

I. SERVICES

1. Services for older people

1.1 Private sector nursing homes for older people (age 65+)

1.2 Private sector residential care for older people (age 65+)

1.3 Local authority own-provision residential care for older people (age 65+)

1.4 Local authority own-provision day care for older people (age 65+)

1.5 Dementia memory service

1.6 Dementia care mapping

1.7 Multi-professional clinical medication reviews in care homes for older people

1.1 Private sector nursing homes for older people (age 65+)

Using Adult Social Care Finance Return (ASC-FR)¹ returns for 2018/2019, the median cost per person for supporting older people in all nursing homes was £656 per week [using unique identifiers: 8713501, 8714101, 8714701, 8715301, 8715901 (numerators in thousands of pounds), 8713502, 8714102, 8714702, 8715302, 8715902 (denominators)]. The mean cost was £678 per week. The standard NHS nursing care contribution is £165.56.² When we add the standard NHS nursing care contribution to PSS expenditure, the total expected median cost is £814 and the mean cost is £836. As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
A. Fees	£857 per week ³	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. ^{4,5,6,7,8} The midpoint between the minimum and maximum fee was taken from Laing & Buisson Care Homes Complete Dataset 2018/2019. ⁹ Care home fees have been split into their component parts by Laing & Buisson (2019). ¹⁰ For nursing care for frail elderly people, direct costs (staff: care and ancillary) form 66 per cent of total costs; repairs, maintenance and other non-staff current costs at home level forms 15 per cent, corporate overheads forms 4 per cent and accommodation costs forms 15 per cent of the total.
External services		
B. Nursing	£8 per week	Information has been drawn from the article in the 2018 volume by Sach et al.(2018) which compares the mean cost of contacts per resident using data collected from GP records compared to care home records over a seven-month period. Using the midpoint between the two data sources, total costs incurred per resident week were £25 (£22 using GP records and £26 using care home data). Costs have been uprated using the NHS cost inflation index.
C. GP services	£11 per week	
D. Other external services	£6 per week	
E. Personal living expenses	£24.90 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £24.90. ¹¹ 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	91 per cent	The occupancy level in England for private and voluntary care homes for older people in 2016/2017 was 91 per cent. ¹² The occupancy rate for care homes (for-profit sector) with nursing was 89.2 per cent (provisional). ⁷ A report published by the Registered Care Providers Association (2016) reported that the occupancy rate for specialist care homes was 88 per cent in 2016. ¹³
London multiplier	1.14 x A	Fees in London nursing homes were 14 per cent higher than the national average. ⁹
Unit costs available 2019/2020		
£857 establishment cost per permanent resident week (A); £907 establishment cost plus personal living expenses and external services per permanent resident week (A to E); £123 establishment cost per permanent resident day (A); £130 establishment cost plus personal living expenses and external services per permanent resident day (A to E).		

¹ Calculated using NHS Digital (2019) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2018/19, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19> [accessed 23 October, 2019], in collaboration with the Department of Health and Social Care.

² Department of Health and Social Care (2018) *NHS-funded nursing care rate for 2019 to 2020* Department of Health and Social Care, London. <https://www.gov.uk/government/news/nhs-funded-nursing-care-rate-announced-for-2019-to-2020> [accessed 23 October 2019].

³ Laing & Buisson have confirmed that fees have not reduced since last year and apparent reductions are due to formulae changes in Care Cost Benchmarks.

⁴ Forder, J. & Allen, S. (2011) *Competition in the care homes market*, <https://www.ohe.org/sites/default/files/Competition%20in%20care%20home%20market%202011.pdf> [accessed 29 November 2016].

⁵ Institute of Public Care (2014) *The stability of the care market and market oversight in England*, Institute of Public Care, London. <http://www.cqc.org.uk/sites/default/files/201402-market-stability-report.pdf> [28 November 2016].

⁶ Drummond, M. & McGuire, A. (2001, p.71) *Economic evaluation in health care*, Oxford University Press.

⁷ Laing & Buisson (2015) *Care of older people: UK market report 2014/2015*, Laing & Buisson, London.

⁸ Laing & Buisson (2012) *'Fair Fees' for care placements left behind amidst council cuts*, Laing & Buisson, London. http://www.laingbuisson.co.uk/Portals/1/PressReleases/FairPrice_12_PR.pdf [accessed 29 November 2016].

⁹ Laing & Buisson (2019) *Laing & Buisson Care Homes Complete Dataset 2018/19*, Laing & Buisson, London.

¹⁰ Laing & Buisson (2019) *Care Cost Benchmarks*, Laing & Buisson, London.

¹¹ Department of Health & Social Care (2019) *Social Care – Charging for care and support*, Department of Health & Social Care, London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772969/Social_care_charging_for_care_and_support_-_LAC_2019.pdf [accessed 20 May 2019].

¹² Laing, W. (2017) *Care homes for Older People market analysis and projections*, <http://www.laingbuisson.com/wp-content/uploads/2017/05/William-COP.pdf> [accessed 17 October 2017].

¹³ Registered Care Providers Association Ltd (2016) *Care Home Benchmarking Report 2016/17*, http://www.rcpa.org.uk/wp-content/uploads/2016/12/NAT00339_Healthcare_Report_Midres.pdf [accessed 10 October 2017].

1.2 Private sector residential care for older people (age 65+)

Using Adult Social Care Finance Return (ASC-FR) ¹ returns for 2018/2019, the median cost per person for supporting older people in a residential care home provided by non-local authority organisations was £622 per week, with a mean cost of £620 per week [using unique identifiers: 8713801, 8714401, 8715001, 8715601, 8716201 (numerators in thousands of pounds), 8713802, 8714402, 8715002, 8715602, 8716202 (denominators)]. See *Care homes market study* for an explanation of why the average fee reported using the Laing & Buisson Care Homes Complete Dataset⁸ is higher than that reported using the ASC-FR returns.² As no new data is available this year we have updated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
A. Fees	£712 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. ^{3,4,5,6,7} The midpoint between the minimum and maximum fee was taken from Laing & Buisson Care Homes Complete Dataset 2018/2019. ⁸ Care home fees have been split into their component parts by Laing & Buisson (2019). ⁹ For residential care for frail elderly people, direct costs (staff: care and ancillary) form 56 per cent of total costs; repairs, maintenance and other non-staff current costs at home level form 21 per cent, corporate overheads forms 4 per cent and accommodation costs forms 19 per cent of the total.
External service B. Nursing C. GP services D. Other external services	£8 per week £11 per week £6 per week	Information has been drawn from the article in the 2018 volume by Sach et al. (2018) which compares the mean cost of contacts per resident using data collected from GP records compared to care home records over a seven-month period. Using the mid-point between the two data sources, total costs incurred per resident week were £25 (£22 using GP records and £27 using care home data). Costs have been updated using the NHS cost inflation index.
E. Personal living expenses	£24.90 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £24.90. ¹⁰ 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	1.18 x A	Fees in London residential homes were 18 per cent higher than the national average. ⁶
Occupancy	91 per cent	The occupancy level in England for private and voluntary sector care homes for older people in 2016/2017 was 91 per cent. ¹¹ The occupancy rate for care homes (for-profit sector) without nursing was 89.7 per cent (provisional). ¹¹
Unit costs available 2019/2020		
£712 establishment cost per permanent resident week (A); £762 establishment cost plus personal living expenses and external services per permanent resident week (A to E); £102 establishment cost per permanent resident day (A); £109 establishment cost plus personal living expenses and external services per permanent resident day (A to E).		

¹ Calculated using NHS Digital (2019) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2018/19, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19> [accessed 23 October, 2019], in collaboration with the Department of Health and Social Care.

² CMA Competition & Markets Authority (2017) *Care homes market study*, Final report, <https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf> [accessed 19 November 2018].

³ Forder, J. & Allen, S. (2011) *Competition in the care homes market*, <https://www.ohe.org/sites/default/files/Competition%20in%20care%20home%20market%202011.pdf> [accessed 29 November 2016].

⁴ Institute of Public Care (2014) *The stability of the care market and market oversight in England*, Institute of Public Care, London. <http://www.cqc.org.uk/sites/default/files/201402-market-stability-report.pdf> [28 November 2016].

⁵ Drummond, M. & McGuire, A. (2001, p.71) *Economic evaluation in health care*, Oxford University Press.

⁶ Laing & Buisson (2015) *Care of older people: UK market report 2014/2015*, Laing & Buisson, London.

⁷ Laing & Buisson (2012) *'Fair Fees' for care placements left behind amidst council cuts*, Laing & Buisson, London. http://www.laingbuisson.co.uk/Portals/1/PressReleases/FairPrice_12_PR.pdf [accessed 29 November 2016].

⁸ Laing & Buisson (2018) *Laing & Buisson Care Homes Complete Dataset 2017/18*, Laing & Buisson, London.

⁹ Laing & Buisson (2019) *Care Cost Benchmarks*, Laing & Buisson, London.

¹⁰ Department of Health & Social Care (2019) *Social Care – Charging for care and support*, Department of Health & Social Care, London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772969/Social_care_charging_for_care_and_support_-_LAC_2019.pdf [accessed 20 May 2019].

¹¹ Laing, W. (2017) *Care homes for Older People market analysis and projections*, <http://www.laingbuisson.com/wp-content/uploads/2017/05/William-COP.pdf> [accessed 17 October 2017].

1.3 Local authority own-provision residential care for older people (age 65+)

This table uses data from the Adult Social Care Finance Return (ASC-FR) ¹ return for 2018/2019 for local authority expenditure. As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£98 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, declining to 3 per cent after 30 years.
B. Land	£28 per week	Based on a report published by the Ministry of Housing, Communities & Local Government. ³ The cost of land has been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the local authority expenditure costs, therefore no additional cost has been added for items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£1,115 per week	The median estimate is taken from ASC-FR 2018/2019. ¹ Capital charges relating to buildings and oncosts have been deducted. The mean cost is lower at £939 per week [using unique identifiers: 8713701, 8714301, 8714901, 8715501, 8716101 (numerators in thousands of pounds), 8713702, 8714302, 8714902, 8715502, 8716102 (denominators)].
E. Overheads		Social services management and support services (SSMSS) costs are included in ASC-FR total expenditure figures, therefore no additional overheads have been added.
External services		
F. Community nursing	£8 per week	Information has been drawn from the article in the 2018 volume by Sach & colleagues which compares the mean cost of contacts per resident using data collected from GP records compared to care home records over a seven-month period. Using the mid-point between the two data sources, total costs incurred per resident week were £24 (£21 using GP records and £26 using care home data). Costs have been uprated using the NHS cost inflation index.
G. GP services	£11 per week	
H. Other external services	£6 per week	
I. Personal living expenses	£24.90 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £24.90. ⁴ This has been used as a proxy for personal consumption.
Use of facility by client	52.18 weeks per year	
Occupancy	92.6 per cent	Based on information reported by Laing & Buisson, occupancy rates for the not-for-profit sector care homes without nursing in 2015 (provisional) were 92.6 per cent. 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		See previous volume for information on multipliers
Unit costs available 2019/2020		
£1,241 establishment cost per permanent resident week (includes A to E); £1,291 establishment cost plus personal living expenses and external services per permanent resident week (includes A to I).		
£177 establishment cost per permanent resident day (includes A to E); £184 establishment cost plus personal living expenses and external services per permanent resident day (includes A to I).		

¹ Calculated using NHS Digital (2019) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2018/19, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19> [accessed 23 October, 2019], in collaboration with the Department of Health and Social Care.

² Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

⁴ Department of Health & Social Care (2019) *Social Care – Charging for care and support*, Department of Health & Social Care, London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772969/Social_care_charging_for_care_and_support_-_LAC_2019.pdf [accessed 20 May 2019].

⁵ Laing & Buisson (2015) *Care of older people: UK market report 2015*, twenty-seventh edition, Laing & Buisson, London.

1.4 Local authority own-provision day care for older people (age 65+)

As day care expenditure is now combined with other expenditure in the ASC-FR data collection,¹ this table uses data from the Personal Social Services Expenditure return (PSS EX1) for 2013/14,² which has been uprated using the PSS pay and prices inflator. The median and mean cost was £149 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, we submitted 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,³ 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. As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£6.60 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). ⁴ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
B. Land	£2.30 per client attendance	Based on a report published by the Ministry of Housing, Communities & Local Government. ⁵ These allow for 33.4 square metres per person. Land costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the local authority expenditure figures, therefore no additional cost has been added for items such as equipment and durables.
D. Total local authority expenditure (minus capital)	£56 per client attendance	The median and mean cost per week is taken from PSS EX1 2013/14 and has been uprated using the PSS pay & prices index. ² Based on PSSRU research, ³ 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 £56. Capital charges relating to buildings have been deducted.
E. Overheads		Social services management and support services (SSMSS) costs are included in PSS EX1 total expenditure figures, therefore no additional overheads have been added.
Use of facility by client		Assumes clients attend 2.5 times per week. ³
Occupancy		
London multiplier		See previous volume for information on multipliers
Unit costs available 2019/2020		
£64 per client attendance (includes A to D); £14 per client hour; £49 per client session lasting 3.5 hours.		

¹ NHS Digital (2016) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital, Leeds.

² NHS Digital (2014) *PSS EX1 2013/14*, NHS Digital, Leeds.

³ Based on research carried out by PSSRU in 2014.

⁴ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

1.5 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*² for more information on this service.

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 £1,325. Two further dementia memory services provided by SLAM (but not providing assessments) had average annual costs per client of £1,065 (Lambeth and Southwark) and £805 (Lewisham). The costs of another London dementia memory service can be found in <http://www.londonhps.nhs.uk/wp-content/uploads/2011/03/Dementia-Services-Guide.pdf>. See 8.2 for the cost of diagnosis and early support in patients with cognitive decline. Figures have been updated to 2019/2020 values.

Costs and unit estimation	2019/2020 value	Notes
A. Wages/salary	£473,114 per year	Based on mean salaries for Agenda for Change (AfC) bands. ³ Weighted to reflect the input of 1 FTE associate specialist, 0.40 FTE consultant, 2 FTE occupational therapists (bands 6 & 7), 2.8 FTE psychologists (bands 5, 7 & 8) and nurses (band 6 & two nurses on band 7).
B. Salary oncosts	£142,897 per year	Employer's national insurance is included plus 14.38 per cent of salary for employer's contribution to superannuation.
C. Overheads Management and administration	£121,956 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 FTE psychologist (band 8).
Non-staff	£195,901 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	£4,451 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, declining to 3 per cent after 30 years.
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 2019/2020		
Total annual cost £938,318; total cost per hour £465; cost per client £1,325.		

¹ Department of Health (2011) *Commissioning services for people with dementia*, Department of Health, London. 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*, NICE, London. <http://dementianews.wordpress.com/2011/05/12/nice-commissioning-guide-memory-assessment-services/> [accessed 9 October 2014].

³ NHS Digital (2019) *NHS staff earnings estimates, 12-month period from May 2018 – April 2019* (not publicly available), NHS Digital, Leeds.

⁴ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

1.6 Dementia Care Mapping

Dementia Care Mapping (DCM) is an observational tool that is only used in 'public' areas of care environments. It usually involves one or two trained mappers sitting in areas such as a lounge or dining area and observing what happens to people with dementia over the course of a typical day. At the end of a period of observation the results are analysed and fed-back to the care team so that care can be developed (<https://bradford.ac.uk/dementia/dcm/dcm-data-sheets/Sample-Briefing-Document.pdf>). Information for this schema has been drawn from Meads and colleagues (2019)¹ and provides the cost of delivering DCM mapping to a residential care home. Each DCM mapping cycle is assumed to be over 5 days. We have used appropriate inflators to uprate costs which are not current.

Costs and unit estimation	2019/2020 value	Notes
Delivery and training for each DCM Mapper		
A. Care Staff time	£563	Four categories of care staff are involved in the mapping: Home care worker (20%), senior home care worker (25%), nurse (20% based on a band 5 nurse) and a care home manager (35%). The proportion of staff in each category was based on a review of DCM EPIC trial records. Assumed course participation required four full working days (eight hours per day).
B. Training course fee	£975	DCM course booking form. Inclusive of lunch, refreshments and course materials.
C. Accommodation (four nights)	£300	Based on review of DCM EPIC trial records.
D. Meals/other subsistence	£70	Based on review of DCM EPIC trial records
E. Travel to/from the course	£100	Based on review of DCM EPIC trial records
Delivery and receipt of training (for each DCM mapper)		
F. Staff time per mapping cycle for each DCM mapper.	£1,630	Fees in London nursing homes were 14 per cent higher than the national average. Three mapping cycles have been assumed for each DCM mapper. No additional time was assumed for other staff to attend DCM briefings and feedback sessions. Each mapping cycle was £543.46.
Implementation costs (for each DCM mapper)		
G. Consultancy Fees for External DCM mapper	£2,100	To support the intervention and fidelity in the first cycle of DCM mappings. It was assumed to be for 5 days (£420.00) per day.
H. Travel and subsistence expenses for DCM expert mapper	£170	Based on a review of DCM EPIC trial data
Implementation costs (for each DCM expert mapper)	£2,270	Assumed each care home received one full cycle of DCM supported by the expert mapper. Includes consultancy fees for External DCM mapper and travel and subsistence expenses for DCM expert mapper.
I. Implementation costs (for each DCM expert mapper)		
London multiplier	1.14	Fees in London nursing homes were 14 per cent higher than the national average.
Unit costs available 2019/2020		
Per care home £9,547 (A-E x 2) + F-I		
Per resident £433. Assumed 22.06 residents per care home (calculation based on DCM EPIC trial data).		

¹ Meads, D., Martin, A., Griffiths, A., Kelley, R., Creese, B., Robinson, L., Mc Dermid, J., Walwyn, Ballard, C. & Surr, C. (2020) Cost-Effectiveness of Dementia Care Mapping in Care-Home Settings: Evaluation of a Randomised Controlled Trial, Applied Health Economics and Health Policy 18, 237-247(2020).

1.7 Multi-professional clinical medication reviews in care homes for older people

Information for this schema was drawn from a study conducted in two counties in Eastern England (Cambridgeshire and Norfolk)¹ in collaboration with the primary care Medicines Management Teams (MMTs). It aimed to illustrate the methods of micro-costing within the pharmacy context for patients in care homes in order to raise awareness and use of this approach in pharmacy research.

Medication review meetings are attended by the relevant GP(s), care home staff (manager and/or deputy manager, and/or senior carer/nurse), clinical pharmacist and pharmacy technician from the medicines management team (MMT). The pharmacy technician did not attend every meeting however. The meeting consisted of a review of each individual resident and some discussion of general issues arising out of the individual's review. Each resident was reviewed at one meeting at each time point (T1 and at T2 6 months later).

Five broad steps to the medication review process were identified:

- Step 1: undertaken by a pharmacy technician and/or the clinical pharmacist to set up the medication review meeting by liaising with the care home and GP practice.
- Step 2: the pharmacy technician undertakes data extraction at the GP surgery prior to the medication review. This includes extraction of medical history, medications data and latest test results and completion of paperwork (individual resident medication review – MR1 – forms).
- Step 3: the MR1 forms are passed to the clinical pharmacist ahead of the medication review meeting at the care home.
- Step 4: hold the multi-professional medication review meeting at which each resident's medication history and medication is discussed.
- Step 5: the pharmacy technician followed up the meeting to make sure all action points and medication changes had been implemented.

