaged with a housing support service, budgeting advice, parenting classes and ongoing social work support.

Support care was initially offered to three members of the family: Jack aged 15, Samantha aged 8 and Jordan aged 7.

Different support carers were identified for each of the children and they were offered one overnight stay with support carers once a fortnight.

Family A: support care and annual social care costs

Process	Process unit cost	Social work cost	Fostering cost
1 Referral	£394	£247	£147
2 Ongoing support	(£228 x 12) and (£109 x 12)	£2,736	£1,308
2 Ongoing support	[(£148/7) x 26] x 3 + [(£426/7) x 26] x 3		£6,396
3 Review	£82 x 8 and £68 x 8	£659	£547
4 Case closure	£279	£245	£34
Total		£3,882	£8,436

Annual costs of other support or services provided alongside support care

Support or service	Frequency/duration	Unit cost	Sub-total
Parenting programme	One course – group	£503	£503
Housing support	Once a fortnight	£31	£810
Budgeting advice	Once a fortnight	£31	£810
Total cost of other support or services			£2,123

Family A: social care costs for looked-after children

These costs include the activity to find the first placement for the three siblings, to review the case (using statutory timeframes of 28 days, three-monthly and six-monthly intervals), update care plans and also support the children in their placements. The costs of these processes are detailed below:

Process	Cost
1: Decide children need to be looked after and find first placement	£970
2: Care plans: Updated three times following reviews for each of the children (£238 x 9)	£2,153
3: Maintain the placements: Support and placement costs (£793 per child per week)	£124,351
6: Review: Held on three occasions during the year (3 x £617)	£1,852

8.10.2 Child B – Support care for a single child

Child B (aged six) was referred for support care as a result of housing and financial concerns. He was living with his father and step-mother, along with five other children, in a two-bedroom property throughout the week, and a further three children stayed at weekends. Space and overcrowding were key concerns, as were the financial pressures.

Child B was offered support care for one overnight stay per week at the weekend. Child B's father also agreed to attend support sessions for parenting and budgeting. Child B continued with weekly visits to his support carers for six months, until his family secured larger accommodation. He then continued to receive support care, on a fortnightly basis for three further months before being reduced to monthly stays. Child B and his family no longer required support care or other support services after 12 months.

Child B: support care and annual social care unit costs

Process	Process unit cost	Social work cost	Fostering cost
1.	£394	£247	£147
2.	(£227 x 12) and (£108 x 12)	£2,726	£1,303
2.	[(£148/7) x 42] and [(£424/7) x 42]		£3,443
3.	(£82 x 8) and £68	£659	£552
4.	£279	£245	£34
Total		£3,878	£5,480

Annual costs of other support or services, provided alongside support care

Support or service	Frequency/duration	Unit cost	Sub-total
Parenting programme	Once course – group	£502	£502
Housing support	Six sessions	£31	£187
Budgeting advice	Once a fortnight	£31	£810
Total cost of other support or services			£1,500

Child B's: social care costs for looked-after children

The costs for child B would also have been much higher if the local authority had been required to place him as a looked-after child. The costs below include the activity to find the first placement for child B, to review the case (using statutory timeframes of 28 days, three-monthly and six-monthly intervals), update his care plan and also support child B in his placement. The costs of these processes are detailed below:

Process	Cost
1. Decide child needs to be looked-after and find first placement	£970
2. Care plans: Updated three times following reviews	£1,743
3. Maintain the placements: Support and placement costs (£793 per week)	£41,450
6. Review: Held on three occasions during the year (3 x £614)	£1,851
Total	£46,015

8.11 Young adults with acquired brain injury in the UK

Acquired brain injury (ABI) is 'a non-degenerative injury to the brain occurring since birth', including both open and closed head injuries. ABI includes a range of diagnoses or causes, including strokes or tumours. Head injury through trauma is a common cause among young adults. ABI is not thought to affect life expectancy after the initial acute phase, so the prevalence of long-term brain damage is high at 100-150 per 100,000 population, implying a total of 60,000-90,000 people in the UK (<http://www.rhn.org.uk/>).

A study was undertaken by the Personal Social Services Research Unit to identify the health and social care services used by young adults aged 18-25 years with acquired brain injury (ABI) and the associated costs.¹ The study identified the annual incidence of ABI in this age group, and then tracked the young adults' likely progress through four support-related stages: trauma, stabilisation, rehabilitation and return to the community. By identifying the numbers using different treatment locations and services at each stage, a picture of service use and costs could be built up over a notional 12-month period following injury. All costs have been updated to 2013/2014 prices using the HCHS pay & prices Inflation.

Four broad groups of young people with ABI were identified by their location at the community care stage.

Group 1 comprises the largest proportion of those sustaining brain injuries and includes those who attend A&E with ABI or spend short periods in a hospital ward and then return home. A small proportion, perhaps just one in five, will have follow-up appointments arranged at an outpatient clinic or with their GP. This group will generally have had a mild head injury and no longer-term disability, although 20 per cent of this group may continue to have residual symptoms six months after injury.

Group 1: Average cost per person = £304 per year.

People in Group 2 are also likely to have returned to their own homes within a year, but are more seriously disabled and rely on personal care support provided by spouses, parents or other informal carers. This group may include those who are discharged home from longer-term residential rehabilitation (34% of patients discharged), from acute brain injury units (25%) and from neurosurgery units (23%). It is likely that at least 40 per cent of them will require at least part-time support or supervision from informal carers.

Group 2: Average costs per person = £21,692 per year.

The third group of young adults with ABI are those whose pathway towards the end of a year will see them living in supported accommodation with formal (paid) personal carers. Some will have been discharged straight from hospital and some will have stayed in a rehabilitation facility prior to their move to supported living. One in four of these young adults will need overnight supervision, and three in four will need at least part-time supervision during the day. The number of young adults may be quite high, but some will move on to more independent living. Others will need this type of support for many years to come. For cost estimates, it has been assumed this group will live in community-based housing with low staffing levels during the day and 'sleeping-in' staff at night. In addition to personal care, they are also likely to use outpatient clinics and community-based therapists. Personal care costs (estimated at an average of 8 hours overnight 'sleeping-in' and 6 hours during the day) would amount to £543 per week. Use of community-based therapy and health care services would add another £631 by the end of the notional 12-month period. Costs have been updated from 2009/10 to 2013/14 price levels using the HCHS pay and prices inflator.

Group 3: Average cost per person = £41,590 per year.

The fourth group includes young adults who are likely to be among the most severely disabled. Although some will be supported at home, it is estimated that 310 will be resident in nursing homes for young adults, specialist ABI residential units, in longer-stay hospital wards or in mental health units. They are likely to have been the most severely injured. Some of the principal independent providers contacted for this research reported current prices for residential placements of up to £3,160 per week, often jointly funded by health and social services. Nursing homes and 'young disability units' are likely to be less costly. However, nursing home care may not be appropriate for people with severe ABI-related disability as there tend to be few qualified staff and low input from local community-based teams or specialist doctors. Costs have been updated from 2009/10 to 2013/14 price levels using the HCHS pay and prices inflator.

Group 4: Average cost per person = £42,853 per year.

¹ Beecham, J., Perkins, M., Snell, T. & Knapp, M. (2009) Treatment paths and costs for young adults with acquired brain injury in the United Kingdom, *Brain Injury*, 23, 1, 30-38.

8.12 Palliative care for children and young people

The government's manifesto commitment to improve palliative care services in 2006¹ resulted in an independent review of children's palliative care services commissioned by the Secretary of State for Health.² This independent review was based on findings from a wide consultation with stakeholders, including children and young people and their families, commissioners and providers of services, along with commissioned research from Department of Health and the York Health Economics Consortium.

Information for this schema has been drawn from the work carried out by the York Health Economics Consortium³ which provides examples of illness trajectories and the resulting costs for children in need of palliative care. All costs have been updated using the appropriate inflators to provide current prices. See Lowson et al. (2007) for more information on the cost benefits of using community care instead of hospital services.

8.12.1 Short illness trajectory: cancer

This generic pathway was developed for a child with cancer from data provided by Sargent Cancer Care for Children and Cancer and Leukaemia in Childhood (CLIC Sargent). It was triangulated with information collected during focus groups which included two parents, both of whose children had died: one from a form of leukaemia, the second from bone cancer.

A child with cancer	Cost per year
Health costs	
During one year:	
Three inpatient stays	£7,400
One ward attendance per month	£698
One day care episode per fortnight	£4,082
One home visit per week, including intensive bereavement support	£8,769
Sub-total	£20,948
It was assumed that the child died at home with intensive community support and that there was no uptake of respite care. It was also assumed that there were no costs accruing to education and social services	
Financial burden on the family	
One family member gives up paid employment	£15,470
Significant financial cost to family	£7,714
Sub-total	£23,184
Total costs (including financial burden on the family)	£44,132

¹ Cochrane, H., Liyanage, S. & Nantambi, R. (2007) *Palliative care statistics for children and young adults*, Department of Health, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_074701

² Craft, A. & Killen, S. (2007) *Palliative care services for children and young people in England*, Department of Health, London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074459

³ Lowson, K., Lowson, P. & Duffy, S. (2007) *Independent review of palliative care services for children and young people: economic study*, Final Report, York Health Economics Consortium, Department of Health Independent Review Team, London.

8.12.2 Longer life illness trajectories: cardiac care

This pathway has been developed for a typical child being treated by a community-based team. The information was provided by parents at a focus group.

A child aged 15 months with a cardiac condition	Cost per year
Health costs	
During one year	
Inpatient stay of 5 days in local hospital for respiratory infection	£2,467
Inpatient stay of 4 weeks in paediatric cardiac unit including 1 week in PICU	£50,090
Inpatient stay of 6 days in local hospital for viral infection	£2,467
Inpatient stay of 6 weeks in paediatric cardiac unit including 2 weeks in PICU	£78,004
One outpatient visit per month to local team	£2,093
One home visit per week by community team	£8,769
One telephone contact per week	£363
Sub-total	£144,252
Social care costs	
The child attends a pre-school special needs nursery	£3,745
Uses wheelchair and has home equipment	£6,678
Sub-total	£10,423
Respite care costs	
Assumptions re. respite care (based on focus groups and published evidence)	
15 days per year at hospice	£16,049
6 hours per week at home	£8,849
Sub-total	£24,898
Financial burden on the family	
Family in receipt of carer allowance	£0 ¹
One family member gives up paid employment	£15,470
Significant financial cost to family	£7,714
Sub-total	£23,184
Total costs (including financial burden on the family)	£202,757

¹ Expenditure on social security/welfare benefits could partly double-count the costs of lost employment for parents so have been estimated at £0.

8.12.3 Longer life illness trajectories: cystic fibrosis

This pathway has been developed for a typical child being treated by a community-based team. The information was provided by parents at a focus group.

A child aged 5 years with cystic fibrosis	Cost per year
Health costs	
During one year:	
Two inpatient stays in local hospital for receipt of intravenous antibiotics	£8,294
One outpatient visit per month to local team comprising consultant paediatrician and consultant respiratory paediatrician	£8,373
Four visits per year to speech and language therapist	£1,777
One home visit per fortnight by community team	£409
One telephone contact per week	£4,384
	£363
Sub-total	23,601
Social care costs	
The child attends mainstream school with support	£6,643
Uses wheelchair and has home equipment	£6,678
Sub-total	£13,321
Respite care (based on focus groups and published evidence)	
15 days per year at hospice	£16,049
6 hours per week at home	£8,583
Sub-total	£24,632
Financial burden on family	
One family member gives up paid employment	£15,470
Significant financial cost to family	£7,714
Sub-total	£23,184
Total costs	£84,738

8.12.4 Longer life illness trajectories: child with multiple disabilities

This pathway has been developed for a typical child being treated by a community-based team. The information was provided by parents at a focus group.

An older child with complex and multiple needs. The child has renal problems and seizures, with visual impairment and intellectual difficulties. The child and family are in contact with five specialities: paediatric endocrinology, paediatric gastroenterology, neurosurgery, ophthalmology, child psychiatry.	Cost per year
Health costs In one year: One inpatient stay in tertiary centre for neurosurgery One inpatient stay for dental extraction One outpatient visit per week for blood tests One outpatient visit per month for specialist reviews Two CT scans Two MRI scans Three EEGs Four visits per year to clinical psychologist Four visits per year to speech and language therapist One face-to-face visit per month by community team One home visit per fortnight by community team One telephone contact per fortnight with community team	£16,145 £1,165 £9,071 £2,093 £300 £782 £345 £1,777 £409 £2,024 £4,047 £181
Sub-total	£38,340
Social care costs The child attends a school for children with special educational needs Uses wheelchair and has home equipment	£3,568 £6,678
Sub-total	£10,246
Respite care (based on focus groups and published evidence) 15 days per year at hospice 6 hours per week at home	£16,049 £8,849
Sub-total	£24,898
Financial burden on the family Family in receipt of carer allowance One family member gives up paid employment Significant financial cost to family	£0 ¹ £15,470 £7,714
Sub-total	£23,184
Total costs (including financial burden on the family)	£96,668

¹ Expenditure on social security/welfare benefits could partly double-count the costs of lost employment for parents so have been estimated at £0.

8.13 Residential parenting assessments

The following schemas illustrate examples of the support given to families who are supported during a residential parenting assessment (RPA) from independent providers. These costs have been drawn from a study carried out by the Institute of Education, London and the Centre for Child and Family Research (CCFR) at Loughborough University, in which the use and costs of RPAs in local authorities was explored.¹ Three local authorities took part in an in-depth case analysis of 10 or 11 cases in which an RPA had been used. The unit costs of social care processes and support are based on previous research carried out by CCFR,² and the weekly cost of the RPA is the rate charged to the local authority by the independent RPA provider.

Three examples are presented in this schema. Each illustrates different RPA support package and outcomes for the families, along with the variation of the costs incurred. The case profile covers a 12-month period in the family's case history. These are followed by a breakdown of costs in social care processes and services provided.

Family A

The mother of this family received methadone replacement treatment and had previously had a child removed from her care. A pre-birth assessment was completed in 2010 for the current child and a child protection plan initiated. In 2012 a court directed a residential parenting assessment (RPA). The RPA lasted 20 weeks. As part of the assessment the mother was provided with parenting advice and support. In the final six weeks of the RPA both parents received relationship guidance counselling from the provider. A psychiatric assessment of the mother was completed by an additional agency. It was concluded that the mother was unable to provide consistently good care and meet the baby's needs. At the end of the RPA the baby was placed with foster carers, and a Placement Order was granted in summer 2012 when the baby was two years old.

¹ Munro, E., Hollingworth, K., Meeto, V., Quy, K., McDermid, S., Trivedi, H. & Holmes, L. (2014) Residential parenting assessments: uses, costs and contributions to effective and timely decision-making in public law cases, Department for Education, London.

² Ward, H., Holmes, L., and Soper, J (2008) *The costs and consequences of placing children in care*. Jessica Kingsley Publishers, London; Holmes, L. & McDermid, S. (2012) *Understanding costs and outcomes of child welfare services: a comprehensive guide to managing your resources*, Jessica Kingsley, London. The costs have been inflated using the appropriate inflators.

Family A's social care process costs per annum

Social process costs	Frequency/ length	Unit cost	Sub-total
CiN – 3 high level – (CPP) ongoing support (per month)	5 months	£432	£2,158
CiN – 5 core assessment	Once	£616	£616
CiN – 8 legal activity	Once	£2,358	£2,358
Cost of CiN social care case management activity			£5,132.00
LAC – 1 child becomes looked after	Once	£1,008	£1,008
LAC – 5 find subsequent placement	Once	£319	£319
LAC – 3 ongoing support, in RPA (per day)	143 days	£40 (per day)	£5,768
LAC – 3 ongoing support, first 3 months of placement (per day)	90 days	£8 (per day)	£699
LAC – 3 ongoing support, LA foster care (per day)	99 days	£53 (per day)	£5,243
LAC – 3 fee & allowance foster care in LA (per week)	14 weeks	£164 (per week)	£2,295
LAC – 6 review	Once	£641	£641
LAC – 2 care planning	Once	£249	£249
LAC – 7 legal	Once	£4,339	£4,339
Cost of LAC social care case management activity			£20,561
Total cost of all social care case management activity			£25,692
Service provision costs			
RPA, including parenting support and relationship counselling for parent.	12 weeks and 8 weeks	£3,351 (per week for the RPA) £3,351 (per week for the relationship counselling)	£67,020
Drug & rehab programme ^b	20 weeks	£53	£1,060
Parent psychiatric assessment ^a	Once	£134	£134
Total cost of service provision			£68,214
Total costs of support for Family A			£93,906

Family B

In summer 2011 a court-directed RPA was to be initiated for Family B. The parents requested to be assessed as a couple. The parents and two children began the RPA that summer, during which time another baby was born. Due to aggressive incidents between the couple, the parents were separated into two different facilities and assessed separately. During the period of the RPA, the mother attended an intervention group for perpetrators of domestic abuse, completed a psychiatric assessment, and the children were also given a psychotherapy assessment. The father's individual RPA began with the two older children at the other facility. The mother's RPA with her new baby ended at the end of the summer due to her poor care skills and maltreatment of the baby. The baby was placed with the father and other siblings. The RPA provided a week of intensive parenting support to help him care for the young baby. The assessment was completed, and the father was considered able to provide for the care needs of the children. The family was accommodated, and a community assessment was completed. The local authority concluded the father should be the primary carer, and in spring 2012 a Residence Order was granted for the three children, and a Supervision Order for 12 months.

Family B's social care process costs per annum

Social process costs	Frequency/ length	Unit cost	Sub-total
CiN – 3 ongoing support	5 days	£14	£72
CiN – 8	Once	£2,358	£2,358
Cost of CiN social care case management activity			££2,430.00
LAC – 1 child becomes looked after	Once	£623	£623
LAC – 3 ongoing support, in RPA	135 days	£33 (per day)	£4,397
LAC – 3 ongoing support, placed with parent	156 days	£33 (per day)	£5,081
LAC – 3 ongoing support, first 3months of placement	90 days	£8 (per day)	£699
LAC – 6	Once	£641	£641
LAC – 2	Once	£249	£249
LAC – 7	Once	£4,339	£4,339
LAC – 4	Once	£420	£420
Cost of LAC social care case management activity			£16,449
Total cost of all social care case management activity			£18,879
Service provision costs			
RPA initiated	12 weeks	£1,326 (per week)	£15,914
2nd RPA initiated	17 weeks	£1,326 (per week)	£22,545
Consultant paediatrician	Twice	£172 (per consultation)	£344
LA parenting support	12 weeks	£29 (per week)	£348
Parenting support and visits	6 weeks	£1,289 (per week)	£7,733
Parent psychiatric assessment	Once	£134	£134
Child psychotherapy assessment	Twice	£67 (per visit)	£134
Total cost of service provision			£47,153
Total costs of support for Family B			£66,031

Family C

In this family, three children have previously been removed and adopted; when it was apparent the mother wanted to raise the baby, a referral was made to social care. This referral led to an initial assessment in autumn 2011. The mother has a diagnosis of depression, and both parents have learning difficulties. A core assessment was completed in spring 2012 and an RPA followed. This was to give the parents an opportunity to show they could care for the needs of the baby. The RPA began from birth in late spring 2012. The RPA was planned for 12 weeks, but the parents terminated the assessment early by leaving the unit. The father was asked to leave due his aggressive behaviour with staff and other service users, and then the mother left with him. The RPA lasted 8 weeks, until summer 2012. The baby was placed in local authority foster care and an interim care order was granted in late summer 2012, and a care order and placement order in winter 2012. A year later the baby was placed with adoptive parents who had previously adopted one of the baby's siblings.

Family C's social care process costs per annum

Social process costs	Frequency/length	Unit cost	Sub-total
CiN – 3 medium level – ongoing support	5.5 months	£202 (per month)	£1,112
CiN – 5	Once	£616	£616
Cost of CiN social care case management activity			
LAC – 1 child becomes looked after	Once	£1,008	£1,008
LAC – 5 find subsequent placement	Once	£319	£319
LAC – 3 ongoing support, during RPA	62 days	£33 (per day)	£2,019
LAC – 3 ongoing support, LA foster care	157 days	£53 (per day)	£8,314
LAC – 3 ongoing support, first 3 months of placement	90 days	£8 (per day)	£699
LAC – 3 additional support for care order	55 days	£10 (per day)	£569
LAC – 3 fee & allowance foster care in LA	23 weeks	£164 (per week)	£3,771
LAC – 6 review	Twice	£641	£1,283
LAC – 2 care planning	Twice	£249	£498
LAC – 7 legal	Once	£4,339	£4,339
Cost of LAC social care case management activity			£24,547
Total cost of all social care case management activity			£26,275
RPA initiated	8 weeks	£1,326 per week	£10,610
Total cost of service provision			£10,610
Total costs of support for Family C			£35,156

II. COMMUNITY-BASED HEALTH CARE STAFF

9. Scientific and professional

- 9.1 Community physiotherapist
- 9.2 NHS community occupational therapist
- 9.3 Community speech and language therapist
- 9.4 Community chiropodist/podiatrist
- 9.5 Clinical psychologist
- 9.6 Community pharmacist

9.1 Community physiotherapist

Using data from the NHS reference costs,¹ the mean average cost for a one-to-one contact in physiotherapy services for 2013/2014 was £51, with an interquartile range of £39 to £58. Costs have been updated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,474 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all physiotherapists is £33,079. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£5,587 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵ See schema 18 for more details.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁶
Management, administration and estates staff	£5,588 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£12,145 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,338 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁹
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹⁰
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Duration of contact		No current information available on the length of contact. See previous editions of this volume for sources.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with working in London. ^{7,8,11}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{7,8,}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£32 (£36) per hour.		

¹ Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

¹⁰ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs-careers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹¹ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

9.2 NHS community occupational therapist

Using data from the NHS reference costs,¹ the mean average cost for a one-to-one contact of occupational therapy services for 2013/2014 was £77, with an interquartile range of £61 to £97. Costs have been updated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,474 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all occupational therapists is £31,995. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£5,568 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵ See schema 18 for more details.
D. Overheads Management, administration and estates staff Non-staff	£5,588 per year £12,145 per year	Taken from NHS (England) Summarised accounts. ⁶ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,338 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁹
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹⁰
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Duration of contacts		No information available on duration of contacts. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with working in London ^{7,8,11}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£32 (£36) per hour.		

