PSSRU

Unit Costs of Health & Social Care 2021

Compiled by Karen Jones
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Contents

Introduction to the Unit Costs of Health and Social Care publication

The first Unit Costs of Health & Social Care volume was published in 1992. It has always been funded by the Department of Health (DOH), now the Department of Health and Social Care (DHSC), with small amounts of funding provided by the Department for Education (DfE). We ensure our costs are of good quality by applying established cost estimation methods and principles.

Unit costs should:

- **Be consistent,** across different economic analyses, to avoid inconsistency in unit costs used which could feed into inconsistency in decisions proposed.
- **Be comprehensive**, in that they consider long-run marginal costs as well as obvious direct costs such as salaries. Long-run marginal costs include the initial qualifications cost of staff and the cost of building, heating and running the buildings in which they work. These long-run costs are often substantial. Excluding them would underestimate the long-run cost of decisions made.
- **Be clearly documented**, so that it is clear what judgments have been made in constructing them, so that they can be used in an informed way.

What are unit costs and why are they important?

Unit costs represent the total expenditure incurred to produce one unit of output. In health and social care, this could be the cost of one hour of a nurse or GP's time, or a face-to-face appointment with a social worker or perhaps a speech therapist. It could also be a week in a residential care or nursing home or the cost of a day care attendance. Unit costs are important because they support organisations' assessments of performance and value for money. In other words, they can help providers achieve the most efficient use of resources.

How we calculate costs

Our approach to cost estimation is grounded in economic theory and is both transparent and flexible. Our cost estimation approach is shown below and more information is available in our presentation which can be found at https://www.pssru.ac.uk/project-pages/unit-costs/

Cost estimation approach

- Financial implications of all service components are included
- Unit costs reflect the long-run marginal opportunity cost for that service
- A "bottom-up" approach is taken – users can substitute their own data for any component
- Sources of information are fully referenced
- Unit costs account for the fact that care staff do not spend all their time with clients
- Regional weightings are given where possible

How do we find our information?

Our Advisory Group, who we meet with annually, guides our work and provides valuable leads. The Advisory Group consists of representatives from DHSC and DfE, economists from research units, and representatives from the Social Care Institute for Excellence (SCIE) and the National Institute for Health and Care Excellence (NICE). We perform a literature search for new studies and draw information from secondary sources of data, as well as working with organisations to estimate unit costs for specific services. Occasionally we commission our own research.

Throughout the year we prepare the volume by:

- Identifying where our unit costs could be improved or updated
- Identifying gaps where new unit costs estimations are required
- Identifying data sources or research to derive new unit costs
- Responding to government priorities, new policies or practice developments

In the past, we have worked closely with Foundations, the National Body for Home Improvements who helped us to calculate the total cost of supplying and fitting a variety of home adaptations. We also conducted a survey with the assistance of the General Dental Council/Department of Health and Social Care and the Chief Dental Officer for England, to identify the unit cost of dental services.

What information is included?

We begin the volume with an author-produced preface introducing the reader to the year's work and any new additions or changes. We also summarise this year's new schema and identify schema which have been withdrawn due to our policy of only publishing work which is less than ten years old. We then have a number of articles from external authors relating to cost information and sometimes a guest editorial which focuses on overarching and timely policy issues. These papers are provided free-of-charge and we are very grateful to all those who contribute their time and expertise to ensuring a wide range of interesting items. All guest editorials and articles since 2003 can be viewed in our articles database https://www.pssru.ac.uk/ucarticles/

Section I of the report covers services used by particular client groups. For many of the groups, we include the cost of residential care and day care and we differentiate where possible between local authority and private sector providers. Chapter 6, the children's services chapter includes information on adoption and foster care, together with the costs of more specialised services such as counselling and advocacy. Chapter 7 contains average costs for elective and non-elective hospital admissions as well as outpatient attendances and other more specialised services such as inpatient and outpatient palliative care. These have been drawn from the NHS reference costs. The costs for specialist neuro-rehabilitation services, screening interventions for sexually transmitted infections and self-management programmes are also found in this chapter.

Whereas our usual approach is to present the unit costs for particular services or professionals, Chapter 8 contains our care-package costs. Here the unit of interest is the individual and the combination of services they use. Examples of care packages are health care support received by people requiring mental health support and care packages for people at the end of their lives.

Section I: services for

- Older people
- Those requiring mental health support
- Those with learning disability or physical support needs
- People who abuse drugs and alcohol
- Children and young adults

And

- Hospital services
- Care packages for people with a range of needs

Sections II, III and IV present the costs for professionals and teams of professionals who can provide support for all client groups. They are divided in the volume according to whether staff are health or social care professionals and whether they are hospital or community based.

In section V you will find other useful information such as inflation indices, NHS staff earning estimates, training costs and care home fees. You can also find further information in our blog Unit Costs | PSSRU

Section II: community-based health care staff such as nurses, GPs and dentists
Section III: community-based social care staff e.g. social workers or home care workers
Section IV: hospital-based staff including doctors and scientific and professional staff
Section V: supporting information, such as inflation indices, NHS staff earnings, training costs

All volumes dating back to 2003 can be downloaded in PDF format from the PSSRU website either in sections or the whole volume.

The Unit Cost of Health & Social Care (UCH&SC) is available on the PSSRU website: https://www.pssru.ac.uk/. There are also links for the following:

- UCH&SC volumes from 2003 can be downloaded as a whole publication or in sections
- Excel spreadsheets that summarise unit costs by professional groups
- There is a database of around 65 articles that have previously been published in the UCH&SC volumes: https://www.pssru.ac.uk/ucarticles/
- Our blogs can also be found on the website at https://www.pssru.ac.uk/project-pages/unit-costs/

Preface

Nearly two years on from the beginning of the pandemic in the UK and things are gradually beginning to return to normal. While the effects will be widespread across lives and communities, in our Guest Editorial we have focused on the cost of the pandemic to health and social care provision in England, as well as any lessons that have been and are still being learnt. From our own perspective, we are happy to report that with the exception of some delay to data availability we have been able to update our core data in this volume as well as to provide some new information as detailed below. Obviously the effects of the pandemic will be reflected in some fluctuation to costs. We have not adjusted our costs but have reported them to reflect any variation. To address some of the wider health economic issues arising from the pandemic, we commissioned a review from an independent health economics consultant of the early evaluation carried out within UK government. We also include another article from Lisa Holmes, Deputy Director of Oxford University's Rees Centre, where she discusses her study on cost pressures in children's social care (further information on both articles can be found below).

This will be PSSRU's 29th volume of the report and the last involving Lesley and Amanda. We therefore thought it might be interesting to reflect on some of the things the report has included and the impact it has had. We were recently included in the University of Kent's REF submission in recognition of the high level of engagement with wider society and resulting impact. Examples of this are:

- Recommendation for use by the National Institute for Health and Care Excellence (NICE), Social Care Institute for Excellence (SCIE), the Office for Statistics Regulation and the Cabinet Office
- At least 67% citation rate in economic studies in England
- Informing central government in their policy making and legislation; e.g. the Models of Dementia Assessment and Diagnosis: Indicative Cost Review (2015) and the Liberty Protection Safeguards Impact Assessment (2017)
- Activities to fill in gaps in evidence required to develop policy. Examples include, surveys in to the costs of aids and adaptations allowing people to live in their homes longer and a dental survey which informed the DHSC in setting remuneration rates for the dentists' contract.

We have worked with contacts in Canada, Vienna and Ireland to support them in their efforts to produce a "Unit Costs Volume" applicable in their own country. In addition to the above, in 2015, Lesley acted as an advisor to the Channel 4 programme, £2 Billion a Week and Counting, which set out to show the British public how difficult it is for the NHS to decide how to allocate funds and that clinical choices are heavily influenced by cost.

To keep costs current we have always paid close attention to changes in policy and liaised with our Advisory Group to include topical information. In 2016, we began to include carbon costs. In 2017, we included sexual health costs. In 2018 we included costs of the governments Innovation programme. We introduced costs relating to Public Health initiatives in 2011.

Social care is obviously a major part of our report and as the effects of the Social Care White paper emerge and the future funding of social care becomes clearer we hope to include more information on this.

Guest editorials and articles

Guest Editorial: Costing COVID-19 a year later: retrospective thoughts on an early economic evaluation of UK government policy

Our guest editorial this year is a timely piece giving an economic evaluation of the UK government policy on Covid-19 and reflecting on early estimations of costs. The article has been written by Darshan Zala, an independent health economics consultant and author of "Costing the COVID-19 pandemic: an exploratory economic evaluation of hypothetical suppression policy in the United Kingdom." It provides a clear and informative review of some of the projections produced at the beginning of the pandemic and how they have held up against reality.

Second article: How has cost benefit analysis developed in children's social care?

Our second article is by Lisa Holmes, Director of the prestigious Rees Centre at Oxford University. Lisa has provided some insight in to the development of costing processes in childrens' social care since the publication of PSSRU's Professor Jennifer Beecham's Unit Cost's: Not Exactly Child's play (Beecham, 2000). In doing so she also reflects upon the findings of previous articles in Unit Costs volumes by Professor Tracey Sach (Sach et al, 2018) and Helen Weatherley (Weatherley et al, 2020).

New work

NHS costs

We have drawn our costs from the NHS England National Schedule of NHS costs (NHS England, 2020). This year, however, there is some cross over between the move to patient level costings which has meant that some of the costs we usually access are unavailable and some costs were so different we felt that were too unreliable to include. We have therefore removed our costs relating to abortion costs until some more robust figures can be sourced. We are pleased however to have been able to include some additional costs for vaccination and immunisation in our children's section. You will see that some of the costs in the Mental Health chapter (2.1) have been derived from Patient Level Information and Costing (PLICS).

Routine activities

Inflators

We have been able to include our usual inflators after help from colleagues in DHSC, however they have asked us to point out that the figures used in the NHS Cost inflation index for 2020/2021 are provisional. Further work will be done on these so we recommend checking with colleagues in DHSC prior to their use.

Overheads

As previously we have used figures derived from the financial accounts of community trusts to estimate overheads of NHS community-based services. This year these have been updated to use data from the 2018/2019 accounts. Unit costs for hospital-based services include an overhead percentage calculated from the NHS Foundation Trusts: Consolidated Accounts.

Building and land costs

Some new land costs have been identified this year and these have been updated throughout.

BCIS information

We have been able to access the information in the BCIS database to update our costs and reflect an up to date picture of building costs in the report this year.

Other useful information

Blogs

Children's social care blog https://www.pssru.ac.uk/blog/category/unit-costs/

Unit costs – a time for reflection

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Guest Editorial: Costing Covid-19 a year later: retrospective thoughts on an early economic evaluation of UK government policy

Darshan Zala

Introduction

In the first quarter of 2020, over 150 countries introduced some variation of nonpharmaceutical interventions (NPI) in response to the COVID-19 pandemic (Zhu et al, 2020). These unprecedented public health strategies involved measures designed to isolate infectious cases and limit transmission through social mixing. In February 2020, the UK government introduced voluntary mitigation restrictions such as self-isolation for those with symptoms and social distancing advice for those most at risk (BFPG, 2020). By the fourth week of March, official UK government policy could be described as a strategy of suppression, defined as case isolation and home quarantine, general social distancing (including a social venue ban), and school and university closure.

The Imperial College COVID-19 Response Team report (Ferguson et al, 2020) and its projections published on March 16 (2020) are widely believed to have influenced the introduction of suppression policies by the UK government. The exploratory economic evaluation "*Costing the COVID-19 Pandemic: An Exploratory Economic Evaluation of Hypothetical Suppression Policy in the United Kingdom*" (Zala et al, 2020) was an attempt to cost and evaluate the menu of NPIs in the Imperial College report from a health economics perspective. Although it was published online in August 2020, the analysis and corresponding results were only finalised in mid-April and so less than a month after the formal introduction of suppression policy (i.e. the first "lockdown") in the UK.

This article will critically reflect on the methods and results of that early exploratory economic evaluation in the light of the events and findings of the last year. It will also compare Zala et al. (2020) with more recently published economic evaluations of UK government policy.

Imperial College COVID-19 Response Team report projections

The methodology in Zala et al. (2020) involved measuring the accrual of costs and QALYs associated with (non-ICU and ICU) hospitalisation and death predictions (up to late 2021) from the Imperial College report for the following NPIs: unmitigated pandemic, mitigated pandemic and 2 versions of suppression policy (i.e. with different ICU bed occupancy on/off triggers).

In some sense, the predictions of the Imperial College report were not especially surprising in that with an infection mortality ratio (IFR) of just under 1% applied to the UK adult population we would expect around half a million deaths – the prediction for an unmitigated pandemic (i.e. the counterfactual scenario of no change in behaviour whatsoever). A simulation model of this nature can never be perfectly accurate, in that it is an average across many model realisations based on plausible (but unknowable) starting conditions (e.g. time and location(s) of infection seeding). A full exploration is beyond the scope of this paper, but some comment can be made on the possible reasons for differences between model predictions and the observed trajectory of the pandemic. In general, there are 3 reasons why predictions could differ systematically from reality:

- Structural model features that do not reflect reality
- Disease and population-level input parameters that do not capture the true epidemiology of COVID-19
- Modelled NPIs that do not reflect government policy as undertaken in practice

It is important to note that the different independent modelling group predictions that help produce SPI-M (Scientific Pandemic Influenza Group on Modelling) advice have tended to give similar results (particularly at shorter time intervals) for similar inputs and assumptions (SPI-M, Oct and Dec 2020, Jan 2021). There were also alternative modelling approaches in early 2020 that produced results with broadly comparable features (Edward, 2020). Another study reproduced the model associated with Ferguson et al (2020) with alternative "code" but with the same inputs and produced almost identical results (Rice et al, 2020).

Disease relevant variables can relate to the following, many of which are still uncertain: incubation period, period of infectiousness and symptoms onset, infectiousness of asymptomatic cases, length of immunity, proportion of cases hospitalised, lengths of hospitalisation and so on. General epidemiological inputs are easier to assess. Zala et al. (2020) uses the base-case Ferguson et al. (2020) predictions consistent with a basic UK reproduction rate (i.e. under unmitigated pandemic) of R0 = 2.2-2.4. This is almost certainly an underestimate, with recent estimates as high as 3.3 and a more recent published simulation model applying an 11-study consensus value of R0 = 2.7 (Davies et al, 2020; Sandmann et al, 2021). These may well be underestimates given the emergence of new variants (Davies et al, 2021). This explanation is supported by Rice et al. (2020), which notes that their "replica" of the Ferguson et al. (2020) model reproduced observed cumulative deaths reported in the first wave most convincingly with inputted values of R0 = 3.0.

The age stratified infection fatality ratios (IFRs) applied in Ferguson et al. (2020) are consistent with an overall UK specific IFR of around 0.9%, which is broadly consistent with other simulation studies from last year (Davies et al, 2020). However, again these may be minor underestimates with recently published estimates at slightly above 1% (Brazeau et al, 2020).

Contrary to media perception, the Imperial College report did not outline the eventual suppression strategy followed by the UK government. These modelled NPIs can be considered "exogenous" (i.e. policy variables that are pre-set) and were completely hypothetical and so differences will inevitably lead to divergences between predictions and observed data. For example, the timing and length of lockdowns (i.e. suppression) in the UK were not based on any explicit ICU triggers. Modelled NPIs also required assumptions about reductions in contact rates in various settings (and so adherence to rules) and could not have predicted the start of vaccination as early as December 2020. Unsurprisingly, evidence suggests that the model is particularly sensitive to inputs related to NPI effectiveness. A multivariate sensitivity analysis of the model found that 2 of the 3 most important inputs were "Relative spatial contact rate given social distancing" and "Delay to start case isolation" – variables closely related to the effectiveness of social distancing (Edeling et al. 2020).

At face value, the predictions of the Imperial College report used in Zala et al. (2020) are a significant underestimate. For example, deaths up to late 2021 under suppression 1 and suppression 2 were estimated as 15k and 46k, respectively. By Feb 2021, UK deaths were around 100k using any measure (GOV.UK, 2021; Kings Fund, 2021). In summary, much of the explanation for this may be early underestimation of COVID-19 fatality and rate of transmission, but also divergences between modelled NPIs and actual policy (i.e. timing, length, adherence and effectiveness). Predicted deaths under a mitigated pandemic were 255k, which supports the hypothesis that government policy (and public compliance) reduced transmission by somewhere between the modelled mitigation and suppression strategies.

Cost and QALY inputs

As discussed in Zala et al. (2020), it is not always clear what cost and QALY inputs should be included in an economic evaluation of this nature. For example, if the analysis had assumed an NHS perspective, the incremental analysis would have shown suppression strategy to be dominant (lower QALY loss and costs); but this would ignore the significant burden of costs that fall outside of the NHS budget that are required to achieve a reduction in deaths and hospitalisations (i.e. national income loss).

Table 1 presents the cost and QALY inputs that could be included in an economic evaluation, with those in bold excluded from Zala et al. (2020). Intangible Costs and QALYs include but are not limited to the following:

- Changes in healthcare costs and QALY loss due to displacement or delay of other treatments (or prophylactic avoidance of healthcare)
- Costs and QALY loss (or gain) related to other sector effects such as changes in criminal behaviour (burglary, domestic abuse etc)
- QALY loss (or gains) due to social distancing and financial issues (including mental health issues and unemployment)

Intangible costs and QALYs were not included in a systematic way in Zala et al. (2020) but scenario analyses explored QALY loss due to unemployment and savings in long-run NHS and social care costs due to a COVID-19 death, both of which made little difference to results. Virtually all QALY loss (≈ 99%) for any of the four strategies in Zala et al. (2020) was due to COVID-19 deaths and so QALY loss and costs associated with treatment of symptomatic (but not hospitalised) patients is not expected to make much difference to results.

Zala et al. (2020) assumed the costs of any fiscal schemes (e.g. furlough) were replacements for lost income and so included in lost national income (i.e. GDP loss). It is not clear if any other direct costs of government action should have been included. For example, the costs of test and trace are not directly related to mitigation and suppression and were intended to remove the need for the latter. Nevertheless, reported costs of test and trace are relatively small compared to GDP loss for any of the strategies - £20 billion is less than 1% of national income (Full Fact, 2021) – and so inclusion would not make much difference to results.

Table 1. Direct and indirect cost and QALY loss inputs

	Costs incurred	QALY loss
Direct	**Treatment of non-hospitalised**	**COVID-19 illness (symptomatic)**
	Treatment of hospitalised (non-ICU)	Hospitalised (non-ICU)
	Treatment of hospitalised ICU	Hospitalised (ICU)
	Costs of government action (e.g. test and trace)	COVID-19 deaths
	End of life cost (COVID-19 death)	
Indirect	GDP (national income) loss	**Intangible QALY effects**
	Intangible cost effects	

Abbreviations: ICU, intensive care unit; QALY, quality-adjusted life year

Notes: in bold are those costs and QALYs excluded from analysis in Zala et al. (2020)

Zala et al. (2020) estimated that the average QALY loss due to a COVID-19 death is 8.8 and this included age adjustment based on age-variant IFRs and UK lifetables. However, it did not adjust for the higher prevalence of comorbidities in individuals most likely to die from COVID-19. Subsequent estimates suggest fully adjusted losses may be closer to 5 QALYs (Briggs et al, 2021), which would reduce all incremental QALYs in Zala et al. (2020) by around half and double reported ICERs (Suppression vs. mitigated and unmitigated pandemics).

Results in Zala et al. (2020) were sensitive to differences in GDP loss between strategies. Based on Keogh-Brown et al. (2010), base-case 2020-21 GDP loss estimates were assumed to be 1.85% (unmitigated), 2.75% (mitigated) and 6.05% (suppression). These were considered "guesstimates" and so results in Zala et al. (2020) were framed as conditional on different possible GDP loss levels. Current estimates of GDP loss are around 11% for the 2020-21 period and so these appear as underestimates (OBR, 2020). A macro-economic assessment of the strategies in Ferguson et al. (2020) conducted in early 2020 projected 1.7%, 11.4% and 27.7% in lost GDP respectively for 2020 (Keogh-Brown et al, 2020). These predictions seem like substantial overestimates in retrospect. More recent summaries of the evidence that reflect cross-country data from 2020, suggest that GDP loss would have been high even without lockdowns (e.g. up to 60% of the loss) for various reasons: substantial voluntary prophylactic behaviour, high spill-over effects in a globalised economy (i.e. tourism and exports are a large component of GDP) and in particular because of the experience of countries like Sweden (Ilzetzki et al, 2020). This suggests that incremental differences may not be too dissimilar from the original base-case assumptions; however, GDP loss estimates were and continue to be highly uncertain inputs.

Comparison with other economic evaluations

In order of publication, Table 2 presents Zala et al. (2020) against more recent economic evaluations. Two papers are retrospective in nature, attempting to compare actual government policy outcomes against possible counterfactual policies. Miles et al. (2020) compares reported QALY weighted outcomes and costs (including GDP loss) against a policy of no "lockdown" up to 24th May 2020. No explicit modelling is undertaken, and the counterfactual policy is never defined and so it can be argued the analysis is not truly

incremental. There is also some confusion about time periods – in one scenario they use the headline death figures for unmitigated pandemic from Ferguson et al. (2020), but these are projections up to the end of 2021 and so are not relevant to the chosen horizon. The comparison in Thom et al. (2021) is better defined and compares the observed policy outcomes under the first wave (up to 20th July) with a "no mitigation" strategy; projections for the counterfactual are estimated using the LSHTM group CMMID simulation model and GDP loss based on the Swedish experience.

Both provide useful insights, but such relatively short time horizons are unlikely to capture the full cost and benefit trade-offs involved in policy making. For example, disease dynamics and the impact of policy on the economy in subsequent waves will be partly determined by the effect of restrictions in the first wave (i.e. there can be trade-offs between waves).

Rowthorn et al. (2020) and Sandmann et al. (2021) present predictive de novo models that attempt to integrate economic outcomes directly as a function of policy. The former was published early in the pandemic and does not present health economics outcomes (e.g. QALYs), but is framed as a more traditional optimisation problem in economics: a variety of government policies are optimised while maintaining an assumed value of life constraint. There is little justification given for assumed epidemiological parameters such as R0 and death rates.

Sandmann et al. (2021) is the most recent publication and provided analyses most relevant to policy making in the future. An updated CMMID model is used to project benefits and costs over a 10-year horizon for different vaccination scenarios overlaid with different social distancing policies. An explicit attempt to capture input parameter uncertainty via probabilistic sensitivity analysis is included, in contrast to all other studies. The study results provide a powerful insight that needs more acknowledgment: all policy options available give net negative health benefits (i.e. QALYs valued in monetary terms net of all costs) and so the optimal policy is the one that is least "bad".

In line with Zala et al. (2020), none of the papers attempt to integrate intangible costs and QALYs in a systematic way. Rowthorn et al. (2020) and Sandmann et al. (2021) calculate GDP loss as a function of days under restrictions, but estimates vary widely (Table 2) which is an acknowledgement of the remaining uncertainty in this parameter. All studies that use QALYs assume a threshold consistent with NICE (£20k or £30k per QALY) in the base-case, but as discussed in Zala et al. (2020) it is unclear that this value reflects the true opportunity costs associated with GDP loss.

Conclusions

It is likely that Zala et al. (2020) overestimated incremental death QALYs because it did not adjust for comorbidities. GDP loss is a major driver of results in all economic evaluations and remains highly uncertain for all counterfactual policy scenarios; however incremental GDP loss may be lower than earlier estimates suggested and not dissimilar to base-case assumptions in Zala et al. (2020). There is no clear consensus in the literature as to what QALY threshold is the relevant one for the decision problem.

