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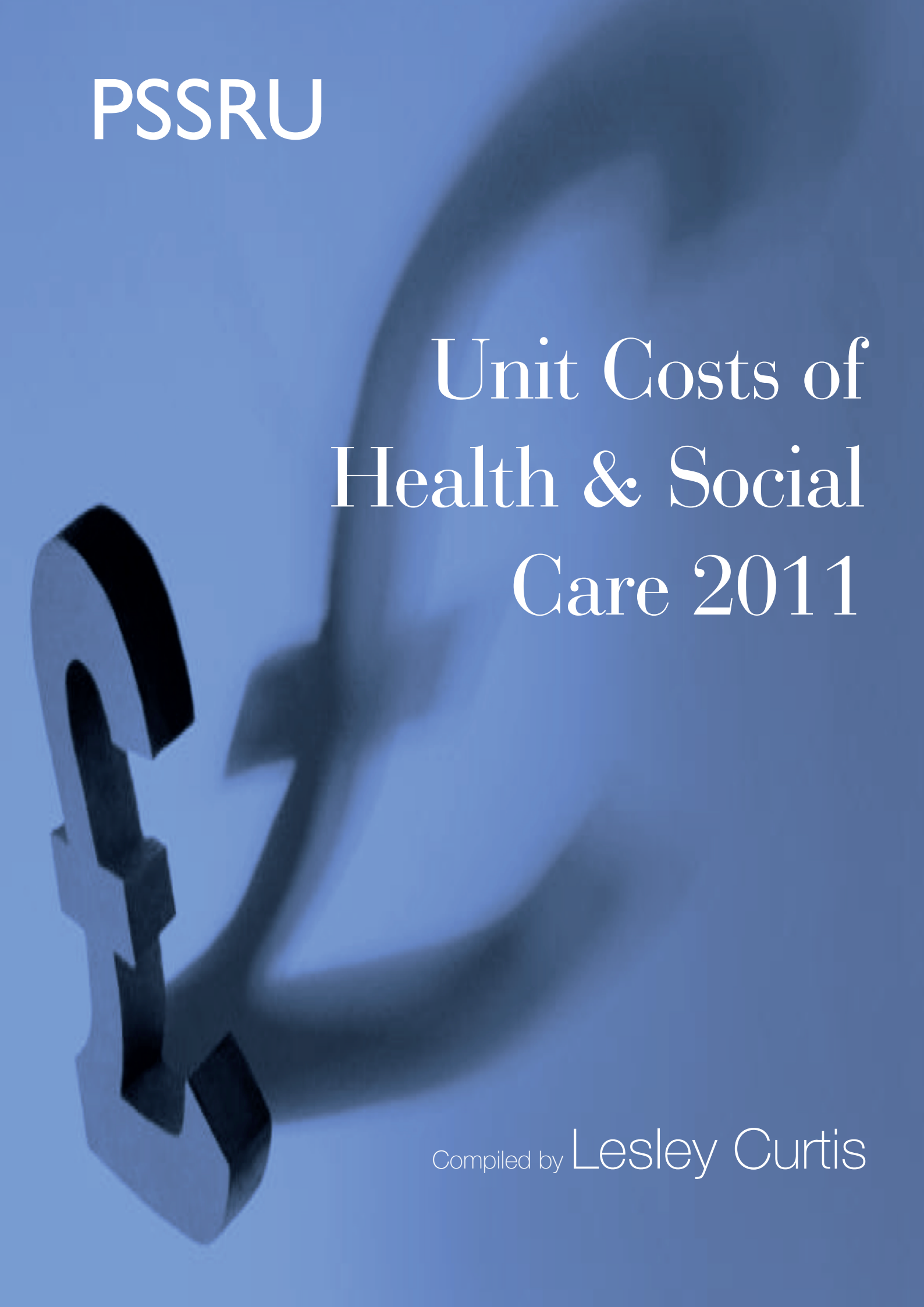
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Unit Costs of Health & Social Care 2011



Compiled by Lesley Curtis

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Preface

Lesley Curtis

This is the latest in a series of volumes which presents unit costs for a wide range of health and social care services using a standardised methodology based in economic theory. Each volume reflects our current knowledge and over time we seek to refine and improve the estimates as new information becomes available. Moreover, we always cite our sources and assumptions so users can adapt the information for their own purposes. Since 1993, the unit costs programme and the annual publication of *the Unit Costs of Health and Social Care* has been funded by the Department of Health. Over the last two years we have had additional inputs from the Department for Education to allow inclusion of unit costs for a wider range of children's services.

Work over the past year has focused on updating many of the processes we use to provide these estimates and to ensure they are as close as possible to today's service costs. We have overhauled the databases which underpin many of the calculations, transferred to more flexible publication software and, of course, re-designed the front cover.

We have added schema where new information about services has become available, commonly through the research community but also from data collected by central government. We have also updated some of the 'routine' aspects of our unit cost estimations – those which span several schemas – such as NHS Trust overheads and time use data (see below). Again as in previous years, we have excluded information which is more than ten years old and which we can no longer be confident reflects today's services. This has two types of impact. First, where unit costs have been based entirely on a particular research project and we have no new information to update the schema, such as for some of the staffed accommodation facilities for people with mental health problems. In these cases the schema has been deleted from this volume. A list of these services can be found in section V and these unit costs can be retrieved from previous volumes. The second type of impact is where our ten-year rule affects just part of the calculation, perhaps the way professionals spend their time. This does not affect our basic unit cost – per (working) hour – but it does mean that some of the weighted unit costs (per client contact, for example) cannot currently be estimated.

Many different sources of information are needed to create the unit costs in these volumes. While every effort is made to reflect current practice and to keep abreast of policy and practice requirements, there is always a pressing need for contemporary information. In particular, we would like to hear from readers who have access to information on occupancy rates in residential and day care services, and information on how professionals use their time. Please contact me, Lesley Curtis, at L.A.Curtis@kent.ac.uk if you would like to draw our attention to forthcoming studies or other information which may improve our estimates.

Before we outline the changes and additions in this year's volume, we would like to take this opportunity to express our enormous thanks to Professor Ann Netten. Ann has guided the unit cost volumes from their inception through to the 2011 volume. In that time, the *Unit Costs of Health and Social Care* has become a prime source of information for central government departments, local commissioners and provider organisations, as well as researchers. Although no longer the chair of the advisory group, Ann is still a valuable source of advice on the unit costs programme, and takes a keen interest in its direction. The advisory group continues to be supported by Department of Health personnel and SCIE representatives, as well as some of the foremost academics working in health and social care economics. It will now be chaired by Professor Jennifer Beecham, an expert advisor on the group since it was formed.

What's new in the publication this year?

Articles

This year we have included three articles. The first is from Theresia Bäumker and Ann Netten from the PSSRU at the University of Kent, which provides some of the first information on the costs of extra care housing. Between 2004 and 2010, £227 million was made available by the Department of Health to local authorities and their housing partners to

stimulate provision of a wide variety of innovative extra-care schemes. This article presents the findings from an evaluation of 19 new-build extra care housing schemes located across England.

The second article has been provided by John Dickinson from Shared Lives Plus (formerly NAAPS UK). Shared Lives Plus is the UK network for Shared Lives carers, home-share programmes and other community-based micro-enterprises. The article discusses the complexity of funding Shared Lives placements (formerly known as Adult Placements), and presents information about their cost and quality based on evidence produced by the Care Quality Commission (CQC) and Improvement and Efficiency South East.

In our third article Lisa Holmes from the Centre for Child and Family Research at Loughborough University reports findings from a study commissioned by the Local Government Association. The study explored the cost and the capacity implications for local authorities of implementing Lord Laming's (2009) recommendations on the protection and safeguarding of children and young people. A national survey was completed by 46 of the 152 local authorities in England, and in-depth research conducted in nine. The article summarises the findings. It identifies workers' concerns as well as the additional time requirements and costs of implementing six of the recommendations.

New unit costs

Care packages

Two recent documents summarise the government's commitment to personalised services, *Shaping the Future of Care Together* (Department of Health, 2009) sets out a vision for a new care and support system in England, and more recently *Building the National Care Service* (Department of Health 2010a). Both advocate an increasing emphasis on self-directed care using Direct Payments, Individual Budgets and Personal Budgets. Consequently, there has been greater interest in the cost of care packages, and in recent years we have drawn on several studies to expand the range of care packages shown in these volumes. For example, last year we extracted information from two studies (Knapp et al., 2009; Barrett et al.,2010) to show the care package costs for children with autism, and a study by Beecham et al. (2009) was used to present information on supports for young adults with acquired brain injury. This year, we have drawn on the national evaluation of the Individual Budget Pilot Projects (Glendinning et al., 2008) to extend this section. The study provided information on the packages of care received by more than a thousand service users representing four client groups: older people, people with learning disabilities, people with mental health problems and people with physical disabilities. For the study, the service users' needs were categorised as critical, substantial and moderate and information was collected on a pre-specified set of services; the type of accommodation in which they usually lived, the number of hours of home care and day care received each week and the social security benefits they received. These care packages have been summarised by client group and need category and the costs are provided in chapter 8.

Public health interventions

Estimations of the economic burden of preventable disease and disability are becoming increasingly frequent in the health sector in the UK. In schema 7.9, we present summary information from two recent reports on the costs of such interventions (Matrix Evidence & Bazian, 2008; North West Public Health Observatory, 2011). We selected information from UK cost studies to ensure that the costs would reflect services available in the UK including interventions that may reduce long-term workplace absence, help manage high-risk drinking and reduce harm caused by smoking.

In schema 2.11, we present costs for public health interventions that have an impact on mental health. These have been drawn from a study commissioned by the Department of Health which presents the key findings from a detailed analysis of the costs and benefits of fifteen different interventions (Knapp et al., 2011).This report underpinned the recent cross-government strategy *No Health without Mental Health* (Department of Health,2011.)

Mindfulness-based cognitive therapy

This year, we have included a schema (1.10) provided by Barbara Barrett and Sarah Byford from the Centre for Economics of Mental Health (CEMH) on the costs of mindfulness-based cognitive therapy. This intervention is a manualized, group-based skills training programme designed to enable patients to learn skills that prevent the recurrence of depression.

Multi-systemic therapy

We have also included a schema (6.8) provided by Maria Carey from the Centre for Economics of Mental Health on the costs of multi-systemic therapy (MST). MST is an intensive family and community based treatment programme that takes a holistic approach to working with chronic and violent juvenile offenders by looking at their homes and families, schools and teachers, neighbourhoods and friends.

Resource panels

In last year's *Unit Costs* volume, we included an article by Lisa Holmes and Samantha McDermid on the costs of short break provision and the linked social care processes. As part of that study, but not reported in the article, the costs of resource panels for short break services were also calculated. Two of the three participating authorities used panels to decide how resources may be most usefully deployed to support families. The costs are presented in schema 6.10. This focus on a *care process* is a departure from our usual focus on *services,* although we have addressed this in some of our articles in earlier volumes. It is an area of unit cost estimations we hope to extend as more information becomes available.

Palliative care for children

Following the Government's 2006 manifesto commitment to improve palliative care, the Secretary of State for Health commissioned an independent review of children's palliative care services (Department of Health 2007). This review was based on findings from a wide consultation with stakeholders and included research commissioned from the York Health Economics Consortium (Lowson et al., 2008). The York research provided examples of illness trajectories and the associated costs for children using palliative care. A summary of this information, including costs at current prices, can be found in the care package section of the report (section 8).

Deprivation of Liberty Safeguards in England: implementation costs

Following the provision of an additional £10 million for local authorities and the NHS to fund the implementation of Deprivation of Liberty Safeguards, we have included a schema (2.9) that identifies the costs. Again a *process* rather than a service, the schema covers costs from the assessment stage through to provision of court protection. Information was drawn from a study by Shah and colleagues (2011).

Improvements to routine data

Overheads

In last year's publication, we discussed the difficulty of estimating the level of overheads required to support any one type of professional and noted that there has been a dearth of studies that identify these costs. Last year, however, we used data from two new research studies to improve estimates for local authority overheads (Selwyn et al, 2009; Glendinning et al, 2010). In turn, this increased the unit cost of many social care services by around 30 per cent.

Over the last decade we have based our estimates for NHS overheads on routine data returns to the Department of Health and information provided by Trusts participating in the Ready Reckoner project (Netten et al., 1998). However, long-standing concerns about the data were addressed this year and information has been drawn from the NHS (England) Summarised Accounts, 2009-2010 to provide new estimates (The National Audit Office, 2010). The Summarised Accounts collate expenditure data from Strategic Health Authorities (SHAs), 121 NHS Trusts (including NHS Direct) and 152 Primary Care Trusts (PCTs). Given current and proposed changes to the way the NHS is organised we have based our calculations on the NHS Trust accounts as these are the bodies mainly responsible for providing health and social care staff.

In previous volumes we have made a distinction between two categories of overheads. Direct overheads cover the resources required to deliver services to users or patients and are directly related to the level of service activity. Indirect overheads include functions of the organisation which support the services and allow the organisation to operate; examples would be the Human Resources or Finance Departments. Unfortunately, the information provided in the Summarised Accounts does not identify these categories separately, and we have adapted our estimation method to obtain a percentage figure that reflects the relationship between all overheads and direct salary costs. The Summarised Accounts show the number of care (direct) and non-care (indirect) staff and costs for the latter group were estimated using the average salary for NHS management and administrative staff (www.official-documents.gov.uk/document/hc1011/hc04/0410/0410.pdf). The calculation resulted in an additional 19.1 per cent on care staff costs to cover

management, estates and administrative staff. The remaining overheads include the costs to the provider (office costs, travelling subsistence, leased and contract hire, advertising, transport and moveable plant, telephone rentals etc.), supplies and services (clinical and general), utilities and premises costs (water, sewerage, electricity and gas, cleaning, air conditioning) and education and training costs for the professional staff. These accounted for an additional 41.6 per cent of direct care staff salary costs, making a total of overheads 'multiplier' for direct salary costs of 60.7 per cent. More information on NHS accounting procedures can be found in the NHS Costing Manual (Department of Health, 2010b).

This approach brings our estimate for NHS overheads more in line with the new figure for social services. Of course, it is much higher than that used in earlier volumes and has therefore raised the unit costs of many health care professionals. We have used this new figure when updating schemas taken from previous volumes and for some of the new schemas. However, where more recent studies have calculated overheads from local data, as in the case of the re-ablement study, we have retained these figures.

Qualifications

In last year's publication, we included new information on the cost of obtaining social work qualifications, following research undertaken to calculate the estimated working life of a social worker and the cost of providing the social work degree. This year, in collaboration with the Department of Health and the Higher Education Funding Council for England (HEFCE), we have reviewed our estimates for the qualification costs for health professionals to bring them in line with current funding arrangements and assumptions about the benefits for service providers during clinical placements. As in previous volumes, where no information is available on the cost of providing placements to higher education establishments or service providers we have assumed that the funding available covers the cost. More information about the changes to funding arrangements in health care is available from the Department of Health (2010c). Future editions of the *Unit Costs* publication will keep abreast of these changes.

Time use

For many professionals we provide *weighted* unit costs alongside the cost per (working) hour. These have been adjusted in line with the time professionals spend undertaking certain tasks. For example, a cost per hour of patient contact would include recognition of the other tasks that are linked to contact, perhaps updating case notes, or liaising with other professionals. We use 'multipliers' which are applied to the basic hourly cost derived from time use studies for the different professional groups. However, such studies are rare so it is difficult to ensure that all time is appropriately allocated. Our underlying assumption is that all working time relates directly or indirectly to patient care, unless we have clear evidence otherwise. Thus, for example, study days, attendance at conferences, trade union activities and general administrative tasks are all assumed to be linked to patient care.

Given the economic climate, health providers seek the best skill mix for any service. Over the years, this has meant that some professionals (such as nurses) have taken on more responsibility, which in turn has meant that the balance of activities undertaken by other staff (such as healthcare assistants) has also changed. For example, a recent study found that healthcare assistants now carry out twice as much direct patient care on the wards as nurses, and are now deemed to be at the heart of patient care (Clover, 2010). In order to reflect this in the unit costs, this year we have replaced the time-use multipliers used in previous volumes with figures calculated from more recent studies.

Cost of travel

Another task undertaken this year was to try to improve our travel estimates for both NHS and local authority staff, which have been drawn from a PSSRU study carried out in the early 1990s (Netten, 1992). We searched for studies that would provide some guidance on the number of miles covered by nurses for home visits and discussed the issue with members of the Royal College of Nursing (RCN). There was no relevant literature available and the RCN told us that costs could vary considerably depending on locality. We concluded that no nationally-applicable figure could be derived at this time. Instead, we have included the NHS guidance on travel costs in the relevant schemas. For local authority staff, we have cited the HM Revenue and Customs mileage rates for 2010/11.

Community pharmacy

This year, following the *Community Pharmacy Cost of Service Inquiry* undertaken by PricewaterhouseCoopers and published in July 2011, we have been able to update the information on community pharmacy in schema 9.6.

Clinical psychologist

This year, we have based the cost of a Clinical Psychologist on a higher salary point; Agenda for Change Band 8a rather than Band 7. We have learnt that Band 7 is considered to be a transition grade to full specialist practitioner status.

Acknowledgements

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As always, if you are aware of other sources of information which can be used to improve our estimates or if you have any other comments, please contact Lesley Curtis on 01227 827193 or e-mail L.A.Curtis@kent.ac.uk.

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The cost of extra care housing

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Extra care housing aims to meet the housing, care and support needs of older people, while helping them to maintain their independence in their own private self-contained accommodation. Between 2004 and 2010, the Department of Health's Extra Care Housing Fund (ECHF) provided £227 million capital funding for local authority social services departments and housing associations, to stimulate provision of innovative schemes and encourage partnerships in that process (Department for Communities and Local Government, 2008; Department of Health, 2003, 2005).

Although there is no agreed definition of extra care housing, Laing and Buisson (2010) suggest that it can be recognised by several characteristics: it is primarily for older people; the accommodation is (almost always) self-contained; care can be delivered flexibly, usually by a team of staff based on the premises; support staff are available on the premises for 24 hours a day; domestic care is available; communal facilities and services are available; meals are usually available, and charged for when taken; it aims to be a home for life; and it offers security of tenure. Smaller extra care schemes typically have 40 or more units of accommodation (Evans, 2009a), while retirement villages, typically with more than 100 units (Croucher et al., 2006; Evans, 2009a) provide a wider range of social and leisure activities and more accommodation for purchase. Individuals are encouraged to move into retirement villages at a younger age to stimulate the development of a mixed community of interests and abilities.

Extra care housing is an important innovation that has considerable potential to support older people in leading active, engaged lives. Factors encouraging the development of extra care schemes include the ageing of the population, the policy endorsement of 'ageing in place', the development of new lifestyles in later life, and the wide recognition of the need for greater choice and flexibility in housing options for older people (Evans, 2009b; Heywood et al., 2002). The generally very positive experience that extra care residents report (e.g. Bernard et al., 2007; Callaghan et al., 2009; Croucher et al., 2007; Evans and Vallelly, 2007) suggest that this is indeed a promising type of provision. However, particularly in the current financial climate, this raises the issue of cost. In this article we discuss the costing of extra care housing based on an evaluation by the Personal Social Services Research Unit (PSSRU). Over four years, the evaluation followed the development of 19 new-build extra care housing schemes located across England, which received support from the 2004–2006 funding rounds of the Department of Health's Extra Care Housing Fund (Darton et al., 2011).

Methodology

As far as possible, our analysis adopted the economic principles of reflecting the long-run marginal opportunity cost to society of extra care provision. Marginal cost is the addition to total cost attributable to the inclusion of one more individual. Opportunity cost means that the resource implications should reflect opportunities foregone rather than amounts expended, although often the two are the same. A long-run approach is required that takes into account the need to create new services which are associated with, for example, the expansion of services to respond to unmet needs in the community (Allen & Beecham, 1993). However, trade-offs are inevitably required between these theoretical principles and the practical constraints facing an empirical study. For example, while interested in calculating long-run marginal opportunity costs, it is conventional for short-run average revenue costs plus the cost implications of capital and overheads to be used as a proxy value (Beecham, 1995; Drummond et al., 1987).

Our examination of costs of extra care housing was guided by several cost estimation principles widely applied in economic evaluations of health and social care (e.g. Beecham, 1995, 2000; Knapp, 1993, 1995; Netten & Beecham, 1993). Most importantly, costs were measured comprehensively to include as many service components as possible. This is a particularly important principle for extra care housing since the complexity of funding and charging can lead to distorted views about the relative cost of provision. In turn, this can lead to inefficient allocation of resources. We discuss the separate cost components in turn, which together provide an estimate of the unit cost of extra care housing (per person per week).

Data from the 2006-2011 Department of Health-funded PSSRU evaluation of extra-care housing were used in the analyses. Cost information was drawn from a variety of sources, as described in Bäumker & Netten (2011):

- the bid forms submitted to the Extra Care Housing Fund;
- development costs and annual financial accounts provided by the housing associations including some contractors' bids;
- self-completion questionnaires circulated to managers, which covered scheme characteristics, staffing and charges to residents;
- a survey conducted in mid-2007 with local authorities' extra-care housing leads, which sought information on working partnerships, major changes to schemes and implementation issues;
- resident interviews at admission and six-months, which included questions on individuals' health and social care service use.

The (opportunity) cost of capital was calculated as the annuity which depletes the lump-sum value over the lifetime of the building, commonly estimated at 60 years (Beecham, 1995). The appropriate discount-rate is the one set by HM Treasury for public services in the UK at 3.5 per cent (Netten, 2003). Current market values were provided by the housing associations or obtained from the relevant District Valuer's Office. For those properties constructed pre-2008, capital values were uprated to 2008 Quarter 4 prices using the BCIS Tender Price index (Building Cost Information Service, 2008). To avoid double-counting, items such as capital financing and depreciation were removed from schemes' annual income and expenditure accounts when calculating revenue costs. For health and social care expenditure, service use information reported by residents was combined with unit costs for those services (per hour, per visit etc.). The intention was to draw on local sources unless there was no reason to expect these to be different from nationally applicable data. Unless otherwise stated, national unit costs and inflation indices came from Curtis (2008). Information was collected on services for which the residents left their accommodation to attend, such as day-activity centres, appointments at general practitioner surgeries, or hospital-based services. Some professional services were provided to residents in their homes: personal care, community nurse, occupational therapist, chiropodist or social worker visits are examples. For services that absorb a high proportion of total costs, more detail was collected. For example, the duration of hospital admission we adopted was recorded. As far as possible, we adopted a bottom-up costing approach, which requires a clear understanding of the processes involved, the units of activity to be measured, and the resources required for the activities and processes to occur. The cost for non-recipients of each service was zero. Although some support was provided by family members and friends (informal care-givers), it was not feasible to collect sufficiently detailed information to estimate costs for these inputs.

Results

Our cost estimates are based on a sample of 465 individuals, 67 in two villages and 398 in the 16 smaller schemes. The mean age was 76 years, with half of respondents aged between 70 and 85. About two-thirds were female and the majority of residents (77 per cent) lived alone at the time of the interview. Most people had previously been living in ordinary housing (63 per cent), but 18 per cent had been living in sheltered or supported housing, and 10 per cent had been living in a care home. The mean score of 14.73 on the Barthel Index (Mahoney & Barthel, 1965) illustrates residents' functional ability to perform activities of daily living (ADLs). Approximately 43 per cent of residents were quite able scoring 17 or more (scores can range from 0 maximum disability to 20 minimum disability). Scores on the Minimum Data Set Cognitive Performance Scale (MDS CPS; Morris et al., 1994) indicate that only 3 per cent of those who moved into extra care suffered from moderate to severe cognitive impairment, and challenging behaviour was rare. In terms of residents' medical histories, more than 75 per cent were assessed as having an underlying long-term condition, but only one-quarter of residents needed any nursing care. The mean score on the CASP19 scale (Hyde et al., 2003), for which higher scores indicated better self-reported quality of life, was 36 (scores can range from 0-57).

The mean cost, at 2008 prices, of living in extra care housing, was estimated at £416 per resident per week, with a standard deviation of £180 and a range of £175 to £1,240. As is usual for cost data, there was a positively skewed distribution and the median cost was lower than the mean of £362 per week. Figure 1 shows the proportions of cost accounted for by the different elements, and Table 1 presents more detail on their distribution. Most variability was observed in the estimates of health care (mean £65, range £0-£634) and social care costs (mean £102, range £0-£612), reflecting variation in the way individuals use services.

Service use and the average contribution to total costs are summarised in Table 2, aggregating the care package information for each study member. The figures in the first column illustrate the variety of services used by extra care residents, spanning secondary and primary health care services, as well as social care services provided by local authority and independent sector organisations (e.g. personal care). The final two columns of Table 2 show the relative contribution to the total care package costs for those people using each service and, in the final column, across all residents. As would be expected, accommodation absorbed a high proportion of total cost as residents live in new schemes built to a high quality and specification. Accommodation, housing management and living expenses accounted for 60 per cent of total cost. In terms of non-accommodation costs, the level of personal care provision is noteworthy: 65 per cent of residents reported receipt, and the associated cost accounted for 22 per cent of the total costs of support for all residents (final column). Hospital-based services also played a major role. In-patient services were used by only 28 per cent of sample members, but absorbed 17 per cent of the costs for those admitted. Similarly, therapy services, whether provided within or outside the hospital, were used by only 27 per cent but together accounted for just less than 6 per cent of the costs for those using these services. In contrast to these quite expensive services, some services were used by a much higher proportion of residents but made a smaller contribution to total cost; chiropody, nurse and the GP are examples. This type of descriptive information begins to reveal where the cost burdens lie.

Conclusion

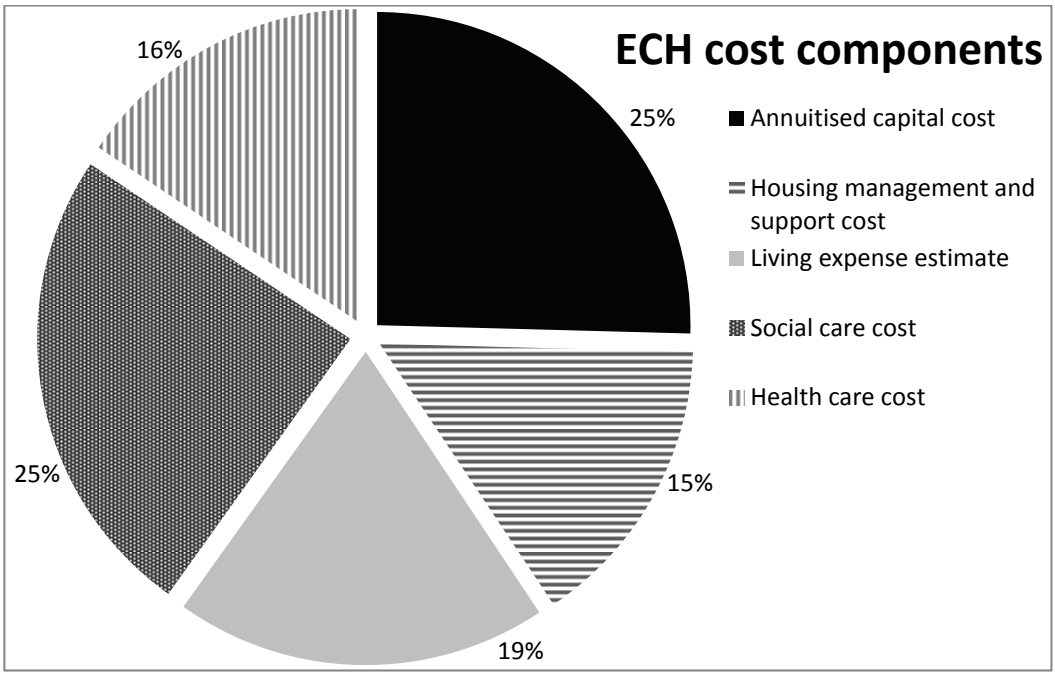
A major contribution of the evaluation of extra care housing by the PSSRU has been a greater understanding of the costs of this type of provision. However, because it is a complex area to cost, it is important to be cautious in the interpretation and generalisation of the findings reported. The diverse charging arrangements across schemes, the varied funding arrangements, and the interplay between welfare benefits and affordability all contribute to this complexity. However, a clear picture emerges showing that no one sector will both bear the costs and reap the benefits.

Table 1: Cost per resident, per week

Cost component	No. residents	Mean	Std. Dev	Min	Max
Capital, incl. land	465	£105.67	£21.29	£50.93	£157.12
Housing management	465	£52.76	£15.90	£21.17	£77.67
Support costs	465	£9.81	£4.80	£2.41	£22.14
Activities cost*	119	£2.85	£0.81	£1.41	£3.52
Social care	465	£102.04	£111.81	£0.00	£612.00
Health care	465	£64.76	£106.55	£0.00	£634.29
Living expenses	465	£79.95	£3.38	£73.80	£81.80
Unit cost per week	**465**	**£415.79**	**£179.10**	**£173.98**	**£1241.70**

* Average across 4 schemes with specific cost outlay for activity provision

Figure 1: Distribution of components of costs of extra care housing



Note: Housing management and support include organising activities where this was specified and housing support tasks such as general counselling, advice, and assistance with domestic tasks and cleaning. Housing support costs accounted for 2 per cent of the total overall.

Table 2: Distribution of costs by service

Services used in Extra Care Housing	Average contribution of service to total cost (%)		
	Residents using each service (%)	Residents using service (%)	All residents (%)
Accommodation	100.0	28.7	25.4
Housing management	100.0	14.0	12.7
Housing support services	100.0	2.7	2.4
Activities provision	25.6	0.8	0.2
Living expenses	100.0	22.3	19.2
Health services			
GP visit at home	52.8	1.5	0.8
GP visit at GP surgery	58.0	1.7	0.8
Nurse visit at home	51.9	5.2	3.5
Nurse visit at GP surgery	30.3	0.4	0.1
Chiropody	63.1	0.7	0.4
Health clinic visit	5.7	3.6	0.2
Therapist visit at home	19.3	3.7	0.8
Therapist visit at hospital	7.3	2.0	0.2
Hospital accident & emergency	27.0	1.0	0.3
Hospital out-patient services	48.4	2.9	1.3
Hospital in-patient stay	27.8	17.0	7.2
Social care services			
Daycare services	11.7	14.2	1.8
Social worker/care manager visit	45.8	1.6	0.6
Personal care at home	65.4	28.0	22.2

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Shared Lives – model for care and support

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The schemes

Shared Lives is a regulated service in which a family, couple or single person include another individual in their family and community life. In many cases a disabled or older person becomes a permanent part of a supportive family. The service, regulated by the Care Quality Commission in England, is delivered through Shared Lives schemes of which the majority are run by the local authority (86 per cent) but which are increasingly being run independently (14 per cent). Shared Lives carers are carefully selected and trained by regulated Shared Lives schemes, with the goal of enabling people to benefit from a highly personalised service which depends on achieving a good match between the individual requiring support and the Shared Lives carer who wishes to support them. A study comparing Commission for Social Care Inspection (now the Care Quality Commission) ratings found that 79 of Shared Lives schemes in South East England were rated excellent or good, compared with 69 per cent of care homes. Service users in all of the Shared Lives schemes in the evaluation identified a number of successful outcomes: *living the life they wanted*; *having choices and being in control*; *developing confidence, skills, independence*; and *having different experiences* (NAAPS, 2010).

Shared Lives is provided by most local authorities in England and is well established in the other UK and some European countries. Statistics published in 2009 showed that 4,000 people were supported by Shared Lives schemes (previously known as adult placements), an increase of 36 per cent on 2008 (The Information Centre, 2010). Traditionally a service provided for adults with learning disabilities, currently many Shared Lives schemes also provide day support for adults with a range of needs, and in many cases disabled and older people become a permanent part of a supportive family. They are also increasingly being used by older people, people with mental health problems and people with physical disabilities. Sometimes foster carers who have been providing long-term support to a disabled child, transfer to a Shared Lives scheme in order to continue supporting the individual. The 2009 statistics show that a total of 3,470 Shared Lives placements were being run, of which 3,060 (88 per cent) were for adults with learning disabilities, 120 (3 per cent) for people with physical disabilities and 290 (8 per cent) for people with mental health problems (The Information Centre, 2010).

Examples of how the schemes can work are listed below:

- They can provide an interim placement for people with mental health problems recently discharged from hospital and also help prevent readmission.
- Shared Lives carers can provide support to people with dementia in their neighbourhood enabling the person to remain in their own home. They can also offer support to family members so that the person does not have to leave their familiar surroundings.
- They can provide support for care leavers and provide a setting in which they can learn daily living skills in a very practical way, in preparation for moving on into greater independence.
- They can support parents with a learning disability and can help to teach parenting skills, which may prevent unnecessary admission of a child to care.
- They can provide respite to unpaid family carers, an arrangement which can also help with long- term succession planning for older family carers.

There are number of important distinguishing factors that help make Shared Lives work for people:

- The recruitment and approval process for Shared Lives carers is thorough and does not just look at the individual applicant/s but at the whole family and its place in the local community.
- Arrangements are subject to a careful matching process and placement agreements which ensure that the individual has maximum choice and control. This is probably the most important factor in achieving a successful placement.
- People using Shared Lives have the opportunity to be part of the Shared Lives carer's family and social networks.
- Shared Lives carers use their family home as a resource.
- Arrangements provide committed and consistent relationships.
- The relationship between the Shared Lives carer and the person placed with them is of mutual benefit.

- People living in Shared Lives households are more able to be active citizens contributing to the life of their local community.
- Shared Lives carers can support no more than three people at any one time.
- Shared Lives carers do not employ staff to provide care to the people placed with them, but may get additional support from the Shared Lives schemes if required.

Funding Shared Lives placements

Because Shared Lives is regulated as a community rather than a residential care service, it enables the supported person to maximise their benefits and have access to the full range of benefits, including housing benefit and, in some cases, Supporting People funding. Personal care and support needs are funded through community care personal budgets, and service users contributions are assessed through 'Fairer Charging': a means test to determine their ability to contribute. This approach to funding ensures that the person retains a larger amount of their income than if they were in residential care and this increases their choices and opportunities to use their money as they wish. Also, as needs change, if they need assistance with specialised equipment or adaptations to their accommodation, Shared Lives carers are eligible to be considered for a disabled facilities grant.