¹ Department of Health (2014) *NHS reference costs 2012-2013*,

<https://www.gov.uk/government/news/financial-year-2011-to-2012-reference-costs-published/> [accessed 2 October 2014].

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

¹⁰ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹¹ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

9.3 Community speech and language therapist

Using data from the NHS reference costs,¹ the mean average cost for a one-to-one contact of speech and language therapy services for 2013/2014 was £90, with an interquartile range of £63 to £97. Costs have been updated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,474 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 4.6 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all speech and language therapists is £33,898. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£5,919 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵ See schema 18 for more details.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁶
Management, administration and estates staff	£5,588 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£12,145 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,338 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁹
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹⁰
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Duration of contacts		No information available on the duration of contacts. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with working in London. ^{7,8,11}
Non-London multiplier	0.96 x E	Allows for the higher costs associated with working in London. ^{7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£32 (£36) per hour.		

¹ Department of Health (2014) *NHS reference costs 2012-2013*,

<https://www.gov.uk/government/news/financial-year-2011-to-2012-reference-costs-published/> [accessed 2 October 2014].

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

¹⁰ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs.gov.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹¹ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

9.4 Community chiropodist/podiatrist

Using data from the NHS reference costs,¹ the mean average cost for a contact in chiropody/podiatry services for 2013/2014 was £42, with an interquartile range of £35 to £58. Costs have been updated using the HCHS pay & prices Inflatior.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,474 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 4.6 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all community chiropodists is £34,162. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications		Qualification costs are not available.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁴
Management, administration and estates staff	£5,588 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£12,145 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,338 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁷
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.19 x (A to B) 1.52 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2013/2014		
£32 per hour.		

¹ Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/news/financial-year-2011-to-2012-reference-costs-published/> [accessed 2 October 2014].

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

9.5 Clinical psychologist

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£46,013 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 8a (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ¹ An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ The Electronic Staff Records (ESR) system shows that the mean basic salary for all clinical psychologists is £46,087. ² See section V for further information on pay scales.
B. Salary oncosts	£11,729 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications		Qualification costs are not available.
D. Overheads		Taken from NHS (England) Summarised accounts. ³
Management, administration and estates staff	£11,150 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£24,234 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,338 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁶
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁷
Ratios of: face-to-face contact to all activity	1:1.25	Based on the National Child and Adolescent Mental Health Service mapping data and returns from over 500 principal clinical psychologists, 44.5 per cent of time was spent on direct clinical work. ⁸ Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ . ^{4,5,9}
London multiplier	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with working in London. ^{4,5,9}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{4,5}
Unit costs available 2013/2014		
£61 per hour; £138 per hour of client contact (includes A to E).		

¹ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

² Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

³ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁶ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

⁷ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁸ Department of Health (2002) *National child and adolescent mental health service mapping data*, Department of Health, London.

⁹ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

9.6 Community pharmacist

For information on the role of a community pharmacist, see NHS Employers (2010).¹ See Baqir et al. (2011)² for a cost analysis of a community pharmacy 'minor ailment scheme'.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£38,610 per year	Taken from the Cost of Service Inquiry Report (COSI), ³ and confirmed with the Pharmaceutical Services Negotiating Committee (PSNC), ⁴ the average salary for all community pharmacists for 2011 was £38,000 (£38,735 when updated using the HCHS pay inflator).
B. Salary oncosts	£9,671 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications Pre-registration training	£8,858 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁵ Current cost information has been provided by the Department of Health. See schema 18 for more details.
D. Overheads Management, administration and estates staff Non-staff	£9,323 per year £20,263 per year	Taken from NHS (England) Summarised accounts. ⁶ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,937 per year	Based on the new-build and land requirements of a pharmacy, plus additional space for shared facilities. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁹
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹⁰
Ratio of direct to indirect time on:		No time use information is currently available for community pharmacists.
London multiplier	1.19 x (A to B) 1.30 x E	Allows for the higher costs associated with working in London. ^{8,9,11}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{8,9}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£51 (£57) per hour; £128 (£142) per hour of direct clinical activities; £64 (£71) per hour of patient-related activities.		

¹ NHS Employers (2010) *The community pharmacy – a guide for general practitioners and practice staff*,

<http://www.nhsemployers.org/Aboutus/Publications/Pages/Community-pharmacy-guide-GPs-practice-staff.aspx> [accessed 3 October 2013].

² Baqir, W., Learoyd, T., Sim, A. & Todd, A. (2011) Cost analysis of a community pharmacy 'minor ailment scheme' across three primary care trusts in the North East of England, *Journal of Public Health*, 33, 4, 551-555, doi:10.1093/pubmed/fdr012.

³ PricewaterhouseCoopers LLP (2011) Cost of service inquiry for community pharmacy, Department of Health & Pharmaceutical Services Negotiating Committee, London. <http://www.pwc.co.uk/government-public-sector/publications/cost-of-service-inquiry-for-community-pharmacy.jhtml> [accessed 21 October 2013].

⁴ Personal communication with the Pharmaceutical Services Negotiating Committee, 2011.

⁵ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

¹⁰ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹¹ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

10. Nurses, doctors and dentists

- 10.1 Community nurse (includes district nursing sister, district nurse)
- 10.2 Nurse (mental health)
- 10.3 Health visitor
- 10.4 Nurse specialist (community)
- 10.5 Clinical support worker nursing (community)
- 10.6 Nurse (GP practice)
- 10.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)
- 10.8a General practitioner—cost elements
- 10.8b General practitioner—unit costs
- 10.8c General practitioner—commentary
- 10.9 Dentist – performer-only
- 10.10 Dentist – providing-performer
- 10.11 NHS dental charges

10.1 Community nurse (includes district nursing sister, district nurse)

Using data from the NHS reference costs,¹ the mean average cost for a face-to-face contact in district nursing services for 2013/2014 was £39, with an interquartile range of £31 to £43. Costs have been uprated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£31,943 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 6 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ² An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all community nurses is £32,000. ³ See section V for further information on pay scales.
B. Salary oncosts	£7,818 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵ See schema 18 for more details.
D. Overheads Management, administration and estates staff Non-staff	£7,678 per year £16,688 per year	Taken from NHS (England) Summarised accounts. ⁶ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁹
Working time	42.0 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹⁰
Ratio of direct to indirect time on: Patient-related work	1:0.33	Based on a study by Ball & Philippou (2013), ¹¹ community nurses spent 43 per cent of their time on direct care and a further 18 per cent of their time on care planning, assessment and coordination. Nineteen per cent of time was spent on admin, 5 per cent on management, 14 per cent travelling with a further 1 per cent on other duties. See Ball & Philippou (2013) ¹¹ for more detail and for information on other bands of nurses. Also see the McKinsey report, ¹² for comparative purposes. The median number of visits per day carried out by district nurses was 5.6 in 2008. ¹²
London multiplier	1.19 x (A to B) 1.28 x E	Allows for the higher costs associated with working in London. ^{7,8,13}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£43 (£50) per hour; £57 (£66) per hour of patient-related work.		

¹ Department of Health (2014) *NHS reference costs 2012-2013*,

<https://www.gov.uk/government/news/financial-year-2011-to-2012-reference-costs-published/> [accessed 2 October 2013].

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

¹⁰ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹¹ Ball, J. & Philippou, J. (2014) with Pike, G. & Sethi, J., *Survey of district and community nurses in 2013*, Report to the Royal College of Nursing, King's College London.

¹² Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: The McKinsey Report*, Department of Health, London.

¹³ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

10.2 Nurse (mental health)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£25,847 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ See section V for further information on pay scales.
B. Salary oncosts	£6,123 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ² Current cost information has been provided by the Department of Health and Health Education England (HEE). ³ See schema 18 for more details.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁴
Management, administration and estates staff	£6,173 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,417 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁷
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸
Ratio of direct to indirect time on patient-related work		No current information available. See previous editions of this volume for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/VVTDL7W .
London multiplier	1.19 x (A to B) 1.32 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£35 (£39) per hour; £66 (£74) per hour of face-to-face contact; £47 (£52) per hour of patient-related work.		

¹ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁴ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

10.3 Health visitor

Using data from the NHS reference costs,¹ the mean average cost for a face-to-face contact in health visiting services for 2013/2014 was £51, with an interquartile range of £42 to £57. Costs have been updated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£31,943 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 6 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ² An additional 2.8 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all health visitors is £34,038. ³ See section V for further information on pay scales.
B. Salary oncosts	£7,818 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵ See schema 18 for more details.
D. Overheads Management, administration and estates staff Non-staff	£7,677 per year £16,688 per year	Taken from NHS (England) Summarised accounts. ⁶ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁹
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹⁰
Ratio of direct to indirect time on: Patient-related work	1:0.52	No time use information is currently available for health visitors. However, assuming that a health visitor carries out the same number of home visits as a district nurse, a study by Ball & Philippou (2013) ¹¹ reported that band 6 district nurses spent 34 per cent of their time on direct care and a further 21 per cent of their time on care planning, assessment and coordination. Nineteen per cent of time was spent on admin, 14 per cent on management, 11 per cent travelling with a further 1 per cent on other duties. Based on the McKinsey report, ¹² the median number of visits per day carried out by district nurses was 5.6 in 2008. No information is available on the duration of a visit. Please complete our time-use survey: https://www.surveymonkey.com/s/VVTDL7W .
London multiplier	1.19 x (A to B) 1.32 x E	Allows for the higher costs associated with working in London. ^{7,8,13}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£43 (£50) per hour; £65 (£76) per hour of patient-related work.		

¹ Department of Health (2014) *NHS reference costs 2012-2013*,

<https://www.gov.uk/government/news/financial-year-2011-to-2012-reference-costs-published/> [accessed 2 October 2013].

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

¹⁰ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds..

¹¹ Ball, J. & Philippou, J. (2014) with Pike, G. & Sethi, J., *Survey of district and community nurses in 2013*, Report to the Royal College of Nursing, King's College London.

¹² Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London.

¹³ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

10.4 Nurse specialist (community)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£31,943 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 6 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ See section V for further information on pay scales.
B. Salary oncosts	£7,818 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ² Current cost information has been provided by the Department of Health and Health Education England (HEE). ³ See schema 18 for more details.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁴
Management, administration and estates staff	£7,677 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,688 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁷
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸
Ratio of direct to indirect time on: Patient-related care	1:0.49	Based on a study by Ball & Philippou (2014) ⁹ of district and community nurses, specialist nurses spent 32 per cent of their time on direct care and a further 22 per cent of their time on care planning, assessment and coordination. Twenty per cent of time was spent on admin, 11 per cent on management, 13 per cent travelling with a further 1 per cent on other duties. See Ball & Philippou (2014) ¹⁰ for more detail and for information on other bands of nurses.
Patient-related work	1.19 x (A to B) 1.32 x E	Allows for the higher costs associated with working in London. ^{5,6,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£43 (£50) per hour; £64 (£74) per hour of patient-related work		

¹ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁴ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Ball, J. & Philippou, J. (2014) with Pike, G. & Sethi, J., *Survey of district and community nurses in 2013*, Report to the Royal College of Nursing, King's College London.

¹⁰ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

10.5 Clinical support worker nursing (community)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£16,282 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 2 of the July 2013-June 2014 NHS staff earnings estimates for unqualified nurses. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ See section V for further information on pay scales.
B. Salary oncosts	£3,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Overheads		Taken from NHS (England) Summarised accounts. ²
Management, administration and estates staff	£3,812 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£8,287 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£1,255 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{3,4} It is assumed that an auxiliary nurse uses one-sixth of the treatment space used by a district nurse. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
E. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁵
Working time	43 weeks per year 37.5 hours per week	Unit costs are based on 1,611 hours per year: 215 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁶
Ratio of direct to indirect time on:		No time use information is currently available for clinical support workers.
London multiplier	1.19 x (A to B) 1.32 x E	Allows for the higher costs associated with working in London. ^{3,4,7}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London. ^{3,4}
Unit costs available 2013/2014		
£20 per hour.		

¹ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

² Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

³ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁴ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁵ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

⁶ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁷ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

10.6 Nurse (GP practice)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£25,847 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ See section V for further information on pay scales.
B. Salary oncosts	£6,123 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ² Current cost information has been provided by the Department of Health and Health Education England (HEE). ³ See schema 18 for more details.
D. Overheads		
Management and administration	£6,173 per year	No information available on management and administrative overheads for practice nurses. The same level of support has been assumed for practice nurses as for other NHS staff (19.31 per cent of direct care salary costs).
Office, general business and premises (including advertising and promotion)	£12,347 per year	No information available on overheads for a practice nurse. All information on office and general business expenses is drawn from the GP earnings and expenses report. ⁴ Office and general business, premises and other expenses calculated as the ratio of practice nurse salary costs to all GP employees' salary costs.
E. Capital overheads		
Buildings	£3,250 per year	Calculated as the ratio of GP practice nurse salary costs to net remuneration of GP salary and based on new-build and land requirements for a GP practitioner's suite and annuitised over 60 years at a discount rate of 3.5 per cent. ^{5,6}
F. Travel	£3,250 per year	No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled (56p) and a reduced rate thereafter, irrespective of the type of car or fuel used (20p). ⁷
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁸
Ratio of direct to indirect time on: face-to-face contacts	1:0.30	Based on proportion of time spent on surgery consultations (67.9%), phone consultations (5.2%), clinics (2.5%) and home and care home visits (1.2%). Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Taken from the 2006/07 UK General Practice Workload Survey. ⁹ Please complete our time-use survey: https://www.surveymonkey.com/s/VVTDL7W .
Duration of contact	15.5 minutes	Per surgery consultation. Based on the 2006/07 UK General Practice Survey. ¹⁰
Patient contacts	60 per week	Average number of consultations per week. ¹⁰
London multiplier	1.19 x (A to B)	Allows for the higher costs associated with London compared to the national average cost. ¹⁰
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£34 (£41) per hour; £44 (£53) per hour of face-to-face contact.		

¹ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁴ Information Centre (2012) *GP earnings and expenses 2009/2010*, Information Centre, Leeds. <http://data.gov.uk/dataset/gp-earnings-and-expenses/> [accessed 3 October 2013].

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ NHS Employers (2014) *Amended mileage rates from 1 July 2014*, <http://www.nhsemployers.org/case-studies-and-resources/2014/07/amended-mileage-rates-from-1-july-2014> [accessed 1 October 2014].

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Information Centre (2007) *2006/07 UK general practice workload survey*, Primary Care Statistics, Information Centre, Leeds.

¹⁰ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

10.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)¹

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£38,345 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 7 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ² An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² See section V for further information on pay scales.
B. Salary oncosts	£9,598 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴
D. Overheads		Taken from NHS (England) Summarised accounts. ⁵
Management, administration and estates staff	£9,257 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£20,121 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸
Length of consultation: surgery home telephone	15 minutes 25 minutes 6 minutes	Information provided by 27 nurse practitioners working in primary care contacted about duration of consultations. Venning et al. (2000) found that nurse practitioners spent a mean of 11.57 minutes face-to-face with patients (SD 5.79 mins) and an additional 1.33 minutes per patient in getting prescriptions signed. ⁹
Ratio of direct to indirect time on: face-to-face contacts patient contact (incl. telephone)	1:0.71 1:0.55	Information provided by 27 nurse practitioners on time use. ¹⁰ Surgery consultations 58 per cent, home visits 0.4 per cent and telephone consultations 6.4 per cent. Getting prescriptions signed 1.4 per cent. Travel time to home visits was negligible (0.1%). Another study found that 60 per cent of a nurse practitioner/clinical nurse specialist's time was spent on clinical activities. ¹¹ Another study on the role of nurse specialists in epilepsy found that clinical activities accounted for 40 per cent of the time. ¹² Please complete our time-use survey: https://www.surveymonkey.com/s/VVTDL7W .
London multiplier	1.19 x (A to B) 1.50 x E	Allows for the higher costs associated with London compared to the national average cost. ^{6,7,13}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£51 (£58) per hour; £88 (£99) per hour in surgery; £80 (£90) per hour of client contact cost; £22 (£25) per surgery consultation.		

¹ A term for nurse practitioners specifically has not been developed due to the great variation in its use. Personal correspondence with the RCN NP Adviser has suggested that the best match is the Advance Nurse profile (band 7).

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014 (not publicly available)*, Health & Social Care Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Venning, P., Durie, A., Roland, M., Roberts, C. & Leese, B. (2000) Randomised controlled trial comparing cost effectiveness of general practitioners and nurse practitioners in primary care, *British Medical Journal*, 320, 1048-1053.

¹⁰ Curtis, L. & Netten, A. (2007) *The costs of training a nurse practitioner in primary care: the importance of allowing for the cost of education and training when making decisions about changing the professional*, *Journal of Nursing Management*, 15, 4, 449-457.

¹¹ Ball, J. (2005) *Maxi Nurses. Advanced and Specialist Nursing Roles, Results from a Survey of RCN Members in Advanced and Specialist Nursing Roles*, Royal College of Nursing, London.

¹² Higgins, S., Lanfear, J. & Goodwin, M. (2006) Qualifying the role of nurse specialists in epilepsy: data from diaries and interviews, *British Journal of Neuroscience Nursing*, 2, 5, 239-245.

¹³ Department of Health estimate (2013) based on the Market Forces Factor (MFF).

10.8a General practitioner — cost elements

Costs and unit estimation	2013/2014 value	Notes (for further clarification see Commentary)
A. Net remuneration	£105,100 per year	Average income before tax for GPMS contractor GPs for England. ¹
B. Practice expenses:		
Direct care staff	£22,335 per year	Each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.47 FTE practice nurse (includes salary and oncosts). ²
Administrative and clerical staff	£35,134 per year	Each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 1.30 FTE administrative and clerical staff ^{1,2} (includes salary and oncosts). Based on information taken from the GP earnings and expenses report. ^{1,2}
Office & general business	£9,970 per year	All office & general business, premises and other expenses including advertising, promotion and entertainment are based on expenditure taken from the GP earnings and expenses report. ¹ Each GP employs 3.06 members of staff (including practice nurses, other patient care staff plus administrators and clerical staff). ^{1,2}
Premises	£14,005 per year	Office & general business, premises and other expenses calculated as the ratio of GP salary costs to all GP employees salary costs.
Other: includes advertising, promotion and entertainment	£16,616 per year	
Car and travel	£1,400 per year	Based on information taken from the GP earnings and expenses report. ^{1,2}
C. Qualifications	£44,846 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴
D. Ongoing training	£2,500 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁵
E. Capital costs:		
Premises	£13,217 per year	Based on new-build and land requirements for a GP practitioner suite. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ^{6,7}
Working time	43.5 weeks per year 41.7 hours per week	Based on information taken from the 7 th National GP Worklife Survey. ⁸ Respondents to this 2012 survey reported working an average of 41.7 hours per week and a mean number of 7.3 sessions. Twenty one per cent of respondents (240/1,160) reported undertaking out-of-hours work (median number of hours=4). Unit costs based on 1,814 hours per year.
Ratio of direct to indirect time:		
Face-to-face time (excludes travel time)	1:0.61	Based on information taken from the 2013 UK General Practice Workload Survey, ⁹ the proportion of time spent on surgery consultations was 44.5 per cent. Direct patient care (surgeries, clinics, telephone consultations & home visits) formed 62.3 per cent of a GP's time. Indirect patient care (referral letters, arranging admissions) absorbed 19.3 per cent of time. General administration (practice management, PCO meetings etc.) formed 10.9 per cent of a time, with other activities (continuing education/development, research, teaching etc.) forming 7.5 per cent of a GP's time. No information on the percentage time allocated to out of surgery visits.
Patient-related time	1:0.23	
Consultations:		
Surgery	11.7 minutes	Based on the 2006/07 UK General Practice Workload Survey, ¹⁰ the time spent on a home visit includes only time spent in the patient's home. We assume an average of 12 minutes travel time per visit. This travel time has been allowed for in the estimation of the ratio of direct to indirect time spent on home visits. See commentary to schema 10.8c.
Clinic	17.2 minutes	
Telephone	7.1 minutes	
Home visit	11.4 minutes	
Unit costs for 2013/2014 are given in schema 10.8b		

¹ Information Centre (2013) *GP earnings and expenses 2011/2012*, Information Centre, Leeds. <http://data.gov.uk/dataset/gp-earnings-and-expenses/> [accessed 13 October 2014].

² Information Centre (2014) *General practice staff 2013*, Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Personal communication with the London Deanery, 2006.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Hann, M., McDonald, J., Checkland, K., Coleman, A., Gravelle, H., Sibbald, B. & Sutton, M. (2013) *Seventh national GP worklife survey*, University of Manchester, Manchester.

⁹ Information Centre (2007) *2006/07 General Practice Workload Survey, Primary Care Statistics*, Information Centre, Leeds. http://www.dhsspsni.gov.uk/gp_workload_survey_2006_07.pdf [accessed 9 October 2013].

¹⁰ Information Centre (2007) *2006/07 General Practice Workload Survey, Primary Care Statistics*, Information Centre, Leeds

10.8b General practitioner — unit costs

Unit cost 2013/2014	Including direct care staff costs		Excluding direct care staff costs	
	With qualification costs	Without qualification costs	With qualification costs	Without qualification costs
Annual (including travel)	£264,884	£220,278	£242,548	£197,943
Annual (excluding travel)	£263,484	£218,878	£241,148	£196,543
Per hour of GMS activity ¹	£146	£121	£134	£109
Per hour of patient contact ¹	£234	£195	£266	£175
Per minute of patient contact ¹	£3.90	£3.30	£3.60	£2.90
Per patient contact lasting 11.7 minutes ¹	£46	£38	£42	£35
Per patient contact lasting 17.2 minutes ¹	£67	£56	£62	£50
Per telephone consultation lasting 7.1 minutes ¹	£28	£23	£25	£21
Prescription costs per consultation (net ingredient cost)	£43.90 ²			
Prescription costs per consultation (actual cost)	£40.70 ²			

¹ Excludes travel.