Table 2. Summary of Zala et al. (2020) and more recent evaluations of UK government policy

	Decision problem	Strategies compared	Modelling methodology	Evaluation length	Retrospective or predictive	Health economics outcomes	GDP loss estimates and source	QALY, Costs excluded	Threshold applied	Conclusion
Zala et al. 2020	Calculates the relative cost-effectiveness of the hypothetical suppression policies found in the Imperial College COVID-19 Response Team model	Hypothetical strategies including Unmitigated (do nothing), mitigated and 2 alternative suppression strategies	Use of published Imperial College COVID-19 Response Team model projections (March report Ferguson et al. 2020)	Same as Ferguson et al (2020) model (seeding in Jan 2020 until late 2021 assuming no vaccines)	Predictive	QALYs, ICERs conditional on GDP loss	For counterfactual unmitigated/mitigated from earlier macroeconomic study (Keogh-Brown et al, 2010). For suppression based on published estimates.	Intangible QALY/costs of lockdown	No explicit threshold, but range explored.	Difficult to claim that the hypothetical Imperial model–projected suppression policies are obviously cost-ineffective. Uncertain and sensitive to GDP loss estimates.
Miles et al. 2020	Valuing excess deaths and comparing to excess GDP loss, up to the end of May 2020	Government policy up to 24th May vs. undefined policy with no "lockdown"	No modelling undertaken. Compare a range of estimated deaths saved because of government policy up to 24th May against GDP loss estimate ranges.	Up to week ending 24th May 2020 (some of wave 1)	Retrospective	HRNB with 5 or 10 QALYs lost per Covid death (assuming £30k per QALY) but not explicitly incremental	Range of GDP loss due to lockdown estimates (9%, 15%, 20%, 25%), based on various sources including OBR.	Most intangible costs/QALYs (but attempt to account for some indirect health savings from lockdown)	£30k per QALY	The costs of continuing severe restrictions are great relative to likely benefits in lives saved (i.e. net cost)
Rowthorn et al. 2020	Cost–benefit analysis to find optimal policy mix, given a fixed value of life objective set by the government	All hypothetical strategies that determine pandemic paths such as do nothing, tight lockdown of 5.3 weeks, earlier and shorter lockdown, vaccine available at 1 and 2 years etc	De novo mathematical SIR model of disease propagation with government policy framed in context of (traditional) economic optimisation problem with assumed value of life constraint (e.g. £2 million per life)	1st April for 52 weeks	Purely predictive - estimates of death rate and R0 are not based on any data or referenced	No QALYs (value of life analysis). No incremental analysis presented (i.e. just optimal options given value of life constraint).	The per capita weekly cost of full lockdown is £200 which is in line with OBR predictions at the time	QALY loss of illness, intangible QALY/costs of lockdown	N/A	A 10-week lockdown is only optimal if the value of life for COVID-19 victims exceed £10m. Results sensitive to timing of intervention.

Thom et al. 2021	Compare health economics outcomes of observed country "mitigation" strategies vs counterfactual (modelled) "no mitigation" strategy	Observed "mitigation" strategy that occurred in real life (varies by country) vs. counterfactual "no mitigation"	For no mitigation outcomes open-source age-structured deterministic mathematical model of SARS-CoV-2 transmission (CMMID model) used to predict outcomes. Different no mitigation comparators tested, each with different inputted R0.	Wave 1 (Jan 1st to 20th July)	Retrospective	Per capita QALYs, HRNB (assuming £20k per QALY)	Retrospective estimates from various sources for mitigation. Attempt to account for non-NPI reductions in GDP (trade, prophylactic behaviour), with no mitigation base-case as Swedish GDP loss.	Direct government policy costs (e.g. test and trace costs), intangible QALY/costs of lockdown	£20k per QALY	Benefit of government Covid-19 responses may outweigh their economic costs. The extent that HRNB offset economic losses varies widely by country and assumed R0 under no mitigation.
Sandmann et al. 2021	Compares net monetary value of different combinations of social distancing measures with introduction of vaccination scenarios	Compare different vaccination/revaccination scenarios assuming different vaccine efficacy and duration of protection to no vaccination scenario. In addition to different lockdown and social distancing measures (some counterfactual such as no lockdowns in 2020).	De novo age-structured dynamic transmission model with fully integrated economic model (CovidM CMMID model)	10 years from Jan 1st 2020	Largely predictive but starting Jan 2020 to allow for counterfactual scenarios (some attempt at alignment with observed 2020 data like hospitalisations)	QALYs, HRNB with assumed QALY values, scenario analysis with GDP loss included	Under voluntary distancing GDP loss accrues at a rate of 2% of daily GDP (≈ £115 million) for days with new reported cases over 1000. Under stricter distancing and lockdowns daily GDP loss can be 2% to 15% (scenario analyses).	No intangible costs/QALYs but includes wider range of direct QALY loss including symptomatic cases (no hospitalisation) and vaccine adverse events. Includes costs such as setting up a vaccine programme and govt research subsidies.	£20k per QALY, but scenarios up to £60k per QALY	At virtually all assumed QALY values (but particularly £60k per QALY) vaccination scenarios are superior to no vaccination in HRNB, with or without including GDP loss. In all distancing and lockdown scenarios, vaccination has a higher HRNB than no vaccination.

Abbreviations: ICER, incremental cost-effectiveness ratio; QALY, quality-adjusted life year; GDP, gross domestic product; HRNB, health-related net benefit; OBR, Office of Budget Responsibility; CMMID, LSHTM Centre for the Mathematical Modelling of Infectious Diseases Covid-19 model

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How has cost benefit analysis developed in children's social care?

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Introduction

Just over twenty years ago, a seminal text (Beecham, 2000) was published to assist with the estimation of unit costs and application of health economic methods to children's social care (Unit Costs – not exactly child's play). The book provided a detailed 'how-to guide', alongside templates and a glossary to introduce terms such as unit costs and cost effectiveness into the lexicon of children's social care. The publication was also associated with a large-scale national research initiative commissioned by the Department of Health, comprising 13 research studies (Costs and Effectiveness of Services for Children in Need), which were carried out between 1999 and 2004 (Beecham and Sinclair, 2006). The research initiative provided the necessary impetus to establish inter-disciplinary research teams (all were required to include an economist) and opportunities for shared methodological learning. The findings were summarised by the academic leads (ibid) and each project produced a range of outputs, including, to varying degrees, a range of unit costs and cost effectiveness analyses for different part of children's social care. As summarised below, some of these unit costs continue to be used in current analyses and research projects.

This article briefly explores how cost benefit analysis in children's social care has evolved since 2000, drawing on some of the findings from a recent critical literature review (paper currently under review) which focused on studies of cost effectiveness of children's social care in England since 2000. The findings are also considered within the context of and alongside issues highlighted in two articles in recent editions of this annual PSSRU Unit Cost publication, in relation to other service areas (Sach et al., 2018; Weatherly et al., 2020).

Context

The need for effective and efficient use of limited resources for children's social care has become increasingly pronounced in recent years. Pressures on budgets were highlighted in a report by the National Audit Office (2019) which emphasised that 91% of local authorities had overspent on their children's services budgets. Furthermore, in recent years a range of reviews and sector-led studies have raised concerns about the increased demand for children's social care services (Association of Directors of Children's Services, 2018; Local Government Association, 2018; Thomas, 2018; Holmes, 2021). Against this backdrop the ability to demonstrate cost-effectiveness in service design and delivery and incorporate it in the strategic planning of service delivery have become important for children's services (Molloy et al., 2017). Phrases such as 'value-for-money' appear increasingly frequently in discussions about service procurement and delivery in children's social care, but to understand whether services offer 'value for money' we need a robust evidence base of the cost effectiveness of these services.

Issues and limitations

As outlined by Sach and colleagues (2018) economic evaluations are only as reliable as the data and methods on which they are based, and our recent, aforementioned critical review considers not only the availability and uses of data, but also how key terms, such as those introduced by Beecham (2000) are used, often interchangeably, and not always consistently, in both the academic and grey literature. Within this article, three overarching issues will be summarised, these relate to: the quality of cost data; measuring outcomes and understanding cost effectiveness.

Quality of cost data

The utilisation of costs data in children's social care can be divided into two distinct categories: unit costs derived from primary data collection and secondary use of section 251 expenditure data (Department for Education, 2019). Only a small number of research studies have included the calculation of new unit costs, and most of the primary data collection was carried out as part of the Department of Health Research Initiative (Beecham and Sinclair, 2006). The use of the section 251 expenditure data appears to be more widespread. A range of reports have highlighted limitations of the section 251 data, with a particular focus on inconsistencies in completion between individual local authorities (Freeman & Gill, 2014; Holmes, 2021; Rome, 2017), despite these limitations usage is frequently attributed to a lack of empirical unit costs. Furthermore, many published studies lack the necessary transparency in how the cost data are derived and subsequently used, this limits the potential for replication. This aligns with the findings from the systematic review summarised by Weatherly and colleagues (2020).

Measuring outcomes

A fundamental challenge in children's social care is that it is difficult to define all intended outcomes in such a manner that facilitates attribution of a specific service, or type of support to outcomes. The complexities associated with the attribution of outcomes were recently highlighted by Parr and Churchill (2020). With a focus on the learning from the Troubled Families Programme, they argued that the needs, services and outcomes of families need to be viewed holistically, and that there is a myriad of socio-economic factors that are outside of the control of local authority children's services departments. Furthermore, in a recent attempt to develop an outcomes framework for children's social care, La Valle and colleagues (2019) highlight the complexity of the wider systems in which children's social care services operate and the impact this has on attribution of outcomes. They also argue that many outcome indicators routinely used in children's services are outputs, for example, rates of re-referrals, rather than outcomes. Ultimately, if outcomes are not attributable, then any resultant cost-effectiveness analysis is speculative and of limited value. A substantive gap in the assessment of outcomes in children's social care is the inclusion of longer-term outcomes. Incorporating the long term perspective in evaluations of children's social care, whereby benefits, both financial and societal are not realised for some time, are often lacking (Bowyer et al., 2018; Chowdry and Fitzsimons, 2016; Ward et al., 2008)

Understanding cost-effectiveness

There is an overriding premise that diversion from care is a positive outcome and is also cost effective, for example potential costs avoided associated with a reduction in the number of children being placed in care. This perspective also aligns with much of the research focused on early intervention (Stalford, 2019) and considers coming into care analogous to late intervention and therefore costly. However, Ward and colleagues (2008) showed that the premise does not necessarily reflect the complexity of the care system and an understanding of the services that might have been provided prior to a placement in care. In their research, focused on care pathways, they identified that children with the most complex needs who were placed in care later in their adolescence had worse outcomes and more costly care pathways compared to those who came into care earlier in their lives. This finding does not dispute the potential benefits associated with diversions from care, but indicates the necessity to take a longitudinal perspective, and to consider children's social care services holistically. Furthermore, Feinstein and colleagues (2017) indicate that many studies refer to the costs to the government (nationally and/or locally) without giving sufficient consideration to the social or economic costs related to the wellbeing of children, and their families.

Innovation in children's social care

The reference point for this article is the commencement of the Department of Health research initiative and publication of Beecham's 2000 text. Despite the limitations, and to a certain extent, lack of progress in some areas, outlined above, we have almost come full circle with a recent national government funded initiative (Department of Education Children's Social Care Innovation Programme) focused on new innovations and practices in children's social care initiative, and the cost effectiveness of these. The Department for Education programme took place over a six-year period (2014-2020) and comprised of 57 projects in Round One, and of a further 50 projects in Round Two. An emphasis was placed on the inclusion of cost-effectiveness analysis across all the evaluations (Fitzsimons et al., 2020a; Sebba et al., 2017). Despite this requirement, both evaluation summary reports (ibid) highlighted the use of speculative, hypothetical future savings rather than directly attributable, substantial cost savings. They also highlighted that many of the evaluations lacked the necessary comparison groups to facilitate cost effectiveness analyses. Even with these limitations the programme facilitated a comparative approach to examining the cost inputs for a range of new interventions, and these are now usefully collated in this volume (first included in 2018, schema 6.2).

Conclusion

It is evident from the issues and limitations briefly introduced in this article that children's social care as a sector still has some way to go in the development of cost effectiveness studies that provide the necessary rigour and transparency to support replication. Considering these issues within the context of other service areas, and recent articles such as those by Sach and colleagues (2018) and Weatherly and colleagues (2020) serve as a useful reminder that there is some learning that could still be transferred from health and adult social care, while recognising and embracing the intrinsic complexities of children's social care. For example, Weatherly and colleagues (2020) provide a useful summary of outcome measures included in adult social care economic evaluations, and the consistency of measures, including the focus on QALYs suggest some future learning for children's social care. Furthermore, the recently published HM Treasury supplementary guidance

(2021), sets out approaches to measuring wellbeing, which have potential to be incorporated systematically into future children's social care evaluations, and cost effectiveness analyses.

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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+)

The fees in the table below reflect data covering a mix of local authority, NHS and self-funded clients. CMA (2017) found that local authority fees were on average 41% below those paid by self-funders in the same care home, so the fees below are not necessarily representative of what local authorities or self-funders actually pay. Using Adult Social Care Finance Return (ASC-FR)[1] returns for 2020/2021, the median cost per person for supporting older people in all nursing homes was £777 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 £787 per week. The standard NHS nursing care contribution is £183.92.[2] When we add the standard NHS nursing care contribution to PSS expenditure, the total expected median cost is £961 and the mean cost is £971.[3]

Costs and unit estimation	2020/2021 value	Notes
A. Fees	£873 per week[4]	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.[5,6,7,8,9] The midpoint between the minimum and maximum fee was taken from Laing & Buisson Care Homes Complete Dataset 2018/2019.[10,] Figures have been uprated as no new data available. Care home fees have been split into their component parts by Laing & Buisson (2019).[11] 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 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 £26 using care home data). Costs have been uprated 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.[12] 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.[13] 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.[14]
London multiplier	1.14 x A	Fees in London nursing homes were 14 per cent higher than the national average.[9]
Unit costs available 2020/2021		
£873 establishment cost per permanent resident week (A); £923 establishment cost plus personal living expenses and external services per permanent resident week (A to E). £125 establishment cost per permanent resident day (A); £132 establishment cost plus personal living expenses and external services per permanent resident day (A to E).		

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

The fees in the table below reflect data covering a mix of local authority, NHS and self-funded clients. CMA (2017) found that local authority fees were on average 41% below those paid by self-funders in the same care home, so the fees below are not necessarily representative of what local authorities or self-funders actually pay. Using Adult Social Care Finance Return (ASC-FR) [3] returns for local authority funded clients for 2018/2019, the median cost per person for supporting older people in a residential care home provided by non-local authority run organisations was £707 per week, with a mean cost of £714 per week [using unique identifiers: 8713801, 8714401, 8715001, 8715601, 8716201 (numerators in thousands of pounds), 8713802, 8714402, 8715002, 8715602, 8716202 (denominators)]. [1]

Costs and unit estimation	2020/2021 value	Notes
A. Fees	£726 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.[2,3,4,5,6] The midpoint between the minimum and maximum fee was taken from Laing & Buisson Care Homes Complete Dataset 2018/2019.[7] Figures have been uprated to current values. Care home fees have been split into their component parts by Laing & Buisson (2019).[8] 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 uprated 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.[9] 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.[10] The occupancy rate for care homes (for-profit sector) without nursing was 89.7 per cent (provisional).[11]
Unit costs available 2020/2021		
£726 establishment cost per permanent resident week (A); £776 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).		

[3] 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.

[1] 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].

[2] 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].

[3] 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].

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

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

[6] 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].

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

[8] Laing & Buisson (2019) *Care Cost Benchmarks*, Laing & Buisson, London.

[9] 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].

[10] Laing, W. (2017) *Care homes for Older People market analysis and projections*, http://www.laingbuissonevents.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.

Costs and unit estimation	2020/2021 value	Notes
Capital costs A. Buildings and oncosts	£120 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)	£1,233 per week	The median estimate is taken from ASC-FR 2020/2021[1] Capital charges relating to buildings and oncosts have been deducted. The mean cost is lower at £1,175 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 G. GP services H. 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 & 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.
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 2020/2021		
£1,359 establishment cost per permanent resident week (includes A to E); £1,409 establishment cost plus personal living expenses and external services per permanent resident week (includes A to I). £194 establishment cost per permanent resident day (includes A to E); £201 establishment cost plus personal living expenses and external services per permanent resident day (includes A to I).		

[1] Calculated using NHS Digital (2021) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2020/21, 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 & Prices inflator. The median and mean cost was £165 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 2020/2021 values using the appropriate inflator.

Costs and unit estimation	2020/2021 value	Notes
Capital costs A. Buildings and oncosts	£7.60 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 and £165. 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 2020/2021		
£66 per client attendance (includes A to D); £14 per client hour; £50 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 £1,504. Two further dementia memory services provided by SLAM (but not providing assessments) had average annual costs per client of £1,123 (Lambeth and Southwark) and £849 (Lewisham). See 8.2 for the cost of diagnosis and early support in patients with cognitive decline. Figures have been uprated to 2020/2021 values.

Costs and unit estimation	**2020/2021 value**	**Notes**
A. Wages/salary	£574,743 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	£156,370 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 Non-staff	 £132,901 per year £196,332 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). 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 2020/2021		
Total annual cost £1,064,797; total cost per hour £528; cost per client £1,336.		

[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. 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	2020/2021 value	Notes
Delivery and training for each DCM Mapper A. Care Staff time	£564	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	£977	DCM course booking form. Inclusive of lunch, refreshments and course materials.
C. Accommodation (four nights)	£301	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.	£1,634	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 H.Travel and subsistence expenses for DCM expert mapper	£2,105 £170	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. Based on a review of DCM EPIC trial data.
I. Implementation costs (for each DCM expert mapper)	£2,275	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.
London multiplier	1.14	Fees in London nursing homes were 14 per cent higher than the national average.
Unit costs available 2020/2021		
Per care home £10,208 (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 £117. 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	£1.89	£23.34	£10.60	£47.35	£12.82
Travel costs for review meeting 1		£3.20		£12.83	£3.29
Travel costs for review meeting 2		£2.12			
Total Costs	£1.88	£28.60	£10.60	£60.19	£16.12

[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 Interventions for mental health promotion and mental illness prevention

2.7 Lifetime costs of perinatal depression

2.8 Lifetime costs of perinatal anxiety

2.1 NHS national costing data for mental health services

These figures show 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 England, National Cost Collection 2019/2020* to report on the NHS national costing data for selected mental health services.[1] Additional information for some costs have come from the new Patient Level Information and Costings (PLICS) which is now included in the National Collection. Costs have been uprated to 2020/2021 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.

	Mean £
MENTAL HEALTH SERVICES	
Mental Health Care Contacts (PLICS)	£216
IAPT Contacts	£132
Mental health care clusters (per bed day)	£428
Mental health care clusters (initial assessment)	£313
Mental health specialist teams (per care contact)	
A&E mental health liaison services	£245
Criminal justice liaison services	£286
Prison health adult and elderly	£147
Forensic community, adult and elderly	£293
Secure mental health services	
High dependency secure provision MH or psychosis	£834
High dependency secure provision personality disorder	£825
Specialist mental health services	
Eating disorder (adults) – admitted (per bed day)	£546
Specialist perinatal – admitted (per bed day)	£819

[1] NHS England (2020) National Schedule of Reference Costs 2019-20, NHS England, London. https://www.england.nhs.uk/national-cost-collection/ [accessed 1 October 2020].

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 2020/21 for expenditure data. The median establishment cost per resident week in long-term residential care for adults aged 18-64 is £950.

Costs and unit estimation	2020/2021 value	Notes
Capital costs A. Buildings and oncosts	£108 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) C. Overheads	£842 per resident week	The median revenue weekly cost estimate (£842) 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. 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 2020/2021		
Age 18-64 (using unique identifier 8713001; numerator in thousands of pounds, 8713002; denominator) £950 per resident week establishment costs (includes A to B); £875 per resident week (includes A to D). £136 per resident day establishment costs (includes A to B); £125 per resident day (includes A to D). **Age 65+ (using unique identifier 8716001; numerator in thousands of pounds, 8716002; denominator)** £697 (£684) median (mean) establishment costs per resident week. £100 (£98) median (mean) establishment costs per resident day.		

[1] Calculated using NHS Digital (201) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2020/21, 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 2020/2021 values using the appropriate inflator.

Costs and unit estimation	2020/2021 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.[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) E. Overheads	£30 per client attendance	The median cost per client week has been taken from PSS EX1 2013/2014[2] 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. 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 2020/2021		
£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 (2021) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2020/21, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18 [accessed 30 October, 2021], 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	2020/2021 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 2020/2021		
£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 £19 (£21 with qualifications) and for 12 sessions £231 (£251 with qualifications).[1] Figures have been uprated to 2020/2021 values.

Costs and unit estimation	2020/2021 value	Notes
A. Wages/salary	£84,752 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.
B. Salary oncosts	£26,783 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). This cost is for 2 mental health nurses.
D. Training for behavioural activation	£723 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		Taken from the 2013/2014 financial accounts for 10 community trusts.
Management, administration and estates staff	£34,899 per year	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	£50,637 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	£10,204 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. 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.
Duration of contact		One hour sessions included direct treatment time of 40-50 minutes and administration.
Unit costs available 2020/2021 (costs including qualifications given in brackets)		
Cost per session per person attending the group £19 (£21) Cost per 12 group sessions per person £231 (£250).		

[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.

2.6 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 £1,305 per family, while that of individual interventions is £2,849. 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 £1,614 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 £181 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.

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.

[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.

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 £4,043 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 £24 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.

Cost: The incremental cost of this wellbeing programme was £46,673, or £98 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 £4,178.

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 £42,039.

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 £24,667.

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 manage their diabetes more poorly. 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 £858, compared with £435 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).

2.7 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, 2014[1]). 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 by 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 2.7 and 2.8 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. Figures have been uprated to 2020/2021 values.

Public sector costs	**Perinatal depression**		**Notes**
	Mother	**Child**	
Health and Social Care	£1,924	£3,227	The child's health and social care costs related in similar proportions to pre-term birth, emotional and conduct issues.
Education	£0	£4,654	85 per cent of education costs are a result of conduct issues, with the remainder due to emotional issues.
Criminal	£0	£2,454	All child criminal justice costs were incurred because of conduct issues.
Subtotal public sector costs	**£1,924**	**£10,336**	All mothers' public sector costs 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	£3,764	£7,038	42 per cent of child-related productivity losses are related to emotional issues.
Health-related quality of life losses	£20,698	£10,878	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	£344	£27,545	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	£8,488	12 per cent of total child costs are related to becoming a victim of crime.
Total wider societal perspective costs	**£24,807**	**£53,966**	Costs to the wider perspective for mother and child were £76,132.
Grand total	**£26,731**	**£64,301**	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].

2.8 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, 2014[1]). 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 2.7 and 2.8 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 2020/2021 values.

Public sector costs	**Perinatal anxiety**		**Notes**
	Mother	**Child**	
Health and Social Care	£4,924	£5,101	20 per cent/32 per cent of the mother/child's costs were associated with health and social care expenditure.
Education	£0	£375	Over half of child education costs were associated with conduct issues, with a smaller amount associated with chronic abdominal pain.
Criminal	£0	£636	
Public sector costs	**£4,924**	**£6,112**	All mother's public sector costs relate to health and social care expenditure.
Wider societal perspective			
Productivity losses	£6,836	£2,161	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	£12,510	£2,894	Health-related quality of life losses were the largest share of total expenditure for the mother.
Out-of-pocket expenditure	£0	£474	
Unpaid care	£0	£2,352	Chronic abdominal pain was associated with unpaid care costs.
Victim of crime	£0	£2,617	Conduct issues were associated with victim of crime costs.
Wider societal perspective costs	**£19,347**	**£10,498**	Costs to the wider societal perspective for mother and child were £28,869 and accounted for 73 per cent of total costs.
Grand total	**£24,271**	**£16,610**	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

These figures show 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, National Cost Collection 2019/2020* to report on the NHS national costing data for selected alcohol and drug services.[1] All costs have been uprated to 2020/2021 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. Figures for children and adolescents have been removed as too few submissions.

Drug and alcohol services (adults)	**£ Mean**
Alcohol services – community contacts	92
Drug services – community contacts	122
Alcohol services – outpatients	90
Drug services – outpatients	104

[1] NHS England (2020) National Schedule of Reference Costs 2019-20, NHS England, London. https://www.england.nhs.uk/national-cost-collection/ [accessed 1 October 2020].

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	2020/2021 value	Notes
A. Wages/salary	£35,118 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 *NHS Terms And Conditions of Service Handbook* for information on payment for unsocial hours and shift work.[3] See Section V for further information on salaries.
B. Salary oncosts	£10,889 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 Non-staff	 £9,528 per year £21,573 per year	Taken from *NHS Foundation Trusts Accounts: consolidated (FTC) files 2014/2015*.[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 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 2020/2021 (costs including qualifications given in brackets)		
£51 (£57) per hour. £75 (£83) 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 (2021) *NHS staff earnings estimates, 12-month period from May 2020 – April 2021* (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 2020/2021 values using the appropriate inflator.