The costs for these steps are tabulated below and travel costs have been added. The average cost per resident of the multi-professional medication review intervention was £116. All costs have been uprated using the appropriate inflators.

Table 1 Cost per resident for a multi-professional clinical medication review in care homes for older people

	Meeting set up	Data extraction T1 & T2	Preparation T1 & T2	Meeting	Follow up 1 & 2
Mean cost per resident	£1.86	£22.88	£10.44	£46.61	£12.63
Travel costs for review meeting 1		£3.17		£12.68	£3.25
Travel costs for review meeting 2		£2.12			
Total Costs	£1.86	£28.17	£10.44	£59.29	£15.88

¹ Sach, T., Desborough, J., Houghton, J. & Holland, R. (2015) Applying micro-costing methods to estimate the costs of pharmacy interventions: an illustration using multi-professional clinical medication reviews in care homes for older people, *International Journal of Pharmacy Practice*, 23, pp. 237-247.

2. Services for people requiring mental health support

2.1 NHS reference costs for mental health services

2.2 Care homes for adults requiring long-term mental health support (age 18-64)

2.3 Local authority own-provision social services day care for adults requiring mental health support (age 18-64)

2.4 Private and voluntary sector day care for adults requiring mental health support (age 18-64)

2.5 Behavioural activation delivered by a non-specialist

2.6 Deprivation of liberty safeguards in England: implementation costs

2.7 Interventions for mental health promotion and mental illness prevention

2.8 Lifetime costs of perinatal depression

2.9 Lifetime costs of perinatal anxiety

2.1 NHS reference costs for mental health services

Reference costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients.¹ We have drawn on *NHS Improvement, Reference Costs 2018/2019* to report on the NHS reference costs for selected mental health services.¹ All costs have been uprated to 2019/2020 prices using the NHS cost inflation index. Please note the source costs no longer include figures for lower and upper quartiles.

In this schema, only individual services with more than ten data submissions have been included, but weighted costs have been provided for service groups which do include services with fewer than ten submissions. The costs of selected mental health care services for children can be found in table 6.1. Carbon emissions costs were unavailable this year due to staff shortages.

	Mean £
MENTAL HEALTH SERVICES	
Mental health care clusters (per bed day)	£424
Mental health care clusters (initial assessment)	£311
Mental health specialist teams (per care contact)	
A&E mental health liaison services	£222
Criminal justice liaison services	£261
Prison health adult and elderly	£147
Forensic community, adult and elderly	£293
Psycho-sexual services, adult and elderly	£269
Secure mental health services	
High dependency secure provision MH or psychosis	£827
High dependency secure provision personality disorder	£726
Specialist mental health services	
Eating disorder (adults) – admitted (per bed day)	£544
Specialist perinatal – admitted (per bed day)	£859
Gender identity disorder services – community contacts	£252
Specialised services for Asperger syndrome and Autistic Spectrum Disorder – community contacts	£362

¹ NHS Improvement (2018) *National Schedule of Reference Costs 2017-18*, NHS Improvement, <https://improvement.nhs.uk/resources/reference-costs/> [accessed 1 November 2019].

2.2 Care homes for adults requiring long-term mental health support (age 18-64, summary provided for 65+)

This table uses the Adult Social Care Finance Return (ASC-FR) ¹ returns for 2018/2019 for expenditure data. The median establishment cost per resident week in long-term residential care for adults aged 18-64 is £826. As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£109 per resident week	Based on the new-build and land requirements for homes for people requiring mental health support. ² Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
B. Total local authority expenditure (minus capital)	£808 per resident week	The median revenue weekly cost estimate (£720) for adults age 18-64 requiring long-term mental health support [using unique identifier: 8713001 (numerator in thousands of pounds), 8713002 (denominator)]. ¹ Capital costs have been deducted.
C. Overheads		Social services management and support services (SSMSS) costs are included in ASC-FR expenditure figures, so no additional overheads have been added.
Other costs		
D. Personal living expenses	£24.90 per week	The DWP personal allowance for people in residential care or a nursing home is £24.90. 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		See previous volume for information on multipliers
Unit costs available 2019/2020		
Age 18-64 (using unique identifier 8713001; numerator in thousands of pounds, 8713002; denominator)		
£842 per resident week establishment costs (includes A to B); £867 per resident week (includes A to D).		
£120 per resident day establishment costs (includes A to B); £124 per resident day (includes A to D).		
Age 65+ (using unique identifier 8716001; numerator in thousands of pounds, 8716002; denominator)		
£599 (£609) median (mean) establishment costs per resident week		
£86 (£87) median (mean) establishment costs per resident day		

¹ Calculated using NHS Digital (2019) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2018/19, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19> [accessed 23 October, 2019], in collaboration with the Department of Health and Social Care.

² Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Department for Work and Pensions (2016) *Proposed benefit and pension rates*, Department for Work and Pensions, London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/572844/proposed-benefit-and-pension-rates-2017-to-2018.pdf [accessed 13 September 2017].

2.3 Local authority own-provision social services day care for adults requiring mental health support (age 18-64)

As day care expenditure is now combined with other expenditure in the ASC-FR data collection,¹ this table uses the Personal Social Services Expenditure return (PSS EX1)² for 2013/2014 for local authority expenditure, 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 cost was £113 and mean cost was £117 per client week (including capital costs). These data do not include the number of sessions clients attended each week.

To determine the best unit of activity, we submitted 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,³ 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 requiring mental health support, 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.⁴ As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£6.38 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). Capital and land costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
B. Land	£2.23 per client attendance	Based on Ministry of Housing, Communities & Local Government land estimates. ⁵ These allow for 33.4 square metres per person. ⁶
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)	£30 per client attendance	The median cost per client week has been taken from PSS EX1 2013/2014 ¹ and uprated using the PSS pay & prices index. Assuming people requiring mental health support attend on average 3 times per week (4.1 hours in duration), the median and mean cost per day care attendance is £29.
E. Overheads		Capital charges relating to buildings have been deducted.
		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. ³
London multiplier		See previous volume for information on multipliers
Unit costs available 2019/2020		
£39 per client attendance (includes A to D); £9.48 per client hour; £33 per client session lasting 3.5 hours.		

¹ Calculated using NHS Digital (2018) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2017/18, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18> [accessed 30 October, 2018], in collaboration with the Department of Health.

² Health & Social Care Information Centre (2014) *PSS EX1 2013/14*, Health & Social Care Information Centre, Leeds.

³ Based on research carried out by PSSRU in 2014.

⁴ Salford City Council (2011) *Mental health*, Salford City Council. <http://www.salford.gov.uk/mentalhealth.htm> [accessed 9 October 2014].

⁵ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

⁶ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

2.4 Private and voluntary sector day care for adults requiring mental health support (age 18-64)

This table uses the Personal Social Services Expenditure return (PSS EX1)¹ for 2013/2014 for expenditure costs, which have been uprated using the PSS pay & prices inflator. The median cost was £114 per client week and the mean cost was £100 (including capital costs).

To determine the best unit of activity, we submitted 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 requiring mental health support, 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	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£6.60 per client attendance	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). Capital and land costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
B. Land	£2.30 per client attendance	Based on Ministry of Housing, Communities & Local Government land estimates ⁴ and allowing for 33.4 square metres per person. ⁵
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)	£29 per client attendance	The median cost per client week has been taken from PSS EX1 2013/2014 ¹ and uprated using the PSS pay & prices index. Assuming people requiring mental health support attend on average 3 times per week (4.1 hours in duration), ² the mean cost per day care attendance per day is lower at £24. Capital charges relating to buildings have been deducted.
E. 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		See previous volume for information on multipliers
Unit costs available 2019/2020		
£38 per client attendance (includes A to D); £9 per client hour; £33 per client session lasting 3.5 hours.		

¹ Health & Social Care Information Centre (2014) *PSS EX1 2013/14*, 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 Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

⁵ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

2.5 Behavioural activation delivered by a non-specialist

Behavioural activation (BA) provides a simple, effective treatment for depression which can be delivered in a group setting or to individuals. This schema provides the costs for group-based BA which 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 five days training in BA and one hour clinical supervision fortnightly from the principal investigator.¹ Sessions are usually attended by 10 people. Costs are based on Agenda for Change (AfC) band 7, the grade normally used for this service. However, if we base the costs on AfC band 5, the cost per session per person is £17 (£19 with qualifications) and for 12 sessions £205 (£225 with qualifications).¹ Figures have been updated to 2019/2020 values.

Costs and unit estimation	2019/2020 value	Notes
A. Wages/salary	£81,994 per year	Based on the mean full-time equivalent basic salary for two mental health nurses on AfC band 7 of the 2019/2020 NHS staff earnings estimates. ²
B. Salary oncosts	£25,889 per year	Employer's national insurance is included plus 14.38 per cent of salary for contribution to superannuation.
C. Qualifications	£17,489 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ³ This cost is for 2 mental health nurses.
D. Training for behavioural activation	£687 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) (£235 per therapist). Supervision costs were based on 1-hour fortnightly contact for 40 weeks (£3,056 per therapist); 12 session behavioural protocol (£228 per therapist). These costs have been annuitised over the working life of the nurse.
E. Overheads		
Management, administration and estates staff	£26,431 per year	Taken from the 2013/2014 financial accounts for 10 community trusts. Management and other non-care staff costs were 24.5 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£41,211 per year	Non-staff costs were 38.2 per cent of direct care salary costs. They include costs to the provider for office, travel/transport, publishing, training courses and conferences, supplies and services (clinical and general), and utilities such as water, gas and electricity.
F. Capital overheads	£8,942 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. ^{4,5} Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
Working time	42 weeks per year 37.5 hours per week	Unit costs are based on 1,573 hours per year: 210 working days minus sickness absence and training/study days as reported for all NHS staff groups. ⁶
Duration of contact		One-hour sessions included direct treatment time of 40-50 minutes and administration.
Unit costs available 2019/2020 (costs including qualifications given in brackets)		
Cost per session per person attending a group £17 (£19); Cost per 12 group sessions per person £205 (£225)		

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.

² NHS Digital (2018) *NHS staff earnings estimates, 12-month period from May 2017 – April 2018* (not publicly available), NHS Digital, 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 Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

⁶ Contracted hours are taken from NHS Careers (2017) *Pay and benefits*, National Health Service, London, <https://www.healthcareers.nhs.uk/about/careers-nhs/nhs-pay-and-benefits> [accessed 9 October 2017]. *Working days and sickness absence rates as reported in NHS Digital, NHS sickness absence rates, annual summary tables, 2009-10 to 2016-17* [accessed 13 October 2017].

2.6 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 was 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 reported 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 £1,510. The standard deviation around the estimated cost of a single DoLS assessment was £451, and the 95 per cent confidence interval was £581 to £2,352. All costs have been uprated to 2019/2020 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	£538	£245	£627	£311	£267	£398
Assessments by best-interest assessor	£756	£454	£318	£1,106	£616	£650
Secretarial costs	£352	£198	£140	£635	£334	£332
Independent mental capacity advocates assessments	£122	£93	£66	£64	£79	£85
Court protection costs	£46	£46	£46	£46	£46	£46
Total costs	£1,814	£1,036	£1,197	£2,162	£1,342	£1,510

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.

2.7 Interventions for mental health promotion and mental illness prevention

Information has been drawn from McDaid et al. (2017)¹ to provide the costs of a range of interventions which can help reduce the risk and/or incidence of mental health issues. The information builds on the interventions costed in the 2011 report *Mental Health Promotion and Mental Illness Prevention: the Economic Case* (still found in this schema).² All costs drawn from the later report have been uprated from 2015 values to reflect current costs.

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 £1,254 per family, while that of individual interventions is £2,737. 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 £1,550 per family.

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

Context: Conduct issues 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 £174 per child per year.

The KiVa programme

Context: Bullying (including cyberbullying) is very common among young people with around a third of all 11 year olds reporting that they had been bullied at least once in the last two months. There are impacts of bullying on mental health and emotional wellbeing including the risk of self-harm and suicide. Children and young people who were frequently bullied were more likely to use mental health services, both in childhood and adolescence, and in midlife. Adults who have been bullied in childhood can suffer from depression, a lack of social relationships, economic hardship and poor perceived quality of life.

Intervention: This is a school-based programme which is designed to support young people within and outside the school environment to counter the impacts of all bullying, including cyberbullying and other forms of online abuse. It focuses on enhancing the empathy, self-efficacy and anti-bullying attitudes of classroom peers. Positive changes in the behaviour of pupils who are neither bullies nor victims can reduce the rewards that bullies perceive that they receive and thus reduce the incentives for bullying.

¹ McDaid, D., La Park, A., Knapp, M. & colleagues (2017) *Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health*, Public Health England.

² Knapp, M., McDaid, D. & Parsonage, M. (2011) *Mental health promotion and mental illness prevention: the economic case*, Department of Health, London.

Cost: for a cohort of 200 children, investment overall in KiVa is associated with net increased costs of £5,352 or £30 per child over a four year period.

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 £3,884 per patient, compared with £979 for standard care.

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 £13,332. The first year of the early intervention team's input is estimated to cost £2,784 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 intervention in primary care combines universal screening by GPs of all patients, followed by a five-minute advice session for those who screen positive.

Cost: The total cost of the intervention averaged over all those screened was £23 at current prices.

Providing debt advice to protect mental health

Context: There is a substantial evidence base on the association between debt and poor health, including poor mental health and increased risk of suicide

Intervention: Targeted at people who do not initially require mental health support but are experiencing unmanageable debt. It is focused on debt advice as a potential preventive action and therefore does not look at the impact of debt advice for people who already require mental health support. The service involved volunteer delivered debt advice services located in a GP surgery.

Cost: Over five years, per adult population of 100,000, the total intervention cost is estimated to be £1,398,219 (£72,468 for GP awareness training and £1,199,304 for the face-to-face debt advice service).

Promoting mental health and wellbeing in the workplace

Context: Effective universal workplace health promotion programmes can not only improve mental and physical health outcomes, but also have productivity benefits to business. These actions are in addition to protections that maybe embedded within health and safety legislation that impact on mental health.

Intervention: A multi-component universal mental health promotion programme delivered in a 'white collar' workplace with 500 employees. It consists of a health risk appraisal questionnaire, unlimited access to a personalised web portal to encourage health lifestyle behaviours including interactive behavioural changes via online and fortnightly e-mail

communications to provide practical tips for self-care over a 12 month period. In addition there are paper-based information packs, including a newsletter, stress management, sleep, nutritional advice, and physical activity and four off-line seminars touching on the most common wellness issues.

Costs: The incremental cost of this wellbeing programme was £46,673, or £91 per annum per employee.

Workplace interventions to prevent stress, depression and anxiety

Context: Taking action against work-related stress and/or burnout has been regarded as one of the most important public health issues for an economically active population (Public Health England, 2016a).

Intervention: The provision of a workplace cognitive behavioural therapy service offered to all employees who are identified by occupation health services as being stressed.

Cost: Administered to 1,000 employees, the total cost is estimated as £4,014.

Suicide and self-harm

Context: There are substantial personal and economic costs associated with both completed and non-fatal suicidal events, although the number of studies estimating these costs remains limited (McDaid, 2016b).

Intervention: Guidance in England now recommends a multi-component approach to suicide prevention (NICE, 2013). Guidelines also recommend training of service gatekeepers, such as GPs, the police and teachers to recognise potential risk of depression and suicide, while psychosocial assessment is recommended for most individuals who present at hospital for deliberate self-harm (NICE, 2013).

Cost: A strategy administered to a population of 100,000 adults, from a health system perspective is estimated to cost £40,783.

Protecting the mental health of people with long-term physical health issues

Context: Many people with long-term physical health conditions are at increased risk of developing the need for mental health support which can impact on the management of physical health leading to poorer health outcomes and reduced quality of life.

Intervention: A specially trained individual such as a nurse working in primary care settings who can help improve co-ordination between different health care professionals; these individuals or others will also be specially trained to provide psychological interventions such as problem-solving therapy or cognitive behavioural therapy.

Cost: Administered to a population of 100,000, the total cost was £23,930.

Collaborative care for depression in individuals with Type II diabetes

Context: Depression is commonly associated with chronic physical health issues. Data from the US 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 £833, compared with £422 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 £106 per session. Costs are 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.

Addressing loneliness to protect the mental health of older people

Context: Depression is a common problem in older people and one risk factor which has been associated with depression is involuntary social isolation and loneliness. Recent NICE guidelines on actions to promote the mental wellbeing of older people recommend actions to support, publicise and, if there is not enough provision, consider providing a range of group, one-to one and volunteering activities that meet the needs and interests of older people (NICE, 2015).

Intervention: A signposting service put in place in GP surgeries, shopping centres and libraries, for people aged 65 and older who are not in paid work. Individuals would then have an opportunity to have an assessment of needs to help identify opportunities for participation in a wide range of local social activities to reduce the risk of social isolation and loneliness.

Cost: For a population of 100,000 was £189,708 (£59,623 for the signposting service and £130,085 for group activities).

2.8 Lifetime costs of perinatal depression

The World Health Organisation (WHO) recognises perinatal mental health as a major public health issue; at least one in ten women has a serious mental health problem during pregnancy or in the year after birth (WHO, 2014¹). The pre-and post-natal periods have a significant impact on future physical, mental and cognitive development of offspring: children of mothers with perinatal mental illness are exposed to higher risks of low birth-weight, reduced child growth, intellectual behavioural and socio-emotional issues. Research carried out at PSSRU at LSE estimated the total lifetime costs of perinatal anxiety and depression (see Bauer et al., 2016)².

This study has used a decision-modelling approach, based on data from previous longitudinal studies to determine incremental costs associated with adverse effects, discounted to present value at time of birth. These costs are summarised in Schema 2.8 and 2.9 and have been uprated from 2012/2013 values to current prices. Estimates for the impact on mothers were based on mean probabilities of developing perinatal depression, its persistence in subsequent years, annual costs of health and social care and health disutility for people with depression in the general population. Work days lost were calculated, distinguishing again between remitted and non-depression. Data on costs, health disutility and work days lost, all referred to the general adult population with depression. Estimates for impact on children were based on mean probabilities that children exposed to perinatal depression developed adverse outcomes (emotional, behavioural and physical health issues), and evidence of long-term economic consequences linked to such outcomes. Economic consequences referred to additional use of health and social care, education and criminal justice services and wider societal costs such as productivity losses and health-related quality of life losses out-of-pocket expenditure.

Public sector costs	Perinatal depression		Notes
	Mother	Child	
Health and Social Care	£2,023	£3,394	The child's health and social care costs related in similar proportions to pre-term birth, emotional and conduct issues.
Education	£0	£4,448	85 per cent of education costs are a result of conduct issues, with the remainder due to emotional issues.
Criminal	£0	£2,366	All child criminal justice costs were incurred because of conduct issues.
Subtotal public sector costs	£2,023	£10,249	All mothers' public sector cost relate to health and social care expenditure. Seventy per cent of the child's public sector costs relate to conduct issues.
Wider societal perspective costs			
Productivity losses	£3,630	£6,787	42 per cent of child-related productivity losses are related to emotional issues.
Health-related quality of life losses	£20,080	£9,676	84 per cent of the mother's costs to the wider perspective are due to reduced health-related quality of life. These costs form 73 per cent of total costs.
Lost life	£332	£26,562	Based on the mean probability of postnatal depression and risk to sudden death for infants of mothers who suffered from post-natal depression.
Out-of-pocket	£0	£17	
Victim of crime	£0	£8,926	12 per cent of total child costs are related to becoming a victim of crime.
Total wider societal perspective costs	£25,730	£52,782	Costs to the wider perspective for mother and child were £76,132.
Grand total	£27,754	£63,030	Mother and child costs of perinatal depression totalled £87,984, 42 per cent of child issues relate to loss of life, 35 per cent to conduct issues, 19 per cent to emotional issues and 6 per cent to pre-term birth and special educational needs.