² Personal communication with the Prescribing and Primary Care Group at the IC, 2012; and information on consultations: taken from Hippisley-Cox, J., Fenty, J. & Heaps, M. (2007) *Trends in Consultation Rates in General Practice 1995 to 2006: Analysis of the QResearch Database*, Final Report to the Information Centre and Department of Health, Information Centre, Leeds.

10.8c General practitioner — commentary

General note about GP expenditure. The General Medical Service contract (GMS),¹ introduced in 2003, was designed to improve the way that primary care services are funded, and to allow practices greater flexibility to determine the range of services they wish to provide, including opting out of additional services and out-of-hours care.

Allowing for whole-time equivalence (FTE). The NHS Health & Social Care Information Centre has estimated that the number of FTE practitioners (excluding GP registrars and GP retainers) has increased from 31,391 in 2011 to 32,075 in 2013.² FTE practice staff included 14,943 practice nurses, 8,946 direct patient care staff, 61,223 administrative and clerical and 2,031 other staff.² Assuming that administrative and clerical staff are shared equally between GP practitioners and direct patient care staff (including practice nurses), each FTE practitioner employs 1.09 FTE administrative and clerical staff (61,223/55,964).

Direct care staff. On average in 2013, each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.47 FTE practice nurse staff (14,943/32,075). All direct care staff have been costed at the same level as a band 5 GP practice nurse (see schema 10.5).

Qualifications. The equivalent annual cost of pre-registration and post-graduate medical education. The investment in training has been annuitised over the expected working life of the doctor.³ Post-graduate education costs calculated using information provided by the Department of Health and the Health Education England.⁴ This includes the cost of the two-year foundation programme, two years on a General Practice Vocational Training Scheme (GP-VTS) and a further year as a general practice registrar.⁵

Prescription costs. Prescription costs per consultation are £43.90 (net ingredient cost (NIC)) and £40.70 (actual cost). NIC is the basic cost of the drug, while the actual cost is the NIC less the assumed average discount plus the container allowance (and plus on-cost for appliance contractors). The prescription cost per consultation has been calculated by first dividing the number of prescriptions per GP by the number of consultations per GP (30,285/5,662) to give the number of prescriptions per GP consultation (5.35) and multiplying this by the actual cost per GP prescription (£7.60)⁶ and the NIC per GP prescription (£8.20).⁶ The number of consultations for all GPs was 181,600,000 in 2007^{7,8} and the number of prescriptions per GP was 30,285 in 2013.^{6,9} The total actual cost of GP prescriptions was £7,601,035,522 in 2013 and NIC of GP prescriptions was £8,194,361,336.⁶

Activity. The 2006/07 UK General Practice Workload Survey provides an overview of the entire workload and skill-mix of general practices in the UK in 2006/07. Staff in a representative sample of 329 practices across the UK completed diary sheets for one week in September or December. As the survey was targeted at work in the practice, it excludes work done elsewhere, as well as any work identified as out-of-hours not relating to the GMS/PMS/PCTMS practice contract.

¹ NHS Employers (2003) *General medical services contract*, NHS Employers, London.

² Information Centre (2014) *General practice staff 2013*, Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ NHS Employers (2006) *Modernising medical careers: a new era in medical training*, NHS Employers, London.

⁶ Personal communication with the Prescribing and Primary Care Group at the IC, 2014.

⁷ Hippisley-Cox, J., Fenty, J. & Heaps, M. (2007) *Trends in consultation rates in general practice 1995 to 2006: analysis of the QResearch Database*, Final Report to the Information Centre and Department of Health, Information Centre, Leeds.

⁸ No further work on the number of GP consultations since 2007/08.

⁹ Personal correspondence with the Information Centre, 2009.

10.9 Dentist – performer-only

A performer-only dentist performs dental services but does not hold a contract with a local health body. See <http://www.hscic.gov.uk/catalogue/PUB14016/pres-dent-eng-2013-gui.pdf> for more details of contract types. In 2012/13, there were 18,552 performer-only dentists in England.¹

Costs and unit estimation	2013/2014 value	Notes (for further clarification see Commentary)
A. Net remuneration	£60,800 per year	This is the average taxable income (average gross earnings less average total expenses) for self-employed primary care performer-only dentists in 2012/13. ² It has not been possible to agree an inflator to provide estimated net remuneration for 2013/14.
B. Practice expenses: Employee expenses Office and general business expenses Premises Car and travel Other	£5,900 per year £4,100 per year £2,600 per year £900 per year £19,500 per year	All office and general business, premises and other expenses including advertising promotion and entertainment are based on expenditure taken from the <i>Dental Earnings and Expenses</i> report. ² Based on the BDA Business Trends survey (2010), each dentist employs 0.75 FTE of a hygienist/dental nurse (AFC Band 4), 0.21 FTE of a practice manager (AFC Band 7) and 0.54 FTE of a receptionist (AFC Band 2). ³ 'Other' includes a variety of expenses, including laboratory costs, materials costs, advertising, promotion and entertainment costs which have been divided equally between the dental staff (dentists and nurses/hygienists). See page 23 of the <i>Dental Earnings and Expenses</i> ⁴ report for information on double counting.
C. Qualifications	No costs available	All members of the dental team need to be registered with the General Dental Council in order to legally practise dentistry. The costs of undergraduate dental training are made up of three components: student fees which are £9,000 per year, a grant to the University from HEFCE (currently Band A funding), and some funding from Health Education England. See http://www.hefce.ac.uk/whatwedo/lt/healthcare/hefcesroleinfundingmedicalandeducationandtraining/ .
D. Ongoing training	No costs available	At least 250 hours of CPD are required every five years. At least 75 of these hours need to be 'verifiable' CPD. ⁵
E. Capital costs	£ 7,503 per year	Based on the new-build and land requirements of a dentist surgery, but adjusted to reflect shared use of both treatment and non-treatment space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ⁶
F. Equipment costs		See preface for information on the PSSRU survey of dentists.
Working time	43.3 weeks per year 35.8 hours per week.	The average total number of weekly hours worked by 'performer'-only dentists in 2013/14 was 35.8. ⁷ The average total number of weekly NHS hours worked was 26.7. On average dentists took 2.9 days of sickness leave and 4.5 weeks annual leave. Unit costs are based on 1,550 hours. ⁷
Ratio of direct to indirect time: clinical time	1:0.25	Based on information taken from the 2013/14 <i>dental working hours</i> survey, performer-only dentists spent 80.1% of their working time on clinical activities. ⁷
Unit costs available 2013/2014		
£65 per hour; £82 per hour of patient contact		

¹ Health and Social Care Information Centre (2013) NHS dental statistics for England: 2012/13, <http://www.hscic.gov.uk/catalogue/PUB11625/nhs-dent-stat-eng-12-13-rep-v2.pdf> [accessed 1 November 2014].

² Health and Social Care Information Centre (2013) *Dental earnings and expenses 2012/13 Additional Analysis*, <http://www.hscic.gov.uk/catalogue/PUB14920> [accessed 3 November 2014].

³ DCP Workforce, 2010, <http://www.bda.org/dentists/policy-campaigns/research/workforce-finance/dcps/dcp-workforce.aspx> [accessed 25 July 2014].

⁴ The Information Centre (2013) *Dental earnings and expenses: England and Wales, 2011/12*, <http://www.hscic.gov.uk/catalogue/PUB11473/dent-earn-expe-eng-wale-2011-12-rep.pdf> [accessed 30 July, 2014].

⁵ General Dental Council (2013) *Continuing professional development for dental professionals*, <http://www.gdc-uk.org/Dentalprofessionals/CPD/Documents/GDC%20CPD%20booklet.pdf> [accessed 30 July 2014].

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Health and Social Care Information Centre (2014) *Dental working hours, 2012/13 & 2013/14 initial analysis*, <http://www.hscic.gov.uk/catalogue/PUB14929> [accessed 3 November 2014].

10.10 Dentist – providing-performer

The costs below relate to a providing-performer which is a dentist who holds a contract and who also acts as a performer, delivering dental services themselves.¹ In 2012/13, there were 4,649 providing-performer dentists in England.²

Costs and unit estimation	2013/2014 value	Notes (for further clarification see Commentary)
A. Net remuneration	£115,200 per year	This is the average taxable income of self-employed primary care providing-performer dentists in 2012/13. ³ It has not been possible to agree an inflator to provide estimated net remuneration for 2013/14.
B. Practice expenses:		
Employee expenses	£32,425 per year	This includes expenses relating to a practice manager, receptionist, therapist, hygienist (extended duty) and a dental nurse. Based on the BDA Business Trends survey (2010), each dentist employs 0.75 FTE of a hygienist/dental nurse (AFC Band 4), 0.21 FTE of a practice manager (AFC Band 7) and 0.54 FTE of a receptionist (AFC Band 2). ⁴
Office and general business expenses	£18,300 per year	All office and general business, premises and other expenses including advertising promotion and entertainment are based on expenditure taken from the Dental Earnings and Expenses report. ²
Premises	£20,000 per year	
Car and travel	£1,900 per year	
Other	£27,702 per year	'Other' includes a variety of expenses, including laboratory costs, materials costs, advertising, promotion and entertainment costs which have been divided equally between the dental staff (dentists and nurses/hygienists).
C. Qualifications	No costs available	All members of the dental team need to be registered with the General Dental Council in order to legally practise dentistry. The costs of undergraduate dental training are made up of three components: student fees which are £9,000 per year, a grant to the University from HEFCE (currently Band A funding), and some funding from Health Education England. See http://www.hefce.ac.uk/whatwedo/lt/healthcare/hefcesroleinfundingmedicalandeducationandtraining/ .
D. Ongoing training	No costs available	At least 250 hours of CPD are required every five years. At least 75 of these hours need to be 'verifiable' CPD. ⁵
E. Capital costs	£ 7,503 per year	Based on the new-build and land requirements of a dentist surgery, but adjusted to reflect shared use of both treatment and non-treatment space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. ⁶
F. Equipment costs		See preface for information on the PSSRU survey of dentists.
Working time	43.4 weeks per year 41 hours per week.	The average total number of weekly hours worked by providing-performer dentists in 2013/14 was 41 with 25.7 hours devoted to NHS work. ⁷ On average dentists took 2.9 days of sickness leave and 4.2 weeks annual leave. Unit costs are based on 1,781 hours. ⁷
Ratio of direct to indirect time: Clinical time	1:0.37	Based on information taken from the 2013/14 <i>dental working hours survey</i> , ⁷ providing-performer dentists spent 73.2% of their working time on clinical activities.
Unit costs available 2013/2014		
£127 per hour; £173 per hour of patient contact		

¹ The Health and Social Care Information Centre (2013) *A guide to NHS dental publications*, <http://www.hscic.gov.uk/catalogue/PUB13061/nhs-dent-stat-eng-2013-14-firs-quar-rep-beg-gui.pdf> [accessed 30 July, 2014].

² Health and Social Care Information Centre (2013) *NHS dental statistics for England: 2012/13*, <http://www.hscic.gov.uk/catalogue/PUB11625/nhs-dent-stat-eng-12-13-rep-v2.pdf>.

³ Health and Social Care Information Centre (2013) *Dental earnings and expenses 2012/13 Additional Analysis*, <http://www.hscic.gov.uk/catalogue/PUB14920> [accessed 3 November 2014].

⁴ DCP Workforce, 2010, <http://www.bda.org/dentists/policy-campaigns/research/workforce-finance/dcps/dcp-workforce.aspx> [accessed July 25, 2014].

⁵ General Dental Council (2013) *Continuing professional development for dental professionals*, <http://www.gdc-uk.org/Dentalprofessionals/CPD/Documents/GDC%20CPD%20booklet.pdf> [accessed 30 July 2014].

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Health and Social Care Information Centre (2014) *Dental working hours, 2012/13 & 2013/14 initial analysis*, <http://www.hscic.gov.uk/catalogue/PUB14929> [accessed 3 November 2014].

10.11 NHS dental charges

Paying adults are charged according to the treatment band. 'Other' treatment incurs no charge. The schema below shows the NHS dental charges applicable to paying adults from 1 April 2013.

Treatment Band	Charges from 1 April 2013	
Band 1	£18.50	Examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if needed, and application of fluoride varnish or fissure sealant.
Band 2	£50.50	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth.
Band 3	£219.00	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures and bridges.
Urgent	£18.50	

See: <http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/nhs-dental-charges.aspx> for further information on NHS dental charges.

III. COMMUNITY-BASED SOCIAL CARE

11. Social care staff

- 11.1 Social work team leader/senior practitioner/senior social worker
- 11.2 Social worker (adult services)
- 11.3 Social worker (children's services)
- 11.4 Social work assistant
- 11.5 Community occupational therapist (local authority)
- 11.6 Home care worker
- 11.7 Home care manager
- 11.8 Family support worker
- 11.9 Time banks

11.1 Social work team leader/senior practitioner/senior social worker

Costs and unit estimation	2013/2014 value	Notes
A. Salary	£39,171 per year	The average salary for a social work team leader was £35,410 for 2007/08. ¹ As no new salary estimates are available, this has been inflated to reflect the pay increments for social workers reported in the Local Government Earnings Surveys 2009 to 2013. ²
B. Salary oncosts	£12,178 per year	Employer's national insurance is included plus 20 per cent of salary for employer's contribution to superannuation. ³
C. Qualifications	£25,626 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information is drawn from research by Curtis et al. (2011). ⁵
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours. ⁵ No costs are available.
E. Overheads		
Direct overheads	£14,891 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£8,216 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁶
F. Capital overheads	£2,452 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. For information see <i>Green Book: national agreement on pay and conditions of service</i> . ⁹ Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Working time	41 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.2 days sickness leave have been assumed based on the median average sickness absence level in England for all authorities. ^{9,10} Unit costs are based on 1,516 hours per year.
Ratios of direct to indirect time on: Client-related work	1:0.37	Ratios are estimated on the basis that 73 per cent of time is spent on client-related activities including direct contact (includes travel) (26%), case-related recording (22%), case-related work in own agency (12%) and case-related inter-agency work (13%). A further 27 per cent of time is spent on other inter agency and sundry work (non client-related). ¹¹
Duration of visit		It is not possible to estimate a cost per visit as there is no information available on the number or duration of visits. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.10 x A 1.49 x F	Allows for the higher costs associated with London compared to the national average cost. ^{1,7,8}
Non-London multiplier	0.96 x A 0.96 x F	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£51 (£68) per hour; £70 (£93) per hour of client-related work.		

¹ Local Government Association Analysis and Research (2008) *Local government earnings survey 2007*, Local Government Analysis and Research, London.

² Local Government Association Analysis and Research (2013) *Local government earnings survey 2013/2014*, Local Government Association, London.

³ Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London.

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ British Association of Social Workers (2013) *Social Work Careers*, British Association of Social Workers. <http://www.basw.co.uk/social-work-careers/> [accessed 9 October 2013].

⁶ Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Local Government Employers (2012) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/web/guest/workforce/-/journal_content/56/10180/3510601/ARTICLE/ [accessed 9 October 2013].

¹⁰ Local Government Association (2012) *Local government workforce survey 2011/12*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

¹¹ Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social workers' workload survey*, Messages from the frontline, findings from the 2009 survey and interviews with senior managers, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.2 Social worker (adult services)

Costs and unit estimation	2013/2014 value	Notes
A. Salary	£30,607 per year	Information taken from the Local Government Earnings Survey 2013 ¹ showed that the mean basic salary for a social worker was £30,831. (The information provided does not distinguish between the salary of an adult or of a children's social worker).
B. Salary oncosts	£9,283 per year	Employer's national insurance is included plus 20 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications	£25,626 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information is drawn from research carried out by Curtis et al. (2011). ⁴
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours. ⁵ No costs are available.
E. Overheads		
Direct overheads	£11,568 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£6,382 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁶
F. Capital overheads	£2,452 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. For information see <i>Green Book: national agreement on pay and conditions of service</i> . ⁹ Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/
Working time	41 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. ^{8,9} Ten days for study/training and 8.2 days sickness leave have been assumed based on the median average sickness absence level in England for all authorities. ¹⁰ Unit costs are based on 1,516 hours per year.
Ratios of direct to indirect time on: Client-related work	1:0.39	Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (includes travel) (25%), case-related recording (23%), case-related work in own agency (10%) and case-related inter-agency work (14%). A further 28 per cent of time is spent on other inter-agency and sundry work (non client-related). ¹¹ Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Duration of visit		It is not possible to estimate a cost per visit as there is no information available on the number or duration of visits.
London multiplier	1.10 x A 1.49 x F	Allows for the higher costs associated with London compared to the national average cost. ^{1,7,8}
Non-London multiplier	0.96 x A 0.96 x F	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£40 (£57) per hour; £55 (£79) per hour of client-related work.		

¹ Local Government Association Analysis and Research (2013) *Local government earnings survey 2013/2014*, Local Government Association, London.

² Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Curtis, L. Moriarty, J. & Netten, A. (2011) The costs of qualifying a social worker, *British Journal of Social Work*, doi:10.1093/bjsw/bcr113. <http://bjsw.oxfordjournals.org/content/early/2011/08/22/bjsw.bcr113.short?rss=1/> [accessed 26 September 2013].

⁵ British Association of Social Workers (2011) *Social work careers*, The British Association of Social Workers. www.basw.co.uk/social-work-careers/ [accessed 9 October 2013].

⁶ Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Local Government Employers (2012) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/web/guest/workforce/-/journal_content/56/10180/3510601/ARTICLE/ [accessed 9 October 2013].

¹⁰ Local Government Association (2012) *Local government workforce survey 2010/11*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

¹¹ Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social workers' workload survey*, Messages from the frontline, findings from the 2009 survey and interviews with senior managers, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.3 Social worker (children's services)

Costs and unit estimation	2013/2014 value	Notes
A. Salary	£30,607 per year	Information taken from the Local Government Earnings Survey 2013 ¹ showed that the mean basic salary for a social worker was £30,831. (Information provided does not distinguish between the salary of an adult and children's social worker).
B. Salary oncosts	£9,283 per year	Employer's national insurance is included plus 20 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications	£25,626 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information is drawn from research carried out by Curtis et al. (2011). ⁴
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours. ⁵ No costs are available.
E. Overheads		
Direct overheads	£11,568 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£6,382 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁶
F. Capital overheads	£2,452 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. For information see <i>Green Book: national agreement on pay and conditions of service</i> . ⁹ Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Working time	41 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.2 days sickness leave have been assumed based on the median average sickness absence level in England for all authorities. ¹⁰ Unit costs are based on 1,516 hours per year.
Ratios of direct to indirect time on:		
Client-related work	1:0.39	Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (includes travel) (26%), case-related recording (22%), case-related work in own agency (12%) and case-related inter-agency work (12%). A further 28 per cent of time is spent on other inter agency and sundry work (non client-related). ¹¹ Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.46 x E	Allows for the higher costs associated with London compared to the national average cost. ^{1,7,8}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£40 (£57) per hour; £55 (£79) per hour of client-related work.		

¹ Local Government Association Analysis and Research (2013) *Local government earnings survey 2013/2014*, Local Government Association, London.

² Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London. www.parliament.uk/briefing-papers/SN05823.pdf [accessed 9 October 2013].

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Curtis, L. Moriarty, J. & Netten, A. (2012) The costs of qualifying a social worker, *British Journal of Social Work*, 42, 4, 706-724.

⁵ British Association of Social Workers (2011) *Social Work Careers*, The British Association of Social Workers <http://www.basw.co.uk/social-work-careers/> [accessed 9 October 2013].

⁶ Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Local Government Employers (2012) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/web/guest/workforce/-/journal_content/56/10180/3510601/ARTICLE/ [accessed 9 October 2013].

¹⁰ Local Government Association (2013) *Local government workforce survey 2012/13*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

¹¹ Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social workers' workload survey*, Messages from the frontline, findings from the 2009 survey and interviews with senior managers, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.4 Social work assistant

Costs and unit estimation	2013/2014 value	Notes
A. Salary	£21,851 per year	The mean basic salary of a social work assistant was £22,011 in 2012/13. As no new salary estimates are available, this has been inflated to reflect changes in pay for social workers reported in the Local Government Earnings Survey 2013/14. ¹ The uprated mean gross salary was £22,550.
B. Salary oncosts	£6,324 per year	Employer's national insurance is included plus 20 per cent of salary for contribution to superannuation. ²
C. Overheads Direct overheads	£8,171 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ³
Indirect overheads	£4,508 per year	
D. Capital overheads	£2,452 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
E. Travel		No information available on average mileage covered per visit. For information see <i>Green Book: national agreement on pay and conditions of service</i> . ⁶ Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Working time	40.7 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.2 days sickness leave have been assumed based on the median average sickness absence level in England for all authorities. ⁷ Unit costs are based on 1,509 hours per year.
Ratios of direct to indirect time on: Client-related work		No current information is available about the proportion of social work assistant time spent on client-related outputs. See previous editions of this volume for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.16 x A 1.49 x D	Allows for the higher costs associated with London compared to the national average cost. ^{1,4,5}
Non-London multiplier	0.96 x D	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,4,5}
Unit costs available 2013/2014		
£29 per hour.		

¹ Local Government Association Analysis and Research (2013) *Local government earnings survey 2013/2014*, Local Government Association, London.

² Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London.

³ Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁴ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Local Government Employers (2012) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

⁷ Local Government Association (2013) *Local government workforce survey 2012/13*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

11.5 Community occupational therapist (local authority)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£31,293 per year	Information taken from the Local Government Earnings Survey 2013 ¹ showed that the mean basic salary for an occupational therapist was £31,293. The mean gross salary was £32,145.
B. Salary oncosts	£9,515 per year	Employer's national insurance is included plus 20 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications	£5,568 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). ⁴ See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		
Direct overheads	£11,834 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. ⁵
Indirect overheads	£6,529 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁵
E. Capital overheads	£2,452 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Working time	41 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.6 days sickness leave have been assumed based on average of all social work sectors for 2011/2012. ^{8,9} Unit costs are based on 1,516 hours per year.
Ratio of direct to indirect time on: Client-related work		No current information is available on the proportion of time spent with clients. See previous editions of this volume for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.09 x A 1.57 x E	Allows for the higher costs associated with London compared to the national average cost. ^{1,6,7}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{1,6,7}
Unit costs available 2013/2014 (costs including training given in brackets)		
£41 (£44) per hour.		

