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## 16. Inflation indices

### 16.1 The BCIS house rebuilding cost index and the retail price index

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

Year	BCIS/ABI		Retail price	
	Rebuilding cost index (1988=100)	Annual % increases	Index (1986/87= 100)	Annual % increases
2003	183.8	4.1	180.0	2.8
2004	191.3	4.1	184.0	2.2
2005	206.1	7.7	188.2	2.3
2006	219.8	6.7	193.7	2.9
2007	228.7	4.0	199.9	3.2
2008	243.5	6.5	208.5	4.3
2009	236.9	-2.7	212.6	2.0
2010	239.5	1.1	222.7	4.8
2011	252.0	5.2	234.5	5.3
2012	Not available	Not available	242.0	3.2
2013	Not available	Not available	249.4	3.1

### 16.2 The hospital & community health services (HCHS) index

Hospital and community health services (HCHS) pay and price inflation is a weighted average of two separate inflation indices: the pay cost index (PCI) and the health service cost index (HSCI). The PCI measures pay inflation in the HCHS. The PCI is itself a weighted average of increases in unit staff costs for each of the staff groups within the HCHS sector. Pay cost inflation tends to be higher than pay settlement inflation because of an element of pay drift within each staff group. Pay drift is the tendency for there to be a gradual shift up the incremental scales, and is additional to settlement inflation. The estimate of pay inflator for the current year is based on information supplied by the Department of Health and on pay awards of NHS staff. The HSCI is calculated monthly to measure the price change for each of 40 sub-indices of goods and services purchased by the HCHS. The sub-indices are weighted together according to the proportion of total expenditure which they represent to give the overall HSCI value. The pay cost index and the health service cost index are weighted together according to the proportion of HCHS expenditure on each. This provides an HCHS combined pay & prices inflation figure.<sup>3</sup>

Year	Hospital & community health services (HCHS)		
	Pay & prices index (1987/8=100)	Annual % increases	
		Prices <sup>4</sup>	Pay <sup>4</sup>
2003/04	224.8	1.5	7.3
2004/05	232.3	1.0	4.5
2005/06	240.9	1.9	4.7
2006/07	249.8	3.0	4.1
2007/08	257.0	1.8	3.5
2008/09	267.0	5.2	3.0
2009/10	268.6	-1.3	1.8
2010/11	276.7	2.8	3.1
2011/12	282.5	4.1	0.9
2012/13	287.3	3.1	0.9
2013/14	290.5	1.8	0.7

<sup>1</sup> Building Cost Information Service (2014) *Indices and forecasts*, Royal Institute of Chartered Surveyors, London <http://www.rics.org/uk/knowledge/bcis/about-bcis/rebuilding/bcis-house-rebuilding-cost-index/> [accessed 9 October 2014].

<sup>2</sup> Source [www.statistics.gov.uk](http://www.statistics.gov.uk) [accessed 9 October 2014].

<sup>3</sup> Provided by the Department of Health, 2014.

<sup>4</sup> Provided by the Department of Health, 2014. The methodology for the pay cost index was revised in 2011/12 and now uses Electronic Staff Record (ESR) data at occupation code level. Pay cost data are therefore not comparable with earlier years. The 2013/14 pay inflator has been estimated using the average of the three previous years.

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

For non-staff revenue, Her Majesty's Treasury's (HMT) GDP deflator is a measure of general inflation in the domestic economy. HMT produces the GDP deflator from data provided by the ONS and extends the series to future years by applying forecasts of the inflation rate. The BIS PUBSEC tender price index (PUBSEC) is used by the Office for National Statistics (ONS) to deflate capital expenditure in health and social care.

Year	Personal social services prices/gross domestic product deflator <sup>1</sup> annual % increases	Tender price index for public sector building (non-housing) (PUBSEC) <sup>1</sup>	
		Index (1995=100)	Annual % increases
2004/05	2.8	156	7.2
2005/06	1.8	166	6.4
2006/07	2.9	170	2.7
2007/08	2.5	187	9.8
2008/09	2.8	191	2.3
2009/10	2.7	172	-10.3
2010/11	2.6	169	-1.8
2011/12	2.3	176	4.2
2012/13	1.1	181	3.0
2013/14	1.7	190 (E)	5.1 (E)

## 16.4 The PSS pay & prices index

The data and methodology used to calculate the PSS pay & prices index has been extensively reviewed following changes in the collection and availability of pay and workforce data. Workforce data for the children's sector, which accounted for 11 per cent of the total whole time equivalent (WTE) workforce in 2010, is no longer collected and the indices below are for the adult sector alone. This year, in the same way as last year, three indices have been produced including one for the independent sector. No forecasts for this sector have been made prior to 2010/11.