Costs and unit estimation	2020/2021 value	Notes
Capital costs A. Buildings and oncosts	£7.60 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	£2.20 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)	£63 per client attendance	The median cost per client week has been taken from PSS EX1 2013/2014[2] 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 2020/2021		
£72 per client attendance (includes A to D); £18.10 per client hour; £63.36 per client session lasting 3.5 hours.		

[1] Calculated using NHS Digital (2020) Calculated using NHS Digital (2020) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2020/21, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2020-21[accessed 23 October, 2021], 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 £5,069. 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 2020/2021 values using the appropriate inflator.

Costs and unit estimation	**2020/2021 value**	**Notes (for further clarification see Commentary)**
A.Wages/salary	£39,681 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	£10,179 per year	Employer's national insurance is included plus 18 per cent of salary for employer's contribution to superannuation.
C. Overheads Management/supervision Direct overheads Indirect overheads	 £7,197 per year £3,453 per year £7,977 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). Premises costs (office, stationery, utilities etc.) are estimated at 7 per cent of salary costs.[2] 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 2020/2021		
Average cost per working hour £31, average cost per client-related hour £53. (Estimates exclude travel costs). Average total cost £71,715; Total cost for project A: £42,734; Total cost for project B: £100,695. Average cost per advocacy intervention (based on 95 hours); £5,069 (Project A £3,020 and Project B £7,118).		

[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: 10.111.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 2019/2021, the median cost per person for adults (18 to 64) requiring learning disability support in long-term residential care was £1,691 per week and the mean cost was £1,687 per week [using unique identifiers: 8712401 (numerator in thousands of pounds), 8712402 (denominator)].

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	£425	£981	£1,600
Management supervision	£106	£105	£106
Sleep-in costs	£19	£19	£19
Total staff costs	£550	£1,106	£1,725
Service user expenses			
Support overheads	£35	£35	£35
Living expenditure			
Other accommodation costs			
Central overheads	£108	£109	£109
Total operational costs (before rent)	**£144**	**£144**	**£144**
Rent (not known as paid by housing benefit)			
Mark-up (average for sample 6%).	£34	£61	£92
Grand total	**£729**	**£1,311**	**£1,960**

[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 (2021) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2020/21, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19 [accessed 23 October, 2021], 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. 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	£443	£959	£1,476
Management supervision	£145	£146	£146
Sleep-in costs	£43	£43	£43
Total staff costs	**£632**	**£1,148**	**£1,664**
Service user expenses	£67	£79	£92
Support overheads	£49	£49	£49
Living expenditure	£85	£85	£85
Other accommodation costs	£85	£85	£85
Central overheads	£176	£176	£176
Total operational costs (before rent/ROP)	**£1,622**	**£1,623**	**£2,151**

[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 LIN[1] for a more detailed definition).

Costs were collected from 29 registered providers. Research carried out by Housing LIN[1] found that a person with a learning disability living in Specialised Supported Housing requires state funding of on average £1,781 per person per week for care and housing costs (housing cost and £1,518 care package cost per week). Costs uprated to current prices.

	Average weekly rent	Average weekly service charge	Care package	Total cost
Shared SSH	£210.71	£59.77	£1,518	£1,788
Self-contained SSH	£220.74	£55.47	£1,518	£1,794
All SSH	£263		£1,518	£1,781

[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, 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 2020/2021 values using the PSS Pay & Prices Inflators.

Costs and unit estimation	This example shows 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	£1,720	£1,162,702
Costs		
Senior support staff	£1,091	£737,630
Sub-total	**£1,091**	**£737,630**
Waking nights	£37	£24,768
Sleep in staff	£28	£19,156
Manager	£134	£90,328
Sub-total	**£1,290**	**£871,882**
Recruitment	£11	£7,467
Training	£10	£7,091
Other staff overheads	£37	£24,956
Total staff support costs	**£58**	**£39,514**
Total costs (excluding management costs)	**£2,439**	**£1,649,027**
Management costs – area and central	**£334**	**£226,065**

4.4.2 Residential care homes

This schema was prepared in 2015, in collaboration with three members of the Autism Alliancei, 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	2020/2021 value	Notes
A. Wages/salary	£53,931 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	£7,683 per client year	Employer's national insurance contribution plus employer's contribution to superannuation.
C. Direct overheads Management and supervision	£11,565 per client year	Support staff and management including administrators, cooks and managers. Staff costs were 19 per cent of direct care salary costs.
Non-staff	£12,434 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	£15,103 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	£28,128 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 2020/2021		
Average annual cost per client (excluding day care); £104,924; average weekly cost per client £2,011. Average annual cost per client (including day care); £133,051; average weekly cost per client £2,550.		

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 issues (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 Iemmi 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] Iemmi, 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		£371 (£643)
Other than residential home (days)	1	35.5		£112 (£193)
Total residential care				**£483 (£571)**
Community-based care				
Psychiatrist	2	2 (0)	0.9 (0.2)	£15 (£13)
Nurse	3	5 (2.6)	0.8 (0.1)	£8 (£4.40)
Social worker	3	48.3 (17.2)	0.4 (0)	£152 (£64)
Care worker	1	182	24	£1,635 (£2,833)
Other services (paid through direct payments)	2	78		£156 (£135)
Total community-based care				**£1,966 (£2,668)**
Day care centre	1	78	6	£69 (£120)
Total health and social care				**£2,519 (£3,161)**
Positive behavioural support for adults with intellectual disabilities and behaviour that challenges				£274
Total health and social care (+PBSS)				**£2,792 (£3,065)**

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 2020/2021.[1]

Costs and unit estimation	2020/2021 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) D. Overheads	£1,357 per resident week	The median revenue weekly cost estimate (£1,357) 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 £1,085 [using unique identifiers: 8710701 (numerator in thousands of pounds), 8710702 (denominator)]. 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 2020/2021		
Age 18-64 (using unique identifier 8710701; numerator in thousands of pounds, 8710702; denominator) £1,562 per resident week establishment costs (includes A to C); £1,587 per resident week (includes A to E). £223 per resident day establishment costs (includes A to C); £227 per resident day (includes A to E).		

[1] Calculated using NHS Digital (2021) Calculated using NHS Digital (2021) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2020/21, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19 [accessed 23 October, 2021], 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-2019 [accessed 25 September 2018].

[4] Gov.UK (2021) *Social care – charging for care and support: local authority circular*, Department of Health, London. https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2021-to-2022/social-care-charging-for-care-and-support-local-authority-circular-lacdhsc20211

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 current values using the appropriate inflator.

Costs and unit estimation	2020/2021 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)	£887 per resident week	The median weekly expenditure (£887) 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 £954.
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 2020/2021		
Age 18-64 (using unique identifier 8710801; numerator in thousands of pounds, 8710802; denominator) £1,083 per resident week establishment costs (includes A to C); £1,108 per resident week (includes A to E). £155 per resident day establishment costs (includes A to C); £158 per resident day (includes A to E).		

[1] Calculated using NHS Digital (2021) *Adult Social Care Finance Return (ASC-FR)*, NHS Digital 2020/121, https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2018-19 [accessed 23 October, 2021], 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] Gov.UK (2021) *Social care – charging for care and support: local authority circular*, Department of Health and Social Care, London. https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2021-to-2022/social-care-charging-for-care-and-support-local-authority-circular-lacdhsc20211

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	2020/2021 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 2020/2021		
£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

These figures show 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, National Cost Collection 2019/2020* to report on the NHS national costing data for selected services for children and their families[1] All costs have been uprated to 2020/2021 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. We have removed some data relating to Child and Adolescent Mental Health services as these figures were unreliable. Please refer to the 2020 volume for the nearest most recent data.

	National average
COMMUNITY SERVICES, average cost per group session (one-to-one)	
Therapy services	
Physiotherapy	£94 (£114)
Occupational therapy	£93 (£160)
Speech therapy services	£84 (£114)
Community health services – nursing, average cost per care contact/group session	
School-based children's health core (other) services – group single professional	£53 (£69)
School-based children's health core (other) services – one to one	£80 (£57)
ELECTIVE INPATIENT (PAEDIATRICS), average cost per stay	
Elective inpatient (paediatrics), average cost per stay	£4,930
OUTPATIENT ATTENDANCES, average cost per attendance	
Paediatrics	£218
Paediatric consultant-led outpatient attendance	£224
SPECIALIST PALLIATIVE CARE, average cost per bed day	
Hospital specialist palliative care support	£303
CRITICAL CARE	
Paediatric Critical Care, basic critical care	£1,709
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES, average cost per patient contact	
Admitted patients	£938

[1] NHS Improvement (2020) *National Cost Collection 2019-20*, NHS Improvement, https://www.england.nhs.uk/national-cost-collection/ [accessed 1 November 2021].

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
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. Update 2020[2]: 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.	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. As of March 2020[2], 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.	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. An evaluation report was published in September 2020[2]. 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.
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: 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.	**The edge of care offer** includes a key worker, a structured weekly activities programme and a volunteer mentor. **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.	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. **Volunteering** Hampshire, £396.40 per substantive intervention, including the co-ordinator, marketing and admin, volunteer expenses, and overheads at 20% Isle of Wight, £304.65 per substantive intervention for the Volunteer Co-ordinator. **Addressing child exploitation** - £262,980 per team including staffing and approximate overheads at 20%.

[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)
[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)
[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.

Sefton Community Adolescent Service (CAS)[1] aimed to: 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).	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.	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.
A two stage evaluation taking place in 2019 and 2020, **SafeCORE**[2] 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.	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.	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. 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.
Bradford B Positive Pathways[3] 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 by a total of 75 and the number of out-of-authority placements by 20 over a 2 year period.	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.	The base programme cost was £2,578,080. 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 care and £144,192 for those placed with a parent.

[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)

[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)

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 £4,865 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 2021 is unavailable.

See: Ofsted: developments in children's social care (blog.gov.uk) for a report on the children's homes sector.

Costs and unit estimation	2020/2021 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)	£4,865 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 2019/20.[3] The cost for a child for a week in an own-provision residential care home was £4,865. This was calculated by dividing total current expenditure for local authority (LA) provision children's care homes (£255,719,695) 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) (397,303).[4] This gives a cost of £695 per day or £4,865 per week, and £5,045 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 £4,865. Local authorities reporting costs of less than £400 per week (6 local authorities) or more than £14,000 per week (26 local authorities) have been excluded.
D. Overheads		No current information available. See previous editions of this volume for sources of information.
E. Other costs	£13.68 per resident week for school support	Using Section 251 data,[3] and dividing total expenditure for 'education of looked-after children' (£54,920,949) by total children looked-after aged 5 and over (80,080),[5] a cost per child per year for education was calculated (£686). When uprated, this gives a cost of £13.68 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 2020/2021		
£5,045 establishment costs per resident week (includes A to C); £721 establishment costs per resident day (includes A to C); £5,059 per resident week (includes A to E); £721 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 (2020) *Section 251 documents*, Department for Education, 2019-2020 London. https://www.gov.uk/government/collections/section-251-materials [accessed 29 October 2021].
[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 (2021) *Children looked after in England including adoption: 2020 to 2021*, https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2020-to-2021[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.

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 £4,153 per resident week.

Costs and unit estimation	2020/2021 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 2021.
B. Land	£31 per resident week	Based on Ministry of Housing, Communities & Local Government land estimates.[2]
C. Total expenditure (minus capital)	£4,153 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 2019/2020.[3] The cost for a child for a week in a non-statutory residential care home for children was £4,151. This was calculated by dividing total expenditure for other provision children's care homes (private and voluntary/third sector) (£1,157,761,049) 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) (1,987,102).[4] This gives a cost of £593 per day (£4,153 per week, and £4,307 when uprated using the PSS Pay & Prices inflator). Capital charges for buildings and land have been excluded to give a cost per resident week of £4,153. 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	£13.68 per resident week for school support	Using Section 251 data,[3] and dividing total expenditure for 'education of looked-after children' (£54,920,949) by total children looked-after aged 5 and over (80,080),[4] a cost per child per year for education was calculated (£686). When uprated, this gives a cost of £13.68 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 2020/2021		
£4,332 establishment costs per resident week (includes A to C); £619 establishment costs per resident day (includes A to C). £4,345 per resident week (includes A to E); £621 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 (2020) *Section 251 documents*, Department for Education, London. https://www.gov.uk/government/collections/section-251-materials [accessed 29 October 2021].

[4] Department for Education (2021) *Children looked after in England including adoption: 2020 to 2021*, https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2020-to-2021 [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.

6.5 Foster care for children

This table provides the cost of foster care for children.

Costs and unit estimation	2020/2021 value	Notes
A. Boarding out allowances, administration and the costs of social worker and other support staff who support foster carers	£647 per child per week	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 £1,788,943,980 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) (20,619,957),[2] the cost per day for all foster care for 2020/21was £89 (92per day and £647 per week when uprated to 2020/21 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. Using Section 251 data[1] and dividing total expenditure for LA provision foster care (including children placed with family and friends, own-provision and other public provision) of £832,434,470 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) (12,984,316),[2] the cost per day for 2020/21 was £68 (£71 per day or £497 per week when uprated to72020/21 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.
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	£13.68 per resident week for school support	Using Section 251 data,[3] and dividing total expenditure for 'education of looked-after children' (£54,920,949) by total children looked-after aged 5 and over (80,080),[4] a cost per child per year for education was calculated (£686). When uprated, this gives a cost of £13.68 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 2020/2021		
£661 per child per week (excluding social care support directly related to fostered children but including additional education services).		

[1] Department for Education (2020) *Section 251 documents*, Department for Education, London. https://www.gov.uk/government/collections/section-251-materials [accessed 29 October 2020].

[2]Department for Education (2021) *Children looked after in England including adoption: 2020 to 2021*, https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2020-to-2021 [accessed 5 November 2021].

[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 (2021) *Children looked after in England including adoption: 2020 to 2021*, https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019 [accessed 5 November 2021].

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 uprated using appropriate inflators.

Local authority expenditure – Section 251

Based on the Section 251 budget summary for 2019/2020 and uprated, the total expenditure on adoption services is £337,413,180 down from £339,999,033 in 2020.[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, 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), three 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 seven per cent to corporate overheads. Thirty nine per cent of expenditure was attributed to the adoption allowance.

At year end 31 March 2021, 4,070 children had a placement order; 80,850 had a care order and there was a voluntary agreement (S20) in place for 28,010.[3] There were 2,870 looked-after children adopted during the year ending 31 March 2021.[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]

[1] Thomas, C. (2013) *Adoption for looked-after children: messages from research*, British Association for Adoption & Fostering (BAAF).
[2] Department for Education (2020) *Section 251 documents*, Department for Education, London. https://www.gov.uk/government/collections/section-251-materials [accessed 29 October 2021].
[3] Department for Education (2019) *Children looked after in England including adoption: 2018 to 2019*, Children looked after in England including adoptions, Reporting Year 2021 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk) [accessed 25 November 2021].
[4] http://trixresources.proceduresonline.com/nat_key/keywords/placement_order.html

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. Further information can be found in Dance et al (2017).

Table 1 Inter-agency fees

Local authorities	Costs for 2020/2021 (for introduction from 1 April 2020)[1]
Fees for one child	£32,320
Fees for two children	£52,128
Fees for three or more children	£70,894
Fees for four children	£81,319
Fees for five children	To be negotiated on an ongoing basis
Ongoing supervision per child	£896 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 Inflators.

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 2020/2021 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	£2,257	£2,310	£1,779	£1,706	£2,300	£2,245
Preparation, assessment of adopters	£4,484	£3,744	£4,258	£5,077	£4,468	£4,781
Adoption panel	£1,983	£1,472	£979	£1,855	£1,783	£1,758
Linking & matching	£4,020	£3,997	£1,635	£6,098	£2,934	£5,449
Placement of the child	£1,974	£2,099	£793	£2,691	£1,960	£2,474
Assessment for adoption support	£2,866	£3,483	£1,943	£3,645	£2,365	£4,128

Permanent improvement project

In 2017[1] and 2020[2], Coram published their Permanence Improvement Project aimed at enhancing the wellbeing of children who could not live safely at home and focused 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.

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).[3,4] 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] Adoption: Coram's 'permanence improvement' project - GOV.UK (www.gov.uk)
[2] Coram-i Tavistock Final Report (publishing.service.gov.uk)
[3] 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].
[4] 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** £8,712 **Programme cost** £197 **Total** £8,910
The **Cygnet programme** is a group-delivered parent-training programme for parents of children with Autistic Spectrum Conditions, age 7 to 18.	Cygnet 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** £4,439 **Programme cost** £197 **Total** £4,636
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** £4,289 **Programme cost** £261 **Total cost** £4,550
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** £3,754 **Programme cost** £294 **Total cost** £4,048
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** £2,188 **Programme cost** £128 **Total cost** £2,315

[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 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	£1,784 per year	Based on the cost of £297 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	£16,353 per year	Based on the cost of £683 per day (includes salaries and overheads) for two group leaders for six days.
Teachers attending programme		
Supply cover	£11,893 per year	Supply cover provided for the 10 teachers attending the course at £198 per day for 6 days.
Incredible Years professional		
Supervision	£1,933 per year	Supervision provided by an Incredible Years professional for the 6 sessions. Based on a cost of £322 per session.
Venue		Cost for venue is not known.
Course materials	£433 per year	Books and handouts at £43.30 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 £3,355 (excluding airfare and accommodation for Incredible Years trainer).		
Cost per programme for 10 teachers excluding start-up costs £31,380.		
Cost per teacher excluding start-up costs £3,138.		

[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 2020/2021 levels using the PSS inflators.

Costs and unit estimation	**2020/2021 value**	**Notes (for further clarification see Commentary)**
A.Wages/salary	£106,220 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	£20,089 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 Direct overheads Indirect overheads	 £41,811 per year £4,114 per year £19,585 per year	 This includes a services manager (21 hours per week) and an administrative assistant (18 hours per week). This includes rent, utilities, venue hire. 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	£3,993 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 has either developed in-house or made available through partnerships with external suppliers.
F. Capital overheads	£21,161 per year	This includes an amount of £3,022 per head for equipment and buildings owned by the national children's charity.
G. Travel	£5,704 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 2020/2021		
Average cost per working hour £41, average cost per client-related hour £79.19. Average cost per advocacy intervention £792.		

* 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 2020/2021 levels using the PSS inflators.

Costs and unit estimation	2019/2020 value	Notes (for further clarification see Commentary)
A.Wages/salary	£68,400 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	£15,530 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	£22,997 per year	This includes a services manager (PW111) (33% client-facing time) and an administrative assistant (12.5 hours per week).
Direct overheads	£2,742per year	This includes rent, utilities and venue hire specific to the service.
Indirect overheads	£15,995 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	£2,281 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 has either developed in-house or have available through partnerships with external suppliers.
F. Capital overheads	£12,092 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	£5,989 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 development/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 £51, average cost per client-related hour £101, average cost per counselling intervention £1,217		

* 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 Self-management programmes

7.4 Specialist neuro-rehabilitation services

7.5 NHS reference costs for sexual health

7.6 Screening interventions for sexually-transmitted infections

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 England, National Cost Collection 2019/2020* 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] As this data collection expands, we intend to draw upon it more widely in future volumes. All costs have been uprated to 2020/2021 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	£4,754
Non-elective inpatient stays (long stays)	£3,627
Non-elective inpatient stays (short stays)	£827
Day cases HRG data (finished consultant episodes)	
Weighted average of all stays	£840
Outpatient attendances[3]	
Weighted average of all outpatient attendances	£137
PALLIATIVE CARE	
Inpatient, specialist palliative care (adults only), average cost per bed day	£382
Inpatient, specialist palliative care (same day) adults only	£166
Hospital specialist palliative care support (adults only)	£155
Outpatient, medical specialist palliative care attendance (adults and children)	£176
Outpatient non-medical specialist palliative care attendance	£94
AMBULANCE SERVICES (Weighted average of attendances)	
Hear and treat and refer	£48
See and treat and refer	£215
See and treat and convey	£265
Average of all	£134
COMMUNITY SERVICES, average cost per group session (one-to-one)	
Physiotherapy	£67 (£69)
Occupational therapy	£81 (£87)
Speech therapy services	£107 (£111)
Dietician	£92

[1] NHS England (2020) *National Cost Collection 2020-21*, NHS England, London. https://www.england.nhs.uk/national-cost-collection/ [accessed 1 October 2021].

[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 uprated using the retail price index.

Although we have been unable to identify any recent studies on wheelchairs, current price information[2] suggests that powered wheelchairs range from £1000-£5000 and self- or attendant-propelled wheelchairs range from £100-£1,300.

Type of chair	Total value 2020/2021	Annual cost 2020/2021	Notes
Capital costs Self- or attendant-propelled Active user Powered	 £321 £802 £1,604	 £71 £178 £355	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.
Revenue costs Maintenance - non-powered - powered		 £32 £126	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.
Agency overheads			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2020/2021			
£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 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.

7.4 Specialist neuro-rehabilitation services

Specialist rehabilitation services[1] 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.

Table 1 2020/2021 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	£644 (£559 - £739)	£482 (£415 - £530)
Level 1b - mixed dependency	£574 (£517 - £620)	£429 (£368 - £469)
Level 1c - mainly physically stable patients with cognitive/behavioural disabilities[a]	£767 (£698 - £860)	£577 (£522 - £643)
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	£521 (£382 - £618)	£416 (£272 - £526)
Level 2b - local specialist rehabilitation services	£491 (£373- £603)	£410 (£350 - £500)
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	£790 (£751 - £827)	£493 (£465 - £521)

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]

7.5 NHS reference costs for sexual health

These figures show 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 England, National Cost Collection 2019/2020* to report on the NHS national costing data for selected sexual health services.[1] All costs have been uprated to 2020/2021 prices using the NHS cost inflation index. 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.

2020/2021 costs	National average
Genito-Urinary Medicine (GUM) infections	
Elective/non elective Health Care Resource Group (HRG) data, average cost per episode	
Elective inpatient stays	£3,789
Non-elective inpatient stays	£2,310
Non-elective inpatient stays (short stays)	£446
Day cases	£348
Consultant-led (Multi-professional)	
Non-admitted, face-to-face, first	£164
Non-consultant-led	
Non-admitted,face-to-face, first	£312
Non-admitted, face-to-face, follow-up	£76
Community health services	
HIV/AIDS specialist nursing (adult)	
Face-to-face	£130
Non face-to-face	£70
Outpatient attendances	
Family planning clinic, consultant led	£124
Family planning clinic, non-consultant led	£78

[1] NHS England (2020) National Cost Collection 2019-20, NHS England, London. https://www.england.nhs.uk/national-cost-collection/ [accessed 1 October 2021].

7.6 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 uprated 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	£655	2	£1,310
Poster pack	Per pack	£62	2	£123
Test kit	Per player	£6.48	46	£298
Promotion	Per club	Captain-led [1]£158 Health advisor-led [2]£285 Poster-only [3]£158	2	[1]£317 [2]£570 [3]£317
Specimen collection box [4]	Per club	£64	2	£128
Transport of specimen collection box	Per club	£155	2	£310
Processing costs				
Additional storage facilities[4]		£13	2	£27
Sample processing	Per player tested	£12	Captain-led 28 Health advisor-led 31 Poster-only 31	£345 £383 £383
Patient admin and notification of results	Per player tested	£5.72	Captain-led 28 Health advisor-led 31 Poster-only 31	£167 £184 £184
Total cost per intervention				**Captain-led £3,026** **Health advisor-led £3,335** **Poster-only £3,081**
Average cost per player screened			**Captain-led 28** **Health advisor-led 31** **Poster-only 31**	**Captain-led £108** **Health advisor-led £108** **Poster-only £99**

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].

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 current 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)	£1,855 (£3,700)	£1,770 (£3,428)
Inpatient care [(b)]	119 (2)	£1,274 (£3,465)	£1,163 (£3,198)
Day case care	71 (1)	£156 (£452)	£166 (£502)
Outpatient care	358 (3)	£416 (£442)	£424 (£397)
Critical care [(c)]	8 (1)	£9 (£108)	£16 (£146)
Ambulance service	20 (2)	£21 (£127)	£17 (£91)
Intermediate care	11 (Not applicable)	£12 (£181)	£3 (£46)
Mental health care	28 (4)	£45 (£212)	£51 (£209)
Social care	76 (4)	£181(£841)	£246 (£1,029)
Total costs (exc. primary care)	377 (5)	£2,114 (£3,936)	£2,088(£3,765)
Primary care [(d)]	243 (6)	-	£266 (£279)
Consultations	113 (3)	-	£35 (£50)
Home visits	42 (7)	-	£29 (£117)
Procedures	25 (3)	-	£4 (£23)
Other events [(e)]	202 (22)	-	£61 (£65)
Medication	232 (21)	-	£125 (£159)
Wound dressings	64 (4)	-	£12 (£38)
Total costs including primary care [(f)]	248 (7)	-	£2,354 (£3,822)

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 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.