¹ Local Government Association Analysis and Research (2013) *Local government earnings survey 2013/14*, Local Government Association, London.

² Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London, www.parliament.uk/briefing-papers/SN05823.pdf [accessed 9 October 2013].

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) Higher Education Funding Council for England (HEFCE), 2011.

⁵ Based on information taken from Selwyn et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Local Government Employers (2012) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

⁹ Local Government Association (2013) *Local government workforce survey 2012/13*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

11.6 Home care worker

This schema provides information on the costs of a home care worker. Salary information is taken from the National Minimum Dataset for Social Care (Skills for Care, 2013).¹ Based on PSS EX1 2012/2013,² the mean hourly cost of all home care including LA-funded and independent provision was £17, the mean hourly cost of LA home care was £37 and the mean hourly cost was £15 for independent sector provision. See Jones (2005) for findings on the costs of independently provided home care³ and Mickelborough (2011)⁴ for more information on the domiciliary care market.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£13,650 per year	The median annual salary for a public and independent sector care worker in August 2014 was £13,650 (£6.80 gross hourly salary). A senior home care worker would earn £18,197 per year (£7.50 gross hourly salary). ¹
B. Salary oncosts	£3,552 per year	Employer's national insurance is included plus 20 per cent of salary for employer's contribution to superannuation. ⁵
C. Overheads		
Direct overheads	£4,998 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. ⁶
Indirect overheads	£2,752 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁶
D. Travel		No information available on average mileage covered per visit. For information see <i>Green Book: national agreement on pay and conditions of service</i> . ⁷
Working time	41.9 weeks per year 37 hours per week	Includes 29 days annual leave, 8 days statutory leave, 8.2 days of sickness and 5 days for training. ^{7,8} The median number of hours worked by home care workers in 2008 (1,301). ⁹
Ratios of direct to indirect time on: Face-to-face contact	1:0.25	No current information available on the proportion of time spent with clients. It is likely however that if 19 per cent of a home care worker's time is spent travelling (see duration of visit below), ¹⁰ the proportion of total time spent with clients is approximately 80 per cent.
Duration of visit		Just over half of local authority funded visits lasted 30 minutes. Sixteen per cent of visits were 15 minutes and 19 per cent of a home care worker's time was spent travelling. ¹⁰ Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
Service use	7 hours per week (364 hours per year)	On average, individual service users received 364 hours of home care in 2011/12 (7 hours per week). ¹⁰
Price multipliers for unsocial hours ⁴	1.00 1.086 1.035 1.093 1.036 1.031 1.039	Day-time weekly Day-time weekend) Night-time weekday) for an independent sector home care hour Night-time weekend) provided for private purchasers Day-time weekend) Night-time weekday) for an independent sector home care hour Night-time weekend) provided for social services
Unit costs available 2013/2014		
Based on the price multipliers for independent sector home care provided for private purchasers: £19 per weekday hour (£21 per day-time weekend, £20 per night-time weekday, £21 per night-time weekend). Face-to-face: £24 per hour weekday (£26 per day-time weekend, £25 per night-time weekday, £26 per night-time weekend).		
Based on the price multipliers for independent sector home care provided for social services: £19 per weekday hour (£20 per day-time weekend, £20 per night-time weekday, £20 per night-time weekend). Face-to-face: £24 per hour weekday (£25 per day-time weekend, £25 per night-time weekday, £25 per night-time weekend).		

¹ Skills for Care (2014) *The national minimum dataset for social care (NMDS-SC) and data protection: guidance for employers*, Skills for Care. <https://www.nmds-sc-online.org.uk/research/researchdocs.aspx?id=10/> [accessed 26 September 2014].

² Health & Social Care Information Centre (2013) *PSS EX1 2012/13*, Health & Social Care Information Centre, Leeds.

³ Jones, K. (2005) *The cost of providing home care*, in L. Curtis & A. Netten (eds) *Unit costs of health and social care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Mickelborough, P. (2011) *Domiciliary care*, UK Market Report, Laing & Buisson, London.

⁵ Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London. www.parliament.uk/briefing-papers/sn05823.pdf [accessed 9 October 2013].

⁶ Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁷ Local Government Employers (2012) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

⁸ Local Government Association (2013) *Local government workforce survey 2012/13*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

⁹ Information Centre (2010) *Community care statistics 2008, home care services for adults, England*, Information Centre, Leeds.

¹⁰ United Kingdom Home Care Association (UKHCA) (2013) *An overview of the UK domiciliary care sector*, Home Care Association Limited. <http://www.ukhca.co.uk/pdfs/domiciliarycaresectoroverview.pdf> [accessed 4 November 2013].

11.7 Home care manager

Salary information in this schema is taken from the National Minimum Dataset for Social Care (NMDS-SC)¹ and has been based on the salary of a Registered Manager.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£30,000 per year	Median salary for a home care manager has been taken from the National Minimum Dataset for Social Care (NMDS-SC). ¹
B. Salary oncosts	£9,078 per year	Employer's national insurance is included plus 20 per cent of salary for employer's contribution to superannuation. ²
C. Qualifications		No information available.
D. Overheads:		
Direct	£11,333 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect	£6,252 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ³
E. Capital overheads	£2,452 per year	Based on the new-build and land requirements of a local office and shared facilities for waiting, interviews and clerical support. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. For information see <i>Green Book: national agreement on pay and conditions of service</i> . ⁶
Working time	41 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.2 days sickness leave have been assumed based on average of all social work sectors for 2011/2012. ⁷ Unit costs are based on 1,515 hours per year.
Ratios of direct to indirect time on:		
Client-related work		No current information is available on the proportion of time spent with clients. See previous editions of this volume for sources of information. Please complete our time-use survey: (https://www.surveymonkey.com/s/SZMF5YL).
Frequency of visits		
Duration of visits		
Caseload per worker		
London multiplier	1.25 x A 1.49 x E	Allows for the higher costs associated with London compared to the national average cost. ^{1,4,5}
Non-London multiplier	0.97 x E	Relative London costs are drawn from the same source as the base data for each cost element. ^{4,5}
Unit costs available 2013/2014		
£40 per hour.		

¹ Skills for Care (2014) *The national minimum dataset for social care (NMDS-SC) and data protection: guidance for employers*, Skills for Care, <https://www.nmds-sc-online.org.uk/research/researchdocs.aspx?id=10/> [accessed 26 September 2014].

² Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London. www.parliament.uk/briefing-papers/SN05823.pdf [accessed 9 October 2013].

³ Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁶ Local Government Employers (2012) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

⁷ Local Government Association (2013) *Local Government Workforce Survey 2012/13*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

11.8 Family support worker

Family support workers provide emotional and practical help and advice to families who are experiencing long- or short-term difficulties. A study carried out by the Centre for Child and Family Research (CCFR)¹ explored the costs of Intensive Family Support (IFS) services received by 43 families in two local authority areas (sites 1 and 2). In site 1, the average length of the intervention was just over one year (413 days) and ranged from seven months to twenty-one months. The average length of the intervention in Site 2 was just under one year (269 days) and ranged from two months to just under two years. The average cost of the IFS service per family in one local authority was £6,214 (£3,174-£10,020) and in the other £5,267 (£1,097-£14,371).

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,285 per year	Information taken from the Local Government Earnings Survey 2008 showed that the mean salary for a family support worker was £21,296. ² As no new salary estimates are available, this has been inflated to reflect the pay increments for social workers reported in the Local Government Earnings Surveys 2009 to 2013. ³
B. Salary oncosts	£6,808 per year	Employer's national insurance is included plus employer's contribution to superannuation (20%). ⁴
C. Training		No information available.
D. Overheads		
Direct overheads	£8,727 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. ⁴
Indirect overheads	£4,814 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments. ⁵
E. Capital overheads	£2,452 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. For information see <i>Green Book: national agreement on pay and conditions of service</i> . ⁸ Please complete our time-use survey: (https://www.surveymonkey.com/s/SZMF5YL).
Working time	41.9 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Five days for study/training and 8.2 days sickness leave have been assumed based on average of all social work sectors for 2011/2012. ^{8,9} Unit costs are based on 1,552 hours per year.
Ratios of direct to indirect time on: Client-related work		No current information is available on the proportion of time spent with clients. See previous editions of this volume for sources of information. Please complete our time-use survey: (https://www.surveymonkey.com/s/SZMF5YL).
London multiplier	1.16 x A	Allows for the higher costs associated with London compared to the national average cost. ⁹
Unit costs available 2013/2014		
£30 per hour; £50 per hour of client related work.		

¹ McDermid, S. & Holmes, L. (2013) *The cost effectiveness of action for children's intensive family support services*, Final Report, Centre for Child and Family Research, Loughborough University. http://socialwelfare.bl.uk/subject-areas/services-client-groups/families/actionforchildren/153741intensive-family-support-cost-effectiveness_full-report.pdf [accessed 3 October 2013].

² Local Government Association Analysis and Research (2008) *Local government earnings survey 2007*, Local Government Analysis and Research, London.

³ Local Government Association (2013) *Local government pay and workforce research*, <http://www.local.gov.uk/research-pay-and-workforce> [accessed 16 October 2013].

⁴ Thurley, D. (2011) *Local government pension scheme, 2010 onwards*, House of Commons, London. www.parliament.uk/briefing-papers/SN05823.pdf [accessed 9 October 2013].

⁵ Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Local Government Employers (2013) *Green Book: national agreement on pay and conditions of service*, Local Government Association, London. http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

⁹ Local Government Association (2013) *Local Government Workforce Survey 2012/13*, http://www.local.gov.uk/local-government-intelligence/-/journal_content/56/10180/3328402/ARTICLE/ [accessed 9 October 2013].

11.9 Time banks

Rushey Green time bank is the first UK time bank to be based in a health care setting where it has established a reputation for pioneering work in this field. It services five hubs across Lewisham. See http://www.rgtb.org.uk/extras/TBank_AReport_Final4.pdf and <http://www.cihm.leeds.ac.uk/new/wp-content/uploads/2009/05/Rushey-Green-Time-Bank.pdf/>. The time bank supports Time Banking UK and promotes a National Health and Wellbeing project from the Department of Health to reduce isolation and improve the health of older people. It also provides support and training to other Lewisham time banks, builds relationships with statutory and voluntary sector organisations, and also delivers consultancy services/workshops to raise funds for the time bank.

Time banks use hours of time rather than pounds as a community currency, with participants contributing their own skills, practical help or resources in return for services provided by fellow time-bank members. They vary significantly in the way they are organised, including the way credits are exchanged, eligibility criteria, route of access, the administration of the database and ways of accessing it.^{1,2}

Currently Rushey Green is serviced by a manager who is partly funded through the match funding programme (£11.09 per hour).³ The detailed costs below are not actual costs but reflect a fully funded time-bank servicing 360 members.⁴ The time bank is hoping to have 500 members by March 2015. Using the same prices, cost per member would then decrease from £304 to £219 (or from £281 to £203 using the match-funding voluntary rate).

Costs and unit estimation	2013/2014 value	Notes
A. Salaries	£79,851 per year	In total, the service employs 1 full-time manager, 1 PT and 1 FT broker/co-ordinator. Salaries have been based on the midpoint of the NJC payscales ⁵ for a PO2-3 and 1 PT and 1 FT SO1 (Senior Officers, 35 and 30 hours per week).
B. Oncosts	£11,818 per year	Employer's national insurance contribution is included plus 5 per cent employer's contribution to superannuation.
C. Overheads		
Direct overheads		
Telephone, internet, software	£1,800 per year	Other expenses not included are those relating to the use of a house/garden for members' parties and also those for attending funerals of members.
Printing, stationery, postage	£2,900 per year	
Volunteer expenses	£500 per year	
Events	£2,000 per year	
Training costs	£900 per year	This includes the training of staff, volunteers and board members.
Workshops/consultancy	£2,500 per year	
Indirect overheads	£3,000 per year	This includes human resources, legal, payroll and accounts.
D. Travel costs	£800 per year	Based on travel costs for staff and volunteers.
E. Capital costs		Based on the office costs for a practice nurse (see schema 10.4).
Office costs	£3,050 per year	Includes computers and other office equipment. Office (equipment) costs have been annuitised over 60 (5) years and discounted at a rate of 3.5 per cent.
Equipment costs	£192 per year	
Working time		Opening hours for the time-bank vary. The office is usually manned 10-12 hours per day.
Number of members	360	Currently the time-bank has 360 members. It is aiming to increase its members to over 500 by March 2015
Unit costs available 2013/2014		
Total annual cost if fully funded (actual cost using voluntary match-funding rates) £109,312 (£101,258)		
Annual cost per member based on 360 members (actual cost using match-funding rate) £304 (£281)		

¹ Bauer, A., Fernandez, J.L., Knapp, M. & Anigbogu, B. (2013) *Economic Evaluation of an "Experts by Experience" Model in Basildon District*, http://eprints.lse.ac.uk/29956/1/Internet_Use_and_Opinion_Formation_in_Countries_with_Different_ICT_Contexts.pdf. n.b. This work has been produced from research that forms part of a NIHR School of Social care Research funded project on the economic consequences for social care interventions. This paper presents independent research and the views expressed in this publication are those of the authors and not necessarily those of the NIHR School for Social Care Research or the Department of Health, NIHR or NHS.

² Knapp, M., Bauer, A., Perkins, M. & Snell, T. (2013) Building community capital in social care: is there an economic case? *Community Development Journal*, 48, 2, 213-331.

³ Rushey Green Community Projects, Funding example, <http://rgcommunityprojects.wordpress.com/apply-for-funding/funding-example/>.

⁴ Volunteering England (2014) Is there a way of measuring the economic value of the work our volunteers are doing?, <http://www.volunteering.org.uk/component/gpb/is-there-any-way-of-measuring-the-economic-value-of-the-work-our-volunteers-are-doing>.

⁵ National Joint Council (NJC) salary scales for Local Government Services (2014) NJC payscales 2013-14, <http://www.lvsc.org.uk/media/24718/njc%20payscales%202013-14.pdf>.

12. Health and social care teams

- 12.1 NHS community mental health team (CMHT) for older people with mental health problems
- 12.2 Community mental health team for adults with mental health problems
- 12.3 Crisis resolution team for adults with mental health problems
- 12.4 Assertive outreach team for adults with mental health problems
- 12.5 Early intervention team for adults with mental health problems
- 12.6 Generic single disciplinary CAMHS team
- 12.7 Generic multi-disciplinary CAMHS team
- 12.8 Dedicated CAMHS team
- 12.9 Targeted CAMHS team
- 12.10 Transition services for children with complex needs when transferring to adulthood
- 12.11 Re-ablement service

12.1 NHS community mental health team (CMHT) for older people with mental health problems

Composed of professionals from a wide range of disciplines, community mental health teams (CMHTs) are intended to provide an effective local mental health service that prioritises those whose problems are severe and long-term.^{1,2} Information has been taken from the mental health combined mapping website¹ and is based on data received from 787 service providers. NHS reference costs³ report that the mean average weighted cost per face-to-face contact for all community mental health teams for older people was £132 per face-to-face contact. Costs have been updated to 2013/14 price levels using the HCHS pay and prices inflators. See also research articles *Community mental health teams for older people* for additional information on variations in case mix and service receipt.^{4,5}

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£30,003 per year	Based on mean basic salaries for Agenda for Change (AfC) bands. ⁶ Weighted to reflect input of community nurses (43%), social workers/approved social workers (12%), consultants (6%) and others. Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic CMHT (OP) worker salary. ¹ See section V for further information on pay scales.
B. Salary oncosts	£7,646 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Overheads Management, administration and estates staff	£7,270 per year	Taken from NHS (England) Summarised accounts. ⁷ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,801 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{8,9} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹⁰
Ratios of direct to indirect time		No current information on time use is available. See previous editions of this volume for sources of information.
Frequency of visits	8	Average number of visits per week per worker.
Duration of visits	60 minutes	Average duration of visits.
Length of time on caseloads	11.6 months	Average time on caseloads, based on information obtained for 1,396 people was 11.6 months. ¹
Caseload per CMHT	32 cases per care staff	Based on mental health combined mapping data. ² In 2008/09 there was an average of 389 cases per service and 32 cases per year per generic CMHT.
London multiplier	1.19 x A 1.45 x D	Allows for higher costs associated with working in London. ^{8,9}
Non-London multiplier	0.97 x A 0.97 x D	Allows for lower costs associated with working outside London. ^{8,9}
Unit costs available 2013/2014		
£41 per hour per team member; £64,407 annual cost of team member		

¹ Mental Health Strategies (2009) 2008/09 *National survey of investment in adult mental health services*, Mental Health Strategies for the Department of Health, London.

² Lingard, J. & Milne, A. (2004) Commissioned by the children, older people & social care policy directorate, Integrating Older People's Mental Health Services, Community Mental Health Teams for Older People, <http://nmhdu.org.uk/silo/files/integrating-opmh-services.pdf> [accessed 9 October 2013].

³ Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

⁴ Tucker, S., Wilberforce, M., Brand, C., Abendstern, M., Crook, A., Jasper, R., Steward, K. & Challis, D. (2014) Community mental health teams for older people: variations in case mix and service receipt (1), *International Journal of Geriatric Psychiatry*, doi: 10.1002/gps.4191.

⁵ Wilberforce, M., Tucker, S., Brand, C., Abendster, M., Jasper, R., Steward, K. & Challis, D. (2014) Community mental health teams for older people: variations in case mix and service receipt (11), *International Journal of Geriatric Psychiatry*, doi: 10.1002/gps.4190.

⁶ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014*, Health & Social Care Information Centre, Leeds.

⁷ Audit Commission (2013) *Summarised accounts 2011-2012*, NHS, London.

⁸ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁹ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

¹⁰ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

12.2 Community mental health team for adults with mental health problems

Composed of professionals from a wide range of disciplines, community mental health teams (CMHTs) are intended to provide an effective local mental health service that prioritises those whose problems are severe and long-term.¹ Information has been taken from the mental health combined mapping website¹ and is based on data received from 787 service providers. NHS reference costs² report that the mean average weighted cost per contact with a community mental health team for adults with mental health problems was £128. Costs have been updated to 2013/14 price levels using the HCHS pay and prices inflators.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£26,987 per year	Based on mean basic salaries for Agenda for Change (AfC) bands. ³ Weighted to reflect input of community nurses (31%), social workers/approved social workers (18%), consultants (6%) OTs and physiotherapists (5%), carer support (5%) and others. Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic CMHT worker salary. ¹ See section V for further information on pay scales.
B. Salary oncosts	£6,863 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications		Information not available for all care staff.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁴
Management, administration and estates staff	£6,536 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£14,207 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hrs per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁷
Ratio of direct to indirect time		No current information on time use is available. See previous editions of this volume for sources of information.
Caseload per CMHT	24 cases per CMHT	Based on mental health combined mapping data. ¹ In 2008/09, there was an average of 404 cases per service and 24 cases per year per generic CMHT.
London multiplier	1.19 x A, 1.45 x E	Allows for higher costs associated with working in London. ^{5,6,8}
Non-London multiplier	0.97 x A, 0.97 x E	Allows for the lower costs associated with working outside London. ^{5,6,8}
Unit costs available 2013/2014		
£37 per hour per team member; £58,281 annual cost of team member		

¹ Mental Health Strategies (2009) 2008/09 *National survey of investment in adult mental health services*, Mental Health Strategies for the Department of Health, London.

² Department of Health (2014) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

³ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014*, Health & Social Care Information Centre, Leeds.

⁴ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁸ Department of Health (2013) based on the Market Forces Factor (MFF).

12.3 Crisis resolution team for adults with mental health problems

Crisis resolution is an alternative to inpatient hospital care for service users with serious mental illness, offering flexible, home-based care 24 hours a day, seven days a week. Information has been taken from the mental health combined mapping website¹ and is based on data received from 270 service providers. There were, on average, 17 care staff per team. NHS reference costs² report that the mean average cost for a crisis resolution team was £185 per team contact. Costs have been updated to 2013/14 price levels using the HCHS pay and prices inflators. See McCrone et al. (2008) for more information on Crisis Resolution Teams.³

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£28,030 per year	Based on mean salaries for Agenda for Change (AfC) bands. ⁴ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic crisis resolution worker salary. Teams included medical staff, nurses, psychologists, social workers, social care and other therapists. ¹ See section V for further information on pay scales.
B. Salary oncosts	£6,849 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Training		No costs available. Crisis resolution work involves a major re-orientation for staff who have been accustomed to working in different ways.
D. Overheads Management, administration and estates staff	£6,735 per year	Taken from NHS (England) Summarised accounts. ⁵ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£14,639 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support. ^{6,7} Costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working hours of team members	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸
Service hours	24 hours per day 7 days per week	In general, the team should operate seven days a week, 24 hours per day throughout the year. This can be done if two shifts a day are scheduled for mornings and afternoons. ⁹
Duration of episode	27 days	The National Survey reported that 27 days was the average duration of episode. The mean longest time that teams stay involved is 75.6 days. ¹⁰
Caseload	36 cases per service 2 cases per care staff	Based on mental health combined mapping data ¹ average caseloads for 2008/09 were 36 cases per service and two cases per year per crisis resolution team member.
London multiplier	1.19 x A, 1.39 x E	Allows for higher costs associated with working in London. ^{6,7,11}
Non-London multiplier	0.97 x A, 0.96 x E	Allows for lower costs associated with working outside London. ^{6,7,11}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£38 per hour per team member; £59,941 annual cost of team member; £29,971 average cost per case		

¹ Mental Health Strategies (2009) *2008/09 National survey of investment in adult mental health services*, Mental Health Strategies for the Department of Health, London.

² Department of Health (2013) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

³ McCrone, P., Dhanasiri, S., Patel, A., Knapp, M. & Lawton-Smith, S. (2008) *Paying the price, the cost of mental health care in England to 2026*, King's Fund, London.

⁴ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014*, Health & Social Care Information Centre, Leeds.

⁵ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Sainsbury Centre for Mental Health (2010) *Mental health topics, crisis resolution*, http://www.centreformentalhealth.org.uk/pdfs/crisis_resolution_mh_topics.pdf [accessed 9 October 2013].