¹ World Health Organisation (2014) *Social determinants of mental health*, World Health Organisation and Calouste Gulbenkian Foundation, Geneva.

² Bauer, A., Knapp, M., & Parsonage, M. (2016) Lifetime costs of perinatal anxiety and depression, *Journal of Affective Disorders*, 192, 83-90.
http://eprints.lse.ac.uk/64685/2/Bauer_Lifetime%20costs_2015.pdf [accessed 17 October 2017].

2.9 Lifetime costs of perinatal anxiety

The World Health Organisation recognises perinatal mental health as a major public health issue; at least one in ten women has a serious mental health problem during pregnancy or in the year after birth (WHO, 2014¹). The pre-and post-natal periods have a significant impact on future physical, mental and cognitive development of offspring: children of mothers with perinatal mental illness are exposed to higher risks of low birth-weight, reduced child growth, intellectual behavioural and socio-emotional issues. Research carried out at PSSRU at LSE estimated the total lifetime costs of perinatal anxiety and depression (see Bauer & colleagues, 2016)².

This study has used a decision-modelling approach, based on data from previous studies to determine incremental costs associated with adverse effects, discounted to present value at time of birth. These costs are summarised in Schema 2.8 and 2.9 and have been uprated from 2012/2013 values to current prices. Estimates were based on mean probabilities of developing perinatal anxiety (without co-existing depression), its persistence in subsequent years, annual costs of health and social care and health disutility for people with anxiety disorder in the general population. Work days lost were calculated distinguishing again between remitted and non-remitted anxiety. Data on costs, health disutility and work days lost all referred to the general adult population with anxiety. Potential life years lost due to anxiety-caused suicide were not valued. Estimates for impact on children were based on mean probabilities that children exposed to perinatal anxiety developed adverse outcomes (emotional, behavioural and physical health issues), and evidence of long-term economic consequences linked to such outcomes. Economic consequences referred to additional use of health and social care, education and criminal justice services and wider societal costs such as productivity losses and health related quality of life losses out-of-pocket expenditure. Figures have been uprated to 2019/2020 values.

Public sector costs	Perinatal anxiety		Notes
	Mother	Child	
Health and Social Care	£5,179	£5,365	20 per cent/32 per cent of the mother/child's costs were associated with health and social care expenditure.
Education	£0	£394	Over half of child education costs were associated with conduct issues, with a smaller amount associated with chronic abdominal pain.
Criminal	£0	£668	
Public sector costs	£5,179	£6,428	All mother's public sector costs relate to health and social care expenditure.
Wider societal perspective			
Productivity losses	£6,592	£2,084	Productivity losses account for 28 per cent of total mother costs and 13 per cent of child-related costs.
Health-related quality of life losses	£13,157	£3,044	Health-related quality of life losses were the largest share of total expenditure for the mother.
Out-of-pocket expenditure	£0	£456	
Unpaid care	£0	£2,268	Chronic abdominal pain was associated with unpaid care costs.
Victim of crime	£0	£2,524	Conduct issues were associated with victim of crime costs.
Wider societal perspective costs	£19,750	£10,376	Costs to the wider societal perspective for mother and child were £28,869 and accounted for 73 per cent of total costs.
Grand total	£24,928	£16,804	Mother and child costs totalled £39,575.

¹ World Health Organisation (2014) Social determinants of mental health, World Health Organisation and Calouste Gulbenkian Foundation, Geneva.

² Bauer, A., Knapp, M., & Parsonage, M. (2016) Lifetime costs of perinatal anxiety and depression, *Journal of Affective Disorders*, 192. pp. 83-90. ISSN 0165-0327, http://eprints.lse.ac.uk/64685/2/Bauer_Lifetime%20costs_2015.pdf [accessed 17 October 2017].

3. Services for adults who misuse drugs or alcohol

3.1 NHS reference costs – misuse of drugs or alcohol

3.2 Alcohol health worker/Alcohol liaison nurse/Substance misuse nurse

3.1 NHS reference costs – misuse of drugs or alcohol

'Reference costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients.'¹ We have drawn on *NHS Improvement, Reference Costs 2018/2019* to report on the NHS reference costs for selected drug or alcohol services.¹ All costs have been updated to 2019/2020 prices using the NHS cost inflation index. Please note the source costs no longer include figures for lower and upper quartiles.

In this schema, only individual services with more than ten data submissions have been included, but weighted costs have been provided for service groups which do include services with fewer than ten submissions. Carbon emissions costs were unavailable this year due to staff shortages. Figures for children and adolescents have been removed as too few submissions.

Drug and alcohol services (adults)	£ Mean
Alcohol services – admitted	510
Drug services – admitted	499
Alcohol services – community contacts	93
Drug services – community contacts	121
Alcohol services – outpatients	68
Drug services – outpatients	103
Psycho-sexual services	
Psycho-sexual services - adult and elderly	147
Gender Identity Disorder	
Gender Identity Disorder - community	252
Gender Identity Disorder - outpatient	130

¹ NHS Improvement (2019) *National Schedule of Reference Costs 2018-19*, NHS Improvement, <https://improvement.nhs.uk/resources/reference-costs/> [accessed 1 November 2019].

3.2 Alcohol health worker/Alcohol liaison nurse/Substance misuse nurse

In the majority of hospitals, alcohol health workers are qualified nurses: however, they can also be staff with alternative qualifications (NVQ in health and social care, counselling skills) or experience in substance misuse. They work predominantly in non-emergency admission units followed by A&E, specialist gastroenterology/liver wards, and general medical wards.¹

Costs and unit estimation	2019/2020 value	Notes
A. Wages/salary	£34,250 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 6 of the 2019/2020 staff earning estimates. ² See <i>NHS terms and conditions of service handbook</i> for information on payment for unsocial hours and shift work. ³ See Section V for further information on salaries.
B. Salary oncosts	£10,329 per year	Employer's national insurance contribution is included, plus 14.38 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£8,744 per year	Qualification costs have been calculated using the method described in Netten et al. (1998). ⁴ Current cost information has been gathered from various sources (see Schema 18). It has been assumed that this health worker requires the same qualifications as a staff nurse/ward manager.
D. Overheads		
Management, administration and estates staff	£10,585 per year	Taken from <i>NHS foundation trusts accounts: consolidated (FTC) files 2014/2015</i> . ⁵ Management and other non-care staff costs were 23.7 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£18,852 per year	Non-staff costs were 42.3 per cent of direct care salary costs. They include costs to the provider for drugs, office, travel/transport, publishing, training courses and conferences, supplies and services (clinical and general), utilities such as water as well as gas and electricity.
E. Capital overheads	£3,482 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	41.9 weeks per year 37.5 hours per week	Unit costs are based on 1,573 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: Face-to-face contact	1:0:47	Drawn from a study by Marsden & colleagues (2019) where it was reported that every hour of face-to-face time required 28 minutes of non face-to-face time. ⁹
Length of contact		
Unit costs available 2019/2020 (costs including qualifications given in brackets)		
£49 (£55) per hour. £72 (£81) per hour with qualifications.		

¹ Baker, S., & Lloyd, C. (2012) *A national study of acute care Alcohol Health Workers*, Alcohol Research UK. http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0115.pdf.

² NHS Digital (2018) *NHS staff earnings estimates, 12-month period from May 2017 – April 2018* (not publicly available), NHS Digital, Leeds.

³ NHS Employers (2016) *NHS Terms and Conditions of Service Handbook (Agenda for Change)*, <http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook>.

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 Monitor (2016) *NHS Foundation Trusts: Consolidation (FTC) files 2014/15*, <https://www.gov.uk/government/publications/nhs-foundation-trust-accounts-consolidation-ftc-files-201415>.

⁶ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

⁷ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁸ Contracted hours are taken from NHS Digital, NHS sickness absence rates, January 2019 to March 2019 and Annual Summary 2010-11 to 2018-19, NHS Digital, London. <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/january-2019-to-march-2019-and-annual-summary-2010-11-to-2018-19> [accessed 1 October 2019].

⁹ Marsden, J., Stillwell, G., James, K., Shearer, J., Byford, S., Hellier, J., Kelleher, M., Kelly, J., Murphy, C. & Mitcheson, L. (2019) Efficacy and cost-effectiveness of an adjunctive personalised psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: a pragmatic, open-label, randomised controlled trial, *Lancet Psychiatry* 2019; 6:391-402 (supplementary appendix).

4. Services for adults requiring learning disability support

- 4.1 Local authority own-provision day care for adults requiring learning disability support (age 18-64)
- 4.2 Advocacy for parents requiring learning disability support
- 4.3 Residential care homes for adults requiring learning disability support
- 4.4 Care homes for adults with autism and complex needs
- 4.5 Positive behavioural support for adults with intellectual disabilities and behaviour that challenges

4.1 Local authority own-provision day care for adults requiring learning disability support (age 18-64)

As day care expenditure is now combined with other expenditure in the ASC-FR data collection,¹ this table uses the Personal Social Services Expenditure return (PSS EX1)² for 2013/2014 for expenditure costs, which have been uprated using the PSS pay & prices inflator. The median cost was £345 per client week and the mean cost was £359 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, we submitted 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,³ 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. As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£6.60 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, declining to 3 per cent after 30 years. ⁴
B. Land	£2.30 per client attendance	Based on Ministry of Housing, Communities & Local Government land estimates. ⁵ The cost of land has been annuitised at 3.5 per cent over 60 years, declining to 3 per cent after 30 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)	£66 per client attendance	The median cost per client week has been taken from PSS EX1 2013/2014 ¹ and uprated using the PSS pay & prices index. Assuming people requiring learning disability support attend on average 4.8 times per week (4 hours in duration), ² the mean cost per day care 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. 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. ³
Occupancy		No current information is available.
London multiplier		See previous volume for information on multipliers
Unit costs available 2019/2020		
£72 per client attendance (includes A to D); £15.50 per client hour; £46.50 per client session lasting 3.5 hours.		

¹ Calculated using NHS Digital (2018) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2018/19, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-198> [accessed 23 October, 2019], in collaboration with the Department of Health and Social Care.

² Health & Social Care Information Centre (2014) *PSS EX1 2013/14*, Health & Social Care Information Centre, Leeds.

³ Based on research carried out by PSSRU in 2014.

⁴ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁵ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

4.2 Advocacy for parents requiring learning disability support

Advocacy can help service users 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 et al. (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 £5,016. 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 et al., 2014).¹

The costs below are based on the average of two advocacy projects. Project A is in rural and urban parts of the country where most service users are in areas of deprivation; and Project B is in urban regions with large areas of poverty and child protection issues. As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes (for further clarification see Commentary)
A. Wages/salary	£39,236 per year	Project A: two part-time advocates (salary range £20,000-£25,000); Project B: 80 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	£10,095 per year	Employer's national insurance is included plus 18 per cent of salary for employer's contribution to superannuation.
C. Overheads Management/supervision	£7,089 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	£3,453 per year	Premises costs (office, stationery, utilities etc.) are estimated at 7 per cent of salary costs. ²
Indirect overheads	£7,892 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	£3,191 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, declining to 3 per cent after 30 years. No new costs available for 2020.
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 8.5 days sickness leave have been assumed based on the median average sickness absence level in England for all authorities. ³ Unit costs assume 1,513 working hours.
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.
Unit costs available 2019/2020		
Average cost per working hour £31, average cost per client-related hour £53. (Estimates exclude travel costs).		
Average total cost £70,956; Total cost for project A: £41,957; Total cost for project B: £99,955.		
Average cost per advocacy intervention (based on 95 hours); £5,016 (Project A £2,965 and Project B £7,065).		

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.

³ Skills for Care (2018) *National Minimum Dataset-Social Care online*, <https://www.nmds-sc-online.org.uk/> [accessed 11 October 2018].

4.3 Residential care homes for adults requiring learning disability support (age 18-64)

The following schema draw on research carried out by Laing & Buisson.¹ All costs have been uprated from 2012/13 using the PSS inflators. They provide illustrative cost models in learning disabilities social care provision, first for residential care homes and then for supported living schemes. See also Laing & Buisson (2016).² Using Adult Social Care Finance Returns (ASC-FR)³ for 2018/2019, the median cost per person for adults (18 to 64) requiring learning disability support in long-term residential care was £1,578 per week and the mean cost was £1,573 per week [using unique identifiers: 8712401 (numerator in thousands of pounds), 8712402 (denominator)]. As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

4.3.1 Residential care homes

Average costs	Low – 30 hours per week	Medium – 60 hours per week	High – 100 hours per week
Direct staff costs	£405	£935	£1,525
Management supervision	£101	£101	£101
Sleep-in costs	£19	£19	£19
Total staff costs	£525	£1,054	£1,644
Service user expenses			
Support overheads	£34	£34	£34
Living expenditure			
Other accommodation costs			
Central overheads	£104	£104	£104
Total operational costs (before rent)	£138	£138	£138
Rent (not known as paid by housing benefit)			
Mark-up (average for sample 6%).	£33	£59	£88
Grand total	£696	£1,251	£1,871

¹ Laing and Buisson (2013) *Cost Analysis Report, Surrey LD costing survey*, Laing & Buisson, London.

² Laing and Buisson (2016) Review of actual cost levels for provision of learning disability supported living services in Lancashire, http://www.lldc.org/wp-content/uploads/2016/09/LaingBuisson_LLDC_Final_Report_070916.pdf [accessed 28 October 2019].

³ Calculated using NHS Digital (2019) Calculated using NHS Digital (2018) Calculated using NHS Digital (2019) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2018/19, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19> [accessed 23 October, 2019], in collaboration with the Department of Health and Social Care.

4.3.2 Supported Living

Supported living schemes offer care and support for people in communal living settings

(<https://www.peoplefirstinfo.org.uk/health-and-well-being/learning-disability/accommodation-for-people-with-learning-disabilities/>). Support includes:

- Assessment of ongoing care needs
- Hands-on care and practical assistance
- Skills training
- Escort to community settings
- Advice and support

The following costs have been drawn from a report which summarises findings and conclusions arising from the learning disabilities service provision costing survey conducted by Laing and Buisson (2013)¹, on behalf of Surrey County Council during October and November 2012. All costs have been uprated to current price levels. See another report by Laing & Buisson (2016)² which identifies the costs of learning disability supported living services provided by councils' own in-house teams in the North West region.

Supported Living (based on average costs for different levels of need)

Average costs	Low – 30 hours per week	Medium – 60 hours per week	High – 100 hours per week
Direct staff costs	£407	£881	£1,355
Management supervision	£134	£134	£134
Sleep-in costs	£39	£39	£39
Total staff costs	£580	£1,054	£1,528
Service user expenses	£62	£74	£85
Support overheads	£45	£45	£45
Living expenditure	£79	£79	£79
Other accommodation costs	£79	£79	£79
Central overheads	£163	£163	£163
Total operational costs (before rent/ROP)	£1,010	£1,496	£1,981

¹ Laing and Buisson (2013) Laing and Buisson (2013) *Cost Analysis Report, Surrey LD costing survey*, Laing & Buisson, London.

² Laing and Buisson (2016) Review of actual cost levels for provision of Learning Disability Supported Living Services in Lancashire, http://lldc.org/wp-content/uploads/2016/09/LaingBuisson_LLDC_Final_Report_070916.pdf.

4.3.3 Specialised supported housing

A sub-category of supported housing is 'Specialised supported housing' (SSH) which is provided or managed by registered providers which are all regulated by the HCA. This relates to supported housing that is exempted entirely from social rent requirements and is defined as those properties developed in partnership with local authorities or the health service (See Housing LIN¹ for a more detailed definition).

Costs were collected from 29 registered providers. Research carried out by Housing LIN¹ found that a person with a learning disability living in Specialised Supported Housing requires state funding of on average £1,569 per person per week for care and housing costs (housing cost and £1,337 care package cost per week).

	Average weekly rent	Average weekly service charge	Care package	Total cost
Shared SSH	£202.41	£57.42	£1,458	£1,717
Self-contained SSH	£212.04	£53.29	£1,458	£1,723
All SSH	£253		£1,458	£1,711

¹ Housing LIN (2018) Funding supported housing for all, Specialised Supported Housing for people with a learning disability, https://www.mencap.org.uk/sites/default/files/2018-04/2018.052%20Housing%20report_FINAL_WEB.pdf [accessed 28 October, 2019].

4.4 Care homes for adults with autism and complex needs

4.4.1 Supported living homes

This schema was prepared in 2017, in collaboration with the Autism Alliance <http://autism-alliance.org.uk/about-us/the-alliance>, a major UK network of specialist autism charities supporting thousands of people with autism and complex needs. When interpreting the costs, it should be taken into account that these clients have very specific needs, resulting in the necessity for a high level of staff support (usually one-to-one) and more specialist staff training and therefore higher salaries. Costs have been uprated to 2019/2020 values using the PSS Pay and Prices Inflatons.

Costs and unit estimation	This example is the average costs for 13 adults with autism and complex needs living in their own rented accommodation. The average care hours are 86.75 per person per week. Some people share communal facilities in addition to their self-contained flats. Actual hours of support vary from 175 per week to 16 per week.	
Income	Per person fee/cost per week (including oncosts)	Total for all residents
Income		
Fees	£1,652	£1,116,908.95
Costs		
Senior support staff	£1,040	£703,174
Sub-total	£1,040	£703,174
Waking nights	£35	£23,610
Sleep in staff	£27	£18,261
Manager	£127	£86,109
Sub-total	£1,230	£831,156
Recruitment	£11	£7,173
Training	£10	£6,812
Other staff overheads	£35	£23,973
Total staff support costs	£56	£37,958
Total costs (excluding management costs)	£2,326	£1,572,288
Management costs – area and central	£321	£217,161

4.4.2 Residential care homes

This schema was prepared in 2015, in collaboration with three members of the Autism Alliance <http://autism-alliance.org.uk/about-us/the-alliance>, a major UK network of specialist autism charities supporting thousands of people with autism and complex needs. The annual cost per client year has been calculated by taking an average of the per client figures from the three participating agencies. Costs have been uprated using the PSS inflators and the Retail Price Index.

When interpreting the costs, it should be taken into account that these clients have very specific needs, resulting in the necessity for a high level of staff support (usually one-to-one) and more specialist staff training and therefore higher salaries. There is also a need for specialist professionals, such as behavioural specialists and psychologists, and speech and language therapists who provide support in response to urgent need and fulfil a function that a LA specialist would be unable to meet. Given that the clients often display challenging behaviour, there is more staff sickness together with additional costs associated with furniture and equipment and the need to recruit specialists. The people these organisations support have issues sharing space, and therefore a cost associated with environment and, specifically, space has to be factored in. The people in question will have specific demands on transport and additional costs associated with specialist diets, clothing and bedding. There must also be consideration for the type of activities and specific interests that the person will regularly demand, and the associated costs.