[1] Franklin, M., Berdunov, V., Edmans, J., Conroy, S., Gladman, J. Tanajewski, L., Gkountouras, 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.

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 Trust[1] 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 2020/2021 prices using the Personal Social Services (PSS) and NHS Pay & 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	**£576**	**£7,864**	**66%**	**65,624**	**£8,777**
Inpatient emergency	£409	£5,588	47%	54,577	£7,500
Inpatient non-emergency	£109	£1,490	12%	58,165	£1,877
Outpatient	£47	£641	5%	50,155	£937
A&E	£11	£144	1%	48,000	£219
Social care	**£314**	**£4,285**	**34%**	**20,330**	**£15,438**
Residential and nursing care	£252	£3,436	28%	10,896	£22,238
Home care	£49	£664	5%	10,970	£4,436
Other	£14	£185	1%	4,084	£3,317
Total	**£890**	**£12,149**	**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] Georghiou, 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	£7,864	£4,286	£12,150
No diagnoses	22,118	£3,872	£5,267	£9,139
Any diagnosis	51,125	£9,590	£3,862	£13,451
Hypertension	21,241	£10,733	£3,543	£14,276
Cancer	19,934	£11,242	£1,655	£12,897
Injury	17,540	£11,582	£5,147	£16,729
Atrial fibrillation	13,567	£10,843	£4,196	£15,039
Ischaemic heart disease	13,213	£11,000	£3,575	£14,575
Respiratory infection	11,136	£12,036	£2,846	£14,883
Falls	10,560	£10,641	£6,516	£17,157
Congestive heart failure	10,474	£11,052	£4,060	£15,112
Chronic obstructive pulmonary disease	9,392	£10,797	£3,200	£13,997
Anaemia	9,210	£12,678	£3,858	£16,536
Diabetes	8,697	£11,035	£3,985	£15,020
Cerebrovascular disease	8,290	£10,866	£5,303	£16,169
Peripheral vascular disease	6,780	£12,520	£3,534	£16,054
Dementia	6,735	£9,063	£11,360	£20,424
Renal failure	6,570	£12,636	£4,079	£16,715
Angina	6,549	£11,816	£3,614	£15,430
Mental disorders, not dementia	4,814	£11,851	£4,592	£16,442
Iatrogenic conditions	4,190	£17,079	£3,220	£20,299
Asthma	3,480	£11,470	£3,156	£14,626
Alcoholism	2,437	£10,461	£1,474	£11,935
Non-rheumatic valve disorder	2,059	£12,879	£2,783	£15,662

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) - £22.22 per week; Varenicline - £85.52 per month and Bupropion £77.34 per month. Service use data was multiplied by an hourly charge of £29.31 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 £449 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.

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	£54,712	£107	116	23	£472
	20-29	1189	£141,981	£119	296	25	£480
	30-49	3911	£570,448	£146	1262	32	£452
	50-69	2955	£467,645	£158	1068	36	£438
	70+	538	£83,571	£155	192	36	£435
Gender	Male	4249	£625,145	£147	1425	33	£439
	Female	4867	£693,876	£143	1510	31	£460
Treatment	Nicotine replacement therapy	7373	£946,721	£128	2117	29	£447
	Varenicline/champix	1708	£367,507	£215	799	47	£460
	Bupropion/Zyban	35	£4794	£137	19	54	£252
FTND[2]	0-3	1534	£263,427	£171	622	4141	£422
	4-5	1884	£333,351	£177	727	39	£459
	6-7	1676	£300,865	£180	641	38	£469
	8-10	766	£133,837	£175	236	31	£567
Deprivation	1-3	886	£151,485	£171	319	36	£475
	4-6	1838	£296,312	£161	635	35	£467
	7-8	2157	£334,423	£155	698	32	£479
	9-10	3321	£502,599	£151	1180	36	£426

[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.

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 uprated to 2020/2021 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 Doncaster[3] 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	£369,499	£346,143	£715,642	£223
Salaries and overheads	£255,211	£322,301	£577,512	£180
Total	**£624,710**	**£668,444**	**£1,293,155**	**£403**

[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 psychological wellbeing practitioner (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 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.

Table 1 Cost of supported cCBT and guided self-help

	Intervention mean cost	
Cost component	**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

[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, Pl, 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 2 Total societal costs between baseline and 3 months and between baseline and 12 months

	Intervention					
Costs	**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 uprated 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

	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.

II. COMMUNITY-BASED HEALTH CARE STAFF

9. Scientific and professional staff

The table overleaf provides the unit costs for community-based allied health professionals (bands 4-8) and replaces the individual schema previously found in this section. Each Agenda for Change (AfC) band can be matched to professionals using the AfC generic profiles: http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation/national-job-profiles. Examples of roles by band are shown below and in more detail by job type in Chapter 18. Reference should also be made to the explanatory notes when interpreting the unit costs.

Job titles by band	
Band 2	Clinical support worker (Physiotherapy, Occupational therapy, Speech and language therapy).
Band 3	Clinical support worker, higher level (Physiotherapy, Occupational therapy, Speech and language therapy).
Band 4	Occupational therapy technician, Speech and language therapy assistant/associate practitioner, Podiatry technician, Clinical psychology assistant practitioner, Pharmacy technician.
Band 5	Physiotherapist, Occupational therapist, Speech and language therapist, Podiatrist, Clinical psychology assistant practitioner (higher level), Counsellor (entry level).
Band 6	Physiotherapist specialist, Occupational therapist specialist, Speech and language therapist specialist, Podiatrist specialist, Clinical psychology trainee, Counsellor, Pharmacist, Arts therapist (entry level).
Band 7	Physiotherapist (advanced), Specialist physiotherapist (respiratory problems), Specialist physiotherapist (community), Physiotherapy team manager, Speech and language therapist (advanced), Podiatrist (advanced), Podiatry team manager, Clinical psychologist, Counsellor (specialist), Arts therapist.
Band 8a	Physiotherapist principal, Occupational therapist principal, Speech and language therapist principal, Podiatrist principal.
Band 8a-b	Physiotherapist consultant, Occupational therapist consultant, Clinical psychologist principal, Speech and language therapist principal, Podiatric consultant (surgery), Arts therapist principal.
Band 8a-c	Counsellor professional manager, Counsellor consultant, Consultant speech and language therapist.
Band 8c-d	Clinical psychologist consultant, Podiatric consultant (surgery), Head of arts therapies, Arts therapies consultant.
Band 8d-9	Clinical psychologist consultant (professional), Lead/head of psychology services, Podiatric consultant (surgery), Head of service.

9. Scientific and professional staff

A Wages/salary

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) bands 4-9 of the April 2020/March 2021 NHS staff earnings estimates for allied health professionals.[1] See *NHS Terms and Conditions of Service Handbook* for information on payment for unsocial hours.[2] See Section V for further information on pay scales. The Electronic Staff Records (ESR) system shows that the mean basic salary for all physiotherapists is £37,023; hospital occupational therapists, £35,523; speech and language therapists, £37,056; dietitians, £37,183

B Salary oncosts

Employer's national insurance is included plus 20.68 per cent of salary for employer's contribution to superannuation. See Preface for more information.

C Qualification costs

See Section V for detailed information on qualifications for each category of scientific and professional staff. These have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been gathered from various sources (see Schema 18). To calculate the cost per hour including qualifications for each profession, the appropriate expected annual cost shown in Schema 18 should be divided by the number of working hours. This can then be added to the cost per working hour.

D Overheads

Taken from the 2018/2019 financial accounts for 10 community trusts.[4] Management and other non-care staff costs are 31.29 per cent of direct care salary costs and include administration and estates staff. Non-staff costs are 45.40 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.

E Capital overheads

Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[5,6]

F Travel

No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled of 56p per mile, and a reduced rate thereafter of 20p per mile, irrespective of the type of car or fuel used.[7]

G Working time

Working hours for each AfC band have been calculated by deducting sickness absence days as reported for NHS staff groups[8] and training/study days from 225 working days.

H Ratio of direct to indirect time

Based on a study by Shearer et al. (2019),[9] the ratio of direct to indirect time was 1:0.91; every hour of face-to-face time required 55 minutes of non face-to-face time. See previous editions for time spent on patient-related activities for other professionals. See also Section V for information on a PSSRU survey carried out in 2014/2015 providing estimates of time use for community staff.

I London multiplier and non-London multiplier

See information produced by NHS Employers[10] and NHS Improvement[11] for information on Inner and Outer London supplements and the market forces factor (MFF) which estimates the unavoidable cost differences between healthcare providers, based on their geographical location.

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[1] NHS Digital (2021) *NHS staff earnings estimates, 12-month period from April 2020 – March 2021* (not publicly available), NHS Digital, Leeds.

[2] NHS Employers (2018) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. http://www.nhsemployers.org/tchandbook [accessed 25 September 2018].

[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] NHS Improvement (2019) *NHS Foundation Trusts: Consolidation (FTC) files 2018/19,* Consolidated_foundation_trust_accounts_2018_19.pdf (england.nhs.uk) [accessed 9 October 2021]

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

[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] NHS Employers (2017) *Mileage allowances – Section 17*, NHS Employers, http://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/nhs-terms-and-conditions-of-service-handbook/mileage-allowances [accessed 25 September 2018].

[8] 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] Shearer, J. Lynch, T., Chamba, R., Clarke, S., Hempel, R., Kingdon, D., O'Mahen, H., Remington, B., Rushbrook, S., Russell, I., Stanton, M., Swales, M., Watkins, A., Whalley, B. & Byford, S. (2019) refractory depression – cost-effectiveness of radically open dialectical behaviour therapy: findings of economic evaluation of RefraMED trial, *BJPsych Open*, file:///C:/Users/lac/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/RHVCST88/refractory_depression_costeffectiveness_of_radically_open_dialectical_behaviour_therapy_findings_of_economic_evaluation_of_reframed_trial.pdf.

[10] NHS Employers (2019) Annex 9: High cost area supplements, https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements [accessed 1 October 2019].

[11] NHS Improvement (2019) *2019/20 payment reform proposals*, https://improvement.nhs.uk/resources/201920-payment-reform-proposals/. [accessed 1 October 2019].

9. Scientific and professional staff

This table provides the annual and unit costs for community-based scientific and professional staff. See notes facing for assistance in interpreting each cost item. See Chapter 18 for examples of roles in each band. See also Excel database on the PSSRU website. **Please note that there are no staff on Bands 1-3 for this staff group.**

Refer to notes on facing page for references	**Band 4**	**Band 5**	**Band 6**	**Band 7**	**Band 8a**	**Band 8b**	**Band 8c**	**Band 8d**	**Band 9**
A Wages/salary	£23,387	£25,975	£34,736	£42,556	£49,149	£58,212	£69,322	£82,843	£100,586
B Salary oncosts	£6,844	£7,736	£10,757	£13,453	£15,727	£18,852	£22,492	£27,094	£33,358
C Qualification	See note	See note	See note	See note	See note	See note	See note	See note	See note
D Overheads									
Management, admin and estates staff	£9,459	£10,548	£14,235	£17,525	£20,300	£24,113	£28,788	£34,478	£41,944
Non-staff	£13,725	£15,305	£20,654	£25,428	£29,454	£34,987	£41,770	£50,025	£60,858
E Capital overheads	£3,092	£5,237	£5,237	£5,237	£5,237	£5,237	£5,237	£5,237	£5,237
F Travel	See note	See note	See note	See note	See note	See note	See note	See note	See note
G Working time	43.2 weeks (1,618 hours) per year, 37.5 hours per week	42.6 weeks (1,599 hours) per year, 37.5 hours per week	42.6 weeks (1,599 hours) per year, 37.5 hours per week	42.6 weeks (1,599 hours) per year, 37.5 hours per week	42.6 weeks (1,599 hours) per year, 37.5 hours per week	42.6 weeks (1,599 hours) per year, 37.5 hours per week	42.6 weeks (1,599 hours) per year, 37.5 hours per week	42.6 weeks (1,599 hours) per year, 37.5 hours per week	42.6 weeks (1,599 hours) per year, 37.5 hours per week
H Ratio of direct to indirect time	See note	See note	See note	See note	See note	See note	See note	See note	See note
London/non-London multipliers	See note	See note	See note	See note	See note	See note	See note	See note	See note
Unit costs available 2020/2021									
Cost per working hour	**£35**	**£41**	**£54**	**£65**	**£75**	**£88**	**£105**	**£125**	**£151**

10. Nurses, doctors and dentists

10.1. Nurses

A. Wages/salary

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) bands 4-9 of the April 200/March 2021 NHS staff earnings estimates for qualified nurses.[1] See *NHS Terms and Conditions of Service Handbook* for information on payment for unsocial hours.[2] See Section V for further information on pay scales. The Electronic Staff Records (ESR) system shows that the mean basic salary for a community nurse is £34,736.[1] See Section V for further information on pay scales.

B. Salary oncosts

Employer's national insurance is included, plus 20.68 per cent of salary for employer's contribution to superannuation.

C. Qualifications

Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been gathered from various sources (see Schema 18 for more details).

D. Overheads

Taken from the 2018/2019 financial accounts for ten community trusts.[4] Management and other non-care staff costs are 31.29 per cent of direct care salary costs and include administration and estates staff. Non-staff costs are 45.40 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.

E. Capital overheads

Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[5,6]

F. Travel

No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled of 56p per mile, and a reduced rate thereafter of 20p per mile, irrespective of the type of car or fuel used.[7]

G. Working time

Working hours for each AfC band have been calculated by deducting sickness absence days[8] as reported for NHS staff groups and training/study days from 225 working days.

H. Ratio of direct to indirect time

Based on a study by Ball & Philippou (2014)[9] on average Grade 5 community nurses spent 44 per cent of their time on direct care and a further 18 per cent of their time on care planning, assessment and co-ordination. For Grade 6 these figures were 34 per cent and 21 per cent and for Grade 7/8, 27 per cent and 22 per cent. See Ball & Philippou (2014)[8] for more detail and for the breakdown of time for different AfC bands which has been used to calculate the cost of an hour of face-to-face time. Also see the McKinsey report,[10] for comparative purposes.

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[1] NHS Digital (2021) *NHS staff earnings estimates, 12-month period from Apr 2020 – Mar 2021* (not publicly available), NHS Digital, Leeds.

[2] NHS Employers (2018) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. http://www.nhsemployers.org/tchandbook [accessed 25 September 2018].

[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] NHS Improvement (2019) *NHS Foundation Trusts: Consolidation (FTC) files 2018/19*, Consolidated_foundation_trust_accounts_2018_19.pdf (england.nhs.uk) [accessed 9 October 2021]

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

[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] NHS Employers (2018) *Mileage allowances – Section 17*, NHS Employers, London. http://nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/nhs-terms-and-conditions-of-service-handbook/mileage-allowances [accessed 1 October 2018].].

[8] 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] Ball, J. & Philippou, J., Pike, G. & Sethi, J., (2014) *Survey of district and community nurses in 2013*, Report to the Royal College of Nursing, King's College London.

[10] Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14: The McKinsey Report,* Department of Health, London.

10.1. Nurses

This table provides the annual and unit costs for qualified nurses. See notes facing for assistance in interpreting each cost item. See Chapter 18 for examples of roles in each band. Refer to notes on facing page for references. See also Excel database on the PSSRU website. **Please note that there are no staff on Bands 1-3 in this staff group**.

	Band 4	**Band 5**	**Band 6**	**Band 7**	**Band 8a**	**Band 8b**	**Band 8c**	**Band 8d**	**Band 9**
A Wages/salary	£22,246	£28,074	£35,118	£42,376	£48,334	£56,907	£67,356	£79,639	£95,285
B Salary oncosts	£6,451	£8,460	£10,889	£13,391	£15,446	£18,402	£22,004	£26,240	£31,634
C Qualifications	See note	See note	See note	See note	See note	See note	See note	See note	See note
D Overheads									
Management, admin and estates staff	£8,979	£11,431	£14,396	£17,450	£19,957	£23,564	£27,961	£33,129	£39,713
Non-staff	£13,028	£16,586	£20,887	£25,318	£28,956	£34,190	£40,570	£48,069	£57,621
E Capital overheads	£1,658	£5,102	£5,102	£5,102	£5,102	£5,102	£5,102	£5,102	£5,102
F Travel	See note	See note	See note	See note	See note	See note	See note	See note	See note
G Working time	42.4 weeks (1,589 hours) per year, 37.5 hours per week	41.9 weeks (1,573 hours) per year, 37.5 hours per week	41.9 weeks (1,573 hours) per year, 37.5 hours per week	41.9 weeks (1,573 hours) per year, 37.5 hours per week	41.9 weeks (1,573 hours) per year, 37.5 hours per week	41.9 weeks (1,573 hours) per year, 37.5 hours per week	41.9 weeks (1,573 hours) per year, 37.5 hours per week	41.9 weeks (1,573 hours) per year, 37.5 hours per week	41.9 weeks (1,573 hours) per year, 37.5 hours per week
H Ratio of direct to indirect time	See note	See note	See note	See note	See note	See note	See note	See note	See note
Unit costs available 2020/2021									
Cost per working hour	**£33**	**£44**	**£55**	**£66**	**£75**	**£88**	**£104**	**£122**	**£146**

10.2 Nurse (GP practice)

Costs and unit estimation	2020/2021 value	Notes
A. Wages/salary	£28,074 per year	Based on the mean full-time equivalent basic salary for Agenda for Change band 5 of the April 2020/March 2021 staff earnings estimates for nurses.[1] See *NHS Terms And Conditions Of Service Handbook* for information on payment for unsocial hours.[2] See Section V for further information on pay scales.
B. Salary oncosts	£8,460 per year	Employer's national insurance is included, plus 20.68 per cent of salary for employer's contribution to superannuation.
C. Qualifications	£8,687 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been gathered from various sources (see Schema 18).See Schema 18 for more details.
D. Overheads Management and administration Office, general business and premises (including advertising and promotion)	 £8,979 per year £16,586 per year	Taken from the 2018/2019 financial accounts for 10 community trusts. No information available on management and administrative overheads for practice nurses. The same level of support has been assumed for practice nurses as for other NHS staff (31.29 per cent of direct care salary costs). No information available on overheads for a practice nurse. All information on office and general business expenses is drawn from the GP earnings and expenses report.[4] Office and general business, premises and other expenses calculated as the ratio of practice nurse salary costs to all GP employees' salary costs.
E. Capital overheads Buildings	£4,068 per year	Calculated as the ratio of GP practice nurse salary costs to net remuneration of GP salary and based on new-build and land requirements for a GP practitioner's suite and annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.[5, 6]
F. Travel		No information available on average mileage covered per visit. From July 2014, NHS reimbursement has been based on a single rate for the first 3,500 miles travelled of 56p per mile, and a reduced rate thereafter of 20p per mile, irrespective of the type of car or fuel used. [7]
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 8 and training/study days as reported for all NHS staff groups.
Ratio of direct to indirect time on: face-to-face contacts		No current information available. See previous editions of this volume for sources of information.
Duration of contact		No current information available. See previous editions of this volume for sources of information.
Patient contacts		No current information available. See previous editions of this volume for sources of information.
London multiplier		See information produced by NHS Employers[9] and NHS Improvement[10] for information on Inner and Outer London supplements and the market forces factor (MFF) which estimates the unavoidable cost differences between healthcare providers, based on their geographical location.
Unit costs available 2020/2021 (costs including qualifications given in brackets)		
£42 (£44) per hour.		

[1] NHS Digital (2021) *NHS staff earnings estimates, 12-month period from April 2020 – March 2021* (not publicly available), NHS Digital, Leeds.
[2] NHS Employers (2018) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. http://www.nhsemployers.org/tchandbook [accessed 25 September 2018].
[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] NHS Digital (2019) *GP earnings and expenses 2019/20*, NHS Digital, Leeds https://digital.nhs.uk/data-and-information/publications/statistical/gp-earnings-and-expenses-estimates/2019-20 [accessed 10 November 2021].
[5] Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London.
[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] NHS Employers (2018) *Mileage allowances – Section 17*, NHS Employers, http://www.nhsemployers.org/your-workforce/pay-and-reward/agenda-for-change/nhs-terms-and-conditions-of-service-handbook/mileage-allowances [accessed 25 September 2018].
[8] 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] NHS Employers (2019) Annex 9: High cost area supplements, https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements [accessed 1 October 2019].
[10] NHS Improvement (2019) *2019/20 payment reform proposals*, https://improvement.nhs.uk/resources/201920-payment-reform-proposals/. [accessed 1 October 2019].

10.3 General practitioner

10.3a General practitioner — cost elements

Costs and unit estimation	2020/2021 value	Notes (for further clarification see Commentary)
A. Net remuneration	£121,800 per year	Average income before tax for GPMS contractor GPs for England.[1] This is an increase of 3.8 per cent on last year.
B. Practice expenses:		
Direct care staff	£30,601 per year	Ninety one per cent of FTE equivalent practitioners (excluding GP registrars and GP retainers) employed 0.62 FTE nurse (including practice nurses, advanced level nurses and extended role and specialist nurses) includes salary and oncosts.[2,3]
Administrative and clerical staff	£40,119 per year	Each FTE equivalent practitioner (excluding GP registrars and GP retainers) employed 1.18 FTE administrative and clerical staff [1,2], includes salary and oncosts.
Office and general business	£10,856 per year	All office and general business, premises and other expenses, including advertising, promotion and entertainment, are based on expenditure taken from the GP earnings and expenses report.[1] Each GP employs 3.02 members of staff, including practice nurses, other patient care staff, plus administrators and clerical staff.[1,2] Office and general business, premises, and other expenses calculated as the ratio of GP salary costs to all GP employees salary costs.
Premises	£15,660 per year	
Other: includes advertising, promotion and entertainment	£17,053 per year	
Car and travel	£1,100 per year	Based on information taken from the GP earnings and expenses report.[1,2]
C. Qualifications	£45,256 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[4] Current cost information has been provided by the Department of Health and Health Education England.[5]
D. Ongoing training		No estimates available.
E. Capital costs: Premises	£16,432 per year	Based on new-build and land requirements for a GP practitioner suite. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.[6,7]
Working time	42 weeks per year 41.4 hours per week	Based on information taken from the 9th National GP Worklife Survey.[8] Respondents to this survey reported working an average of 41.8 hours per week and a mean number of 6.7 sessions.
Ratio of direct to indirect time:		Based on information taken from the 9th National GP Worklife Survey,[8] direct patient care (surgeries, clinics, telephone consultations & home visits) took 61 per cent of a GP's time. Indirect patient care (referral letters, arranging admissions) absorbed 21 per cent of time. General administration (practice management etc.) formed 8.4 per cent of time, 3.7 per cent was spent on external meetings, with other activities (continuing education/development, research, teaching etc.) taking 5.9 per cent of a GP's time. No information was available on the percentage time allocated to out-of-surgery visits.
face-to-face time (excludes travel time)	1:0.64	
Patient-related time	1:0.22	
Consultations: Surgery	9.22 minutes	Based on a study carried out by Hobbs et al. (2016) of 398 English general practices,[9] the mean duration of a GP surgery consultation was 9.22 minutes. Based on research carried out by Elmore et al. (2016)[10] in which 440 video-recorded consultations were analysed from 13 primary care practices in England, the mean consultation length was 10.22 minutes.
Unit costs for 2020/2021 are given in table 10.3b.		

[1] NHS Digital (2020) *GP earnings and expenses 2020/21*, NHS Digital, Leeds. https://digital.nhs.uk/data-and-information/publications/statistical/gp-earnings-and-expenses-estimates [accessed 18 September, 2019].

[2] NHS Digital (2019) *General Practice Workforce, Final 31 March 2019, experimental statistics, England,* NHS Digital, https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-31-march-2019-experimental-statistics [18 September, 2019].

[3] Based on personal correspondence with the Chairman of the East Midlands Regional Council, British Medical Association.

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

[5] Personal communication with the Department of Health and Health Education England (HEE), 2015.

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

[7] 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].