¹⁰ Onyett, S., Linde, K., Glover, G. et al (2007) *Crisis resolution and inpatient mental health care in England*, University of Durham.

¹¹ Department of Health (2013) based on the Market Forces Factor (MFF).

12.4 Assertive outreach team for adults with mental health problems

Assertive outreach teams provide intensive support for people with severe mental illness who are 'difficult to engage' in more traditional services.¹ Information has been taken from the mental health combined mapping website² and is based on data received from 248 service providers McCrone et al. (2008) for more information on this service.³ NHS reference costs⁴ report the mean average cost for an assertive outreach team contact was £122. Costs have been updated to 2013/14 price levels using the HCHS pay and prices inflators.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£24,879 per year	Based on mean salaries for Agenda for Change (AfC) bands. ⁵ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic Assertive Outreach Team worker salary. Teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers. ²
B. Salary oncosts	£6,098 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Overheads		Taken from NHS (England) Summarised accounts. ⁶
Management, administration and estates staff	£5,982 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,001 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Ratio of direct contact to total contact time:		Of the assertive outreach team contacts, 68 per cent were face-to-face with the patient, 13 per cent were by telephone, 11 per cent of all attempts at contact were unsuccessful and a further 6 per cent involved contact with the carer (face-to-face or by phone). Of the face-to-face contacts with patients, 63 per cent took place in the patient's home or neighbourhood, 27 per cent in service settings and 10 per cent in other settings. ⁹
Face-to-face contacts	1:0.48	
Working hours of team members	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹⁰
Service hours	24 hours per day	Working hours of most services are flexible, although 24-hour services are rare.
Duration of contact	30 minutes	Median duration of contact. Assertive outreach staff expect to see their clients frequently and to stay in contact, however difficult that may be. Typically studies have shown that at least 95 per cent of clients are still in contact with services even after 18 months. ¹⁰
Caseload	72 cases per service 7 cases per care staff	Based on mental health combined mapping data, average caseloads for 2008/09 were 72 cases per service and seven cases per year per assertive outreach team member. ²
London multiplier	1.19 x A, 1.39 x E	Allows for the higher costs associated with working in London. ^{7,8,11}
Non-London multiplier	0.97 x A, 0.96 x E	Allows for lower costs associated with working outside London. ^{7,8,11}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£34 per hour per team member; £50 per hour of patient contact; £53,648 annual cost of team member; £7,664 average cost per case		

¹ Sainsbury Centre for Mental Health (2001) *Mental health topics, assertive outreach*, Sainsbury Centre for Mental Health (updated 2003), London.

² Mental Health Strategies (2009) *2008/09 National survey of investment in adult mental health services*, Mental Health Strategies for the Department of Health, London.

³ McCrone, P., Dhanasiri, S., Patel, A., Knapp, M. & Lawton-Smith, S. (2008) *Paying the price, the cost of mental health care in England to 2026, King's Fund*, London.

⁴ Department of Health (2013) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

⁵ Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014*, Health & Social Care Information Centre, Leeds.

⁶ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Wright, C., Burns, T., James, P., Billings, J., Muijen, M., Priebe, S., Ryrrie, I., Watts, J. & White, I. (2003) Assertive outreach teams in London: models of operation, *British Journal of Psychiatry*, 183, 2, 132-138.

¹⁰ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹¹ Department of Health (2013) based on the Market Forces Factor (MFF).

12.5 Early intervention team for adults with mental health problems

Early intervention is a service for young people aged 14-35 during the first three years of a psychotic illness. They provide a range of services, including anti-psychotic medications and psycho-social interventions, tailored to the needs of young people with a view to facilitating recovery.¹ Staff and caseload information for this schema has been taken from the mental health combined mapping website and is based on data received from 150 service providers.² NHS reference costs³ report the mean average cost for an early intervention team contact was £177. Costs have been updated to 2013/14 price levels using the HCHS pay and prices inflators. See McCrone et al. (2008) for more information on early intervention teams.⁴ See section V for further information on pay scales.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£27,998 per year	Based on median salaries for Agenda for Change (AfC) bands. ⁵ Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic assertive outreach team worker salary. Teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers. ² Loss of earnings based on the minimum wage has been assumed for volunteers. ⁶
B. Salary oncosts	£6,886 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Training		Sainsbury Centre for Mental Health runs a part-time post-graduate certificate (EIP) over a one-year period which includes 20 days of teaching. ⁷
D. Overheads Management, administration and estates staff	£6,736 per year	Taken from NHS (England) Summarised accounts. ⁸ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£14,641 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{9,10} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time per staff member	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹¹
Service hours		Teams tend to operate 9.00 a.m.-5.00 p.m. but some flexibility is planned.
Caseload	98 cases per service 9 cases per care staff	Based on mental health combined mapping data. ² Caseload data for 2008/09 were 98 cases per service and nine cases per early intervention team member. ²
Ratio of direct to indirect time		No information available
London multiplier	1.19 x A 1.39 x E	Allows for higher costs associated with working in London. ^{9,10,12}
Non-London multiplier	0.97 x A 0.96 x E	Allows for lower costs associated with working outside London. ^{9,10,12}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£38 per hour; £59,948 annual cost of team member; £6,661 average cost per case		

¹ Sainsbury Centre for Mental Health (2003) *A window of opportunity: a practical guide for developing early intervention in psychosis services*, Briefing 23, Sainsbury Centre for Mental Health, London.

² Mental Health Strategies (2009) 2008/09 national survey of investment in adult mental health services, Mental Health Strategies for the Department of Health, London.

³ Department of Health (2013) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

⁴ McCrone, P., Dhanasiri, S., Patel, A., Knapp, M. & Lawton-Smith, S. (2008) *Paying the price, the cost of mental health care in England to 2026*, King's Fund, London.

⁵ Health & Social Care Information Centre (2012) *NHS staff earnings estimates 2014*, Health & Social Care Information Centre, Leeds.

⁶ Directgov (2014) *The national minimum wage rates*, <https://www.gov.uk/national-minimum-wage-rates/> [accessed 17 November 2014].

⁷ Sainsbury Centre for Mental Health (2004) *Post-graduate certificate in early intervention for psychosis*, Sainsbury Centre for Mental Health, London.

⁸ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁹ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

¹⁰ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

¹¹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs-careers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹² Department of Health (2013) based on the Market Forces Factor (MFF).

12.6 Generic single-disciplinary CAMHS team

These teams provide services for children and young people with particular problems requiring particular types of intervention and within a defined geographical area.¹ Staff, caseload and cost information has been taken from the Child and Adolescent Mental Health Service (CAMHS)^{2,3} mapping database, and is based on returns from 2,094 teams of which 60 were generic single-disciplinary teams. The staff in these teams are almost exclusively clinical psychologists, educational psychologists and other therapists. There are on average 4.13 wte per team (excluding administrative staff and managers). Costs have been updated to 2013/2014 price levels using the appropriate inflators.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary plus oncosts	£39,221 per year	Average salary for single generic team member based on national CAMHS cost data. ^{2,3}
B. Overheads		Taken from NHS (England) Summarised accounts. ⁴
Management, administration and estates staff	£7,574 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,461 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁷
Ratio of direct to indirect time on:		Information taken from CAMHS mapping data. ² Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), administration and management (23%), consultation and liaison (13%) and clinical (49%).
Patient-related work	1:0.63	
Face-to-face contact	1:1.06	
Duration of episode		26 per cent of cases lasted 4 weeks or less, 25 per cent for 13 weeks or less, 18 per cent for 26 weeks or less, 16 per cent for 52 weeks or less and 15 per cent for more than 52 weeks.
Caseload per team	60 cases per team	Based on 60 teams and a caseload of 3,604. ²
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London. ^{5,6,8}
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working outside London. ^{5,6,8}
Unit costs available 2013/2014		
£42 per hour per team member; £69 per hour per patient-related activity; £87 per hour per team member face-to-face contact; £66,943 annual cost of team member; £4,608 average cost per case		

¹ YoungMinds (2001) *Guidance for primary care trusts, child and adolescent mental health: its importance and how to commission a comprehensive service*, Appendix 3: Key Components, Professionals and Functions of Tiered Child and Adolescent Mental Health Services, Child and Adolescent Mental Health Services, www.youngminds.org.uk/pctguidance/app3.php [accessed 9 October 2013].

² Child and Adolescent Mental Health Service (CAMHS) mapping (2009), Durham University & Department of Health, <http://www.childrensmapping.org.uk/> [accessed 17 November 2013].

³ The CAMHS mapping data are no longer being collected so information for this table has been updated.

⁴ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs.gov.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁸ Department of Health (2013) based on the Market Forces Factor (MFF).

12.7 Generic multi-disciplinary CAMHS team

Staff mix, time use, caseload and cost information for this schema has been taken from the Child and Adolescent Mental Health Service (CAMHS)^{1,2} mapping database, and is based on returns from 2,094 teams of which 421 teams were generic multi-disciplinary. Generic teams provide the backbone of specialist CAMHS provision, ensuring a range of therapeutic interventions were available to children, young people and families locally. Multidisciplinary generic teams, as the name implies, were largely staffed by a range of mental health professionals. The average size of multidisciplinary teams was 10.9 wte (excluding administrative staff and managers). Costs have been updated to 2013/2014 price levels using the appropriate inflators.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary plus oncosts	£52,206 per year	Average salary for a multi-disciplinary CAMHS team based on national CAMHS cost data. ^{1,2}
B. Overheads		
Management, administration and estates staff	£10,080 per year	Taken from NHS (England) Summarised accounts. ³ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£21,911 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 45.73 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁶
Ratio of direct to indirect time on:		Information taken from national CAMHS mapping data. ¹ Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Patient-related work	1:0.63	
Face-to-face contact	1:1.06	
Duration of episode (all CAMHS teams)		19 per cent of cases lasted for 4 weeks or less, 21 per cent for 13 weeks or less, 19 per cent for 26 weeks or less, 17 per cent for 52 weeks or less and 25 per cent for more than 52 weeks.
Caseload per team	191 cases per team	Based on 421 teams and 80,386 cases. ¹
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London. ^{4,5,7}
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working outside London. ^{4,5,7}
Unit costs available 2013/2014		
£56 per hour per team member; £91 cost per hour per team member for patient-related activities; £115 cost per hour per team member for face-to-face contact; £5,015 average cost per case		

¹ Child and Adolescent Mental Health Service (CAMHS) mapping (2009), Durham University & Department of Health, <http://www.childrensmapping.org.uk/> [accessed 17 November 2013].

² The CAMHS mapping data are no longer being collected so information for this table has been updated.

³ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁶ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs.gov.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁷ Department of Health (2013) based on the Market Forces Factor (MFF).

12.8 Dedicated CAMHS team

Dedicated CAMHS workers are fully trained child and adolescent mental health professionals who are out-posted in teams that are not specialist CAMHS teams but have a wider function, such as a youth offending team or a generic social work children's team. The information for this schema is based on national Child and Adolescent Mental Health Service (CAMHS) mapping staff-related and cost information from 2,094 teams, of which 133 were dedicated teams.^{1,2} On average there are 2.2 wte per team (excluding administrative staff and managers). Costs have been updated to 2013/2014 price levels using the appropriate inflators.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary plus oncosts	£37,756 per year	Average salary plus oncosts for a team member working in a dedicated team based on national CAMHS data and on the 128 dedicated teams. ^{1,2}
B. Overheads Management, administration and estates staff	£7,291 per year	Taken from NHS (England) Summarised accounts. ³ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,846 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.7 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁶
Ratio of direct to indirect time on: Patient-related work	1:0.63	Information taken from national CAMHS mapping data. ¹ Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Face-to-face contact	1:1.06	
Length of episode		30 per cent of cases lasted for 4 weeks or less, 30 per cent for 13 weeks or less, 19 per cent for 26 weeks or less, 11 per cent for 52 weeks or less and 10 per cent for more than 52 weeks.
Caseload	35 cases per team	Based on 133 teams and 4,596 cases. ¹
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London. ^{4,5,7}
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working outside London. ^{4,5,7}
Unit costs available 2013/2014		
£41 per hour per team member; £67 per hour of patient-related activity; £84 per hour of face-to-face contact; £4,059 average cost per case		

¹ Child and Adolescent Mental Health Service (CAMHS) mapping (2009), Durham University & Department of Health, <http://www.childrensmapping.org.uk/> [accessed 17 November 2013].

² The CAMHS mapping data are no longer being collected so information for this table has been updated this year.

³ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁶ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁷ Department of Health (2013) based on the Market Forces Factor (MFF).

12.9 Targeted CAMHS team

These teams provide services for children and young people with particular problems or for those requiring particular types of therapeutic interventions. The information for this schema is based on national Child and Adolescent Mental Health Service (CAMHS) mapping data and returns from 2,094 teams, of which 335 were targeted teams.^{1,2} On average there are 4.2 wte per team (excluding administrative staff and managers). Costs have been updated to 2013/2014 price levels using the appropriate inflators.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary plus oncosts	£40,989 per year	Average salary for a team based on national CAMHS data. ^{1,2}
B. Overheads		Taken from NHS (England) Summarised accounts. ³
Management, administration and estates staff	£7,915 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,203 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£3,687 per year	Based on the new-build and land requirements of an NHS office and shared facilities. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.9 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁶
Ratio of direct to indirect time on:		Information taken from national CAMHS mapping data. Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Patient-related work	1:0.63	
Face-to-face contact	1:1.06	
Duration of episode		22 per cent of cases lasted for 4 weeks or less, 24 per cent for 13 weeks or less, 18 per cent for 26 weeks or less, 16 per cent for 52 weeks or less and 20 per cent for more than 52 weeks.
Caseload	47 cases per team	Based on 335 teams and 15,653 cases. ¹
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London. ^{4,5,7}
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working in London. ^{4,5,7}
Unit costs available 2013/2014		
£44 per hour per team member; £72 cost per hour per team member for patient-related activities; £91 cost per hour per team member for face-to-face contact; £6,236 average cost per case		

¹ Child and Adolescent Mental Health Service (CAMHS) mapping (2009), Durham University & Department of Health, <http://www.childrensmapping.org.uk/> [accessed 17 November 2013].

² The CAMHS mapping data are no longer being collected so information for this table has been updated.

³ Audit Commission (2013) *NHS summarised accounts 2012-2013*, NHS, London.

⁴ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁶ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs.gov.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁷ Department of Health (2013) based on the Market Forces Factor (MFF).

12.10 Transition services for children with complex needs when transferring to adulthood

This schema has been based on a study carried out by Sloper et al. (2010)¹ in which the costs for five transition services were studied in-depth. Three of the five transition services have been selected for inclusion here and represent low, median and high cost services (based on cost per case per year).

12.10.1 Transition services for children: medium cost

Relaunched in June 2007, the service was fully staffed for the first time just before the research interviews were undertaken. The team has no case-holding responsibilities or budget but works to co-ordinate transition for young people with very complex needs.

The team supports 184 young people. The average costs per working hour (including steering group) is £56 (£59) and the cost per case per year is £927 and £980 respectively. Time use: direct contact (7%), meetings with family (12%), liaison (45%) and report writing or assessments (36%). Costs have been updated from 2007/08 using the PSS inflators.

Staff member	Whole-time-equivalent (WTE) on transition	£ per year (2013/2014)
Team manager/business support	2.0 wte	£83,711
Social worker/social work assistant	1.5 wte	£80,449
Other support and supervision	<0.1	£6,017
Total for staff		£170,578
Steering group	Total hours per year	£ per year
Managers: children's services	56	£2,746
Managers: adult services	42	£2,011
Managers: health	32	£1,928
Managers: education/training	60	£2,992
Total for steering group		£9,677
TOTAL COST		£180,255

¹ Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N. & Cusworth, L. (2010) *Models of multi-agency services for transition to adult services for disabled young people and those with complex health needs: impact and costs*, Social Policy Research Unit, University of York & Personal Social Services Research Unit, University of Kent, Canterbury.

12.10.2 Transition services for children: low cost

This service is based in a small unitary authority and was launched in June 2005. The co-ordinator works closely with other personnel in social services, health and education (including special schools) to ensure a smooth transition for disabled young people who have complex needs. The local voluntary sector organisation undertakes personal care planning and is in regular contact with the transition co-ordinator. This transition service has a complex 'cost picture' involving many people and agencies, and although much of the work planning transition support has been included, the cost of transition support has probably not been included.

The team supports 203 young people of whom 79 have complex needs and 124 have moderate intellectual disabilities. The cost per working hour for the team (including strategic management group) was £23 (£27) and cost per case per year £420 (£489). Time use: direct contact (40%), assessments and reports (10%), liaison (20%), travel (10%) and meetings (20%). Costs have been uprated from 2007/08 using the PSS inflators.

Staff member	Whole-time-equivalent (WTE) on transition	£ per year (2013/2014)
Transition co-ordinator	1.0	£46,328
Transition co-ordinator supervision	0.02	£1,043
Some of the virtual team members		
Social workers in children's team	0.35	£16,282
Practice managers in children's teams	0.05	£2,863
Social workers in adult team	0.28	£12,971
Connexions advisor	0.03	£1,777
Adult operational director	0.05	£3,490
Divisional manager	<0.01	£607
Total		£85,360
Strategic Management Group (meets monthly)	Total hours per year	£ per year
Managers: children's services	99	£3,718
Managers: adult services	77	£3,756
Managers: education/training	22	£1,107
Area managers: connexions	22	£861
Managers: health	88	£4,367
Subtotal for Strategic Management Group		£13,809
Transition sub-groups	Total hours per year	£ per year
(2 meet monthly, 1 meets each term)		
Managers: children's services	143.5	£5,673
Managers: adult services	116	£4,565
Managers: health	215.6	£8,839
Education services managers	235	£974
Connexions	22	£867
Voluntary organisations personnel	44	£1,122
Subtotal for transition sub-groups		£22,040
TOTAL COST		£107,400

12.10.3 Transition services for children: high cost

This transition team is located in an education department within an integrated disabled children's service. The team was set up in November 2007 and the research interviews were undertaken in October 2008. There had been problems getting staff in place; many interviewees were involved in statutory duties as well and felt they had only just got to the point where transition work could begin.

The team supports 76 young people. The average costs per working hour (including steering group) is £39 (£40) and cost per case per year is £3,804 (£3,875). Time use: face-to-face contact (12%), telephone contact (17%); assessments and writing reports (28%); meetings with people and families (11%); liaison away from meetings (12%); travel (12% and general administration (10%). Costs have been updated from 2007/08 using the PSS inflators.

Staff member	Whole-time-equivalent (WTE) on transition	£ per year (2013/2014)
Children's services		
Manager transition team/administrator	0.50	£22,559
Social workers/key workers	0.75	£34,104
Nurse (cyp)/trainee psychologist	0.70	£34,675
Connexions TPAs	1.00	£40,035
Adult services		
Manager adult team	0.60	£34,252
Social worker (adult)	0.80	£37,060
Senior practitioner	0.75	£42,817
Nurse (adult)	0.80	£38,242
Supervision (various managers, not included above)	0.08	£5,279
Subtotal for children's services		£289,115
Steering group and sub-groups		
	Total hours per year	£ per year
Managers: children's services	33	£1,656
Managers: adult services	14	£702
Managers: education/training	12	£553
Services managers: local authority	42	£883
Connexions	22.5	£1,649
Subtotal for steering group		£5,443
TOTAL COST		£294,559

12.11 Re-ablement service

Adult social care services are increasingly establishing re-ablement services as part of their range of home care provision, sometimes alone, sometimes jointly with NHS partners. Typically, home care re-ablement is a short-term intervention, often provided to the user free of charge, and aims to maximise independent living skills. Information on the costs of re-ablement have been collected as part of an evaluation at the Personal Social Services Research Unit at the University of Kent, in collaboration with the Social Policy Research Unit, University of York.¹ The schema below provides the average costs across four re-ablement services participating in the evaluation.² All the services were based out of London, and one service had occupational therapists (OTs) working closely with the team. Cost data were provided for 2008/09 and have been updated using the PSS inflators.

Costs per service user for the four sites ranged from £1,659 to £2,252 at 2013/2014 prices.

Costs and unit estimation	2013/2014 value	Notes
A. Salary plus oncosts	£2,390,381	Based on total salary costs ranging from £582,437 to £4,772,087 for re-ablement workers. Salary cost accounted for between 61 and 62 per cent of total costs. One site included OTs as well as re-ablement workers.
B. Direct overheads		
Administrative and management	£881,501	Administrative and management costs accounted for between 2 and 25 per cent of the total for the four sites.
Office and training costs	£47,473	The costs of uniforms and training costs are included here. These accounted for 1 per cent of the total.
C. Indirect overheads	£165,629	Indirect overheads include general management and support services such as finance and human resource departments. These were 4 per cent of total costs and ranged from 0.5 to 9 per cent.
D. Capital overheads		
Building and land costs	£6,558	Information supplied by the local authority and annuitised over 60 years at a discount rate of 3.5 per cent.
Equipment costs	£2,546	Based on information supplied by the local authority and costed following government guidelines.
E. Travel	£431,658	Average travel costs for the four local authorities were 10 per cent of total costs and ranged from 1 to 12 per cent.
Patient contact hours	49 hours	Average duration of episode for the four sites was 49 hours. Average episodes ranged from 35 to 55 hours.
Ratio of direct to indirect time on:		Fifty-two per cent of time was spent in contact with service users. This was based on the average of 179,174 working hours and 92,566 contact hours.
Face-to-face contacts	1:0.94	
Number of service users	1,886	The average number of service users for the four sites was 1,886 per year, ranging between 429 and 3,500 service users.
Unit costs available 2013/2014		
£22 per hour; £42 per hour of contact; £2,082 average cost per service user.		

¹ Glendinning, C., Jones, K., Baxter, K., Rabiee, P., Curtis, L., Wilde, A., Arksey, H. & Forder, J. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

² Although five sites participated in the evaluation, one of the sites had very different costs and did not provide complete information. The costs for this site have therefore been omitted. The costs contained in this table are considered to be typical of a re-ablement service.