Payments to Shared Lives carers comprise the following:

- Rent, which is paid direct to the Shared Lives carer, usually funded by housing benefit;
- Food and utilities costs, which are usually an agreed fixed amount, are paid direct to the carer by the person in the arrangement;
- Care and support needs and management costs for the Scheme which are funded from the Community Care budget, and increasingly via personal budgets.

Payment levels to Shared Lives carers are usually decided according to the level of support the Shared Lives carer gives to the service user, rather than the hours worked, with a range of bands for rates of payment. Shared Lives carers receive a fixed amount, rather than an hourly rate. Some receive up to four weeks paid breaks per year, and if they have a supported person living with them they are entitled to respite care. In 2009, rates ranged between £267 and £653 per week for a longer-term placement (including board and rent). Payments for short breaks varied between £159 and £550 per week. Costs for separate day-time placements of service users in long-term placements were usually met by the sponsoring authority. Payments to Shared Lives carers are treated favourably by Her Majesty's Revenue and Customs (HMRC), with a fixed allowance of £10,000 per annum plus £250 for each person supported each week or part of a week.

A business case for Shared Lives (NAAPS, 2009) estimated that to develop a scheme that could support 85 service users would require an investment of £620,000 over a five-year period. Based on data from the 2009 study, over the same period it could generate net savings of £12.99 million by reducing the need for costlier services, residential care in particular. It was calculated that the average unit cost of a Shared Lives placement including care and support, board and lodging and management costs is £419 per week, with care and support costs amounting to a mean of £293 per week (see Table 1). A flat rate weekly management charge for all types of placement is included in this cost.

Table 1: Range of weekly payments to Shared Lives carers and management costs

	Range £ (per week)		Overall average care cost (per week)	Management charge (per week)	Total average cost (per week)
	Min.	Max.			
All-in price for long-term placement, including board and lodging	£267	£653	£361	£58	£419
Care and support in long-term	£151	£430	£235	£58	£293

When we compared the cost per week, of supporting a person in a Shared Lives' setting with the unit costs for residential care per week (Curtis, 2008) (see Table 2). The greatest savings were obtained from long-term placements for people with learning disabilities but it was estimated that savings per person would not be realised until the second year of operation.

Table 2: Potential savings

Type of service	National unit cost per week	Shared Lives unit cost per week (overall mean)	Potential savings: £ per week if person is supported in Shared Lives rather than elsewhere
Learning disability residential care	£1,059	£419	£640
Older people residential care	£465	£419	£46
Physical disability residential care	£780	£419	£361
Mental health residential care	£602	£419	£183
Learning disability supported living	£1,288	£293	£995

Potential savings were also indicated by the 2009 study for other types of Shared Lives placements, such as day-time support and floating support, however, the financial data are less reliable.

The 2009 study (NAAPS, 2010) concluded that there may be a scheme size below which it is difficult to deliver a high quality Shared Lives service and achieve successful outcomes as costs per case tend to be lower in the larger schemes. In the aforementioned business case for Shared Lives, a level of 85 placements is assumed. Greater efficiencies can be realised when tasks such as planning and delivering training, recruiting and maintaining an Approval Panel, or developing quality assurance systems support a larger number of service users.

Shared Lives fits well with government strategies to engage members of local communities in supporting the more vulnerable members of society. This care model is able to deliver high quality outcomes for people at a competitive price. Above all, as a service of choice, it enables people to live the life they want, with a high degree of community presence and active citizenship.

Some case studies of people Shared Lives has helped

Tony lives in the North East of England. After leaving residential special school he spent 15 years living in a residential care home. His real desire was to live with his family which was not possible, but being part of a family remained at the heart of his person-centred plan. Tony now lives with Linda, a Shared Lives carer. He pays his rent and board using Housing Benefit and his other benefits income. His care and support needs are met from his Personal Budget some of which he retains as a Direct Payment. He uses this to pay for extra support when he goes to watch Newcastle United play and when he goes on holiday, both of which he likes to do separately from Linda.

Jenny was living in a residential community but wanted to live in her own flat one day but was frightened to do this because she didn't know how to cook, iron, use a washing machine, use public transport or budget and handle her money well. She moved in with Mary and Ian so that she could learn these skills. She stayed for two and a half years and then moved into a home of her own with continued support from Mary and Ian, in much the same way she would had she a family of her own. She returns to their house for some weekends and is always included in family celebrations.

Morag lives in a small village with an increasingly elderly population. The nearest town is 15 miles away and there are very few services in the area. On two days a week Morag takes three frail elderly ladies into her home and they spend the day chatting and playing bridge. They have all been friends for many years, but can't get to each other's houses anymore. Meeting at Morag's keeps them in touch and ensures they do not become isolated and lonely.

Shared Lives Plus (formerly known as NAAPS UK) is the UK Network for small community services including Shared Lives, Homeshare and community services. Shared Lives Plus provides support services to both Shared Lives Schemes and to Shared Lives Carers and represents the sector at a national level with regulators and government departments and other stakeholders throughout the UK. www.sharedlivesplus.org.uk

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Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations

Lisa Holmes, Centre for Child and Family Research[1]

Introduction

The 'Baby Peter' case, Lord Laming's Progress Report, The Protection of Children in England (2009) and the government's subsequent action plan (HM Government, 2009a) all emphasised the importance of accurate and early identification of the needs of children and their families and the importance of high quality assessments to inform plans and service responses.

The Centre for Child and Family Research at Loughborough University was commissioned by the Local Government Association (LGA) to explore the cost and capacity implications for children's social care of implementing Lord Laming's (2009) recommendations (Holmes et al., 2010b). The potential financial and capacity implications were explored for six of the 58 recommendations (numbers 11, 15, 16, 19, 20 and 24), with an emphasis on referral and assessment processes, case-loads, appropriate levels of supervision and training and support. The research was carried out between October 2009 and February 2010 and was commissioned to provide unit costs of key social care activities and processes relating to the six recommendations listed above, along with contextual information on the wider issues that impacted on the implementation of the recommendations (see Box 1).

Box 1: Laming recommendations

11. *The Department for Children, Schools and Families should revise Working Together to Safeguard Children to set out clear expectations at all points where concerns about a child's safety are received, ensuring intake/duty teams have sufficient training and expertise to take referrals and that staff have immediate, on-site support available from an experienced social worker. Local authorities should take appropriate action to implement these changes.*

15. *The Social Work Task Force should establish guidelines on guaranteed supervision time for social workers that may vary depending on experience.*

16. *The Department for Children, Schools and Families should revise Working Together to Safeguard Children to set out the elements of high quality supervision focused on case planning, constructive challenge and professional development.*

19. *The Department for Children, Schools and Families must strengthen Working Together to Safeguard Children, and Children's Trusts must take appropriate action to ensure:*

1) *all referrals to children's services from other professionals lead to an initial assessment, including direct involvement with the child or young person and their family, and the direct engagement with, and feedback to, the referring professional;*
2) *core group meetings, reviews and casework decisions include all the professionals involved with the child, particularly police, health, youth services and education colleagues. Records must be kept which must include the written views of those who cannot make such meetings; and formal procedures are in place for managing a conflict of opinions between professionals from different services over the safety of a child.*

20. *All police, probation, adult mental health and adult drug and alcohol services should have well understood referral processes which prioritise the protection and well-being of children. These should include automatic referral where domestic violence or drug or alcohol abuse may put a child at risk of abuse or neglect.*

24. *The Social Work Task Force should:*

1) *develop the basis for a national children's social worker supply strategy that will address recruitment and retention difficulties, to be implemented by the Department for Children, Schools and Families. This should have a particular emphasis on child protection social workers;*
2) *work with the Children's Workforce Development Council and other partners to implement, on a national basis, clear progression routes for children's social workers;*
3) *develop national guidelines setting out maximum case-loads of children in need and child protection cases, supported by a weighting mechanism to reflect the complexity of cases, that will help plan the workloads of children's social workers; and*
4) *develop a strategy for remodelling children's social work which delivers shared ownership of cases, administrative support and multi-disciplinary support to be delivered nationally.*

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Method

A national survey was completed by 46 of the 152 local authorities in England, and in-depth research was carried out in nine authorities. The in-depth research included an online survey of 34 frontline workers to explore case-loads, supervision, training and support; an online survey of 33 frontline workers to obtain 'time use activity data' for the calculation of the unit costs; interviews with safeguarding managers across the nine authorities and focus groups with frontline staff in four of the authorities to provide a greater insight into key practice issues. Additional 'time use activity data' was utilised from a related study to explore the costs of services provided to all children in need (Holmes et al, 2010a).

Unit costs were calculated using a 'bottom-up' approach (Beecham, 2000; Ward et al., 2008). Unit costs per hour for each of the types of practitioners were then calculated, based on the relevant schema in Curtis (2007). The unit costs are displayed in Table 1.

Table 1: Unit costs per hour[1]

Job title/ role	Unit cost per hour
Social worker	£25.16
Family support worker[2]	£20.00
Team manager	£32.77
Administrator	£14.79
Service manager	£49.48
Head of service	£74.29

Key findings

Contextual issues

This study focused on 'front-door' delivery of services and the work of social care intake and referral teams. Data from the national survey revealed the wide remit of the teams. The majority of teams (91 per cent) worked with cases up to or beyond the completion of core assessments; around 25 per cent of these teams were also holding children in need cases and were involved in Section 47, child protection enquiries or completion of case work as part of the Public Law Outline.

All of the authorities that participated in the in-depth research reported that they had experienced an increase in contacts and/or referrals following the media attention surrounding the Baby Peter case. Furthermore practitioners reported that they had managed the increase in contacts/referrals by working longer hours; they also expressed concern about the longer-term sustainability of working the increased hours.

Around three quarters of the participating authorities (33) reported that they had made changes to their referral, assessment or supervision processes following the publication of The Protection of Children in England (Laming, 2009). The most frequently cited changes were an increase in managerial oversight of cases, strengthening of audit systems and adaptations to supervision policies.

The study identified that it was problematic to make too clear a distinction between practice pre- and post-Laming and safeguarding managers reflected that their practice was largely in line with the recommendations. However, practitioners did highlight particular concerns about the implications of implementing recommendation 19(1), shown in Box 1.

[1] The unit costs have been based on salary information provided by two participating local authorities and then calculated using the social care schema outlined in Curtis (2007). The figures were adjusted so that training was not included; instead, training was included as a separate activity based on actual number of days spent on training.

[2] Salary scales were not provided for family support workers. Therefore the unit cost per hour was taken from Curtis (2007).

Recommendations 19(1) and 20

Time spent and cost of contacts, referrals and initial assessments

The activities that constitute the initial contact and referral processes were based on those outlined in Working Together to Safeguard Children (HM Government, 2006; 2009b). Practitioners reported that having sufficient time for all of the tasks was determined by workload pressures, and they expressed concerns about prioritisation of tasks and the impact on the quality of assessments.

The findings from the online surveys revealed considerable variations in the time social care practitioners spent responding to initial contacts and referrals. The reported time spent by social workers on initial contacts ranged from 15 minutes to just over three hours, with an average time of 49 minutes per initial contact, and an additional input from the team manager of 30 minutes (on average). Based on the unit costs outlined in Table 1, the unit cost of an initial contact was £36.94.

The unit cost of a referral was an additional £117.41, based on an average activity time of 4 hours and 40 minutes (range of 2.5 hours to more than 13 hours). This includes time spent on feedback to referrers, which was reported to take an average of 18 minutes per referral.

The reported time spent on an initial assessment ranged from 4 hours and 40 minutes to more than 20 hours. The mean time spent by social workers to complete an initial assessment was 10.5 hours. The unit cost of an initial assessment was £361.70, including the activity by the social worker, team manager and administrator.

Recommendations 15 and 16

Supervision

The findings from the national survey indicated that the majority of the local authorities (91 per cent) had formal supervision policies in place. There was also little variation in the reported frequency of supervision, with most (85 per cent) citing monthly supervision sessions. Furthermore, nearly three quarters (71 per cent) of the workers that completed the online surveys reported that they considered the supervision to be sufficient. The supervision sessions were reported to last between one and two hours on average, and all the workers rated supervision as ‘satisfactory’ or better, with 85 of them rating their supervision either ‘good’ or ‘excellent’.

Frontline workers reported that supervision sessions focused predominantly on case planning, and two thirds reported that more time should be spent on constructive challenge of practice and professional development. A third of the workers reported that more time should be spent addressing their welfare needs. However, additional time would be required to incorporate these elements into supervision sessions.

Recommendation 11

Training and support

Between December 2008 and December 2009, the reported number of days spent on training ranged from 0 to 20, with an average of just less than 7 days. Half of the workers reported that this level was insufficient, and the majority (73 per cent) cited prioritisation of case work as the reason for insufficient time spent on training. Workers reported that, ideally, ten days a year should be allocated for training.

Recommendation 24

Recruitment and case-loads

Data from the national survey identified that around two thirds (65 per cent) of the authorities had vacancies in their intake and referral teams, although a third of these were being covered by agency staff. Furthermore, interviews with safeguarding managers highlighted the challenges of recruiting and retaining staff in intake and referral teams. The perception of the low status of social work, along with the specific demands and anxieties of child protection work, were cited as causes of recruitment difficulties.

Data supplied by frontline workers indicated a considerable variation in case loads, ranging from 9 to 24 children or 4 to 29 families per social worker in the referral and intake teams. Nearly two-thirds of the workers reported an increase in case loads in the previous six months and three-quarters reported a need to prioritise tasks and specific types of cases.

Conclusion

The study revealed that exploration of the cost and capacity implications of Laming's recommendations are complex, and that there was not a clear demarcation pre and post the Laming report. It was also apparent that authorities were concerned about the increase in contacts and referrals and the impact this had on their capacity.

Of the six recommendations, practitioners were most concerned about the implication of recommendation 19(1), and the impact that this would have on already increased referrals. As a result of these findings, the LGA proposed a five-point plan to ensure social work reforms result in the best possible protection of vulnerable children. The LGA argued that the government should revise its policy on Laming's recommendation 19(1), that all referrals from professionals should lead to an initial assessment as this was likely to have the biggest impact on social work teams.

Following publication of the study report, the Government decided that local authorities should be responsible for making the decision on whether to conduct an initial assessment: that is, discretion has been reintroduced (HM Government, 2010).

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I. SERVICES

1. Services for older people

1.1 Private sector nursing homes for older people
1.2 Private sector residential care for older people
1.3 Local authority residential care for older people
1.4 Local authority day care for older people
1.5 Extra care housing
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1.1 Private sector nursing homes for older people

Using PSS EX1 2009/10[1] returns uprated by the PSS Pay & Prices inflator, the median cost per person for supporting older people in a nursing care home was £524 per week and the mean cost was £523 per week. Twenty-five per cent of local authorities had average gross costs of £454 or less, and for 25 per cent costs were £588 or more. The standard NHS nursing care contribution is £108.70.[2] When we add this to PSS expenditure, the total expected mean cost is £632 and the median cost is £633.

Costs and unit estimation	2010/2011 value	Notes
A. Fees	£719 per week	The direct unit cost of private sector nursing homes is assumed to be the fee. Where a market is fairly competitive, such as that for private sector nursing homes, it is reasonable to assume that the fee will approximate the societal cost of the service.[3] A weighted average fee for England reflecting the distribution of single and shared rooms was taken from the Laing & Buisson market survey.[4]
External services B. Community nursing C. GP services D. Other external services		No current studies indicate how external services are used by nursing home residents. See previous editions of this volume for sources of information.
E. Personal living expenses	£22.30 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £22.30.[5] This has been used as a proxy for personal consumption.
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a 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.
London multiplier	1.12 x A	Fees in London nursing homes were 12 per cent higher than the national average.[4]
Unit costs available 2010/2011		
£719 establishment cost per permanent resident week (A); £741.30 establishment cost plus personal living expenses per permanent resident week		

[1] The Information Centre (2011) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Department of Health (2010) *Advice Note on Nursing Care Bands*, Department of Health, London.
[3] Kavanagh, S., Schneider, J., Knapp, M., Beecham, J. & Netten, A. (1992*) Elderly people with cognitive impairment: costing possible changes in the balance of care*, PSSRU Discussion Paper 817/2, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Laing & Buisson (2010) *Care of Elderly People: UK Market Report 2010*, Laing & Buisson, London.
[5] Disability Alliance (2011) *Disability Rights Handbook, 35th Edition, April 2010-April 2011. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

1.2 Private sector residential care for older people

Using PSS EX1 2009/10[1] returns uprated by the PSS Pay & Prices inflator, the median cost per person for supporting older people in a residential care home provided by other organisations was £466 per week and the mean cost was £474 per week. The median cost for older people in own provision residential care was £939 per week and the mean cost was £844 per week. Using the Adult Social Services Expenditure Survey 2009/10,[2] the mean cost for the provision of private sector residential care was estimated to be £458. This has been uprated using the PSS Pay and Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Fees	£497 per week	The direct unit cost of private care homes is assumed to be the fee. Where a market is fairly competitive, such as that for private sector residential homes, it is reasonable to assume that the fee will approximate the societal cost of the service.[3] A weighted average fee for England reflecting the distribution of single and shared rooms was taken from the Laing & Buisson market survey.[4]
External service B. Community nursing C. GP services D. Other external services		No current studies indicate how external services are used by residential care home residents. See previous editions of this volume for sources of information.
E. Personal living expenses	£22.30 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £22.30.[5] This has been used as a proxy for personal consumption.
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a residential care home. See previous editions of this volume for sources of information.
Dependency		No current information is available on the relationship of dependency with cost. See previous editions of this volume for sources of information.
London multiplier	1.19 x A	Fees in London residential homes were 19 per cent higher than the national average.[4]
Unit costs available 2010/2011		
£497 establishment cost per permanent resident week (A); £519.30 establishment cost plus personal living expenses per permanent resident week (A and E).		

[1] The Information Centre (2011) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Local Government Association/Association of Directors of Adult Social Services (2010) *Report on Adults' Social Services Expenditure 2009-2010*, York Consulting, Leeds.
[3] Kavanagh, S., Schneider, J., Knapp, M., Beecham, J. & Netten, A. (1992*) Elderly people with cognitive impairment: costing possible changes in the balance of care*, PSSRU Discussion Paper 817/2, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Laing & Buisson (2010) *Care of Elderly People: UK Market Report 2010*, Laing & Buisson, London.
[5] Disability Alliance (2011) *Disability Rights Handbook, 35th Edition, April 2010-April 2011. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

1.3 Local authority residential care for older people

This table uses the Personal Social Services Expenditure return (PSS EX1) [1] for revenue costs, which have been uprated using the PSS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
Capital costs (A, B & C) A. Buildings and oncosts	£70 per week	Based on the new-build and land requirements for local authority residential care establishments. These allow for 57.3 square metres per person.[2] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£11.50 per week	Based on Department for Communities and Local Government statistics. [3] The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Other capital costs.		Capital costs not relating to buildings and oncosts are included in the revenue costs so no additional cost has been added for items such as equipment and durables.
D. Revenue costs	£901 per week	The median revenue cost estimate is taken from PSS EX1 2009/10 uprated using the PSS Pay & Prices Index[1] Capital charges relating to buildings and oncosts have been deducted. Twenty-five per cent of local authorities had average gross costs of £646 or less and 25 per cent of £1,073 or more. The mean cost was £825 per week.
E. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
External services F. Community nursing G. GP services H. Other external services		No current studies indicate how external services are used by residential care home residents. See previous editions of this volume for sources of information.
I. Personal living expenses	£22.30 per week	The Department for Work and Pensions (DWP) personal allowance for people in residential care or a nursing home is £22.30.[4] This has been used as a proxy for personal consumption.
Use of facility by client	52.18 weeks p.a.	
Occupancy	89%	Based on information reported by Laing & Buisson.[5]
Short-term care		No current information is available on whether residents in short-term care are less costly than those who live full-time in a residential care home. See previous editions of this volume for sources of information.
Dependency		No current information is available on the relationship of dependency with cost. See previous editions of this volume for sources of information.
London multiplier	1.035 x (D to E)	Based on PSS EX1 2009/10 data.[1]
Unit costs available 2010/2011		
£982.50 establishment cost per permanent resident week (includes A to E); £1,005 care package costs per permanent resident week (includes A to E and I).		

[1] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[3] Personal communication with the Department for Communities and Local Government, 2011.
[4] Disability Alliance (2011) *Disability Rights Handbook, 35th Edition, April 2010-April 2011. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.
[5] Laing & Buisson (2010) *Councils set to shunt social care costs to the NHS and service users as cuts take effect*, Laing & Buisson, www.laingbuisson.co.uk/LinkClick.aspx?fileticket=7NqbssCOgKA%3D&tabid=558&mid=1888.

1.4 Local authority day care for older people

This table uses the Personal Social Services Expenditure return (PSS EX1)[1] for revenue costs, which have been uprated using the PSS Pay & Prices inflator. In order to provide a cost per day care session, this table assumes that clients attend day care, on average, for three sessions per week. Inevitably, some service users will attend more often and others less often depending on individual circumstances.

Costs and unit estimation	2010/2011 value	Notes
Capital costs (A, B & C) A. Buildings and oncosts	£4.80 per session	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish client group). These allow for 33.4 square metres per person.[2] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.80 per session	Based on Department for Communities and Local Government statistics.[3] The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Other capital costs		Capital costs not relating to buildings and oncosts are included in the revenue costs so no additional cost has been added for items such as equipment and durables.
Revenue costs D. Salary and other revenue costs E. Capital charges	£30 per session	The median revenue cost estimate is taken from PSS EX1 2009/10 uprated using the PSS Pay & Prices index.[4] The median and mean costs per client per week are £90 and £94 respectively. Capital charges relating to buildings have been deducted. Assuming older people attend 3 sessions per week, the median cost per day is £30 and the mean cost is £31.
F. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
Use of facility by client		Assumes clients attend 3 sessions of day care per week.
Occupancy		Based on a study carried out by PSSRU on day care services for older people with dementia, the occupancy rate was 87%.[5]
London multiplier	1.43 x A; 2.73 x B; 1.56 x (D)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2010/2011		
£36 per session (includes A to D).		

[1] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[3] Personal communication with the Department for Communities and Local Government, 2011.
[4] The Information Centre (2011) *PSS EX1 2009/10*, The Information Centre, Leeds.
[5] Reilly, S., Venables, D., Challis, D., Hughes, J. & Abendstern, M. (2004*) Day Care Services for Older People with dementia in the North West of England*, Personal Social Services Research Unit, University of Kent, Canterbury. www.pssru.ac.uk/pdf/MCpdfs/Daycare1.pdf.

1.5 Extra care housing for older people

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

Extra care housing is primarily for older people, and the accommodation is (almost always) self-contained. Care can be delivered flexibly, usually by a team of staff on the premises for 24 hours a day. Domestic care and communal facilities are available. For more information, see the Bäumker & Netten article on page 7.

All costs have been uprated from 2008 to current prices using the appropriate inflators. The mean cost of living in extra care housing was estimated at £420 per resident per week, with a standard deviation of £190 and a range of £180 to £1,399. The median cost was £380 per resident per week.

Costs and unit estimation	2010/2011 value	Notes
A. Capital costs Building and land costs	 £93 per resident per week	Based on detailed valuations for the buildings and the land provided by the housing associations operating the extra care schemes. For properties constructed before 2008, capital values were obtained from the BCIS, and downrated using the All-In Tender Price Index. Included is the cost of land, works including site development and landscaping, equipment and furniture, professional fees (architects, design and surveyors' fees).[1]
B. Housing management and support costs Housing management Support costs	 £ 55 per resident per week £ 10.30 per resident per week	Information taken from the annual income and expenditure accounts for each individual scheme after at least one full operational year. Average running costs were calculated by dividing the adjusted total running cost by the number of units in the scheme. The cost includes management staff costs (salary and on-costs including national insurance and pension contributions, and office supplies), property maintenance and repairs, grounds maintenance and landscaping, cleaning of communal areas, utilities, and appropriate central establishment costs (excluding capital financing).
C. Personal living expenses	£ 86 per resident per week	As significant variability existed in the approaches to meal provision in the schemes, items related to catering costs were removed from the financial accounts and the cost of food and other consumables was estimated using the Family Expenditure Survey (2010) and based on tables 27 and 32.[2]
D. Health and social service costs Health services Social services	 £67 per resident per week £107 per resident week.	Estimates of health and social service costs were made combining resource use information reported by 465 residents, six months after admission, with the appropriate unit costs taken from the respective local authorities or, where appropriate, from national sources.[3] Health care estimates ranged from £0-£656. Social care estimates ranged from £0-£641.
Use of facility by client	52.18 weeks per annum	
Unit costs available 2010/2011		
£158.30 accommodation, housing management and support costs; £244.30 accommodation, housing management, support and living expenses; £418 total cost.		

[1] Darton, R., Bäumker, T., Callaghan, L. & Netten, A. (2011). *The PSSRU Evaluation of the extra care housing Initiative: Technical Report.* Personal Social Services Research Unit, University of Kent.
[2] Office for National Statistics (2010) *Family Spending 2010 edition*, Office for National Statistics, London, available at www.ons.gov.uk/ons/rel/family-spending/family-spending/2010-edition/index.html
[3] Curtis, L. (2008) *Unit Costs of Health and Social Care 2008*, Personal Social Services Research Unit, University of Kent, Canterbury.

1.6 Community rehabilitation unit

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

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary and oncosts	£78,516 per year	The team comprises a scheme manager (20 %), a part time care manager (80 %) and support workers. Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation.
B. Direct overheads Administrative costs Management costs	£25,133 per year £4,455 per year £18,487 per year	This includes maintenance, running costs, repair/renewal of fixtures/fittings. Building expenses and equipment costs. Includes Project Manager (0.05), CART coordinator, social services team leader (0.08 %) and Agency fees.
C. Indirect overheads	£12,040 per year	To cover the finance function.
D. Capital: - building costs - land costs	 £23,610 per year £11,938 per year	Based on actual cost of the 7 units, a lounge (shared by sheltered housing) and an office and uprated using the Tender Price Index for Public Sector Building (non-housing). Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Occupancy	71%	On average, 5 (5 places) units of the 7 (7 places) are occupied at any one time.
Case load	32 per year	The annual case load for January 2004 to January 2005 was 32 clients.
Average length of stay	33 nights	
Hours and length of service	7 days a week (to include weekends and bank holidays)	The service is available 7 days a week with support workers working 10.5 hours daily (3,832 per year). The scheme manager is available from Monday to Friday 7 am to 3 pm and in case of emergency there is cover during evenings, nights and weekends via the call centre.
Patient-related hours Typical episode Low cost episode High cost episode	 10 hours per week 7 hours per week 5 hours per week	All clients receive an initial assessment when referred to Home Bridge usually at hospital. They are assessed on arrival by a community care manager, who continues to monitor them throughout their stay and discharges them at the end of their stay. 50 per cent of clients stay on average 29 nights and receive 41 hours of contact with a support worker per week. 25 per cent of clients stay 10 days and receive an additional 10 hours with a support worker each week. 25 per cent of clients stay on average 64 days and receive 137 hours with support workers.
Cost of hospital assessment and admission to Homebridge	£291	Between 3-5 hours of a hospital care manager's time who prepares the discharge from hospital and arranges the referral to Home Bridge. A further 3 hours is required by the social services duty desk to make the admission arrangements at Home Bridge. This is based on the salary of a social work assistant.
Cost of discharge from Homebridge	£379	This is carried out by a community care manager and takes 8.5 hours. It involves 7.5 hours face-to-face contact time for liaison with patient, professionals, families and services and also 1 hour administration.
Cost of Health Services provided by the Community Assessment and Rehabilitation Team (CART)	£636	On average, 7 hours of therapy or nursing care was provided by the CART team.
Unit costs available 2010/2011		
Full unit costs (all activities): Per person (actual occupancy) £34,836 per year, £670 weekly (includes A to E); Per person (full occupancy) £24,883 per year, £479 weekly. Cost per episode: £2,744 (typical episode), £2,084 (low-cost episode); £5,766 (high-cost episode).		

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

1.7 Intermediate care based in residential homes

This information is based on PSSRU research carried out with the Social Work and Social Care Section at the Institute of Psychiatry.[1] It provides the costs of comparative intermediate care schemes based in residential homes. The average weekly cost per client across the four schemes is £609, and the average annual cost per client is £3,478. All costs have been uprated to present values using the appropriate PSS inflators. The National Evaluation of the Costs and Outcomes of Intermediate Care for Older People[2] should also be downloaded for comparative costs.

	Social care only			Social and health care
	Scheme A provides a therapeutic programme of recuperative care with 16 recuperative beds. Care staff includes care workers, a senior night carer and rehabilitation workers.	Scheme B is provided by the local authority for people with dementia. A fee is paid by the local authority for care staff.	Scheme C is a short-stay residential home for people having difficulty managing at home, or who have been recently discharged from hospital or are considering entry to a residential care home. A fee is paid by the local authority for care staff.	Scheme D is run by the local authority in conjunction with the primary care trust and provides 6 weeks of support and rehabilitation to older people who have the potential to return to their own home after a stay in hospital. Staff includes a care manager, therapists, a visiting medical officer and promoting independence assistants.
Wages/salary	£223,151	£153,018	£105,489	£165,190
Oncosts Employers' national insurance plus 14 per cent of salary for employers' contribution to superannuation	£47,977	£32,899	£22,680	£35,516
Direct overheads Includes salaries of supervisory staff, running costs and supplies	£253,269	£54,398	£50,002	£28,459
Indirect overheads Management fees (incl. premises' costs) Capital/premises Total costs[3]	 £164,365 £36,269 £725,031	 £43,518 £283,833	 £178,171	 £9,390 £238,555
Caseload Average length of stay No. of beds	196 34 days 16	51 54 days 10	64 45.5 days 8	67 32 days 8
Weekly costs per resident Average annual cost per client Cost of typical client episode	£869 £3,699 £4,221	£544 £5,565 £4,199	£427 £2,784 £2,776	£571 £3,560 £2,614

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

[2] Barton, P., Bryan, S., Glasby, J., Hewitt, G., Jagger, C., Kaambwa, B., Martin, G., Nancarrow, S., Parker, H., Parker, S., Regen, E. & Wilson, A. (2006) *A National Evaluation of the Costs and Outcomes of Intermediate Care for Older People. Executive Summary*, Intermediate Care National Evaluation Team (ICNET), University of Birmingham and University of Leicester.

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

2. Services for people with mental health problems

2.1 NHS reference costs for mental health services
2.2 Local authority care homes for people with mental health problems
2.3 Private sector residential care homes for people with mental health problems
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2.6 Cognitive behaviour therapy (CBT)
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2.9 Deprivation of liberty safeguards in England: implementation costs
2.10 Mindfulness based cognitive therapy - group based intervention
2.11 Interventions for mental health promotion and mental illness prevention

2.1 NHS reference costs for mental health services

We have drawn on the *NHS Trust and Primary Care Trusts combined* to report from the NHS Reference Costs of selected mental health services.[1] All costs have been uprated to 2010/11 prices using the HCHS Pay and Prices inflators. The costs of selected mental health care services for children can be found in schema 6.1.

	Lower quartile	Upper quartile	Mean
MENTAL HEALTH SERVICES			
Inpatient attendances (cost per bed day)			
Intensive care — adult	£520	£683	£630
Acute care — adult	£287	£329	£312
Rehabilitation — adult	£229	£324	£282
Elderly	£287	£355	£319
Weighted average of all adult mental health inpatient bed days.	£286	£348	£321
Specialist inpatient services (cost per bed day)			
Eating disorder (adults)	£378	£503	£426
Day care facilities — (cost per day — regular attendances)			
Weighted average of all attendances (adults)	£86	£156	£126
Weighted average of all attendances (elderly)	£60	£125	£100
Outpatient attendances, consultant services (follow-up face-to-face attendance)			
Drug and alcohol services — adult	£117	£194	£157
Other services — adult	£113	£196	£164
Elderly	£100	£198	£154
Weighted average of all adult outpatient attendances	£100	£174	£143
Community setting, consultant services (face-to-face contact)			
Weighted average of all contacts	£91	£147	£132

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

2.2 Local authority care homes for people with mental health problems

This table uses the Personal Social Services Expenditure return (PSS EX1)[1] for revenue costs, which have been uprated using the PSS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
Capital costs A. Buildings and oncosts	£83 per resident week	Based on the new-build and land requirements for homes for people with mental health problems. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.[2]
Revenue costs B. Salary costs and other revenue costs	£628 per resident week	The median revenue weekly cost estimate (£628) for supporting adults in own provision residential care (includes full cost paying and preserved rights residents). Capital costs relating to buildings and land have been deducted. The mean cost per client per week is reported as being £1,096. Five councils reported costs of over £2,000 per client week, and have not been included in this estimate.
C. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
Other costs D. Personal living expenses	£22.30 per week	The DWP personal allowance for people in residential care or a nursing home is £22.30.[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%	No statistics available, therefore 100 per cent occupancy assumed.
London multiplier	1.23 x (A to B)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2010/2011		
£711 per resident week establishment costs (includes A to B); £733 per resident week care package costs (includes A to D).		

[1] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[3] Disability Alliance (2011) *Disability Rights Handbook, 35th Edition, April 2010-April 2011. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

2.3 Private sector residential care homes for people with mental health problems

This table uses the Personal Social Services Expenditure return (PSS EX1) [1] for revenue costs, which have been uprated using the PSS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
Capital costs A. Buildings and oncosts	£83 per resident week	Based on the new-build and land requirements for homes for people with mental health problems. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.[2]
Revenue costs B. Salary and other revenue costs	£590 per resident week	The median revenue weekly cost estimate for supporting adults in own provision residential care (includes full cost paying and preserved rights residents. Capital charges relating to building and oncosts have been deducted. The mean cost per client per week is £595.
C. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
Other costs D. Personal living expenses	£22.30 per week	The DWP allowance is used as a proxy for personal consumption.[3]
E. Service use		No information available on service use.
Use of facility by client	365.25 days per year	
Occupancy	100%	No statistics available, therefore 100 per cent occupancy assumed.
London multiplier	1.46 x (A to B)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2010/2011		
£673 per resident week establishment costs (includes A to B); £695 per resident week care package costs (includes A to D).		