[8] Gibson, J., Sutton, M., Spooner, S., & Checkland, K. (2018) *Ninth national GP worklife survey*, University of Manchester, Manchester. http://blogs.lshtm.ac.uk/prucomm/files/2018/05/Ninth-National-GP-Worklife-Survey.pdf [accessed 19 September 2018].]

[9] Hobbs, R. Bankhead, C. Mukhtar, T., Stevens, S. Perera-Salazar, R. Holt, T., & Salisbury, C. (2016) Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007-14, *The Lancet*, 387, 10035, 2323-2330. http://www.sciencedirect.com/science/article/pii/S0140673616006206. [accessed 17 October 2016]

[10] Elmore, N., Burt, J., Abel, G., Maratos, F., Montague, J., Campbell, J. & Roland, M. (2016) Investigating the relationship between consultation length and patient experience: a cross-sectional study in primary care, *British Journal of General Practice*, DOI: 10.3399/bjgp 16X687733.

10.3b General practitioner — unit costs

Unit cost 2019/2020	Including direct care staff costs		Excluding direct care staff costs	
	With qualification costs	Without qualification costs	With qualification costs	Without qualification costs
Annual (including travel)	£281,345	£236,089	£250,744	£205,488
Annual (excluding travel)	£280,245	£234,989	£249,644	£204,388
Per hour of GMS activity[1]	£158	£132	£140	£115
Per hour of patient contact[1]	£255	£217	£223	£184
Per minute of patient contact[1]	£4.30	£3.60	£3.70	£3.10
Per surgery consultation lasting 9.22 minutes[1]	£39	£33	£34	£28
Per patient contact lasting 9.22 minutes	£39.23	£33.19	£34.20	£28.16
Prescription costs per consultation	£33.10[2]			
Prescription costs per consultation (actual cost)	£30.90[3]			

[1] Excludes travel.
[2] Personal communication with NHS Business Services Authority, 2019.

10.3c General practitioner — commentary

General note about GP expenditure. NHS England, the Government, and the British Medical Association's General Practitioners Committee reached agreement on changes to the GP contract in England for 2016/2017, which took effect from 1 April 2016: https://www.england.nhs.uk/2016/02/gp-contract-16-17/.

Allowing for time equivalence (FTE). NHS Digital has estimated that the number of FTE practitioners (excluding GP registrars and GP retainers) was 27,752 FTE in June 2021 up by 331 or 1.2% on the previous year.[1] FTE practice staff included 16,316 practice nurses (includes specialist nurses, advanced level nurses, extended role and specialist nurses), 14,062 direct patient care staff, and 69,621 administrative and clerical.[2]

Direct care staff. On average in 2020, approximately 91 per cent of FTE equivalent practitioners (excluding GP registrars and GP retainers)[2] employed 0.59 FTE nursing staff (16,316/27,752). All direct care staff have been costed at the same level as a band 6 GP practice nurse.

Qualifications. The equivalent annual cost of pre-registration and postgraduate medical education. The investment in training has been annuitised over the expected working life of the doctor.[3] Postgraduate education costs have been calculated using information provided by the Department of Health and Health Education England.[4] This includes the cost of the two-year foundation programme, two years on a General Practice Vocational Training Scheme (GP-VTS) and a further year as a general practice registrar.[5]

Prescription costs. Prescription costs per consultation are £33.30 (net ingredient cost) and £31 (actual cost). The net ingredient cost (NIC) is the basic cost of the drug, while the actual cost is the NIC less the assumed average discount plus the container allowance, plus on-cost for appliance contractors. The NIC does not take account of dispensing costs, fees or prescription charges income. The prescription cost per consultation has been calculated by first dividing the number of prescriptions per GP by the number of consultations per GP (38,859/9,130)6,7 (no updated number of consultations per GP available) to give the number of prescriptions per GP consultation (4.25) and multiplying this by the actual cost per GP prescription (£7.30) and the NIC per GP prescription (£7.80). The total NIC and actual cost of GP prescriptions were £8,252,437,072 and £7,695,342,049 respectively. No new information is available for 2021.

Activity. Hobbs and colleagues (2016)[8] carried out a retrospective analysis of GP and nurse consultations of non-temporary patients registered at 398 English general practices between April 2007 and March 2014. They used data from electronic health records routinely entered in the Clinical Practice Research Datalink (CPRD), and linked CPRD data to national datasets. The dataset comprised 101,818,352 consultations and 20,626,297 person-years of observation. The mean duration of GP surgery consultations increased by 6.7 per cent, from 8.65 minutes to 9.22 minutes during that time.

[1] NHS Digital (2019) General Practice Workforce, England, Bulletin Tables March 2019. Experimental Statistics, http://digital.nhs.uk/pubs/gpworkmay19.
[2] Based on personal correspondence with the Chairman of the East Midlands Regional Council, British Medical Association (2015).
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a ready reckoner for staff costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and Health Education England (HEE), 2015.
[5] NHS Employers (2006) *Modernising medical careers: a new era in medical training*, NHS Employers, London.
[6] See news item issued by the RCGP Press office which says that GPs have an average of 41.5 patient contacts per day. (41.5 consultations per day x 220 working days per year x the number of FTE GP registrars and retainers; 27,773, gives a total of 253,567,490 GP consultations per annum). http://www.rcgp.org.uk/about-us/news/2018/january/workload-in-general-practice-a-real-concern-says-rcgp.aspx.
[7] Personal communication with NHS Business Services Authority, 2019.
[8] Hobbs, R. Bankhead, C. Mukhtar, T., Stevens, S. Perera-Salazar, R. Holt, T., & Salisbury, C. (2016) Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007-14, *The Lancet*, 387, 10035, 2323-2330. http://www.sciencedirect.com/science/article/pii/S0140673616006206.

10.4 The cost of online consultations

Information for this schema was taken from a 1-month observational study carried out in South West England by Hannah Edwards and colleagues[1] to evaluate an online consultation system in primary care. Thirty-six general practices covering 396,828 patients took part in the pilot and 7,472 patients completed an 'e-consultation'. Patient records (n=485) were abstracted for eight practices.

To contact their GP, a patient completed an online form describing the nature of their problem (hereafter referred to as an 'e-consultation'). This was submitted to their practice, which committed to responding by the end of the next working day. The study calculated the average cost of all initial primary care actions in response to an e-consultation was £37.70. The cost was driven mainly by the time needed for a GP to triage the e-consultations (5 minutes assumed based on interviews with practice staff) and the relatively high proportion of e-consultations that resulted in a face-to-face or telephone consultation with a GP. When considering further follow-up actions taken in the subsequent 30 days, the average cost associated with an e-consultation increased to £50.72. Staff time was valued using data from the *Unit Costs of Health & Social Care 2015* and has been uprated to current costs.

Table 1 shows that the cost needed for the GP to triage the e-consultations formed 32% of the total cost. Costs have been uprated from 2015 to current values using the appropriate inflators.

Table 1 Average cost of all initial primary care actions in response to an e-consultation

All initial response actions	Number	% all e-consultations (n=482)	Average cost per e-consultation
GP face-to-face appointments	186	39	£14.22
GP telephone calls	187	39	£8.67
Nurse face-to-face contacts	70	15	£1.97
Nurse telephone appointments	0	0	£0.00
Prescriptions	151	31	£1.40
Fit notes	31	6	£0.41
Routine referral letters	56	12	£0.75
2-week wait referral letters	10	2	£0.13
GP given advice by email	125	26	£0.00
Other GP actions	108	22	£0.00
Unknown GP actions	15	3	£0.00
GP-led triage cost	15	3	£12.96
Average cost of e-consultation			**£50.72**

[1] Edwards, H., Marques, E, Hollingworth, W., Horwood, J., Farr, M., Bernard, E., Salisbury, & Northstone, K. (2017) Use of a primary care online consultation system, by whom, when and why: evaluation of a pilot observational study in 36 general practices in South West England, *BMJ Open* 2017:7:eO16901.

10.5 Telephone triage – GP-led and nurse-led

Telephone triage is increasingly used to manage workloads in primary care. A study carried out between 1 March 2011 and 31 March 2013 by John Campbell and colleagues[1,2] aimed to assess the effectiveness and cost consequences of GP-led and nurse-led triage compared with usual care for requests for same-day appointments. Based on a review of 5,567 clinician contact forms for GP-led triage and 5,535 forms for nurse-led triage, the study found that mean clinician contact times for interventions were 4 minutes (SD 2.83) for GP triage and 6.56 minutes (SD 3.83) for nurse triage. Using national cost estimates (see schema 10.2 and 10.3), a detailed breakdown of the costs is provided below. Mean costs per intervention, including training, were £15.32 for GP-led triage and £7.80 (including computer decision support software) for nurse-led triage. **This information has not been updated for 2020/2021.**

Costs and unit estimation	**Nurse-led triage**	**Notes**	**GP-led triage**	**Notes**
	2019/2020 value		**2019/2020 value**	
A. Wages/salary and oncosts	£36,534 per year	Based on the salary of a GP practice nurse (AfC band 5) plus oncosts (see 10.2)	£121,800	Average income before tax. See 10.3.
B. Overheads Staff overheads Non-staff	 £8,719 per year £12,934 per year	 See schema 10.2 See schema 10.2	 £35,969 £44,669	 See schema 10.3 (excludes cost for direct care staff)
C. Qualifications	£8,774 per year	See schema 10.2	£43,287	See schema 10.3
D. Capital	£3,878 per year	See schema 10.2	£16,081	See schema 10.3
E. Other costs Staff training Computer decision support software	 £6,087 per year £8,433 per year	 Taken from Table 25[2] and uprated using the HS Pay & Prices inflator	 £3,392	 Taken from Table 25[2] and uprated using the HS Pay & Prices inflator
Working time	42 weeks per year 37.5 hours per week	Based on 1,573 hours per year	44 weeks per year 41.7 hours per week	Based on 1,791 hours per year
Ratio of direct to indirect time on: face-to-face contact	 1:0.30	 See schema 10.2	 1:0.61	 See schema 10.3
Average time per intervention (minutes)	6.56 (SD 3.83)	See Table 23[2]	4 (SD 2.83)	See table 23[2]
Unit costs available 2018/19				
Total annual costs excluding Other costs (including other costs)	£69,864 (£84,386)		£253,405 (£254,362))	
Cost per hour of face-to-face contact excluding Other costs (including set-up costs)	£58 (£75)		£232 (£235)	
Cost per intervention excluding Other costs (including other costs)	£7.62 (£7.80)		£15.32 (£15.52)	

[1] Campbell, J., Fletcher, E., Britten, N., Green, C., Holt, T., Lattimer, V., Richards, D., Richards, S. Salisbury, C., Calitri, R., Bowyer, V., Chaplin, K., Kandiyali, R., Murdoch, J., Roscoe, J., Varley, A., Warren, F., & Taylor, R. (2014) Telephone triage for management of same-day consultation requests in general practice (the ESTEEM trial): a cluster-randomised controlled trial and cost-consequence analysis, *The Lancet,*. Doi: 10.1016/S0140-6736(14)61058-8 [accessed 4 November 2015]

[2] Campbell, J., Fletcher, E., Britten, N., Green, C., Holt, V., Lattimer, V., Richards, D., Richards, S., Salisbury, C., Taylor, R., Calitri, R., Bowyer, V., Chaplin, K., Kandiyali, R., Murdoch, J., Price, L., Roscoe, J., Varley, A. & Warren., F. (2015) The clinical effectiveness and cost-effectiveness of telephone triage for managing same-day consultation requests in general practice: a cluster randomised controlled trial comparing general practitioner-led management systems with usual care (the ESTEEN trial), *Health Technology Assessment, 19,13,* DOI 10.3310/hta 19130.

10.6 NHS dentist – Performer-Only

A Performer-Only dentist is a qualified dentist who works in a Providing-Performer practice (eg. a local dental practice). They are sometimes referred to as Associates. [1] In 2015, a survey of dentists carried out by PSSRU in collaboration with the General Dental Council provided information to estimate practice staff overheads and equipment used by dentists working all or some of the time with NHS patients. In total, responses were received from 251 practices with some or all NHS activity. See article in *Units Costs of Health & Social Care 2017* for more information. The costs below apply only to Performer-Only dentists with registered NHS activity. Dentists who performed only private dentistry have been excluded (n=50). Values (except remuneration) have been uprated using the Health Services Inflator. **This information has not been updated for 2020/2021.**

Costs and unit estimation	2019/2020 value	Notes
A. Net remuneration	£57,600 per year	This is the average taxable income (average gross earnings less average total expenses) for self-employed primary care Performer-Only dentists in 2018/2019.[2] It has not been possible to identify an inflator to provide estimated net remuneration for 2019/2020.
B. Practice expenses: Direct care staff	£60,787 per year	Employee expenses are taken from the *Dental Earnings and Expenses* report[2]. All office and general business, premises and other expenses including advertising promotion and entertainment are based on expenditure taken from the *Dental Earnings and Expenses* report[2].
Office and general business	£5,081 per year	All office and general business, premises and other expenses including advertising promotion and entertainment are based on expenditure taken from the *Dental Earnings and Expenses report*.[2]
Premises Car and travel Other	£3,455 per year £915 per year £25,695 per year	Includes insurance, repairs, maintenance, rent and utilities. Includes a variety of expenses, including laboratory costs, materials costs, advertising, promotion and entertainment costs.
C. Qualifications	No costs available	See http://www.gdc-uk.org/Dentalprofessionals/Education/Pages/Dentist-qualifications.aspx.
D. Ongoing training	No costs available	See https://www.gdc-uk.org/professionals/cpd.
E. Capital costs		Assumed to be included as rent (see above). Based on the new-build and land requirements of a dentist surgery, but adjusted to reflect shared use of both treatment and non-treatment space, annuitised capital costs would be £8,617 per annum. [3][4].
F. Equipment costs	£ 7,541 per year	Total equipment costs (e.g. dentist chairs, cabinetry and all dental technology) per practice with all or some NHS activity was valued at £60,417 per FTE dentist. Costs have been annuitised over ten years as this was the most frequently-cited replacement time.
Working time	42.9 weeks per year 35.7 hours per week.	The average total number of weekly hours worked by Performer-Only dentists in 2017/2018 was 35.7.[5] The average total number of weekly NHS hours worked was 25.9. On average, dentists took 5 days of sickness leave and 4.5 weeks annual leave. Unit costs are based on 1,535 hours.[5]
Ratio of direct to indirect time: Clinical time	1:0.27	Based on information taken from the *Dental working hours* survey, Performer-Only dentists spent 78.5 per cent of their working time on clinical activities.
Unit costs available 2019/2020		
£105 per hour; £133 per hour of patient contact.		

[1] NHS Digital (2019) *A guide to NHS dental publications,* NHS Digital, Leeds. https://files.digital.nhs.uk/AD/73DD0A/nhs-dent-stat-eng-18-19-anx4-gui.pdf [accessed 25 September 2019).

[2] NHS Digital (2019) *Dental earnings and expenses estimates, England and Wales, Time Series*, NHS Digital, Leeds. https://digital.nhs.uk/data-and-information/publications/statistical/dental-earnings-and-expenses-estimates/2017-18 [accessed 18 September 2019].

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

[5] NHS Digital (2018) *Dental Working Hours: Working Patterns, Motivation and Morale 2016/17 and 2017/18,* NHS Digital, Leeds. https://files.digital.nhs.uk/D5/AB5837/Dental-Working-Hours-2016-17-and-2017-18-Working-Patterns-Motivation-and-Morale-Report.pdf [accessed 25 September 2018]. NB. no statistics for 2018-19 available at the time of producing this report.

10.7 Dentist – Providing-Performer

The costs below relate to a Providing-Performer, which is a dentist who holds a health service contract and who also acts as a Performer, delivering dental services themselves. [1] In 2015, a survey of dentists carried out by PSSRU in collaboration with the General Dental Council provided information to estimate practice staff overheads and equipment used by dentists working all or some of the time with NHS patients. In total, responses were received from 251 practices with some or all NHS activity. See article in *Unit Costs of Health & Social Care 2017* for more information. The costs below apply only to Providing-Performer dentists with registered NHS activity. Dentists who performed only private dentistry have been excluded. **This information has not been updated for 2020/2021.**

Costs and unit estimation	2019/2020 value	Notes
A. Net remuneration	£113,100 per year	This is the average taxable income of self-employed primary care Providing-Performer dentists in 2018/2019. [2] It has not been possible to agree an inflator to provide estimated net remuneration for 2019/2020.
B. Practice expenses: Employee expenses	£57,879 per year	As salary expenses for Performer-Only dentists are declared as an expense by Providing-Performer dentists,[2] to avoid double-counting, employee expenses have been calculated using the PSSRU survey. This found that on average each FTE dentist (carrying out some or all NHS activity) employs 1.43 FTE of a dental nurse, 0.17 FTE of a hygienist/dental therapist, 0.23 FTE of a practice manager (AFC band 6) and 0.50 FTE of 'other' staff (AfC band 2, e.g. receptionist, dental technician, cleaner).
Office and general business expenses	£7,596 per year	All office and general business, premises and other expenses including advertising promotion and entertainment are based on expenditure taken from the *Dental Earnings and Expenses* report and uprated using the Health Services Inflator.[2]
Premises Car and travel Other	£7,908 per year £1,920 per year £46,250 per year	Includes insurance, repairs, maintenance, rent and utilities. Includes a variety of expenses, including laboratory costs, materials costs, advertising, promotion and entertainment costs, which have been divided equally between the dental staff (dentists and nurses/hygienists).[2]
C. Qualifications	No costs available	See http://www.gdc-uk.org/Dentalprofessionals/Education/Pages/Dentist-qualifications.aspx.
D. Ongoing training	No costs available	See https://www.gdc-uk.org/professionals/cpd.
E. Capital costs		Assumed to be included as rent (see above). Based on the new-build and land requirements of a dentist surgery, but adjusted to reflect shared use of both treatment and non-treatment space, annuitised capital costs would be £8,617 per annum.[3,4]
F. Equipment costs	£7,262 per year	Total equipment costs (e.g. dentist chairs, cabinetry and all dental technology) per practice with all or some NHS activity was valued at £60,417 per FTE dentist. Costs have been annuitised to reflect that ten years was the most frequently-cited replacement time.
Working time	43 weeks per year 41.3 hours per week.	The average total number of weekly hours worked by Providing-Performer dentists in 2017/2018 was 41.3, with 25.5 hours devoted to NHS work. On average dentists took 4.9 days of sickness leave and 4.4 weeks annual leave. Unit costs are based on 1,777 hours.[4]
Ratio of direct to indirect time: Clinical time	1:0.41	Based on information taken from the *Dental Working Hours survey*,[4] Providing-Performer dentists spent 70.7 per cent of their working time on clinical activities.
Unit costs available 2019/2020		
£136 per hour; £197 per hour of patient contact; £141 per hour (with 29 $kgCO_2e$)[5]; £200 per hour of patient contact (with 42 $kgCO_2e$).[5]		

[1] NHS Digital (2019) *A guide to NHS dental publications,* NHS Digital, Leeds. https://files.digital.nhs.uk/AD/73DD0A/nhs-dent-stat-eng-18-19-anx4-gui.pdf [accessed 25 September 2019).

[2] NHS Digital (2019) *Dental earnings and expenses estimates, England and Wales, Time Series*, NHS Digital, Leeds. https://digital.nhs.uk/data-and-information/publications/statistical/dental-earnings-and-expenses-estimates/2017-18 [accessed 18 September 2019].

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

[4] NHS Digital (2018) *Dental working hours: Working Patterns, Motivation and Morale 2016/17 and 2017/18,* NHS Digital, Leeds. https://files.digital.nhs.uk/D5/AB5837/Dental-Working-Hours-2016-17-and-2017-18-Working-Patterns-Motivation-and-Morale-Report.pdf [accessed 25 September 2018]. NB. no statistics available for 2018-19 at the time of producing this report.

[5] Costs provided by Richard Lomax, Sustainable Development Unit.

10.8 NHS dental charges

Paying adults are charged according to the treatment band. The table below shows the NHS dental charges applicable to paying adults from 1 April 2020, by treatment band. These costs remain unchanged in 2021.

Treatment Band	Charges from 1 April 2020	
Emergency dental treatment	£23.80	This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
Band 1	£23.80	Examination, diagnosis (including x-rays), advice on how to prevent future problems, a scale and polish if needed, and application of fluoride varnish or fissure sealant.
Band 2	£65.20	This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth.
Band 3	£282.80	This covers everything listed in Bands 1 and 2 above, plus crowns, dentures and bridges and other laboratory work.

See: https://www.nhs.uk/using-the-nhs/nhs-services/dentists/understanding-nhs-dental-charges/ for further information on NHS dental charges

III. COMMUNITY-BASED SOCIAL CARE

11. Social care staff and services

11.1 Social worker (adult services)

11.2 Social worker (children's services)

11.3 Social work assistant

11.4 Community occupational therapist (local authority)

11.5 Home care worker

11.6 Home care manager

11.7 Support and outreach worker

11.8 Peer intern

11.9 Reablement

11.1 Social worker (adult services)

Costs and unit estimation	2020/2021 value	Notes
A. Salary	£35,710 per year	Information taken from the Adult social care workforce data (Skills for Care, 2021)[1] showed that the mean basic salary, based on the weighted mean annual salary for a local authority and independent sector social worker working in adult services was £35,710.
B. Salary oncosts	£10,136 per year	Employer's national insurance contribution is included, plus 18 per cent of salary for employer's contribution to superannuation.[2]
C. Qualifications	£9,496 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information is drawn from research carried out by Curtis et al. (2011).[4]
D. Ongoing training		The General Social Care Council set out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours.[5] No costs are available.
E. Overheads		
Direct overheads	£13,295 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£7,335 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resources departments.[6]
F. Capital overheads	£3,191 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[7,8] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
G. Travel		No information available on average mileage covered per visit. For information see *Green Book: national agreement on pay and conditions of service*.[9]
Working time	40.9 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days.[9] Ten days for study/training and 8.7 days sickness leave have been assumed, based on the median average sickness absence level in England for all authorities.[10] Unit costs are based on 1,513 hours per year.
Ratios of direct to indirect time on: Client-related work		No current information available on client-related activity. See previous editions of this publication for sources of information.
Duration of visit		It is not possible to estimate a cost per visit as there is no information available on the number or duration of visits.
London multiplier	1.19 x A	Allows for the higher costs associated with London compared to the national average cost.[1,]
Non-London multiplier	0.96 x A	Allows for the lower costs associated with working outside London compared to the national average cost.[1]
Unit costs available 2020/2021 (costs including qualifications given in brackets)		
£46 (£52) per hour.		

[1] Skills for Care (2021) *Adult social care workforce estimates*, https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx [accessed 11 November 2021].

[2] Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. http://lgpsboard.org/index.php/schemedata [accessed 22 June 2020].

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

[4] Curtis, L. Moriarty, J. & Netten, A. (2011) The costs of qualifying a social worker, *British Journal of Social Work*, doi:10.1093/bjsw/bcr113. http://bjsw.oxfordjournals.org/content/early/2011/08/22/bjsw.bcr113.short?rss=1/ [accessed 26 September 2013].

[5] British Association of Social Workers (2011) *Social work careers*, The British Association of Social Workers. www.basw.co.uk/social-work-careers/ [accessed 9 October 2013].

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

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

[8] 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].

[9] Local Government Employers (2019) *Green Book: National Agreement on pay and conditions of service*, Local Government Association, London. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent [accessed 9 October 2019].

[10] Local Government Association (2018) *Local government workforce survey 2016/17*, Local Government Association, London. https://www.local.gov.uk/sites/default/files/documents/LG%20Workforce%20Survey%202016-17%20-%20report%20final%2020180718.pdf [accessed 20 October 2018].

11.2 Social worker (children's services)

Costs and unit estimation	2020/2021 value	Notes
A. Salary	£35,710 per year	Information taken from the Adult social care workforce data (Skills for Care, 2020)[1] showed that the mean basic salary for a social worker, based on the weighted mean annual salary for a local authority and independent sector social worker, working in children's services was £35,710.
B. Salary oncosts	£10,136 per year	Employer's national insurance contribution is included, plus 18 per cent of salary for employer's contribution to superannuation.[2]
C. Qualifications	£9,496 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information is drawn from research carried out by Curtis et al. (2011).[4]
D. Ongoing training		The General Social Care Council set out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours.[5] No costs are available.
E. Overheads Direct overheads Indirect overheads	 £13,295 per year £7,335 per year	 Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resources departments.[6]
F. Capital overheads	£3,191 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[7,8] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
G. Travel		No information available on average mileage covered per visit. For information see *Green Book: national agreement on pay and conditions of service*.[9]
Working time	41.4 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 6.3 days sickness based on the Children's Social Work workforce statistics for England. [10] Unit costs are based on 1,530 hours per year.
Caseload	17.4	Average caseload per children and family social worker.
Ratios of direct to indirect time on: Client-related work		No current information available on client-related activity. See previous editions of this publication for sources of information.
London multiplier	1.19 x A	Allows for the higher costs associated with London compared to the national average cost.[1,]
Non-London multiplier		
Unit costs available 2020/2021 (costs including qualifications given in brackets)		
£46 (£52) per hour; Cost per case £3,809.		