IV. HOSPITAL-BASED HEALTH CARE STAFF

13. Hospital-based scientific and professional staff

- 13.1 Hospital physiotherapist
- 13.2 Hospital occupational therapist
- 13.3 Hospital speech and language therapist
- 13.4 Hospital dietitian
- 13.5 Hospital radiographer
- 13.6 Hospital pharmacist
- 13.7 Allied health professional support worker

13.1 Hospital physiotherapist

Using data from the NHS reference costs,¹ the mean average cost for a non-consultant-led (non-admitted) follow-up physiotherapy attendance in 2013/14 was £34, with an interquartile range of £28 to £38 (unchanged from last year). Costs have been updated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,475 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified allied health professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all physiotherapists is £33,079. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£5,587 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵
D. Overheads		Taken from NHS (England) Summarised accounts. ⁶
Management, administration and estates staff	£5,588 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£12,145 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£5,767 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁹
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B), 1.46 x E	Allows for the higher costs associated with London compared to the national average cost. ^{7,8,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£33 (£37) per hour.		

¹ Department of Health (2013) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/news/financial-year-2011-to-2012-reference-costs-published> [accessed 2 October 2013].

² Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London, <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds..

¹⁰ Department of Health (2013) based on the Market Forces Factor (MFF).

13.2 Hospital occupational therapist

Using data from the NHS reference costs,¹ the mean average cost for a non-consultant led (non-admitted) follow-up occupational therapy attendance in 2013/14 was £54. Costs have been updated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,475 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all occupational therapists is £31,995. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,467 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£5,568 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵
D. Overheads Management, administration and estates staff	£5,588 per year	Taken from NHS (England) Summarised accounts. ⁶ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£12,145 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£5,767 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁹
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost. ^{7,8,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£33 (£36) per hour.		

¹ Department of Health (2013) *NHS reference costs 2012-2013*,

<https://www.gov.uk/government/news/financial-year-2011-to-2012-reference-costs-published/> [accessed 2 October 2013].

² Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs.gov.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹⁰ Department of Health (2013) based on the Market Forces Factor (MFF).

13.3 Hospital speech and language therapist

Using data from the NHS reference costs,¹ the mean average cost for a non-consultant led (non-admitted) follow-up speech and language therapy attendance in 2013/14 was £67, with an interquartile range of £35 to £80. Costs have been updated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,475 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 4.6 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all speech and language therapists is £34,898. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,463 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£5,919 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵
D. Overheads Management, administration and estates staff	£5,588 per year	Taken from NHS (England) Summarised accounts. ⁶ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£12,145 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£5,767 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁹
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost. ^{7,8,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£33 (£37) per hour.		

¹ Department of Health (2013) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014* (not publicly available), Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹⁰ Department of Health (2013) based on the Market Forces Factor (MFF).

13.4 Hospital dietitian

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,475 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ¹ An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ The Electronic Staff Records (ESR) system shows that the mean basic salary for all dietitians is £32,896. ² See section V for further information on pay scales.
B. Salary oncosts	£5,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£5,777 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴
D. Overheads Management, administration and estates staff	£5,588 per year	Taken from NHS (England) Summarised accounts. ⁵ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£12,145 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£5,767 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect share use of both treatment and non-treatment space. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London compared to the national average cost. ^{6,7,9}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£33 (£37) per hour.		

¹ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

² Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Department of Health (2013) based on the Market Forces Factor (MFF).

13.5 Hospital radiographer

Using data from the NHS reference costs,¹ the mean average cost for a radiotherapy inpatient was £335 and for a regular day or night case was £653. An outpatient contact was £106. Costs have been updated using the HCHS pay & prices inflator.

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£23,475 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances for qualified therapeutic (diagnostic) radiography staff. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all Diagnostic and Therapeutic Radiologists is £32,941. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£5,948 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵
D. Overheads		Taken from NHS (England) Summarised accounts. ⁶
Management, administration and estates staff	£5,588 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£12,145 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£8,411 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{7,8} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.4 weeks per year 37.5 hours per week	Unit costs are based on 1,589 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁹
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London compared to the national average cost. ^{7,8,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{7,8}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£35 (£38) per hour.		

¹ Department of Health (2013) *NHS reference costs 2012-2013*, <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013> [accessed 2 October 2014].

² Health & Social Care Information Centre (2014) *NHS staff earnings estimates 2014* (not publicly available), Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹⁰ Department of Health (2013) based on the Market Forces Factor (MFF).

13.6 Hospital pharmacist

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£30,998 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 6 (for qualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ¹ An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ The Electronic Staff Records (ESR) system shows that the mean basic salary for all pharmacists is £41,121. ² See section V for further information on pay scales.
B. Salary oncosts	£7,555 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£9,603 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health. The cost of the clinical placement for pharmacists has been provided by Dr Lynne Bollington. See Bollington & John (2012) ⁴ for more information. These costs exclude external training courses that supplement work-based learning and may cover specific components of the General Pharmaceutical Council's performance standards and/or examination syllabus. See schema 18 for more details on training.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁵
Management, administration and estates staff	£7,444 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,180 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,880 per year	Based on the new-build and land requirements of a pharmacy, plus additional space for shared facilities. ^{6,7} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		
Working time	42.6 weeks per year 37.5 hours per week	Unit costs are based on 1,597 hours per year: 213 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸
Ratio of direct to indirect time on:		The ratio is estimated on the basis that 50 per cent of time is spent on direct clinical patient activities, 20 per cent of time on dispensary activities and 30 per cent on non-clinical activity. ⁹
Patient-related activities	1:0.43	
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with London compared to the national average cost. ^{6,7,10}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£42 (£48) per hour; £84 (£96) per cost of direct clinical patient time (includes travel); £60 (£68) per cost of patient-related activities.		

¹ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

² Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Bollington, L. & John, D. (2012) *Pharmacy education and training in the hospital service in Wales: Identifying demand and developing capacity*. STS Publishing, Cardiff.

⁵ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Personal communication with the Greater Manchester Workforce Development Corporation, 2003.

¹⁰ Department of Health (2013) based on the Market Forces Factor (MFF).

13.7 Allied health professional support worker

Allied health professional support workers provide vital assistance to health-care professionals in diagnosing, treating and caring for patients. They work in a variety of settings depending on their role, such as in patients' homes, a GP clinic or in a hospital department.¹

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£16,282 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 2 (for unqualified Allied Health Professionals) of the July 2013-June 2014 NHS staff earnings estimates. ² An additional 7.2 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² The Electronic Staff Records (ESR) system shows that the mean basic salary for all health care support workers is £16,600. ³ See section V for further information on pay scales.
B. Salary oncosts	£3,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£0	Training costs are assumed to be zero, although many take NVQ courses.
D. Overheads Management, administration and estates staff	£3,812 per year	Taken from NHS (England) Summarised accounts. ⁴ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£8,287 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,721 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of both treatment and non-treatment space. ^{5,6} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁷
Ratio of direct to indirect time		No current information available.
London multiplier	1.34 x E	Allows for the higher costs associated with London compared to the national average cost. ^{5,6,8}
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{5,6}
Unit costs available 2013/2014		
£23 per hour.		

¹ NHS Careers (2011) *Clinical support staff*, National Health Service, London. <http://www.nhscareers.nhs.uk/explore-by-career/wider-healthcare-team/careers-in-the-wider-healthcare-team/clinical-support-staff/> [accessed 9 October 2013].

² Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

³ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

⁴ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ Contracted hours are taken from NHS Careers (2014) *Pay and benefits*, National Health Service, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁸ Department of Health (2013) based on the Market Forces Factor (MFF).

14. Hospital-based nurses

- 14.1 Nurse team manager (includes ward managers, sisters and clinical managers)
- 14.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)
- 14.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)
- 14.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)
- 14.5 Clinical support worker

14.1 Nurse team manager (includes ward manager, sister and clinical manager)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£38,345 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 7 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ See section V for further information on pay scales.
B. Salary oncosts	£9,598 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ² Current cost information has been provided by the Department of Health and Health Education England (HEE). ³
D. Overheads		Taken from NHS (England) Summarised accounts. ⁴
Management, administration and estates staff	£9,257 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£20,121 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,752 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{5,6} Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁷
Ratio of direct to indirect time on:		Based on the McKinsey report commissioned by the Department of Health in 2009, ⁸ hospital nurses are estimated to spent 41 per cent of their time on patient care, with 59 per cent of their time spent on non-patient activities, such as paperwork and administration, handing over and co-ordination, discussion with other nurses, and preparing medication (away from patients).
Face-to-face contacts	1:1.44	
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£51 (£58) per hour; £124 (£140) per hour of patient contact.		

¹ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁴ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁸ Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London, www.nhshistory.net/mckinsey%20report.pdf [accessed 9 October 2013].

⁹ Department of Health (2013) based on the Market Forces Factor (MFF).

14.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£31,943 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 6 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ See section V for further information on pay scales.
B. Salary oncosts	£7,818 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ² Current cost information has been provided by the Department of Health and Health Education England (HEE). ³
D. Overheads		Taken from NHS (England) Summarised accounts. ⁴
Management, administration and estates staff	£7,677 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,687 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,752 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{5,6} Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁷
Ratio of direct to indirect time on:		Based on the McKinsey report commissioned by the Department of Health in 2009, ⁸ hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities, such as paperwork and administration, handing over and co-ordination, discussion with other nurses, and preparing medication (away from patients).
Face-to-face contacts	1:1.44	
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£42 (£49) per hour; £104 (£120) per hour of patient contact.		

¹ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁴ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds..

⁸ Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London, www.nhshistory.net/mckinsey%20report.pdf [accessed 9 October 2013].

⁹ Department of Health (2013) based on the Market Forces Factor (MFF).

14.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£25,847 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ The Electronic Staff Records (ESR) system shows that the mean basic salary for a staff nurse is £29,607. ² See section V for further information on pay scales.
B. Salary oncosts	£6,123 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴
D. Overheads		Taken from NHS (England) Summarised accounts. ⁵
Management, administration and estates staff	£6,173 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,417 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,752 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{6,7} Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸
Ratio of direct to indirect time on:		Based on the McKinsey report commissioned by the Department of Health in 2009, ⁹ hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities, such as paperwork and administration, handing over and co-ordination, discussion with other nurses, and preparing medication (away from patients).
Face-to-face contacts	1:1.44	
London multiplier	1.19 x (A to B) 1.34 x E	Allows for the higher costs associated with working in London. ^{6,7,10}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{6,7}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£34 (£41) per hour; £84 (£100) per hour of patient contact.		

¹ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

² Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs.gov.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London, www.nhs.gov.uk/mckinsey%20report.pdf [accessed 9 October 2013].

¹⁰ Department of Health (2013) based on the Market Forces Factor (MFF).

14.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£25,847 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 of the July 2013-June 2014 NHS staff earnings estimates for qualified nurses. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ See section V for further information on pay scales.
B. Salary oncosts	£6,123 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£10,514 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ² Current cost information has been provided by the Department of Health and Health Education England (HEE). ³
D. Overheads		Taken from NHS (England) Summarised accounts. ⁴
Management, administration and estates staff	£6,173 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,417 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,752 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{5,6} Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁷
Ratio of direct to indirect time on:		Based on the McKinsey report commissioned by the Department of Health in 2009, ⁸ hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities, such as paperwork and administration, handing over and co-ordination, discussion with other nurses, and preparing medication (away from patients).
Face-to-face contacts	1:1.44	
London multiplier	1.19 x (A to B) 1.34 x E	Allows for the higher costs associated with working in London. ^{5,6,9}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{5,6}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£34 (£41) per hour; £84 (£100) per hour of patient contact.		

¹ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

² Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

³ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁴ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁵ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁶ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁷ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhs Careers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁸ Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: the McKinsey report*, Department of Health, London, www.nhs.history.net/mckinsey%20report.pdf [accessed 9 October 2013]

⁹ Department of Health (2013) based on the Market Forces Factor (MFF).

14.5 Clinical support worker (hospital)

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£16,282 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 2 of the July 2013-June 2014 NHS staff earnings estimates. ¹ An additional 12.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ¹ See section V for further information on pay scales.
B. Salary oncosts	£3,464 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications		No professional qualifications assumed.
D. Overheads		Taken from NHS (England) Summarised accounts. ²
Management, administration and estates staff	£3,812 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£8,287 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£1,675 per year	Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities. ^{3,4} Treatment space has not been included. It is assumed that clinical support workers use one-sixth of an office. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,575 hours per year: 210 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁵
Ratio of direct to indirect time		No current information available. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with working in London. ^{3,4,6}
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London. ^{3,4}
Unit costs available 2013/2014		
£21 per hour; £52 per hour of patient contact.		

¹ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

² Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

³ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁴ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁵ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁶ Department of Health (2013) based on the Market Forces Factor (MFF).

15. Hospital-based doctors

15.1 Foundation house officer 1

15.2 Foundation house officer 2

15.3 Registrar group

15.4 Associate specialist

15.5 Consultant: medical

15.6 Consultant: surgical

15.7 Consultant: psychiatric

15.1 Foundation house officer 1

The Foundation Programme is a two-year, general post-graduate medical training programme which is compulsory for all newly-qualified medical practitioners in the UK. The Foundation Programme forms the bridge between medical school and specialist/general practice training.¹

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£22,869 per year	The mean basic salary for foundation officers (year 1) and house officers, taken from the July 2013-June 2014 Electronic Staff Record (ESR). ² An additional 41.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ³ See section V for further information on pay scales.
B. Salary oncosts	£5,296 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£20,182 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵ For hospital doctors, post-graduate study consists of a two-year Foundation Programme. ⁶ During the first year, trainees hold only provisional registration with the General Medical Council, full registration being granted on successful completion of the first year.
D. Overheads Management, administration and estates staff Non-staff	£5,438 per year £11,820 per year	Taken from NHS (England) Summarised accounts. ⁷ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,501 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁸
F. Capital overheads	£3,935 per year	Based on the new-build and land requirements of NHS hospital facilities. ^{9,10} Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	44.4 weeks per year 48 hours per week	Unit costs are based on 2,130 hours per year: 222 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹¹ Under the European Working Time Directive (EWTD), the majority of foundation officers (Year 1) are now working up to 48 hours per week, 19.7 per cent are working up to 56 hours and 11.3 per cent are working 40 hours. ¹²
Ratio of direct to indirect time on: patient-related activity		No current information available on patient-related activity. See previous editions of this publication for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London. ^{9,10,13}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{9,10,13}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£26 (£35) per hour (48 hour week); £22 (£30) per hour (56 hour week); £31 (£42) per hour (40 hour week). (Includes A to F).		

¹ National Health Service (2011) *The foundation programme*, <http://www.foundationprogramme.nhs.uk/pages/home/> [accessed 9 October 2013].

² Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

³ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ National Health Service (2008) *Modernising medical careers*, National Health Service, London.

⁷ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁸ Personal communication with the London Deanery, 2006.

⁹ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

¹⁰ Based on Land costs researched for PSSRU by the Valuation Office Agency in 2013.

¹¹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits*, National Health Service, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹² Provided by the Department of Health, 2009.

¹³ Department of Health (2013) based on the Market Forces Factor (MFF).

15.2 Foundation house officer 2

The Foundation Programme is a two-year, general post-graduate medical training programme which is compulsory for all newly-qualified medical practitioners in the UK. The Foundation Programme forms the bridge between medical school and specialist/general practice training.¹

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£28,080 per year	The mean basic salary for foundation officers (year 2), taken from the July 2013-June 2014 Electronic Staff Record (ESR). ² An additional 41.7 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ³ See section V for further information on pay scales.
B. Salary oncosts	£6,744 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£24,215 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁵ For hospital doctors, post-graduate study consists of a two-year Foundation Programme. ⁶ During the first year, trainees hold only provisional registration with the General Medical Council, full registration being granted on successful completion of the first year.
D. Overheads Management, administration and estates staff Non-staff	£6,724 per year £14,615 per year	Taken from NHS (England) Summarised accounts. ⁷ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,516 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁸
F. Capital overheads	£3,935 per year	Based on the new-build and land requirements of NHS hospital facilities. ^{9,10} Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	44.4 weeks per year 48 hours per week	Unit costs are based on 2,131 hours per year: 222 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹¹ Under the European Working Time Directive (EWTD), the majority of foundation officers (Year 2) are now working up to 48 hours per week. 22.3 per cent are working up to 56 hours and 13 per cent are working 40 hours. ¹²
Ratio of direct to indirect time on: patient-related activity		No current information available on patient-related activity. See previous editions of this publication for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London. ^{9,10,13}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{9,10,13}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£29 (£41) per hour (48 hour week). £25 (£35) per hour (56 hour week). £35 (£49) per hour (40 hour week). (Includes A to F).		

¹ National Health Service (2011) *The foundation programme*, www.foundationprogramme.nhs.uk/pages/home/ [accessed 9 October 2013].

² Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

³ Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

⁴ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ National Health Service (2008) *Modernising medical careers*, National Health Service, London.

⁷ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁸ Personal communication with the London Deanery, 2006.

⁹ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

¹⁰ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

¹¹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits*, National Health Service, London. <http://www.nhs Careers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹² Provided by the Department of Health, 2009.

¹³ Department of Health (2013) based on the Market Forces Factor (MFF).

15.3 Registrar group

In terms of staff numbers, registrars comprise the largest group of doctors (registrars, senior registrars, specialist registrars (SpRs) and specialty registrars (STR).

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£37,378 per year	The mean basic salary for registrars, taken from the July 2013-June 2014 Electronic Staff Record (ESR). ¹ An additional 46.5 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² See section V for further information on pay scales.
B. Salary oncosts	£9,329 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£39,789 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴ Specialty registrar training involves three years' full-time post-graduate training with at least two of the years in a specialty training programme. ^{5,6}
D. Overheads Management, administration and estates staff Non-staff	£9,019 per year £19,602 per year	Taken from NHS (England) Summarised accounts. ⁷ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,501 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁸
F. Capital overheads	£3,935 per year	Based on the new-build and land requirements of NHS hospital facilities. ^{9,10} Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.4 weeks per year 48 hours per week	Unit costs are based on 2,034 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹¹ Under the European Working Time Directive (EWTd), the majority of specialist registrars are now working up to 48 hours per week. 34 per cent are working up to 56 hours and 3.9 per cent are working 40 hours. ¹²
Ratio of direct to indirect time on: patient-related activity		No current information available on patient-related activity. See previous editions of this publication for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London. ^{9,10,13}
Non-London multiplier	0.97 x (E) 0.97 x E	Allows for the lower costs associated with working outside London. ^{9,10}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£40 (£60) per hour (48 hour week); £34 (£51) per hour (56 hour week); £48 (£71) per hour (40 hour week). (Includes A to F).		

¹ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

² Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ National Health Service (2008) *Modernising medical careers*, National Health Service, London.

⁶ NHS Employers (2008) *Terms and conditions of service for specialty doctors – England (2008)*, NHS Employers, London.

⁷ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁸ Personal communication with the London Deanery, 2006.

⁹ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

¹⁰ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

¹¹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹² Provided by the Department of Health, 2009.

¹³ Department of Health (2013) based on the Market Forces Factor (MFF).

15.4 Associate specialist

An associate specialist is a doctor who has trained and gained experience in a medical or surgical specialty but has not become a consultant. These doctors usually work independently but will be attached to a clinical team led by a consultant in their specialty. Some of them are listed on the GMC's specialist register and are eligible to take on a consultant post. The reasons why they do not include: a wish to concentrate on clinical work and to avoid the administrative pressures of a consultant post; a desire to have a better work/life balance; and, in some cases, a lack of opportunity to access higher training posts. They do, however, take part in the full range of clinical work, including teaching junior doctors.^{1,2,3}

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£77,324 per year	The mean basic salary for associate specialists, taken from the July 2013-June 2014 Electronic Staff Record (ESR). ⁴ An additional 46.5 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ⁴ See section V for further information on pay scales.
B. Salary oncosts	£20,434 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£46,190 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁵ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁶ Associate Specialist training involves at least four years' full-time post-graduate training, at least two of which will be in a specialty training programme. ⁷
D. Overheads		Taken from NHS (England) Summarised accounts. ⁸
Management, administration and estates staff	£18,877 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£41,029 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,501 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres. ⁹
F. Capital overheads	£3,935 per year	Based on the new-build and land requirements of NHS hospital facilities. ^{10,11} Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.4 weeks per year 40 hours per week	Unit costs are based on 1,696 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ¹² The new associate specialist full time contract is based on 10 Programmed Activities (40 hours per week). ¹³
Ratio of direct to indirect time on: patient-related activity		No current information available on patient-related activity. See previous editions of this publication for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.19 x (A to B) 1.39 x E	Allows for the higher costs associated with London. ^{10,11,14}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London. ^{10,11,14}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£97 (£124) per hour (40 hour week).		

¹ British Medical Association (2008) *Staff and associate specialists committee newsletter*.

² British Medical Association (2008) *Your contract, your decision*, BMA Staff and Associate Specialists Group.

³ British Medical Association (2009) *Glossary of doctors*, www.bma.org.uk/patients_public/whos_who_healthcare/glossdoctors.jsp

⁴ Health & Social Care Information Centre (2013) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

⁵ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁶ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁷ National Health Service (2008) *Modernising medical careers*, National Health Service, London.

⁸ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁹ Personal communication with the London Deanery, 2006.

¹⁰ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

¹¹ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

¹² Contracted hours are taken from NHS Careers (2014) *Pay and benefits*, National Health Service, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹³ NHS Employers (2011) *Specialty and associate specialist contracts*, British Medical Association, London.

<http://www.nhsemployers.org/Aboutus/Publications/Documents/FAQs-Specialty-and-Associate-Specialist-Contracts.pdf> [accessed 9 October 2013].

¹⁴ Department of Health (2013) based on the Market Forces Factor (MFF).

15.5 Consultant: medical

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£87,060 per year	The mean basic salary for medical consultants, taken from the July 2013-June 2014 Electronic Staff Record (ESR). ¹ An additional 33.5 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² See section V for further information on pay scales.
B. Salary oncosts	£23,141 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£72,197 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴ See schema 18 for more details. Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁵
Management, administration and estates staff	£21,279 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£46,251 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,891 per year	Based on the new-build and land requirements of NHS hospital facilities. ^{6,7} Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.4 weeks per year 43.3 hours per week	Unit costs are based on 1,836 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁸ The 'new' contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.4 hour week. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ⁹
Ratio of direct to indirect time on: patient-related activity		No current information available on patient-related activity. See previous editions of this publication for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.19 x (A to B) 1.39 x E	Allows for the higher costs associated with London compared to the national average cost. ^{6,7,10}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7,10}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£101 (£140) per contract hour.		