[1] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[3] Disability Alliance (2010) *Disability Rights Handbook, 34th Edition, April 2009-April 2010. A Guide to Benefits and Services for all Disabled People, Their Families, Carers and Advisers*, Disability Alliance, London.

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

This table uses the Personal Social Services Expenditure return (PSS EX1)[1] for revenue costs, which have been uprated using the PSS Pay & Prices inflator. The median cost per client week was £100 and the mean cost per client week was £89 Councils reporting costs of more than £500 per client week have been excluded from these estimates. In order to provide a cost per day care session, it is assumed that clients attend day care on average for three sessions per week as this is recommended as part of a total recovery programme.[2]

Costs and unit estimation	2010/2011 value	Notes
Capital costs A. Buildings and oncosts	£4.10 per session	Based on the new-build and land requirements for day care facilities (which do not distinguish by client group). These allow for 33.4 square metres per person.[3] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.70 per session	Based on information provided by the Department for Communities and Local Government, 2010.[4] Land costs have been discounted at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings and oncosts are included in the revenue costs so no additional cost has been added for other items such as equipment and durables.
D. Revenue costs	£29 per session	This is the median cost per session (£29) for own provision day care for people with mental health problems. Capital charges relating to buildings have been deducted. The mean cost per client session is £26.
E. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
Occupancy	87%	Based on a study carried out by PSSRU.[5]
London multiplier	1.40 x A; 2.70 x B; 1.10 x D	Relative London costs are drawn from the same source as the base data.
Unit costs available 2010/2011		
£34 per user session (includes A to D).		

[1] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Salford City Council (2011) *Mental Health,* Salford City Council*, www.salford.gov.uk/mentalhealth.htm.*
[3] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[4] Personal communication with the Department for Communities and Local Government, 2011.
[5] Reilly, S., Venebles, D., Challis, D., Hughes, J. & Abendstern, M. (2004*) Day Care Services for Older People with dementia in the North West of England*, Personal Social Services Research Unit, University of Kent, Canterbury. www.pssru.ac.uk/pdf/MCpdfs/Daycare1.pdf.

2.5 Private sector day care for people with mental health problems

This table uses the Personal Social Services Expenditure return (PSS EX1)[1] for revenue costs, which have been uprated using the PSS Pay & Prices inflator. The median cost per client week is £77, and the mean cost is £76. In order to provide a cost per day care session, it is assumed that clients attend day care on average for three sessions per week as this is recommended as part of a total recovery programme.[2] Five councils reporting average costs of either more than £500 per client week or less than £2 per client week have been excluded.

Costs and unit estimation	2010/2011 value	Notes
Capital costs A. Buildings and oncosts	£4.10 per session	Based on the new- build and land requirements for day care facilities, which do not distinguish by client group. These allow for 33.4 square metres per person.[3] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.70 per session	Based on information provided by the Department for Communities and Local Government, 2010.[4] Land costs have been discounted at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings are included in the revenue costs so no additional cost has been added for other items such as equipment and durables.
D. Revenue costs E. Agency overheads	£22 per session	The median cost per session for day care (£22) provided by other organisations. Capital charges relating to buildings have been deducted. The mean cost per client session is also £22. Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
Occupancy	87%	Based on study carried out by PSSRU.[5]
London multiplier	1.40 x A; 2.70 x B 0.98 x D	Median revenue costs were lower in London.[1]
Unit costs available 2010/2011		
£27 per user session (includes A to E).		

[1] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Salford City Council (2011) *Mental Health,* Salford City Council*, www.salford.gov.uk/mentalhealth.htm.*
[3] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[4] Personal communication with the Department for Communities and Local Government, 2011.
[5] Reilly, S., Venebles, D., Challis, D., Hughes, J.,. Abendstern, M. (2004*) Day Care Services for Older People with dementia in the North West of England*, Personal Social Services Research Unit, University of Kent, Canterbury. www.pssru.ac.uk/pdf/MCpdfs/Daycare1.pdf.

2.6 Cognitive behaviour therapy (CBT)

This table is based on costs estimated for a randomised controlled trial of interventions for adolescents with depression. The setting was two Child and Mental Health Services (CAMHS) teams in secondary care where CBT was delivered.[1]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£42,667 per year	Based on full-time equivalent basic salary of the January-March 2011 NHS Staff Earnings estimates[2] for a specialty doctor (midpoint), clinical psychologist (band 7 median) and mental health nurse (band 5 median). An average has been taken of these salaries.
B. Oncosts	£10,703 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No information available.
D. Overheads		Taken from NHS (England) Summarised Accounts.[3] See preface for more information.
Management, administrative and estates staff	£10,140 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£22,415 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training		Information not available for all care staff.
F. Capital overheads	£3,315 per year	Based on the new-build and land requirements of an NHS office and shared facilities, capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.[4,5] Based on the assumption that there is one office per team.
Working time	42 weeks per year, 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days. Assumes 6 study/training days and 12 days sickness leave.[6] Weighted to reflect team composition. Based on a total of 1549 hours per year.
Ratio of direct to indirect time on face-to-face contact	1:1	Fifty per cent of time is spent on face-to-face contact and 50 per cent on other activities.
Length of contact	55 minutes	Average duration of CBT session.
Unit costs available 2010/2011		
£58 per hour; £115 per hour face-to-face contact; £106 cost of CBT session.		

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

[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.

[3] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.

[4] Personal communication with the Department for Communities and Local Government, 2010.

[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

[6] The Information Centre (2011) *Results of the NHS Sickness Absence Survey 2010*, NHS Employers, London.

2.7 Counselling services in primary medical care

Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term to help them bring about effective change or enhance their wellbeing (British Association for Counselling and Psychotherapy, 2011).[1]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£37,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2011 NHS Staff Earnings estimates.[2] See section V for information on mean salaries.
B. Salary oncosts	£9,318 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads Management, administrative and estates staff Non-staff	 £8,942 per year £19,476 per year	Taken from NHS (England) Summarised Accounts.[3] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£3,453 per year	Based on new-build and land requirements for a practice nurse non-treatment space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.[4]
E. Travel		No information available.
Ratio of direct to indirect time on client contact	1:0.30	A study of nine practices found that, on average, each session lasted 55 minutes and the mean number of sessions was 7 (median 6).[5] Seventy-seven per cent of the time was spent on face-to-face contact, and 23 per cent of the time on other work.
Consultations	55 minutes	Average length of surgery consultation.[4]
Working time	42 weeks per year 37.5 hours per week	Each practice in the study employed counsellors for between 6 and 49 hours per week. Based on working hours of 1535 hours per year.[4]
Unit costs available 2010/2011		
£51 per hour (includes A to D); £66 per hour of client contact (A to D); £60 per consultation.		

[1] British Association for Counselling and Psychotherapy (2011) *BACP definition of Counselling*, BACP. www.bacp.co.uk/.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[4] Personal communication with the Department for Communities and Local Government, 2011.
[5] Simpson, S., Corney, R., Fitzgerald, P. & Beecham, J. (2000) *A Randomised Controlled Trial to Evaluate the Efficacy and Cost-Effectiveness of Counselling with Patients with Chronic Depression,* Report to the NHS Health Technology Assessment Programme, Vol. 4, No. 36.

2.8 Individual placement and support

Provided by Justine Schneider and Sheila Durie

Description of IPS

People with severe mental health problems face particular barriers to employment, both in relation to their impairments[1] and as a result of stigma and prejudice.[2] To overcome these, an approach known as Individual Placement and Support (IPS) has been developed[3] and has strong evidence to support it.[4,5] There are 25 criteria for 'fidelity' of IPS to the standards of best practice. The management ratio and the caseload sizes used here are within the bounds of 'good to exemplary' scores; most of the other fidelity criteria have little or no direct impact on service costs. Caseload capacity is determined both by size, and by turnover. There is evidence from the US that each place on a caseload serves about 1.8 clients over a year so a caseload of 20 has a throughput of 38 individuals per year on average. Although caseload size is used here to estimate a range of unit costs for IPS, turnover has not been factored in because it is likely to vary according to the skills of the post-holder.

Necessary conditions for IPS to operate

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

Variations in the costs presented

The IPS approach requires employment specialists to be integrated into the mental health team. However there is a wide range of levels at which the specialists are currently appointed. Therefore in Table 2.8.1, we offer costs for four grades of staff, two with professional qualifications (e.g. psychology, occupational therapy) and two with no particular qualifications. These different levels of pay, combined with a range of caseload sizes, yield a range of unit costs, as shown in Table 2.8.2. To the salary costs are added the usual overheads, plus a cost for a team leader, who according to IPS wisdom should not supervise more than 10 staff and should be available to provide practical support. A small marketing budget is included here, but annual costs for training were not available. We were advised by experienced IPS services that no other costs are commonly incurred. The unit cost per year shown in Table 2.8.2 ranges from £1,798 to £7,124, depending on caseload size and salary level of the worker. This does not take account of turnover in clients who are unlikely to remain in the service for a full year.

Comparative costs of day care

Unit costs of IPS may be compared to the costs of private sector day care. In Table 2.5 of this volume, the cost of private sector day care was £54 (£27 per session) outside of London. Table 2.8.3 shows the number of day care sessions at this cost which would correspond to each level of IPS costs from Table 2.8.2. This ranges from 34 sessions – less than one day per week, to 131 sessions, or just under three days per week. Whereas day care is often allocated in perpetuity, IPS is geared to finding a person paid work, and therefore the amount consumed by a given individual is likely to decrease over time. Moreover, there is some evidence that those individuals who attain work gain self-esteem[6] and reduce their reliance on mental health services, though not necessarily on benefits.[7]

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

[2] Thornicroft, G. (2006) *Shunned: Discrimination Against People With Mental Illness*, Oxford University Press, Oxford.

[3] Department of Health (2006) *Vocational Services for People with Severe Mental Health Problems: Commissioning Guidance*, CSIP for Department of Work and Pensions and Department of Health.

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

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

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

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

2.8.1 Cost components

	Unqualified	Unqualified	Qualified	Qualified
	Band 3	**Band 4**	**Band 5**	**Band 6**
Salary	£17,600	£20,200	£22,700	£30,500
Salary oncosts	£3,985	£4,682	£5,352	£7,442
Overheads – staff	£4,123	£4,752	£5,358	£7,247
Overheads – other	£8,979	£10,351	£11,670	£15,784
Capital	£2,240	£2,240	£2,240	£2,240
Team leader	£7,016	£7,016	£7,016	£7,016
Marketing budget	£1,015	£1,015	£1,015	£1,015
Total	**£44,958**	**£50,256**	**£55,350**	**£71,244**

2.8.2 Unit costs per person per year

	Unqualified	Unqualified	Qualified	Qualified
Caseload size	**Band 3**	**Band 4**	**Band 5**	**Band 6**
10 people	£4,496	£5,026	£5,535	£7,124
15 people	£2,997	£3,350	£3,690	£4,750
20 people	£2,248	£2,513	£2,768	£3,562
25 people	£1,798	£2,010	£2,214	£2,850

2.8.3 Equivalent cost in day care days

	Unqualified	Unqualified	Qualified	Qualified
Caseload size	**Band 3**	**Band 4**	**Band 5**	**Band 6**
10 people	£107	£120	£132	£170
15 people	£71	£80	£88	£113
20 people	£54	£60	£66	£85
25 people	£43	£48	£53	£68

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2.9 Deprivation of liberty safeguards in England: implementation costs

In 2009, the government provided additional funding of £10 million for local authorities and £2.2 million for the National Health Service (NHS) for the implementation of deprivation of liberty safeguards (DoLS), which was fully implemented on 1 April 2009 in England and Wales. This amends a breach of the European Convention on Human Rights and provides for the lawful deprivation of liberty of those people who lack the capacity to consent to arrangements made for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their own best interests, to protect them from harm.

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

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

The average cost for a single DoLS assessment across the five DoLS offices was £1,277. The standard deviation around the estimated cost of a single DoLS assessment was £393, and the 95 per cent confidence interval was £506 to £2,048. All costs have been uprated to 2010/2011 prices using the appropriate inflators.

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

All assessments include travel time	**DoLS office 1**	**DoLS office 2**	**DoLS office 3**	**DoLS office 4**	**DoLS office 5**	**Average of the five offices**
Assessments by mental health assessor	£468	£213	£545	£270	£232	£346
Assessments by best-interest assessor	£657	£395	£277	£961	£536	£565
Secretarial costs	£306	£171	£121	£552	£290	£288
Independent mental capacity advocates assessments	£106	£81	£57	£56	£69	£74
Court protection costs	£40	£40	£40	£40	£40	£40
Total costs	**£1,577**	**£900**	**£1,040**	**£1,879**	**£1,167**	**£1,313**

[1] Shah, A., Pennington, M., Heginbotham, C. & Donaldson, C. (2011) Deprivation of Liberty Safeguards in England: Implementation costs, *The British Journal of Psychiatry (2011)*, 199,232-238, doi: 10.1192/bjp.bp.110.089474..

2.10 Mindfulness based cognitive therapy - group based intervention

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

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

Costs and unit estimation	Unit cost 2010/2011	Notes
A.Wages/salary	£37,600 per year	Based on the mean basic salary for Agenda for Change Band 7 of the January-March 2011 NHS Staff Earnings estimates for qualified Allied Health Professionals.[2] See section V for further information on median salaries.
B.Salary oncosts	£9,345 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No information available
D. Overheads		Taken from NHS (England) Summarised Accounts.[3] See preface for more information.
Management, administration and estates staff	£8,920 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£19,717 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,256 per year	Based on the new-build requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[4,5]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[6] Assumes 5 study/training days and 12 days sickness leave.[7] Unit costs based on 1549 per annum.
Face-to-face time	1:0.67	Based on data from the three MBCT therapists who took part in the study.
Length of sessions	2 hours	Therapy sessions lasted two hours.
Unit costs available 2010/2011		
£50 per hour, £84 per direct contact hour, £168 per session, £14 per service user.		

[1] Kuyken, W., Byford, S., Taylor, R.S., Watkins, E., Holden, E., White, K., Barrett, B., Byng, R., Evans, A., Mullan, E. & Teasdale, J.D. (2008) Mindfulness-based cognitive therapy to prevent relapse in recurrent depression, *Journal of Consulting and Clinical Psychology*, 76, 966-978.
[2] The Information Centre (2010) *NHS Staff Earnings June 2011*, The Information Centre, Leeds.
[3] National Audit Office (2010) *NHS (England) Summarised Accounts 2009-2010*, The Stationery Office, London.
[4] Building Cost Information Service (2011) *Surveys of Tender Prices*, March, Royal Institute of Chartered Surveyors, London.
[5] Personal communication with the Department for Communities and Local Government, 2011.
[6] NHS Employers (2005) *Agenda for Change, NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
[7] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.

2.11 Interventions for mental health promotion and mental illness prevention

Information has been drawn from Knapp et al. (2011)[1] and provides a summary of the key findings of a study exploring the economic case for mental health promotion and prevention, based on a detailed analysis of costs and benefits for fifteen different interventions.

The full report can be downloaded at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_126085

Health visiting and reducing post natal depression

Context: Moderate-to-severe post natal depression affects around one in eight women in the early months following childbirth. The National Institute for Health and Clinical Excellence (NICE) recommends the screening of post-natal depression as part of routine care, and the use of psychosocial interventions and psychological therapy for women depending on the severity of depressive symptoms.

Intervention: Health visitors are well placed to identify mothers suffering from post natal depression and to provide preventative screening and early interventions. A number of UK trials of health visitor interventions have found positive effects: women were more likely to recover fully after three months; targeted ante-natal intervention with high-risk groups was shown to reduce the average time mothers spent in a depressed state; and a combination of screening and psychologically informed sessions with health visitors was clinically effective 6 and 12 months after childbirth.

Cost: The biggest direct costs of the intervention were associated with training (estimated at £1,400 per health visitor), plus the additional time spent by health visitors providing screening and counselling for mothers.

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 antisocial 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 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 £952 per family, while that of individual interventions is £2,078. 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 £1,177 per family.

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

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

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

[1] Knapp, M., McDaid, D. & Parsonage, M. (2011) *Mental health promotion and mental illness prevention: The economic case*, Department of Health, London. www2.lse.ac.uk/LSEHealthAndSocialCare/pdf/MHPP%20The%20Economic%20Case.pdf

Cost: The costs of a representative intervention, including teacher training, programme co-ordinator and materials, were estimated at £132 per child per year (2009 prices).

School-based interventions to reduce bullying

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

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

Cost: Information is limited on the cost of anti-bullying programmes, but one study estimates this at £15.50 per pupil per year (2009 prices).

Early detection for psychosis

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

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

Cost: One year of an early detection intervention has been estimated to cost £2,948 per patient, compared with £743 for standard care (2009 prices).

Early intervention for psychosis

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

Intervention: Early intervention teams aim to reduce relapse and readmission rates for patients who have suffered a first episode of psychosis, and to improve their chances of returning to employment, education or training, and more generally their future quality of life. This intervention involves a multidisciplinary team that could include a range of professionals (psychiatrists, psychologists, occupational therapists, community support workers, social workers, 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 £10,927 at 2008/2009 prices. The first year of the early intervention team's input is estimated to cost £2,282 per patient.

Screening and brief intervention in primary care for alcohol misuse

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

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

Cost: The total cost of the intervention averaged over all those screened was £17.40 at 2009/2010 prices.

[2] Ofsted (2008) *Children on bullying*, Ofsted. www.ofsted.gov.uk/resources/children-bullying.

Workplace screening for depression and anxiety disorders

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

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

Cost: It is estimated that £30.90 (at 2009 prices) covers the cost of facilitating the completion of the screening questionnaire, follow-up assessment to confirm depression, and care management costs. For those identified as being at risk, the cost of six sessions of face-to-face CBT is £240.

Promoting well-being in the workplace

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

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

Cost: The cost of a multi-component intervention is estimated at £80 per employee per year (2009 prices).

Debt and mental health

Context: Only about half of all people with debt problems seek advice, and without intervention almost two-thirds of people with unmanageable debt problems will still face such problems 12 months later. Research has demonstrated a link between debt and mental health. On average, the lost employment costs of each case of poor mental health are £11,432 per annum, while the annual costs of health and social service use are £1,508.

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

Cost: The costs of this type of intervention vary significantly, depending on whether it is through face-to-face, telephone or internet-based services. The Department for Business, Innovation and Skills suggests expenditure of £250 per client for face-face-debt advice; telephone and internet-based services are cheaper (2009 prices).

Population-level suicide awareness training and intervention

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

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

Cost: A course of CBT in the first year is around £400 per person. Further ongoing pharmaceutical and psychological therapy is estimated to cost £1,182 a year. The cost of suicide prevention training for GPs, based on the Applied Suicide Intervention Skills Training (ASIST) course, is £200.

Bridge safety measures for suicide prevention

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

Intervention and Cost: Following the installation of a safety barrier in 1998, at a cost of £300,000 (in 2009 prices), the number of suicides reduced from an average of 8.2 per annum in the five years before the barrier, to 4 per annum in the five years after it was installed.

Collaborative care for depression in individuals with Type II diabetes

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

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

Cost: It is estimated that the total cost of six months of collaborative care is £682, compared with £346 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 mental and 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 £40 per session. Costs associated with the need to raise the awareness of GPs to the potential role of CBT treatment for somatoform conditions, either through e-learning or face-to-face training, are also included.

Befriending of older adults

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

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

Cost: The contact is generally for an hour per week or fortnight. The cost to public services of 12 hours of befriending contact is estimated at £85, based on the lower end of the cost range for befriending interventions.

3. Services for people who misuse drugs or alcohol

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

Services for people who misuse drugs or alcohol

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

The information presented in Tables 3.1 to 3.3 was provided by the National Treatment Agency[2] and present the unit costs of three principle treatment interventions: (a) residential rehabilitation, (b) inpatient detoxification and (c) specialist prescribing. These interventions are described fully in *Business Definition for Adult Drug Treatment Providers* (National Treatment Agency, 2010).[3]

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

[1] National Treatment Agency for Substance Misuse (2009) *Annual Report, 2008/09*. www.nta.nhs.uk/uploads/nta_annual_report_08-09_2.pdf, Accessed 14 September 2010.
[2] Personal communication with the National Treatment Agency (2010).
[3] National Treatment Agency for Substance Misuse (2010) *NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers*. www.nta.nhs.uk/uploads/yptreatmentbusinessdefinitionv7.05.pdf, Accessed 14 September 2010.

3.1 Residential rehabilitation for people who misuse drugs or alcohol

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

Information has been drawn from a sample of 34 residential rehabilitation programmes to produce a unit cost per resident week of £647 at 2010/2011 prices uprated from 2007/08. The Gross Domestic Product (GDP) index has been used, as suggested by the NTA. It was not possible to provide details of costs for this service due to the method of data collection.

[1] National Treatment Agency for Substance Misuse (2009) *Annual Report, 2008/09*. www.nta.nhs.uk/uploads/nta_annual_report_08-09_2.pdf, Accessed 14 September 2010.

3.2 Inpatient detoxification for people who misuse drugs or alcohol

An Inpatient Unit (IPU) provides care to service users with substance-related problems (medical, psychological or social) that are so severe that they require medical, psychiatric and psychological care. The key feature of an IPU is the provision of these services with 24-hour cover, 7 days per week, from a multidisciplinary clinical team who have had specialist training in managing addictive behaviours.

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

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

Based on information provided by the National Treatment Agency in 2010, the average cost for inpatient detoxification (NHS and voluntary organisations) is £147 per patient day, which is equivalent to £1,029 per patient week. All costs have been uprated to 2010/11 prices using the Gross Domestic Product (GDP) index, as suggested by NTA.

Costs and unit estimation	2010/2011 value	Notes
A. Direct pay	£86 per patient day	Salaries plus oncosts for care staff.
B. Direct overheads	£15 per patient day	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration (for example, telephones and information technology).
C. Indirect costs and overheads	£46 per patient day	Includes capital charges, capital on refurbishment, property and buildings, housekeeping, catering, porterage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.
Unit costs available 2010/2011		
£147 per patient day or £1,029 per patient week		

[1] National Treatment Agency for Substance Misuse (2010) *NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers*, www.nta.nhs.uk/uploads/yptreatmentbusinessdefinitionv7.05.pdf.

3.3 Specialist prescribing

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

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

Based on information provided by the National Treatment Agency,[2] the average cost for specialist prescribing is £51 per patient week. All costs have been uprated from 2007/08 using the Gross Domestic Product (GDP) index, as suggested by the NTA.

Using reference costs 2009/2010,[3] the mean cost per client contact in a NHS and PCT combined drugs and alcohol mental health team was £137 per face-to-face contact and £47 per non face-to-face contact. These costs have been uprated using the Hospital and Community Health Services (HCHS) inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Direct pay	£25 per patient week	Salaries plus oncosts for care staff.
B. Direct overheads	£17 per patient week	Includes drugs, pharmacy and dispensing costs. Also includes other treatment materials, toxicology and drug testing, medical supplies, rent and rates, staff travel, training, service user travel costs, volunteer expenses, contingency management, office costs specifically attributed to the provision of the service, non-pay administration (for example, telephones and information technology).
C. Indirect costs and overheads	£9 per patient week	Includes capital charges, capital on refurbishment, property and buildings, housekeeping, catering, porterage, transport, waste disposal, security, finance, human resources, personnel, communications and corporate charges.
Unit costs available 2010/2011		
£51 per patient week		

[1] National Treatment Agency for Substance Misuse (2010) *NDTMS Dataset G, Definition, Business Definition for Adult Drug Treatment Providers*, www.nta.nhs.uk/uploads/yptreatmentbusinessdefinitionv7.05.pdf.
[2] Personal communication with the National Treatment Agency (2010).
[3] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

3.4 Alcohol health worker, Accident & Emergency

Alcohol health workers (AHWs) are experienced mental health nurses who have undertaken specific training in counselling people who misuse alcohol. AHWs interact with people in a non-confrontational and patient-centred way and during an assessment may offer feedback about safe levels of drinking and suggest a range of strategies aimed at reducing levels of consumption.

Information for this table is based on a study carried out by the Centre for the Economics of Mental Health at the Institute of Psychiatry, London.[1]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2011 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300.[2] See section V for further information on mean salaries.
B. Salary oncosts	£8,005 per year	Employers' national insurance contribution is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details. 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	 £7,756 per year £16,892 per year	Taken from NHS (England) Summarised Accounts.[5] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,256 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	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 5 study/ training days and 12 days sickness leave.[9] Unit costs based on 1549 working hours.
Ratio of direct to indirect time on: clinic contacts	 1:0.22	Based on a survey of AHWs in a London A&E department,[1] 82 per cent of time is spent on face-to-face contact and 18 per cent on onward referral.
Length of contact	55 minutes	Per clinic contact. Based on survey of AHWs in London A&E department.[1]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£44 (£50) per hour; £54 (£61) per clinic consultation		

[1] Barrett, B., Byford, S., Crawford, M.J., Patton, R., Drummond, C., Henry, J.A. & Touquet, R. (2006) Cost-effectiveness of screening and referral to an alcohol health worker in alcohol misusing patients attending an accident and emergency department: a decision-making approach, *Drug and Alcohol Dependence*, Jan 4; 81(1): 47-54. Epub 2005 Jul 11.

[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.

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

[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.

[6] Personal communication with the Department for Communities and Local Government, 2011.

[7] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

[8] NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

[9] The Information Centre (2011) *Results of the NHS Sickness Absence Survey 2010*, NHS Employers, London.

4. Services for people with learning disabilities

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

4.1 Group homes for people with learning disabilities

The costs of group homes are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.[1] The sample comprises residents living in fully-staffed and semi-independent living settings (53 service users). These costs have been uprated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al. 2007, chapter 3), which provides further details on service provision for people with learning disabilities.[2,3]

Costs and unit estimation	2010/2011 value	Notes
A. Capital costs	£73 per week	Capital costs for buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.[1]
Revenue costs		
B. Staffing (direct and non-direct staffing)	£728 per week	Calculated using facility-specific accounts information.[1]
C. On-site administration	£22 per week	
D. Agency overheads	£128 per week	
Other costs		
E. Personal living expenses for items such as food, utilities, personal care and leisure	£251 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single).[4]
External services		
F. Hospital	£10 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI)[5] with 35 residents in group homes interviewed.[1]
G. Community	£19 per week	
H. Day services	£210 per week	
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	The sample of service users used to derive the schema were of mild to moderate intellectual disability and therefore relate to those with higher levels of ability (ABS>145). For lower levels of ability a multiplier of 1.60 could be applied (lower levels of ability: 1.60 x (B to H).
Unit costs available 2010/2011		
£951 establishment cost per resident week (includes A to D), £1,441 care package costs (includes A to H).		

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

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

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

[4] Department for Work and Pensions (2011) Benefits uprating, http://gmwrag.files.wordpress.com/2010/12/benefit_rates_2011_2012.pdf.

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

4.2 Fully-staffed living settings

The costs of fully-staffed living settings are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.[1] All costs have been uprated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al. 2007, chapter 3), which provides further details on service provision for people with learning disabilities.[2,3]

Costs and unit estimation	2010/2011 value	Notes
A. Capital costs	£81 per week	Capital costs for buildings and land were calculated using market valuations of property. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Revenue costs B. Staffing (direct and non-direct staffing) C. On-site administration D. Agency overheads	 £964 per week £30 per week £156 per week	Calculated using facility-specific accounts information.[1]
Other costs E. Personal living expenses for items such as food, utilities, personal care and leisure	£251 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single).[4]
External services F. Hospital G. Community H. Day services	 £8 per week £18 per week £241 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI),[5] with 35 residents in fully -staffed living settings interviewed. Costs for day services were estimated using accounts information, where available.[1] Unit costs for all other services were taken from this volume.
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	Clients were grouped according to scores on the Adaptive Behaviour Scale (ABS).[6] Scores between zero and 145 were grouped as less able; scores higher than 145 were grouped as more able (145 was selected to allow relatively even distribution between groups.) All participants in the study were mild to moderate intellectual disability.
Unit costs available 2010/2011		
£1,231 establishment costs per resident week (includes A to D); £1,749 care package costs (includes A to H).		

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

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

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

[4] Department for Work and Pensions (2011) Benefits uprating, http://gmwrag.files.wordpress.com/2010/12/benefit_rates_2011_2012.pdf.

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

[6] Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.3 Semi-independent living settings

The costs of semi-independent living settings are based on the results of a study funded by the Wellcome Trust and conducted by Felce and colleagues in 2005.[1] The sample comprised 35 service users who were resident in semi-independent living settings. These settings were partially staffed, having no paid support for at least 28 hours per week when service users were awake at home. These settings did not have any regular night-time support or sleep-over presence. All costs have been uprated using the appropriate inflators. See *Deinstitutionalisation and Community Living: outcomes and costs* (Mansell et al. 2007, chapter 3) which provides further details on service provision for people with learning disabilities.[2,3]

Costs and unit estimation	2010/2011 value	Notes
A. Capital costs	£59 per week	Capital costs for buildings and land were calculated using market valuations of property. They have been annuitised over 60 years at a discount rate of 3.5 per cent.
Revenue costs		
B. Staffing (direct and non-direct staffing)	£263 per week	Calculated using facility-specific accounts information.[1]
C. On-site administration	£10 per week	
D. Agency overheads	£65 per week	
Other costs		
E. Personal living expenses for items such as food, utilities, personal care and leisure	£251 per week	This cost has been based on the allowances received by a sample of residents living in fully-staffed and semi-independent living settings. It includes a Lower Disability Allowance (care component), Employment and Support Allowance 25 plus, Job Seekers Allowance (income based) and Housing Benefit as well as the Personal Allowances for a single person (25 plus) and Housing Benefit (premium single).[4]
External services		
F. Hospital	£10 per week	Client-specific service use was recorded using the Client Service Receipt Inventory (CSRI),[5] with 35 residents in semi-independent living settings interviewed. Costs for day services were estimated using accounts information, where available.[1] Unit costs for all other services were taken from this volume.
G. Community	£15 per week	
H. Day services	£132 per week	
Use of facility by client	52.18 weeks per annum	
Multiplier for level of disability	Higher levels of ability: 0.82 x (B to H) Lower levels of ability: 1.60 x (B to H)	Clients were grouped according to scores on the Adaptive Behaviour Scale (ABS).[6] Scores between zero and 145 were grouped as less able; scores higher than 145 were grouped as more able. (145 was selected to allow relatively even distribution between groups.) All participants in the study had mild to moderate intellectual disability.
Unit costs available 2010/2011		
£397 establishment costs per resident week (includes A to D); £805 care package costs (includes A to H).		

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

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

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

[4] Department for Work and Pensions (2011) Benefits uprating, http://gmwrag.files.wordpress.com/2010/12/benefit_rates_2011_2012.pdf.

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

[6] Nihira, K., Leland, H. & Lambert, N. (1993) *Adaptive Behavior Scale — Residential and Community*, 2nd Edition, Pro-Ed, Austin, Texas.

4.4 Local authority day care for people with learning disabilities

This table uses the Personal Social Services Expenditure return (PSS EX1)[1] for revenue costs, which have been uprated using the PSS Pay & Prices inflator. The median cost was £300 per client week and the mean cost was £285 per client week (including capital costs). These data do not report how many sessions clients attended each week.

Costs and unit estimation	2010/2011 value	Notes
Capital costs (A, B & C) A. Buildings and oncosts	£4.60 per session	Based on the new-build and land requirements for local authority day care facilities (which do not distinguish by client group). These allow for 33.4 square metres per person.[2] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
B. Land	£0.80 per session	Based on Department for Communities and Local Government statistics.[3] Land costs have been discounted at 3.5 per cent over 60 years.
C. Other capital		Capital costs not relating to buildings and oncosts are included in the revenue costs so no additional cost has been added for other capital such as equipment and durables.
Revenue costs D. Salary and other revenue costs	£55 per session	Assuming people with learning disabilities attend day care five days a week, the median and mean costs per day were £55 and £52 respectively. Capital charges on the revenue account which relate to buildings have been deducted.
E. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
Use of facility by client		Assumes attendance of 5 sessions a week.
Occupancy		No current information is available.
London multiplier	1.20 x (A to B); 1.20 x (D to E)	Relative London costs are drawn from the same source as the base data for each cost element.
Unit costs available 2010/2011		
£60 per session (includes A to D).		

[1] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[2] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[3] Personal communication with the Department for Communities and Local Government, 2011.

5. Services for younger adults with physical and sensory impairments

5.1 High-dependency care home for younger adults with physical and sensory impairments
5.2 Residential home for younger adults with physical and sensory impairments
5.3 Special needs flats for younger adults with physical and sensory impairments
5.4 Rehabilitation day centre for younger adults with brain injury

5.1 High-dependency care home for younger adults with physical and sensory impairments

This table is based on information received from John Grooms in 2002 detailing the costs of providing a high- dependency residential centre.[1] This registered nursing home provides 17 nursing places and one residential care place, for people with severe physical disabilities (commonly multiple sclerosis and brain injury) who are aged between 18 and 65 on admission. All of the residents use wheelchairs and many have communication problems. The emphasis is to enable people to develop their individuality and lifestyle in an environment that is acceptable to them as their long-term home. Each resident occupies an open-plan flatlet with en-suite facilities and a simple food preparation area. The objective is to provide a living environment that offers privacy and reasonable space in which to live to those who do not have the option of community living because of the severity of their condition. Costs have been uprated to 2010/2011 prices using the PSS inflators.