[1] Skills for Care (2021) *Adult social care workforce estimates*, https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx [accessed 11 November 2021].

[2] Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. http://lgpsboard.org/index.php/schemedata [accessed 22 June 2020].

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

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

[5] British Association of Social Workers (2011) Social Work Careers, The British Association of Social Workers http://www.basw.co.uk/social-work-careers/ [accessed 9 October 2013].

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

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

[8] 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].

[9] Local Government Employers (2019) *Green Book: National Agreement on pay and conditions of service*, Local Government Association, London. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent [accessed 9 October 2019].

[10] Department for Education (2019) Experimental statistics: Children and family social work workforce in England, year ending 30 September 2018. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681546/SFR09-2018_Main_Text.pdf [accessed 10 September 2019].

11.3 Social work assistant

Costs and unit estimation	2020/2021 value	Notes
A. Salary	£26,982 per year	The mean basic salary of a social work assistant was £22,715 in 2012/13[1]. As no new salary estimates are available, this has been inflated to reflect changes in pay for social workers as reported in this volume.
B. Salary oncosts	£7,360 per year	Employer's national insurance contribution is included, plus 18 per cent of salary for employer's contribution to superannuation.[2]
C. Overheads Direct overheads Indirect overheads	 £9,959 per year £5,495 per year	 Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments.[3]
D. Capital overheads	£3,191 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[4,5] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
E. Travel		No information available on average mileage covered per visit. For information see *Green Book: national agreement on pay and conditions of service*.[6]
Working time	40.9 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 6.3 days sickness leave have been assumed, based on the median average sickness absence level in England for all authorities[7] Unit costs are based on 1,513 hours per year.
Ratios of direct to indirect time on: Client-related work		No current information is available about the proportion of social work assistant time spent on client-related outputs. See previous editions of this volume for sources of information.
London multiplier	1.16 x A	Allows for the higher costs associated with London compared to the national average cost.[1]
Non-London multiplier		Allows for the lower costs associated with working outside London compared to the national average cost.
Unit costs available 2020/2021		
£35 per hour.		

[1] Local Government Association Analysis and Research (2012) *Local Government Earnings Survey 2011/2012*, Local Government Association, London.
[2] Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. http://lgpsboard.org/index.php/schemedata [accessed 22 June 2020].
[3] Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.
[4] 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.
[6] Local Government Employers (2019) *Green Book: National Agreement on pay and conditions of service*, Local Government Association, London. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government [accessed 9 October 2019].
[7] Department for Education (2019) *Experimental statistics: Children and family social work workforce in England, year ending 30 September 2018.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681546/SFR09-2018_Main_Text.pdf [accessed 10 September 2019].

11.4 Community occupational therapist (local authority)

Costs and unit estimation	2020/2021 value	Notes
A. Wages/salary	£36,160 per year	Information taken from the Adult social care workforce data (Skills for Care, 2021)[1] showed that the mean basic salary for an occupational therapist, based on the weighted mean annual salary for a local authority and independent sector occupational therapist, was £36,160.
B. Salary oncosts	£10,279 per year	Employer's national insurance contribution is included, plus 18 per cent of salary for employer's contribution to superannuation.[2]
C. Qualifications	£5,454 per year	Qualification costs have been calculated using the method described in Netten et al. (1998)[3] Current cost information has been gathered from various sources (see Schema 18).
D. Overheads		
Direct overheads	£13,467 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.[5]
Indirect overheads	£7,430 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resources departments.[4]
E. Capital overheads	£3,191 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[5,6] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
F. Working time	40.9 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.7 days sickness leave have been assumed, based on the median average sickness absence level in England for all authorities. [7] Unit costs are based on 1,513 hours per year.
Ratio of direct to indirect time on: Client-related work		No current information is available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
London multiplier	1.09 x A	Allows for the higher costs associated with London compared to the national average cost.[1]
Non-London multiplier		
Unit costs available 2020/2021		
£47 (£50) per hour.		

[1] Skills for Care (2021) *Adult social care workforce estimates*, https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx [accessed 11 November 2021].

[2] Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. http://lgpsboard.org/index.php/schemedata [accessed 22 June 2020].

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

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

[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] Local Government Association (2018) *Local government workforce survey 2016/17*, Local Government Association, London. https://www.local.gov.uk/sites/default/files/documents/LG%20Workforce%20Survey%202016-17%20-%20report%20final%2020180718.pdf [accessed 20 October 2018].

11.5 Home care worker

This table provides information on the costs of a home care worker. Salary information is taken from the Adult social care workforce data (Skills for Care, 2021).[1]

Costs and unit estimation	2020/2021 value	Notes
A. Wages/salary	£18,012 per year	Based on the weighted mean annual salary for a local authority and independent sector care worker for 2020/2021.[1]
B. Salary oncosts	£4,508 per year	Employer's national insurance contribution is included, plus 18 per cent of salary for employer's contribution to superannuation.[2]
C. Overheads Direct overheads Indirect overheads	 £6,531 per year £3,603 per hour	 Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.[3] Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments.[4]
D. Travel		No information available on average mileage covered per visit. For information see *Green Book: national agreement on pay and conditions of service*.[4]
Working time	41.9 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Five days for study/training and 8.7 days sickness leave have been assumed, based on the median average sickness absence level in England for all authorities.[6,7] Unit costs are based on 1,551 hours per year.
Ratios of direct to indirect time on: Face-to-face contact	 1:0.25	No current information available on the proportion of time spent with clients. It is likely, however, that if 19 per cent of a home care worker's time is spent travelling (see duration of visit below),[5] the proportion of total time spent with clients is approximately 80 per cent.
Duration of visit		Sixty-three per cent of local authority commissioned home care visits lasted 16-30 minutes. Ten per cent of visits lasted under 15 minutes, and 16 per cent were longer than 46 minutes.[6]
Service use	7 hours per week (364 hours per year)	In England, 673,000 people used domiciliary care in 2014/15, and 249 million hours of domiciliary care were delivered. On average, individual service users received 370 hours of home care in 2014/2015 (7.1 hours per week). The average local authority- commissioned home care per person per week was 12.8 hours.[7]
Price multipliers for unsocial hours[3]	1.00 1.086 1.035 1.093 1.036 1.031 1.039	Day-time weekly Day-time weekend Night-time weekday for an independent sector home care hour Night-time weekend provided for private purchasers Day-time weekend Night-time weekday for an independent sector home care hour Night-time weekend provided for social services
Unit costs available 2020/2021		
Based on the price multipliers for independent sector home care provided for private purchasers: £25 per weekday hour (£27 per day-time weekend, £26 per night-time weekday, £27 per night-time weekend). Face-to-face: £34 per hour weekday (£32 per day-time weekend, £34 per night-time weekday, £40 per night-time weekend). Based on the price multipliers for independent sector home care provided for social services: £25 per weekday hour (£27 per day-time weekend, £25 per night-time weekday, £30 per night-time weekend). Face-to-face: £32 per hour weekday (£33 per day-time weekend, £33 per night-time weekday, £34 per night-time weekend).		

[1] Skills for Care (2021) *Adult social care workforce estimates*, https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx [accessed 11 November 2021].

[2] Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. http://lgpsboard.org/index.php/schemedata [accessed 22 June 2020].

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

[4] Local Government Employers (2019) *Green Book: National Agreement on pay and conditions of service*, Local Government Association, London. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governentf [accessed 9 October 2019].

[5] United Kingdom Home Care Association (UKHCA) (2015) *A Minimum Price for HomeCare*. http://www.ukhca.co.uk/pdfs/AMPFHC_150719.pdf [accessed 20 October 2016].

[6] United Kingdom Home Care Association (UKHCA) (2016) *An overview of the domiciliary care sector in the United Kingdom*, Home Care Association Limited, London. http://www.ukhca.co.uk/pdfs/MarketOverviewV352016FINAL.pdf [accessed 20 October 2016].

11.6 Home care manager

Salary information in this table is taken from the Adult social care workforce data (Skills for Care, 2021)[1] and has been based on the salary of a registered manager.

Costs and unit estimation	2020/2021 value	Notes
A. Wages/salary	£31,703 per year	Based on the weighted mean annual salary for a local authority and independent sector registered manager for 2020/2021. The weighted mean hourly pay rate was £17.[1]
B. Salary oncosts	£8,862 per year	Employer's national insurance contribution is included, plus 18 per cent of salary for employer's contribution to superannuation.[2]
C. Qualifications		No information available.
D. Overheads: Direct Indirect	 £11,764 per year £6,490 per year	 Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resources departments.[3]
E. Capital overheads	£3,191 per year	Based on the new-build and land requirements of a local office and shared facilities for waiting, interviews and clerical support.[4,5] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
F. Travel		No information available on average mileage covered per visit. For information see *Green Book: national agreement on pay and conditions of service*.[6]
Working time	40.9 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Ten days for study/training and 8.7 days sickness leave have been assumed, based on the median average sickness absence level in England for all authorities.[7] Unit costs are based on 1,513 hours per year.
Ratios of direct to indirect time on: Client-related work		No current information is available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
London multiplier	1.25 x A	Allows for the higher costs associated with London compared to the national average cost.[1]
Non-London multiplier		Allows for the lower costs associated with working outside London compared to the national average cost.
Unit costs available 2020/2021		
£41 per hour.		

[1] Skills for Care (2021) *Adult social care workforce estimates*, https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx [accessed 11 November 2021].
[2] Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. http://lgpsboard.org/index.php/schemedata [accessed 22 June 2020].
[3] Based on information taken from Selwyn, J. et al. (2009) *Adoption and the inter-agency fee*, University of Bristol, Bristol; and Glendinning, C. et al. (2010) *Home care re-ablement services: investigating the longer-term impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.
[4] Building Cost Information Service (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] Local Government Employers (2019) *Green Book: National Agreement on pay and conditions of service*, Local Government Association, London. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent [accessed 9 October 2019].
[7] Local Government Association (2018) *Local government workforce survey 2016/17*, Local Government Association, London. https://www.local.gov.uk/sites/default/files/documents/LG%20Workforce%20Survey%202016-17%20-%20report%20final%2020180718.pdf [accessed 20 October 2018].

11.7 Support and outreach worker

Community outreach workers act as a liaison between community programmes, services and community members. Their focus might be on health or education, and they often assist a particular ethnic group or segment of the population, such as older people. The job description varies according to the organisation and responsibilities. [1]

Costs and unit estimation	2020/2021 value	Notes
A. Wages/salary	£18,714 per year	Information taken from the Adult social care workforce data (Skills for Care, 2020)[2] showed that the mean basic salary for a support and outreach worker, based on the weighted mean annual salary for a local authority and independent sector outreach worker, was £18,368.
B. Salary oncosts	£4,760 per year	Employer's national insurance contribution is included, plus 18 per cent of salary for employer's contribution to superannuation.[3]
C. Qualifications		
D. Overheads Direct overheads Indirect overheads	 £6,807 per year £3,756 per year	 Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity. Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resources departments.[4]
E. Capital overheads	£3,191 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[5,6] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.
F. Working time	40.9 weeks per year 37 hours per week	Includes 29 days annual leave and 8 statutory leave days. Five days for study/training and 8.7 days sickness leave have been assumed, based on the median average sickness absence level in England for all authorities. [7] Unit costs are based on 1,513 hours per year.
Ratio of direct to indirect time on: Client-related work		No current information is available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
London multiplier	1.09 x A	Allows for the higher costs associated with London compared to the national average cost.[2]
Non-London multiplier		Allows for the lower costs associated with working outside London compared to the national average cost.
Unit costs available 2020/2021 (costs including training given in brackets)		
£25 per hour.		

[1] Career Trend (2017) What is the job description of a community outreach worker? https://careertrend.com/about-4618849-job-description-community-outreach-worker.html [17 October 2018].

[2] Skills for Care (2020) *Adult social care workforce estimates*, https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/Pay-rates.aspx [accessed 11 November 2020].

[3] Local Government Pension Scheme Advisory Board (2020) *Fund Valuations 2019*, LGPS Advisory Board, London. http://lgpsboard.org/index.php/schemedata [accessed 22 June 2020].

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

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

[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] Local Government Association (2018) *Local government workforce survey 2016/17*, Local Government Association, London. https://www.local.gov.uk/sites/default/files/documents/LG%20Workforce%20Survey%202016-17%20-%20report%20final%2020180718.pdf [accessed 20 October 2018].

11.8 Peer intern

Information for this schema has been drawn from an evaluation of the Lambeth Living Well Network Hub (http://lambethcollaborative.org.uk/wp-content/uploads/2018/03/LWN-Hub-Year-Two-Evaluation-Report-December-2017_04.01.18.pdf) an innovative primary care mental health service that was developed to reduce the flow of people into secondary care by providing personalised networked support to people in Lambeth. It acts as the front door to mental health services and offers a shared care approach with general practitioners to support users of mental health and social care services at an earlier point (http://www.lambethccg.nhs.uk/our-plans/mental-health-services/lambeth-living-well-network/Pages/default.aspx).

The peer intern is a new and developing role with a very broad remit, from providing support throughout a person's care journey with the Hub to contributing in daily operations. They build on skills and knowledge to support other people with mental health issues whilst being supported themselves to develop the required skills to gain meaningful employment experience. This hub employs around 60 fte members of staff.

The costs for this schema have been prepared in collaboration with Alexandra Melaugh[1] and Andy Healey of King's College, London and Mahir Demir and Helena Demetriou of the LWN Hub. Costs have been uprated using PSS Inflators.

Costs and unit estimation	2020/2021 value	Notes
A. Wages/salary	£8,490 per year	Based on information taken from the Lambeth Living Well Network accounts. The Peer Interns in the study worked on **average 15 hours per week**. The FTE salary is £20,324.
B. Salary oncosts	£1,528 per year	Employer's national insurance is included, plus 18 per cent of salary for employer's contribution to superannuation.
C. Qualifications		
D. Overheads Direct overheads Management and administration Office, general business and premises (including advertising and promotion) Indirect overheads	 £3,297 per year £733 per year £1,557 per year £1,047 per year	The peer intern is supported by an administrator (cost per hour £29.41), administrative assistant (cost per hour £16.40) and the Training and Education placement staff (cost per hour £26.40) who help with the smooth running of the office and referrals that are introduced to the Hub (3 hours in total per week, for 40.9 weeks per year). A programme manager oversees the running of the Hub. This cost has been calculated by dividing their salary costs between 60 fte members of staff which is then pro-rated to reflect part-time working. The total cost of rent for the two buildings plus utility bills divided by the number of FTE staff (60), and pro-rata to reflect part-time working. Based on the salary costs of the programme director and divided by the number of FTE staff (60) and pro-rata to reflect part-time working. Also includes 20 hours per year for contracts/payroll and other human resources issues which are based on salary costs of a certified human resources advisor (cost per hour £28.25).
E. Capital		Rent has been included as a proxy for capital
Working time	40.9 weeks per year 15 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. Unit costs are based on 614 hours.
Ratio of direct to indirect time on: Face-to-face contacts	 1:0.38	Based on an activity log which was developed with peer interns so they could record their client-contact and client-related activity to allow the ratio of direct to indirect time to be calculated.
Unit costs available 2020/2021 (costs including qualifications given in brackets)		
£26 per hour (based on 15 working hours per week); £36 per hour of client-related activities (based on 15 working hours per week).		

[1] For more information, please contact Alexandra Melaugh (Alexandra.melaugh@kcl.ac.uk).

11.9 Reablement

Reablement is a goals-focused intervention comprising intensive, time-limited (up to 6 weeks) assessment and therapeutic work delivered in the usual place of residence. Its purpose is to restore/regain self-care and daily living skills for individuals at risk of needing social care support, or an increase in its intensity to continue living in their own homes.[1]

In 2015, Beresford & colleagues (2019)[1] surveyed reablement services in 139 local authorities of the 152 local authorities in England. When collecting costs, data collection and analysis took the perspective of the NHS and Personal Social Services, therefore the relevant costs were those falling on the budgets of the CCG (representing the NHS) and/or local authorities (representing Personal Social Services). Although the authors recognised that overheads should be included, they were not sure in practice they were given, and they were not able to check with participants in the survey as to what they included (see page 21 of the referenced report for more information). The planned duration of reablement was, on average, six weeks, with one or two home visits per day. Actual duration was, on average, four weeks.

Using cluster analysis, the authors derived three types of reablement input:

1) functional reablement (services which reported that they re-enabled in the areas of personal care, domestic, skills, safety, information, helping people to move about inside, health-related needs and confidence-building).

2) comprehensive reablement (services which stated that they re-enabled in all of the domains. Thus, they were similar to services delivering 'functional' reablement, but also helped people with getting out and about, and with social activities).

3) social reablement (services which reported that they re-enabled in the areas of safety, information, getting out and about, social activities and confidence-building).

Of the 143 reablement services which were reported in the survey, 42 (29%) provided information on expenditure, and 100 (70%) provided information on annual caseload or the typical number of cases per month. Overall, the authors were able to calculate the cost per case for 37 (26%) reablement services.

The average cost per case was £1,635 overall. Another study[2] referenced in the NICE guidelines (2017)[3] reported a mean cost per person of £1,484, based on annual service budgets of the commissioners and providers that voluntarily participated in the Audit. The mean duration of reablement was 34.5 days (see Bauer et al. 2019).[4] All costs have been uprated from 2014-15 using the appropriate inflators.

Table 1 Cost per case of reablement services

Expenditure on reablement services as reported by services	Average cost per case	Minimum cost per case	Maximum cost per case
Total expenditure for functional services (n=10)	£1,635	£553	£2,318
Total expenditure for comprehensive services (n=24)	£1,568	£21	£3,456
Total expenditure for social reablement services (n=3)	N/R	N/R	N/R
Total expenditure on reablement services (n=37)	**£1,568**	**£21**	**£3,456**

N/R: Not reported given the small number of services reporting cost data.

[1] Beresford, B., Mann, R., Parker, G., Kanaan, M., Faria, R., Rabiee, P., Weatherly, H., Clarke, S., Mayhew, E., Duarte, A., Laver-Fawcett, A. & Aspinal, F. (2019) *Reablement services for people at risk of needing social care: the MoRe mixed-methods evaluation*, https://www.ncbi.nlm.nih.gov/books/NBK540371/ [accessed 14 December 2020]

[2] NAIC (2015) *National Audit of Intermediate Care 2015*, NAIC, London. https://britishgeriatricssociety.wordpress.com/2015/11/11/national_audit_intermediate_care/.

[3] National Institute for Health and Care Excellence (2017) *Intermediate care including reablement*, NICE, London https://www.nice.org.uk/guidance/ng74/resources/intermediate-care-including-reablement-pdf-1837634227909 [accessed 14 December 2020]

[4] Bauer, A., Fernandez, J.L., Henderson, C., Wittenberg, R. & Knapp, M. (2019*) Cost-minimisation analysis of home care reablement for older people in England: A modelling study*, https://pubmed.ncbi.nlm.nih.gov/31006936/. [accessed 14 December 2020]

IV. HOSPITAL-BASED HEALTH CARE STAFF

12. Hospital-based scientific and professional staff

The table overleaf provides the unit costs for hospital-based scientific and professional staff, and replaces the individual schema previously found in this section. Each Agenda for Change (AfC) band can be matched to professionals using the AfC generic profiles: http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation/national-job-profiles. Examples of roles by band are shown below and in more detail by job type in Schema 17. Reference should also be made to the explanatory notes when interpreting the unit costs.

Job titles by band	
Band 2	Clinical support worker (Physiotherapy, Occupational therapy, Speech and language therapy).
Band 3	Clinical support worker (higher level) (Physiotherapy, Occupational therapy, Speech and language therapy).
Band 4	Occupational therapy technician, Speech and language therapy assistant/associate practitioner, Podiatry technician, Clinical psychology assistant practitioner, Pharmacy technician.
Band 5	Physiotherapist, Occupational therapist, Speech and language therapist, Podiatrist, Clinical psychology assistant practitioner (higher level), Counsellor (entry level).
Band 6	Physiotherapist specialist, Occupational therapist specialist, Speech and language therapist specialist, Podiatrist specialist, Clinical psychology trainee, Counsellor, Pharmacist, Arts therapist (entry level).
Band 7	Physiotherapist (advanced), Specialist physiotherapist (respiratory problems), Specialist physiotherapist (community), Physiotherapy team manager, Speech and language therapist (advanced), Podiatrist (advanced), Podiatry team manager, Clinical psychologist, Counsellor (specialist), Arts therapist.
Band 8a	Physiotherapist principal, Occupational therapist principal, Speech and language therapist principal, Podiatrist principal.
Band 8a-b	Physiotherapist consultant, Occupational therapist consultant, Clinical psychologist principal, Speech and language therapist principal, Podiatric consultant (surgery), Arts therapist principal.
Band 8a-c	Counsellor professional manager, Counsellor consultant, Consultant speech and language therapist.
Band 8c-d	Clinical psychologist consultant, Podiatric consultant (surgery), Head of arts therapies, Arts therapies consultant.
Band 8d-9	Clinical psychologist consultant (professional), Lead/head of psychology services, Podiatric consultant (surgery), Head of service.

12. Hospital-based scientific and professional staff

A Wages/salary

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) bands 4-9 of the May 2019/April 2020 NHS staff earnings estimates for allied health professionals.[1] See *NHS Terms And Conditions Of Service Handbook* for information on payment for unsocial hours.[2] The Electronic Staff Records (ESR) system shows that the mean basic salary for all physiotherapists is £37,023; occupational therapists, £35,523; speech and language therapists, £37,056; dietitians, £37,183; and radiographers (diagnostic and therapeutic), £36,583.

B Salary oncosts

Employer's national insurance is included, plus 20.68 per cent of salary for employer's contribution to superannuation (see Preface for further details)

C Qualification costs

See Section V for detailed information on qualifications for each category of scientific and professional staff. These costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been gathered from various sources (see Schema 18). To calculate the cost per hour including qualifications for each profession, the appropriate expected annual cost shown in Chapter 18 should be divided by the number of working hours. This can then be added to the cost per working hour.

Note that Dr Lynne Bollington has provided the cost of the clinical placement for pharmacists.[4] These costs exclude external training courses that supplement work-based learning and may cover specific components of the General Pharmaceutical Council's performance standards and/or examination syllabus. See Schema 18 for more details on training.

D Overheads

Taken from *NHS foundation trusts accounts: consolidated (FTC) files 2018/2019*.[5] Management and other non-care staff costs were 20.71 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 46.89 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), and utilities such as water, gas and electricity.

E Capital overheads

Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[6,7]

F Working time

Working hours for each AfC band have been calculated by deducting sickness absence days as reported for NHS staff groups[8] and training/study days from 225 working days per annum.

H Ratio of direct to patient-related time

See previous editions for time spent on patient-related activities. See also Section V for information on a PSSRU survey carried out in 2014/2015 providing estimates of time use for hospital-based staff.

I London and non-London multipliers

See information produced by NHS Employers[9] and NHS Improvement[10] for information on Inner and Outer London supplements and the market forces factor (MFF) which estimates the unavoidable cost differences between healthcare providers, based on their geographical location.

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[1] NHS Digital (2021) *NHS staff earnings estimates, 12-month period from May 2020 – April 2021* (not publicly available), NHS Digital, Leeds.

[2] NHS Employers (2018) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. http://www.nhsemployers.org/tchandbook [accessed 25 September 2018].

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

[4] Bollington, L. & John, D. (2012) *Pharmacy education and training in the hospital service in Wales: Identifying demand and developing capacity*. STS Publishing, Cardiff.

[5] NHS Improvement (2019) *NHS Foundation Trusts: Consolidation (FTC) files 2018/19*, Consolidated_foundation_trust_accounts_2018_19.pdf (england.nhs.uk) [accessed 9 October 2021]

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

[7] 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]

[8] NHS Digital, NHS sickness absence rates, January 2019 to March 2019 and Annual Summary 2010-11 to 2018-19, NHS Digital, London. https://di65gital.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 NHS Employers (2019) Annex 9: High cost area supplements, https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements [accessed 1 October 2019].