The PSS pay annual percentage increases are calculated using data on rates of hourly pay change for each occupation group in the PSS sector from the Annual Survey of Hours and Earnings (ASHE), published by Office for National Statistics (ONS).<sup>2</sup> The following occupation groups are used for analysis: managers, social workers, nurses, occupational therapists, community and care workers. In addition, two support groups were identified: administrative/office and ancillary staff. As it was not possible to collect detailed data on all staff working in these groups, it was assumed that their pay increases were in line with the average for England. These pay changes were weighted by the proportion of PSS staff in each group and the different pay levels of each group: i.e. that occupation group's share of the total PSS pay bill. Workforce data for 2013 from the National Minimum Data Set for Social Care (NMDS-SC), collected by Skills for Care (SfC), is used to calculate the proportion of PSS staff in each occupation group. This data source has replaced the NHS IC's SSDS001 return since 2010, but does not include the children's sector.

Pay changes for 2013/14 are projected using an average of the pay changes in the past three years. This assumes that pay increases next year will be in line with the previous trend.

The PSS pay & prices (including capital) is calculated by taking the weighted sum of three indices: pay index, capital index and non-staff revenue index, and the PSS pay & prices (excluding capital) is calculated by taking the weighted sum of two indices: pay index and non-staff revenue index.

<sup>1</sup> Provided by the Department of Health, 2014.

<sup>2</sup> This work contains statistical data from ONS which is Crown copyright and reproduced with the permission of the controller of HMSO and Queen's Printer for Scotland. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis.

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

Year	PSS all sectors, adults only <sup>1</sup>		
	Annual % increases		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2004/05	3.2	4.2	3.9
2005/06	2.8	3.7	3.4
2006/07	4.1	4.5	5.1
2007/08	2.6	3.9	3.0
2008/09	2.1	2.4	2.4
2009/10	1.9	0.3	2.2
2010/11	-0.1	-0.3	-0.4
2011/12	0.3	0.8	0.1
2012/13	0.8	1.1	0.9
2013/14	0.2 (E)	0.7 (E)	-0.1 (E)

**16.4.2 The PSS annual percentage increases for adult local authority services**

Year	PSS local authority, adults only <sup>1</sup>		
	Annual % increases		
	Pay & prices (excluding capital)	Pay & prices (including capital)	Pay
2004/05	4.0	4.3	4.3
2005/06	3.3	3.6	3.6
2006/07	4.4	4.5	4.7
2007/08	2.9	3.5	3.2
2008/09	2.3	2.4	2.3
2009/10	1.8	1.4	1.9
2010/11	0.3	0.2	0.2
2011/12	-0.04	0.1	-0.2
2012/13	1.6	1.7	1.7
2013/14	0.4 (E)	0.5 (E)	0.3 (E)

**16.4.3 The PSS annual percentage increases for adult independent services**

Year	PSS independent care, adults only <sup>1</sup>		
	Annual % increases		
	Pay & prices (excluding capital) (no information available)	Pay & prices (including capital)	Pay
2010/11		-0.4	-0.5
2011/12		1.0	0.1
2012/13		1.1	0.8
2013/14		0.9 (E)	-0.1 (E)

<sup>1</sup> Provided by the Department of Health, 2014.

## 17. NHS staff earning estimates<sup>1</sup>

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

	Mean annual basic pay per FTE
Ambulance staff	£24,423
Administration and estates staff	£26,722
Healthcare assistants and other support staff	£16,600
Nursing, midwifery and health visiting staff	£30,761
Nursing, midwifery and health visiting learners	£22,238
Scientific, therapeutic and technical staff	£34,509
Healthcare scientists	£35,619

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

	Mean annual basic pay per FTE
Band 4	£20,144
Band 5	£25,847
Band 6	£31,943
Band 7	£38,345
Band 8a	£45,325
Band 8b	£54,337
Band 8c	£64,310
Band 8d	£75,760
Band 9	£91,439

### 17.3 Mean annual basic pay per FTE for qualified allied health professionals staff by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 4	£21,220
Band 5	£23,475
Band 6	£30,998
Band 7	£38,497
Band 8a	£46,013
Band 8b	£55,237
Band 8c	£66,274
Band 8d	£79,305
Band 9	£96,651

<sup>1</sup> More specific enquiries relating to pay by grade or staff group should be directed to the Health & Social Care Information Centre, [www.hscic.gov.uk](http://www.hscic.gov.uk).