Costs and unit estimation	2010/2011 value	Notes
Capital Costs (A, B, C & D) A. Buildings	£196 per week	Capital costs for buildings and land were calculated using data which reflect Housing Corporation accessibility and build standards. Costs have been inflated using the BCIS/ABI House Rebuilding index.[2] The value of the building was annuitised over a 60-year period and discounted at 3.5 per cent.
B. Land costs	£27 per week	Land costs have been discounted at 3.5 per cent over 60 years.[3]
C. Equipment/durables: - wheelchairs	£7.70 per week	Cost of powered chair, see schema 7.2.
- furnishings/fittings	£8.30 per week	Depreciation on furniture/fittings, calculated using facility-specific accounts.
D. Vehicles	£5.60 per week	
Revenue costs E. Salary costs	£848 per week	Costs of direct management, administrative, maintenance, medical and care staff. Calculated using facility-specific accounts information.
F. Training	£16 per week	Calculated using facility-specific accounts.
G. Maintenance	£19 per week	Includes repairs and contracts and cyclical maintenance.
H. Medical costs	£12 per week	Calculated using facility-specific accounts.
I. Other revenue costs	£189 per week	Includes insurance, travel, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement, household expenses, premises costs, cost of provisions, household, linen and laundry costs.
J. Overheads	£50 per week	Charges incurred for support from the linked national organisation.
K. External services		No information available.
Use of facility by resident	52.18 weeks per annum	
Number of residents	18	17 nursing home places and 1 residential home place.
Unit costs available 2010/2011		
£1,378 per resident week.		

1 Information provided by David Newnham, Director of Services and Development at John Grooms in 2005.
2 Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
3 Personal communication with the Department for Communities and Local Government, 2011.

5.2 Residential home for younger adults with physical and sensory impairments

This table is based on information received from John Grooms and is based on one residential home for younger adults with physical and sensory impairments.[1] The home has 20 places for people aged between 18 and 65 on admission. It does not specialise in providing a service for any particular type of disability, but many of the residents are people with cerebral palsy and brain injury. The residents occupy individual open-plan flatlets offering en suite and food preparation facilities. Many residents prepare their own meals, and activities of daily living skills are developed with the goal of enabling residents to live independently in the community. The aim is for about 50 per cent of residents to follow this route while the remainder will remain for long-term care. The rate of 'move on' is slow, with one or two people leaving to live in the community per year. Dependency of residents is increasing, presenting greater obstacles for them in gaining independent living skills and reducing the likelihood of their living independently in the community. Costs have been inflated to 2010/2011 prices using the PSS Pay and Prices inflators.

Using PSS EX1 2009/10 uprated using the PSS Pay & Prices inflator, the mean cost of local authority residential care for adults with a physical disability or sensory impairment is £1,297 and the median cost is £877.[2] The mean cost of residential care provided by others for adults with a physical disability or sensory impairment is £824 and the median cost is £829.[2]

Costs and unit estimation	2010/2011 value	Notes
Capital costs (A, B, C & D) A. Buildings	£85 per week	Capital costs for building and land were based on the actual cost of the building and uprated using the BCIS/ABI House Rebuilding index. The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£13 per week	Based on an approximate measurement of 0.35 acres provided by John Grooms. Land costs have been annuitised at 3.5 per cent over 60 years.
C. Equipment/durables: - wheelchairs - furnishings/fittings	 £7.70 per week £6.90 per week	 Cost of powered chair, see schema 7.2. Depreciation on furniture/fittings, calculated using facility-specific accounts.
D. Vehicles	£2.00 per week	Calculated using facility-specific accounts.
Revenue costs E. Salary costs	 £519 per week	 Costs of direct management, administrative, maintenance, medical and care staff. Calculated using facility-specific accounts.
F. Training G. Maintenance	£8.00 per week £30 per week	Calculated using facility-specific accounts. Includes repairs and contracts and cyclical maintenance.
H. Other revenue costs	£72 per week	Includes insurance, travel, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement, household expenses, medical, premises and household and laundry costs. Calculated using facility-specific accounts information.
I. Overheads	£24 per week	Charges incurred for support from the linked national organisation.
J. External services		No information available.
Use of facility by resident	52.18 weeks per annum	
Number of residents	20 places	
Unit costs available 2010/2011		
£768 per resident week.		

[1] Information provided by David Newnham, Director of Services and Development for John Grooms, London.
[2] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.

5.3 Special needs flats for younger adults with physical and sensory impairments

This table is based on information received from John Grooms in 2002 detailing the costs of providing a 24-hour on-site care service for five people with disabilities.[1] The service consists of three single flats, a double flat and office space which is also used at night to accommodate a sleeping-in member of staff. The service provides at least one person on duty both day and night, with two cross-over periods during the day when two people are on duty. The care provided may include personal care, domestic tasks (including meal preparation), and assistance in maintaining social contacts, monitoring well-being and teaching/encouraging daily living and social skills. Residents live as independently as possible, making use of external health and social care services as identified below. Costs have been inflated to 2010/2011 prices.

Costs and unit estimation	2010/2011 value	Notes
Capital costs (A, B & C)		
A. Buildings	£128 per week	Capital costs for buildings were calculated using data which reflect Housing Corporation accessibility and build standards. The cost has been uprated using the BCIS/ABI House Rebuilding index.[2] The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£21 per week	The cost of land has been annuitised at 3.5 per cent over 60 years.
C. Equipment/durables:		
- wheelchairs	£7.70 per week	Cost of powered chair, see schema 7.2.
- furnishings/fittings	£8.50 per week	Depreciation on furniture/fittings.
Revenue costs		
D. Salary costs	£420 per week	Costs of direct management and care staff. Calculated using facility-specific accounts information.
E. Travel	£0.90 per week	Calculated using facility specific accounts.
F. Training	£2.10 per week	Includes insurance, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement, household expenses, premises and cost of provisions.
G. Other revenue costs	£16 per week	
H. Overheads	£8.90 per week	Charges incurred for support from the linked national organisation.
Personal living expenses		Based on information taken from *the disabled people's costs of living: more than you would think* for service users with high to medium needs.[3]
I. Basic living costs	£184 per week	Basic living costs include food and drinks, clothing and footwear, health, and miscellaneous costs such as personal care and insurances. It is assumed that housing, fuel and power costs are covered by the fee.
J. Other living costs	£127 per week	This includes recreation, culture and education costs.
K. External services		
Resident A	£211 per week	Resident A attends a day centre workshop 3 days per week, funded by social services. In addition, has volunteer support.
Resident B	£243 per week	Resident B is attended by the district nurse each night and during the day on two occasions each week. Four additional hours' care per day provided by scheme's care staff.
Resident C	£151 per week	Residents C is independent and rarely has personal care input unless unwell. From time to time requests help with domestic tasks from LA social services.
Resident D	£7.00 per week	Resident D is independent and has no external input.
Use of facility by client	52.18 weeks per annum	
Number of clients	5	
Unit costs available 2010/2011		
£604 per week's accommodation and on-site support (includes A to G); £757 per week all service and accommodation costs (includes A to G & K); £941 per week accommodation, support services and basic living (equivalent to care home costs) (A to I & K); £1,068 comprehensive package cost including external services and all living expenses (includes A to K).		

[1] Information provided by David Newnham, Director of Services and Development for John Grooms, London.
[2] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[3] Smith, N., Middleton, S., Ashton-Brooks, K., Cox, L. & Dobson, B. with Reith, L. (2004) *Disabled People's Costs of Living. More Than You Would Think*, Joseph Rowntree Foundation, York.

5.4 Rehabilitation day centre for younger adults with brain injury

This table is based on information received from John Grooms in 2002, detailing the costs of providing a day rehabilitation centre for people with acquired brain injury,[1] including those with traumatic brain injury and younger people who have had strokes. The facility provides up to 30 places per day, with a current case load of approximately 160 people. The centre operates on an outpatient basis and offers a full and intensive rehabilitation programme. The service model relies on strong partnerships with health and social services, as well as Addenbrooke Hospital, who provide specialist traumatic brain injury services. The service enables people with brain injury to remain in their own homes and to receive specialist intensive rehabilitation, rather than being referred to specialist residential rehabilitation in other areas of the country. The service has enabled the development of multi-disciplinary teamwork with a focus on the treatment of people with brain injury in a non-health care setting. Costs have been inflated to 2010/2011 prices.

Costs and unit estimation	2010/2011 value	Notes
Capital costs (A, B, C & D) A. Buildings	£13 per day	The capital costs for the buildings and land were based on the actual costs of buildings in 2001/2002 and uprated using the BCIS/ABI House Rebuilding index.[2] The value of the building was annuitised over a 60-year period discounted at 3.5 per cent.
B. Land costs	£1.30 per day	Based on 1,053 square metres. Data provided by John Grooms and annuitised at a discount rate of 3.5 per cent over 60 years.
C. Equipment/durables: - furnishings/fittings	£1.60 per day	Depreciation on furniture/fittings calculated using facility-specific accounts.
D. Capital costs for transport		
Revenue costs E. Salary costs	£52 per day	Costs of direct management, administrative, maintenance and medical. Calculated using facility-specific accounts information.
F. Travel	£1.50 per day	Calculated using facility-specific accounts.
G. Training	£0.50 per day	Calculated using facility-specific accounts.
H. Maintenance	£2.60 per day	Includes repairs and contracts and cyclical maintenance.
I. Other revenue costs	£14 per day	Includes insurance, staff adverts, uniforms, printing and stationery, telephone, postage, equipment replacement & household expenses and premises costs.
J. Overheads	£5.00 per day	Charges incurred for support from the linked national organisation.
Use of facility by client	253 days per year	The centre is closed at weekends and during public holidays.
Number of clients	30 places	160 clients attend the centre.
Unit costs available 2010/2011		
£92 per place per day.		

[1] Information provided by David Newnham, Director of Services and Development for John Grooms, London.
[2] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

6. Services for children and their families

6.1 NHS reference costs for children's health services
6.2 Community home for children—local authority
6.3 Community home for children—non-statutory sector
6.4 Local authority foster care for children
6.5 Social services support for children in need
6.6 Comparative costs of providing sexually abused children with individual and group psychotherapy
6.7 Key worker services for disabled children and their families
6.8 Multi-Systemic Therapy (MST)
6.9 Multidimensional treatment foster care
6.10 Incredible Years Parenting Programme
6.11 Short breaks for disabled children and their families

6.1 NHS reference costs for children's health services

We have drawn on the *NHS Trust and Primary Care Trusts combined* to report from the NHS Reference Costs of selected children's health services.[1] All costs have been uprated to 2010/2011 levels using the HCHS Pay & Prices inflator.

	Lower quartile	Upper quartile	National average
COMMUNITY SERVICES			
Therapy services			
Physiotherapy group (one-to-one)	£30 (£52)	£160 (£89)	£93 (£77)
Occupational therapy group (one-to-one)	£84 (£76)	£175 (£148)	£155 (£118)
Speech therapy services group (one-to-one)	£48 (£63)	£101 (£101)	£78 (£84)
Other community services (includes child public health, safeguarding, statutory work for education and social services and other services, but excludes TFC 291 and other vaccination programmes)			
Weighted average of face-to-face contact	£196	£351	£290
Weighted average of non-face-to-face contact	£113	£198	£186
Community and outreach nursing			
School-based children's health services - group (one-to-one)	£25 (£22)	£42 (£46)	£38 (£36)
Vaccination programmes			
School-based children's health services	£18	£30	£28
Community nursing services — general	£41	£106	£82
OUTPATIENT ATTENDANCES			
Weighted average for all paediatric services	n/a	n/a	£775
MENTAL HEALTH			
Day care facilities — regular attendances	£216	£314	£284
Specialist inpatient services (weighted average of eating disorder, and mother and baby units)	£550	£784	£663
Consultant services — outpatient, weighted average of drugs and alcohol, and other services — follow-up face-to-face	£207	£266	£261
Child and Adolescent Medium Secure Services	£980	£1,340	£1,130

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

6.2 Care home for children — local authority

The Costs and Effectiveness of Services for Children in Need study 'Management, Leadership and Resources in Children's Homes' (funded under the Department of Health's Costs and Effectiveness of Services for Children In Need initiative)[1] estimated the costs for a sample of 30 local authority residential homes in England. Using a combination of this research and publicly available data, this table presents the costs per resident week for a local authority care home for children. Establishment costs per week were £2,767 per resident week and costs including external services were £2,965. All costs have been uprated using the PSS Pay & Prices index. Based on Section 251[2] of the Department for Education's Financial Data collection for outturn 2009/10 and activity data (tables 7 and 8 of a report provided by the Department for Education for this work),[3] the cost for a week in an own provision residential home for children was £3,106 when uprated using the PSS Pay and Prices index. This was calculated by dividing net current expenditure (£363,977,726) for residential care for children (own provision) by the number of own provision activity days (843,072).

Costs and unit estimation	2010/2011 value Per resident week	Notes
Capital costs (A, B &C)		
A. Buildings	£111	Based on the new-build and land requirements for local authority children's homes. These allow for 59.95 m^2 per person.[4] Capital costs are discounted at 3.5 per cent over 60 years.
B. Land	£13	Based on statistics provided by the Department for Communities and Local Government.[5] Land costs have been annuitised at 3.5 per cent over 60 years.
Revenue costs		
C. Salary and other revenue costs	£2,643	Mean costs for children looked after in own provision children's homes are based on PSS EX1 returns for 2007/2008[6] uprated using the PSS Pay & Prices Index. Capital charges for buildings have been deducted.
D. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
E. Other costs		Service use data taken from the 'Management, Leadership and Resources in Children's Homes' study are likely to be an underestimate as information on key services only was requested.[1]
External services:		
Health services	£5	Costs of hospital services were taken from Trust Financial returns (CIPFA, 2001) and uprated to 2010/2011 prices using the HCHS Pay & Prices index.[7]
Social services	£16	Support provided by field social workers, leaving care workers and family support workers. Unit costs were taken from Netten et al. (2001)[8] and uprated to 2010/2011 prices using the
Youth justice sector	£2	PSS Pay & Prices index. Costs for police contacts and youth custody were estimated using information contained in Finn et al. (2000)[9] and uprated to 2010/2011 prices using the PSS
Education sector (excluding in-house education)	£175	Pay & Prices Index. Costs estimated according to the location of the home using information contained in CIPFA (2001).[7] Home tuition costs were estimated using methodology reported by Berridge et al. (2002).[10] The mid-point of the pay scale for qualified teachers was used, including employers' national insurance and superannuation contributions. A percentage (65%) was added to cover 'other institutional' expenditure and LEA overheads.
Use of facility by client	52.18 weeks	
Occupancy	84%	Taken from the 'Management, Leadership and Resources in Children's Homes' study and based on the occupancy rate for all Community Children's Homes.[1]
London multiplier	1.06 x A; 2.73 x B; 1.01 x (D)	Relative London costs are drawn from the same source as the base data for each cost element.[4,5,6]
Unit costs available 2010/2011		
£2,767 establishment costs per resident week (includes A to E); £2,965 care package costs per resident week (includes A to E).		

[1] Hicks, L., Gibbs, I., Weatherly, H. and Byford, S. (2009) Management, leadership and resources in children's homes: what influences outcomes in residential child-care settings?, *British Journal of Social Work*, 39, 5, 828-845.

[2] Department for Education (2011) *Section 251 data archive:Outturn data-detailed level 2008-09 onwards, outturn summary 2009-10*, Department for Education, London.
www.education.gov.uk/schools/adminandfinance/financialmanagement/schoolsrevenuefunding/section251/archive/b0068383/section-251-data-archive/outturn-data---detailed-level-2008-09-onwards.

[3] Personal communication with the Department for Education, 2011.

[4] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

[5] Personal communication with the Department for Communities and Local Government, 2011.

[6] Department of Health (2008) *PSS EX1 2007/08*, Department of Health, London.

[7] Chartered Institute of Public Finance and Accountancy (CIPFA) (2001) *Personal Social Services Statistics 1999–2000 Actuals*, Statistical Information Service, CIPFA, London.

[8] Netten, A., Rees, T. & Harrison, G. (2001) *Unit Costs of Health and Social Care 2001*, Personal Social Services Research Unit, University of Kent, Canterbury.

[9] Finn, W., Hyslop, J. & Truman, C. (2000) *Mental Health, Multiple Needs and the Police*, Revolving Doors Agency, London.

[10] Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. & MacNeill, V. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study,* Report to the Department of Health, University of Luton.

6.3 Care home for children — non-statutory sector

The Costs and Effectiveness of Services for Children in Need study 'Management, Leadership and Resources in Children's Homes' (funded under the Department of Health's Costs and Effectiveness of Services for Children In Need initiative)[1] estimated the average costs of a sample of care homes in the non-statutory sector in England. Using a combination of this research and publicly available data, as detailed in this table, establishment costs per week were £2,472 per resident week and costs including external services were £2,557. All costs have been uprated using the PSS Pay & Prices index. Based on Section 251[2] of the Department for Education's Financial Data collection for outturn 2009/10 and activity data (tables 7 and 8 of a report provided by the Department for Education for this work),[3] the cost for a week in a private residential home for children was £3,467 when uprated using the PSS Pay and Prices Index. This was calculated by dividing net current expenditure (£558,885,557) for residential care for children (private) by number of activity days (1,159,610).

Costs and unit estimation	2010/2011 value Per resident week	Notes
Capital costs (A, B &C) A. Buildings	£111	Based on the new-build and land requirements for local authority children's homes. These allow for 59.95 m^2 per person.[4] Capital costs are discounted at 3.5 per cent over 60 years.
B. Land	£13	Based on Department for Communities and Local Government statistics.[5] Land costs have been annuitised at 3.5 per cent over 60 years.
Revenue costs C. Salary and other revenue costs	£2,347	The mean cost for children looked after in own provision children's homes is based on PSS EX1 returns for 2007/2008 uprated using the PSS Pay & Prices Index.[6] Capital charges have been deducted. In the 'Leadership and Resources in Children's Homes' study, staff costs accounted for 64 per cent of the total cost of homes on average.
D. Agency overheads		Social Services Management and Support Services (SSMSS) costs are included in PSS EX1 revenue cost figures so no additional overheads have been added.
E. Other costs *External services:* Health services	£37	Unit costs of hospital services were taken from Trust Financial returns (CIPFA, 2001) and uprated to 2010/2011 prices using the HCHS Pay & Prices index.[7]
Social services	£8	Support provided by field social workers, leaving care workers and family support workers were taken from Netten et al. (2001).[8]
Youth justice sector	£5	Costs for police contacts and youth custody were estimated using information contained in Finn et al. (2000).[9] Costs estimated according to the location of the home using information contained in CIPFA (2000).[7]
Education sector (excluding in-house education)	£34	Home tuition costs were estimated using methodology reported by Berridge et al. (2002).[10] The mid-point of the pay scale for qualified teachers was used, including employers' national insurance and superannuation contributions. A percentage (65%) was added to cover 'other institutional' expenditure and LEA overheads.
Private sector costs	£2	
Use of facility by client	52.18 weeks	
Occupancy	84%	Taken from the 'Management, Leadership and Resources in Children's Homes' study and based on the occupancy rate for all Community Children's Homes.[1]
London multiplier	1.06 x A; 2.73 x B; 0.84 x (C)	Relative London costs are drawn from the same source as the base data for each cost element.[4,5,6]
Unit costs available 2010/2011		
£2,472 establishment costs per resident week (includes A to D); £2,557 care package costs per resident week (includes A to E).		

[1] Hicks, L., Gibbs, I., Weatherly, H. and Byford, S. (2009) Management, leadership and resources in children's homes: what influences outcomes in residential child-care settings?, *British Journal of Social Work*, 39, 5, 828-845.

[2] Department for Education (2011) *Section 251 data archive:Outturn data-detailed level 2008-09 onwards, outturn summary 2009-10*, Department for Education, London.
www.education.gov.uk/schools/adminandfinance/financialmanagement/schoolsrevenuefunding/section251/archive/b0068383/section-251-data-archive/outturn-data---detailed-level-2008-09-onwards.

[3] Personal communication with the Department for Education, 2011.

[4] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

[5] Personal communication with the Department for Communities and Local Government, 2011.

[6] Department of Health (2008) *PSS EX1 2007/08*, Department of Health, London.

[7] Chartered Institute of Public Finance and Accountancy (CIPFA) (2001) *Personal Social Services Statistics 1999–2000 Actuals*, Statistical Information Service, CIPFA, London.

[8] Netten, A., Rees, T. & Harrison, G. (2001) *Unit Costs of Health and Social Care 2001*, Personal Social Services Research Unit, University of Kent, Canterbury.

[9] Finn, W., Hyslop, J. & Truman, C. (2000) *Mental Health, Multiple Needs and the Police*, Revolving Doors Agency, London.

[10] Provisional cost based on the cost of mainstream schooling taken from D. Berridge et al. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study,* Report to the Department of Health, University of Luton.

6.4 Local authority foster care for children

This schema provides the cost of local authority foster care for children. For information on multidimensional treatment foster care, see schema 6.8 of this volume.

Costs and unit estimation	2010/2011 value	Notes
A. Boarding out allowances and administration	£400 per child per week	Using Section 251[1] and dividing total net expenditure for own provision foster care of £663,972,914 by the total number of activity days (11,938,827),[2] the cost per day for 2009/10 was £55.60 (£389 per week). When uprated using the PSS Pay and Prices inflator, this was £400 per child per week. Using Section 251[1] and dividing total net expenditure for all foster care (includes own provision, private, other public and voluntary foster care) of £1,269,391,795[2] by the total number of activity days (16,612,420),[2] the cost per day for all provision foster care for 2009/10 was £76.30 (£535 per week). When uprated using the Personal Social Services PSS Pay and Prices inflator, this was £548 per week.
B. Social services (including cost of social worker and support)	£230 per child per week	The majority of children looked after are in foster placements and the mean cost of support from fieldwork teams and centres (costed staff/centre time) has been estimated by using the Children in Need (CiN) Census 2005[3] and uprated to current levels using the PSS Pay and Prices Inflators.
C. Other services, including education	£64 per child per week	A study by Beecham and Knapp (1995)[4] found that other services including health, education and law and order (estimated on the same basis as services to those in community homes) added a further 16 per cent to the cost.
Service use by client	52.18 weeks per year	
London multiplier	1.24	Based on PSS EX1 data for 2007/08.[5] Costs in London were considerably higher, and this is likely to be partly as a result of having a larger market, with Independent Fostering Agencies available.
Unit costs available 2010/2011		
£694 per child per week (includes A to C).		

[1] Department for Education (2011) *Section 251 data archive: Outturn data-detailed level 2008-09 onwards, outturn summary 2009-10*, Department for Education, London.
www.education.gov.uk/schools/adminandfinance/financialmanagement/schoolsrevenuefunding/section251/archive/b0068383/section-251-data-archive/outturn-data---detailed-level-2008-09-onwards.

[2] Personal communication with the Department for Education, 2011.

[3] Department for Education and Skills (2005) *Children in Need in England: Results of a Survey of Activity and Expenditure as Reported by Local Authority Social Services' Children and Families Teams for a Survey Week in February 2005*, Department for Education and Skills, London.

[4] Beecham, J. & Knapp, M. (1995) The costs of child care assessment, in R. Sinclair, L. Garnett & D. Berridge (eds) *Social Work Assessment with Adolescents*, National Children's Bureau, London.

[5] Department of Health (2008) *PSS EX1 2007/08*, Department of Health, London.

6.5 Social services support for Children in Need

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

In this schema, therefore, we present information collected in 2005 which is based on services received by each child seen during a survey week in February. These costs have been uprated to 2010/2011 costs using the PSS Pay and Prices inflators. At 2010/2011 prices, the average weekly cost for looked-after children was £789, while for children supported in their families or independently, the cost was £161, with an average cost per Child In Need of £333.

Three types of expenditure are captured.

1) The costs of field and centre staff time carrying out social services activities with, or on behalf of, identified children in need and their families.

2) The costs of providing care and accommodation for children looked after (and similar regular, ongoing expenditure that can be treated in the same way).

3) One off or ad hoc payments and purchases for children in need or their families.

6.5.1 Social services' costs per child per week by region

Location	Children supported in families or independently		Children looked after		Total	
	Total no. of children	Average cost per child	Total no. of children	Average cost per child	Total no. of children	Average cost per child
All shire counties	60,265	£144	22,875	£737	83,140	£305
All unitary authorities	35,235	£144	12,115	£846	47,350	£322
All metropolitan districts	40,760	£155	18,685	£702	59,445	£328
All London authorities	32,490	£224	12,230	£944	44,720	£420
England	**168,750**	£**161**	**65,900**	£**783**	**234,700**	£**334**

[1] For further information on this survey see www.dcsf.gov.uk/rsgateway/DB/VOLv000647/vweb02-2006.pdf

[2] Mahon, J. (2008) *Towards the New Children in Need Census*, York Consulting, www.education.gov.uk/research/data/uploadfiles/DCSF-RW039.pdf, accessed 15 September 2010.

6.5.2 Social services costs per child per week by need category

Need category[1]	Children supported in families or independently		Children looked after	
	Total no. of children	Mean cost per child	Total no. of children	Mean cost per child
Abuse/neglect	50,900	£161	36,000	£748
Disability	21,100	£184	8,700	£748
Parental illness or disability	8,400	£161	3,200	£702
Family in acute stress	20,000	£138	4,100	£978
Family dysfunction	23,400	£150	6,400	£886
Socially unacceptable behaviour	12,200	£184	1,800	£1,381
Low income	3,900	£173	270	£760
Absent parenting	5,500	£230	4,400	£691
Cases other than children in need	8,000	£127	460	£668
Cases not stated	15,400	£150	660	£541

6.5.3 Average cost (£ per week) per child receiving a service

	Children supported in families or independently	Children looked after	Total
	Mean cost per child	Mean cost per child	Mean cost per child
Costs for staff/centre time	£132	£230	£161
Ongoing costs	£23	£547	£167
One-off costs	£6	£12	£5
Total costs	£161	£789	£333

6.5.4 Average amounts spent on children receiving a service (£ per week)

	Children supported in families or independently		Children looked after		Total	
	Mean hours per child	Mean cost per child	Mean hours per child	Mean cost per child	Mean hours per child	Mean cost per child
Asylum seeking children	1.5	£253	2.4	£691	1.8	£409
Disabled children	2.5	£184	3.0	£817	2.7	£403
Autistic children	2.6	£190	2.8	£950	2.7	£483
All children	2.3	£161	3.5	£789	2.7	£333

[1] As specified in Department for Education and Skills (2005) Children in Need in England: Results of a Survey of Activity and Expenditure as Reported by Local Authority Social Services' Children and Families Teams for a Survey Week in February 2005, Department for Education and Skills, London.

6.6 Comparative costs of providing sexually abused children with individual and group psychotherapy

As part of the Children in Need research initiative, Paul McCrone and colleagues (2005) compared the costs of individual and group psychotherapy for children who have been sexually abused.[1] Subjects were recruited to two clinics in London and randomly allocated to the two treatments. Girls between the ages of six and 14 who, within the previous two years, had disclosed sexual abuse and had symptoms of emotional or behavioural disturbance that warranted treatment were eligible for inclusion. The girls who consented to participate in the study were randomly allocated either to individual (n=35) or group psychotherapy (n=36). The individual treatment comprised up to 30 sessions of focused psychoanalytical psychotherapy. Individual therapists received supervision from a senior child psychotherapist in pairs after every other session. The group treatment consisted of up to 18 sessions with about five girls of similar ages, and incorporated psychotherapeutic and psycho-educational components. Various professionals provided therapy, including child psychiatrists, psychotherapists, nurse practitioners and specialist, occupational therapists and social workers. The girls were assessed at baseline, and followed up at one and two years after treatment had commenced.

Research found that these therapies have similar outcomes and, although this is a single small study and further work is required to strengthen the evidence-base before change in practice is undertaken, results of the study suggest that group therapy is more cost-effective than individual therapy. The mean cost of group therapy uprated to 2010/2011 levels was £2,893, and the total mean cost of individual therapy uprated to 2010/2011 levels was £4,728.

Service use data extracted from case notes and therapists' files were combined with unit costs representing the long-run marginal opportunity costs of the professionals involved in providing the service. Some of these were obtained from *Unit Costs of Health and Social Care 1999*[2] while others were estimated from (national) pay scales and any additional elements were based on similar services reported in that publication. These unit costs consist of salary, employer superannuation and national insurance contributions, overheads and capital costs. Costs shown in the tables have been up-rated to 2010/2011 levels using the appropriate indices.

[1] McCrone, P., Weeramanthri, T., Knapp, M., Rushton, A., Trowell, J., Miles, G. & Kolvin, I. (2005) Cost-effectiveness of individual versus group psychotherapy for sexually abused girls, Child and Adolescent Mental Health, 10, 26-31. For further information contact Prof Paul McCrone, Centre for the Economics of Mental Health, Box PO24, Health Services Research Department, Institute of Psychiatry, De Crespigny Park, London SE5 8AF (p.mccrone@iop.kcl.ac.uk).

[2] Netten, A., Dennett, J. & Knight, J. (1999) *Unit Costs of Health and Social Care 1999,* Personal Social Services Research Unit, University of Kent, Canterbury.

6.6.1 Group therapy

Intervention	Sample size (n=36)	Provider	Duration (minutes)
Introductory meeting Mean (sd) no. of meetings Mean (sd) cost, £	 1 (0) £71 (£15)	 Consultant psychiatrist Senior social worker	 16 16
Initial assessment Mean (sd) no. of assessments Mean (sd) cost, £	 1 (0) £594 (£44)	Research psychologist Consultant psychiatrist/senior registrar Senior social worker	120 90 105
Therapy provided to girls Mean (sd) no. of sessions Mean (sd) cost, £	 13.3 (4) £578 (£209)	 Various professionals providing 18 sessions	 75
Carers' support Mean (sd) no. of sessions Mean (sd)) cost, £	 10.1 (5.3) £537 (£382)	 Social worker providing 10 sessions	 50
Supervision of girls' therapists Mean (sd) number of sessions Mean (sd) cost, £	 13.3 (4.0) £454 (£153)	 Senior social worker/consultant psychiatrist providing 18 sessions	 75
Supervision of carers' workers Mean (sd) number of sessions Mean (sd) cost, £	 3.4 (1.8) £220 (£156)	 Senior social worker providing monthly sessions	 60
Follow-up assessments one year follow-up Mean (sd) number of assessments Mean (sd) cost £	 1.5 (0.7) £438 (£237)	 Research psychologist Consultant psychiatrist/senior registrar Senior social worker All providing 1 session each	 30 45 45
Mean (sd) total cost, £	£2,893 (£1,196)		

6.6.2 Individual therapy

Intervention	Sample size (n=35)	Provider	Duration (minutes)
Introductory meeting Mean (sd) no. of meetings Mean (sd) cost, £	 1 (0) £69 (£16)	 Consultant psychiatrist Senior social worker	 16 16
Initial assessment Mean (sd) no. of assessments Mean (sd) cost, £	 1 (0) £585 (£47)	 Research psychologist Consultant psychiatrist/senior registrar Senior social worker	 120 90 105
Therapy provided to girls Mean (sd) no. of sessions Mean (sd) cost, £	 26 (8.1) £1,401 (£521)	 Various professionals providing 30 sessions	 75
Carers' support Mean (sd) no. of sessions Mean (sd)) cost, £	 14.2 (9.3) £1,367 (£932)	 Social worker providing 15 sessions	 50
Supervision of girls' therapists Mean (sd) number of sessions Mean (sd) cost, £	 13.0 (4.1) £518 (£162)	 Senior child psychotherapist providing 15 sessions	 60
Supervision of carers' workers Mean (sd) number of sessions Mean (sd) cost, £	 4.7 (3.1) £387 (£286)	 Senior social worker providing monthly sessions	 60
Follow-up assessments One year follow-up Mean (sd) no. of assessments Mean (sd) cost £	 1.4 (0.7) £402 (£247)	 Research psychologist Consultant psychiatrist/senior registrar Senior social worker All providing 1 session each	 30 45 45
Mean (sd) total cost, £	£4,728 (£2,210)		

6.7 Key worker services for disabled children and their families

Key workers provide a single point of contact for disabled children and their families, supporting them and facilitating access to other services. Both key workers and the families supported see the key worker role as providing information and advice, identifying and addressing needs, accessing and co-ordinating services for the family, providing emotional support, and acting as an advocate. The National Service Framework for Children, Young People and Maternity Services (Department of Health & Department for Education and Skills, 2004)[1] recommends provision of key workers to help families obtain the services they require. Research has shown that key worker services appear to generate good outcomes for families, and provision is encouraged through central government policy.

In 2004/05, research was carried out in seven service sites providing key worker services in order to explore the effectiveness of different models and also to calculate costs (Greco et al., 2005; Beecham et al., 2007).[2,3] In total, 205 families returned questionnaires of which there were 189 valid responses. Predominately, key workers included in the sample came from four professional backgrounds: health visiting, nursing, teaching and social work. However, parents, paediatricians, dieticians, speech therapists, occupational therapists, physiotherapists and early years workers also acted as key workers. The children supported by these seven key worker services had a range of diagnoses of which autistic spectrum disorders, cerebral palsy and developmental delay were the most common. Most children had more than one condition.

The table below shows that the average cost per working hour for the seven services was £35, ranging from £27 to £43. This has been calculated by dividing the total cost by the total number of hours for which staff members undertook key-working activities. The unit cost is therefore, weighted for the staff-mix on each service. Over a three-month period, the average and mean cost of contact, taking into account telephone calls and the costs of visits, were £155 and £89 respectively. All costs have been uprated to reflect 2010/2011 prices.

Assuming this level of contact to be constant over 12 months, annual average contact costs would be £717. Using information provided by 11 key workers reporting time use, the contact to other activity ratio is 1:2.6 (for each hour spent in contact with the family, two and a half hours are spent on activities such as travel, liaison, meetings etc.). At 2010/2011 prices, the total cost of all schemes was £2,306,302 and the total caseload was 1,237, giving an average annual cost per family across the schemes of £1,864.

Use and costs of key worker services in three months prior to survey					
Service	**Cost per working hour (£)**	**Mean number of visits (range)**	**Mean number of telephone calls (range)**	**Mean cost of visits and telephone calls (£)**	**Median cost of visits and telephone calls (£)**
A	£27	2.9 (0-8)	6.7 (1-16)	£147	£128
B	£43	2.7 (0-24)	5.0 (0-60)	£190	£92
C	£37	3.6 (0-10)	5.4 (1-80)	£194	£145
D	£39	1.9 (0-12)	2.5 (0-12)	£111	£61
E	£39	2.8 (0-20)	4.6 (0-50)	£189	£117
F	£33	4.4 (0-12)	2.5 (0-12)	£114	£77
G	£25	1.4 (0-6)	2.1 (0-6)	£40	£25
Total/average	£35	2.8 (0-24)	4.4 (0-60)	£155	£89

[1] Department of Health & Department for Education and Skills (2004) *National Service Framework for Children, Young People and Maternity Services*, Department of Health & Department for Education and Skills, London.