Costs and unit estimation	2019/2020 value	Notes
A. Wages/salary	£51,411 per client year	Based on actual salaries of care staff, including support workers, service co-ordinators, team leaders, waking-night support and sleep-in workers. Therapists are included in this cost (includes positive behaviour and communication therapists).
B. Salary oncosts	£7,324 per client year	Employer's national insurance contribution plus employer's contribution to superannuation.
C. Direct overheads	£11,024 per client year	Support staff and management including administrators, cooks and managers. Staff costs were 19 per cent of direct care salary costs.
Management and supervision		
Non-staff	£11,930 per client year	Non-staff overheads form in total 21 per cent of direct care salary costs. They include training (2%), supplies and services (5%), maintenance (4%), utilities (3%), staff travel (0.1%), rent (5%) and other (2%).
D. Indirect overheads	£14,564 per client year	Indirect overheads include general management and support services such as finance and human resource departments. On average, these costs comprise 33 per cent of direct care salary costs.
E. Personal living expenses	£4,208 per client year	This includes an amount for groceries, household provisions, clothing and medical expenses, comprising 8 per cent of direct care salary costs.
F. Day Care	£27,124 per client year	This includes the costs for 37.5 hours per week per person of separately-based specialist day care, and assumes a ratio of one member of staff for every two clients attending.
Working time	24 hours per day, 365 days per year.	
Number of clients	65	
Unit costs available 2019/2020		
Average annual cost per client (excluding day care); £100,755; average weekly cost per client £1,931.		
Average annual cost per client, (including day care); £127,879; average weekly cost per client £2,451.		

4.5 Positive behavioural support for adults with intellectual disabilities and behaviour that challenges

Positive behavioural support (PBS) is a flexible service that aims to maintain people with intellectual disabilities whose behaviour challenges the community, and to increase the ability of carers and professionals to cope with such behaviours (<http://www.skillsforcare.org.uk/Topics/Learning-disability/Positive-behavioural-support/Positive-behaviour-support.aspx>).

The service supports adults (18 years old and over) in four areas of practice: early intervention for high-risk groups (e.g. training workshops for carers and professionals working with people with intellectual disabilities and behaviour that challenges); crisis prevention and management (e.g. early identification of behaviours that may lead to placement breakdowns); technical support for those with the most complex (e.g. intensive behavioural intervention); and placement development (e.g. returning people in out-of area placements to their 'home' borough).

A study carried out by Lemmi et al. (2015)¹ found that the service was effective in improving the outcomes (behaviours that challenge, activity engagement, community participation) of individuals at a total cost of services of £2,709 per week (see table 1 overleaf which uses average costs for a sample of three people). The economic analysis adopted a public service perspective, including health and social care services and criminal justice services. The PBS intervention formed nearly 10 per cent of this cost (£270). The total cost of the PBS intervention lasting 15 months is estimated to cost £17,264 per adult. The total cost of services received for adults in receipt of additional support was £140,957 per year. These costs have been uprated from 2012/2013 using the appropriate inflators.

These costs were calculated using a representative high-intensity case, and the PBS intervention includes staff costs (behaviour analyst, assistant behaviour analyst, support worker), overheads (IT, telephone, photocopy, training, human resources cost, accommodation costs, meetings, analysis and report formulation), travel costs, and clinical supervision. The authors note that by maintaining people with less severe challenges in the community (£9 to £180 per week) and those with more severe behavioural needs in less service-intensive residential accommodations (£1,293 to £4,066 per week), the service may potentially reduce public services cost in the long term.¹

See Hassiotis et al. (2014)² for a study addressing the clinical and cost effectiveness of staff training in PBS.

¹ Lemmi, V., Knapp, M., Saville, M., McWade, P., McLennan, K. & Toogood, S. (2015) Positive behavioural support for adults with intellectual disabilities and behaviour that challenges: an initial exploration of the economic case, *International Journal of Positive Behavioural Support*, 5,1, 16-25.

² Hassiotis, A., Strydom, A., Crawford, M., Hall, I., Omar, R., Vickerstaff, V., Hunter, R., Crabtree, J., Cooper, V., Biswas, A., Howie, W. & King, M. (2014) Clinical and cost effectiveness of staff training in Positive Behaviour Support (PBS) for treating challenging behaviour in adults with intellectual disability: a cluster randomised controlled trial, *BMC Psychiatry*, 14: 219.

Table 1 Service use and cost for adults over the first 6 months of PBSS (N=3)

	No. using	No. contacts mean (SD)	Contact: hours, mean (SD)	Weekly cost (£2019/2020), mean (SD)
Health and social care				
Supported housing (days)	1	182		£360 (£623)
Other than residential home (days)	1	35.5		£108 (£188)
Total residential care				£469 (£554)
Community-based care				
Psychiatrist	2	2 (0)	0.9 (0.2)	£15 (£13)
Nurse	3	5 (2.6)	0.8 (0.1)	£8 (£4.30)
Social worker	3	48.3 (17.2)	0.4 (0)	£147 (£64)
Care worker	1	182	24	£1,587 (£2,748)
Other services (paid through direct payments)	2	78		£151 (£131)
Total community-based care				£1,908 (£2,588)
Day care centre	1	78	6	£67 (£117)
Total health and social care				£2,444 (£3,066)
Positive behavioural support for adults with intellectual disabilities and behaviour that challenges				£266
Total health and social care (+PBSS)				£2,709 (£2,885)

5. Services for adults requiring physical support

5.1 Local authority own-provision care homes for adults requiring physical support

5.2 Voluntary, private and independent sector care homes for adults requiring physical support

5.3 Day care for adults requiring physical support

5.1 Local authority own-provision care homes for adults requiring physical support (age 18-64)

This table uses data from the ASC-FR data return (ASC-FR) for 2018/2019.¹ As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£177 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, declining to 3 per cent after 30 years.
B. Land costs	£28 per resident week	Based on Ministry of Housing, Communities & Local Government land estimates. ³ Land costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
C. Total local authority expenditure (minus capital)	£859 per resident week	The median revenue weekly cost estimate (£818) for adults requiring physical support in own-provision residential care. Capital costs relating to buildings and land have been deducted. The mean cost per client per week is reported as being £1103 [using unique identifiers: 8710701 (numerator in thousands of pounds), 8710702 (denominator)].
D. 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	£24.90 per week	The DWP personal allowance for people in residential care or a nursing home is £24.90. 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		See previous volume for information on multipliers
Unit costs available 2019/2020		
Age 18-64 (using unique identifier 8710701; numerator in thousands of pounds, 8710702; denominator)		
£1247 per resident week establishment costs (includes A to C); £1272 per resident week (includes A to E).		
£178 per resident day establishment costs (includes A to C); £181 per resident day (includes A to E).		

¹ Calculated using NHS Digital (2019) Calculated using NHS Digital (2019) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2018/19, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19> [accessed 23 October, 2019], in collaboration with the Department of Health and Social Care.

² Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

⁴ Department of Health & Social Care (2019) *Social Care – Charging for care and support*, Department of Health & Social Care, London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772969/Social_care_charging_for_care_and_support_-_LAC_2019.pdf [accessed 20 May 2019].

5.2 Voluntary and private sector residential care homes for adults requiring physical support (age 18-64, summary provided for 65+)

This table uses data from the ASC-FR data return (ASC-FR) for 2018/2019. ¹ As no new data is available this year we have uprated these figures to 2019/2020 values using the appropriate inflator.

Costs and unit estimation	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£169 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, declining to 3 per cent after 30 years.
B. Land costs	£27 per resident week	Based on Ministry of Housing, Communities & Local Government land estimates. ³ Land costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
C. Total expenditure (minus capital)	£779 per resident week	The median weekly expenditure (£7795) for adults requiring physical support in residential care provided by others [using unique identifiers: 8710801 (numerator in thousands of pounds), 8710802 (denominator)]. Capital charges relating to buildings and land have been deducted. The mean cost per client per week is reported as being £838.
D. Overheads		Social services management and support services (SSMSS) costs are included in ASC-FR expenditure figures so no additional overheads have been added.
Other costs		
E. Personal living expenses	£24.90 per week	The DWP personal allowance for people in residential care or a nursing home is £24.90. 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		See previous volume for information on multipliers
Unit costs available 2019/2020		
Age 18-64 (using unique identifier 8710801; numerator in thousands of pounds, 8710802; denominator)		
£975 per resident week establishment costs (includes A to C); £1000 per resident week (includes A to E).		
£139 per resident day establishment costs (includes A to C); £143 per resident day (includes A to E).		

¹ Calculated using NHS Digital (2019) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2018/19, <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19> [accessed 23 October, 2019], in collaboration with the Department of Health and Social Care.

² Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

³ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

⁴ Department of Health & Social Care (2019) *Social Care – Charging for care and support*, Department of Health & Social Care, London. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772969/Social_care_charging_for_care_and_support_-_LAC_2019.pdf [accessed 20 May 2019].

5.3 Day care for adults requiring physical support (age 18-64)

As day care is now combined with other expenditure in the ASC-FR data collection, this table uses the Personal Social Services Expenditure return (PSS EX1)¹ for 2013/2014 for expenditure costs which have been uprated using the PSS pay & prices inflator.

The median cost was £245 per client week and the mean cost was £245 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, we submitted 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	2019/2020 value	Notes
Capital costs		
A. Buildings and oncosts	£6.60 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, declining to 3 per cent after 30 years. ³
B. Land	£2.30 per client attendance	Based on Ministry of Housing, Communities & Local Government land estimates. ⁴ Land costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
C. Other capital		
Revenue costs		
D. Salary and other revenue costs	£91 per client attendance	The median cost per client week has been taken from PSS EX1 2013/2014 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 and mean cost per day care attendance is £91. 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. 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		See previous volume for information on multipliers
Unit costs available 2019/2020		
£100 per client attendance (includes A to D); £21 per client hour.		

¹ Health & Social Care Information Centre (2014) *PSS EX1 2013/14*, Health & Social Care Information Centre, Leeds.

² Based on research carried out by PSSRU in 2014.

³ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

⁴ Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

6. Services for children and their families

- 6.1 NHS reference costs for children's health services
- 6.2 Department for Education's Social Care Innovation Programme
- 6.3 Care home for children—local authority
- 6.4 Voluntary and private sector care homes for children
- 6.5 Foster care for children
- 6.6 Adoption
- 6.7 Parent training interventions for parents of disabled children with sleep problems
- 6.8 Early Years Teacher Classroom Management programme
- 6.9 Advocacy
- 6.10 Counselling

6.1 NHS reference costs for children's health services

'Reference costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients.'¹ We have drawn on *NHS Improvement, Reference Costs 2018/2019* to report on the NHS reference costs for selected services for children and their families.¹ All costs have been uprated to 2019/2020 prices using the NHS cost inflation index. Please note the source costs no longer include figures for lower and upper quartiles.

	National average
COMMUNITY SERVICES, average cost per group session (one-to-one)	
Therapy services	
Physiotherapy	£75 (£103)
Occupational therapy	£141 (£144)
Speech therapy services	£84 (£102)
Community health services – nursing, average cost per care contact/group session	
School-based children's health core (other) services – group single professional	£43 (£54)
School-based children's health core (other) services – one to one	£70 (£53)
ELECTIVE INPATIENT (PAEDIATRICS), average cost per stay	
Elective inpatient (paediatrics), average cost per stay	£3,466
OUTPATIENT ATTENDANCES, average cost per attendance	
Paediatrics	£221
Paediatric consultant-led outpatient attendance	£237
Paediatric non-consultant-led outpatient attendance	£154
SPECIALIST PALLIATIVE CARE, average cost per bed day	
Hospital specialist palliative care support	£251
CRITICAL CARE	
Paediatric Critical Care, basic critical care	£1,608
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES, average cost per patient contact	
Day care facilities – regular attendance	£608
Admitted patients	£788
Admitted patients – psychiatric intensive care	£1,536
Community contact	£225
Community contact, crisis resolution, home treatment	£252
Outpatient attendance	£288

¹ NHS Improvement (2019) *National Schedule of Reference Costs 2018-19*, NHS Improvement, <https://improvement.nhs.uk/resources/reference-costs/> [accessed 5 November 2020].

6.2. Department for Education's Social Care Innovation Programme

The following services have been funded as part of the Department for Education (DfE)'s Social Care Innovation Programme ([Children's Social Care Innovation Programme: insights and evaluation - GOV.UK \(www.gov.uk\)](#)). We report the unit costs from the evaluation reports, and users are advised to confirm the approach fits their requirements. Unless specified below, we assume costs were reported at 2015/2016 values, the first year of receiving the DfE grant. New information will be added each year as further evaluations are published.

What is the programme?	Who is involved?	Costs
'Pause' A voluntary programme for women at risk of having children removed from their care. ¹ An intense programme of emotional, psychological, practical and behavioural support which aims to reduce the number of children being removed into care and improve the health and wellbeing of the women.	Pause works with partner agencies (such as health and domestic violence services) to design individual programmes for caseloads of 6-8 women.	Costs were captured for a cohort of 125 women. The cost of delivering Pause over 18 months - £2,525 (£20,202 per woman), equivalent to £1,638,487 (£13,468 per woman) per annum, based on Round 1 evaluation figures. Includes staff running costs, office costs, and individual budgets. Set-up costs, strategic management costs, and in-kind costs were excluded from the estimations. In Round 2, costs for five sites between 2016 and 2019 is estimated at £6.0m and an average of £300k per annum per practice.
'No Wrong Door' An integrated service for young people. ² Provides an integrated service for young people, aged 12 to 25, who either are in care, edging to or on the edge of care, or have recently moved to supported or independent accommodation while supported by No Wrong Door (NWD).	NWD operates from 2 hubs in Scarborough and Harrogate. Each hub has a team that consists of a manager, 2 deputy managers, NWD hub workers, a communications support worker, a life coach and a police liaison officer.	Costs from Round 1 of this process. Round 2 costs are not yet available. Bespoke packages of care were developed. Although an intensive package with daily face-to-face contact over 28 days is estimated to cost NWD around £5,000 per week, others received only low levels of outreach support (for example, 3 hours per month) costing much less.
Belhaven Service ³ provides mental health treatment in a local care home setting to reduce the risk of referral to mental health inpatient services and breakdown of educational and care arrangements for young people. It aims to integrate health, care and education delivery for the most vulnerable children.	A 5-bed residential home, in which 4 beds were funded as part of the DfE Innovation Programme (Stat guidance template (publishing.service.gov.uk)).	Full occupancy £676 per day. Actual occupancy during evaluation £849 per day. The planned length of stay was 90 days; at full occupancy this would cost £60,840.

¹ McCracken, K., Priest, S., FitzSimons, A., Bracewell, K., Torchia, K. & Parry, W. with Stanley, N. (2017) Evaluation of Pause, Department for Education, <https://www.gov.uk/government/publications/social-care-pause-programme>.

² Lushey, C., Hyde-Dryden, G., Holmes, L. & Blackmore, J. (2017) Evaluation of the No Wrong Door Innovation Programme, Research Report, Department for Education, <https://www.gov.uk/government/publications/no-wrong-door-innovation-programme-evaluation>.

³ Boxford, S., Harvey, J., Irani, M. & Spencer, H. (2017) Evaluation of the Belhaven Service, Department for Education, [Stat guidance template \(publishing.service.gov.uk\)](#)

What is the programme?	Who is involved?	Costs
<p>The Mockingbird Family Model (MFM)¹ is an approach to supporting foster carers and the children and young people placed with them. It aims to ensure young people in foster care experience improved stability, stronger birth family and sibling relationships and more successful early reunifications with their birth family.</p> <p>Update 2020²: the programme was seen as a promising model by all participants although it would require time and careful consideration of decisions to be effective and sustainable.</p>	<p>MFM brings together clusters of between 6 and 10 ‘satellite foster homes’ to form a ‘constellation’. The constellation is supported by hub carers, identified as key to MFM’s success, who provide range of supports to those within the constellation.</p> <p>As of March 2020², across 12 fostering services there were 41 Mockingbird constellations involving 320 satellite homes, 673 adults and 705 children and young people (CYP). 467 foster carer households and 921 care-experienced CYP took part between April 2017 and March 2020.</p>	<p>The ongoing cost of running a constellation during the pilot phase was estimated to be around £30,491 per year (data from 5/8 MFM host services; 2015 prices) including payments to hub carers, additional payments for activities and mileage. This excludes payments for respite care or the costs for staffing, such as the constellation liaison worker.</p> <p>An evaluation report was published in September 2020². Costs reflected the resources required to deliver the project in 12 sites from April 2017 to March 2020. The cost (adjusted to remove set-up costs) over the 3 year period was calculated to be £3,382,615.</p>
<p>The overall objective of the Innovation Programme in Hampshire and the Isle of Wight was to create the right conditions and capacity for professional to work as effectively as possible (p7).³ Specific Social Care Innovations include:</p> <ul style="list-style-type: none"> a) An new offer for children on the edge of care b) Piloting an approaching to volunteering with vulnerable children and families c) A pilot intervention to address child sexual exploitation. 	<p>The edge of care offer includes a key worker, a structured weekly activities programme and a volunteer mentor.</p> <p>Volunteering The Hampshire model is a newly recruited team of 4 volunteer coordinators. The Isle of Wight model involves Home Start providing family support volunteers. The child sexual exploitation team includes a team manager, 3 social workers and two administrators. The team also includes 2 health safeguarding nurses, the specialist Barnardo’s worker and police inputs, however, the costs of these members are excluded from the unit costs shown here.</p>	<p>A typical edge of care intervention costs £3,273. This includes £1,812 for the key worker, £1,065 for the Activities Programme, and £396.40 for support from the volunteer mentors.</p> <p>Volunteering Hampshire, £396.40 per substantive intervention, including the co-ordinator, marketing and admin, volunteer expenses, and overheads at 20%</p> <p>Isle of Wight, £304.65 per substantive intervention for the Volunteer Co-ordinator.</p> <p>Addressing child exploitation - £262,980 per team including staffing and approximate overheads at 20%.</p>

¹ McDermid, S., Baker, C. & Lawson, D. with Holmes, L. (2016) The evaluation of the Mockingbird Family Model, Department for Education, [Children's Social Care Innovation Programme: insights and evaluation - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544441/childrens-social-care-innovation-programme-insights-and-evaluation.pdf)

² Ott, E., McGrath-Lone, L., Pinto, V., Sanders-Ellis, D. & Trivedi, H. (2020) Mockingbird Programme Evaluation Report September 2020, [Mockingbird Fostering Network Evaluation \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/904441/mockingbird-fostering-network-evaluation.pdf)

³ Burch, K., Green, C., Merrell, S., Taylor, V. & Wise, S. (2017) Social Care innovations in Hampshire and the Isle of Wight, Evaluation Report, Department for Education, http://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.49-Hampshire_and_IOW_Evaluation_Report_March_2017.pdf.