¹ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

² Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁶ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁷ Based on Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁸ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

⁹ Information Centre (2006) *New consultant contract: implementation survey*, Information Centre, London.

¹⁰ Department of Health (2013) based on the Market Forces Factor (MFF).

15.6 Consultant: surgical

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£88,507 per year	The mean basic salary for surgical consultants, taken from the July 2013-June 2014 Electronic Staff Record (ESR). ¹ An additional 33.5 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² See section V for further information on pay scales.
B. Salary oncosts	£23,543 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£72,197 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴ Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting. ⁵ See schema 18 for more details.
D. Overheads		Taken from NHS (England) Summarised accounts. ⁶
Management, administration and estates staff	£21,636 per year	Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£47,027 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,891 per year	Based on the new-build and land requirements of NHS hospital facilities. ^{7,8} Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.4 weeks per year 43.3 hours per week	Unit costs are based on 1,835 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁹ The 'new' contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.4 hour week. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ¹⁰
Ratio of direct to indirect time on/in: Patient-related activity Operating theatre		No current information available on patient-related activity. See previous editions of this publication for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.19 x (A to B) 1.39 x E	Allows for the higher costs associated with London compared to the national average cost. ^{6,7,11}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7,11}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£102 (£142) per contract hour.		

¹ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

² Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹⁰ Information Centre (2006) *New consultant contract: implementation survey*, Information Centre, London.

¹¹ Department of Health (2013) based on the Market Forces Factor (MFF).

15.7 Consultant: psychiatric

Costs and unit estimation	2013/2014 value	Notes
A. Wages/salary	£89,175 per year	The mean basic salary for psychiatric consultants, taken from the July 2013-June 2014 Electronic Staff Record (ESR). ¹ An additional 33.5 per cent can be added to reflect payments for activity such as overtime, shift work and geographic allowances. ² See section V for further information on pay scales.
B. Salary oncosts	£23,729 per year	Employer's national insurance is included plus 14 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£72,196 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ Current cost information has been provided by the Department of Health and Health Education England (HEE). ⁴ Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting.) ⁵ See schema 18 for more details.
D. Overheads		
Management, administration and estates staff	£21,801 per year	Taken from NHS (England) Summarised accounts. ⁶ Management and other non-care staff costs were 19.31 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£47,385 per year	Non-staff costs were 41.97 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,891 per year	Based on the new-build and land requirements of NHS hospital facilities. ^{7,8} Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.4 weeks per year 43.3 hours per week	Unit costs are based on 1,835 hours per year: 212 working days minus sickness absence and training/study days as reported for NHS staff groups. ⁹ The 'new' contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.3 hour week. A typical contract is based on 10.83 programmed activities which are 4 hours in length. ¹⁰
Ratio of direct to indirect time on: Face-to-face contacts patient-related activity		No current information available on patient-related activity. See previous editions of this publication for sources of information. Please complete our time-use survey: https://www.surveymonkey.com/s/SZMF5YL/ .
London multiplier	1.19 x (A to B) 1.39 x E	Allows for the higher costs associated with London compared to the national average cost ^{6,7,11}
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. ^{6,7,11}
Unit costs available 2013/2014 (costs including qualifications given in brackets)		
£103 (£142) per contract hour.		

¹ Health & Social Care Information Centre (2014) Information prepared for PSSRU from the Electronic Staff Records (ESR).

² Health & Social Care Information Centre (2014) NHS staff earnings estimates 2014 (not publicly available), Health & Social Care Information Centre, Leeds.

³ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

⁴ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁵ Personal communication with the Department of Health and Health Education England (HEE), 2014.

⁶ Audit Commission (2013) *Summarised accounts 2012-2013*, NHS, London.

⁷ Building Cost Information Service (2014) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Land costs researched for PSSRU by the Valuation Office Agency in 2013.

⁹ Contracted hours are taken from NHS Careers (2014) *Pay and benefits, National Health Service*, London. <http://www.nhscareers.nhs.uk/working-in-the-nhs/pay-and-benefits/> [accessed 9 October 2014]. Working days and sickness absence rates as reported in Health & Social Care Information Centre (2014) *Sickness absence rates in the NHS: April 2009 – April 2014*, Health & Social Care Information Centre, Leeds.

¹⁰ Information Centre (2006) *New consultant contract: implementation survey*, Information Centre, London.

¹¹ Department of Health (2013) based on the Market Forces Factor (MFF).

V. SOURCES OF INFORMATION

16. Inflation indices
17. NHS staff earning estimates
18. Training costs of health professionals
19. Care home fees
20. Land values
21. Glossary
22. References
23. Index of references
24. List of useful sources
25. List of items from previous volumes

16. Inflation indices

16.1 The BCIS house rebuilding cost index and the retail price index

BCIS calculates the house rebuilding cost index for the Association of British Insurers (ABI). The index is based on an average of house types and cannot therefore reflect changes in all rates from the house rebuilding cost tables as regional trends, labour and materials contents differ.¹ The retail price index is a measure of inflation published monthly by the Office for National Statistics. It measures the change in the cost of a basket of retail goods and services.²

Year	BCIS/ABI		Retail price	
	Rebuilding cost index (1988=100)	Annual % increases	Index (1986/87= 100)	Annual % increases
2003	183.8	4.1	180.0	2.8
2004	191.3	4.1	184.0	2.2
2005	206.1	7.7	188.2	2.3
2006	219.8	6.7	193.7	2.9
2007	228.7	4.0	199.9	3.2
2008	243.5	6.5	208.5	4.3
2009	236.9	-2.7	212.6	2.0
2010	239.5	1.1	222.7	4.8
2011	252.0	5.2	234.5	5.3
2012	Not available	Not available	242.0	3.2
2013	Not available	Not available	249.4	3.1

16.2 The hospital & community health services (HCHS) index

Hospital and community health services (HCHS) pay and price inflation is a weighted average of two separate inflation indices: the pay cost index (PCI) and the health service cost index (HSCI). The PCI measures pay inflation in the HCHS. The PCI is itself a weighted average of increases in unit staff costs for each of the staff groups within the HCHS sector. Pay cost inflation tends to be higher than pay settlement inflation because of an element of pay drift within each staff group. Pay drift is the tendency for there to be a gradual shift up the incremental scales, and is additional to settlement inflation. The estimate of pay inflator for the current year is based on information supplied by the Department of Health and on pay awards of NHS staff. The HSCI is calculated monthly to measure the price change for each of 40 sub-indices of goods and services purchased by the HCHS. The sub-indices are weighted together according to the proportion of total expenditure which they represent to give the overall HSCI value. The pay cost index and the health service cost index are weighted together according to the proportion of HCHS expenditure on each. This provides an HCHS combined pay & prices inflation figure.³

Year	Hospital & community health services (HCHS)		
	Pay & prices index (1987/8=100)	Annual % increases	
		Prices ⁴	Pay ⁴
2003/04	224.8	1.5	7.3
2004/05	232.3	1.0	4.5
2005/06	240.9	1.9	4.7
2006/07	249.8	3.0	4.1
2007/08	257.0	1.8	3.5
2008/09	267.0	5.2	3.0
2009/10	268.6	-1.3	1.8
2010/11	276.7	2.8	3.1
2011/12	282.5	4.1	0.9
2012/13	287.3	3.1	0.9
2013/14	290.5	1.8	0.7

¹ Building Cost Information Service (2014) *Indices and forecasts*, Royal Institute of Chartered Surveyors, London <http://www.rics.org/uk/knowledge/bcis/about-bcis/rebuilding/bcis-house-rebuilding-cost-index/> [accessed 9 October 2014].

² Source www.statistics.gov.uk [accessed 9 October 2014].

³ Provided by the Department of Health, 2014.

⁴ Provided by the Department of Health, 2014. The methodology for the pay cost index was revised in 2011/12 and now uses Electronic Staff Record (ESR) data at occupation code level. Pay cost data are therefore not comparable with earlier years. The 2013/14 pay inflator has been estimated using the average of the three previous years.

16.3 Gross domestic product (GDP) deflator and the tender price index for public sector buildings

For non-staff revenue, Her Majesty's Treasury's (HMT) GDP deflator is a measure of general inflation in the domestic economy. HMT produces the GDP deflator from data provided by the ONS and extends the series to future years by applying forecasts of the inflation rate. The BIS PUBSEC tender price index (PUBSEC) is used by the Office for National Statistics (ONS) to deflate capital expenditure in health and social care.

Year	Personal social services prices/gross domestic product deflator ¹ annual % increases	Tender price index for public sector building (non-housing) (PUBSEC) ¹	
		Index (1995=100)	Annual % increases
2004/05	2.8	156	7.2
2005/06	1.8	166	6.4
2006/07	2.9	170	2.7
2007/08	2.5	187	9.8
2008/09	2.8	191	2.3
2009/10	2.7	172	-10.3
2010/11	2.6	169	-1.8
2011/12	2.3	176	4.2
2012/13	1.1	181	3.0
2013/14	1.7	190 (E)	5.1 (E)

16.4 The PSS pay & prices index

The data and methodology used to calculate the PSS pay & prices index has been extensively reviewed following changes in the collection and availability of pay and workforce data. Workforce data for the children's sector, which accounted for 11 per cent of the total whole time equivalent (WTE) workforce in 2010, is no longer collected and the indices below are for the adult sector alone. This year, in the same way as last year, three indices have been produced including one for the independent sector. No forecasts for this sector have been made prior to 2010/11.

The PSS pay annual percentage increases are calculated using data on rates of hourly pay change for each occupation group in the PSS sector from the Annual Survey of Hours and Earnings (ASHE), published by Office for National Statistics (ONS).² The following occupation groups are used for analysis: managers, social workers, nurses, occupational therapists, community and care workers. In addition, two support groups were identified: administrative/office and ancillary staff. As it was not possible to collect detailed data on all staff working in these groups, it was assumed that their pay increases were in line with the average for England. These pay changes were weighted by the proportion of PSS staff in each group and the different pay levels of each group: i.e. that occupation group's share of the total PSS pay bill. Workforce data for 2013 from the National Minimum Data Set for Social Care (NMDS-SC), collected by Skills for Care (SfC), is used to calculate the proportion of PSS staff in each occupation group. This data source has replaced the NHS IC's SSDS001 return since 2010, but does not include the children's sector.

Pay changes for 2013/14 are projected using an average of the pay changes in the past three years. This assumes that pay increases next year will be in line with the previous trend.

The PSS pay & prices (including capital) is calculated by taking the weighted sum of three indices: pay index, capital index and non-staff revenue index, and the PSS pay & prices (excluding capital) is calculated by taking the weighted sum of two indices: pay index and non-staff revenue index.

¹ Provided by the Department of Health, 2014.

² This work contains statistical data from ONS which is Crown copyright and reproduced with the permission of the controller of HMSO and Queen's Printer for Scotland. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis.

16.4.1 The PSS annual percentage increases for adult services (all sectors)

Year	PSS all sectors, adults only ¹		
	Annual % increases		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2004/05	3.2	4.2	3.9
2005/06	2.8	3.7	3.4
2006/07	4.1	4.5	5.1
2007/08	2.6	3.9	3.0
2008/09	2.1	2.4	2.4
2009/10	1.9	0.3	2.2
2010/11	-0.1	-0.3	-0.4
2011/12	0.3	0.8	0.1
2012/13	0.8	1.1	0.9
2013/14	0.2 (E)	0.7 (E)	-0.1 (E)

16.4.2 The PSS annual percentage increases for adult local authority services

Year	PSS local authority, adults only ¹		
	Annual % increases		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2004/05	4.0	4.3	4.3
2005/06	3.3	3.6	3.6
2006/07	4.4	4.5	4.7
2007/08	2.9	3.5	3.2
2008/09	2.3	2.4	2.3
2009/10	1.8	1.4	1.9
2010/11	0.3	0.2	0.2
2011/12	-0.04	0.1	-0.2
2012/13	1.6	1.7	1.7
2013/14	0.4 (E)	0.5 (E)	0.3 (E)

16.4.3 The PSS annual percentage increases for adult independent services

Year	PSS independent care, adults only ¹		
	Annual % increases		
	Pay & prices (excluding capital) (no information available)	Pay & prices (including capital)	Pay
2010/11		-0.4	-0.5
2011/12		1.0	0.1
2012/13		1.1	0.8
2013/14		0.9 (E)	-0.1 (E)

¹ Provided by the Department of Health, 2014.

17. NHS staff earning estimates¹

17.1 Mean annual basic pay per FTE for non-medical occupational groupings, NHS England

	Mean annual basic pay per FTE
Ambulance staff	£24,423
Administration and estates staff	£26,722
Healthcare assistants and other support staff	£16,600
Nursing, midwifery and health visiting staff	£30,761
Nursing, midwifery and health visiting learners	£22,238
Scientific, therapeutic and technical staff	£34,509
Healthcare scientists	£35,619

17.2 Mean annual basic pay per FTE for qualified nursing, midwifery & health visiting staff by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 4	£20,144
Band 5	£25,847
Band 6	£31,943
Band 7	£38,345
Band 8a	£45,325
Band 8b	£54,337
Band 8c	£64,310
Band 8d	£75,760
Band 9	£91,439

17.3 Mean annual basic pay per FTE for qualified allied health professionals staff by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 4	£21,220
Band 5	£23,475
Band 6	£30,998
Band 7	£38,497
Band 8a	£46,013
Band 8b	£55,237
Band 8c	£66,274
Band 8d	£79,305
Band 9	£96,651

¹ More specific enquiries relating to pay by grade or staff group should be directed to the Health & Social Care Information Centre, www.hscic.gov.uk.

17.4 Mean annual basic pay per FTE for administration and estates

	Mean annual basic pay per FTE
Band 1	£14,720
Band 2	£16,403
Band 3	£18,373
Band 4	£21,244
Band 5	£25,402
Band 6	£30,881
Band 7	£36,978
Band 8a	£44,636
Band 8b	£53,505
Band 8c	£64,137
Band 8d	£76,770
Band 9	£92,224

17.5 Mean annual basic pay per FTE by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 1	£14,868
Band 2	£16,282
Band 3	£18,433
Band 4	£21,120
Band 5	£25,557
Band 6	£31,561
Band 7	£37,939
Band 8a	£45,113
Band 8b	£54,093
Band 8c	£64,704
Band 8d	£77,598
Band 9	£92,876

17.6 Mean annual basic pay per FTE for NHS staff groups

	Mean basic salary per full-time equivalent
All nurses, midwives and health visiting staff	
Qualified	£30,761
Nursery nurses and nursing assistants	£17,880
Science technical & therapeutic staff (ST&T): allied health professionals	
Qualified	£33,441
Unqualified	£18,666
ST&T staff: other	
Qualified	£35,587
Unqualified	£21,080
Ambulance staff	
Qualified	£26,885
Unqualified	£18,312
Former pay negotiating council groups	
Senior managers	£78,064
Managers	£48,828
Administrative & clerical	£22,140
Maintenance & works	£21,822

Source of schemas 17.1-17.6: Health & Social Care Information Centre (2014) *NHS staff earnings estimates, 12 month period July 2014 to June 2014*. Processed using data taken from the Electronic Staff Record Data Warehouse, as at September 2014.

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General notes

Inspection of data suggests that discretionary point payments are sometimes included with basic pay for consultants.

- These figures represent payments made using the Electronic Staff Record to NHS Staff who are directly paid by NHS organisations. It does not include, for example, elements of pay for clinical staff which are paid to the individual by universities, or other non-NHS organisations providing NHS care.
- Figures rounded to the nearest £100.
- Figures based on data from all NHS organisations who are using ESR (two Foundation Trusts have not taken up ESR).

18. Training costs of health and social care professionals

This schema provides a breakdown of the training costs incurred using standard estimation approaches.¹ The investment costs of education should be included when evaluating the cost-effectiveness of different approaches to using health service staff so that all the costs implicit in changing the professional mix are considered. For the most part, these investment costs are borne by the wider NHS and individuals undertaking the training rather than trusts.

The components of the cost of training health service professionals are for pre-registration and post-graduate training; the costs of tuition; infrastructure costs (such as libraries); costs or benefits from clinical placement activities; and lost production costs during the period of training where staff are away from their posts. Although further training is available to all professionals to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

This schema shows details of the total investment incurred during the working life of the professional after allowing for the distribution of the costs over time. The final column shows the expected annual cost.

	Pre-registration			Post-graduate training	Totals	
	Tuition	Living expenses/ lost production costs	Clinical placement	Tuition and replacement costs	Total investment	Expected annual cost at 3.5%
Scientific and professional						
Physiotherapist	£25,454	£37,740	£4,741	NA	£67,934	£5,587
Occupational therapist	£25,454	£37,740	£4,741	NA	£67,934	£5,568
Speech and language therapist	£27,995	£37,740	£4,741	NA	£70,436	£5,919
Dietitian	£25,454	£37,740	£4,741	NA	£67,934	£5,777
Radiographer	£30,499	£37,740	£4,741	NA	£72,980	£5,948
Hospital pharmacist	£36,549	£48,455	£36,855	NA	£121,859	£9,603
Community pharmacist	£36,549	£48,455	£27,367	NA	£112,371	£8,855
Nurses	£24,111	£50,319	£4,741	NA	£79,172	£10,514
Doctors						
Pre-registration training	£42,634	£59,797	£132,698	NA	£236,129	£20,182
Post-graduate						
Foundation officer 1	£42,634	£59,797	£132,698	0	£236,129	£20,182
Foundation officer 2	£42,634	£59,797	£132,698	£43,664	£279,792	£24,215
Registrar group	£42,634	£59,797	£132,698	£205,090	£441,219	£39,789
Associate specialist	£42,634	£59,797	£132,698	£262,845	£498,974	£46,190
GP	£42,634	£59,797	£132,698	£249,261	£485,390	£44,846
Consultants	£42,634	£59,797	£132,698	£490,422	£726,551	£72,197
Social workers (degree)	£24,430	£37,740	£6,701	NA	£68,871	£25,626

¹ Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.

19. Care home fees

This year, little information was made available to replace the costs in schema 18.1 so the costs below reflect prices for 2013 (same as last year). Schema 18.2 has been updated using the most recent fees.

19.1 The minimum and maximum fee for single and shared rooms for local authority nursing and residential care homes in the UK¹

	Nursing homes		Residential care homes			
	Min	Max	Min	Max	Min	Max
	Single room		Single room		Shared room	
Adults under 65 years			£407			
Dementia	£466		£517	£504		£435
Learning disability			£806	£934	£632	
Mental health			£455	£649		
Older people	£479	£526	£471	£532	£457	£773
Physical disability			£1,112	£890		
Average cost of all care home fees	£476	£526	£559	£611	£501	£735

19.2 The minimum and maximum fee for single and shared rooms for private and voluntary nursing and residential care homes in the UK¹

	Nursing homes				Residential care homes			
	Min	Max	Min	Max	Min	Max	Min	Max
	Single room		Shared room		Single room		Shared room	
Brain injury rehabilitation	£1,305	£2,899	£1,025	£4,500	£1,451	£1,325	NA	NA
Dementia	£623	£854	£584	£809	£504	£604	£477	£548
Learning disability	£1,018	£1,531	£710	£916	£834	£1,423	£481	£672
Mental health	£785	£1,367	£708	£1,193	£564	£817	£485	£652
Older people	£645	£802	£596	£688	£488	£600	£441	£513
Physical disability	£722	£1,213	£623	£1,106	£713	£1,115	£533	£748
Sensory impairment	£570	£1,080			£880	£1,256	£487	£487
Substance misuse problems	£985	£1,980	£795	£820	£618	£697	£645	£613
Average cost of all private/voluntary sector care home fees	£654	£850	£599	£731	£551	£720	£451	£531

¹ Laing & Buisson (2014) *Annual Survey of UK Local Authority Baseline Fee Rates 2013/14*, Laing & Buisson.

20. Land values

The table below provides information on regional and national land values which were provided by the Valuation Office Agency (VOA) for use in the Unit Costs publication. (See preface for more information on methods.) The figures provided are appropriate to a single, hypothetical site and should not be taken as appropriate for all sites in the locality.

The sites chosen for this work are considered to be 'representative' of the locality in that area but they are not always 'average' sites. When choosing the sites, the following assumptions were adopted:

- site of gross area approximately 1 hectare
- development density in line with current development preferences
- all services and good road frontage
- no major contamination or remediation issues
- nil Grant Funding
- no major allowances to be made for s106/278 potential costs
- no allowance for CIL costs (even where these are already in place)
- schemes to be fully compliant with Affordable Housing requirements

For the vast majority of the sites, data were obtained on affordable housing percentages required (although often the precise tenure mix is not stated) and these are reflected in the valuations provided.

Residential land		
Local authority	Town	Weighted value per hectare
South East		
Aylesbury Vale District Council	Aylesbury	£2,178,000
East Midlands		
Northampton Borough Council	Northampton	£1,053,000
East		
Norwich City Council	Norwich	£928,000
North East		
Middlesbrough Borough Council	Middlesbrough	£924,000
North West		
Bolton Metropolitan Borough Council	Bolton	£1,265,000
South West		
Cornwall Council	Truro	£1,377,000
West Midlands		
Worcester City Council	Worcester	£1,236,000
Yorkshire and the Humber		
Sheffield City Council	Sheffield	£1,219,000
Outer London		
London Borough of Hillingdon	Hayes	£3,682,300
England		
	Excl. Outer London	£1,272,500
	Incl. Outer London	£1,540,256

21. Glossary

Agency overheads Overhead costs borne by managing agency.

Annuity Converting a capital investment (such as the cost of a building) into the annual equivalent cost for the period over which the investment is expected to last.

Child and adolescent mental health services (CAMHS) is a name for NHS-provided services for children with mental health needs in the UK. In the UK they are often organised around a tier system. Tier 3 services, for example, are typically multidisciplinary in nature and the staff come from a range of professional backgrounds.