[2] Greco, V., Sloper, P., Webb, R. & Beecham, J. (2005) *An Exploration of Different Models of Multi-Agency Partnerships in Key Worker Services for Disabled Children: Effectiveness and Costs*, Social Policy Research Unit, University of York.

[3] Beecham, J., Sloper, P., Greco, V. & Webb, R. (2007) The costs of key worker support for disabled children and their families, *Child: Care, Health and Development* (Online Early Articles), doi: 10.1111/ j.1365-2214.2007.00740.x.

6.8 Multi-systemic therapy (MST)

This schema is based on a costing which was undertaken for a randomised controlled trial of interventions for adolescents aged 11-17 years at risk of continuing criminal activity.[1]

Costs and unit estimation	Unit cost 2010/2011	Notes
A. Salary plus oncosts	£45,362 per year	Based on the salary of a chartered counselling psychologist. Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
B. **Overheads**		Taken from NHS (England) Summarised Accounts.[2] See preface for more information.
Management, administration and estates staff.	£8,664 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£18,871 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,592 per year	Based on the new-build and land requirements of NHS facilities and adjusted to reflect shared used of both treatment and non-treatment space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. Assumes 5 study/training and 12 days sickness leave.[3,] Unit costs based on 1549 hours per annum.
Face-to-face time	1:1.40	The direct: indirect ratio was based on a survey of the three MST therapists who took part in the trial.
Length of sessions	60 minutes	Therapy sessions lasted 60 minutes.
Unit costs available 2010/2011		
£49 per hour; £117 per therapy session.		

[1] Butler, S., Baruch, G., Hickey, N. & Fonagy, P. (published online November 2011). A randomized controlled trial of Multisystemic Therapy and statutory therapeutic intervention for young offenders, *Journal of the American Academy of Child and Adolescent Psychiatry*. www.jaacap.com/.

[2] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.

[3] NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.

6.9 Multidimensional treatment foster care

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

Research was carried out by the Centre for Child and Family Research, Loughborough University to calculate the costs of multidimensional treatment foster care[1] and to analyse how these costs compare with those of other types of provision for young people with similar needs. This research built on a previous study to explore the costs and outcomes of services provided to looked-after children, and the calculation of unit costs of eight social care processes.[2] The process costs shown below align with those in the tables for children in care (8.4.1-8.4.4), in particular the high-cost children. Costs per hour have been calculated using Curtis (2007)[3] and include overheads and capital costs. For each process the salary and overhead costs have been multiplied by the time spent by the practitioners involved to calculate the unit costs. The costs tablulated below for providing and maintaining the placement account for over 90 per cent of the costs of a care episode, but exclude the set-up costs. Costs have been uprated from 2006/2007 to 2010/2011 prices using the PSS Pay and Prices Inflators.

6.9.1 Costs of eight social care processes for MTFC

Process number	MTFC cost per child (2010/2011 prices)
Process one: decision to place and finding first MTFC placement	£6,723
Process two: care planning	£131
Process three: maintaining the placement (per month)	£6,164
Process four: leaving care/accommodation	£287
Process five: finding subsequent MTFC placement	£6,407
Process six: review	£439
Process seven: legal process	£3,019
Process eight: transition to leaving care services	£1,271

6.9.2 Process costs for other types of provision for young people

Process number	LA foster care in LA area (2010/2011 prices)	Agency/foster care in LA area (2010/2011 prices)	Agency residential in LA area (2010/2011 prices)
Process one	£1,167	£1,519	£1,470
Process two	£131	£131	£131
Process three	£2,980	£5,481	£10,720
Process four	£287	£287	£287
Process five	£693	£1,044	£1,131
Process six	£625	£625	£625
Process seven	£3,019	£3,019	£3,019
Process eight	£1,271	£1,271	£1,271

[1] Holmes, L., Westlake, D. & Ward, H. (2008) *Calculating and Comparing the Costs of Multidimensional Treatment Foster Care*, Report to the Department for Children, Schools and Families, Loughborough Centre for Child and Family Research, Loughborough University.
[2] Ward, H., Holmes, L. & Soper, J. (2008) *Costs and Consequences of Placing Children in Care*, Jessica Kingsley Publishers, London.
[3] Curtis, L. (2007) *Unit Costs of Health and Social Care 2007*, Personal Social Services Research Unit, University of Kent, Canterbury.

6.10 Incredible Years parenting programme

The Incredible Years series is one of part of three interlocking training programmes for parents, children and teachers.[1] The parenting programmes span the age range of 0-12 years. The child and teacher programmes span the age range of 3–8 years. The schema below shows costs for the Webster-Stratton Incredible Years basic parenting programme which were collected in 2003/04 and have been uprated using the hospital and community health services inflators (HCHS). The costs have been calculated using weekly diaries completed by leaders of four groups and the cost information supplied by the Incredible Years Welsh Office. The figures include costs of weekly attendance at supervision for group leaders. This was required because these leaders were participating in a randomised controlled trial and were relatively inexperienced and were not certified leaders. Generally, supervision for inexperienced leaders would be recommended on a termly basis, with encouragement to work for leader certification. Further details of the study are available from Edwards et al. (2007).[2]

Although set-up costs are not itemised in the table below, the unit costs have been calculated with and without these activities. Set-up costs include producing the programme kits and also the training of two leaders, and their travel and supervision time. The total cost for these activities was £4,544 and the total time taken was 53 hours.

Costs and unit estimation	2010/2011 value	Notes
A. Capital costs premises	£3,584	Capital costs were 25 per cent of total costs.
B. Revenue costs salaries and oncosts	£7,363	Direct salary and oncosts for running the group included the recruitment costs (£1,049), supervision costs (£4,449) and group running costs (£1,865). The activities included: - 2 group leaders to recruit parents including travel time - 2 leaders to run the group - salary in group session preparation time for 2 leaders - supervision time for 2 leaders including travel - trainer costs to deliver supervision
C. Overheads	£2,194	Telephone costs (£46), mileage costs (£750), clerical support costs (£99) and transport and creche costs (£1,299) were included in this cost.
Venue costs and refreshments	£1,363	Venue costs and refreshments.
Working time Length of programme	379.25 hours	375.25 hours spent for 2 leaders to run the programme.
Unit costs available 2010/2011		
Based on 8 parents per group: total costs per child (including set-up costs) £1,813 (£2,400); Based on 12 parents per group: total cost per child (including set-up costs) £1,209 (£1,600).		

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

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

6.11 Short break provision for disabled children and their families

The costs of short-break provision study undertaken by the Centre for Child and Family Research[1] estimated the average cost to children's social care of a range of short-break services for disabled children and their families. The study used a bottom-up costing methodology,[2] which uses social care activity time data as the basis for building up unit costs. See Holmes & McDermid in Curtis (2010) for detailed information on methodological issues.[3]

The services

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

Service type	Unit	Average cost 2010/11 value		Range 2010/11 value
		Mean cost	Median cost	
Residential	Per child per night (24 hour period)	£270	£296	£72 - £417
Family-based overnight	Per child per night (24 hour period)	£176	£151	£144 - £233
Day care	Per child per session (8 hours)	£135	£125	£102 - £211
Home support	Per family per hour	£22	£22	£18 - £26
Home sitting	Per family per hour	£19	£19	£11 - £27
General groups	per session	£342	£391	£100 - £632
Afterschool clubs	per session	£288	£279	£246 - £340
Weekend clubs	per session	£320	£321	£305 - £333
Activity holidays	Per child per break	£1,319	£852	£117 a – £3,805 b

[a] This cost is for a 2 day break

[b] This cost is for a 7 day break

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

[2] Beecham, J.. (2000) *Unit Costs – Not Exactly Child's Play: A Guide to Estimating Unit Costs for Children's Social Care.* University of Kent: Department of Health, Dartington Social Research Unit and the Personal Social Services Research Unit; Ward, H., Holmes, L., and Soper, J. (2008). *Costs and consequences of placing children in care*, London: Jessica Kingsley.

[3] Holmes, L. & McDermid, S. (2010) The Costs of Short Break Provision, in Curtis L. (ed) *Unit Costs of Health and Social Care 2011*, Personal Social Services Research Unit, University of Kent, Canterbury.

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

The social care processes

The study also calculated the costs of social care activity associated with providing short-break services to disabled children and their families.[1] This included the routes by which families were able to access short-break provision, and any ongoing activity undertaken to support the child and family once in receipt of short-break services.

Process	Out of London cost 2010/11 value	London cost 2010/11 value
Referral and assessment processes		
Local Core Offer eligibility models[1]	Not available	£12 a
Common Assessment Framework	£191 a	Not available
Initial Assessment	£345 a	£316 a
Core Assessment	£519 a	£730 a
Resource Panels for short break services [2]	£98 a	£54 a
Ongoing support		
Ongoing support	£79 b	£102 b
Reviews	£199 a	£268 a

[a] per process per child
[b] per month per child

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

[2] Two of the three participating authorities used panels in deciding how resources may be most usefully deployed to support families. The out of London authority held panels once a fortnight and were attended by one social care senior manager. The London authority held their panel monthly and was attended by a larger number of social care professionals which included the district manager, two service managers and three unit managers.

7. Hospital and other services

7.1 NHS reference costs for hospital services
7.2 NHS wheelchairs
7.3 Local authority equipment and adaptations
7.4 Training costs of health service professionals
7.5 Rapid Response Service
7.6 Hospital-based rehabilitation care scheme
7.7 Expert Patients Programme
7.8 Re-ablement service
7.9 Public health interventions

7.1 NHS reference costs for hospital services

We have drawn on the *NHS Trust and Primary Care Trusts combined* to report from the NHS Reference Costs of selected adult health services.[1] All costs have been uprated to 2010/11 levels using the HCHS Pay & Prices inflator.

	Lower quartile	Upper quartile	National average
Elective/non elective Health Care Resource Group (HRG) data (average cost per episode)			
Elective inpatient stays	£2,070	£3,484	£2,931
Non-elective inpatient stays (long stays)	£1,688	£2,737	£2,334
Non-elective inpatient stays (short stays)	£359	£655	£549
Day cases HRG data			
Weighted average of all stays	£453	£815	£686
Outpatient procedures			
Weighted average of all outpatient procedures	£101	£171	£147
PALLIATIVE CARE			
Specialist Inpatient palliative care	£258	£592	£448
Hospital specialist palliative care support (inpatient)	£60	£137	£122
Outpatient medical specialist palliative care attendance	£154	£383	£252
Outpatient non-medical specialist palliative care attendance	£72	£208	£115
A&E SERVICES (Weighted average of attendances)			
Accident and emergency treatments leading to admitted (not admitted)	£101 (£84)	£171 (£123)	£147 (£106)
Minor injury services leading to admitted (not admitted)	£35 (£43)	£52 (£62)	£49 (£55)
Walk in services leading to admitted (not admitted)	£44 (£32)	£50 (£44)	£49 (£41)
PARAMEDIC SERVICES			
Emergency transfers	£238	£268	£253
Average of all paramedic services (categories A, B & C)	£205	£255	£234
N.B. Information on mental health service costs for adults and children's health services can be found in tables 2.1 and 6.1 of this report respectively.			

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

7.2 NHS wheelchairs

Information about wheelchair costs is based on the results of a study of six sites supplying wheelchairs (excluding wheelchairs for children).[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 the term generally refers to individuals who are permanently restricted to a wheelchair but are otherwise well and have high mobility needs). The range of purchase costs is very high for the latter two types, ranging from £175 to £977 for active user chairs and £991 to £1,833 for powered chairs (1994/95 prices uprated to current values). The costs have allowed for the cost of modifications in the estimated capital value, but this is a very approximate mid-range figure so specific information should be used wherever possible.

No current information is available on the cost of NHS wheelchairs and this information is based on information collected in 1994/1995, which has been uprated using the HCHS prices inflator. Next year, this will be replaced by new information taken from the Adult Social Care Survey which is currently being analysed (The Information Centre, 2011).[2]

Type of chair	Total value 2010/2011	Annual cost 2010/2011	Notes
Capital costs Self or attendant propelled Active user Powered	 £248 £619 £1,238	 £60 £147 £295	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		 £27 £107	Revenue costs exclude therapists' time but include the staff costs of maintenance. The costs include all costs for pressure relief. The cost of reconditioning has not been included in the cost of maintenance.
Agency overheads			No estimate of management overhead costs is available. They are likely to be minimal.
Unit costs available 2010/2011			
£87 per self or attendant propelled chair per year; £174 per active user per chair per year; £402 per powered chair per year.			

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

[2] The Information Centre (2011) *User Survey Guidance 2010-11*, The Information Centre, Leeds. www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys/user-survey-guidance-2010-11

7.3 Local authority equipment and adaptations

Information about the capital cost of installing equipment and making adaptations to property is based on a benchmark study of the cost of aids and adaptations undertaken for the Department of the Environment by Ernst & Young.[1] The intention was to provide illustrative rather than statistically representative costs of installation. Forty local authorities provided information. Major variations were reported, probably reflecting differences in the scale of work undertaken. The median rather than the mean cost was used by Ernst & Young to overcome the spread of reported costs. All costs have been inflated from 1992 prices using the BCIS/ABI House Rebuilding Cost index.[2] Although this information is rather dated, the BCIS Access Audit Price Guide, 2002 suggested that the uprated figures were in line with current building costs.[3] Next year, this information will be replaced by information taken from the Adult Social Care Survey which is currently being analysed (The Information Centre, 2011).[4]

The period over which equipment and adaptations should be annuitised is open to debate. Ideally it should be annuitised over the useful life of the aid or adaptation. In many cases this is linked to the length of time the person using the appliance is expected to remain at home. Where it is expected that the house would be occupied by someone else who would also make use of the adaptation, a longer period would be appropriate. Clearly, this is difficult to do in practice. Many housing authorities have problems making sure that heavily adapted dwellings are occupied by people who can make use of the adaptations. According to government guidelines on the discount rate, this table shows the items annuitised over 10 years at 3.5 per cent.

Equipment or adaptation	Mean total cost	Median total cost	Range of costs		Median annual equipment cost
			Minimum	Maximum	3.5% discount
Additional heating	£429	£397	£144	£4,936	£48
Electrical modifications	£438	£512	£58	£3,908	£62
Joinery work (external door)	£507	£602	£261	£1,244	£72
Entry phones	£359	£487	£215	£3,051	£59
Individual alarm systems	£380	£445	£211	£958	£54
Grab rail	£94	£52	£4	£422	£6
Hoist	£934	£2,608	£378	£8,037	£310
Low level bath	£531	£665	£355	£1,441	£79
New bath/shower room	£7,774	£14,895	£3,785	£34,063	£1,771
Redesign bathroom	£1,423	£3,332	£473	£7,570	£396
Redesign kitchen	£2,873	£3,949	£694	£6,623	£470
Relocation of bath or shower	£1,059	£2,023	£178	£10,557	£241
Relocation of toilet	£864	£1,726	£169	£4,069	£205
Shower over bath	£945	£878	£209	£2,385	£104
Shower replacing bath	£2,582	£2,433	£467	£4,340	£289
Graduated floor shower	£2,395	£2,957	£1,277	£6,662	£352
Stair lift	£2,611	£3,293	£2,271	£7,279	£391
Simple concrete ramp	£646	£384	£66	£2,734	£46

[1] Ernst & Young (1994) *Benchmark Study of the Costs of Aids and Adaptations*, Report No. 4, Report to the Department of the Environment, London.
[2] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[3] Building Cost Information Service (2002) *Access Audit Price Guide*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[4] The Information Centre (2011) *User Survey Guidance 2010-11*, The Information Centre, Leeds. www.ic.nhs.uk/services/social-care/social-care-collections/user-surveys/user-survey-guidance-2010-11

7.4 Training costs of health service professionals

This schema provides a breakdown of the training costs incurred using standard estimation approaches.[1] The investment costs of education should always 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, so evaluations which are concerned with costs to the provider organisation would incorporate these investment costs. This year, the costs have been updated in liaison with the Department of Health and the Higher Education Funding Council for England (HEFCE).[2]

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 after pre-registration to enable them to progress to higher grades, the cost of post-graduate training is only known for doctors.

This table 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	£24,441	35,472	Not known	NA	59,913	4,927
Occupational therapist	£24,441	35,472	Not known	NA	59,913	4,911
Speech and language therapist	£24,441	35,472	Not known	NA	59,913	5,035
Dietician	£24,441	35,472	Not known	NA	59,913	5,095
Radiographer	£24,441	35,472	Not known	NA	59,913	5,278
Hospital pharmacist	£25,536	46,505	11,381	NA	83,422	6,574
Community pharmacist	£25,536	46,505	25,307	NA	97,348	7,671
Nurses						
Nursing degree	£23,151	47,296	0[3]	NA	70,447	9,356
Doctors						
Foundation officer 1	£55,987	£57,166	£147,791	£0	£260,944	£19,546
Foundation officer 2	£55,987	£57,166	£141,496	£31,231	£292,175	£21,807
Registrar group	£55,987	£57,166	£141,496	£73,664	£334,608	£26,329
Associate specialist	£55,987	£57,166	£141,496	£113,609	£374,553	£30,008
GP	£55,987	£57,166	£141,496	£227,786	£488,730	£40,521
Consultants	£55,987	£57,166	£141,496	£293,514	£554,458	£44,827
Social workers						
Social work degree	£14,156	£36,822	£6,474	NA	£57,452	£21,378

[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] Provided by the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[3] Currently the benefits obtained from the placements are assumed to be equivalent to the costs of providing the placement.

7.5 Rapid Response Service

This schema is based on a Rapid Response Service which serves the Shepway Primary Care Trust Areas located at Folkestone Hospital. It is designed to provide the local community with an alternative to hospital admission or long-term care where appropriate. The information is based on 2002/2003 costs and uprated using the appropriate inflators.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£158,100 per year	Based on median Agenda for Change (AfC) salaries. Includes a team of two nurses (Band 5), five clinical support assistants (Band 2), and two nurse managers (Band 7) (0.75 wte)[1]
B. Salary oncosts	£36,702 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	Not known	
D. Training	Not known	In-house training is provided. The health care assistants often study to NVQ level. No costs are available.
E. Overheads		Taken from NHS (England) Summarised Accounts.[2] See preface for more information.
Management, administration and estates staff.	£37,207	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£81,037	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
F. Capital overheads	£2,046 per year	Based on the new-build and land requirements of NHS facilities.[3,4] One office houses all the staff and 'hot-desking' is used. It is estimated that the office measures 25 square metres. Capital has been annuitised at 3.5 per cent.
G. Equipment costs	£1,410 per year	The service shares equipment with another so the total cost has been divided equally and annuitised over five years to allow for the expected life of the equipment. Equipment includes facsimile machines, computers etc. Prices have been uprated from 2002/2003 using the retail price index.
H. Travel	£22,274 per year	
Caseload	7 per week	The average annual caseload is 364 patients.
Hours and length of service	7 days a week (to include weekends and bank holidays) 8.00 am – 9.00 pm (24 hours if required), 365 days per year	The service would provide an intensive package of care, if necessary, over a 24-hour period to meet care needs, and support carers experiencing difficulty due to illness. It would be available for 72 hours and reviewed daily, with the possibility of an extension, up to a maximum of 5 days in exceptional circumstances.
Patient contact hours	9,646 per annum	Based on information about typical episodes delivered to patients in one year.
Low-cost episode	5 contact hours	A low-cost episode comprises, on average, a total of 5 contact hours.
High-cost episode	43 patient contact hours	A high-cost episode comprises, on average, a total of 43 patient contact hours.
Unit costs available 2010/2011		
£35 per delivered hour (excludes cost for enhanced payments, cost of assessments, discharge and travel costs); high-cost episode £1,505; low-cost episode £175; Average cost per case £931.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[3] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[4] Personal communication with the Department for Communities and Local Government, 2011.

7.6 Hospital-based rehabilitation care scheme

This PCT-run rehabilitation unit, based in a hospital in Kent, is supervised by a nurse consultant and had just undergone a service redesign to meet the changing needs of the community when the research was carried out. The information was collected in 2005/06 and all costs have been uprated using the HCHS inflators. The unit is managed by a modern matron, but has a strong multi-professional team approach. The unit is divided into three sections. The first is the 'assessment area', where patients go for between 24-72 hours on admission to have their health care needs closely observed and identified. They then go to the 'progression area', which is for patients who need moderate to high nursing support where they undertake a rehabilitation programme. Finally, when they are progressing well, they go to the 'independent area' before returning home. In total there are 38 beds in the unit.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£843,470 per year	Based on salaries for a team of a modern matron (Band 8), 3 nurse team managers (Band 7), 7 (wte 5.34) nurse specialists (Band 6), 8 (wte 6.31) nurses (band 5), 21 (wte 17.09) higher-level clinical support workers (band 4), 4 (wte 3.2) clinical support workers (band 3) and a support physiotherapist (Band 3). [1]
B. Salary oncosts	£202,912 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	Not known	
D. Overheads		Taken from NHS (England) Summarised Accounts.[2] See preface for more information.
Management, administration and estates staff.	£199,859 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£435,295 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£83,358 per year	Includes capital overheads relating to the building and equipment.
Hours and duration of service	7 days a week (to include weekends and bank holidays) 8.00 am - 9.00 pm (24 hours if required), 365 days per year.	If necessary, the service provides an intensive package of care over 24-hours.
Average duration of stay	14 days	Patients can stay up to six weeks, but average duration is 14 days.
Caseload per worker	30 per month	The total annual caseload was 358.
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
Weekly service costs per bed £890; Average annual cost per patient £4,930; Cost of a typical client episode £1,781.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.

7.7 Expert Patients Programme

Self-care support in England is being provided through a broad initiative called the Expert Patients Programme. This programme was delivered locally by a network of trainers and around 1400 volunteer tutors with long-term conditions. Courses led by trainers who themselves have a chronic condition, were held for an optimum number of 16 people over six weekly sessions. The groups were led by two lay trainers or volunteers.

The programme focuses on five core self-management skills: problem-solving, decision-making, resource utilisation, developing effective partnerships with healthcare providers and taking action. The programme offers a toolkit of fundamental techniques that patients can use to improve their quality of life. It enables patients who live with a long-term condition to develop their communication skills, manage their emotions, manage daily activities, interact with the healthcare system, find health resources, plan for the future, understand exercising and healthy eating, and manage fatigue, sleep, pain, anger and depression (Department of Health, 2001).[1,2]

The information for this schema is based on research carried out by the University of York.[3,4] The cost per participant is £289. These costs are based on 2005 data and have been uprated using the appropriate inflators.

Costs and unit estimation	2010/2011 value	Notes
A. Staff salaries (including oncosts) and expenses	£4,295,662	Includes EPP trainers and coordinators.
B. Overheads: Publicity material	£455,078	Includes awareness raising, staff magazine, manuals, course books, website, intranet.
Office expenditure	£232,795	Includes IT and other office expenditure.
Assessment	£9,288	Assessment to ensure quality of trainers and programme.
C. Other overheads:	£415,493	Includes EPP staff days, venues (volunteers and staff).
Rental	£349,193	Rental of premises for EPP sessions.
D. Travel	£24,864	Volunteer travel expenses.
Number of participants	20,000	Participants were a range of people living with long-term conditions.
Length of programme	6 weeks	EPP courses take place over six weeks (2½ hours a week) and are led by people who have experience of living with a long-term condition.
Unit costs available 2010/2011		
Cost per participant £289.		

[1] Department of Health (2001) *The Expert Patient: A New Approach to Chronic Disease Management in the 21st Century*, The Stationery Office, London.
[2] Expert Patients Programme Community Interest Company, EPP Price Guide 2008/2009, London, www.expertpatients.co.uk.
[3] Richardson, G., Gravelle, H., Weatherly, H. & Richie, G. (2005) Cost-effectiveness of interventions to support self-care: a systematic review, *International Journal of Technology Assessment in Health Care*, 21, 4, 423-432.
[4] Richardson, G., Kennedy, A., Reeves, D., Bower, P., Lee, V., Middleton, E., Gardner, C., Gately, C. & Rogers, A. (2008) Cost-effectiveness of the Expert Patients Programme (EPP) for patients with chronic conditions, *Journal of Epidemiology and Community Health*, 62, 361-367.

7.8 Re-ablement service

Adult social care services are increasingly establishing re-ablement services as part of their range of home care provision, sometimes alone, sometimes jointly with NHS partners. Typically, home care re-ablement is a short-term intervention, often provided to the user free of charge, and aims to maximise independent living skills. Information on the costs of re-ablement have been collected as part of an evaluation at the Personal Social Services Research Unit at Kent, in collaboration with the Social Policy Research Unit, University of York (Glendinning et al., 2010).[1] The schema below provides the average costs across four re-ablement services participating in the evaluation.[2] All the services were based out of London and one service had occupational therapists (OTs) working closely with the team. Cost data were provided for 2008/09 and have been uprated using the PSS inflators.

Costs per service user for the four sites ranged from £1,651 to £2,242 at 2010/2011 prices.

Costs and unit estimation	2010/2011 value	Notes
A. Salary plus oncosts	£2,412,820	Based on total salary costs ranging from £571,357 to £4,681,308 for re-ablement workers. Salary cost accounted for between 61 and 62 per cent of total costs. One site included OTs as well as re-ablement workers.
B. Direct overheads		
Administrative and management	£889,776	Administrative and management costs accounted for between 2 and 25 per cent of the total for the four sites.
Office and training costs	£47,918	The costs of uniforms and training costs are included here. These accounted for one per cent of the total.
C. Indirect overheads	£167,438	Indirect overheads include general management and support services such as finance and human resource departments. These were 4 per cent of total costs and ranged from 0.5 to 9 per cent.
D. Capital overheads		
Building and land costs	£6,339	Information supplied by the local authority and annuitised over 60 years at a discount rate of 3.5 per cent.
Equipment costs	£2,670	Based on information supplied by the local authority and costed following government guidelines (see schemas 7.2 and 7.3 of this volume).
E. Travel	£402,109	Average travel costs for the four local authorities were 10 per cent of total costs and ranged from 1 to 12 per cent.
Patient contact hours	49 hours	Average duration of episode for the four sites was 49 hours. Average episodes ranged from 35 to 55 hours.
Ratio of direct to indirect time on:		
Face-to-face contacts	1:0.94	Fifty-two per cent of time was spent in contact with service users. This was based on the average number of working hours of (179,174) and average of 92,566 contact hours. .
Number of service users	1,886	The average number of service users for the four sites was 1,886 per annum ranging between 429 and 3,500 service users.
Unit costs available 2010/2011		
£22 per hour; £42 per hour of contact; average cost per service user, £2,083.		

[1] Glendinning, C., Jones, K., Baxter, K., Rabiee, P., Curtis, L., Wilde, A., Arksey, H. & Forder, J. (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.

[2] Although five sites participated in the evaluation, one of the sites had very different costs and did not provide complete information. The costs for this site have therefore been omitted. The costs contained in this table are considered to be typical of a re-ablement service.

7.9 Public health interventions

These costs are drawn from two reports: *Prioritising investments in public health* (Matrix Evidence and Bazian, 2008),[1] commissioned by the Department of Health, and *A review of the cost-effectiveness of individual level behaviour change interventions* commissioned by the Health and Well-Being Alliance group (North West Public Health Observatory, 2011).[2] Here we present the costs of interventions for which the economic evidence originated in the UK. Further information can be found on Public Health Interventions in the Cost Effectiveness Database (PHICED) on the following link: www.yhpho.org.uk/PHICED/. All costs have been taken directly from the reports and uprated to 2010/2011 prices using the appropriate inflators. Further information on the specific research studies can be found in the reports named above.

Intervention: Reducing long term absence in the workplace.

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

Intervention	Workplace intervention	Physiotherapy/physical activity	Cognitive behaviour therapy	Workplace visit	Total
Physical activity and education		£169	£641		£810
Workplace intervention	£545				£545
Physical activity education and workplace visit		£169	£641	£48	£857

Alcohol intervention

Intervention: Brief interventions have proven to be effective and have become increasingly valuable for the management of individuals with increasing and high-risk drinking, filling the gap between primary prevention efforts and more intensive treatment for persons with serious alcohol use disorders. The cost of delivering ten minutes brief advice for alcohol ranges from £14.50 for a practice nurse to £25 for a GP (see tables 10.6 and 10.8c of this publication).

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

Intervention: Individual risk counselling, defined here as one-to-one interventions, delivered by a counsellor to at risk groups with the aim of reducing incidence of STIs or risky behaviour. Individual risk counselling can be delivered through clinics (genitourinary medicine, abortion, or drug and alcohol misuse clinics), community health services, GPs and other community and non-healthcare settings. The review suggested that counselling interventions cost between £90 and £200 per person.

Reducing smoking and the harms from smoking

Intervention: Media supported campaigns: The review suggested that there is strong evidence that mass media campaigns for both young and adult population cost between £0.30 and £2.30 per person. Estimates of cost are higher when the unit receiving the intervention is defined as those potentially exposed to the campaign (£23-£44).

Intervention: Drug therapies for smoking cessation. This can include nicotine replacement therapy (NRT) (such as nicotine patches and gum), nicotine receptor partial antagonists (such as varenicline), opioid antagonists (such as naltrexone), clonidine, lobeline, or antidepressants (such as bupropion). There is evidence that drug therapy (bupropion, nicotine replacement therapy and varenicline) has a moderate effect on smoking cessation, particularly in people motivated to quit. There is strong economic evidence from the UK on the cost of NRT (£53-£185 per person) bupriopion (£101-£108 per person), and combinations of NRT and bupriopion (£203-£209 per person).

Intervention: A ten minute opportunistic brief advice session for smoking is £25 for a GP and £14.50 for a practice nurse (see tables 10.6 and 10.8c of this publication).

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

[2] North West Public Health Observatory (2011) *A review of the cost-effectiveness of individual level behaviour change interventions*, Health and Wellbeing Alliance, Manchester. www.champspublichealth.com/writedir/0c65health_choices%20-%20FINAL.pdf

8. Care packages

8.1 Community care packages for older people

- 8.1.1 Community care package for older people: very low cost
- 8.1.2 Community care package for older people: low cost
- 8.1.3 Community care package for older people: median cost
- 8.1.4 Community care package for older people: high cost
- 8.1.5 Community care package for older people: very high cost

8.2 Care packages for older people, people with learning disabilities, people with mental health problems and people with physical disabilities

- 8.2.1 Care Packages for older people
- 8.2.2 Care Packages for people with learning disabilities
- 8.2.3 Care Packages for people with mental health problems
- 8.2.4 Care Packages for people with physical disabilities

8.2 The cost of autism

- 8.2.1 Children with autism (pre-school)
- 8.2.2 Children with low-functioning autism (ages 0 – 17)
- 8.2.3 Children with high-functioning autism (ages 0 – 17)
- 8.2.4 Adults with autism

8.4 Services for children in care

- 8.4.1 Children in care: low cost—with no evidence of additional support needs
- 8.4.2 Children in care: median cost—children with emotional or behavioural difficulties
- 8.4.3 Children in care: high cost—children with emotional or behavioural difficulties and offending behaviour
- 8.4.4 Children in care: very high cost—children with disabilities, emotional or behavioural difficulties plus offending behaviour

8.5 Young adults with acquired brain injury in the UK

8.6 Palliative care for children and young people

- 8.6.1 Short illness trajectory cancer
- 8.6.2 Longer life illness trajectories: cardiac care
- 8.6.3 Longer life illness trajectories: cystic fibrosis
- 8.6.4 Longer life illness trajectories: child with multiple disabilities

8.1 Community care packages for older people

8.1.1 Community care package for older people: very low cost

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

Typical case
Mrs A was an 83 year old widow who lived alone in sheltered accommodation but received help from two people, with most help coming from another family member.

Functional ability
Mrs A. had problems with three activities of daily living: using the stairs, getting around outside, and bathing. Her problems stemmed from a previous stroke.

Services	Average weekly cost (2010/2011)	Level of service	Description
Social care Home care	£32		Taken from PSS EX1 2009/10,[2] the average cost for one hour of local authority home care costs £32 (See table 11.6 of this volume).
Meals on wheels	£43		Taken from PSS EX1 2009/10,[2] the average cost per meal on wheels was £6.00 for the Local Authority and £4.00 for the independent sector.
Health care GP	£7.40	11.7 minutes	Surgery visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007.[3]
Accommodation	£155		Based on the weekly cost of sheltered accommodation.
Living expenses	£156		Taken from the Family Expenditure Survey (2010).[4] Based on one retired adult household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£82 £393		Excludes accommodation and living expenses. All costs.

[1] Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for Older People*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.
[2] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[3] The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, *Primary Care Statistics*, The Information Centre, Leeds.
[4] Office for National Statistics (2010) *Family Spending 2010 edition*, Office for National Statistics, London, available at www.ons.gov.uk/ons/rel/family-spending/family-spending/2010-edition/index.html

8.1.2 Community care package for older people: low cost

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

Typical case

Mrs B was a 79 year old widow who lived alone but received help from two people, most help being provided by a family member.

Functional ability

Mrs B had problems with three activities of daily living: using the stairs, getting around outside and bathing. Her problems stemmed from arthritic conditions and cardiovascular disease.

Services	Average weekly cost	Level of service	Description
Social care Home care	£128	4 hours per week	Based on 4 hours of local authority-organised home care (See table 11.6 of this volume).
Private home care	£48	3 hours per week	Based on 3 hours of independently provided home care (See table 11.6 of this volume).
Health care			
Community nurse	£5.30	20 minutes	Community nurse visits once a month (see table 10.1 of this volume).
GP	£26	23.4 minutes	Home visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007.[2]
Accommodation	£79		The national average weekly gross rent for a two bedroom house in the social housing sector including £7.36 service charge.[3]
Living expenses	£156		Taken from the Family Expenditure Survey (2010, table 3.9E).[4] Based on one retired person household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£207 £442		Excludes accommodation and living expenses. All costs.

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

[2] The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, *Primary Care Statistics*, The Information Centre, Leeds.