## 17.4 Mean annual basic pay per FTE for administration and estates

	Mean annual basic pay per FTE
Band 1	£14,720
Band 2	£16,403
Band 3	£18,373
Band 4	£21,244
Band 5	£25,402
Band 6	£30,881
Band 7	£36,978
Band 8a	£44,636
Band 8b	£53,505
Band 8c	£64,137
Band 8d	£76,770
Band 9	£92,224

## 17.5 Mean annual basic pay per FTE by Agenda for Change band, NHS England

	Mean annual basic pay per FTE
Band 1	£14,868
Band 2	£16,282
Band 3	£18,433
Band 4	£21,120
Band 5	£25,557
Band 6	£31,561
Band 7	£37,939
Band 8a	£45,113
Band 8b	£54,093
Band 8c	£64,704
Band 8d	£77,598
Band 9	£92,876

## 17.6 Mean annual basic pay per FTE for NHS staff groups

	Mean basic salary per full-time equivalent
<b>All nurses, midwives and health visiting staff</b>	
Qualified	£30,761
Nursery nurses and nursing assistants	£17,880
<b>Science technical &amp; therapeutic staff (ST&amp;T): allied health professionals</b>	
Qualified	£33,441
Unqualified	£18,666
ST&T staff: other	
Qualified	£35,587
Unqualified	£21,080
Ambulance staff	
Qualified	£26,885
Unqualified	£18,312
<b>Former pay negotiating council groups</b>	
Senior managers	£78,064
Managers	£48,828
Administrative & clerical	£22,140
Maintenance & works	£21,822

Source of schemas 17.1-17.6: Health & Social Care Information Centre (2014) *NHS staff earnings estimates, 12 month period July 2014 to June 2014*. Processed using data taken from the Electronic Staff Record Data Warehouse, as at September 2014.

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General notes

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

- These figures represent payments made using the Electronic Staff Record to NHS Staff who are directly paid by NHS organisations. It does not include, for example, elements of pay for clinical staff which are paid to the individual by universities, or other non-NHS organisations providing NHS care.
- Figures rounded to the nearest £100.
- Figures based on data from all NHS organisations who are using ESR (two Foundation Trusts have not taken up ESR).



## 18. Training costs of health and social care professionals

This schema provides a breakdown of the training costs incurred using standard estimation approaches.<sup>1</sup> The investment costs of education should be included when evaluating the cost-effectiveness of different approaches to using health service staff so that all the costs implicit in changing the professional mix are considered. For the most part, these investment costs are borne by the wider NHS and individuals undertaking the training rather than trusts.

The components of the cost of training health service professionals are for pre-registration and post-graduate training; the costs of tuition; infrastructure costs (such as libraries); costs or benefits from clinical placement activities; and lost production costs during the period of training where staff are away from their posts. Although further training is available to all professionals to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

This schema shows details of the total investment incurred during the working life of the professional after allowing for the distribution of the costs over time. The final column shows the expected annual cost.

	Pre-registration			Post-graduate training	Totals	
	Tuition	Living expenses/ lost production costs	Clinical placement	Tuition and replacement costs	Total investment	Expected annual cost at 3.5%
Scientific and professional						
Physiotherapist	£25,454	£37,740	£4,741	NA	£67,934	£5,587
Occupational therapist	£25,454	£37,740	£4,741	NA	£67,934	£5,568
Speech and language therapist	£27,995	£37,740	£4,741	NA	£70,436	£5,919
Dietitian	£25,454	£37,740	£4,741	NA	£67,934	£5,777
Radiographer	£30,499	£37,740	£4,741	NA	£72,980	£5,948
Hospital pharmacist	£36,549	£48,455	£36,855	NA	£121,859	£9,603
Community pharmacist	£36,549	£48,455	£27,367	NA	£112,371	£8,855
Nurses	£24,111	£50,319	£4,741	NA	£79,172	£10,514
Doctors						
Pre-registration training	£42,634	£59,797	£132,698	NA	£236,129	£20,182
Post-graduate						
Foundation officer 1	£42,634	£59,797	£132,698	0	£236,129	£20,182
Foundation officer 2	£42,634	£59,797	£132,698	£43,664	£279,792	£24,215
Registrar group	£42,634	£59,797	£132,698	£205,090	£441,219	£39,789
Associate specialist	£42,634	£59,797	£132,698	£262,845	£498,974	£46,190
GP	£42,634	£59,797	£132,698	£249,261	£485,390	£44,846
Consultants	£42,634	£59,797	£132,698	£490,422	£726,551	£72,197
Social workers (degree)	£24,430	£37,740	£6,701	NA	£68,871	£25,626