Capital overheads Buildings, fixtures and fittings employed in the production of a service.

Care package costs Total cost of all services received by a patient per week.

Cost function analysis Statistical analysis using a multivariate technique 'designed to simultaneously tease out the many influences on cost'.

Department for Work and Pensions (DWP) is the largest government department in the United Kingdom, created on 8 June 2001, from the merger of the employment part of the Department for Education and Employment and the Department of Social Security and headed by the Secretary of State for Work and Pensions, a Cabinet position.

Direct overheads Day-to-day support for a service, such as immediate line management, telephone, heating and stationery.

Discounting Adjusting costs using the time preference rate spread over a period of time in order to reflect their value at a base year.

Durables Items such as furniture and fittings.

Indirect overheads Ongoing managing agency costs such as personnel, specialist support teams and financial management.

Long-term The period during which fixed costs such as capital can be varied.

Marginal cost The cost of an additional unit of a service.

Oncosts Essential associated costs such as an employer's national insurance contributions.

Opportunity cost The value of the alternative use of the assets tied up in the production of the service.

Overheads

NHS overheads

Management and other non-care staff overheads include administration and estates staff.

Non-staff overheads include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.

Local authority overheads

Direct overheads include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.

Indirect overheads include general management and support services such as finance and human resource departments.

Short-term The period during which durable assets cannot be immediately added to or removed from the existing stock of resources.

SSMSS Social services management and support services: overhead costs incurred by a local authority as defined by CIPFA guidelines. These include indirect overheads such as finance and personnel functions.

Time preference rate The rate at which future costs or benefits are valued in comparison to current or base year's costs or benefits.

Time use

Per average stay Cost per person of a typical stay in a residential facility or hospital.

Per client/patient hour Cost of providing the service for one hour of client/patient attendance. The costs of time not spent with clients are allocated to the time spent with clients.

Per clinic visit Cost of one client attending a clinic. This allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients in any setting.

Per consultation Cost per attendance in a clinic or surgery. This also allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients.

Per establishment cost per resident week In relation to care homes, the fee is usually provided which includes care costs, accommodation costs, ancillary costs and operator's profit.

Per example episode Cost of a typical episode of care, comprising several hours of a professional's time.

Per home visit Cost of one visit to a client/patient at home. This includes the cost of time spent travelling for the visit, the proportion of time spent on non-clinical activity which is attributable to visiting patients in their own home, and the time spent on visiting patients at home.

Per hour in clinic Cost of one hour spent by a professional in a clinic. Time spent on non-clinical activity is allocated to the total time spent with clients/patients in any setting.

Per hour of direct contact/per hour of face-to-face contact Hourly cost of time spent with, or in direct contact with, the client/patient. Some studies include travel time in this cost. When this is the case, it has been noted in the schema.

Per hour of home visiting Cost of one hour spent by a professional undertaking visits to clients/patients at home. This includes the cost of time spent travelling. It also allows for overall time spent on non-clinical/patient activity to be allocated to the total time spent with clients/patients in any setting.

Per hour on duty Hourly cost of time spent by a hospital doctor when on duty. This includes time spent on call when not actually working.

Per hour worked Hourly cost of time spent by a hospital doctor when working. This may be during the normal working day or during a period of on-call duty.

Per inpatient day Cost per person of one day in hospital.

Per patient day Cost per person of receiving a service for one day.

Per procedure Cost of a procedure undertaken in a clinic or surgery. This includes the cost of time spent on non-clinical activity and the total time spent with clients.

Per resident week Cost per person per week spent in a residential facility.

Per client attendance Cost per person per attendance.

Per client session The length of a session will be specified in the schema and may vary between services.

Per short-term resident week Total weekly cost of supporting a temporary resident of a residential facility.

Price base The year to which cost information refers.

Ratio of direct to indirect time spent on client/patient-related work/direct outputs/face-to-face contact/clinic contacts/home visits The relationship between the time spent on direct activities (such as face-to-face contact) and time spent on other activities. For example, if the ratio of face-to-face contact to other activities is 1:1.5, each hour spent with a client requires 2.5 paid hours.

22. References

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23. Index of references

- Amador, S., 37, 273
- Appleby, J., 273, 282
- Audit Commission, 50, 55, 67, 93, 94, 115, 123, 179, 180, 181, 182, 183, 184, 187, 188, 189, 190, 191, 193, 217, 218, 219, 220, 221, 222, 223, 224, 225, 235, 236, 237, 238, 239, 240, 241, 245, 246, 247, 248, 249, 253, 254, 255, 256, 257, 258, 259, 273
- Baginsky, M., 205, 206, 207, 273
- Ball, J., 187, 189, 190, 193, 273
- Baqir, W., 184, 273
- Bardsley, M., 273, 277
- Barlow, J., 152, 281
- Barrett, B., 67, 140, 141, 273
- Barton, P., 41
- Bauer, A., 75, 213, 273
- Baumann, M., 41, 273
- Bedfordshire Police, 149, 273
- Beecham, J., 71, 72, 73, 91, 101, 150, 154, 165, 273, 274
- Beresford, B., 106, 273
- Beyer, M., 273
- Bollington, L., 240, 274
- Bond, G.R., 52, 274
- Bonin, E., 97, 104, 274
- British Association for Counselling and Psychotherapy, 51, 274
- British Association of Social Workers, 205, 206, 207, 274
- British Medical Association, 256, 274
- Brookes, N., 274
- Bruce, E., 284
- Building Cost Information Service, 35, 38, 42, 46, 47, 48, 49, 50, 51, 55, 74, 79, 80, 81, 86, 87, 94, 107, 123, 179, 180, 181, 182, 183, 184, 187, 188, 189, 190, 191, 192, 193, 194, 205, 206, 207, 208, 209, 211, 212, 217, 218, 219, 220, 221, 222, 223, 224, 225, 235, 236, 237, 238, 239, 240, 241, 245, 246, 247, 248, 249, 253, 254, 255, 256, 257, 258, 259, 263, 274
- Burns, T., 52, 274
- Butler, C., 123, 274
- Butler, S., 93, 274
- Callaghan, L., 274
- Cameron, A., 274
- Care Services Improvement Partnership, 274
- Cary, M., 93, 274
- Centre for Economics and Business Research, 274
- Charlesworth, G., 274
- Child Health CAMHS and Maternity Mapping, 222, 223
- Children and Families Act 2014, 275
- Claps, M., 284
- Cochrane, H., 166, 275, 293
- Consumer Focus, 275
- County Durham and Tees Valley, 275
- Craft, A., 166, 275
- Crossroads Counselling Practice, 275
- Curtis, L., 39, 40, 98, 107, 151, 152, 156, 193, 206, 207, 229, 275
- Dance, C., 96, 275
- Darton, R., 39, 127, 128, 129, 130, 131, 275
- Dental Care Professionals, 275
- Department for Children, Schools and Families, 98, 101, 275
- Department for Education, 86, 87, 88, 95, 146, 147, 157, 160, 271, 276
- Department for Education and Skills, 88, 90, 276, 277
- Department for Work and Pensions, 71, 72, 73, 276
- Department of Health, 33, 34, 35, 36, 37, 42, 45, 46, 50, 52, 66, 85, 111, 116, 117, 146, 166, 179, 180, 181, 182, 183, 184, 187, 188, 189, 190, 191, 192, 193, 194, 196, 217, 218, 219, 220, 221, 222, 223, 224, 225, 235, 236, 237, 238, 239, 240, 241, 245, 246, 247, 248, 249, 253, 254, 255, 256, 257, 258, 259, 263, 275, 276, 277, 281
- Directgov, 221, 277
- Dixon, J., 277
- Drummond, M., 277
- Durham University, 222, 223, 224, 225
- Edwards, R.T., 103, 277
- Ekers, D., 50, 277
- Emerson, E., 277
- Ernst & Young, 277, 284
- Expert Patients Programme Community Interest Company, 116, 277
- Farmer, E., 100, 277
- Felce, D., 71, 72, 73, 277
- Fiedler, B., 277
- Ford, T., 108, 277
- Forder, J., 137, 278
- Fostering Network, 157, 162, 278
- France, A., 102, 278
- General Dental Council, 278
- Georghiou, T., 121, 278
- Glendinning, C., 75, 107, 132, 205, 206, 207, 208, 209, 210, 211, 212, 229, 278
- Goodwin, N., 278
- Goodyer, I., 94, 278
- Greco, V., 91, 278
- Hammond, G., 278
- Hancock, L., 103, 285
- Hann, M., 194, 278
- Hatton, C., 277
- Hazeldine, T., 278
- Health & Social Care Information Centre, 33, 34, 35, 38, 42, 46, 47, 48, 49, 51, 67, 74, 79, 80, 81, 115, 123, 127, 128, 129, 130, 131, 132, 179, 180, 181, 182, 183, 187, 188, 189, 190, 191, 192, 193, 194, 196, 210, 217, 218, 219, 220, 221, 235, 236, 237, 238, 239, 240, 241, 245, 246, 247, 248, 249, 253, 254, 255, 257, 258, 259, 267, 278, 279, 280
- Health and Social Care Act (2012), 278
- Healthcare Finance, 279
- Henderson, C., 279
- Hendy, J., 279
- Higgins, S., 193, 279
- Higher Education Funding Council for England (HEFCE), 279
- Hippisley-Cox, J., 195, 196, 279

- Holdsworth, L., 274
 Holmes, L., 88, 98, 99, 100, 101, 150, 154, 157, 162, 212, 279, 280, 281
 Jelacic, H., 107, 280
 John, D., 240, 274
 Jones, A., 279
 Jones, K., 210, 229, 280
 Kasteridis, P., 280
 Kavanagh, S., 33, 34, 280
 Kesh, S., 284
 Killen, S., 166, 275
 Knapp, M., 56, 71, 72, 73, 140, 142, 143, 144, 213, 273, 280
 Knight, J., 283
 Kodner, D., 280
 Kuyken, W., 55, 280
 Laing & Buisson, 33, 34, 35, 36, 37, 138, 139, 269, 281
 Laney, D., 273
 Law, J., 281
 Lewis, G., 281
 Liddle, M., 148, 281
 Lingard, J., 217, 281
 Livingston, G., 36, 281
 Lloyds Banking Group, 131, 281
 Local Government Association, 107, 206, 208, 209, 210, 211, 212, 281
 Local Government Association Analysis and Research, 107, 205, 206, 207, 208, 209, 212, 281
 Local Government Employers, 107, 205, 206, 207, 208, 209, 210, 211, 212, 281
 Lowson, K., 166, 281
 Mahon, J., 89, 281
 Mansell, J., 71, 72, 73, 281
 Mason, A., 281
 Matrix Evidence, 117, 281
 McCrone, P., 219, 220, 221
 McDermid, S., 101, 150, 154, 157, 162, 212, 279, 281
 McGurk, S., 52, 281
 McIntosh, E., 152, 281
 McSherry, W., 286
 Meltzer, H., 100, 281
 Mental Health Strategies, 217, 218, 219, 220, 221, 274, 282
 Mickelborough, P., 210, 282
 Milne, A., 217, 281
 Mooney, A., 86, 282
 Mueser, K., 52, 281
 Munro, E., 170, 282
 National Audit Office, 111, 282
 National Health Service, 253, 254, 255, 256, 282
 National Institute for Health and Clinical Excellence (NICE), 42, 56, 104, 117, 282
 National Joint Council (NJC), 213
 National Survey of Patient Activity Data for Specialist Palliative Care Services, 123
 National Treatment Agency for Substance Misuse, 63, 64, 65, 66, 282
 National Union of Students, 282
 Naylor, A., 282
 Neil, E., 96, 282
 Netten, A., 50, 67, 107, 127, 129, 179, 180, 181, 184, 187, 188, 189, 190, 192, 193, 194, 196, 205, 206, 207, 209, 235, 236, 237, 238, 239, 240, 245, 246, 247, 248, 253, 254, 255, 256, 257, 258, 259, 268, 275, 282, 283
 NHS Careers, 50, 51, 55, 67, 93, 241, 283
 NHS Employers, 51, 179, 180, 181, 182, 183, 184, 187, 188, 189, 190, 191, 192, 196, 255, 283
 NHS Information Centre & Social Care Team, 283
 Nihira, K., 71, 72, 73, 283
 Nolte, E., 283
 North West Public Health Observatory, 117, 283
 Noyes, J., 92, 283
 Office for Budget Responsibility, 283
 Office for National Statistics, 39, 127, 128, 129, 130, 131, 264, 283
 Ofsted, 56, 283
 Onyett, S., 219, 283
 Organisation for Economic Co-operation and Development, 284
 Orrell, M., 37
 Orrell, M., 284
 Philippou, J., 187, 189, 190
 Piai, S., 284
 Pitchforth, E., 283
 PricewaterhouseCoopers, 184, 284
 Prince's Trust, 149
 Raghupathi, V., 284
 Raghupathi, W., 284
 RAND Europe, 284
 Reilly, S., 284
 Rentrigh, 132
 Richardson, G., 116, 284
 Romeo, R., 36, 284
 Roos, L., 284
 Royal College of Psychiatrists, 284
 Rushey Green Community Projects, 284
 Sainsbury Centre for Mental Health, 219, 220, 221, 284
 Salford City Council, 48, 49, 284
 Schneider, J., 52, 151, 153, 155, 284, 285
 Schweitzer, P., 284
 Seivewright, 284
 Selwyn, J., 75, 95, 96, 97, 107, 146, 147, 149, 205, 206, 207, 208, 209, 210, 211, 212, 284, 285
 Sempik, J., 95
 Sesami Research and Practice Partnership, 52, 285
 Shah, A., 54, 285
 Sharac, J., 97, 285
 Shared Lives Plus, 285
 Shaw, S., 285
 Simpson, S., 285
 Skills for Care, 210, 211, 285
 Sloper, P., 226, 285
 Social Finance, 285
 Soper, J., 88, 279
 Spreeuwenberg, C., 280
 Thomas, C., 95, 285
 Thornicroft, G., 52, 285

Thurley, D., 107, 205, 206, 207, 208, 209, 210, 211, 212, 285
Tidmarsh, J., 151, 153, 155, 285
Tucker, S., 217, 285
Turner-Stokes, L., 119, 285
United Kingdom Home Care Association (UKHCA), 210, 285
Van den Berg, B., 285
Venning, P., 193, 285
Volunteering England, 285

Wade, J., 100, 285
Ward, H., 98, 145, 153, 154, 157, 162, 170, 280, 285
Webster-Stratton, C., 103, 285
Weinberg, A., 285
Wilberforce, M., 217, 286
Williams, J., 127, 129
Winters, L., 118, 286
Wright, C., 220, 286
Wright, S., 286
YoungMinds, 222, 286

24. List of useful sources

Audit Commission: <http://www.audit-commission.gov.uk/Pages/default.aspx>

Building Cost Information Service: <http://www.bcis.co.uk/site/index.aspx>

BCIS is the UK's leading provider of cost and price information for construction and property occupancy.

Care Quality Commission: <http://www.cqc.org.uk/>

The Care Quality Commission is the new health and social care regulator for England and replaces the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission which all ceased to exist on 31 March 2009.

Centre for Child and Family Research: <http://www.lboro.ac.uk/research/ccfr/>

Centre for Health Related Studies:

http://www.bangor.ac.uk/research/rae_egs/groups_by_school.php.en?SchoolID=0770&SchName=School%20of%20Health%20Sciences/

Chartered Institute of Public Finance and Accountancy (CIPFA): <http://www.cipfa.org/>

The CIPFA Statistical Information Service (SIS) was established as a partnership between individual authorities and CIPFA. SIS has been undertaking detailed annual surveys of local authority operations for more than a century, and the 'CIPFA Statistics' still remain the only impartial and comprehensive account of the extent and achievements of each individual council. Surveys are conducted in the following areas: education, environmental services, environmental health, housing, leisure, planning, public protection, social services, transport.

Department for Education: <http://www.education.gov.uk/>

Department for Work and Pensions: <http://www.dwp.gov.uk/>

Family Resource Survey: <http://research.dwp.gov.uk/asd/frs/>

Federation of Ophthalmic & Dispensing Opticians: <http://www.fodo.com/>

Health & Social Care Information Centre (HSCIC): <http://www.ic.nhs.uk/>

The Health & Social Care Information Centre (IC) is a Special Health Authority set up on 1 April 2005 to take over most DH statistical collection and dissemination and some functions of the former NHS Information Authority. This includes information on Personal Social Services Expenditure.

Hospital Episode Statistics (HES): <http://www.hesonline.nhs.uk/>

This is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of health-care analysis for the NHS, Government and many other organisations and individuals. The HES database is a record-level database of hospital admissions and is currently populated by taking an annual snapshot of a sub-set of the data submitted by NHS Trusts to the NHS-Wide Clearing Service (NWCS). Quarterly information is also collected. A separate database table is held for each financial year, containing approximately 11 million admitted patient records from all NHS Trusts in England.

Joseph Rowntree Foundation: <http://www.jrf.org.uk/>

This website provides information on housing and care.

Laing & Buisson: <http://www.laingbuisson.co.uk/>

Laing & Buisson, an independent company, provides authoritative data, statistics, analysis and market intelligence on the UK health.

Livability: <http://www.livability.org.uk/>

National Council for Palliative Care: <http://www.ncpc.org.uk/>

National End of Life Care Intelligence network: <http://www.endoflifecare-intelligence.org.uk/home/>

National Institute for Health and Clinical Excellence: <http://www.nice.org.uk/>

National Prescribing Centre: <http://www.npc.co.uk/>

National Institute for Health and Care Excellence: <http://www.nice.org.uk/>

Personal Social Services Expenditure Data (PSS EX1 data): <http://www.ic.nhs.uk/statistics-and-data-collections/>

PSSRU at LSE, London School of Economics and Political Science:
<http://www2.lse.ac.uk/LSEHealthAndSocialCare/Home.aspx>

Pub Med: <http://www.pubmedcentral.nih.gov/>

Reference Costs: <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013>

This website gives details on how and on what NHS expenditure was used. The Reference Costs/ Reference Costs Index publication is the richest source of financial data on the NHS ever produced. As in previous years, its main purpose is to provide a basis for comparison within (and outside) the NHS between organisations, and down to the level of individual treatments.

Social Care Institute for Excellence: <http://www.scie.org.uk/>

Social Care Online: <http://www.scie-socialcareonline.org.uk/>

Social Policy Research Unit, University of York: <http://www.york.ac.uk/inst/spru/>

YoungMinds: <http://www.youngminds.org.uk/>

YoungMinds is a national charity committed to improving the mental health of all children and young people.

25. List of items from previous volumes

Editorials and articles

2001

Child care costs in social services
Independent sector home care providers in England
Unit costs for multi-country economic evaluations

2002

A nurse practitioner service for nursing and residential care
The costs of child and adolescent psychiatric inpatient units
The new PSS EX1 return on expenditure and unit costs
Mapping mental health services in England
Developing health accounts for the United Kingdom

2003

The costs of intermediate care schemes
The Rapid Response Service
Reference costs

2004

The costs of adoption
The costs of undertaking core assessments
The development of unit costs for social work processes
Estimating the unit costs for Home-Start support

2005

The cost of providing home care
Personal social services pay & prices index
Typical costs of Sure Start local programme services

2006

Guest editorial: Conducting and interpreting multi-national economic evaluations: the measurement of costs
The costs of an intensive home visiting programme for vulnerable families
Direct payments rates in England
Training costs of person centred planning
The baker's dozen: unit costs and funding

2007

The costs of telecare: from pilots to mainstream implementation
The Health BASKET Project: documenting the benefit basket and evaluating service costs in Europe
Recording professional activities to aid economic evaluations of health and social care services

2008

Guest editorial: National Schedule of Reference Costs data: community care services
The challenges of estimating the unit cost of group-based therapies
Costs and users of Individual Budgets

2009

Guest editorial: Economics and Cochrane and Campbell methods: the role of unit costs
Estimating unit costs for Direct Payments Support Organisations
The National Dementia Strategy: potential costs and impacts
SCIE's work on economics and the importance of informal care

2010

The costs of short-break provision
The impact of the POPP programme on changes in individual service use
The Screen and Treat programme: a response to the London bombings
Expected lifetime costs of social care for people aged 65 and over in England

2011

The costs of extra care housing
Shared Lives – model for care and support
Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations

2012

Guest editorial: Appropriate perspectives for health care decisions
Using time diaries to contribute to economic evaluation of criminal justice interventions
Costing multi-site, group-based CBT workshops
A review of approaches to measure and monetarily value informal care

2013

Guest editorial: Widening the scope of unit costs to include environmental costs
Cognitive behaviour therapy: a comparison of costs
Residential child care: costs and other information requirements
The costs of telecare and telehealth

Tables**2006**

Adolescent support worker
Educational social work team member
Behavioural support service team member
Learning support service team member

2007

All children's service withdrawn, but reinstated in 2010

2008

Paramedic and emergency ambulance services

2009

Cost of maintaining a drugs misuser on a methadone treatment programme
Unpaid care

2010

Voluntary residential care for older people
Nursing-Led Inpatient Unit (NLIU) for intermediate care

Local authority sheltered housing for older people
Housing association sheltered housing for older people
Local authority very sheltered housing for older people
Housing association very sheltered housing for older people
Local authority residential care (staffed hostel) for people with mental health problems
Local authority residential care (group home) for people with mental health problems
Voluntary sector residential care (staffed hostel) for people with mental health problems
Private sector residential care (staffed hostel) for people with mental health problems
Acute NHS hospital services for people with mental health problems
NHS long-stay hospital services for people with mental health problems
Voluntary/non-profit organisations providing day care for people with mental health problems
Sheltered work schemes for people with mental health problems
Village communities for people with learning disabilities
The costs of community-based care of technology-dependent children

2011

Approved social worker

2012

High-dependency care home for younger adults with physical and sensory impairments
Residential home for younger adults with physical and sensory impairments
Special needs flats for younger adults with physical and sensory impairments
Rehabilitation day centre for younger adults with brain injury
Comparative costs of providing sexually abused children with individual and group psychotherapy

2013

Rapid Response Service