[3] Dataspring (2011) Review of Residential Rent and Service Charge, The Cambridge Centre for Housing and Planning Research, University of Cambridge. www.mpa.gov.uk/committees/finres/2011/0217/06/.

[4] Office for National Statistics (2010) *Family Spending 2010 edition*, Office for National Statistics, London, available at www.ons.gov.uk/ons/rel/family-spending/family-spending/2010-edition/index.html

8.1.3 Community care package for older people: median cost

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

Typical case Mrs D was an 80 year old widow living with two other relatives.			
Functional ability Mrs D had problems with four activities of daily living: using the stairs, getting around outside, dressing and bathing.			
Services	**Average weekly cost**	**Level of service**	**Description**
Social care Home care	£320	10 hours per week	Based on the cost of local authority-organised home care (See table 11.6 of this volume).
Health care GP	£7.40	11.7 minutes	Surgery visits estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007.[2]
Accommodation	£109		Privately rented shared three-bedroom house/bungalow. Based on the average (private) rental income in England in September 2011 and adjusted to take account of shared situation.[3]
Living expenses	£156		Living expenses taken from the Family Expenditure Survey (2010, table 3.9E), uprated to 2010/2011 price levels.[4] Based on one-person retired household mainly dependent on state pensions.
Total weekly cost of health and social care package	£327 £592		Excludes accommodation and living expenses. All costs.

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

[2] The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, *Primary Care Statistics*, The Information Centre, Leeds.

[3] Rentright, Average price for England, www.rentright.co.uk/00_00_00_3_00_rrpi.aspx

[4] Office for National Statistics (2010) *Family Spending, 2010*, Office for National Statistics, London, available at www.statistics.gov.uk.

8.1.4 Community care package for older people: high cost

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

Typical case

Mr D was a 79 year old widower who owned his own home and lived with two other friends. One of these friends provided him with help.

Functional ability

Mr D had problems with seven activities of daily living: using the stairs, getting around outside and inside the house, using the toilet, transferring between chair and bed, dressing and bathing. His problems stemmed from arthritic conditions and a previous stroke.

Services	Average weekly cost	Level of service	Description
Social care			
Home care	£320		10 hours per week. Based on local authority-organised home care (See schema 11.6 of this volume).
Day care	£36		Attended a day centre about once a week. (See schema 1.4 of this volume).
Private home care	£384		Based on PSS EX1 2009/10 uprated using the PSS Pay & Prices Inflator. Cost of 24 hours of independently provided home care (See schema 11.6 of this volume).
Health care			
Community nurse	£21	20 mins	Once a week visit from a community nurse (see schema 10.1 of this volume).
OT	£42		Two visits were made by the OT (see schema 9.2 of this volume).
GP	£7.40	11.7 mins	Visits (surgery) estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007.[2]
Accommodation	£78		Based on the annuitised value of a detached house and shared between three people. Taken from the Halifax Price Index, 2nd quarter 2011 and uprated using the BCIS/ABI House Building Price Index.
Living expenses	£212		Living expenses taken from the Family Expenditure Survey (2010, table 3.10E).[3] Based on one man and one woman retired household, mainly dependent on state pensions.
Total weekly cost of health and social care package	£847		Excludes accommodation and living expenses and privately purchased home care.
	£1,100		All costs

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

[2] The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, *Primary Care Statistics*, The Information Centre, Leeds.

[3] Office for National Statistics (2010) *Family Spending 2010 edition*, Office for National Statistics, London, available at www.ons.gov.uk/ons/rel/family-spending/family-spending/2010-edition/index.html

8.1.5 Community care package for older people: very high cost

The care package costs described in this schema are an example of a case where the costs to the public purse on health and social care support were in the top decile in a 2005 home care sample of 365 cases.[1] In this sample, which had 35 per cent of 'intensive' cases with 10 or more home care hours per week compared with 26 per cent in England as a whole, 10 per cent of cases incurred gross public community care costs of over £390 per week. Package costs exclude the costs of hospital and any use of care homes for respite care. Social work/care management costs were included only where visits from a social worker during the previous three months were reported by the individual. GP visits data were not collected so estimates based on national data have been added. All costs have been uprated using the appropriate inflators.

Typical case
Mrs E was an 82 year old woman who was married and lived with her husband and another relative in her own home. Her husband provided most support.

Functional ability
Mrs E suffered from dementia and needed help with nine activities of daily living: stairs, getting around outside and inside the house, using the toilet, transferring between chair and bed, dressing, bathing, washing and feeding.

Services	Average weekly costs	Level of service	Description
Social services			
Home care	£960		30 hours per week of local authority-organised home care (See schema 11.6 of this volume).
Health care			
Community nurse	£21	20 mins	Once a week visit from a community nurse (see schema 10.1 of this volume).
GP	£7.40	11.7mins	Visits (surgery) estimated at once every four weeks based on the General Practitioner Workload Survey, July 2007.[2]
Accommodation	£40		Based on the annuitised value of a terraced house and shared between three people. Taken from the Halifax Price Index, 2nd quarter 2011 and uprated using the BCIS/ABI Housebuilding Price Index.
Living expenses	£212		Living expenses taken from the Family Expenditure Survey (2010, table 3.10E).[3] Based on one-man retired household, not mainly dependent on state pension.
Total weekly cost of health and social care package	£988 £1,240		Excludes accommodation and living expenses. All costs.

[1] Darton, R., Forder, J., Bebbington, A., Netten, A., Towers, A-M. & Williams, J. (2006) *Analysis to support the development of the Relative Needs Formula for Older People*, PSSRU Discussion Paper 2265/3, Personal Social Services Research Unit, University of Kent, Canterbury.
[2] The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, *Primary Care Statistics*, The Information Centre, Leeds.
[3] Office for National Statistics (2010) *Family Spending 2010 edition*, Office for National Statistics, London, available at www.ons.gov.uk/ons/rel/family-spending/family-spending/2010-edition/index.html

8.2 Care packages for older people, people with learning disabilities, people with mental health problems and people with physical disabilities

The care packages described in the following schema (8.2.1-8.2.4) are drawn from the National Evaluation of the Individual Budgets Pilot Projects (IBSEN).[1] This study collected information on the social care service use of 1001 people representing four client groups: older people, people with learning disabilities, people with mental health problems and people with physical disabilities. For the study, the service users' needs were categorised as critical, substantial or moderate and information was collected on a pre-specified set of services; the type of accommodation in which they usually lived, the number of hours of home care and day care received each week and the social security benefits they received. The services were costed using information contained in this volume where possible (see details below) otherwise they have been taken from the Personal Social Services Expenditure return (PSS EX1) (2009/2010)[2] and uprated using the PSS pay and prices inflator. As the study database did not specify whether the services had been provided by the local authority or private organisations, we have used the weighted average price.

Home care: The cost per hour for a home care worker is £18 (see table 11.6). As the PSS EX1 return does not distinguish between client groups for home care, the cost of home care for adults and older people has been used for all client groups. This cost is likely to be an under estimate for certain client groups.

Day care: For day care, assumptions have to be made about the number of times service users attend per week as the PSS EX1 expenditure return provides the average weekly cost for day care. It has therefore been assumed that older people, people with mental health problems and people with physical disabilities attend on average three days per week, and that people with learning disabilities attend five days per week. Based on these assumptions, the average cost per client day for older people and people with mental health problems is £29,[2] for people with learning disabilities the cost is £54 per day[2] and for people with physical disabilities, the cost of a day care session is £51.[2]

Benefit receipt: All benefit receipt was costed using information taken from the Department for Work and Pensions (DWP)[3] and summed to provide a total for each service user. Benefits included long term incapacity benefit (£91.40 per week), severe disability benefit (£53.65 per week), disability (mobility) benefit (£49.85 per week), disability care allowance (£47.80 per week), attendance allowance, (lower/higher rate, £47.80/£71.40 per week), carer's allowance (£53.90 per week) and housing benefit (£65.45 per week).

Accommodation: Information was available on whether the service user lived in a registered care home, sheltered accommodation, supported living, flats, private accommodation or rented accommodation, whether the service user lived alone or in shared accommodation and how many bedrooms were in the accommodation. The data do not whether the service user lived in accommodation provided by the local authority or private organisations. We have taken the lower cost assumption that the accommodation was provided by a private sector organisation. For each client group, the appropriate cost was taken from this volume or other national sources such as Rentright (www.rentright.co.uk/), a website which provides the average rental costs for England for each month, or the Halifax Price Index which provides average prices for privately owned accommodation in England. Sometimes judgements were made about the type of accommodation according to the level of need of the service user. For example, for people with physical disabilities, where a care home was specified, it was assumed that this was a high dependency care home (see table 5.1). Similarly, when a 'flat' was specified and the level of need was 'critical' or 'substantial, the cost of special needs flats were applied (see table 5.3). When the accommodation type was 'supported living', when the level of need was 'critical', it was assumed that this also was a care home, otherwise the cost of 'sheltered accommodation' was used. Costs for residential care and supported living for all client groups were taken from the relevant sections of this volume.

[1] Glendinning, C., Challis, D., Fernandez, J., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. and Wilberforce, M. (2008) *Evaluation of the Individual Budgets Pilot Programme: Final Report*, Social Policy Research Unit, University of York, York.

[2] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.

[3] Department for Work and Pensions (2011) *Social Security Benefit Uprating*, www.dwp.gov.uk/docs/benefitrates2011.pdf.

8.2.1 Care packages for older people

Two hundred and eighty one people in the IBSEN study were over 65 (28% of the whole sample), with 39 having critical needs, 171 having substantial needs and 71 moderate needs. The average total cost for the whole sample was £259 per week with 10 per cent incurring costs of less than £110 and 10 per cent more than £497.

Service/need group	Average weekly costs 2010/2011	Number of users	Description
Home care			
Critical	£273	18 users	Forty-two per cent of the sample of older people reported the use of home care. The average weekly cost for critical users was £273 compared to £144 for those with moderate needs. The average weekly cost for all 118 service users was £162 (9 hours per week).
Substantial	£142	74 users	
Moderate	£144	26 users	
Total	£162	118 users	
Day care			
Critical:	£99	4 users	Twelve per cent of the older participants reported the use of day care. The average weekly cost for all 35 users was £65 per week.
Substantial	£64	24 users	
Moderate	£51	7 users	
Total	£65	35 users	
Benefits			
Critical	£113	15 users	Thirty-seven per cent reported receiving benefits. In total, the cost of benefits received by critical service users was £113 compared to £88 for moderate service users. The total average weekly cost for all 105 users was £86.
Substantial	£78	66 users	
Moderate	£88	24 users	
Total	£86	105 users	
Accommodation			
Critical	£165	39 users	The cost of accommodation for those with moderate needs was 6 per higher than those with critical needs. The average weekly cost for accommodation was £151.
Substantial	£136	171 users	
Moderate	£175	71 users	
Total	£151	281 users	
Total Costs			
Critical	£345	39 users	The average weekly cost for all service users was £259. Support costs for critical service users were 32 per cent higher than costs for moderate service users.
Substantial	£238	171 users	
Moderate	£262	71 users	
Total	£259	281 users	

8.2.2 Care packages for people with learning disabilities

Two hundred and sixty people in the IBSEN study had learning disabilities (26% of the whole sample), with 76 having critical needs, 159 substantial needs and 25 moderate needs. The average cost for this sample was £302 per week with 10 per cent incurring costs of less than £181 and 10 per cent more than £1,267.

Service/need group	Average weekly costs 2010/2011	Number of users	Description
Home care			
Critical	£362	28 users	Forty-six per cent of the sample of people with learning disabilities reported the use of home care. Of those, the average weekly cost for critical users was £362 compared to £252 for those with moderate needs. The average weekly cost for all 77 service users was £355.
Substantial	£355	47 users	
Moderate	£252	2 users	
Total	£355	77 users	
Day care			
Critical	£301	18 users	Twenty-eight per cent of the whole sample of people with learning disabilities reported the use of day care. The average weekly cost was £50 across the 72 users.
Substantial	£45	51 users	
Moderate	£32	3 user	
Total	£50	72 users	
Benefits			
Critical	£129	68 users	Seventy-seven per cent reported receiving benefits. In total, the value of benefits received by critical service users was £129 compared to £135 for moderate service users. The total average weekly cost for all 199 users was £128.
Substantial	£127	119 users	
Moderate	£135	12 users	
Total	£128	199 users	
Accommodation			
Critical	£193	76 users	The cost of accommodation for those with critical needs was £193 compared to the cost of those with moderate needs of £69. The average weekly cost for the whole sample of people with learning disabilities was £166.
Substantial:	£167	159 users	
Moderate	£69	25 users	
Total	£166	260 users	
Total Costs			
Critical	£373	76 users	The average weekly cost for all service users was £302. Support costs for critical users were 135 per cent higher than costs for moderate service users.
Substantial	£290	159 users	
Moderate	£159	25 users	
Total	£302	260 users	

8.2.3 Care packages for people with mental health problems

One hundred and forty three people in the IBSEN study had mental health problems (14% of the whole sample), with 22 having critical needs, 96 having substantial needs and 25 moderate needs. The average cost for these 143 people was £423 per week with 10 per cent incurring costs of less than £183 and 10 per cent incurring costs of more than £479 per week.

Service/need group	Average weekly costs 2010/2011	Number of users	Description
Home care			
Critical	£95	4 users	Seven per cent of people with mental health problems were receiving home care. The average weekly cost for critical users was £95 compared to £72 for moderate users. The average weekly cost for all 10 service users was £162.
Substantial	£232	5 users	
Moderate	£72	1 user	
Total	£162	10 users	
Day care			
Critical	£66	5 users	Fourteen per cent of people with mental health problems were receiving day care. The average weekly cost was £68 across all users of day care.
Substantial	£69	13 users	
Moderate	£63	2 users	
Total	£68	20 users	
Benefits			
Critical	£133	17 users	Seventy-seven per cent service users were receiving benefits. In total, the value of benefits received by critical service users was £133 compared to £102 for moderate service users. The total average weekly cost for all 110 users was £134.
Substantial	£144	73 users	
Moderate	£102	20 users	
Total	£134	110 users	
Accommodation			
Critical	£183	22 users	The cost of accommodation for those with critical needs was £183 compared to the cost of those with moderate needs of £157. The average weekly cost across all users was £184.
Substantial	£194	96 users	
Moderate	£157	25 users	
Total	£184	143 users	
Total Costs			
Critical	£303	22 users	The average weekly cost for all service users was £423. Critical service users had costs of £303 compared to moderate service users whose weekly costs were £247.
Substantial	£496	96 users	
Moderate	£247	25 users	
Total	£423	143 users	

8.2.4 Care packages for people with physical disabilities

Three hundred and seventeen people in the IBSEN study had physical disabilities (32% of the whole sample), with 52 having critical needs, 245 having substantial needs and 20 moderate needs. The average cost for this group was £633 per week, with 10 per cent of service users incurring costs of less than £261 and 10 per cent more than £1,089

Service/need group	Average weekly costs 2010/2011	Number of users	Description
Home care			
Critical	£348	31 users	Fifty-six per cent of the total sample of people with physical disabilities received home care. The average weekly cost for users with critical needs was £348 compared to £115 for those with moderate needs. The average weekly cost for all users of home care (176 people) was £265.
Substantial	£257	136 users	
Moderate	£115	9 user	
Total	£265	176 users	
Day care			
Critical	£133	8 users	Twelve per cent of the people with physical disabilities were receiving day care. The value of day care received by moderate users was 56 per cent higher than critical users. The average weekly cost was £142 for all 37 users of day care).
Substantial	£140	27 users	
Moderate	£207	2 users	
Total	£142	37 users	
Benefits			
Critical	£119	72 users	Ninety-four per cent of service users were receiving benefits. In total, the cost of benefits received by critical service users was £119 per week compared to £152 for moderate service users. The total average weekly cost for all 297 service users was £162.
Substantial	£161	230 users	
Moderate	£152	17 users	
Total	£162	297 users	
Accommodation			
Critical	£741	52 users	The average weekly cost of accommodation for those with critical needs was £741 compared to £234 for those with moderate needs. The average weekly cost was £317.
Substantial	£234	245 users	
Moderate	£234	20 users	
Total	£317	317 users	
Total Costs			
Critical	£1,134	52 users	The average weekly care package cost for all service users was £633 per week. Critical service users had costs of £1,134 compared to moderate service users whose weekly costs were £435.
Substantial	£542	245 users	
Moderate	£435	20 users	
Total	£633	317 users	

8.3 The cost of autism

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

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

Here we present cost information taken from two research studies, the first of which focuses on pre-school children and provides the service and wider societal costs in the UK (Barrett et al., 2010).[1] It looked at the services received by 152 pre-school children with autism, reported family out-of-pocket expenses and productivity losses, and explored the relationship between family characteristics and costs.

Service use data were collected using a modified version of the Child and Adolescent Service Use Schedule (CA-SUS), which was developed by the authors in previous studies and adapted for the purpose of this study on the basis of expert opinion and pilot testing during the start-up phase of the study. This was used to collect data on the use of specialist accommodation such as foster and respite care, education or day care facilities attended, all medication prescribed for the individual child, all hospital contacts, and all community health, education and social care services, including non-statutory provision. School based services were not recorded separately in order to avoid double-counting the costs of those services included in the overall cost of the education facility and because parents may not always be aware of their use. In addition, parents were asked to report details of time off work due to their child's illness, and expenditure on any specialist equipment or other extraordinary costs, such as home adaptations, conference or training attendance and overseas travel that were a direct result of their child's autism. Information from this study is found in 8.3.1.

The second study provides the annual costs for children and adults with low-functioning and high- functioning ASD (i.e. with and without an intellectual disability). The research carried out by Knapp et al. (2007, 2009)[2,3] estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children and 91 adults. In the sample of children with autism, ages ranged from 3 to 17, with a mean of 10.28 years (standard deviation 3.17) and a median age of 10. Data were taken from a variety of sources, including: national surveys, published research, previous studies by the Institute of Psychiatry and expert advice. The purpose of the study was to examine the service, family and other economic consequences of autism in the UK, both for children and adults, with ASDs, with and without an intellectual disability. See Tables 8.3.2 to 8.3.4 for costs from this study.

1 Barrett, B., Byford, S., Sharac, J., Hudry, K., Leadbitter, K., Temple, K., Aldred, C., Slonims, V., Green, J. & the PACT Consortium (2010) *Service and Wider Societal Costs of Pre-School Children with Autism in the UK*, King's College London, University College London, University of Manchester, Newcastle University, Stockport Primary Care Trust, Guy's Hospital London, and the PACT Consortium, UK (not publicly available).

2 Knapp, M., Romeo, R. & Beecham, J. (2007) *The Economic Consequences of Autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

3 Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.3.1 Children with autism (pre-school)

Information for this schema has been taken from Barrett et al. (2010)[1]. All costs presented were for 2006/2007 and have therefore been uprated to 2010/2011 using the appropriate inflators.

This table reports the service and wider societal costs for the six months prior to interview for pre-school children with autism. The mean total service costs were £2,850, equivalent to £475 per month and over £5,700 per year. Almost half the costs (45 per cent) were for education and childcare, 41 per cent were for community health and social services, and 12 per cent for hospital services. As total costs varied substantially between the children in the study (range £346 to £6,740 over six months). Box 1 below presents case studies of low- and high-cost cases.

On average, families spent an additional £248 as a result of their child's illness over the six months prior to interview (range £0 to £3,663). Fifty-one per cent of families reported taking some time off work due to their child's illness over the six months, associated with productivity losses of £300 per family. Total costs including all services, family costs and productivity losses were estimated over £3,000 over six months, equivalent to over £550 per month.

Total costs per child for the six months prior to interview (£, n=152)

	Mean	SD	Total service cost %	Total cost %
Accommodation	£17	£231	0.60	0.52
Hospital-based health services	£335	£491	11.80	9.76
Community health and social services	£1,188	£995	41.60	34.58
Medication	£17	£87	0.62	0.52
Voluntary sector services	£33	£89	1.20	0.97
Education and child care	£1,260	£901	44.20	37.37
Total service costs	**£2,850**	**£1,377**	**100.00**	**83.72**
Out-of-pocket expenses	£248	£550		7.36
Productivity losses	£300	£688		8.92
Total costs	£3,398	£1,841		100.00

Box 1 Case studies of low and high cost cases

High cost — £6,740 over six months
Child H attends a mainstream nursery part-time and a specialist playgroup one day a week. He spent three nights in hospital following a grommet operation, and had two outpatient appointments with the ear, nose and throat specialist before and after the operation. Child H had monthly visits to his GP, regular contact with the practice nurse and his health visitor, and weekly contacts with a speech and language therapist at the local health centre. In addition, he had contact with a community paediatrician and a portage worker.

Low cost — £346 over six months
Child I does not attend any formal education or childcare, spending all his time at home with his mother. He had one visit to a paediatrician at the local hospital, but did not have any other hospital contacts or use any services in the community.

[1] Barrett, B., Byford, S., Sharac, J., Hudry, K., Leadbitter, K., Temple, K., Aldred, C., Slonims, V., Green, J. & the PACT (2011) *Service and Wider Societal Costs of Very Young Children with Autism*, the *Journal of Autism and Developmental Disorders,* Epub 2011 Nov 1.

8.3.2 Children with low-functioning autism (ages 0 –17)

The research carried out by Knapp et al. (2007, 2009)[1,2] estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children.

The table below summarises the average cost per child with low-functioning ASD, whether living with their families or living in a residential or foster care placement. Costs are organised under a number of different service and support headings. Family expenses were also included and, where appropriate, costs were imputed for the lost employment of parents. The table distinguishes children in three different age groups. The annual costs for children with low-functioning ASD who are living in residential or foster placements are estimated to be £18,151 (if aged 0-3), £45,506 (aged 4-11) and £70,131 (aged 12-17). For the two older age groups, the largest contributors to these totals are the care placements themselves, and special education. The authors noted that, given the availability of data, residential special school costs may have been under estimated.

Costs for children with low-functioning ASD who live with families are much lower: £4,869 (if aged 0-3), £31,254 (aged 4-11) and £45,390 (aged 12-17). For the two older age groups the largest contributors to these totals are special education, and health and social care services (including hospital and respite care).

Average annual cost per child with low-functioning ASD

	Living in residential or foster care placement			Living in private households with family		
	Ages 0-3	**Ages 4-11**	**Ages 12-17**	**Ages 0-3**	**Ages 4-11**	**Ages 12-17**
Residential/foster care placement	£17,495	£25,192	£35,806	-	-	-
Hospital services	-	967	£1,780	-	£967	£1,780
Other health and social services	£656	£7,747	£449	£656	£7,747	£449
Respite care	-	-	-	-	£3,169	£4,131
Special education	-	£10,252	£30,962	-	£10,252	£30,962
Education support	-	£1,328	£1,118	-	£1,328	£1,118
Treatments	-	£20	£17	-	£20	£17
Help from voluntary organisations	-	-	-	-	£945	£108
Benefits	-	-	-	£4,213	£4,486	£4,486
Lost employment (parents)	-	-	-	-	£2,339	£2,339
Total annual cost (excluding benefits)	£18,151	£45,506	£70,131	£656	£26,768	£40,904
Total annual cost (including benefits)	£18,151	£45,506	£70,131	£4,869	£31,254	£45,390

Note: Expenditure on social security/welfare benefits could partly double-count the costs of lost employment for parents, which is why two totals are provided above.

[1] Knapp, M., Romeo, R. & Beecham, J. (2007) *The Economic Consequences of Autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

[2] Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.3.3 Children with high-functioning autism (ages 0–17)

The research carried out by Knapp et al. (2007, 2009)[1,2] estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children.

As in schema 8.3.2, the table below distinguishes costs under a number of different service and support headings. The study assumed that all children with high-functioning ASD live with their parents. Average costs range from £1,887 to £24,177 per annum.

Average annual cost per child with high functioning ASD

	Living in private household with family		
	Ages 0-3	**Ages 4-11**	**Ages 12-17**
Hospital services	-	£871	£871
Other health and social services	£1,361	£1,361	£1,361
Respite care	-	£7,301	£7,301
Special education	-	£13,099	£13,099
Education support	-	£611	£611
Treatments	-	£166	£166
Help from voluntary organisations	-	-	-
Benefits	£526	£526	£526
Lost employment (parents)	-	£242	£242
Total annual cost (excluding benefits)	£1,361	£23,651	£23,651
Total annual cost (including benefits)	£1,887	£24,177	£24,177

Note: Expenditure on social security/welfare benefits could partly double-count the costs of lost employment for parents, which is why two totals are provided above.

[1] Knapp, M., Romeo, R. & Beecham, J. (2007) *The Economic Consequences of Autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

[2] Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.3.4 Adults with autism

The research carried out by Knapp et al. (2007, 2009)[1,2] estimated the full costs of autism spectrum disorders (ASDs) in the United Kingdom using data on 146 children. The estimated annual costs for adults with high-and low-functioning ASD are presented below. Imputed costs for lost employment are included for both the individuals with ASD and for parents, where these are appropriate. Costs are arranged by place of residence.

For an adult with high-functioning ASD, it is estimated that the annual cost of living in a private household (with or without family) is £36,460. A sizeable part of this (£21,617) is the imputed cost of lost employment for the individual with ASD (and hence also lost productivity to the economy). Part of that (not separately identified here) would be lost tax revenue to the Exchequer.

Costs for high-functioning adults in supported living settings or care homes are much higher (£95,694 and £98,735 per annum respectively) and the proportion attributable to lost employment is lower. The largest cost element in each case is for accommodation, and includes the costs of staff employed in those settings or supporting the residents.

For low-functioning adults, the mean annual costs (excluding benefits but including lost employment) rise with increased support in the accommodation for those living in private households from £48,256 to £110,786 for those in hospital care.

Average annual cost per adult with ASD

	Adults with high-functioning ASD			Adults with low-functioning ASD			
	Private household	**Supporting People**	**Residential care**	**Private household**	**Supporting People**	**Residential care**	**Hospital**
Accommodation	£1,669	£66,191	£69,232	-	£66,190	£69,232	-
Hospital services	£871	£871	£871	£98	£168	£38	£84,647
Other health and social services	£545	£545	£545	£793	£525	£649	-
Respite care	-	-	-	£1,723	-	-	-
Day services	£2,496	£2,496	£2,496	£4,208	£4,063	£930	-
Adult education	£3,237	£3,237	£3,237	£1,609	£954	£3,719	-
Employment support	-	-	-	565	£1,226	-	-
Treatments	£166	£166	£166	£70	£70	£70	-
Family expenses	£2,121	-	-	£2,441	-	-	-
Lost employment (parents)	£4,131	-	-	£4,131	-	-	-
Subtotal	£15,236	£73,506	£76,547	£15,638	£73,196	£74,637	£84,647
Lost employment (person with ASD)	£22,188	£22,188	£22,188	£25,102	£25,102	£25,102	£25,102
Total (excluding benefits)	£37,424	£95,694	£98,735	£40,739	£98,298	£99,739	£109,749
Benefits	-	-	-	£7,517	£4,845	£4,845	£1,037
Total (including benefits)	£37,424	£95,694	£98,735	£48,256	£103,142	£104,584	£110,786

[1] Knapp, M., Romeo, R. & Beecham, J. (2007) *The Economic Consequences of Autism in the UK*, Report to the Foundation for People with Learning Disabilities, London.

[2] Knapp, M., Romeo, R. & Beecham, J. (2009) Economic cost of autism in the UK, *Autism*, 13, 3, May, 317-336.

8.4 Services for children in care

The following tables present illustrative costs of children in care reflecting a range of circumstances. Information from practitioners and managers, gathered in the course of developing unit costs for social work processes, indicated that the prevalence of children— or combinations of them — are likely to have an impact on the cost of placements: disabilities; emotional or behavioural difficulties; and offending behaviour.[1] Unaccompanied asylum-seeking children comprise a further group whose circumstances, rather than their attributes, engender a different pattern of costs. In any population of looked-after children, there will be some children who have none of these additional support needs. Authorities with a higher proportion of children without additional needs will incur lower average costs per looked-after child. However, in reality their overall expenditure on children's services may be greater, for such authorities may place a higher proportion of their whole population of children in need away from home than do those with better developed family support services.

The study by Ward and colleagues identified different combinations of additional support needs. There were five simple groups of children who display none or one of the attributes expected to affect costs, and six complex groups of children who display two or more additional support needs. In the sample of 478 children, 129 (27 per cent) showed no evidence of additional support needs, 215 (45 per cent) displayed one; 124 (26 per cent) children displayed combinations of two; and a very small group of children (2 per cent) displayed combinations of three or more.

The care package costs for children described in the tables illustrate an example of the support received by a child in some of these groups, taken from the study sample. Costs relate to time periods stated in each table.

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

8.4.1 Children in care: low-cost — with no evidence of additional support needs

Child A is a boy aged fourteen with no evidence of additional support needs. The table shows the total cost incurred by social services and other agencies from February 2000 to October 2001, uprated using the PSS Pay & Prices inflator. Child A became looked after at the age of six, as the result of neglect. A care order was obtained in 1992. Since then he has been placed with the same local authority foster carers, a placement that had lasted eight years by the start of the study. In June 2001, his case was transferred to the leaving care team. Reviews were held at six-monthly intervals and his care plan was updated every six months. He attended six-monthly dental appointments and an annual looked-after child medical. During the time period shown above, this young person attended weekly, hour-long physiotherapy sessions as a result of a neck injury. He completed his statutory schooling in summer 2001 and obtained seven GCSEs, attending mainstream school until Summer 2000 where he then progressed to further education to start an A level course.

Child A had a relatively inexpensive placement with local authority foster carers. He incurred some educational costs, in that he attended school, and some health care costs, but there was no exceptional expenditure. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£137 x 3	£412	£169 x 3	£507
Maintaining the placement	£540 x 87 weeks minus £6,851[1]	£41,517	£54 x 3	£162
Review	£466 x 3 + £13[2]	£1,412		
Legal	£5.40[3] x 87 weeks	£471	£10[4] x 87 weeks	£870
Transition to leaving care	£1,328	£1,328		
Cost of services				
Mainstream schooling			£27[5] per day	£7,695
FE college			£26[4] per day	£802
Dentist			£8.60[6] x 3	£26
Looked after child medical			£30[7]	£30
Physiotherapy (home visit)			£54 x 87 weeks	£4,698
Total		£45,140		£14,790

[1] Cost includes payment made for the placement and all activity to support the placement. There is a reduction in cost as a result of reduced activity once the placement has lasted for more than one year.

[2] An additional cost is incurred for the first 16+ review.

[3] The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.

[4] Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.

[5] Based on the cost of a secondary school place. Calculated by dividing total secondary school expenditure by the total number of pupils on the roll, and by the total number of days of pupil contact (190). Department for Education (2011) *Section 251 data archive:Outturn data-detailed level 2008-09 onwards, outturn summary 2009-10*, Department for Education, London and table 1A 'All Schools: pupils with statements of special educational needs'.

[6] Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. & MacNeill, V. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.

[7] Based on the unit cost of a surgery consultation with a general practitioner (see Schema 10.8b).

8.4.2 Children in care: median cost — children with emotional or behavioural difficulties

Between February 2000 and April 2001, Child B was placed with local authority foster carers (within the area of the authority). She then changed to another placement with local authority foster carers within the area of the authority. A care order was obtained for this young person when she first became looked after in March 1995. During the time frame three review meetings were held and her care plan was also updated on three occasions. Child B attended mainstream school and from December 2000 until June 2001 she received support from a personal teaching assistant for four hours a week. This young person attended six monthly dental appointments and also her annual looked after child medical. Child B also received speech therapy until July 2001. Following a self-harm incident she was taken to the accident and emergency department and was referred to a clinical psychologist and began weekly sessions in September 2000.

Costs to social services are relatively low, largely because she was placed with local authority foster carers within authority throughout the study period, and not considered difficult to place. There were relatively high costs to other agencies, designed to meet both her health and educational needs. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	**Cost to LA**		**Cost to others**	
	Unit costs	**Total**	**Unit costs**	**Total**
Care planning	£137 x 3	£412	£169 x 3	£507
Maintaining the placement	£495 x 87 weeks minus £5,118 plus £327[1]	£38,291		
Finding subsequent placement	£234	£234		
Review	£466 x 3	£1,398	£54 x 3	£162
Legal	£6.60[2] x 87 weeks	£574	£12.10[3] x 87	£1,053
Cost of services				
Mainstream schooling			£27[4] per day	£8,559
Dentist			£8.60[5] x 3	£26
Looked after child medical			£30[6]	£30
Speech therapy			£54 x 60 weeks	£3,249
Clinical psychologist			£135 x 52 weeks	£7,020
Hospital accident and emergency visit (admitted)			£147[7]	£147
Personal teaching assistant			£44[5] (4 hrs per week for 25 weeks)	£4,358
Total		£40,910		£25,110

[1] Cost includes the payment made for the placements and all activity to support the placements. There is a reduction in cost as a result of reduced activity for the first placement which has lasted for more than one year. There is an increase in cost in the first three months of the second placement due to increased social worker activity.

[2] The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.

[3] Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.

[4] Based on the cost of a secondary school place. Calculated by dividing total secondary school expenditure by the total number of pupils on the roll, and by the total number of days of pupil contact (190). Department for Education (2011) *Section 251 data archive:Outturn data-detailed level 2008-09 onwards, outturn summary 2009-10*, Department for Education, London and table 1A 'All Schools: pupils with statements of special educational needs'.

[5] Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. & MacNeill, V. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.

[6] Based on the unit cost of a surgery consultation with a general practitioner (see Schema 10.8b)

[7] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.

8.4.3 Children in care: high cost — children with emotional or behavioural difficulties and offending behaviour

Child C was aged fifteen at the start of the study. He first became looked after at the age of eleven, when his parents needed respite. Prior to the start of the study he was placed in secure accommodation on five separate occasions. He had also been placed in various residential homes, schools and foster placements, many of which had broken down. As a consequence, he had been classified as 'difficult to place'. During the study period (74 weeks), Child C experienced ten different placements. He also refused all statutory medical and dental appointments; furthermore, he refused any mental health support. Child C did not complete his statutory schooling, as a result of numerous exclusions and non-attendance. Prior to the start of the study he had a history of offending: this continued throughout the study, with him committing ten further offences. He ceased being looked after in summer 2001 when he refused to return to any placement provided by the local authority.