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

## 19. Care home fees

This year, little information was made available to replace the costs in schema 18.1 so the costs below reflect prices for 2013 (same as last year). Schema 18.2 has been updated using the most recent fees.

### 19.1 The minimum and maximum fee for single and shared rooms for local authority nursing and residential care homes in the UK<sup>1</sup>

	Nursing homes		Residential care homes			
	Min	Max	Min	Max	Min	Max
	Single room		Single room		Shared room	
Adults under 65 years			£407			
Dementia	£466		£517	£504		£435
Learning disability			£806	£934	£632	
Mental health			£455	£649		
Older people	£479	£526	£471	£532	£457	£773
Physical disability			£1,112	£890		
Average cost of all care home fees	£476	£526	£559	£611	£501	£735

### 19.2 The minimum and maximum fee for single and shared rooms for private and voluntary nursing and residential care homes in the UK<sup>1</sup>

	Nursing homes				Residential care homes			
	Min	Max	Min	Max	Min	Max	Min	Max
	Single room		Shared room		Single room		Shared room	
Brain injury rehabilitation	£1,305	£2,899	£1,025	£4,500	£1,451	£1,325	NA	NA
Dementia	£623	£854	£584	£809	£504	£604	£477	£548
Learning disability	£1,018	£1,531	£710	£916	£834	£1,423	£481	£672
Mental health	£785	£1,367	£708	£1,193	£564	£817	£485	£652
Older people	£645	£802	£596	£688	£488	£600	£441	£513
Physical disability	£722	£1,213	£623	£1,106	£713	£1,115	£533	£748
Sensory impairment	£570	£1,080			£880	£1,256	£487	£487
Substance misuse problems	£985	£1,980	£795	£820	£618	£697	£645	£613
Average cost of all private/voluntary sector care home fees	£654	£850	£599	£731	£551	£720	£451	£531

<sup>1</sup> Laing & Buisson (2014) *Annual Survey of UK Local Authority Baseline Fee Rates 2013/14*, Laing & Buisson.

## 20. Land values

The table below provides information on regional and national land values which were provided by the Valuation Office Agency (VOA) for use in the Unit Costs publication. (See preface for more information on methods.) The figures provided are appropriate to a single, hypothetical site and should not be taken as appropriate for all sites in the locality.

The sites chosen for this work are considered to be 'representative' of the locality in that area but they are not always 'average' sites. When choosing the sites, the following assumptions were adopted:

- site of gross area approximately 1 hectare
- development density in line with current development preferences
- all services and good road frontage
- no major contamination or remediation issues
- nil Grant Funding
- no major allowances to be made for s106/278 potential costs
- no allowance for CIL costs (even where these are already in place)
- schemes to be fully compliant with Affordable Housing requirements

For the vast majority of the sites, data were obtained on affordable housing percentages required (although often the precise tenure mix is not stated) and these are reflected in the valuations provided.

<b>Residential land</b>		
<b>Local authority</b>	<b>Town</b>	<b>Weighted value per hectare</b>
<b>South East</b>		
Aylesbury Vale District Council	Aylesbury	£2,178,000
<b>East Midlands</b>		
Northampton Borough Council	Northampton	£1,053,000
<b>East</b>		
Norwich City Council	Norwich	£928,000
<b>North East</b>		
Middlesbrough Borough Council	Middlesbrough	£924,000
<b>North West</b>		
Bolton Metropolitan Borough Council	Bolton	£1,265,000
<b>South West</b>		
Cornwall Council	Truro	£1,377,000
<b>West Midlands</b>		
Worcester City Council	Worcester	£1,236,000
<b>Yorkshire and the Humber</b>		
Sheffield City Council	Sheffield	£1,219,000
<b>Outer London</b>		
London Borough of Hillingdon	Hayes	£3,682,300
<b>England</b>		
	Excl. Outer London	£1,272,500
	Incl. Outer London	£1,540,256

## 21. Glossary

**Agency overheads** Overhead costs borne by managing agency.

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

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

**Capital overheads** Buildings, fixtures and fittings employed in the production of a service.

**Care package costs** Total cost of all services received by a patient per week.

**Cost function analysis** Statistical analysis using a multivariate technique 'designed to simultaneously tease out the many influences on cost'.