10 NHS Improvement (2019) 2019/2020 payment reform proposals, https://improvement.nhs.uk/resources/201920-payment-reform-proposals/ [accessed 1 October 2019].

12. Hospital-based scientific and professional staff

This table provides the annual and unit costs for hospital-based scientific and professional staff. See notes facing for assistance in interpreting each cost item and the beginning of this chapter for examples of roles in each band. See also Excel database on the PSSRU website. **Please note that there are no staff on Bands 1-3 for this staff group.**

Refer to notes on facing page for references	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9
A Wages/salary	£23,387	£25,975	£34,736	£42,556	£49,149	£58,212	£69,322	£82,843	£100,586
B Salary on-costs	£6,844	£7,736	£10,757	£13,453	£15,727	£18,852	£22,682	£27,344	£33,462
C Qualifications (see notes)									
D Overheads									
Management, admin and estates staff	£6,261	£6,982	£9,422	£11,600	£13,436	£15,960	£19,054	£22,820	£27,761
Non-staff	£14,175	£15,807	£21,332	£26,263	£30,420	£36,135	£43,141	£51,667	£62,855
E Capital overheads									
-physiotherapists/OTs	£6,582	£6,582	£6,582	£6,582	£6,582	£6,582	£6,582	£6,582	£6,582
-radiographers	£9,650	£9,650	£9,650	£9,650	£9,650	£9,650	£9,650	£9,650	£9,650
-dietitians/speech and language therapists (or other professionals with a small treatment space or sharing facilities).	£5,362	£5,362	£5,362	£5,362	£5,362	£5,362	£5,362	£5,362	£5,362
F Travel									
G Working time	43.2 (1,618 hours) per year, 37.5 hours per week	42.6 (1,599 hours) per year, 37.5 hours per week	42.6 (1,599 hours) per year, 37.5 hours per week	42.6 (1,599 hours) per year, 37.5 hours per week	42.6 (1,599 hours) per year, 37.5 hours per week	42.6 (1,599 hours) per year, 37.5 hours per week	42.6 (1,599 hours) per year, 37.5 hours per week	42.6 (1,599 hours) per year, 37.5 hours per week	42.6 (1,599 hours) per year, 37.5 hours per week
H Ratio of direct to indirect time	See note	See note	See note	See note	See note	See note	See note	See note	See note
London/non-London multiplier	See note	See note	See note	See note	See note	See note	See note	See note	See note
Unit costs available 2020/2021									
Cost per working hour									
-physiotherapists/OTs	**£35**	**£39**	**£52**	**£63**	**£72**	**£85**	**£101**	**£120**	**£145**
-radiographers	**£37**	**£41**	**£54**	**£65**	**£74**	**£87**	**£102**	**£122**	**£147**
-dietitians/speech and language therapists	**£35**	**£39**	**£51**	**£62**	**£71**	**£84**	**£100**	**£119**	**£144**

13. Hospital-based nurses

The table overleaf provides the unit costs for hospital nurses bands 2-9 and replaces the individual schema previously found in this section. Each Agenda for Change (AfC) band can be matched to professionals using the AfC generic profiles: http://www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation/national-job-profiles. Reference should be made to the explanatory notes when interpreting the unit costs. See below for examples of roles in each band.

Job titles by band	
Band 2	Clinical support worker nursing (hospital)
Band 3	Clinical support worker higher level nursing (hospital/mental health)
Band 4	Nurse associate practitioner acute, Nursery nurse (neonatal)
Band 5	Nurse, Nurse (mental health)
Band 6	Nurse specialist/team leader
Band 7	Nurse advanced/team manager
Band 8a	Modern matron
Bands 8a-c	Nurse consultant
Bands 8c-8d & 9	Nurse/Midwife consultant higher level

13. Hospital-based nurses

A Wages/salary

Based on the mean full-time equivalent basic salary for Agenda for Change (AfC) bands 2-9 of the May 2020/April 2021 NHS staff earnings estimates for nurses.[1] See *NHS Terms And Conditions Of Service Handbook* for information on payment for unsocial hours.[2] The Electronic Staff Records (ESR) system shows that the mean basic salary for all staff nurses is £33,143; matrons is £48,878; and nurse managers is £51,915.

B Salary oncosts

Employer's national insurance is included, plus 14.38 per cent of salary for employer's contribution to superannuation

C Qualification costs

See Section V for detailed information on qualifications for each grade of hospital-based nurses. These costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been gathered from various sources (see Schema 18). To calculate the cost per hour including qualifications for each grade, the appropriate expected annual cost shown in Chapter 18 should be divided by the number of working hours. This can then be added to the cost per working hour.

D Overheads

Taken from *NHS foundation trusts accounts: consolidated (FTC) files 2018/2019*.[4]

Management and other non-care staff costs were 20.71 per cent of direct care salary costs and included administration and estates staff.

Non-staff costs were 46.89 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), and utilities such as water, gas and electricity.

E Capital overheads

Based on the new-build and land requirements of NHS hospital facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[5,6]

F Working time

Working hours for each AfC band have been calculated by deducting sickness absence days as reported for NHS staff groups[7] and training/study days from 225 working days per annum.

G Ratio of direct to patient-related time

See previous editions and Chapter 20 of Section V of this report for further information.

[1] NHS Digital (2021) *NHS staff earnings estimates, 12-month period from May 2020 – April 2021* (not publicly available), NHS Digital, Leeds.
[2] NHS Employers (2018) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. http://www.nhsemployers.org/tchandbook [accessed 25 September 2018].
[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] NHS Improvement (2019) *NHS Foundation Trusts: Consolidation (FTC) files 2018/19*, Consolidated_foundation_trust_accounts_2018_19.pdf (england.nhs.uk) [accessed 9 October 2021] [accessed 17 October 2019]
[5] Building Cost Information Service (2017) *Surveys of tender prices*, Royal Institute of Chartered Surveyors, London
[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] 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]

13. Hospital-based nurses

This table provides the annual and unit costs for hospital-based nurses (see the notes facing for assistance in interpreting each cost item). See also the beginning of this chapter for examples of roles in each band. See also Excel database on the PSSRU website. Please note that there are no staff on Bands 1-3 for this staff group.

Hospital-based nurses									
Refer to notes on facing page for references	**Band 4**	**Band 5**	**Band 6**	**Band 7**	**Band 8a**	**Band 8b**	**Band 8c**	**Band 8d**	**Band 9**
A Wages/salary	£22,246	£28,074	£35,118	£42,376	£48,334	£56,907	£67,356	£79,639	£95,285
B Salary oncosts	£6,451	£8,460	£10,889	£13,391	£15,446	£18,402	£22,004	£26,240	£31,634
C Qualifications (see notes)									
D Overheads									
Management, admin and estates staff	£5,943	£7,566	£9,528	£11,549	£13,209	£15,596	£18,507	£21,927	£26,285
Non-staff	£13,456	£17,131	£21,573	£26,149	£29,906	£35,312	£41,901	£49,646	£59,512
E Capital overheads	£2,339	£3,482	£3,482	£3,482	£3,482	£3,482	£3,482	£3,482	£3,482
F Working time	42.3 weeks (1,589 hours) per year, 37.5 hours per week	42 weeks (1,573 hours) per year, 37.5 hours per week	42 weeks (1,573 hours) per year, 37.5 hours per week	42 weeks (1,573 hours) per year, 37.5 hours per week	42 weeks (1,573 hours) per year, 37.5 hours per week	42 weeks (1,573 hours) per year, 37.5 hours per week	42 weeks (1,573 hours) per year, 37.5 hours per week	42 weeks (1,573 hours) per year, 37.5 hours per week	42 weeks (1,573 hours) per year, 37.5 hours per week
G Ratio of direct to indirect time on: Face to face contacts	See notes	See notes	See notes	See notes	See notes	See notes	See notes	See notes	See notes
Cost per working hour	£32	£41	£51	£62	£70	£82	£97	£115	£137

14. Hospital-based doctors

The table overleaf provides the unit costs for hospital doctors and replaces the individual schema previously found in this section. Reference should be made to the explanatory notes when interpreting the unit costs. See below for examples of work performed under each title.

	Work performed under each job title
Foundation doctor FY1 **Foundation doctor FY2**	Foundation doctors are a grade of medical practitioner undertaking a two-year, general postgraduate medical training programme, which forms the bridge between medical school and specialist/general practice training. They have the opportunity to gain experience in a series of posts in a variety of specialty and healthcare settings.[1]
Registrar	A registrar is a specialist in training for medical consultancy.[2]
Associate specialist	An associate specialist grade is normally reached by doctors taking a non-consultant career path involving becoming a staff grade after being a foundation doctor.[2]
Consultant: medical, surgical and psychiatric	Consultants are senior hospital-based physicians or surgeons who have completed their entire specialist training and been placed on the specialist register in their chosen speciality. A consultant typically leads a team of doctors which comprises specialty registrars and foundation doctors, all training to work in the consultant's speciality, as well as other 'career grade' doctors such as clinical assistants, clinical fellows, speciality doctors, associate specialists and staff grade doctors.[2]

[1] NHS, UK (2016) *The Foundation Programme*, http://www.foundationprogramme.nhs.uk/pages/home
[2] Prospects (2016) *Job profile, hospital doctors*, https://www.prospects.ac.uk/job-profiles/hospital-doctor

14. Hospital-based doctors

A. Wages/salary

The mean basic salary for hospital doctors has been taken from the May 2020/April 2021 Electronic Staff Record (ESR).[1] See *NHS Terms And Conditions Of Service Handbook* for information on payment for unsocial hours and shift work.[2] See Section V for further information on pay scales.

B. Salary oncosts

Employer's national insurance is included plus 20.68 per cent of salary for employer's contribution to superannuation.

C. Overheads

Taken from *NHS foundation trusts accounts: consolidated (FTC) files 2018/2019*.[3]

Management and other non-care staff costs were 20.71 per cent of direct care salary costs and included administration and estates staff.

Non-staff costs were 46.89 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), and utilities such as water, gas and electricity.

D. Capital overheads

Based on the new-build and land requirements of NHS hospital facilities.[4,5] Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent, declining to 3 per cent after 30 years.

E. Working time

Working hours for each Agenda for Change band have been calculated by deducting sickness absence days as reported for NHS staff groups[6] and training/study days from 225 working days per annum. Under the European Working Time Directive (EWTD), the majority of foundation officers (Year 1) are working up to 48 hours per week, 19.7 per cent are working up to 56 hours, and 11.3 per cent are working 40 hours.[7]

F. London and non-London multiplier

See information produced by NHS Employers[8] and NHS Improvement[9] for information on Inner and Outer London supplements and the market forces factor (MFF) which estimates the unavoidable cost differences between healthcare providers, based on their geographical location.

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[1] NHS Digital (2021) *NHS staff earnings estimates, 12-month period from May 2020 – April 2021* (not publicly available), NHS Digital, Leeds.

[2] NHS Employers (2018) *NHS Terms and Conditions of Service Handbook,* NHS Employers, London. http://www.nhsemployers.org/tchandbook [accessed 25 September 2018]

[3] NHS Improvement (2019) *NHS Foundation Trusts: Consolidation (FTC) files 2018/19*, Consolidated_foundation_trust_accounts_2018_19.pdf (england.nhs.uk) [accessed 9 October 2021]

[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] 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]

[7] Provided by the Department of Health, 2010.

8 NHS Employers (2019) *Annex 9: High cost area supplements*, https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements [accessed 1 October 2019].

9 NHS Improvement (2019) *2019/2020 payment reform proposals*, https://improvement.nhs.uk/resources/201920-payment-reform-proposals/. [accessed 1 October 2019].

14. Hospital-based doctors

This table provides the annual and unit costs for hospital-based doctors (see the notes facing for assistance in interpreting each cost item). See also the beginning of this chapter for examples of work performed under each title. See also Excel database on the PSSRU website.

Hospital-based doctors							
Refer to notes on facing page for references	**Foundation doctor FY1**	**Foundation doctor FY2**	**Registrar**	**Associate specialist**	**Consultant: medical**	**Consultant: surgical**	**Consultant: psychiatric**
A Wages/salary	£28,057	£32,388	£45,732	£89,208	£98,674	£97,615	£99,026
B Salary oncosts	£8,454	£9,947	£14,548	£29,539	£32,803	£32,438	£32,924
C Overheads							
Management, admin and estates staff	£7,561	£8,768	£12,484	£24,593	£27,229	£26,934	£27,327
Non-staff	£17,120	£19,851	£28,266	£55,680	£61,650	£60,982	£61,871
D Capital overheads	£4,737	£4,737	£4,737	£4,737	£6,149	£6,149	£6,149
E Working time	44.5 weeks (2,137 hours) per year 48 hours per week	44.5 weeks (2,137 hours) per year 48 hours per week	42.4 weeks (2,038 hours) per year 48 hours per week	42.5 weeks (1,701 hours) per year 40 hours per week	42.5 weeks (1,841 hours) per year 43.3 hours per week	42.5 weeks (1,841 hours) per year 43.3 hours per week	42.5 weeks (1,841 hours) per year 43.3 hours per week
London multiplier/non-London multiplier	See note	See note	See note	See note	See note	See note	See note
Units costs available 2020/2021							
Cost per working hour	£31	£35	£52	£120	£123	£122	£123
Cost per working hour, 56-hr week	£26	£30	£44	NA	NA	NA	NA
Cost per working hour, 40-hr week	£37	£42	£62	NA	NA	NA	NA

V. SOURCES OF INFORMATION

15. Inflation indices
16. NHS staff earnings estimates
17. Examples of roles in each Agenda for Change band
18. Training costs for health and social care professionals
19. Care home fees
20. Time use of community care professionals
21. Glossary
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23. List of useful websites
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15. Inflation indices

15.1 The Building Cost Information Service (BCIS) house rebuilding cost index and the retail price index

The BCIS calculates the house rebuilding cost index for the Association of British Insurers (ABI). The index is based on an average of house types and cannot therefore reflect changes in all rates as regional trends, labour and materials contents differ.[1] The retail price index is a measure of inflation published monthly by the ONS. It measures the change in the cost of a basket of retail goods and services.[2]

Year	BCIS/ABI[1]		Retail price[2]	
	Rebuilding cost index (1988=100)	Annual % increases on previous year	Index (1986/87= 100)	Annual % increases on previous year
2008	243.5	6.5	212.9	0.9
2009	236.9	-2.7	218.0	2.4
2010	239.5	1.1	228.4	4.8
2011	252.0	5.2	239.4	4.8
2012	253.0	0.4	246.8	3.1
2013	257.8	1.9	253.4	2.7
2014	274.8	6.6	257.5	1.6
2015	283.6	3.2	260.6	1.2
2016	292.1	3.0	267.1	2.5
2017	304.4	4.2	278.1	4.1
2018	315.0	3.5	285.6	2.7
2019	323.1	2.6	291.9	2.2
2020	346.4	4.3	295.4	1.2

15.2 Gross domestic product (GDP) deflator and the tender price index for public sector buildings

Her Majesty's Treasury's (HMT) GDP deflator is a measure of general inflation in the domestic economy. HMT produces the GDP deflator from data provided by the ONS and extends the series to future years by applying forecasts of the inflation rate. The data used is taken from the 30 June 2020 publication. The BCIS PUBSEC tender price index (PUBSEC) is used by the ONS to deflate capital expenditure in health and social care.

Year	Gross domestic product[3] annual % increases	Tender price index for public sector building (non-housing) (PUBSEC)[3]	
		Index (1995=100)	Annual % increases on previous year
2008	2.9	188	-1.2
2009	1.6	168	-10.9
2010	1.5	171	2.2
2011	1.9	177	3.1
2012	1.6	184	4.0
2013	1.9	194	5.9
2014	1.7	207	6.4
2015	0.4	209	1.0
2016	2.1	227	8.9
2017	2.2	251	10.6
2018	1.9	260	3.7
2019	-2.2	264 (provisional)	1.2 (provisional)

[1] Building Cost Information Service (2019) *Indices and forecasts*, Royal Institute of Chartered Surveyors, London http://www.rics.org/uk/knowledge/bcis/about-bcis/rebuilding/bcis-house-rebuilding-cost-index/ [accessed 1 October 2019].
[2] See: http://www.swanlowpark.co.uk/retail-price-index [accessed 1 October 2019].
[3] Provided by the Department of Health, 2019.

15.3 The NHS cost inflation index (NHSCII)

Until 2016/2017, a Hospital & Community Health Services (HCHS) index was calculated by the DHSC. The HCHS pay and price inflation index was a weighted average of two separate inflation indices: the pay index was calculated using the annual increase in NHS salaries and the Health Service Cost Index (HSCI) measured the price change for each of 40 sub-indices of goods and services purchased by the HCHS. These were weighted according to the proportion of expenditure on Pay & Prices to give the HCHS Pay & Prices index. In 2016, this index was discontinued, and has now been replaced by the NHS Cost Inflation Index (NHSCII) constructed by the DHSC, in conjunction with the ONS who have worked with the NHS and the University of York to address the gap.

The NHSCII identifies an appropriate inflation measure for each item of spend in four broad categories: NHS providers, general practice, prescribing and dentistry to create an overall inflation measure for the NHS. This index gives a more accurate measure of productivity than previously.

Please note: the figures for 2020/2021 are provisional as there will be a further cut in ~1 years' time which will use extra data and be used for the ONS and York University productivity reports.

HCHS/NHS inflators all sectors			
Annual % increases on previous year			
Year	**HCHS prices**	**HCHS pay**	**HCHS Pay & Prices**
2009/2010	-1.30	1.80	0.60
2010/2011	2.80	3.10	3.00
2011/2012	4.10	0.90	2.10
2012/2013	3.10	0.90	1.70
2013/2014	1.80	0.70	1.10
2014/2015	1.70	0.30	0.90
2015/2016	2.70	0.30	1.30
Annual % increases on previous year			
	NHSCII prices	**NHSCII pay**	**NHSCII Pay & Prices**
2015/2016	0.45	0.30	0.35
2016/2017	2.16	2.10	2.12
2017/2018	1.07	1.22	1.16
2018/2019	2.43	2.24	2.31
2019/2020	1.62	2.53	2.21
2020/2021	0.22	4.93	3.08

15.4 The Personal Social Services (PSS) Pay & Prices index

The Adult PSS Pay & Prices Index is calculated by the Department of Health and Social Care (DHSC). This year we have agreed with them to use Skills for Care (SfC) data to calculate the Pay percentages from 2019/20 onwards, in place of the Annual Survey of Hours and Earnings (ASHE) data used for previous years. Skills for Care data are taken from the Adult Social Care Workforce Data Set (ASC-WDS) which consists of non-mandatory returns from the independent sector (covering 51% of all CQC regulated locations) and mandatory returns from all local authorities in England. Skills for Care weight the independent sector returns to remove any geographical, service type and sector biases. We checked that the Skills for Care and ASHE Pay percentages for 2013/14 to 2018/19 are closely comparable. They are very similar, though the Skills for Care data do show lower overall pay inflation for local authority staff over that period.

15.4.1 The PSS annual percentage increases for adult services (all sectors)

Year	PSS all sectors, adults only[1]			
	Annual % increases on previous year			
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay	Pay data source
2008/2009	2.9	2.5	3.0	ASHE
2009/2010	2.2	0.7	2.4	ASHE
2010/2011	2.1	2.1	2.2	ASHE
2011/2012	0.1	0.5	-0.4	ASHE
2012/2013	0.7	1.0	0.2	ASHE
2013/2014	1.0	1.5	0.7	ASHE
2014/2015	1.1	1.7	0.9	ASHE
2015/2016	1.9	1.8	2.3	ASHE
2016/2017	3.4	4.0	3.8	ASHE
2017/2018	2.5	3.4	2.7	ASHE
2018/2019	3.1	3.1	3.4	ASHE
2019/2020	3.5	3.2	3.8	SfC
2020/2021	4.1	3.6	4.9	SfC

[1]Provided by the Department of Health, 2020.

15.4.2 The PSS annual percentage increases for adult local authority services

Year	PSS local authority, adults only[1]			
	Annual % increases on previous year			
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay	Pay data source
2008/2009	3.1	2.6	3.2	ASHE
2009/2010	2.1	0.7	2.3	ASHE
2010/2011	1.9	1.9	1.9	ASHE
2011/2012	0.5	0.8	0.2	ASHE
2012/2013	0.4	0.8	-0.1	ASHE
2013/2014	1.5	2.0	1.4	ASHE
2014/2015	1.0	1.6	0.9	ASHE
2015/2016	3.2	3.0	4.1	ASHE
2016/2017	1.3	2.1	0.9	ASHE
2017/2018	2.6	3.5	2.9	ASHE
2018/2019	2.7	2.8	2.8	ASHE
2019/2020	3.5	3.2	3.8	SfC
2020/2021	1.4	1.3	1.3	SfC

[1] Provided by the Department of Health, 2020.

15.4.3 The PSS annual percentage increases for adult independent sector services

Year	PSS independent care, adults only[1]			
	Annual % increases on previous year			
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay	Pay data source
2010/2011	2.1	2.1	2.2	ASHE
2011/2012	0.1	0.4	-0.4	ASHE
2012/2013	0.7	1.1	0.2	ASHE
2013/2014	0.9	1.4	0.6	ASHE
2014/2015	1.1	1.7	0.9	ASHE
2015/2016	1.8	1.7	2.1	ASHE
2016/2017	3.7	4.3	4.1	ASHE
2017/2018	2.5	3.4	2.7	ASHE
2018/2019	3.1	3.2	3.4	ASHE
2019/2020	3.5	3.3	3.9	SfC
2020/2021	4.5	3.9	5.4	SfC

[1] Provided by the Department of Health and Social Care, 2021.

16. NHS staff earnings estimates[1]

16.1 Mean annual basic pay per FTE for non-medical occupational groupings, NHS England

Non-medical occupational grouping	Mean annual basic pay per FTE
Ambulance staff	£27,996
Administration and estates staff	£31,043
Healthcare assistants and other support staff	£19,471
Nursing, midwifery and health visiting staff	£32,073
Nursing, midwifery and health visiting learners	£23,368
Scientific, therapeutic and technical staff	£34,843
Healthcare scientists	£32,104

16.2 Mean annual basic pay per FTE for nursing, midwifery & health visiting staff by Agenda for Change band, NHS England

Band	Mean annual basic pay per FTE
Band 2	Not available
Band 3	Not available
Band 4	£22,246
Band 5	£28,074
Band 6	£35,118
Band 7	£42,376
Band 8a	£48,334
Band 8b	£56,907
Band 8c	£67,356
Band 8d	£79,639
Band 9	£95,285

16.3 Mean annual basic pay per FTE for allied health professional staff by Agenda for Change band, NHS England

Band	Mean annual basic pay per FTE
Band 4	£23,387
Band 5	£25,975
Band 6	£34,736
Band 7	£42,556
Band 8a	£49,149
Band 8b	£58,212
Band 8c	£69,322
Band 8d	£82,843
Band 9	£100,586

[1] Salaries have been provided by NHS Digital and more specific enquiries relating to pay by grade or staff group should be directed to them: https//digital.nhs.uk/.

16.4 Mean annual basic pay per FTE for administration and estates staff by Agenda for Change band, NHS England

Band	Mean annual basic pay per FTE
Band 1	£18,006
Band 2	£18,873
Band 3	£20,699
Band 4	£23,221
Band 5	£27,815
Band 6	£34,855
Band 7	£42,212
Band 8a	£48,484
Band 8b	£57,374
Band 8c	£68,556
Band 8d	£81,705
Band 9	£98,254

16.5 Mean annual basic pay per FTE for NHS staff groups

NHS staff group	Mean basic salary per full-time equivalent
All nurses, midwives and health visiting staff	
Qualified	£34,459
Nursery nurses and nursing assistants	£20,536
Science technical & therapeutic staff (ST&T): allied health professionals	
Qualified	£37,244
Unqualified	£21,433
ST&T staff: other	
Qualified	£39,422
Unqualified	£22,722
Ambulance staff	
Qualified	£33,487
Unqualified	£20,932
Former pay negotiating council groups	
Senior managers	£84,051
Managers	£55,487
Administrative and clerical staff	£26,136
Maintenance and works staff	£23,914

Source of tables 16.1-16.5: NHS Digital (2019) *NHS staff earnings estimates, 12-month period from April 2020 – March 2021* (not publicly available), NHS Digital, Leeds.