<p>Sefton Community Adolescent Service (CAS)¹ aimed to:</p> <p>a) reduce numbers of young people entering the care system at age 13+; b) improve placement stability for looked after young people; c) reduce the number of children missing from home or care; d) achieve engagement in Education, Training and Employment; e) reduce involvement with the criminal justice system, and with guns and gangs; and f) reduce the number of young people at risk of Child Sexual Exploitation (p7).</p>	<p>The model centred on 2 multi-disciplinary hub teams working with young people and their families. These teams were supported by a 4-bed residential children's home, commissioned to offer planned respite provision.</p>	<p>The residential respite unit has capacity for 4 young people to stay, totalling 1,440 overnight stays a year. During the evaluation period, the total number of young people did not exceed 139 (756 overnight stays). This under-occupancy meant the unit costs were higher than expected at £889 per night compared to £467 if operating at full capacity over the year.</p>
<p>A two stage evaluation taking place in 2019 and 2020, SafeCORE² was implemented in Greenwich and aimed at families with Domestic Violence and Abuse (DVA) as a presenting need. Greenwich has a high rate of repeat contacts, referrals and child and family assessments where this is a feature. Prior to the project, families received no active help from statutory services.</p>	<p>Between the beginning of February 2018, when the project started working with families, and 3rd March 2019, SafeCORE received 122 referrals. As of January 2020, SafeCORE had worked with 179 families with 248 children.</p>	<p>The total project funding, minus 10% to allow for start up costs, was £1,950,000. The estimated average cost of supporting a family through SafeCORE was £19,918.</p> <p>The average saving per family was £14,701 for the engaged families and £9,459 for the disengaged families. If it is assumed that the characteristics and needs of the two sets of families were broadly equivalent, the additional saving of remaining engaged was calculated as £5,242 per family.</p>
<p>Bradford B Positive Pathways³ incorporated 2 practice models (No Wrong Door and Mockingbird) and was funded through Round 2 of the DfE's Children's Social Care Innovations Programme. Among its aims were to reduce the number of looked-after children by a total of 75 and the number of out-of-authority placements by 20 over a 2 year period.</p>	<p>A total of 172 young people were reported to have stayed at home following BPP outreach support. The numbers of young people who would otherwise have gone in to each looked after setting were calculated by applying the rate of different placement types in Bradford to these 172 young people.</p>	<p>The base programme cost was £2,578,080.</p> <p>A total saving of £8,614,368 was achieved over the 2 year period of the programme operation. £4,167,540 in foster care, £108,000 in adoption, £118,668 in other accommodation, £4,075,968 in local authority residential and £144,192 for those placed with a parent.</p>

¹ Day, L., Scott, L. & Smith, K. (2017) Evaluation of the Sefton Community Adolescent Service (CAS), Department for Education. http://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.68-Evaluation_of_the_Sefton_Community_Adolescent_Service-1.pdf.

² Edbrooke-Childs, J., Costa da Silva, L., Allan, T. & Edridge, C. (2020) The SafeCORE Evaluation report, March 2020. [SafeCORE Evaluation Report \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/864847/SafeCORE_Evaluation_Report_March_2020.pdf)

³ Cresswell, C., Holmes, L. & Dixon, J. (2020) An evaluation of the Bradford B Positive Pathways innovation programme, May 2020. [An evaluation of the Bradford B Positive Pathways innovation programme \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/864847/An_evaluation_of_the_Bradford_B_Positive_Pathways_innovation_programme.pdf)

6.3 Care home for children - local authority own-provision

This table presents the costs per resident week for a local authority own-provision home for children. Establishment costs are £4,971 per resident week. The Chartered Institute of Public Finance & Accountancy (CIPFA) reported that the average spend per authority on own-provision residential care for children in 2018 was £1,238,700 compared with £956,300 in 2017. In 2018, 67 per cent of total spend was attributed to on-site social workers (including agency staff, floating staff, staff on sick leave) and includes pay, overtime, national insurance and any pension contributions. Cost information for 2019 is unavailable.

See: [Ofsted: developments in children's social care \(blog.gov.uk\)](https://www.blog.gov.uk/2019/03/development-in-childrens-social-care/) for a report on the children's homes sector.

Costs and unit estimation	2019/2020 value	Notes
Capital costs (A & B)		
A. Buildings	£148 per resident week	Based on the new-build requirements for local authority children's homes. These allow for 59.95 m ² per person. ¹ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
B. Land	£31 per resident week	Based on Ministry of Housing, Communities & Local Government land estimates. ²
C. Total local authority expenditure (minus capital)	£4,792 per resident week	Mean costs for children looked-after in own-provision children's homes are based on the underlying data of the DfE Section 251 outturn data for 2018/19. ³ The cost for a child for a week in an own-provision residential care home was £4,971. This was calculated by dividing total current expenditure for local authority (LA) provision children's care homes (£282,652,985) by the number of LA provision care days (own-provision and other local authority provision) for children in residential care (residential care homes: R1; children in secure units: K1; children in homes and hostels: K2; residential schools: S1) (410,327). ⁴ This gives a cost of £689 per day or £4,822 per week, and £4,971 when inflated using the PSS pay and prices inflator. Capital charges for buildings and land have been excluded to give a cost per resident week of £4,792. Local authorities reporting costs of less than £400 per week (5 local authorities) or more than £14,000 per week (25 local authorities) have been excluded.
D. Overheads		No current information available. See previous editions of this volume for sources of information.
E. Other costs	£14.58 per resident week for school support	Using Section 251 data, ³ and dividing total expenditure for 'education of looked-after children' (£46,750,611) by total children looked-after aged 5 and over (63,580), ⁵ a cost per child per year for education was calculated (£735). When uprated, this gives a cost of £14.58 per resident week. This cost excludes school spending and relates to additional LA services to promote the education of looked-after children, for example virtual heads.
Use of facility by client	52.18 weeks	
Occupancy	86 per cent	Occupancy rates in local authority run homes was 86 per cent in 2014. ⁶
London multiplier	1.02 x C	Relative London costs are drawn from the same source as the base data for each cost element. ³
Unit costs available 2019/2020		
£4,971 establishment costs per resident week (includes A to C); £710 establishment costs per resident day (includes A to C); £4,986 per resident week (includes A to E); £712 per resident day (includes A to E).		

¹ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

² Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

³ Department for Education (2019) *Section 251 documents*, Department for Education, 2018-2019 London. <https://www.gov.uk/government/collections/section-251-materials> [accessed 29 October 2019].

⁴ Department for Education (2019) *Children looked-after in England including adoption and care leavers, year ending 31 March 2019*, Department for Education, London.

⁵ Department for Education (2017) *Children looked after in England including adoption: 2018 to 2019*, <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019> [accessed 5 November 2019].

⁶ Department for Education (2015) *A census of the children's homes workforce*, Research report, Department for Education, London. [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/391529/RR437 - Children s homes workforce census .pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/391529/RR437_-_Children_s_homes_workforce_census_.pdf).

6.4 Voluntary and private sector care homes for children

This table presents the costs per resident week for an independent sector care home for children. Establishment costs are £3,847 per resident week.

Costs and unit estimation	2019/2020 value	Notes
Capital costs (A & B)		
A. Buildings	£148 per resident week	Based on the new-build requirements for local authority children's homes. These allow for 59.95 m ² per person. ¹ Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years. No new information available for 2020.
B. Land	£31 per resident week	Based on Ministry of Housing, Communities & Local Government land estimates. ²
C. Total expenditure (minus capital)	£3,668 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 DfE Section 251 outturn data for 2018/2019. ³ The cost for a child for a week in a non-statutory residential care home for children was £3,847. This was calculated by dividing total expenditure for other provision children's care homes (private and voluntary/third sector) (£1,020,625,591) by the number of care days in non-LA provision for children in residential care (residential care homes: R1; children in secure units: K1; children in homes and hostels: K2; residential schools: S1) (1,915,337). ⁴ This gives a cost of £533 per day (£3,731 per week, and £3,847 when uprated using the PSS pay and prices inflator). Capital charges for buildings and land have been excluded to give a cost per resident week of £3,668. Local authorities reporting costs of less than £400 per week (20 local authorities) or more than £14,000 per week have been excluded (no local authority data showed costs in this category).
D. Overheads		No current information available. See previous editions of this volume for sources of information.
E. Other costs External services	£14.58 per resident week for school support	Using Section 251 data, ³ and dividing total expenditure for 'education of looked-after children' (£46,750,611) by total children looked-after aged 5 and over (63,580), ⁴ a cost per child per year for education was calculated (£735). When uprated, this gives a cost of £14.58 per resident week. This cost excludes school spending and relates to additional LA services to promote the education of looked-after children, for example virtual heads.
Use of facility by client	52.18 weeks	
Occupancy	79 per cent	Occupancy rates in independent sector homes was 79 per cent in 2014. ⁵
London multiplier	1.00 x C	Relative London costs are drawn from the same source as the base data for each cost element. ³
Unit costs available 2019/2020		
£3,847 establishment costs per resident week (includes A to C); £550 establishment costs per resident day (includes A to C)		
£3,862 per resident week (includes A to E); £552 per resident day (includes A to E).		

¹ Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.

² Ministry of Housing, Communities & Local Government (2018) *Land value estimates for policy appraisal 2017*, <https://www.gov.uk/government/publications/land-value-estimates-for-policy-appraisal-2017> [accessed 25 September 2018].

³ Department for Education (2019) *Section 251 documents*, Department for Education, London. <https://www.gov.uk/government/collections/section-251-materials> [accessed 29 October 2019].

⁴ Department for Education (2019) *Children looked after in England including adoption: 2018 to 2019*, <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019> [accessed 5 November 2019].

⁵ Department for Education (2015) *A census of the children's homes workforce*, Research report, Department for Education, London. [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/391529/RR437 - Children s homes workforce census .pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/391529/RR437_-_Children_s_homes_workforce_census_.pdf).

6.5 Foster care for children

This table provides the cost of foster care for children.

Costs and unit estimation	2019/2020 value	Notes
A. Boarding out allowances, administration and the costs of social worker and other support staff who support foster carers	£607 per child per week	<p>Using Section 251 data,¹ and dividing total expenditure for all foster care (including children placed with family and friends, own-provision, private, other public and voluntary foster care) of £1,702,234,922 by the total number of days of care for children in foster placements with a relative or friend (code Q1), and children in foster placements with other foster carers (code Q2) (20,217,784),² the cost per day for all foster care for 2018/19 was £84 (£87 per day and £607 per week when uprated to 2019/20 prices using the Personal Social Services (PSS) pay & prices inflator). Local authorities reporting an average cost of more than £1,500 per week (1 local authority) have been excluded.</p> <p>Using Section 251 data¹ and dividing total expenditure for LA provision foster care (including children placed with family and friends, own-provision and other public provision) of £830,832,410 by the total number of days of care for children in foster placements with a relative or friend (code Q1) and children in foster placements with other foster carers (code Q2) (12,911,276),² the cost per day for 2018/19 was £65 (£67 per day or £468 per week when uprated to 2019/20 prices using the PSS pay & prices inflator). Local authorities reporting an average cost of more than £1,500 per week (7 local authorities) have been excluded.</p>
B. Social care support		No current information available on social work costs (teams and centres) directly related to fostered children. See previous editions for the cost of social services support estimated from the Children in Need (CiN) census 2005. ³
C. Overheads		No current information available.
D. Other services, including education	£14.58 per resident week for school support	Using Section 251 data, ¹ and dividing total expenditure for 'education of looked-after children' (£46,750,611) by total children looked-after aged 5 and over (63,580), ⁴ a cost per child per year for education was calculated (£735). When uprated, this gives a cost of £14.58 per resident week. This cost excludes school spending and relates to additional LA services to promote the education of looked-after children, for example virtual heads.
Service use by client	52.18 weeks per year	
London multiplier	1.24 x A	Relative London costs are drawn from the same source as the base data. ¹
Unit costs available 2019/2020		
£622 per child per week (excluding social care support directly related to fostered children but including additional education services).		

¹ Department for Education (2019) *Section 251 documents*, Department for Education, London. <https://www.gov.uk/government/collections/section-251-materials> [accessed 29 October 2019].

² Department for Education (2019) *Children looked after in England including adoption: 2018 to 2019*, <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019> [accessed 5 November 2019].

³ Department for Education & 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 & Skills, London.

⁴ Department for Education (2019) *Children looked after in England including adoption: 2018 to 2019*, <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019> [accessed 5 November 2019].

6.6 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 begins with information from a routine source: Section 251 of the Department for Education's financial data collection. It also includes findings from a survey conducted in 2016 to inform the Centre for Child and Family Research's (CCFR's) initial work to extend the Cost Calculator for Children's Services (CCFCS) to include adoption services in England. All costs have been updated using appropriate inflators.

Local authority expenditure – Section 251

Based on the Section 251 budget summary for 2018/2019 and updated, the total expenditure on adoption services is £339,999,033 up from £308,902,924 in 2018..² This comprises staff and overhead costs associated with adoption, including the costs of social workers recruiting and assessing prospective adopters, supporting existing prospective adopters, and costs related to post-adoption support services. Support services can include: financial support; services to enable discussion groups for adoptive children/parents and birth parents or guardians; contact and mediation assistance; therapeutic services; counselling, advice and information. Provision of adoption support is based on assessed needs. Financial payments are made depending on the needs of the child and are means-tested. Expenditure on care placements for children with a placement order and waiting to be adopted is excluded, as are any direct social work costs for adopted children.²

Based on returns from 30 local authorities which form part of the Chartered Institute of Public Finance & Accountancy (CIPFA) benchmarking clubs (<http://www.cipfa.org/services/benchmarking>), the average spend per authority on adoption services in 2017 was £2,659,300 compared with £2,424,700 in 2016. **No data beyond 2017 is being collected by CIPFA.** In 2017, 23 per cent of total spend was attributed to social workers (including agency staff, floating staff, staff off sick) and includes pay, overtime, national insurance and any pension contributions. Seven per cent was allocated to costs relating to all other adoption service staff, 22 per cent to other direct costs (including adoption support), 3 per cent to service overheads (property costs relating to service provision, cost of Head of Service and management, business support, the adoption management team and procurement, and nearly 7 per cent to corporate overheads. Thirty nine per cent of expenditure was attributed to the adoption allowance.

At year end 31 March 2019, 5,450 children had a placement order; 58,260 had a care order and there was a voluntary agreement (S20) in place for 14,130.³ There were 3,570 looked-after children adopted during the year ending 31 March 2018.³ A placement order is dispensed by the court and authorises the local authority to find, match and place a child with prospective adopters, and is revoked once the adoption order is made.⁴

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'). The 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 (2020) are shown in table 1 below (<http://www.cvaa.org.uk/the-voluntary-adoption-sector/inter-agency-fees/>). Further information can be found in Dance et al (2017).⁵

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

² Department for Education (2019) *Section 251 documents*, Department for Education, London. <https://www.gov.uk/government/collections/section-251-materials> [accessed 29 October 2019].

³ Department for Education (2019) *Children looked after in England including adoption: 2018 to 2019*, <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019> [accessed 5 November 2019].

⁴ http://trixresources.proceduresonline.com/nat_key/keywords/placement_order.html

⁵ Dance, C., Neil, E. & Rogers, R. (2017) *Inter-agency adoption and the government's subsidy of the inter-agency fee*, Department for Education, London. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/638885/Inter-agency_Adoption_and_Subsidy_of_the_Inter-Agency_Fee.pdf [accessed 4 December 2017].

Table 1: Inter-agency fees

Local authorities	Costs for 2020/2021 (for introduction from 1 April 2020) ¹
Fees for one child	£32,063
Fees for two children	£51,714
Fees for three or more children	£70,331
Fees for four children	£80,674
Fees for five children	To be negotiated on an ongoing basis
Ongoing supervision per child	£889 per month

An additional weighting of 10% applies for agencies based in the Greater London area.

Family-finding

We have drawn on research carried out by the Centre for Child and Family Research (CCFR) which was commissioned by Coram Family, as part of one of the DfE's Innovation Programme projects (<https://www.gov.uk/government/publications/childrens-services-innovation-programme>). The remit was to undertake research and development to extend the CCFCs and its underlying conceptual approach to adoption services in England. To calculate the costs, a bottom-up costing methodology is employed, involving the linking of social care time-use and activity data with information about salaries, overheads, and other types of expenditure.

The early stages of this ongoing project involved an online survey of 14 adoption agencies between March and July 2016. Eight local authority agencies and six VAAs participated. Two-hundred and seven personnel provided valid responses. Time-use data were collected from social workers, team managers, agency decision-makers, panel chairs and members, and business support staff and administrators involved in the adoption process.

The average unit costs of five adoption sub-processes are shown in Table 2, for 'standard' cases and 'difficult-to-place'² cases supported by local authority, voluntary and all adoption agencies. All costs have been uprated using the PSS Inflation.

The sub-processes for which costs are provided begin with the child's journey from care planning, and the adopters' journey from the decision to adopt, through to the child's placement. The average costs for assessments for adoption support are also provided. Table 2 does not include all the costs associated with adoption. It excludes, for instance, staff travel; group training and preparation for prospective adopters; group-based family-finding events such as activity days; and the provision of adoption allowances and adoption support services. CCFR's work involved linking the process unit costs detailed in Table 2 with these other types of expenditure to estimate the total costs of adoption. In late 2016, CCFR also administered the time-use survey to additional local authorities and VAAs in the North Yorkshire and Humberside region to verify the figures from the initial survey and improve confidence in the data.

¹ CoramBAAF Adoption and Fostering Academy (2020) Inter-agency fees for 2020/2021, CoramBAAF, London. [Inter-Agency Fees | CoramBAAF](#). [accessed 8 December 2020.]

² Cases were classified as 'difficult to place' if the child had a least one of the following characteristics: they were part of a sibling group; from a black and minority ethnic background; living with a disability; were affected by a health condition, and/or were over four years old.

Table 2: Average costs (£) of adoption processes at 2019/2020 values

Adoption sub-processes	Local authority adoption agencies		Voluntary adoption agencies		All adoption agencies	
	'Standard' case	'Difficult-to-place' case	'Standard' case	'Difficult-to-place' case	'Standard' case	'Difficult-to-place' case
Adoption planning	£2,222	£2,274	£1,711	£1,640	£2,218	£2,164
Preparation, assessment of adopters	£4,414	£3,685	£4,094	£4,882	£4,309	£4,610
Adoption panel	£1,952	£1,449	£941	£1,784	£1,719	£1,696
Linking & matching	£3,957	£3,934	£1,573	£5,863	£2,830	£5,255
Placement of the child	£1,943	£2,066	£762	£2,588	£1,890	£2,386
Assessment for adoption support	£2,821	£3,429	£1,868	£3,505	£2,281	£3,981

Permanent improvement project

In 2017¹ and 2020², Coram published their Permanence Improvement Project aimed at enhancing the wellbeing of children who could not live safely at home and focussed particularly on where adoption was the permanence plan, with the intention of improving life chances for these children and removing barriers to timeliness in family finding. The 2017 study used a mixed methods approach to examine practices at two local authorities and enable them to be replicated nationally. The Coram Consultancy approach enabled an improvement in waiting times of an average of 246 days in 2014-15 to 113 days in 2015-2016.

The 2020 study, took place over four sites that had been identified as in need of improvement by Ofsted, to address delays in finding permanent stable homes. While this study did improve timeliness in all areas, this was not sustained in all beyond the life of the intervention. In one of the sites, the proportion of children who met the 12 week timescale from first to final Legal Planning Meeting, increased from 14% to 33%.

Helping birth families

See previous editions for sources of information.

Supporting direct contact after adoption

See previous editions for sources of information.

¹ Adoption: Coram's 'permanence improvement' project - GOV.UK (www.gov.uk)

² Coram-i Tavistock Final Report (publishing.service.gov.uk)

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 Statutory Guidance on Adoption 2013 (Department of Health, 2013; 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. This includes training to meet the child's needs, respite care and assistance in cases of disruption. See previous editions for sources of information relating to post-adoption support.