The costs to social services were relatively high, both because of a number of out-of-authority, residential placements provided by independent sector agencies and due to nine changes of placement. There were substantial costs to other agencies (Youth Offending Team and the Police) as a result of his offending behaviour. Additional health care costs were not incurred for this young man because of his refusal to engage in the services offered to him. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£137 x 2	£274	£164 x 2	£327
Maintaining the placement	£267,041 plus £1,200[1]	£268,242	£54 x 74 weeks[2]	£4,006
Ceased being looked after	£301	£301		
Find subsequent placements	£8,879[3]	£8,879		
Review	£466 + £930	£1,396	£197 x 2	£394
Cost of services[4]				
YOT involvement/criminal costs			£1,110[5] x 74 weeks	£82,183
Total		£279,094		£86,910

[1] This cost includes the payment made for the placement and all activity to support the placements. There is an increase in cost in the first three months of a placement due to increased social worker activity.
[2] Child C ceased being looked after in July 2001, therefore the time period being costed is 74 weeks.
[3] Child C experienced nine changes of placement during the timeframe of the study.
[4] There are no additional education costs because these are included in the costs of the placements in process three.
[5] Liddle, M. (1998) *Wasted Lives: Counting the Cost of Juvenile Offending*, National Association for the Care and Resettlement of Offenders (NACRO), London.

8.4.4 Children in care: very high cost — children with disabilities, emotional or behavioural difficulties plus offending behaviour

Child D experienced nine different placements from February 2000 to October 2001. Initially he was placed in an independent sector agency residential unit with education facilities. In March 2000, he was placed with independent sector foster carers, again out –of- area. He then experienced three further placements, all out of the independent sector area authority and all provided by independent sector organisations: another residential unit, then another foster placement, then a third residential placement. In September 2000 he was placed overnight in a secure unit within the authority. He then had three independent sector placements; foster carers, a residential unit, and a specialised one-bedded residential unit in December 2000. This placement was also out of the area of the authority. Review meetings were held six monthly and his care plan was also updated every six months. This young person attended the education provision in two different residential units up until summer 2000, when he was permanently excluded. He then started sessions with a home tutor in October 2000. During the given time period, he attended six-monthly dental appointments and his looked after child medical. He also attended weekly sessions with a clinical psychologist from October 2000 onwards. In September 2000, he was accused of a criminal offence; the police were involved, but he was not convicted.

These costs are markedly higher than for the majority of other children in the sample. Child D had become difficult to place; and increasing amounts of social work time had to be spent on finding the rare placements that were prepared to accept him. The costs of changing placements were calculated at over £1,000 per move. Please note that these figures have been rounded. Where appropriate, the original information has been adjusted to take account of Agenda for Change salaries.

Process	Cost to LA	Total	Cost to others	Total
Care planning	£69 x 3	£207	£169 x 3	£507
Maintaining the placement	£510,536 plus £1,310[1]	£511,846		
Finding subsequent placements	£11,454	£11,454	£92 x 82	£739
Review	£931 x 3	£2,793	£399 x 3	£1,196
Legal	£3.50[3] x 87 weeks	£299	£6.20[4] x 87 weeks	£540
Transition to leaving care	£1,328	£1,328		
Cost of services				
Home tuition			£44[5] per hour	£8,280
Permanent exclusion			£148[6]	£148
Dentist			8.60[5] x 3	£26
Looked after child medical			£30[7]	£30
Clinical psychologist			£135 per hour for 52 weeks	£7,020
Police costs for criminal offence			£228[8]	£228
Total		£527,926		£18,714

[1] The cost includes the payment made for the placements and all activity to support the placements. There is an increase in cost in the first three months of a placement due to increased social worker activity.
[2] Child D experienced eight changes of placement during the timeframe of the study.
[3] The cost of obtaining a care order has been divided over the total number of weeks between admission and the child's eighteenth birthday.
[4] Selwyn, J., Sturgess, W., Quinton, D. & Baxter, C. (2003) *Costs and Outcomes of Non-Infant Adoptions*, Report to the Department of Health, Hadley Centre for Adoption and Foster Care Studies, University of Bristol.
[5] Berridge, D., Beecham, J., Brodie, I., Cole, T., Daniels, H., Knapp, M. & MacNeill, V. (2002) *Costs and Consequences of Services for Troubled Adolescents: An Exploratory, Analytic Study*, University of Luton, Luton.
[6] Parsons, C. & Castle, F. (1998) The cost of school exclusion in England, *International Journal of Inclusive Education*, 2, 4, 277–294.
[7] Based on the unit cost of a surgery consultation with a general practitioner (see Schema 10.8c).
[8] Liddle, M. (1998) *Wasted Lives: Counting the Cost of Juvenile Offending*, National Association for the Care and Resettlement of Offenders (NACRO), London.

8.5 Young adults with acquired brain injury in the UK

Acquired brain injury (ABI) is 'a non-degenerative injury to the brain occurring since birth', including both open and closed head injuries. ABI includes a range of diagnoses or causes, including strokes or tumours. Head injury through trauma is a common cause among young adults. ABI is not thought to affect life expectancy after the initial acute phase, so the prevalence of long-term brain damage is high at 100-150 per 100,000 population, implying a total of 60,000-90,000 people in the UK (www.rhn.org.uk).

A study carried out by the Personal Social Services Research Unit was undertaken to identify the health and social care services used by young adults aged 18-25 years with acquired brain injury (ABI) and the associated costs.[1] The study identified the annual incidence of ABI in this age group, and then tracked the young adults' likely progress through four support-related stages: trauma, stabilisation, rehabilitation and return to the community. By identifying the numbers using different treatment locations and services at each stage, a picture of service use and costs could be built up over a notional 12-month period following injury. All costs have been uprated to 2010/2011 prices using the HCHS Pay and Prices Inflator. Four broad groups of young people with ABI were identified by their location and the community care stage as follows:

Group 1 comprises the largest proportion of those sustaining brain injuries and includes those who attend A&E with ABI or spend short periods in a hospital ward and then return home. A small proportion, perhaps just one in five, will have follow-up appointments arranged at an outpatient clinic or with their GP. This group will generally have had a mild head injury and no longer-term disability, although 20 per cent of this group may continue to have residual symptoms six months after injury.
Group 1: Average cost per person = £292 per annum.

People in Group 2 are also likely to have returned to their own homes within a year, but are more seriously disabled and rely on personal care support provided by spouses, parents or other informal carers. This group may include those who are discharged home from longer-term residential rehabilitation (34 % of patients discharged), from acute brain injury units (25 %) and from neurosurgery units (23 %). It is likely that at least 40 per cent of them will require at least part-time support or supervision from informal carers.
Group 2: Average costs per person = £20,863 per annum.

The third group of young adults with ABI are those whose pathway towards the end of a year will see them living in supported accommodation with formal (paid) personal carers. Some will have been discharged straight from hospital and some will have stayed in a rehabilitation facility prior to their move to supported living. One in four of these young adults will need overnight supervision, and three in four will need at least part-time supervision during the day. The number of young adults may be quite high, but some will move on to more independent living. Others will need this type of support for many years to come. For cost estimates, it has been assumed this group will live in community-based housing with low staffing levels during the day and 'sleeping-in' staff at night. In addition to personal care, they are also likely to use outpatient clinics and community-based therapists. Personal care costs (estimated at an average of 8 hours overnight 'sleeping-in' and 6 hours during the day) would amount to £529 per week. Use of community-based therapy and health care services would add another £618 by the end of the notional 12 month period.
Group 3: Average cost per person = £39,999 per annum.

The fourth group includes young adults who are likely to be among the most severely disabled. Although some will be supported at home, it is estimated that 310 will be resident in nursing homes for young adults, specialist ABI residential units, in longer-stay hospital wards or in mental health units. They are likely to have been the most severely injured. Some of the principal independent providers contacted for this research reported current prices for residential placements of up to £3,079 per week, often jointly funded by health and social services. Nursing homes and 'young disability units' are likely to be less costly. However, nursing home care may not be appropriate for people with severe ABI-related disability as there tend to be few qualified staff and low input from local community-based teams or specialist doctors.
Group 4: Average cost per person = £41,215 per annum.

[1] Beecham, J., Perkins, M., Snell, T. & Knapp, M. (2009) Treatment paths and costs for young adults with acquired brain injury in the United Kingdom, *Brain Injury*, 23, 1. 30-38.

8.6 Palliative care for children and young people

The Government's manifesto commitment to improve palliative care services in 2006 (Cochrane et al., 2007)[1] resulted in an independent review of children's palliative care services which was commissioned by the Secretary of State for Health (Craft and Killen, 2007).[2] This independent review was based on findings from a wide consultation with stakeholders, including children and young people and their families, commissioners and providers of services, along with commissioned research from Department of Health Analysis and the York Health Economics Consortium.

Information for this schema has been drawn from the work carried out by the York Health Economics Consortium published in 2007 (Lowson et al, 2007)[3] which provides examples of illness trajectories and the resulting unit costs for children in need of palliative care. All costs have been uprated using the appropriate inflators in order to provide current prices. See Lowson et al. (2007) for more information on the cost benefits of using community care instead of hospital services.

8.6.1 Short illness trajectory: cancer

This generic pathway was developed for a child with cancer from data provided by Sargent Cancer Care for Children and Cancer and Leukaemia in Childhood (CLIC Sargent). It was triangulated with information collected during focus groups from two parents, both of whose children had died, one from a form of leukaemia, the second from bone cancer.

A child with cancer	
During one year	
• Three inpatient stays	£7,034
• One ward attendance per month	£663
• One day care episode per fortnight	£3,880
• One home visit per week, including intensive bereavement support	£8,335
Subtotal health	**£19,912**
It was assumed that the child died at home with intensive community support	
It was assumed that there was no uptake of respite care	
It was assumed that there were no costs accruing to education and social services	
Assumptions re financial burden:	
• One family member gives up paid employment	£13,807
• Significant financial cost to family	£6,885

[1] Cochrane, H., Liyanage, S. Nantambi, R. (2007) Palliative Care Statistics for Children and Young Adults, Department of Health, London. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/ DH_074459.

[2] Craft, A. and Killen, S. (2007) *Palliative Care Services for Children and Young People in England*, Department of Health, London. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/ dh_074698.pdf

[3] Lowson, K., Lowson, P. and Duffy, S. (2007) *Independent Review of Palliative Care Services for Children and Young People: Economic Study*, Final Report, York Health Economics Consortium, Department of Health Independent Review Team, London.

8.6.2 Longer life illness trajectories: cardiac care

This pathway has been developed from a typical patient being treated by a community-based team. The information was provided by parents at a focus group.

A child with a cardiac condition aged 15 months	
In one year	
• Inpatient stay of 5 days in local hospital for respiratory infection	£2,345
• Inpatient stay of 4 weeks in paediatric cardiac unit including 1 week in PICU	£47,613
• Inpatient stay of 6 days in local hospital for viral infection	£2,345
• Inpatient stay of 6 weeks in paediatric cardiac unit including 2 weeks in PICU	£74,147
• One outpatient visit per month to local team	£1,990
• One home visit per week by community team	£8,335
• One telephone contact per week	£345
Subtotal health	**£137,120**
• The child attends a pre-school special needs nursery	£3,560
• Uses wheelchair and has home equipment	£5,960
Assumptions re. respite care (based on focus groups and published evidence):	
• 15 days per annum at hospice	£15,255
• 6 hours per week at home	£7,898
Total health, respite and social care costs	**£146,640**
Assumptions re. financial burden on family	
• Family in receipt of carer allowance	
• One family member gives up paid employment	£13,807
• Significant financial cost to family	£6,885

8.6.3 Longer life illness trajectories: cystic fibrosis

This pathway has been developed from a typical patient being treated by a community-based team. The information was provided by parents at a focus group.

A child with cystic fibrosis aged 5 years	£
In one year:	
• Two inpatient stays in local hospital for receipt of intravenous antibiotics	£7,884
• One outpatient visit per month to local team comprising consultant paediatrician and consultant respiratory paediatrician	£9,648
• Four visits per year to speech and language therapist	£ 389
• One home visit per fortnight by community team	£4,168
• One telephone contact per week	£345
Subtotal health	**£22,435**
• The child attends mainstream school with support	£6,564
• Uses wheelchair and has home equipment.	£5,960
Assumptions re. respite care (based on focus groups and published evidence):	
• 15 days per annum at hospice	£15,255
• 6 hours per week at home	£7,898
Total health, respite and social care costs	**£53,133**
Assumptions re. financial burden on family	
• One family member gives up paid employment	£13,807
• Significant financial cost to family	£ 6,885

8.6.4 Longer life illness trajectories: child with multiple disabilities

This pathway has been developed from a typical patient being treated by a community-based team. The information was provided by parents at a focus group.

An older child with complex and multiple needs: Child has renal problems and seizures, with visual impairment and learning difficulties. The child and family is in contact with five specialities: • Paediatric endocrinology • Paediatric gastroenterology • Neurosurgery • Ophthalmology • Child psychiatry	
In one year:	
• One inpatient stay in tertiary centre for neurosurgery	£15,347
• One inpatient stays for dental extraction	£1,108
• One outpatient visit per week for blood tests	£8,622
• One outpatient visit per month for specialist reviews	£1,990
• Two CT scans	£285
• Two MRI scans	£743
• Three EEGs	£328
• Four visits per year to clinical psychologist	£1,689
• Four visits per year to speech and language therapist	£389
• One face-to-face visit per month by community team	£1,923
• One home visit per fortnight by community team	£3,847
• One telephone contact per fortnight with community team	£172
Subtotal health	**£36,443**
• The child attends a school for children with special educational needs	£3,526
• Uses wheelchair and has home equipment	£5,960
Assumptions re. respite care (based on focus groups and published evidence)	
• 15 days per annum at hospice	£15,255
• 6 hours per week at home	£7,898
Total health, respite and social care costs	**£69,083**
Assumptions re. financial burden	
• Family in receipt of carer allowance	
• One family member gives up paid employment	£13,807
• Significant financial cost to family	£6,885

II. COMMUNITY-BASED HEALTH CARE STAFF

9. Scientific and professional

9.1 Community physiotherapist
9.2 NHS community occupational therapist
9.3 Community speech and language therapist
9.4 Community chiropodist/podiatrist
9.5 Clinical psychologist
9.6 Community pharmacist

9.1 Community physiotherapist

Using data from the NHS Reference Costs',[1] the mean average cost for a one-to-one contact in physiotherapy services for 2010/2011 was £47, with the minimum range for 25 per cent of services being £34 and the maximum £55. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the January-March 2011 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods were £24,100.[2] See section V for information on mean salaries.
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,927 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[5] See preface for more information.
Management, administration and estates staff	£5,358 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,670 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,611 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[8]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave, 8 days statutory leave and 11.6 days sickness leave.[9,10] Assumes 5 study/training days. Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
Duration of contact		No current information available on the length of contact. See previous editions of this volume for sources.
London multiplier	1.20 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London.[6,7,11]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[6,7,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£31 (£34) per hour.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2011) *Mileage Payments Review*, NHS Employers, Leeds. www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[9] NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
[10] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.2 NHS community occupational therapist

Using data from the NHS Reference Costs,[1] the mean average cost for a one-to-one contact of occupational therapy services for 2010/2011 was £74 with the minimum range for 25 per cent of the services being £50 and the maximum £83. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the January-March 2011 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods were £24,100.[2] See section V for information on mean salaries.
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£ 4,911 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[5] See preface for more information.
Management, administration and estates staff	£5,338 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,670 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,611 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[8]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[9] Assumes 5 study/ training days and 11.6 days sickness leave.[10] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
Duration of contacts		No information available on duration of contacts. See previous editions of this volume for sources of information.
London multiplier	1.20 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London.[6,7,11]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[6,7,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£31 (£34) per hour.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[9] NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
[10] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.3 Community speech and language therapist

Using data from the NHS Reference Costs',[1] the mean average cost for a one-to-one contact of speech and language therapy services for 2010/2011 was £79, with the minimum range for 25 per cent of the services being £56 and the maximum £90. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the January-March 2011 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods were £24,100.[2] See section V for information on mean salaries.
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,035 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[5] See preface for more information.
Management, administration and estates staff	£5,358 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,670 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,611 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[8]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. [9] Assumes 5 study/ training days and 11.6 days sickness leave. [10] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
Duration of contacts		No information available on the duration of contacts. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London.[6,7,11]
Non-London multiplier	0.97 x (A to B)	Allows for the higher costs associated with working in London.[6,7,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£31 (£34) per hour.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[9] NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
[10] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.4 Community chiropodist/podiatrist

Using data from the NHS Reference Costs,[1] the mean average cost for a contact in chiropody/podiatry services for 2010/2011 was £39 with the minimum range for 25 per cent of services being £31 and the maximum £45. Costs have been inflated using the HCHS Pay & Prices Inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 (for qualified Allied Health Professionals) of the January-March 2011 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £24,100.[2] A specialist chiropodist/podiatrist is on Band 6. See NHS Workforce Summary for more information.[3] See section V for information on mean salaries.
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Qualification costs are not available.
D. Overheads Management, administration and estates staff Non-staff	 £5,338 per year £11,670 per year	Taken from NHS (England) Summarised Accounts.[4] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,611 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[5,6] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[7]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 5 study/ training days and 11.6 days sickness leave. [9] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No information available on the proportion of time spent with clients. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London.[5,6,10]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London. [5,6,10]
Unit costs available 2010/2011		
£31 per hour.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] The Information Centre (2008) *Workforce Summary - Chiropody and Podiatry, October 2008* - England only, NHS Workforce Review Team, The Information Centre, Leeds.
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[8] NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
[9] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.5 Clinical psychologist

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£45,300 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 8a (for qualified Allied Health Professionals) of the January-March 2011 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £46,600.[1] See section V for information on mean salaries.
B. Salary oncosts	£11,409 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Qualification costs are not available.
D. Overheads		Taken from NHS (England) Summarised Accounts.[2] See preface for more information.
Management, administration and estates staff	£10,831 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£23,591 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,283 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[3,4] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[5]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[6] Assumes 5 study/training days and 11.6 days sickness leave.[7] Unit costs based on 1549 hours per annum.
Ratios of:		
face-to-face contact to all activity	1:1.25	Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 principal clinical psychologists, 44.5 per cent of time was spent on direct clinical work. [8]
London multiplier	1.19 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London.[3,4,9]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[3,4,9]
Unit costs available 2010/2011		
£60 per hour; £135 per hour of client contact (includes A to E).		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[3] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[4] Personal communication with the Department for Communities and Local Government, 2011.
[5] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[6] NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
[7] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[8] Department of Health (2002) *National Child and Adolescent Mental Health Service Mapping Data*, Department of Health, London.
[9] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

9.6 Community pharmacist

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£38,000 per year	Taken from the Cost of Service Inquiry Report (COSI)[1] and confirmed with the Pharmaceutical Services Negotiating Committee (PSNC).[2]
B. Salary oncosts	£9,452 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications Pre-registration training	 £7,671 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads Management, administration and estates staff Non-staff	 £9,063 per year £19,740 per year	Taken from NHS (England) Summarised Accounts.[5] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,025 per year	Based on the new-build and land requirements of a pharmacy, plus additional space for shared facilities.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[8]
Working time	41.3 weeks per annum 40 hours per week	Includes 29 days annual leave and 8 days statutory leave.[9] Assumes 5 study/ training days and 11.6 days sickness leave.[10] Unit costs based on 1650 hours per annum.
Ratio of direct to indirect time on: direct clinical activities patient-related activities	 1:1.50 1:0.25	Ratios are estimated on the basis that 40 per cent of time is spent on direct clinical activities (includes advice to patients and travel), 40 per cent of time on dispensary service activities and 20 per cent of time on non-clinical activities.[11]
London multiplier	1.19 x (A to B) 1.31 x E	Allows for the higher costs associated with working in London.[6,7,12]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[6,7,12]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£48 (£53) per hour; £120 (£133) per hour of direct clinical activities; £60 (£66) per hour of patient-related activities.		

[1] PricewaterhouseCoopers LLP (2011) *Cost of Service Inquiry for Community Pharmacy*, Department of Health & Pharmaceutical Services Negotiating Committee, London. www.dh.gov.uk/en/Healthcare/Primarycare/Communitypharmacy/Communitypharmacycontractualframework/DH_128128
[2] Personal communication with the Pharmaceutical Services Negotiating Committee (2011).
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[9] NHS Employers (2005) *Agenda for Change: NHS Terms and Conditions of Service Handbook*, NHS Employers, London.
[10] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[11] Personal communication with the Greater Manchester Workforce Development Corporation (2003).
[12] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10. Nurses and doctors

10.1 Community nurse (includes district nursing sister, district nurse)
10.2 Nurse (mental health)
10.3 Health visitor
10.4 Nurse specialist (community)
10.5 Clinical support worker nursing (community)
10.6 Nurse (GP practice)
10.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)
10.8a General practitioner—cost elements
10.8b General practitioner—unit costs
10.8c General practitioner—commentary

10.1 Community nurse (includes district nursing sister, district nurse)

Using data from the NHS Reference Costs,[1] the mean average cost for a face-to-face contact in district nursing services for 2010/2011 was £40, with the minimum range for 25 per cent of services being £33 and the maximum £44. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300.[2] See section V for information on mean salaries.
B. Salary oncosts	£8,005 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[5] See preface for more information.
Management, administration and estates staff	£7,756 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,892 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,256 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[8]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[9] Assumes 5 study/ training days and 11.6 days sickness leave.[10] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time on: home visits patient-related work	 1:0.45 1:0.20	A study reported that a district nurse visits (including travel) accounted for 69 per cent of total time with 83 per cent of time spent on patient-related tasks and 17 per cent on non-patient related tasks.[11] Based on the McKinsey report,[12] the median number of visits per day carried out by district nurses was 5.6 in 2008. No information is available on the duration of a visit.
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London.[6,7,13]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[6,7,13]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£44 (£50) per hour; £64 (£73) per hour of home visiting (including travel); £53 (£60) per hour of patient-related work		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[9] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[10] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[11] County Durham and Tees Valley (2005) *Workload, Capacity and Skill Mix in Sedgefield Locality Teams*, Final Report, Sedgefield Integrated Teams. www.dhcarenetworks.org.uk/_library/Resources/ICN/Workload,%20Capacity%20and%20Skill%20Mix%20Sedgefield%20integrated%20teams_Final%20Report.pdf.
[12] The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14:the McKinsey report,* Department of Health, London. www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/FOIreleases/DH_116520.
[13] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.2 Nurse (mental health)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£25,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £29,100.[1] See section V for information on mean salaries.
B. Salary oncosts	£6,102 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£6,036 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,147 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,256 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[5,6] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[7]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 5 study/training days and 11.6 days sickness leave.[9] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts patient- related work	 1:0.89 1:0.33	Based on the National Child and Adolescent Mental Health Service Mapping data and returns from over 500 grade G nurses, 45 per cent of time was spent on direct clinical work, 13 per cent on consultation and liaison, 8 per cent on training and education, 4 per cent on research and evaluation, 23 per cent on admin and management, 7 per cent on other work. Seventeen per cent was spent on tier 1 work and this was assumed to be spread across all types of activity for the purpose of the analysis. [10]
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London.[5,6,11]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[5,6,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£34 (£40) per hour; £65 (£76) per hour of face-to-face contact; £46 (£54) per hour of patient-related work.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[8] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[9] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[10] Department of Health (2002) *National Child and Adolescent Mental Health Service Mapping Data*, Department of Health, London.
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.3 Health visitor

Using data from the NHS Reference Costs,[1] the mean average cost for a face-to-face contact in health visiting services for 2010/2011 was £43, with the minimum range for 25 per cent of services being £31 and the maximum £49. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300.[2] See section V for information on mean salaries.
B. Salary oncosts	£8,005 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[5] See preface for more information.
Management, administration and estates staff	£7,756 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,892 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,256 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[8]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[9] Assumes 5 study/ training days and 11.6 days sickness leave.[10] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time on:		No time use information is currently available for health visitors. However, assuming that a health visitor carries out the same number of home visits as a district nurse, a study reported that a district nurse visits (including travel) accounted for 69 per cent of total time with 83 per cent of time spent on patient related tasks and 17 per cent on non-patient related tasks.[11] Based on the McKinsey report,[12] the median number of visits per day carried out by district nurses was 5.6 in 2008. No information is available on the duration of a visit.
Home visits	1:0.45	
Patient-related work	1:0.20	
London multiplier	1.20 x (A to B) 1.41 x E	Allows for the higher costs associated with working in London.[6,7,13]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[6,7,13]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£44 (£50) per hour; £64 (£73) per hour of home visiting; £53 (£60) per hour of patient-related work.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2011) *Mileage Payments Review*, NHS Employers, Leeds. www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[9] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[10] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[11] County Durham and Tees Valley (2005) *Workload, Capacity and Skill Mix in Sedgefield Locality Teams*, Final Report, Sedgefield Integrated Teams. www.dhcarenetworks.org.uk/_library/Resources/ICN/Workload,%20Capacity%20and%20Skill%20Mix%20Sedgefield%20integrated%20teams_Final%20Report.pdf.
[12] The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14:the McKinsey report,* Department of Health, London. www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/FOIreleases/DH_116520.
[13] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.4 Nurse specialist (community)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300.[1] See section V for information on mean salaries.
B. Salary oncosts	£8,005 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£7,756 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,892 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,256 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[5,6] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[7]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 5 study/ training days and 11.6 days sickness leave.[9] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No current information available. See previous editions of this volume for sources of information.
Duration of contact		No current information available.
London multiplier	1.19 x (A to B) 1.40 x E	Allows for the higher costs associated with working in London.[5,6,10]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[5,6,10]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£44 (£50) per hour.		

[1] The Information Centre (2011) *NHS Staff Earnings June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[8] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[9] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.5 Clinical support worker nursing (community)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£15,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the January-March 2011 NHS Staff Earnings estimates for unqualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £18,500.[1] See section V for information on mean salaries.
B. Salary oncosts	£3,449 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
D. Overheads Management, administration and estates staff Non-staff	 £3,638 per year £7,925 per year	Taken from NHS (England) Summarised Accounts.[2] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£915 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[3,4] It is assumed that an auxiliary nurse uses one-sixth of the treatment space used by a district nurse. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[5]
Working time	42.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[6] Assumes 11.6 days sickness leave.[7] Unit costs based on 1586 hours per annum.
Ratio of direct to indirect time on: Home visits Patient-related work	 1:0.45 1:0.20	No time use information is currently available for clinical support workers. Assuming that a clinical support worker carries out the same number of home visits as a district nurse, a study reported that a district nurse visits (including travel) accounted for 69 per cent of total time with 83 per cent of time spent on patient related tasks and 17 per cent on non-patient related tasks.[8] Based on the McKinsey report,[9] the median number of visits per day carried out by district nurses was 5.6 in 2008. No information is available on the duration of a visit.
London multiplier	1.19 x (A to B), 1.41 x E	Allows for the higher costs associated with working in London.[3,4,10]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London.[3,4,10]
Unit costs available 2010/2011		
£20 per hour; £29 per hour of home visiting; £24 per hour of patient-related work.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[3] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[4] Personal communication with the Department for Communities and Local Government, 2011.
[5] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[6] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[7] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[8] County Durham and Tees Valley (2005) *Workload, Capacity and Skill Mix in Sedgefield Locality Teams*, Final Report, Sedgefield Integrated Teams. www.dhcarenetworks.org.uk/_library/Resources/ICN/Workload,%20Capacity%20and%20Skill%20Mix%20Sedgefield%20integrated%20teams_Final%20Report.pdf.
[9] The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14:the McKinsey report,* Department of Health, London. www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/FOIreleases/DH_116520.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.6 Nurse (GP practice)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£25,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £29,100.[1] See section V for information on mean salaries.
B. Salary oncosts	£6,102 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads Office & General Business Premises Other	 £4,701 per year £6,321 per year £5,209 per year	 Calculated as the ratio of GP expenses on employees to office and general business, premises & other expenses. (See table 17 of GP Earnings & Expenses 2009/2010).[4]
E. Capital overheads Buildings	 £3,693 per year	Calculated as the ratio of GP practice nurse salary costs to net remuneration of GP salary and based on new-build and land requirements for a GP practitioner's suite and annuitised over 60 years at a discount rate of 3.5 per cent.[5,6]
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[7]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 5 study/training days and 11.6 days sickness leave.[9] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	 1:0.30	Based on proportion of time spent on surgery consultations (67.9%), phone consultations (5.2%), clinics (2.5%) and home and care home visits (1.2%). Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Taken from the 2006/07 UK General Practice Workload Survey.[10]
Duration of contact	15.5 minutes	Per surgery consultation. Based on the 2006/07 UK General Practice Survey.[10]
Patient contacts	60 per week	Average number of consultations per week.[10]
London multiplier	1.19 x (A to B) 1.50 x E	Allows for the higher costs associated with London compared to the national average cost.[5,6,11]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[5,6,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£33 (£39) per hour; £43 (£51) per hour of face-to-face contact.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Information Centre (2011) *GP Earnings and Expenses 2009/2010*, The Information Centre, Leeds. www.ic.nhs.uk/webfiles/publications/007_Primary_Care/General_Practice/investmentgp0611/Investment_in_General_Practice_2010_11_v2.0.pdf.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[8] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[9] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[10] The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, *Primary Care Statistics*, The Information Centre, Leeds.
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.7 Nurse advanced (includes lead specialist, clinical nurse specialist, senior specialist)[1]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£38,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £40,200.[2] See section V for information on mean salaries.
B. Salary oncosts	£9,667 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[5] See preface for more information.
Management, administration and estates staff	£9,257 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£20,162 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,468 per year	Based on the new-build and land requirements of community health facilities, but adjusted to reflect shared use of treatment and non-treatment space.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 5 study/training days and 11.6 days sickness leave.[9] Unit costs based on 1549 hours per annum.
Length of consultation:		Information provided by 27 nurse practitioners working in primary care contacted about duration of consultations. Venning et al. (2000) found that nurse practitioners spent a mean of 11.57 minutes face-to-face with patients (SD 5.79 mins) and an additional 1.33 minutes per patient in getting prescriptions signed.[10]
surgery	15 minutes	
home	25 minutes	
telephone	6 minutes	
Ratio of direct to indirect time on:		Information provided by 27 nurse practitioners on time use.[11] Surgery consultations 58 per cent, home visits 0.4 per cent and telephone consultations 6.4 per cent. Getting prescriptions signed 1.4 per cent. Travel time to home visits was negligible (0.1 %). Another study found that 60 per cent of a nurse practitioner/clinical nurse specialist's time was spent on clinical activities.[12] Another study on the role of nurse specialists in epilepsy found that clinical activities accounted for 40 per cent of the time.[13]
face-to-face contacts	1:0.71	
patient contact (incl. telephone)	1:0.55	
London multiplier	1.19 x (A to B) 1.50 x E	Allows for the higher costs associated with London compared to the national average cost.[6,7,14]
Non-London multiplier	0.97 x (A to B)	Allows for the lower costs associated with working outside London compared to the national average cost.[6,7,14]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£53 (£59) per hour; £91 (£101) per hour in surgery; £82 (£91) per hour of client contact cost; £23 (£25) per surgery consultation.		

[1] A term for nurse practitioners specifically has not been developed due to the great variation in the use of the term NP. Personal correspondence with the RCN NP Adviser has suggested that the best match is the Advance Nurse profile (Band 7).

[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.

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

[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.

[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

[7] Personal communication with the Department for Communities and Local Government, 2011.

[8] NHS Employers (2008) *Agenda for Change, Terms and Conditions of Service*, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf

[9] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.

[10] Venning, P., Durie, A., Roland, M., Roberts, C. & Leese, B. (2000) Randomised controlled trial comparing cost effectiveness of general practitioners and nurse practitioners in primary care, *British Medical Journal*, 320, 1048–1053.

[11] Curtis, L.A. and Netten, A.P. (2007) *The costs of training a nurse practitioner in primary care: the importance of allowing for the cost of education and training when making decisions about changing the professional.* Journal of Nursing Management, 15 (4). pp. 449-457. ISSN 09660429.

[12] Ball, J. (2005) *Maxi Nurses. Advanced and Specialist Nursing Roles, Results from a Survey of RCN Members in Advanced and Specialist Nursing Roles*, Royal College of Nursing, London.

[13] Higgins, S., Lanfear, J. & Goodwin, M. (2006) Qualifying the role of nurse specialists in epilepsy: data from diaries and interviews, *British Journal of Neuroscience Nursing*, 2, 5, 239–245.