General notes for NHS earnings estimates

Inspection of data suggests that discretionary point payments are sometimes included with basic pay for consultants.

These figures represent payments made using the Electronic Staff Record (ESR) to NHS staff who are directly paid by NHS organisations. It does not include, for example, elements of pay for clinical staff which are paid to the individual by universities, or other non-NHS organisations providing NHS care.

Figures based on data from all NHS organisations who are using ESR (two Foundation Trusts have not taken up ESR).

17. Examples of roles in each Agenda for Change band

Allied health professionals

Physiotherapist

Band 2	Clinical support worker (physiotherapy)
Band 3	Clinical support worker higher level (physiotherapy)
Band 5	Physiotherapist
Band 6	Physiotherapist specialist
Band 7	Physiotherapist advanced, specialist physiotherapist, physiotherapy team manager
Band 8a	Physiotherapist principal
Bands 8a-b	Physiotherapist consultant

Occupational therapist

Band 2	Clinical support worker (occupational therapy)
Band 3	Clinical support worker higher level (occupational therapy)
Band 4	Occupational therapy technician
Band 5	Occupational therapist
Band 6	Occupational therapist specialist
Band 7	Occupational therapist advanced/team manager
Band 8a	Occupational therapist principal
Bands 8a-b	Occupational therapist consultant

Speech and language therapist

Band 2	Clinical support worker (speech and language therapy)
Band 3	Clinical support worker higher level (speech and language therapy)
Band 4	Speech and language therapy assistant/associate practitioner
Band 5	Speech and language therapist
Band 6	Speech and language therapist specialist
Band 7	Speech and language therapist advanced
Band 8a	Speech and language therapist principal
Bands 8a-c	Speech and language therapist consultant

Chiropodist/Podiatrist

Band 2	Clinical support worker (podiatry)
Band 3	Clinical support worker higher level (podiatry)
Band 4	Podiatry technician
Band 5	Podiatrist
Band 6	Podiatrist specialist
Band 7	Podiatrist advanced/team manager
Band 8a	Podiatrist principal
Bands 8a-b	Podiatric registrar
Bands 8c-d	Podiatric consultant
Band 9	Podiatric consultant

Psychologist

Band 4	Clinical psychology assistant practitioner
Band 5	Clinical psychology assistant practitioner higher level, Counsellor entry level
Band 6	Clinical psychology trainee, Counsellor
Band 7	Clinical psychologist, Counsellor specialist
Bands 8a-b	Clinical psychologist principal
Bands 8a-c	Counsellor professional manager/consultant
Bands 8c-d	Clinical psychologist consultant
Bands 8d & 9	Professional lead/Head of psychology services

Pharmacist

Band 2	Pharmacy support worker
Band 3	Pharmacy support worker higher level
Band 4	Pharmacy technician
Band 5	Pharmacy technician higher level/Pharmacist entry level
Band 6	Pharmacist
Band 7	Pharmacist specialist
Bands 8a-b	Pharmacist advanced
Bands 8b-c	Pharmacist team manager
Bands 8b-d	Pharmacist consultant
Bands 8c-Band 9	Professional manager pharmaceutical services

18. Training costs of health and social care professionals

Tables 18.1 and 18.2 provide a breakdown of the training costs incurred using standard estimation approaches.[1] The investment costs of education should be included when evaluating the cost-effectiveness of different approaches to using health service staff so that all the costs implicit in changing the professional mix are considered. For the most part, these investment costs are borne by the wider NHS and individuals undertaking the training, rather than NHS trusts. The tables show details of the total investment incurred during the working life of the professional **after allowing for the distribution of the costs over time.** The expected working life of the professional, based on previous research carried out at PSSRU, has been noted in brackets in Table 18.1 after the title of the professional group.[2]

The cost of training for health service professionals covers both pre-registration and post-graduation training. They include the costs of tuition; infrastructure costs (such as libraries); costs or benefits from clinical placement activities; and lost production costs during the period of training where staff are away from their posts. Although further training is available to all professionals to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors. Each year after registration a substantial proportion of the salary (100% or 60% depending on the level of seniority) can be attributed to the investment costs of training for subsequent stages in the doctor's career. This cost, together with additional expenditure representing infrastructure costs for maintaining post-graduate medical education, is taken as the total training cost for that year. During training Health Education England pays 50 per cent of the professional's salary plus oncosts to the employing NHS Trust.

18.1 Training costs of health and social care professionals, excluding doctors

	Pre-registration			Totals	
Professional (working life in years)	**Tuition[3]**	**Living expenses/lost production costs[4]**	**Clinical placement[5]**	**Total investment**	**Expected annual cost discounted at 3.5%**
Scientific and professional					
Physiotherapist (24.3)	£26,822	£34,980	£4,742	£66,544	£5,446
Occupational therapist (23.5)	£26,822	£34,980	£4,742	£66,544	£5,454
Speech and language therapist (24.7)	£26,822	£34,980	£4,742	£66,544	£5,592
Dietitian (23.3)	£26,822	£34,980	£4,742	£66,544	£5,659
Radiographer (24.3)	£26,822	£34,980	£4,742	£66,544	£5,423
Hospital pharmacist (27.6)	£35,165	£44,912	£40,607	£120,685	£9,359
Community pharmacist (27.6)	£35,165	£44,912	£26,652	£106,729	£8,340
Psychologist (not estimated by PSSRU)[6]					
Nurse (24)	£26,822	£34,980	£4,742	£66,544	£8,744
Social worker (19) (degree)	£26,822	£34,980	£6,474	£68,277	£9,469

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

2 Estimates of expected working life have been calculated using the 2001 census and where possible, the 2017/18 Labour Force Survey.

3 Based on the maximum fee loan; https://www.thecompleteuniversityguide.co.uk/university-tuition-fees/university-tuition-fees-and-financial-support/if-you-come-from-england/ [accessed October 2019].

4 Drawn from https://university.which.co.uk/advice/student-finance/whats-the-average-cost-of-living-at-university [accessed October 2019].

5 The placement tariff for non-medical placements is £3,270+MFF per annum in 2019/20 Gov.uk (2019) Education & Training Tariffs, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791560/education-and-training-tariffs-2019-to-2020.pdf [accessed October, 2019).

6 NHS England (2016) *Review of clinical and educational psychology training arrangements*, National College for Teaching and Leadership, London.

18.2 Training costs of doctors (after discounting)

Doctor (working life in years)	Tuition	Living expenses/lost production costs	Clinical placement	Placement fee[1,2]plus Market Forces Factor	Salary (inc overheads) and post-graduate centre costs	Total investment	Expected annual cost discounted at 3.5%
Doctor (22)							
Pre-registration training: years 1-5	£45,256	£55,425	£146,868	NA		£247,549	£20,324
Post-graduate							
Foundation officer 1 (included in pre-reg training)	£45,256	£55,425	£146,868	£10,754	£54,483	£312,785	£25,680
Foundation officer 2	£45,256	£55,425	£146,868	£20,276	£59,676	£327,500	£28.478
Registrar group	£45,256	£55,425	£146,868	£40,155	£110,925	£398,629	£40,216
Associate specialist	£45,256	£55,425	£146,868	£48,496	£148,367	£444,411	£47,479
GP	£45,256	£55,425	£146,868	NA	£157,618	£405,166	£43,287
Consultant	£45,256	£55,425	£146,868	£65,144	£218,124	£530,816	£60,873

[1] Gov.uk (2019) *Education & Training Tariffs*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791560/education-and-training-tariffs-2019-to-2020.pdf [accessed October, 2019).

[2] Placement fees for post-graduate doctors in training before discounting are: Foundation Officer 1 £12,772; Foundation Officer 2 £24,924; Registrar £51,088; Associate specialist £63,860; Consultants £88,784. Tariff for placement activity should also include a market forces factor. Placement fees are not provided for GP placements.

19. Care home fees

The fees reported in this schema have been calculated using the Laing & Buisson Care Homes Complete Dataset 2018/2019 and uprated to provide a 2020/2021 figures. New data was not available due to staff shortages caused by the Covid-19 pandemic.[1] Table 1 provides the midpoints of the minimum and maximum fees paid to for-profit providers of nursing and residential homes in England, presented by client group. It also provides the median of the minimum and maximum fee. Table 2 provides the same information but for non-profit providers.

Table 1 - Care home fees in England – for-profit providers

Minimum and maximum fees for 2020/2021

	Midpoint of Minimum fee	Midpoint of Maximum fee	Median of min and max fee	Midpoint of Minimum fee	Midpoint of Maximum fee	Median of min and max fee
	Nursing Homes			Residential Homes		
Dementia	£796	£1,126	£961	£654	£918	£786
Learning disability	£700	£2,050	£1,376	£679	£1,746	£1,214
Mental health	£1,145	£1,223	£1,184	£498	£1,289	£892
Older people (65+)	£773	£974	£873	£635	£817	£726
Physical disability	£1,346	£1,497	£1,421	£410	£474	£442

Table 2 Care home fees in England – non-profit providers

Minimum and maximum fees for 2020/2021

	Midpoint of Minimum fee	Midpoint of Maximum fee	Midpoint between min and max fee	Midpoint of Minimum fee	Midpoint of Maximum fee	Midpoint between min and max fee
	Nursing Homes			Residential Homes		
Dementia	£1,058	£1,262	£1,160	£667	£820	£744
Learning disability				£1,133	£1,551	£1,343
Mental health	£806		£806	£702	£757	£730
Older people (65+)	£870	£1,134	£1,003	£622	£802	£712
Physical disability				£955	£1,893	£1,424

[1] Laing & Buisson (2019) *Laing & Buisson Care Homes Complete Dataset 2018/2019*, Laing & Buisson, London.

20. Time use of community care professionals

The following table provides information from an online survey carried out by PSSRU in 2014/2015 (see Preface to the *Unit Costs of Health & Social Care 2015* for more details). The link for the survey was distributed non-selectively through various channels. Given the small sample from which the ratios of direct to indirect time have been calculated, the ratios have not been used in the unit cost calculations, but have been tabulated here so that readers can use them where appropriate.

Community professionals	Sample size	Average number of hours worked (including unpaid overtime)	% of hours worked spent with patients	% of hours worked spent on other patient-related tasks (a)	% of hours worked spent on non-direct activities (b)	Other time (definition not provided but includes travel)	Average mileage per professional per week	Ratios of direct to indirect time on: client-related work
Nurses								
(bands 5 and 6)	**44**	39	54%	29%	13%	5%	102	1:0.20
(bands 7 and 8)	**31**	40	42%	33%	19%	6%	71	1:0.33
Physiotherapists (bands 5-8)	**11**	41	35%	38%	22%	5%	132	1:0.37
Occupational therapists (bands 4-7)	**6**	40	51%	36%	11%	2%	42	1:0.15
Speech and language therapists (bands 5-6)	**7**	40	38%	50%	9%	3%	84	1:0.14

Clinical psychologists: Ratio of direct to indirect time on face-to-face contacts to all activity: 1:2:03 based on information taken from a study by Professor John Marsden and Colleagues.[1]

[1] 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 personalized psychosocial intervention in treatment-resistant maintenance opioid agonist therapy: a pragmatic, open-label, randomized controlled trial, *The Lancet*, 6, 5, 391-402.

21. Glossary

Annuitising Converting a capital investment (such as the cost of a building) into the annual equivalent cost for the period over which the investment is expected to last.

Child And Adolescent Mental Health Services (CAMHS) is a name for NHS-provided services for children and young peoplewith mental health needs in the UK. In the UK they are often organised around a tier system. Tier 3 services, for example, are typically multidisciplinary in nature and the staff come from a range of professional backgrounds.

Capital overheads The cost of buildings, fixtures and fittings employed in the production of a service.

Care package costs Total costs for all services received by a patient.

Department for Work and Pensions (DWP) is the largest government department in the United Kingdom, created on 8 June 2001, from the merger of the employment part of the Department for Education and Employment and the Department of Social Security and headed by the Secretary of State for Work and Pensions, a Cabinet position.

Discounting Adjusting costs using the time preference rate spread over a period of time to reflect their value at a base year.

Durables Items such as furniture and fittings.

Long-term The period during which fixed costs such as capital can be varied.

Marginal cost The cost of an additional unit of a service.

Oncosts Essential associated costs: salary oncosts, for example, include the employer's national insurance contributions.

Opportunity cost The value of the alternative use of the assets tied up in the production of the service.

Short-term The period during which durable assets cannot be immediately added to or removed from the existing stock of resources.

Time preference rate The rate at which future costs or benefits are valued in comparison to current or base year's costs or benefits.

Overheads

NHS overheads

Management and other non-care staff overheads include administration and estates staff.

Non-staff overheads include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.

Local authority overheads

Direct overheads include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.

Indirect overheads include general management and support services, such as finance and human resource departments.

SSMSS Social services management and support services: overhead costs incurred by a local authority, as defined by CIPFA guidelines. These include indirect overheads such as finance and personnel functions.

Time use and unit costs

Per average stay Cost per person for the average duration of a typical stay in that residential facility or hospital.

Per client/patient hour Cost of providing the service for one hour of client/patient attendance. The costs of time not spent with clients are allocated to the time spent with clients.

Per clinic visit Cost of one client attending a clinic. This allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients in any setting.

Per consultation Cost per attendance in a clinic or surgery. This also allows for overall time spent on non-clinical activity to be allocated to the total time spent with clients.

Fee per resident week For example, in care homes the fee charged is assumed to cover care costs, accommodation and hotel costs, ancillary costs and operator's profit.

Per example episode Cost of a typical episode of care, comprising several hours of a professional's time.

Per home visit Cost of one visit to a client/patient at home. This includes the cost of time spent travelling for the visit, the proportion of time spent on non-clinical activity which is attributable to visiting patients in their own home, and the time spent on visiting patients at home.

Per hour of home visiting Cost of one hour spent by a professional undertaking visits to clients/patients at home. This includes the cost of time spent travelling. It also allows for overall time spent on non-clinical/patient activity to be allocated to the total time spent with clients/patients in any setting.

Per hour in clinic Cost of one hour spent by a professional in a clinic. Time spent on non-clinical activity is allocated to the total time spent with clients/patients in any setting.

Per hour of direct contact/per hour of face-to-face contact Hourly cost of time spent with, or in direct contact with, the client/patient. Some studies include travel time in this cost. When this is the case, it has been noted in the schema.

Per hour on duty Hourly cost of time spent by a hospital doctor when on duty. This includes time spent on call when not actually working.

Per hour worked Hourly cost of time spent by a hospital doctor when working. This may be during the normal working day or during a period of on-call duty.

Per inpatient day Cost per person of one day and overnight in hospital.

Per patient day Cost per person of receiving a service for one day.

Per procedure Cost of a procedure undertaken in a clinic or surgery. This includes the cost of time spent on non-clinical activity and the total time spent with clients.

Per resident week Cost per person per week spent in a residential facility.

Per client attendance Cost per person per attendance.

Per client session Cost for one person attending one session.The length of a session will be specified in the schema and may vary between services.

Per short-term resident week Total weekly cost of supporting a temporary resident of a residential facility.

Price base The year to which cost information refers.

Ratio of direct to indirect time spent on client/patient-related work/direct outputs/face-to-face contact/clinic contacts/home visits The relationship between the time spent on direct activities (such as face-to-face contact) and time spent on other activities. For example, if the ratio of face-to-face contact to other activities is 1:1.5, each hour spent with a client requires 2.5 paid hours.

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23. List of useful websites

Adult Social Care Finance Return (ASC-FR): http://content.digital.nhs.uk/datacollections/ASC-FR

Building Cost Information Service: http://www.bcis.co.uk/site/index.aspx

BCIS is the UK's leading provider of cost and price information for construction and property occupancy.

Care Quality Commission: http://www.cqc.org.uk/

The Care Quality Commission is the health and social care regulator for England and replaces the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission which all ceased to exist on 31 March 2009.

Centre for Child and Family Research: http://www.lboro.ac.uk/research/ccfr/

Chartered Institute of Public Finance and Accountancy (CIPFA): http://www.cipfa.org/

The CIPFA Statistical Information Service (SIS) was established as a partnership between individual authorities and CIPFA. SIS has been undertaking detailed annual surveys of local authority operations for more than a century, and the 'CIPFA Statistics' still remain the only impartial and comprehensive account of the extent and achievements of each individual council. Surveys are conducted in the following areas: education, environmental services, environmental health, housing, leisure, planning, public protection, social services, transport.

Department for Education: http://www.education.gov.uk/

Department of Health and Social Care : https://www.gov.uk/government/organisations/department-of-health-and-social-care

Department for Work and Pensions: http://www.dwp.gov.uk/

Family Resource Survey: http://research.dwp.gov.uk/asd/frs/

Federation of Ophthalmic & Dispensing Opticians: http://www.fodo.com/

Hospital Episode Statistics (HES): http://www.hesonline.nhs.uk/

This is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of health-care analysis for the NHS, Government and many other organisations and individuals. The HES database is a record-level database of hospital admissions and is currently populated by taking an annual snapshot of a sub-set of the data submitted by NHS Trusts to the NHS-Wide Clearing Service (NWCS). Quarterly information is also collected. A separate database table is held for each financial year, containing approximately 11 million admitted patient records from all NHS Trusts in England.

Joseph Rowntree Foundation: http://www.jrf.org.uk/

This website provides information on housing and care.

LaingBuisson: http://www.laingbuisson.co.uk/

LaingBuisson, an independent company, provides data, statistics, analysis and market intelligence on the UK health services.

Livability: http://www.livability.org.uk/

National Audit Office: https://www.nao.org.uk/

National Council for Palliative Care: http://www.ncpc.org.uk/

National End of Life Care Intelligence network: http://www.endoflifecare-intelligence.org.uk/home/

NHS Digital: https://digital.nhs.uk/

NHS Digital is the new name for the Health & Social Care Information Centre, a Special Health Authority set up on 1 April 2005 to take over most DHSC statistical collection and dissemination and some functions of the former NHS Information Authority. This includes information on Personal Social Services Expenditure.

National Institute for Health and Clinical Excellence: http://www.nice.org.uk/

Personal Social Services Expenditure Data (PSS EX1 data): http://www.ic.nhs.uk/statistics-and-data-collections/

Pub Med: http://www.pubmedcentral.nih.gov/

Reference Costs: https://improvement.nhs.uk/resources/reference-costs/

This website gives details on how and on what NHS expenditure was used. The Reference Costs/Reference Costs Index publication is the richest source of financial data on the NHS ever produced. As in previous years, its main purpose is to provide a basis for comparison within (and outside) the NHS between organisations, and down to the level of individual treatments.

Social Care Institute for Excellence: http://www.scie.org.uk/

Social Care Online: http://www.scie-socialcareonline.org.uk/

Social Policy Research Unit, University of York: http://www.york.ac.uk/inst/spru/

YoungMinds: http://www.youngminds.org.uk/

YoungMinds is a national charity committed to improving the mental health of all children and young people.

24. List of items from previous volumes

All articles from our 2003 edition onward can also be searched and downloaded from our article database at http://www.pssru.ac.uk/ucarticles/

Editorials and articles

2007

The costs of telecare: from pilots to mainstream implementation
The Health BASKET Project: documenting the benefit basket and evaluating service costs in Europe
Recording professional activities to aid economic evaluations of health and social care services

2008

Guest editorial: National Schedule of Reference Costs data: community care services
The challenges of estimating the unit cost of group-based therapies
Costs and users of Individual Budgets

2009

Guest editorial: Economics and Cochrane and Campbell methods: the role of unit costs
Estimating unit costs for Direct Payments Support Organisations
The National Dementia Strategy: potential costs and impacts
SCIE's work on economics and the importance of informal care

2010

The costs of short-break provision
The impact of the POPP programme on changes in individual service use
The Screen and Treat programme: a response to the London bombings
Expected lifetime costs of social care for people aged 65 and over in England

2011

The costs of extra care housing
Shared Lives – model for care and support
Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations

2012

Guest editorial: Appropriate perspectives for health care decisions
Using time diaries to contribute to economic evaluation of criminal justice interventions
Costing multi-site, group-based CBT workshops
A review of approaches to measure and monetarily value informal care

2013

Guest editorial: Widening the scope of unit costs to include environmental costs
Cognitive behaviour therapy: a comparison of costs
Residential child care: costs and other information requirements
The costs of telecare and telehealth

2014

Guest editorial: Big data: increasing productivity while reducing costs in health and social care
Cost of integrated care
Shared Lives – improving understanding of the costs of family-based support
RYCT & CSP intervention costs

2015

Guest editorial: Implications of the Care Act 2014 on social care markets for older people
Survey questions on older people's receipt of, and payment for, formal and unpaid care in the community.
Estimating the unit costs of vision rehabilitation services.
Review of resource-use measures in UK economic evaluations.

2016

Guest editorial: Agency staff in the NHS
Costs of the Well London Programme
PUCC: The Preventonomics Unit Cost Calculator

2017

Guest editorial: Estimating medication costs for economic evaluation
Health care costs in the English NHS
A survey of English dental practices with costs in mind

2018

A comparison of two sources of primary and social care resource use data in a care home setting
GP prescription costs – changes over time

2019

Guest editorial: transitioning from reference costs to patient-level costing
Understanding the cost of quality within an online sexual health service
The costs of obesity prevention and treatment

2020

E-Consultations
ESSENCE: Examining the economic case for adult social care interventions
Economic evaluation methods in social care: A scoping review

Tables

2007

All children's social care services withdrawn, but reinstated in 2010

2008

Paramedic and emergency ambulance services

2009

Cost of maintaining a drugs misuser on a methadone treatment programme
Unpaid care

2010

Voluntary residential care for older people
Nursing-Led Inpatient Unit (NLIU) for intermediate care
Local authority sheltered housing for older people
Housing association sheltered housing for older people
Local authority very sheltered housing for older people
Housing association very sheltered housing for older people
Local authority residential care (staffed hostel) for people with mental health problems
Local authority residential care (group home) for people with mental health problems
Voluntary sector residential care (staffed hostel) for people with mental health problems
Private sector residential care (staffed hostel) for people with mental health problems
Acute NHS hospital services for people with mental health problems
NHS long-stay hospital services for people with mental health problems
Voluntary/non-profit organisations providing day care for people with mental health problems
Sheltered work schemes for people with mental health problems
Village communities for people with learning disabilities
The costs of community-based care of technology-dependent children

2011

Approved social worker

2012

High-dependency care home for younger adults with physical and sensory impairments
Residential home for younger adults with physical and sensory impairments
Special needs flats for younger adults with physical and sensory impairments
Rehabilitation day centre for younger adults with brain injury
Comparative costs of providing sexually abused children with individual and group psychotherapy

2013

Rapid response service

2014

Community rehabilitation unit
Intermediate care based in residential homes
Counselling services in primary medical care
Group homes for people with learning disabilities
Fully-staffed living settings (people with learning disabilities)
Semi-independent living settings (people with learning disabilities)
Hospital-based rehabilitation care scheme
Expert patients programme
Community care packages for older people
Nursing homes for people with dementia
Private and other independent sector residential homes for people with dementia

2015

Individual placement and support
Some home care services for adults with learning disabilities
Key worker services for disabled children and their families
Services for children in care
Services for children in need
Common assessment framework (CAF)
Palliative care for children and young people

2016

Multi-dimensional treatment foster care (MTFC)

2017

Extra-care housing for older people
Geriatric resources for assessment and care of elders (GRACE)
Mindfulness-based cognitive therapy – group-based intervention
Residential rehabilitation for people who misuse drugs or alcohol
Inpatient detoxification for people who misuse drugs or alcohol
Specialist prescribing
Cognitive Behavioural Therapy
Local safeguarding children's boards
Parenting programmes for prevention of persistent conduct disorder
Independent reviewing officer (IRO)
Social care support for older people/people with learning disabilities/people with mental health problems and people with physical disabilities
Support for children and adults with autism
Support care for children
Young adults with acquired brain injury in the UK
Residential parenting assessments
Social work team leader/senior practitioner/senior social worker
Family support worker
Health and social care teams

2018

Residential care homes for adults requiring learning disability support
End of life care for children at home
Decision-making panels
Costs of reunification
Short break provision for disabled children and their families
Health care support received by people with mental health problems, older people (over 75) and other service users
Reablement services

2019

Time Banks

2020

Public Health Interventions