¹ Department of Education (2013) Statutory guidance on adoption, For local authorities, voluntary adoption agencies and adoption support agencies, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270100/adoption_statutory_guidance_2013.pdf [accessed 30 November 2016].

² Bonin, E., Beecham, J., Dance, C. & Farmer, E. (2013) Support for adoption: the first six months, *British Journal of Social Workers*, <https://academic.oup.com/bjsw/article-abstract/44/6/1508/1735480?redirectedFrom=fulltext>

6.7 Parent training interventions for parents of disabled children with sleep or behavioural issues

This table 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 issues. 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)	Average cost per programme (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 across 4 programmes.	Staff cost £7,889 Programme cost £197 Total £8,086
The Cygnets programme is a group-delivered parent-training programme for parents of children with Autistic Spectrum Conditions, age 7 to 18.	Cygnets co-ordinator Autistic Support Group 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 51.5 hours were delivered by staff across 6 programmes.	Staff cost £4,156 Programme cost £197 Total £4,353
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 69 sessions (15 hours) were delivered by staff across 4 programmes. An additional 40 hours was required to set up the groups.	Staff cost £3,841 Programme cost £261 Total cost £4,102
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 across 7 programmes.	Staff cost £3,435 Programme cost £294 Total cost £3,729
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 attend 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 across 4 programmes.	Staff cost £1,942 Programme cost £128 Total cost £2,070

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.

6.8 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 six full-day workshops, with enough time between each workshop for teachers to practice the new skills. 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 table provides the costs for two group leaders to deliver six full-day day workshops to ten teachers. Excluded from this table are the costs of ongoing consultation by telephone or in person for new group leaders. The consultation fee is £120 per hour (2014 costs). Although not obligatory, group leaders are encouraged to apply for certification/accreditation (£270, 2014 costs). 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). Based on 2013/2014 costs and uprated using the appropriate inflators.

Costs and unit estimation	2019/2020 value	Notes
Start-up costs		
Group leader training	£1,700 per year	Based on the cost of £283 per person per day for a training course requiring three days. 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	£1,644 per year	This includes Incredible Years materials such as manuals, assorted books, tool box, wheel of fortune, puppets etc. Costs for video cameras should be included if sessions are to be filmed.
Group leaders		
Course planning	£15,589 per year	Based on the cost of £649 per day (includes salaries and overheads) for two group leaders for six days.
Teachers attending programme		
Supply cover	£11,338 per year	Supply cover provided for the 10 teachers attending the course at £189 per day for 6 days.
Incredible Years professional		
Supervision	£1,842 per year	Supervision provided by an Incredible Years professional for the 6 sessions. Based on a cost of £307 per session
Venue		Cost for venue is not known.
Course materials	£410 per year	Books and handouts at £41 per teacher for 10 teachers
Miscellaneous costs	£55 per annum £415 per annum	Incentives and materials Lunch and refreshments are based on a cost of £68 per session.
Certification/accreditation	£298 per annum	This promotes fidelity to the programme
Unit Costs for 2019/2020		
Start-up costs £3,344 (excluding airfare and accommodation for Incredible Years trainer).		
Cost per programme for 10 teachers excluding start-up costs £29,950.		
Cost per teacher excluding start-up costs £2,995.		

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*, 12, 719, doi:10.1186/1471-2458-12-719.

6.9 Advocacy for children with additional/multiple needs

The Children's Act 2004 makes it clear that where young people have difficulty in expressing their wishes and feelings about any decisions made about them, or wish to make a complaint, consideration must be given to securing the support of an advocate. This can result in a variety of benefits for both the child and the local authority; enhanced self-esteem and a better understanding of processes leading to more informed choices and improved care packages as well as improved transition from child to adult services.

This service is targeted at young people who are aged between ten and twenty-one and who have additional/multiple needs, are in need of immediate care and protection, looked after, or a care-leaver. It is considered to be a 'typical' service model. The costs below have been compiled in collaboration with a national children's charity. All costs have been uprated from 2016/2017 to 2019/2020 levels using the PSS inflators.

Costs and unit estimation	2019/2020 value	Notes (for further clarification see Commentary)
A. Wages/salary	£101,258 per year	The service comprises two senior advocates (one whom specialises in disability) working 30 hours per week, an advocate working 21 hours per week and a trainee advocate working 30 hours a week. There is also a sessional advocate who works 12 additional hours per week.
B. Salary oncosts	£19,928 per year	Employer's national insurance is included plus 13.75 per cent of salary for employer's contribution to superannuation.
C. Overheads* Management/administration	£36,275 per year	This includes a services manager (21 hours per week) and an administrative assistant (18 hours per week).
Direct overheads	£3,936 per year	This includes rent, utilities, venue hire
Indirect overheads	£18,741 per year	Indirect overheads form 16 per cent of salary plus oncosts. This includes the finance, central management and human resources function.
D. Qualifications	No costs available	
E. Training	£3,821 per year	A standard allowance of £500 per head is provided for training. The majority of training is run in-house via e-learning portals that the national children's charity have either developed in-house or have made available through partnerships with external suppliers.
F. Capital overheads	£21,140 per year	This includes an amount of £3,020 per head for equipment and buildings owned by the national children's charity.
G. Travel	£5,458 per year	This is as per budget for a 'typical' advocacy service.
Working time	41 weeks per year 37.5 hours per week	Unit costs are based on 5043 working hours.
Ratio of direct to indirect time on client-related work	1:0.94	2600 hours of client related time is assumed each year.
Caseload	20	20 young people per 1 FTE advocate.
Time per case	10 hours	On average, advocates spend 10 hours per case: 85 per cent of cases require 10 hours or less face-to-face time.
Unit costs available 2019/2020		
Average cost per working hour £40, average cost per client-related hour £787. Average cost per advocacy intervention £782.		

* as estimated by the provider organisation

6.10 Counselling for children with mental or emotional difficulties

Counselling falls under the umbrella term 'talking therapies' and allows people to discuss their problems and any difficult feelings they encounter in a safe, confidential environment (<https://www.counselling-directory.org.uk/what-is-counselling.html>). Counselling for young people may be provided at the young person's home, in schools, GP surgeries or other external settings when these are agreed and risk assessed. Although counselling is usually delivered by PW11 and PW111 Counsellors and Psychotherapists, some are delivered by trained volunteers or by more specialised staff when particularly vulnerable groups such as refugees or victims of sexual exploitation/abuse are involved (usually on a sessional basis).

The information for this schema was provided by a national children's charity and the costs estimated represent a 'typical' service for young people who are identified as having a vulnerability relevant to strategic priorities and assessed as having a mental or emotional health difficulty that could benefit from a counselling intervention. There is significant variability between service models dependent on client and commissioner needs. All costs have been uprated from 2016/2017 to 2019/2020 levels using the PSS inflators.

Costs and unit estimation	2019/2020 value	Notes (for further clarification see Commentary)
A. Wages/salary	£65,204 per year	Salary provided by the national children's charity for a counselling service. Includes a service co-ordinator (PW111) with some client-facing time, a project worker, and sessional or volunteer staff to deliver required volumes as flexibly as possible.
B. Salary oncosts	£14,805 per year	Employer's national insurance is included plus 13.75 per cent of salary for employer's contribution to superannuation.
C. Overheads*		
Management/administration	£21,923 per year	This includes a services manager (PW111) (33% client-facing time) and an administrative assistant (12.5 hours per week).
Direct overheads	£2,624 per year	This includes rent, utilities and venue hire specific to the service. Indirect overheads form 16 per cent of salary plus oncosts.
Indirect overheads	£15,306 per year	This includes the finance, central management and human resources function.
D. Qualifications	No costs available	
E. Training	£2,183 per year	A standard allowance of £500 per head is provided for training. The majority of training is run in-house via e-learning portals that the national children's charity have either developed in-house or have available through partnerships with external suppliers.
F. Capital overheads	£12,080 per year	A flat amount per head of £2,649 has been applied per staff member for equipment and buildings owned by the national children's society.
G. Travel	£5,731 per year	This is as per budget for a 'typical' counselling service but will vary between services due to differing locations.
Working time	41 weeks per year 37.5 hours per week	Unit costs are based on 2,850 working hours for the counselling service.
Ratio of direct to indirect time on client-related work	1:0.98	Based on 1440 hours of client-related time assumed each year. The BACP good-practice recommendation for counselling is 60:40, with 60 per cent of the counsellor's time being direct face-to-face counselling and 40 per cent spent on associated activities, including supervision, recording and professional developing/training.
Caseload	20	20 young people per 1 FTE counsellor.
Time per case	Median 12 hours	The majority of counselling projects provide short- to medium-term interventions, ranging from 8 to 12 counselling sessions. Most of the counselling is face-to-face, but can also take place in a group context, over the phone or online. Unit costs are based on a median of 12 hours per case (range of 6-16 hours) based on data from a range of counselling services.
Unit costs available 2019/2020		
Average cost per working hour £49, average cost per client-related hour £97, average cost per counselling intervention £1,165.		

* as estimated by the provider organisation

7. Hospital and related services

- 7.1 NHS reference costs for hospital services
- 7.2 NHS wheelchairs
- 7.3 Equipment and adaptations
- 7.4 Public health interventions
- 7.5 Self-management programmes
- 7.6 Specialist neuro-rehabilitation services
- 7.7 NHS reference costs for sexual health
- 7.8 Screening interventions for sexually-transmitted infections
- 7.9 Abortion reference costs
- 7.10 Cost of private abortion treatment

7.1 NHS reference costs for hospital services

'Reference costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients.'¹ We have drawn on *NHS Improvement, Reference Costs 2018/2019* to report on the NHS reference costs for selected mental health services.¹ NHS Digital are also in the early stages of compiling data from their Patient Level Information Costing System (PLICS) (see article in 2019 volume for more information).² For comparison, the weighted average of all acute outpatient attendances from this collection was £154 and the average of all emergency medicine costs was £181. As this data collection expands, we intend to draw upon it more widely in future volumes. All costs have been uprated to 2019/2020 prices using the NHS cost inflation index. Please note the source costs no longer include figures for lower and upper quartiles.

	National average
Elective/non-elective Health Care Resource Group (HRG) data, average cost per episode	
Elective inpatient stays	£4,168
Non-elective inpatient stays (long stays)	£3,366
Non-elective inpatient stays (short stays)	£602
Day cases HRG data (finished consultant episodes)	
Weighted average of all stays	£752
Outpatient attendances³	
Weighted average of all outpatient attendances	£135
PALLIATIVE CARE	
Inpatient, specialist palliative care (adults only), average cost per bed day	£447
Inpatient, specialist palliative care (same day) adults only	£143
Hospital specialist palliative care support (adults only)	£138
Outpatient, medical specialist palliative care attendance (adults and children)	£189
Outpatient non-medical specialist palliative care attendance	£103
AMBULANCE SERVICES (Weighted average of attendances)	
Calls	£7
Hear and treat and refer	£48
See and treat and refer	£214
See and treat and convey	£263
Average of all	£133
COMMUNITY SERVICES, average cost per group session (one-to-one)	
Physiotherapy	£55 (£64)
Occupational therapy	£106 (£85)
Speech therapy services	£147 (£109)
Dietician	£92

¹ NHS Improvement (2019) *National Schedule of Reference Costs 2018-19*, NHS Improvement, Leeds. <https://improvement.nhs.uk/resources/reference-costs/> [accessed 1 November 2019].

² NHS Digital (2018) Analysis from the Acute Patient Level Information Costing System (PLICS) collection, 2017-18, NHS Digital, Leeds. <https://digital.nhs.uk/data-and-information/publications/statistical/mi-acute-patient-level-activity-and-costing/data-quality-and-analysis-of-expanded-pilot-2017-18> [accessed 30 November 2020]

³ See also Grant, P. (2015) How much does a diabetes out-patient appointment actually cost? An argument for PLICS, *Journal of Health Organisation and Management*, 29, 2, 2015. <http://www.emeraldinsight.com/doi/pdfplus/10.1108/JHOM-01-2012-0005>

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.) 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 we have been unable to identify any recent studies on wheelchairs, current price information² suggests that powered wheelchairs range from £1000-£5000 and self- or attendant-propelled wheelchairs range from £100-£1,300.

Type of chair	Total value 2019/2020	Annual cost 2019/2020	Notes
Capital costs			
Self- or attendant-propelled	£321	£71	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	£802	£178	
Powered	£1,604	£355	
Revenue costs			
Maintenance			Revenue costs exclude therapists' time but include the staff costs of maintenance, and all costs for pressure relief. The cost of reconditioning has not been included in the cost of maintenance.
- non-powered		£32	
- powered		£126	
Agency overheads			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2019/2020			
£103 per self or attendant propelled chair per year; £209 per active user per chair per year; £481 per powered chair per year.			

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

² UK wheelchairs - <https://www.uk-wheelchairs.co.uk/>

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. For this schema, we have drawn from a study commissioned by PSSRU and undertaken by Astral/Foundations (<http://www.foundations.uk.com/about-home-improvement-agencies/>). The aim of the study was to identify the process and resources used to supply equipment and adaptations, as well as quantifying the time inputs of the staff involved and the cost of the equipment or materials used. The research differentiated between the time taken to supply and install minor adaptations (generally those under £1,000) and major adaptations (those costing over £1,000) and also provided time inputs of the staff involved in administering the process and assessing clients.¹ See <https://www.pssru.ac.uk/blog/category/adaptation/> for further information.

In Tables 1-2, we have provided the total average mean and median costs of major and minor adaptations including ranges, and in Tables 3-4 the costs of staff preparation and assessment time are provided. 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 *Unit Costs of Health & Social Care 2013*).

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. In the absence of data and following government guidelines on the discount rate, the items in the table below have been annuitised over 10 years at 3.5 per cent.² The costs have been uprated from 2013/2014 costs using the PSS Pay and Prices inflator.

Table 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	£3,009	£14,447	£5,599 (£4,798)	£673 (£577)
Stair lift (straight)	21	£1,265	£3,405	£2,256 (£2,3178)	£272 (£279)
Stair lift (more complex)	7	£2,769	£7,961	£5,538 (£5,495)	£660 (£666)
Convert room for downstairs WC /washroom	7	£3,371	£26,486	£11,866 (£11,885)	£1,426 (£1,429)
Build downstairs extension for WC/washroom	5	£14,447	£36,118	£27,164 (£30,098)	£3,264 (£3,618)
Build downstairs extension for bedroom	5	£14,447	£54,177	£32,162 (£30,9953)	£3,8660 (£3,726)
Build downstairs extension for bedroom and en suite facilities	6	£27,690	£54,177	£40,498 (£38,606)	£4,867 (£4,640)
Total	52				

¹ Curtis, L. & Beecham, J. (2018) A survey of local authorities and Home Improvement Agencies: Identifying the hidden costs of providing a home adaptations service, *British Journal of Occupational Therapy*, <http://journals.sagepub.com/doi/full/10.1177/0308022618771534> [accessed 6 November 2018].

² See <https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government> [accessed 6 November 2018].

Table 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	£20	£119	£49 (£33)	£5.85 (£3.98)
Fit handrail – internal	10	£12	£78	£33 (£23)	£4.10 (£2.81)
Fit handrail to bath	8	£11	£34	£21 (£23)	£2.50 (£2.70)
Fit over bath shower	6	£377	£2177	£126 (£1405)	£15 (£168)
Create step to front/back door	8	£25	£1814	£563 (£105)	£69 (£13)
Create ramp to front/back door	5	£143	£820	£370 (£141)	£46 (£16)
Lay new path, per metre cost	3	£118	£145	£133 (£141)	£16 (£17)
Widen doorway for wheelchair access	6	£352	£800	£628 (£773)	£77 (£93)
Install lighting to outside steps/path	5	£30	£726	£300 (£164)	£36 (£20)
Move bed to downstairs room	3	£36	£54	£47 (£53)	£5.85 (£6.32)
Raise electrical sockets/lower light switches	6	£48	£1780	£94 (£88)	£12 (£11)

Table 3 Mean costs for staff involved in the process of providing minor adaptations

	Average cost			
	Initial enquiry	OT	HIA administrator	Total mean staff cost
Fit handrail – external	£4	£58	£14	£76
Fit handrail – internal	£4	£49	£17	£71
Fit handrail to bath	£4	£29	£14	£47
Fit (handrail) over bath shower	£4	£58	£24	£86
Create step to front/back door	£4	£90	£17	£112
Create ramp to front/back door	£4	£247	£17	£268
Lay new path, per metre cost	£4	£132	£28	£163
Widen doorway for wheelchair access	£4	£312	£24	£341
Install lighting to outside steps/path	£4	£218	£7	£229
Move bed to downstairs room	£4	£53	£24	£829
Raise electrical sockets/lower light switches	£4	£107	£21	£132

Table 4 Mean costs for staff involved in providing major adaptations

	Average cost						
	Initial enquiry	OT	LA grants officer	HIA technical officer	HIA caseworker	Administrators (HIA and LA)	Total cost
Level access shower	£4	£144	£260	£441	£174	£123	£1,146
Stairlift (straight)	£4	£49	£105	£126	£287	£82	£654
Stairlift (more complex)	£4	£107	£425	£321	£58	£98	£1,013
Convert room for downstairs WC/washroom	£4	£341	£445	£706	£167	£237	£1,901
Build downstairs extension for WC washroom	£4	£559	£668	£1,657	£87	£205	£3,180
Build downstairs extension for bedroom and en-suite facilities	£4	£732	£762	£1,336	£225	£336	£3,395

Notes to tables: OT: Occupational Therapist, LA: Local Authority, HIA: Home improvement agency

7.4 Public health interventions

These costs are drawn from *A review of the cost-effectiveness of individual level behaviour change interventions* commissioned by the Health and Well-Being Alliance (North West Public Health Observatory, 2011).¹ 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 uprated to 2019/2020 prices using the appropriate inflators. Further information on the specific research studies can be found in the reports named above, and King's Fund have produced a set of infographics that describe key facts about the public health system and the return on investment for some public health interventions <https://www.kingsfund.org.uk/audio-video/public-health-spending-roi>. See NICE guidance : <https://www.nice.org.uk/advice/lgb10/chapter/judging-the-cost-effectiveness-of-public-health-activities#smoking-cessation-interventions-bury---a-case-study-in-cost-effectiveness> for advice on the cost effectiveness of public health activities. See also a series of blogs 'public health matters' issued by Public Health England (<https://publichealthmatters.blog.gov.uk/2016/02/29/investing-in-prevention-is-it-cost-effective/>), which cover subjects such as why investing in prevention matters and whether it saves money

Reducing long-term absence in the workplace

The NICE public health guidance on *Management of long-term sickness and incapacity for work*² 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).

Table 1 Workplace interventions

Intervention	Workplace intervention	Physiotherapy/ physical activity	Cognitive behaviour therapy	Workplace visit	Total
Physical activity and education		£194	£736		£930
Workplace intervention	£626				£626
Physical activity education and workplace visit		£194	£736	£55	£985

Alcohol 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 £8 for a practice nurse to £43 for a GP (see Tables 10.2 and 10.3c of this publication).

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

Individual risk counselling, defined here as a one-to-one intervention, is 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 £91 and £203 per person.

Reducing smoking and the harms from smoking

The review suggests that there is strong evidence that **mass media campaigns** are effective for both young and adult populations and cost between £0.32 and £2.20 per person.