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

**Direct overheads** Day-to-day support for a service, such as immediate line management, telephone, heating and stationery.

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

**Durables** Items such as furniture and fittings.

**Indirect overheads** Ongoing managing agency costs such as personnel, specialist support teams and financial management.

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

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

**Oncosts** Essential associated costs such as an employer's national insurance contributions.

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

### Overheads

#### NHS overheads

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

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

#### Local authority overheads

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

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

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

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

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

### Time use

**Per average stay** Cost per person of a typical stay in a residential facility or hospital.

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

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

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

**Per establishment cost per resident week** In relation to care homes, the fee is usually provided which includes care costs, accommodation costs, ancillary costs and operator's profit.

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

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

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

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

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

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

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

**Per inpatient day** Cost per person of one day in hospital.

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

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

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

**Per client attendance** Cost per person per attendance.

**Per client session** The length of a session will be specified in the schema and may vary between services.

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

**Price base** The year to which cost information refers.

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

## 22. References

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## 24. List of useful sources

Audit Commission: <http://www.audit-commission.gov.uk/Pages/default.aspx>

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

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

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

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

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

Centre for Health Related Studies:

[http://www.bangor.ac.uk/research/rae\\_egs/groups\\_by\\_school.php.en?SchoolID=0770&SchName=School%20of%20Health%20Sciences/](http://www.bangor.ac.uk/research/rae_egs/groups_by_school.php.en?SchoolID=0770&SchName=School%20of%20Health%20Sciences/)

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

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

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

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

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

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

Health & Social Care Information Centre (HSCIC): <http://www.ic.nhs.uk/>

The Health & Social Care Information Centre (IC) is a Special Health Authority set up on 1 April 2005 to take over most DH statistical collection and dissemination and some functions of the former NHS Information Authority. This includes information on Personal Social Services Expenditure.

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

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

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

This website provides information on housing and care.

Laing & Buisson: <http://www.laingbuisson.co.uk/>

Laing & Buisson, an independent company, provides authoritative data, statistics, analysis and market intelligence on the UK health.

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

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

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

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

National Prescribing Centre: <http://www.npc.co.uk/>

National Institute for Health and Care Excellence: <http://www.nice.org.uk/>

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

PSSRU at LSE, London School of Economics and Political Science:  
<http://www2.lse.ac.uk/LSEHealthAndSocialCare/Home.aspx>

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

Reference Costs: <https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013>

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

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

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

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

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

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



## 25. List of items from previous volumes

### Editorials and articles

#### 2001

Child care costs in social services  
Independent sector home care providers in England  
Unit costs for multi-country economic evaluations

#### 2002

A nurse practitioner service for nursing and residential care  
The costs of child and adolescent psychiatric inpatient units  
The new PSS EX1 return on expenditure and unit costs  
Mapping mental health services in England  
Developing health accounts for the United Kingdom

#### 2003

The costs of intermediate care schemes  
The Rapid Response Service  
Reference costs

#### 2004

The costs of adoption  
The costs of undertaking core assessments  
The development of unit costs for social work processes  
Estimating the unit costs for Home-Start support

#### 2005

The cost of providing home care  
Personal social services pay & prices index  
Typical costs of Sure Start local programme services

#### 2006

Guest editorial: Conducting and interpreting multi-national economic evaluations: the measurement of costs  
The costs of an intensive home visiting programme for vulnerable families  
Direct payments rates in England  
Training costs of person centred planning  
The baker's dozen: unit costs and funding

#### 2007

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

#### 2008

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

**2009**

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

**2010**

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

**2011**

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

**2012**

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

**2013**

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

**Tables****2006**

Adolescent support worker  
Educational social work team member  
Behavioural support service team member  
Learning support service team member

**2007**

All children's service withdrawn, but reinstated in 2010

**2008**

Paramedic and emergency ambulance services

**2009**

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

**2010**

Voluntary residential care for older people  
Nursing-Led Inpatient Unit (NLIU) for intermediate care

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

**2011**

Approved social worker

**2012**

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

**2013**

Rapid Response Service