Drug therapies for smoking cessation 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

¹ North West Public Health Observatory (2011) *A review of the cost-effectiveness of individual level behaviour change interventions*, Health and Wellbeing Alliance, Manchester. <https://lx.iriss.org.uk/content/review-cost-effectiveness-individual-level-behaviour-change-interventions> [accessed 6 November 2018].

² <https://www.nice.org.uk/guidance/ph19>

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 (£51-£176 per person), bupropion (£96-£103 per person), and combinations of NRT and bupropion (£193-£199 per person).

A ten-minute opportunistic brief advice session for smoking costs £37 with a GP and £8 with a practice nurse (see Tables 10.2 and 10.3c of this publication).

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 programme of community-based 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 £39.

7.5 Self-management programmes

Empowering patients is one of the key priorities listed for the *Five Year Forward View* and the King's Fund have provided a summary of a number of well-established self-management programmes that aim to empower people to improve their health (<https://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/self-management>). Here we draw from studies that have provided the costs of the programmes. We will continue to add to this section as new costs become available.

Self-management support using digital health system for chronic obstructive pulmonary disease (COPD)

Andrew Farmer and colleagues (2017)¹ conducted a randomised controlled trial of a digital health system supporting clinical care through monitoring and self-management support in community-based patients with moderate to very severe chronic obstructive pulmonary disease. The aim of the study was to determine the efficacy of a fully automated internet-linked, tablet computer-based system of monitoring and self-management support (EDGE, sElf-management and support proGrammE) in improving quality of life and clinical outcomes. Patients were informed that the EDGE platform was not a replacement for their usual clinical care, and the conclusion drawn was that there appears to be an overall benefit in generic health status. The effect sizes for improved depression score, reductions in hospital admissions, and general practice visits, warrant further evaluation.

The costs provided below are for self-management support only; patients will undergo their usual appointments which could be a hospital admission estimated as £2,716, a GP appointment as (£40) and a half-hour practice nurse appointment (£19). To provide an annual cost, we have used the costs provided by Farmer & colleagues (2017)¹ and assumed that the equipment would be replaced every 5 years.

Table 1 Costs of self-management support using a digital health system for chronic obstructive pulmonary disease.

	Fixed costs	Annual costs
Equipment costs		
Tablet computer (Android tablet computer (Samsung Galaxy Tab)	£344	£76
Bluetooth-enabled pulse oximeter probe	£431	£95
Clinician reviewing summary of the oxygen saturation, heart rate, and symptom diary module, twice weekly.		£499
Total costs		£672

¹ Farmer, A., Williams, V., Verlardo, C., Ahmar Shah, S. Mee Yu, L., Rutter, H., Jones, L., Williams, N., Heneghan, C., Price, J., Hardinge, M. & Tarassenko, L. (2017) Self-management support using a digital health system compared with usual care for chronic obstructive pulmonary disease: randomized controlled trial, *Journal of Medical Internet Research*, https://www.jmir.org/article/viewFile/jmir_v19i5e144/2.

7.6 Specialist neuro-rehabilitation services

Specialist rehabilitation services¹ play a vital role in management of patients admitted to hospital by ensuring that their immediate medical needs have been met, and supporting safe transition back to the community. They are consultant-led and supported by a multi-professional team who have undergone recognised specialist training in rehabilitation.^{2,3}

The following table provides the costs of two service models: tertiary 'specialised' rehabilitation services (level 1); and local (district) specialist rehabilitation services (level 2). Also, a new hyper-acute specialist rehabilitation service has been introduced as a result of the development of Major Trauma Networks.⁴ To be designated and commissioned as a specialist rehabilitation service, all Level 1 and 2 services must be registered with UK Rehabilitation Outcomes Collaborative (UKROC).⁵ Two costs are provided for each service: the mean cost per occupied bed day, calculated by taking the total annual costs and dividing by the number of patient bed days; and the mean cost per weighted occupied bed day, which takes into account the number of days patients spend at five identified sub-levels of complexity. See <http://www.kcl.ac.uk/lsm/research/divisions/cicelysaunders/research/studies/ukroc/Commissioning-Tools.aspx> for more information on how the weighted costs have been calculated.

Table 1 2019/2020 mean costs per occupied bed day and weighted occupied bed day for each service level from participating UKROC Services

Service level	Mean cost (ranges) per occupied bed day (excluding ^b)	Mean cost (ranges) per weighted occupied bed day (excluding ^b)
Level 1 - Tertiary 'specialised' rehabilitation services: high cost / low volume services 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 1,000,000-5,000,000 through specialised commissioning arrangements.		
Level 1a - for patients with high physical dependency	£621 (£539 - £713)	£465 (£400 - £512)
Level 1b - mixed dependency	£553 (£499 - £598)	£414 (£355 - £452)
Level 1c - mainly physically stable patients with cognitive/behavioural disabilities. ^a	£739 (£673 - £829)	£557 (£503 - £620)
Level 2 – Local (district) specialist services: typically planned over a district-level population of 350,000-500,000 providing advice and support for local general rehabilitation teams. As tertiary specialised rehabilitation services are thinly spread, in some areas of the UK where access is poor, local specialist rehabilitation services have extended to support a supra-district catchment of 750,000-1,000,000, and take a higher proportion (at least 50%) of patients with very complex needs.		
Level 2a - supra-district specialist rehabilitation services	£502 (£369 - £596)	£401 (£263 - £507)
Level 2b - local specialist rehabilitation services	£473 (£359- £581)	£395 (£337 - £482)
Hyper-acute - These units are sited within acute care settings. They take patients at a very early stage in the rehabilitation pathway when they still have medical and surgical needs requiring continued active support from the trauma, neuroscience or acute medical services.		
Hyper-acute	£761 (£724 - £797)	£475 (£449 - £502)

a. Based on only two services

b. MFF (Market Forces Factor)

¹ For more information contact: UKROC - UK Rehabilitation Outcomes Collaborative, St Marks Hospital, London North West Healthcare NHS Trust, Watford Road, Harrow HA1 3UJ. Email: lnwh-tr.ukroc@nhs.net.

² British Society of Rehabilitation Medicine (2015) *Specialised Neurorehabilitation Service Standards*, BSRM London.

³ <http://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d02/>

⁴ British Society of Rehabilitation Medicine (2013) *Core standards and major trauma*, London: <http://www.bsrm.co.uk/Publications.html#BSRMstandards> [accessed 10 November 2015]

⁵ Clinical Reference Group Specialist Services Specification (2012) *Specialist rehabilitation for patients with highly complex needs*, London <http://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d02/> [accessed 10 November 2015]

7.7 NHS reference costs for sexual health

'Reference costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients.'¹ We have drawn on *NHS Improvement, Reference Costs 2018/2019* to report on the NHS reference costs for selected sexual health services.¹ All costs have been updated to 2019/2020 prices using the NHS cost inflation index. Please note the source costs no longer include figures for lower and upper quartiles.

In previous years, the reference costs have been provided by the Department of Health (now Department of Health and Social Care) using the following guidance: <https://www.gov.uk/government/collections/nhs-reference-costs>. This year NHS Improvement have published new guidance: <https://improvement.nhs.uk/resources/approved-costing-guidance/>.

2019/2020 costs	National average
Genito-Urinary Medicine (GUM) infections	
Elective/non elective Health Care Resource Group (HRG) data, average cost per episode	
Elective inpatient stays	£2,253
Non-elective inpatient stays	£2,622
Non-elective inpatient stays (short stays)	£430
Day cases	
	£348
Consultant-led (Multi-professional)	
Non-admitted, face-to-face, first	£164
Non-consultant-led	
Non-admitted, face-to-face, first	£146
Non-admitted, face-to-face, follow-up	£144
Community health services	
HIV/AIDS specialist nursing (adult)	
Face-to-face	£142
Non face-to-face	£71
Outpatient attendances	
Family planning clinic, consultant led	
Family planning clinic, non-consultant led	£101
	£82

¹ NHS Improvement (2019) *National Schedule of Reference Costs 2018-19*, NHS Improvement, <https://improvement.nhs.uk/resources/reference-costs/> [accessed 1 November 2019].

7.8 Screening interventions for sexually transmitted infection (STI)

In 2013, Louise Jackson and colleagues (2014)¹ carried out a study to compare the costs and outcomes of two sexually transmitted infection (STI) screening interventions (SPORTSMART pilot trial). The participants were men aged 18 years and over within six amateur football clubs in London. Eligible football clubs were grouped by similar characteristics into three pairs, and each of the pairs was randomised to a study arm (captain-led, sexual health advisor-led and poster-only), after which resource use data were collected prospectively and unit costs were applied. In total, 153 men received the screening offer; 50 per cent of the men in the captain-led arm accepted the offer, 67 per cent in the sexual health advisor-led arm and 61 per cent in the poster-only arm.

The costs of each intervention are shown in Table 1. Forgone leisure time or any informal costs were excluded from the study. All costs have been updated from 2012/2013 costs using the appropriate inflators.

Table 1: Health service costs per intervention and player

Resources used	Cost item	Unit cost £	N	Total cost £
Intervention costs				
Recruitment of club	Per club	£623	2	£1,248
Poster pack	Per pack	£60	2	£122
Test kit	Per player	£6.34	46	£293
Promotion	Per club	Captain-led ¹ £151 Health advisor-led ² £272 Poster-only ³ £151	2	¹ £293 ² £543 ³ £302
Specimen collection box ⁴	Per club	£62		£125
Transport of specimen collection box	Per club	£152		£306
Processing costs				
Additional storage facilities ⁴		£13		£27
Sample processing	Per player tested	£12	Captain-led 28 Health advisor-led 31 Poster-only 31	£339 £376 £368
Patient admin and notification of results	Per player tested	£5.72	Captain-led 28 Health advisor-led 31 Poster-only 31	£159 £176 £176
Total cost per intervention				Captain-led £2,920 Health advisor-led 3,215 Poster-only £2,973
Average cost per player screened			Captain-led 28 Health advisor-led 31 Poster-only 31	Captain-led £104 Health advisor-led £103 Poster-only £96

1) Captain-led and poster STI screening promotion; includes the costs for a member of staff (healthcare assistant) from the clinic to undertake the sample processing, notification, preparing of materials and safe return of samples to the clinic. The forgone time taken by the team captain to prepare for and deliver the intervention was excluded.

2) Sexual health advisor-led and poster STI screening promotion; included a sexual health advisor to lead the screening promotion. It was assumed that the health advisor would also take the materials to the club, prepare the promotion and ensure the safe return of completed specimen samples to the clinic in accordance with trial processes and clinical governance requirements. Travel costs are included.

3) Poster-only STI screening promotion (control/comparator). It was assumed that a member of staff (healthcare assistant) from the clinic undertaking the testing and notification would need to be on-site before and after the promotion.

4) Includes costs for the first year of the design elements of the posters, test kit, pens and specimen collection boxes and for the first year of the storage facilities, annuitised at three per cent over three years

¹ Jackson, L., Roberts, T., Fuller, T., Sebastian, S., Sutcliffe, L., Saunders, J., Copas, A., Mercer, C., Cassell, J. & Estcourt, C. (2014) Exploring the costs and outcomes of sexually transmitted infection (STI) screening interventions targeting men in football club settings: preliminary cost-consequence analysis of the SPORTSMART pilot randomised controlled trial. *Sexually Transmitted Infections*, 91 (2). Pp. 100-105.
<http://sro.sussex.ac.uk/53486/1/100.full.pdf> [accessed 27 November 2018].

7.9 Abortion reference costs

'Reference costs are the average unit cost to the NHS of providing defined services to NHS patients in England in a given financial year. They show how NHS providers spend money to provide health care to patients.'¹ We have drawn on *NHS Improvement, Reference Costs 2018/2019* to report on the NHS reference costs for selected abortion services.¹ All costs have been uprated to 2019/2020 prices using the NHS cost inflation index.

In previous years, the reference costs have been provided by the Department of Health (now Department of Health and Social Care) using the following guidance: <https://www.gov.uk/government/collections/nhs-reference-costs>. This year NHS

Abortion Services – Day Case	2020 £
Surgical, Abortion or Miscarriage Care, over 20 weeks Gestation	269
Surgical, Abortion or Miscarriage Care, from 14 to 20 weeks Gestation	1599
Surgical, Abortion or Miscarriage Care, under 14 weeks Gestation, with Insertion of Long-Acting Contraceptive	5532
Surgical, Abortion or Miscarriage Care, under 14 weeks Gestation, without Insertion of Long-Acting Contraceptive	21881
Medical, Abortion or Miscarriage Care, over 20 weeks Gestation	66
Medical, Abortion or Miscarriage Care, from 14 to 20 weeks Gestation	1249
Medical, Abortion or Miscarriage Care, from 9 to under 14 weeks Gestation, with Insertion of Long-Acting Contraceptive	675
Medical, Abortion or Miscarriage Care, from 9 to under 14 weeks Gestation, without Insertion of Long-Acting Contraceptive	7281
Medical, Abortion or Miscarriage Care, under 9 weeks Gestation, with Insertion of Long-Acting Contraceptive	1537
Medical, Abortion or Miscarriage Care, under 9 weeks Gestation, without Insertion of Long-Acting Contraceptive	15892

¹ NHS Improvement (2019) *National Schedule of Reference Costs 2018-19*, NHS Improvement, <https://improvement.nhs.uk/resources/reference-costs/> [accessed 1 November 2019].

Abortion services – non elective long stay	2020 £
Surgical, Abortion or Miscarriage Care, over 20 weeks Gestation	177
Surgical, Abortion or Miscarriage Care, from 14 to 20 weeks Gestation	561
Surgical, Abortion or Miscarriage Care, under 14 weeks Gestation, with Insertion of Long-Acting Contraceptive	37
Surgical, Abortion or Miscarriage Care, under 14 weeks Gestation, without Insertion of Long-Acting Contraceptive	3112
Medical, Abortion or Miscarriage Care, over 20 weeks Gestation	465
Medical, Abortion or Miscarriage Care, from 14 to 20 weeks Gestation	475
Medical, Abortion or Miscarriage Care, from 9 to under 14 weeks Gestation, without Insertion of Long-Acting Contraceptive	375
Medical, Abortion or Miscarriage Care, under 9 weeks Gestation, without Insertion of Long-Acting Contraceptive	451

7.10 Cost of private abortion treatment

The costs are taken from The British Pregnancy Advisory Service¹ information on prices for treatment for those who chose to be treated privately. The BPAS notes that 97% of women they see have their treatment paid for by the NHS (or another government department). Prices are from 1 November 2020. For costs of some NHS treatments see Schema 7.9.

Prices	Initial consultation	Treatment price	Total payable
Abortion services	£	£	£
Under 10 weeks – Abortion pill only	110	370	480
Surgical up to 14 weeks	110	570	680
Surgical 19-24 weeks & medical 11-24 weeks	110	790	900
Vasectomy services	110	1400	1510
Local anaesthetic vasectomy	110	360	470

Contraception Services	£
Emergency hormonal contraception	
Levonelle	10
ellaOne	15
Depo Provera supply and inject	30
IUCD supply and fit	60
IUCD fit only	40
NuvaRing contraceptive vaginal ring (3 months supply)	50
Jaydess supply & fit ²	1
LARC supply & fit	150
LARC removal	100
Patch (EVRA) supply	25

Other services	£
Chlamydia screening at consultation	30
Post operative counselling BPAS client	FREE
Post operative counselling (if not treated by BPAS)	75
Pregnancy testing	FREE

¹ <https://www.bpas.org/abortion-care/considering-abortion/prices/>

8. Care packages

- 8.1 Patient costs following discharge from acute medical units
- 8.2 End of life care
- 8.3 Smoking cessation services
- 8.4 Social prescribing
- 8.5 Low intensity interventions for the management of obsessive-compulsive disorder
- 8.6 The cost of diagnosis and early support in patients with cognitive decline

8.1 Patient costs following discharge from acute medical units

Acute medical units (AMU) are the first point of entry for patients who are admitted for urgent investigation or care by their GP, an outpatient clinic or the Emergency Department. They allow for those who need admission to be correctly identified, and for those who could be managed in ambulatory settings to be discharged. The Acute Medicine Outcome Study (AMOS) carried out by Franklin et al. (2014) found that readmission rates for older people in the year following discharge from AMUs are high.¹ Further work was therefore carried out to identify the resource use of 644 people, aged over 70, based in Nottingham and Leicester and who had been discharged from an acute medical unit within 72 hours of admission.

Data were taken from Electronic Administrative Record (EAR) systems on a range of health and social care services potentially used by all patients participating in the study, collected for three months post-AMU discharge (January 2009–February 2011). Resource use was then combined with national unit costs to derive total patient costs, which have been updated to 2019/2020 prices using the NHS cost inflation index. The table below provides the secondary care and social care resource use and costs for 456 patients residing in Nottingham, and also for a subset of these patients (250) for which the primary care costs were available. The mean cost for the 456 patients (excluding primary care) was £2,051, and £2,026 for the 250 patients for which all resource use was available (see Table 1).

Table 1 Summary of patient resource use and costs over three months

	No. of service users (mean number of events per service user) ^(a)	Mean (SD) cost (£) for 456 patients	Mean (SD) cost (£) per patient including primary care (n = 250)
Hospital care	360 (4)	£1,800 (£3,589)	£1,717 (£3,326)
Inpatient care ^(b)	119 (2)	£1,236 (£3,362)	£1,128 (£3,103)
Day case care	71 (1)	£152 (£439)	£162 (£488)
Outpatient care	358 (3)	£403 (£429)	£411 (£386)
Critical care ^(c)	8 (1)	£9 (£105)	£15 (£142)
Ambulance service	20 (2)	£21 (£124)	£16 (£88)
Intermediate care	11 (Not applicable)	£12 (£176)	£3 (£44)
Mental health care	28 (4)	£43 (£206)	£50 (£203)
Social care	76 (4)	£176 (£816)	£238 (£998)
Total costs (exc. primary care)	377 (5)	£2,051 (£3,819)	£2,026 (£3,652)
Primary care ^(d)	243 (6)	-	£258 (£271)
Consultations	113 (3)	-	£34 (£49)
Home visits	42 (7)	-	£28 (£114)
Procedures	25 (3)	-	£4 (£23)
Other events ^(e)	202 (22)	-	£60 (£63)
Medication	232 (21)	-	£121 (£154)
Wound dressings	64 (4)	-	£12 (£37)
Total costs including primary care ^(f)	248 (7)	-	£2,284 (£3,707)

SD: standard deviation

¹ Franklin, M., Berdunov, V., Edmans, J., Conroy, S., Gladman, J. Tanajewski, L., Gkoutouras, G. & Elliott, R. (2014) Identifying patient-level health and social care costs for older adults discharged from acute medical units in England, *Age and Ageing*, 43, 703-707.

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- a) Mean number of events for inpatient care is based on mean number of episodes, and not number of spells. Mean number of events for 'total' does not include primary care events classed as 'other events', 'medication' or 'wound dressing'.
- b) Mean length of hospital stay for those patients with an inpatient admission over the trial period was 12 days.
- c) Mean length of intensive care stay for those patients with an intensive care admission was 15 days.
- d) Mean number of events for primary care service users only includes face-to-face contacts (i.e. consultations, home visits, and procedures)
- e) 'Other events' includes all non-face-to-face entries on the EAR system that require staff time to execute, i.e. administration, telephone calls etc. Entries that were electronic and external to the practice or created by an electronically automated system (i.e. did not require staff time to execute) were excluded from this analysis.
- f) Mean number of events includes only face-to-face contacts across all services apart from mental health care (see also point (d))

The figures presented in Table 2 are mean costs by service and mean total cost across services for patients described as high-cost patients. A high-cost patient represents the top 25 per cent of most costly patients, based on their overall health and social care cost (including primary care) where data were available.

The mean cost for these high cost patients across all services excluding primary care was £6,435, and £6,976 when including primary care. These mean costs for high-cost patients are approximately three times higher than the mean cost estimates for all patients discharged from AMU shown in Table 1 (mean total cost excluding primary care: £6,435 versus £2,026; mean total cost including primary care: £6,976 versus £2,284).

Table 2 High-cost patients discharged from AMU (top 25% of most costly patients)

	No. of high-cost service users, (mean number of events per service user) (n = 63) ^(a)	Mean (SD) cost per high cost patient (n = 63)
Hospital care	62 (6)	£5,543 (£4,883)
Inpatient care ^(b)	52 (3)	£4,306 (£4,980)
Day case care	24 (1)	£513 (£830)
Outpatient care	61 (4)	£662 (£399)
Critical care ^(c)	3 (1)	£62 (£280)
Ambulance service	5 (2)	£35 (£133)
Intermediate care	2 (not applicable)	£14 (£89)
Mental health care	12 (4)	£141 (£343)
Social care	27 (4)	£836 (£1,849)
Total costs (excl. primary care)	63 (9)	£6,568 (£4,973)
Primary care ^(d)	27 (11)	£408 (£414)
Consultations	26 (3)	£31 (£50)
Home visits	16 (12)	£69 (£208)
Procedures	4 (1)	£1 (£5)
Other events ^(e)	53 (28)	£89 (£83)
Medication	57 (32)	£196 (£220)
Wound dressings	22 (5)	£21 (£510)
Total costs including primary care ^(f)	63 (14)	£6,976 (£4,932)

SD: standard deviation

a) Mean number of events for inpatient care is based on mean number of episodes, and not number of spells. Mean number of events for 'total' does not include primary care events classed as 'other events', 'medication' or 'wound dressing'.

b) Mean length of hospital stay for those patients with an inpatient admission over the trial period was 13 days.

c) Mean length of intensive care stay for those patients with an intensive care admission was 15 days.

d) Mean number of events for primary care service users only includes face-to-face contacts (i.e. consultations, home visits, and procedures)

e) 'Other events' includes all non face-to-face entries on the EAR system that requires staff time to execute, i.e. administration, telephone calls etc. Entries that were electronic and external to the practice or created by an electronically automated system (i.e. did not require staff time to execute) were excluded from this analysis.

f) Mean number of events includes only face-to-face contacts across all services apart from mental health care (see also point (d))

8.2 End of life care

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.

Table 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, and social care costs 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 (£2,169 per decedent). Elective inpatient costs more than tripled in the same period (from £83 to £299 per decedent). Costs have been uprated from 2010/2011 to 2019/2020 prices using the Personal Social Services (PSS) and NHS pay and prices inflators.

Table 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	£558	£7,629	66%	65,624	£8,515
Inpatient emergency	£397	£5,421	47%	54,577	£7,276
Inpatient non-emergency	£106	£1,446	12%	58,165	£1,821
Outpatient	£46	£622	5%	50,155	£909
A&E	£10	£140	1%	48,000	£212
Social care	£310	£4,230	34%	20,330	£15,240
Residential and nursing care	£248	£3,392	28%	10,896	£21,574
Home care	£48	£656	5%	10,970	£4,379
Other	£13	£183	1%	4,084	£3,275
Total	£869	£11,859	100%	73,243	NA

NB The total cost per decedent for any of the services is total cost of the service/the number of people who died. The total cost per user is total cost of the services/number of users of that service.

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). Table 2 shows these costs by diagnostic group. 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, and social care costs decreased with an increasing number of long-term conditions.

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

Table 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	£7,629	£4,231	£11,860
No diagnoses	22,118	£3,756	£5,199	£8,955
Any diagnosis	51,125	£9,303	£3,812	£13,115
Hypertension	21,241	£10,412	£3,498	£13,910
Cancer	19,934	£10,906	£1,634	£12,540
Injury	17,540	£11,236	£5,081	£16,317
Atrial fibrillation	13,567	£10,519	£4,142	£14,662
Ischaemic heart disease	13,213	£10,671	£3,529	£14,201
Respiratory infection	11,136	£11,677	£2,810	£14,487
Falls	10,560	£10,323	£6,433	£16,756
Congestive heart failure	10,474	£10,722	£4,008	£14,730
Chronic obstructive pulmonary disease	9,392	£10,474	£3,159	£13,633
Anaemia	9,210	£12,299	£3,809	£15,715
Diabetes	8,697	£10,705	£3,934	£14,278
Cerebrovascular disease	8,290	£10,541	£5,235	£15,380
Peripheral vascular disease	6,780	£12,146	£3,489	£15,255
Dementia	6,735	£8,793	£11,214	£20,007
Renal failure	6,570	£12,258	£4,026	£16,285
Angina	6,549	£11,463	£3,568	£15,031
Mental disorders, not dementia	4,814	£11,497	£4,533	£16,029
Iatrogenic conditions	4,190	£16,569	£3,178	£19,747
Asthma	3,480	£11,128	£3,115	£14,243
Alcoholism	2,437	£10,148	£1,455	£11,603
Non-rheumatic valve disorder	2,059	£12,494	£2,747	£15,241

8.3 Smoking cessation services

Quit 51 offer a smoking cessation service in accordance with National Institute for Health and Care Excellence (NICE) guidelines (<https://www.nice.org.uk/guidance/ng92>). The remit of the service is to provide a maximum of 12 sessions of support with an accredited adviser and provision of tailored pharmacotherapy to smokers attempting to quit. A session is typically 15 minutes duration although the introduction to a session will generally take longer in order to cover triaging and discussions around individual background and requirements. Assuming a patient continues with the service for the full duration, they should receive a minimum of 90 minutes contact time with an adviser covering a period up to 12 weeks after quitting.

Information for this schema has been drawn from Walker et al. (2018)¹ who analysed data from Quit-51 smoking cessation service across five English regions between March 2013 and March 2016 (n=9116). A cost for each individual using the service was estimated based on the pharmacotherapy prescribed and time spent with an adviser. With respect to pharmacotherapy, the costs, including prescription and value added tax (VAT) for each treatment were as follows : NRT (combination) - £21.55 per week; Varenicline - £82.96 per month and Bupropion £75.02 per month. Service use data was multiplied by an hourly charge of £28.43 that included the cost of the adviser, room, equipment, travel and advertising. Central overhead costs for the service were not included and neither were costs to the individual for travel and parking.

The following table provides the average cost per person quitting (with approximate 95% CI) calculated at the 12 week time point, with supporting information. The average cost per quitter was £436 with a significant degree of variation seen across certain subgroups of the client population. Costs have been uprated from 2015/2016 to current values using the NHS cost inflation index. See <https://www.herc.ox.ac.uk/publications/830311> for a summary of the background and method used to derive the costs reported here.

¹ Walker, N., Yang, Y., Kiparoglou, V., Pokhrel, S., Robinson, H. & van Woerden, H. (2018) An examination of user costs in relation to smokers using a cessation service based in the UK, *BMC Health Services Research* (2018) 18:182

² FTND = Fagerstrom test for nicotine dependence.

Table 1 Average cost per quit (with approximate 95% CI) calculated at the 12 week time point, with supporting information.

Variable	Levels	12 weeks	Total cost	Cost per head	Number quitting	Quit rate (%)	Mean cost per quit (£)
Age	12-19	509	£53,077	£104	116	23	£458
	20-29	1189	£137,738	£116	296	25	£465
	30-49	3911	£553,403	£142	1262	32	£439
	50-69	2955	£453,672	£154	1068	36	£425
	70+	538	£81,074	£151	192	36	£422
Gender	Male	4249	£606,466	£143	1425	33	£426
	Female	4867	£673,144	£138	1510	31	£446
Treatment	Nicotine replacement therapy	7373	£918,433	£125	2117	29	£434
	Varenicline/champix	1708	£356,526	£209	799	47	£446
	Bupropion/Zyban	35	£4,651	£133	19	54	£245
FTND ²	0-3	1534	£255,556	£166	622	4141	£409
	4-5	1884	£323,391	£172	727	39	£445
	6-7	1676	£391,875	£174	641	38	£455
	8-10	766	£129,838	£170	236	31	£550
Deprivation	1-3	886	£146,958	£166	319	36	£461
	4-6	1838	£287,458	£156	635	35	£453
	7-8	2157	£324,430	£150	698	32	£465
	9-10	3321	£487,582	£147	1180	36	£413

8.4 Social prescribing

Social prescribing enables GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports: <https://www.kingsfund.org.uk/publications/social-prescribing>.

There is a growing body of evidence assessing the impact of social prescribing to healthcare demand and cost.¹ Much of the focus has been on the benefit of social prescribing where policy makers and commissioners have drawn from areas of good practice like Rotherham. In 2014, the Healthy London Partnership published evidence demonstrating the effectiveness of Social Prescribing in reducing patients use of hospital resources by a fifth in the 12 months following referral to a scheme: http://i5health.com/SPReports/COP_Report_SP_EPP_SouthWestLondonSTP_ver2.0.pdf.

The Rotherham Social Prescribing pilot was commissioned by NHS Rotherham as part of a GP-led Integrated Case Management Pilot and delivered by Voluntary Action Rotherham (VAR). It received around £1m as part of a programme to provide 'additional investment in the community'. Funded for two years from April 2012 to March 2014, it aimed to increase the capacity of GP practices to meet the non-clinical needs of their patients with long-term conditions. The five most common types of referral to funded services were for information and advice, community activity, physical activities, befriending and enabling. Twenty-four voluntary and community organisations (VCOs) received grants to deliver a menu of 31 separate social prescribing services. 1,607 patients were referred to the service.²

Table 1 provides the direct costs to the Clinical Commissioning Group of commissioning the Pilot, but excludes other costs such as for the time taken to develop the service model and consultations with GPs and voluntary sector organisations, costs to the Foundation Trust which supported the development of a complex client management system and also volunteer time.

Excluding the grants provided to the VCOs for delivering the social prescribing services, the average cost per person per year for those referred to the scheme was £177. Including grants to providers and additional support grants, the average cost per person referred per year was £398. The average cost per person referred on to funded voluntary care services was £570. All costs have been updated to 2019/2020 levels using PSS Inflators.

A number of positive economic benefits to commissioners linked to the Social Prescribing Pilot were estimated: total NHS cost reductions by the end of the pilot of £552,000; a return on investment of 50 pence for each pound (£1) invested and potential NHS cost reductions of £415,000 in the first year post-referral when the service was running at full capacity.

If the benefits identified were fully sustained over a longer period, the authors estimated that the costs of delivering the service for a year would be recouped after between 18 and 24 months and the five year cost reductions for commissioners for each full year of service delivery could be as high as £1.9 million: a return on investment of £3.38 for each pound (£1) invested. The authors also estimated that even if the benefits were sustained but dropped off at a rate of 33 per cent each year, they could lead to total cost reductions of £807,000; a return on investment of £1.41 for each pound (£1) invested. See also an evaluation of a Social Prescribing Service set in Doncaster³ for cost information on a different service.

Table 1 Overview of Social Prescribing Pilot (Inputs).

	Year 1	Year 2	Total	Cost per person referred per year
Grants to providers and additional support grants	£364,398	£341,364	£705,762	£220
Salaries and overheads	£251,688	£317,851	£569,539	£177
Total	£616,085	£659,215	£1,275,301	£398

¹ Polley, M., Bertotti, M. Kimberlee, R., Pilkinton, K., & Refsum, C. (2017) *A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications*, University of Westminster.

² Dayson, C. & Bashir, N. (2014) The social and economic impact of the Rotherham Social Prescribing Pilot: Main Evaluation Report, Centre for Regional Economic Research, Sheffield Hallam University, Sheffield. <https://www4.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/social-economic-impact-rotherham.pdf>.

³ Dayson, C., & Bennett, E. (2016) Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact, <http://www.syha.co.uk/wp-content/uploads/2017/01/Evaluation-of-Doncaster-Social-Prescribing-Service-Final-Report-.pdf>.

8.5 Low intensity interventions for the management of obsessive-compulsive disorder

Information for this schema has been drawn from a study carried out by Lovell et al. (2017)¹ to explore the cost-effectiveness of three low intensity interventions for the management of obsessive-compulsive disorder (OCD):

- a) cognitive-behavioural therapy delivered using OCFighter (received by 157 people in the study), a commercially produced cCBT program for people with OCD to design, carry out and monitor their treatment progress. Participants randomised to OCFighter were given an access ID and password to log in to the system and advised to use the program at least six times over a 12 week period. OCFighter was available to patients for 12 months following activation. Participants received six brief (10 minute) scheduled telephone calls from a PWP (total direct clinical input 60 minutes). The support offered consisted of a brief risk assessment, ensuring patients had been able to access OCFighter, reviewing progress and solving any difficulties that were impeding progress.
- b) guided self-help (received by 158 people in the study) which consisted of a self-help book focused on information about OCD, maintenance and provided guidance on how to implement the NICE-recommended treatment for OCD (i.e. CBT using exposure response therapy). Participants received six brief (10-minute) scheduled telephone calls from a psychological wellbeing practitioner (PWP), with one initial session of up to 60 minutes (either face to face or by telephone, dependent on patient preference) followed by up to 10-30 minute sessions over a 12-week period (total direct clinical input 6 hours).
- c) waiting list for high-intensity CBT (received by 158 people).

Table 1 provides a breakdown of mean costs associated with the supported cCBT and guided self-help intervention. Table 2 provides total societal costs: health and social care costs which include the cost of the intervention and employment losses, out-of-pocket expenses and out-of-pocket savings. The costs have been uprated from 2013/2014 to current values.

The mean cost of the guided self-help intervention was over twice that of supported cCBT (£419 v £170). From baseline to 12 months, total health-and social-care costs were almost identical between the three groups (supported cCBT=£1,821, guided self-help= £1,833 and waiting list=£1,900. In terms of total costs which includes employment losses, out-of-pocket expenses and out-of-pocket savings, over the 12-month period, guided self-help was the least expensive group (£2,383) compared with £2,406 for the cCBT group and £2,603 for the waiting list option.

¹ Lovell, K. Bower, P., Gellatly, J., Byford, S., Bee, P., McMillan, D., Arundel, C., Gilbody, S., Gega, L., Hardy, G., Reynolds, S., Barkham, M., Mottram, P., Lidbetter, N., Pedley, R., Molle, J., Peckham, E., Knopp-Hoffer, J., Price, O., Connell, J., Heslin, M., Foley, C., Plummer, G. and Roberts, C. (2017) Clinical effectiveness, cost-effectiveness and acceptability of low-intensity interventions in the management of obsessive-compulsive disorder: the Obsessive-Compulsive Treatment Efficacy randomised controlled Trial (OCTET). *Health Technology Assessment* (Winchester, England) 21(37).pp.1-132.

Table 1 Cost of supported cCBT and guided self-help

Cost component	Intervention mean cost	
	Supported cCBT	Guided self-help
Number of sessions attended	2.3	4.11
Total session minutes	30.2	142.9
Cost of materials (£)	£70	£6.02
Cost of training (£)	£21	£38
Cost of PWP contacts (£)	£79	£375
Total cost (£)	£170	£418

Table 2 Total societal costs between baseline and 3 months and between baseline and 12 months

Costs	Intervention					
	Supported cCBT		Guided self-help		Waiting list	
	Valid n	Mean cost £	Valid n	Mean cost £	Valid n	Mean cost £
Baseline to 3 months						
Health and social care costs	157	£585	158	£788	158	£484
Employment losses, out-of-pocket expenses and out-of-pocket savings.	157	£233		£201	158	£188
Total costs	157	£817	158	£989	158	£672
Baseline to 12 months						
Health and social care costs	157	£1,821	158	£1,833	158	£1,900
Employment losses, out-of-pocket expenses and out-of-pocket savings.	157	£585	158	£550	158	£703
Total costs	157	£2,406	158	£2,383	158	£2,603

8.6 The cost of diagnosis and early support in patients with cognitive decline

Average costs to health and social care of mild, moderate and severe dementia are estimated to be £24,400, £27,450 and £46,050, respectively, per person per year which includes one-off costs of £6,415 per person related to end-of-life care, diagnosis, and social care assessment at 2015 prices.¹

Research carried out by Pennington & colleagues (2016)² investigated the costs of supporting patients with suspected dementia, including assessment and support six months after diagnosis. The study is based on the costs incurred by 1,353 patients from 69 Memory Assessment Services (MAS) and the mean patient age was 78 years (range 42-98 years). These costs were estimated using 2013/14 sources of data and have been updated using the appropriate inflators.

Table 1 shows that slightly under half of all costs were attributed to assessment but across MAS, total monthly costs attributable to assessment activities varied from £2,138 to £141 which was driven primarily by the number of staff employed. Between 4-54% was attributed to post-diagnosis and the proportion attributed to follow-up varied from 6-7%.

Table 2 shows the costs of additional health and social care reported by carers after imputation of missing data and after excluding psychosocial support that may have been provided by MAS.

Table 1 Cost per new patient associated with Memory Assessment Services

	Mean (£)	Standard Deviation (£)	Median (£)
Assessment (including imaging) ^a	£961	£808	£792
Post diagnosis support	£457	£380	£385
Follow-up	£568	£532	£410
Total	£1,986	£131	£1,684

^a Costs include a proportion of administration, management and audit costs

Table 2 Cost of care and services received outside memory assessment services reported by carers at baseline,

	Baseline (£)			3 month follow-up			6-month follow-up		
	Mean	Median	Range	Mean	Median	Range	Mean	Median	Range
Health care	£66	£0	£0-£7,554	£33	£0	£0-£602	£65	£2	£0-978
Social care	£81	£0	£0-£3,969	£109	£0	£0-£6,411	£182	£0	£0-£8,504
Psychosocial support	£13	£0	£0-£1,620	£5	£0	£0-£397	£13	£0	£0-£794
Social security benefits	£147	£0	£0-£719	£154	£0	£0-£719	£196	£14	£0-£719
Total cost of formal care	£164	£1	£0-£12,184	£148	£1	£0-£7,081	£261	£22	£0-£9,328
Informal Care	£1,763	£1,671	£0-£4,762	£1,804	£1,540	£0-£4,706	£1,915	£1,587	£0-£4,762
Total societal cost	£1,905	£1,821	£0-£15,315	£1,929	£1,539	£0-£10,230	£2,149	£1,701	£0-£12,450

¹ Wittenberg, R., Knapp, M., Hu, B., Comas-Herrera, A., King, D., Rehill, A., Shi, C., Banerjee, S., Patel, A., Jagger, C. & Kingston, A. (2018) The costs of dementia in England, Research Article, *Geriatric Psychiatry*, DOI: 10.1002/gps.5113.

² Pennington, M., Gomes, M., Chrysanthaki, T., Hendriks, J., Wittenberg R., Knapp, M., Black, N. & Smith, S. (2016) The cost of diagnosis and early support in patients with cognitive decline, *Geriatric Psychiatry*, <https://doi.org/10.1002/gps.4641>.