[14] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

10.8a General practitioner — cost elements

Costs and unit estimation	2010/2011 value	Notes (for further clarification see Commentary)
A. Net remuneration	£109,400 per year	Average net profit after expenses in 2009/10 for England.[1] See commentary 10.8c. It has not been possible to agree an inflator to provide estimated net remuneration for 2010/11.
B. Practice expenses:		
- out of hours	£9,610 per year	Amount allocated for out of hours care.[2]
- direct care staff	£32,285 per year	On average in 2010 each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.55 FTE practice staff (direct patient care only).[3]
- travel	£4,598 per year	Estimated using the car allowance for GP registrars and is unchanged since last year.[4] This is based on AA information about the full cost of owning and running a car and allows for 10,000 miles. Average cost per visit is £5. Travel costs are included in the annual and weekly cost but excluded from costs per minute and just added to cost of a home visit.
- other	£14,806 per year	Other practice expenses are estimated on the basis of final expenditure figures from the DH for 2010/11.[2] Practice expenses exclude all expenditure on drugs. See commentary 10.8c.
C. Qualifications	£40,521 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[5] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE). See the preface for more information on qualifications and also schema 7.4 for details.
D. Ongoing training	£2,382 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres.[6]
E. Capital costs:		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.[7,8] Taken from final expenditure figures from the DH[2] and adjusted to allow for equipment allocated to direct care staff. Expenditure on computer equipment is used as a proxy for annuitised capital. See commentary 10.8c.
– premises	£12,784 per year	
– equipment	£922 per year	
F. Overheads	£6,214 per year	Based on final expenditure figures from the DH for 2010/11.[2] Overheads include Primary Care Organisation (PCO) administered funds, demand management and recruitment and retention. See commentary 10.8c.
Working time	43.5 weeks per annum 44.4 hours per week	Derived from the 2006/07 UK General Practice Workload Survey.[9] Number of hours for a full-time GP Partner. Allows for time spent per year on annual leave, sick leave and study leave. Unit costs based on 1931 hours per annum.
Ratio of direct to indirect time:		Based on proportion of time spent on surgery consultations (44.5%), phone consultations (6.3%), clinics (6.3%) and home and care home visits including travel time (8.6%). Patient direct to indirect contact ratios allocate all non-contact time to all contact time. Surgery and home visit multipliers allocate travel time to home visits. Taken from the 2006/07 UK General Practice Workload Survey.
surgery/clinic/phone consultations	1:0.57	
home visits	1:1.61	
Consultations:		Based on the 2006/07 UK General Practice Workload Survey, the time spent on a home visit just includes time spent in the patient's home. On average 12 minutes has been assumed for travelling per visit. This travel time has been allowed for in the estimation of the ratio of direct to indirect time spent on home visits. See commentary 10.8c.
surgery	11.7 minutes	
clinic	17.2 minutes	
telephone	7.1 minutes	
home visit	11.4 minutes	
Unit costs for 2010/2011 are given in schema 10.8b		

[1] The Information Centre (2011) *GP Earnings and Expenses 2009/2010*, The Information Centre, Leeds. www.ic.nhs.uk/webfiles/publications/007_Primary_Care/General_Practice/investmentgp0611/Investment_in_General_Practice_2010_11_v2.0.pdf.
[2] The Information Centre (2011) *Investment in General Practice 2006/07 to 2010/11 England, Wales, Northern Ireland and Scotland*, Summary table for England, The Information Centre, Leeds.
[3] The Information Centre (2011) *General Practice Staff 2010*, The Information Centre, Leeds.
[4] Information provided by Department of Health, 2010.
[5] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[6] Personal communication with the London Deanery, 2006.
[7] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[8] Personal communication with the Department for Communities and Local Government, 2011.
[9] The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, *Primary Care Statistics*, The Information Centre, Leeds.

10.8b General practitioner — unit costs

Unit cost 2010/2011	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)	£233,531	£193,000	£201,236	£160,715
Per hour of GMS activity[1]	£121	£100	£104	£83
Per hour of patient contact[1]	£186	£153	£160	£127
Per surgery/clinic minute[1]	£3.10	£2.50	£2.70	£2.10
Per home visit minute[1]	£5.20	£4.30	£4.40	£3.50
Per surgery consultation lasting 11.7 minutes[1]	£36	£30	£31	£25
Per clinic consultation lasting 17.2 minutes[1]	£53	£44	£46	£36
Per telephone consultation lasting 7.1 minutes[1]	£22	£18	£19	£15
Per home visit lasting 23.4 minutes (includes travel time)[2]	£121	£99	£104	£82
Prescription costs per consultation (net ingredient cost)	£42.70[3]			
Prescription costs per consultation (actual cost)	£41[3]			

NB. Last year, some practice nurse activity was included in 'other' practice expenses. This year, this activity has been moved to the costs which include direct care staff.

[1] In order to provide consistent unit costs, these costs exclude travel costs.
[2] Allows for 12 minute travel time. Previous estimates included prescription costs. These have now been excluded to provide consistency with other consultation costs.
[3] Personal communication with the Information Centre, 2011.

10.8c General practitioner — commentary

General note about GP expenditure. The General Medical Service contract (GMS)[1] introduced in 2003, was designed to improve the way that Primary Care services are funded, and to allow practices greater flexibility to determine the range of services they wish to provide, including opting out of additional services and out-of-hours care.

Allowing for whole-time equivalence (wte). The NHS Information Centre has estimated that the number of FTE practitioners (excluding GP registrars and GP retainers) has increased from 32,111 in 2009 to 35,120 in 2010.[2]

Allowing for expenditure not associated with GP activity. We have excluded expenditure related to dispensing and medication.

Direct care staff.[1] On average in 2010, each FTE equivalent practitioner (excluding GP registrars & GP retainers) employed 0.55 FTE practice staff. All direct care staff have been costed at the same level as a band 5 GP practice nurse (see schema 10.5).

Other practice expenses. These are based on payments made for enhancing services such as the Primary Care Modernisation Fund and Childhood Immunisation. It also includes other payments for improved quality such as Chronic Disease Management Allowances and Sustained Quality Allowances.

Prescription costs. Average prescription costs per consultation are £42.70 (Net Ingredient Cost: NIC). NIC is the basic cost of the drug, while Actual Cost is the NIC less the assumed average discount plus the container allowance (and plus on-cost for appliance contractors). These are based on information about annual numbers of consultations per GP, estimated by using the number of GPs for 2010 and the annual number of consultations per GP (5,956 in 2007/08),[3,4] number of prescriptions per GP (25,658 in 2010)[5] and the average actual total cost per GP prescription has remained at £8.66 at 2010 prices or £9.37 per NIC.[6] The number of prescriptions per consultation (4.78) has hardly changed since 2008/09 and the increase is almost certainly due to the fact that it has not been possible to update information on consultations since 2007/08.

Qualifications. The equivalent annual cost of pre-registration and post-graduate medical education. The investment in training has been annuitised over the expected working life of the doctor.[7] Post-graduate education costs calculated using information provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[8] 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.[9]

Computer equipment. Ideally, this should include an annuitised figure reflecting the level of computer equipment in GP surgeries. However, the figure presented in the schema represents the yearly amount allocated to IT expenditure during 2009/10. This has been taken from the final expenditure figures from the Department of Health. PCOs rather than practices now fund the purchase, maintenance, upgrading, running and training costs of computer systems.

Overheads. This includes expenditure on centrally-managed administration such as recruitment and retention, demand management and expenditure relating to GP allowances such as locum allowances and retainer scheme payments.

Activity. The 2006/07 UK General Practice Workload Survey provides an overview of the entire workload and skill-mix of general practices in the UK in 2006/07. Staff in a representative sample of 329 practices across the UK completed diary sheets for one week in September or December. As the survey was targeted at work in the practice, it excludes work done elsewhere, as well as any work identified as out-of-hours (OOH) not relating to the GMS/PMS/PCTMS practice contract. In order to convert the annual hours worked into weeks, the average number of hours worked on GMS duties was used. On this basis wte GMPs work 43.5 weeks a year for 44.4 hours per week.

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[1] NHS Employers (2003) *General Medical Services Contract*, NHS Employers, London. www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/Pages/Contract.aspx.

[2] The Information Centre (2011) *General Practice Staff 2010*, The Information Centre, Leeds.

[3] Hippisley-Cox, J., Fenty, J. & Heaps, M. (2007) *Trends in Consultation Rates in General Practice 1995 to 2006: Analysis of the QResearch Database*. Final Report to the Information Centre and Department of Health, The Information Centre, Leeds.

[4] No further work on the number of GP consultations since 2007/08.

[5] Personal correspondence with the Information Centre, 2009.

[6] Personal correspondence with Prescribing Support and Primary Care Services, 2010, Health and Social Care Information Centre (HSCIC).

[7] 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.

[8] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).

[9] NHS Employers (2006) *Modernising Medical Careers: A New Era in Medical Training*, NHS Employers, London.

III. COMMUNITY-BASED SOCIAL CARE

11. Social care staff

11.1 Social work team leader/senior practitioner/senior social worker
11.2 Social worker (adult)
11.3 Social worker (children)
11.4 Social work assistant
11.5 Approved social worker
11.6 Home care worker
11.7 Community occupational therapist (local authority)
11.8 Home care manager
11.9 Family support worker

11.1 Social work team leader/senior practitioner/senior social worker

Costs and unit estimation	2010/2011 value	Notes
A. Salary	£38,328 per year	The average salary for a social work team leader was £35,410 for 2007/08.[1] As no new salary estimates are available, this has been inflated to reflect the pay increments for social workers reported in the Local Government Earnings Surveys 2009,[2] 2010[3] and 2011.[4]
B. Salary oncosts	£11,074 per year	Employers' national insurance is included plus 18 per cent of salary for contribution to superannuation.[5]
C. Qualifications	£21,378 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[6] Current cost information is drawn from research carried out by Curtis et al. (2011).[7]
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours.[8] No costs are available.
E. Overheads Direct overheads Indirect overheads	 £14,327 per year £7,904 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.[9]
F. Capital overheads	£1,943 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[10,11] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. See National Association for Voluntary and Community Action website for mileage allowance.[12]
Working time	40.8 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days.[13] Ten days for study/training and 9.2 days sickness leave have been assumed based on average of all social work sectors for 2009/2010.[14] Unit costs are based on 1529 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact	 1:0.39 1:2.45	Ratios are estimated on the basis that for senior practitioners and senior social workers, 72 per cent of time is spent on client-related activities including direct contact (29%), case-related recording (19%), case-related work in own agency (12%) and case-related inter-agency work (12%). A manager in adult services and children's services spends 70 per cent and 49 per cent of time on client-related work, respectively.[15]
Domiciliary v. office/clinic 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	1.16 x A 1.49 x E	Allows for the higher costs associated with London compared to the national average cost.[1,10,11]
Non-London multiplier	0.96 x A 0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[1,10,11]
Unit costs available 2010/2011 (costs with qualifications given in brackets)		
£48 (£62) per hour; £67 (£87) per hour of client-related work (includes A to E); £166 (£214) per Face-to-face contact (Includes A to E).		

[1] Local Government Association Analysis and Research (2008) *Local Government Earnings Survey 2007*, Local Government Analysis and Research, London.
[2] Local Government Association Analysis and Research (2009) *Local Government Earnings Survey 2008*, Local Government Association, London.
[3] Local Government Association Analysis and Research (2010) *Local Government Earnings Survey 2009*, Local Government Association, London.
[4] Local Government Association Analysis and Research (2011) *Local Government Earnings Survey 2010*, Local Government Association, London.
[5] Thurley, D. (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[6] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[7] Curtis, L. Moriarty, J. & Netten, A. (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.
[8] The British Association of Social Workers (2011) Social Work Careers, The British Association of Social Workers. www.basw.co.uk/social-work-careers/
[9] 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.
[10] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[11] Personal communication with the Department for Communities and Local Government, 2011.
[12] National Asssociation for Voluntary and Community Action. *Local Authority Mileage Rates* 2010/2011. NAVCA, 2011 www.navca.org.uk/localvs/scales.
[13] Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview, March 2003*, Department of Health, Social Services and Public Safety, London.
[14] Local Government Association (2011) *Sickness Absence and Causes Survey 2009*, www.lga.gov.uk/lga/core/page.do?pageId=9851777.
[15] Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.2 Social worker (adult services)

Costs and unit estimation	2010/2011 value	Notes
A. Salary	£30,441 per year	Information taken from the Local Government Earnings Survey 2011[1] showed that the mean basic salary for a social worker was £30,441. The mean gross salary was £31,685. (The information provided does not distinguish between the salary of an adult or of a children's social worker).
B. Salary oncosts	£8,644 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation.[2]
C. Qualifications	£21,378 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information is drawn from research carried out by Curtis et al. (2011).[4]
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours.[5] No costs are available.
E. Overheads Direct overheads Indirect overheads	 £11,335 per year £6,254 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.[6]
F. Capital overheads	£1,943 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[7,8] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. See National Association for Voluntary and Community Action website for mileage allowance.[9]
Working time	40.8 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days.[10] Ten days for study/training and 9.2 days sickness were taken in 2009/2010.[11] Unit costs are based on 1529 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact	 1:0.39 1:3.00	Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (25%), case-related recording (23%), case-related work in own agency (10%) and case-related inter-agency work (14%).[12] Face-to-face contact is not a good indicator of input to clients.
Domiciliary v. office/clinic visit		It is not possible to estimate a cost per visit as there is no information available on the number or duration of visits.
London multiplier	1.10 x A 1.49 x E	Allows for the higher costs associated with London compared to the national average cost.[1,8,9]
Non-London multiplier	0.96 x A 0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[1,8,9]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£38 (£53) per hour; £53 (£74) per hour of client-related work; £152 (£212) per hour of face-to-face contact (includes A to E).		

[1] Local Government Association Analysis and Research (2011) *Local Government Earnings Survey 2010/2011,* Local Government Association, London.
[2] Thurley, D. (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[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.
[5] The British Association of Social Workers (2011) Social Work Careers, The British Association of Social Workers. www.basw.co.uk/social-work-careers/
[6] 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.
[7] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[8] Personal communication with the Department for Communities and Local Government, 2011.
[9] National Asssociation for Voluntary and Community Action. *Local Authority Mileage Rates* 2010/2011. NAVCA, 2011 www.navca.org.uk/localvs/scales.
[10] Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.
[11] Local Government Association (2011*) Sickness Absence and Causes Survey* 2009, www.lga.gov.uk/lga/core/page.do?pageId=9851777.
[12] Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.

11.3 Social worker (children's services)

Costs and unit estimation	2010/2011 value	Notes
A. Salary	£30,441 per year	Information taken from the Local Government Earnings Survey 2011[1] showed that the mean basic salary for a social worker was £30,441. The mean gross salary was £31,685. (Information provided does not distinguish between the salary of an adult and children's social worker).
B. Salary oncosts	£8,644 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation.[2]
C. Qualifications	£21,378 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information is drawn from research carried out by Curtis et al. (2011).[4]
D. Ongoing training		The General Social Care Council sets out a requirement that all social workers, as a condition of their three-yearly renewal of registration, should engage in development activity to meet a 'post registration teaching and learning' requirement of 15 days or 90 hours.[5] No costs are available.
E. Overheads Direct overheads Indirect overheads	 £11,335 per year £6,254 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.[6]
F. Capital overheads	£1,943 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[7,8] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
G. Travel		No information available on average mileage covered per visit. See National Association for Voluntary and Community Action website for mileage allowance.[9]
Working time	41.8 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days.[10] Ten days for study/ training and an average of 9.2 days for sickness were taken in 2009/2010.[11] Unit costs are based on 1529 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact	 1:0.39 1:2.85	Ratios are estimated on the basis that 72 per cent of time is spent on client-related activities including direct contact (26%), case-related recording (23%), case-related work in own agency (12%) and case-related inter-agency work (12%).[12] Face-to-face contact is not a good indicator of input to clients. In a study commissioned by the Department of Health, it was found that 66 per cent of a children's social worker's time was spent on client-related activities.[13]
London multiplier	1.46 x E	Allows for the higher costs associated with London compared to the national average cost.[1,7,8]
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[1,7,8]
Unit costs available 2010/2011 (the costs with qualifications costs are given in brackets)		
£38 (£53) per hour; £53 (£74) per hour of client-related work; £146 (£204) per hour of face-to-face contact (includes A to E).		

[1] Local Government Association Analysis and Research (2011) *Local Government Earnings Survey 2010/2011*, Local Government Association, London.
[2] Thurley, D. (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[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.
[5] The British Association of Social Workers (2011) Social Work Careers, The British Association of Social Workers. www.basw.co.uk/social-work-careers/
[6] 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.
[7] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[8] Personal communication with the Department for Communities and Local Government, 2011.
[9] National Asssociation for Voluntary and Community Action. *Local Authority Mileage Rates* 2010/2011. NAVCA, 2011 www.navca.org.uk/localvs/scales.
[10] Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.
[11] Local Government Association (2011*) Sickness Absence and Causes Survey 2010*, www.lga.gov.uk/lga/core/page.do?pageId=9851777.
[12] Baginsky, M., Moriarty, J., Manthorpe, J., Stevens, M., MacInnes, T. & Nagendran, T. (2010) *Social Workers' Workload Survey, Messages from the Frontline, Findings from the 2009 Survey and Interviews with Senior Managers*, Children's Workforce Development Council, King's College, University of London, New Policy Institute.
[13] Department of Health (2001) *The Children in Need Census 2001—National Analyses*, www.dh.gov.uk/qualityprotects/work_pro/ analysis1.htm.

11.4 Social work assistant

Costs and unit estimation	2010/2011 value	Notes
A. Salary	£22,214 per year	Information taken from the Local Government Earnings Survey 2011[1] showed that the mean basic salary for a social work assistant was £22,214. The mean gross salary was £23,101.
B. Salary oncosts	£6,110 per year	Employers' national insurance is included plus 18 per cent of salary for contribution to superannuation.[2]
C. Overheads Direct overheads Indirect overheads	 £8,214 per year £4,532 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	£1,943 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[4,5] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
E. Travel		No information available on average mileage covered per visit. See National Association for Voluntary and Community Action website for mileage allowance.[6]
Working time	41.8 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days.[7] Five days for study/ training and 9.2 days sickness leave have been assumed for 2009/2010 based on the average for all social work sectors.[8] Unit costs are based on 1566 hours per annum.
Ratios of direct to indirect time on: client-related work face-to-face contact		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 1.49 x D	Allows for the higher costs associated with London compared to the national average cost.[1,4,5]
Non-London multiplier	0.96 x D	Allows for the lower costs associated with working outside London compared to the national average cost.[1,4,5]
Unit costs available 2010/2011		
£27 per hour.		

[1] Local Government Association Analysis and Research (2011*) Local Government Earnings Survey 2010/2011*, Local Government Association, London.
[2] Thurley, D. (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[3] 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.
[4] Personal communication with the Department for Communities and Local Government, 2011.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] National Asssociation for Voluntary and Community Action. *Local Authority Mileage Rates* 2010/2011. NAVCA, 2011 www.navca.org.uk/localvs/scales.
[7] Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.
[8] Local Government Association (2011) *Sickness Absence and Causes Survey 2010*, www.lga.gov.uk/lga/core/page.do?pageId=9851777.

11.5 Approved social worker

An approved social worker (ASW) is a social worker with responsibility for assessing someone's needs, care and treatment under the Mental Health Act 1983 (MHA). The ASW plays a key role in deciding whether someone with mental health problems can be cared for in the community, or whether they should be admitted to hospital.[1]

Costs and unit estimation	2010/2011 value	Notes
A. Salary	£35,829 per year	The average salary for an approved social worker was £35,829 per year. Information based on a survey carried out by the Department of Health of 30 authorities and uprated using the PSS Inflator. Wage levels reflect the average level of wages paid in 27 authorities.[2]
B. Salary oncosts	£10,662 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation.[3]
C. Qualifications	£21,378 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[4] Current cost information is drawn from research carried out by Curtis et al. (2011).[5]
D. Overheads Direct overheads Indirect overheads	 £13,378 per year £7,381 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.[6]
E. Capital overheads	£1,943 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.
F. Travel		No information available on average mileage covered per visit. See National Association for Voluntary and Community Action website for mileage allowance.[9]
Working time	40.9 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days.[10] Ten days for study/training and 9.2 days sickness leave have been assumed for 2010/2011.[11] Unit costs are based on 1534 hours per annum.
Client-related work Ratio of direct to indirect time on: face-to-face	 1:1.56	Information was taken from a study carried out of 237 mental health social workers (of which 162 were approved social workers). Data were collected using a semi-structured questionnaire and diary to produce information on working patterns. It was found that during a week, the average number of hours spent on undertaking assessments for ASWs was 5.6, in meetings 6.2 hours, writing/administration 12.1 hours and ASWs spent 12 hours on call. [2]
London multiplier	1.20 x A 1.55 x E	Relative London costs are drawn from the same source as the base data for each cost element.[2,7,8]
Non-London multiplier	0.93 x A 0.96 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[2,7,8]
Unit costs available 2010/2011 (costs with qualifications included in brackets)		
£45 (£59) per hour; £115 (£151) per hour of face-to-face contact		

[1] www.mind.org.uk/Information/Booklets/Other/Getting the best from your ASW.htm
[2] Personal communication with the Department of Health, 2009.
[3] Thurley, D. (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[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] 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.
[6] 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.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[9] National Asssociation for Voluntary and Community Action. *Local Authority Mileage Rates* 2010/2011. NAVCA, 2011 www.navca.org.uk/localvs/scales.
[10] Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.
[11] Local Government Association (2011) *Sickness Absence and Causes Survey 201*0, www.lga.gov.uk/lga/core/page.do?pageId=9851777.

11.6 Home care worker

This schema provides information on the costs of a home care worker. Salary information is taken from the National Minimum Dataset for Social Care (Skills for Care, 2011).[1] Based on PSS EX1 2009/2010,[2] the mean hourly cost of all home care including LA-funded home care and independent provision, was £18. This can be compared with the mean hourly cost of LA homecare of £32 and a mean hourly cost of £16 for independent sector provision. See Jones (2005) for findings about the costs of independently provided home care.[3]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£12,948 per year	The median annual salary for a care worker in June 2011 was £12,948 (£6.50 per hour). A senior home care worker would earn £16,212 per year (£7.10 per hour).[1]
B. Salary oncosts	£3,256 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation.[4]
C. Overheads Direct overheads	£4,699 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	£2,523 per hour	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments.[5]
D. Travel		No information available on average mileage covered per visit. See National Association for Voluntary and Community Action website for mileage allowance.[6]
Working time	40.6 weeks per annum 37.5 hours per week	Includes 29 days annual leave, 8 days statutory leave, 9.2 days of sickness and 5 days for training.[7] A few of the authorities also allowed time off for training. Unit costs are based on the median number of hours worked by home care workers in 2008 (1,304).[8]
Ratios of direct to indirect time on:	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 workers' time is spent travelling (see duration of visit below),[8] the proportion of total time spent with clients is approximately 80 per cent.
Duration of visit		Just over half of local authority funded visits lasted 30 minutes. Sixteen per cent of visits were 15 minutes and 19 per cent of a home care workers' time was spent travelling.[9]
Typical home care package	12.4 hours per week	Based on a study of community care packages, it has been estimated that on average 6.6 hours are worked weekdays between 9 a.m. and 5 p.m., 0.16 hours weekdays after 5 p.m., and 0.55 hours each on Saturday and Sunday.[8]
Unsocial hours multipliers	1.2 1.5 2.0 1.3	Weekdays 8 p.m to 10 p.m Saturday Sundays and bank holidays Evenings
Unit costs available 2010/2011		
£18 per weekday hour (£22 per hour weekday evenings; £27 per hour Saturdays; £36 per hour Sundays); £22 per hour face-to-face weekday contact (£27 per hour weekday evenings; £33 per hour Saturdays; £45 per hour Sundays) (Includes A to D).		

[1] Skills for Care (2011) *The National Minimum Dataset for Social Care (NMDS-SC) and Data Protection: Guidance for Employers*, Skills for Care. www.nmds-sc-online.org.uk/help/Article.aspx?id=22.
[2] The Information Centre (2010) *PSS EX1 2009/10*, The Information Centre, Leeds.
[3] Jones, K. (2005) The cost of providing home care, in L. Curtis & A. Netten (eds) *Unit Costs of Health and Social Care 2005*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Thurley, D. (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[5] Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.
[6] National Asssociation for Voluntary and Community Action, *Local Authority Mileage Rates* 2010/2011. NAVCA, 2011 www.navca.org.uk/localvs/scales.
[7] Local Government Association (2011) *Sickness Absence and Causes Survey 2010*, www.lga.gov.uk/lga/core/page.do?pageId=9851777.
[8] The Information Centre (2010) *Community Care Statistics 2008, Home Care Services for Adults, England*, The Information Centre, Leeds.
[9] United Kingdom Home Care Association (UKHCA) (2011) *An overview of the UK domiciliary care sector*, Home Care Association Limited. www.ukhca.co.uk/pdfs/domiciliarycaresectoroverview.pdf.

11.7 Community occupational therapist (local authority)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£31,562 per year	Information taken from the Local Government Earnings Survey 2011[1] showed that the mean basic salary for an occupational therapist was £31,562. The mean gross salary was £32,570.
B. Salary oncosts	£8,990 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation.[2]
C. Qualifications	£4,911 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads Direct overheads	£11,760 per year	Direct overheads were 29 per cent of direct care salary costs. They include costs to the provider for administration and management, as well as for office, training and utilities such as water, gas and electricity.
Indirect overheads	£6,488 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments.[5]
E. Capital overheads	£1,943 per year	Based on the new-build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Working time		Working time 41.5 weeks per annum 37.5 hours per week Includes 29 days annual leave and 8 statutory leave days.[8] Ten days for study/training and 9.2 days sickness leave have been assumed.[9] Unit costs are based on 1566 hours per annum.
Ratio of direct to indirect time on: client contact		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 1.57 x E	Allows for the higher costs associated with London compared to the national average cost.[1,6,7]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[1,6,7]
Unit costs available 2010/2011 (costs including training given in brackets)		
£39 (£42) per hour; £76 (£82) per hour of client contact (includes A to E).		

[1] Local Government Association Analysis and Research (2011) *Local Government Earnings Survey 2010/2011*, Local Government Association, London.
[2] Thurley, D. (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] Based on information taken from Selwyn et al. (2009) *Adoption and the Inter-agency Fee*, University of Bristol, Bristol and Glendinning et al. (2010) *Home Care Re-ablement Services: Investigating the Longer-Term Impacts*, Final Report, University of York, PSSRU Kent, Department of Health, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview*, March 2003, Department of Health, Social Services and Public Safety, London.
[9] Local Government Association (2011) *Sickness Absence and Causes Survey 2010*, www.lga.gov.uk/lga/core/page.do?pageId=9851777.

11.8 Home care manager

Salary information in this schema is taken from the National Minimum Dataset for Social Care (NMDS-SC) [1] and has been based on the salary of a Registered Manager.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£28,000 per year	Median salary for a home care manager has been taken from the National Minimum Dataset for Social Care (NMDS-SC).[1]
B. Salary oncosts	£7,892 per year	Employers' national insurance is included plus 18 per cent of salary for employers' contribution to superannuation. [2]
C. Qualifications		No information available.
D. Overheads: Direct	£10,409 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	£5,743 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments.[3]
E. Capital overheads	£1,943 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support.[4,5] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. See National Association for Voluntary and Community Action website for mileage allowance. [6]
Working time	40.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days.[7] Ten days for study/training and 9.2 days sickness leave have been assumed.[8] Unit costs are based on 1526 hours per annum.
Ratios of direct to indirect time on: client-related work face to-face contact	 1:0.56 1:3.17	Ratios are used to estimate the full cost of direct and indirect time required to deliver each output. The study found that care managers spent 24 per cent of their time in direct contact with the service user and carer and an additional 40 per cent on client-related activities. Twenty-five per cent of time was spent on non-client-related administrative tasks such as dealing with telephone enquiries, lunch/breaks and training. 11.1 per cent was spent on travelling to service users, carers and meetings.[9]
Frequency of visits Duration of visits	9 per week 45 minutes	Average number of visits per week per worker.[9] Average duration of visits.[9]
Caseload per worker	14	Number of cases per care manager.[9]
London multiplier	1.25 x A 1.49 x E	Allows for the higher costs associated with London compared to the national average cost.[4,5]
Non-London multiplier	0.97 x E	Relative London costs are drawn from the same source as the base data for each cost element.[4,5]
Unit costs available 2010/2011		
£35 per hour; £55 per hour of client-related work; £146 per hour of face-to-face contact; £74 per case per week (includes A to E); £41 per home visit (includes A to F).		

[1] Skills for Care (2011) *The National Minimum Dataset for Social Care (NMDS-SC) and Data Protection: Guidance for Employers*, Skills for Care. www.nmds-sc-online.org.uk/help/Article.aspx?id=22.
[2] Thurley, D. (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[3] 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.
[4] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[5] Personal communication with the Department for Communities and Local Government, 2011.
[6] National Asssociation for Voluntary and Community Action, *Local Authority Mileage Rates* 2010/2011. NAVCA, 2011 www.navca.org.uk/localvs/scales.
[7] Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview, March 2003*, epartment of Health, Social Services and Public Safety, London.
[8] Local Government Association (2011) *Sickness Absence and Causes Survey 2009*, www.lga.gov.uk/lga/core/page.do?pageId=9851777.
[9] Weinberg, A., Williamson, J., Challis, D. & Hughes, J. (2003) What do care managers do? A study of working practice in older people's services, *British Journal of Social Work*, 33, 901–919.

11.9 Family support worker

Family support workers provide emotional and practical help and advice to families who are experiencing long- or short-term difficulties. Information has been drawn from a study on family support workers who work with carers of people with schizophrenia.[1]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,784 per year	Information taken from the Local Government Earnings Survey 2008 showed that the mean salary for a family support worker was £21,296.[2] As no new salary estimates are available, this has been inflated to reflect the pay increments for social workers reported in the Local Government Earnings Surveys 2009,[3] 2010[4] and 2011.[5]
B. Salary oncosts	£6,286 per year	Employers' national insurance is included plus employers' contribution to superannuation (18%). [6]
C. Training		No information available.
D. Overheads Direct Overheads	£8,430 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. [7]
Indirect Overheads	£4,651 per year	Indirect overheads were 16 per cent of direct care salary costs. They include general management and support services such as finance and human resource departments.[7]
Working time	41.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 statutory leave days.[8] Five days for study/ training and 9.2 days sick leave per annum have been assumed. [9] Unit costs are based on 1563 hours per annum.
Ratios of direct to indirect time on: client related work	1:0.7	Direct contact with clients, including practical support, emotional support and time spent in support groups, occupied 59 per cent of their time. The rest of the time was spent on liaison with other agencies (13%), travelling (14%), staff development (5%) and administration and other (9%).[1]
London multiplier	1.16 x A	Allows for the higher costs associated with London compared to the national average cost.
Unit costs available 2010/2011 (costs including training given in brackets)		
£27 per hour; £46 per hour of client related work.		

[1] Davies, A., Huxley, P., Tarrier, N. & Lyne, D. (2000) *Family Support Workers of Carers of People with Schizophrenia*, University of Manchester and Making Space.
[2] Local Government Association Analysis and Research (2008) *Local Government Earnings Survey 2007*, Local Government Analysis and Research, London.
[3] Local Government Association Analysis and Research (2009) *Local Government Earnings Survey 2008*, Local Government Association, London.
[4] Local Government Association Analysis and Research (2010) *Local Government Earnings Survey 2009*, Local Government Association, London.
[5] Local Government Association Analysis and Research (2011) *Local Government Earnings Survey 2010*, Local Government Association, London.
[6] Thurley (2011*) Local Government Pension Scheme, 2010 onwards*, House of Commons. www.parliament.uk/briefing-papers/SN05823.pdf.
[7] 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.
[8] Department of Health, Social Services and Public Safety (2003) *The New NHS/HPSS Pay System, An Overview, March 2003*, Department of Health, Social Services and Public Safety, London.
[9] Local Government Association (2011) *Sickness Absence and Causes Survey 2010*, www.lga.gov.uk/lga/core/page.do?pageId=9851777.

12. Health and social care teams

12.1 NHS community mental health team (CMHT) for older people with mental health problems

12.2 Community mental health team for adults with mental health problems

12.3 Crisis resolution team for adults with mental health problems

12.4 Assertive outreach team for adults with mental health problems

12.5 Early intervention team for adults with mental health problems

12.6 Generic single disciplinary CAMHS team

12.7 Generic multi-disciplinary CAMHS team

12.8 Dedicated CAMHS team

12.9 Targeted CAMHS team

12.1 NHS community mental health team (CMHT) for older people with mental health problems

Based on information taken from the Older People's Mental Health Mapping framework,[1,2,3] the mean average cost for all community mental health teams for older people with mental health problems in 2010/2011 was £128 per face-to-face contact. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£32,647 per year	Based on median salaries for Agenda for Change (AfC) bands.[4] Weighted to reflect input of community nurses (43 %), social workers/approved social workers (12 %), consultants (6 %) and others. Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic CMHT (OP) worker salary.[1]
B. Salary oncosts	£8,622 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads		Taken from NHS (England) Summarised Accounts.[5] See preface for more information.
Management, administration and estates staff	£7,882 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£17,168 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£2,238 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Twelve days sickness leave and 5 study/training days are assumed.[9] Based on 1549 working hours.
Ratios of direct to indirect time		No current information on time use is available. See previous editions of this volume for sources of information.
Frequency of visits Duration of visits	8 60 minutes	Average number of visits per week per worker. Average duration of visits.
Caseload per CMHT	32 cases per care staff	Based on mental health combined mapping data.[1] In 2008/09 there was an average of 389 cases per service and 32 cases per year per generic CMHT.
London multiplier	1.19 x (A to B) 1.45 x E	Allows for higher costs associated with working in London.[6,7,10]
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for lower costs associated with working outside London.[6,7,10]
Unit costs available 2010/2011		
£44 per hour per team member; £68,557 annual cost of team member; £2,142 average cost per case.		

[1] Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, http//www.mhcombinedmap.org/reports/aspx.
[2] Lingard, J. & Milne, A. (2004) Commissioned by the Children, Older People & Social Care Policy Directorate, Integrating Older People's Mental Health Services, Community Mental Health Teams for Older People, www.olderpeoplesmentalhealth.csip.org.uk/silo/files/ integrating-opmh-services.pdf
[3] Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.
[4] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[9] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.2 Community mental health team for adults with mental health problems

Composed of professionals from a wide range of disciplines, community mental health Teams (CMHTs) are intended to provide an effective local mental health service that prioritises those whose problems are severe and long-term.[1] This year, information has been taken from the mental health combined mapping website[2] and is based on data received from 787 service providers. There were, on average, 15 care staff per team. NHS Reference Costs[3] report that the mean average cost per face-to-face contact with a community mental health team for adults with mental health problems was £139. Costs have been uprated using the HCHS Pay & Prices Inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£28,933 per year	Based on median salaries for Agenda for Change (AfC) bands.[4] Weighted to reflect input of community nurses (31 %), social workers/approved social workers (18 %), consultants (6 %) OTs and physiotherapists (5 %), carer support (5 %) and others. Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic CMHT worker salary.[2] Volunteers have been costed using the minimum wage of £5.93 per hour.
B. Salary oncosts	£7,351 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		Information not available for all care staff.
D Overheads Management, administration and estates staff Non-staff	 £6,930 per year £15,094 per year	Taken from NHS (England) Summarised Accounts.[5] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,238 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 wks per annum 37.5 hrs per week	Includes 29 days annual leave and 8 days statutory leave.[8] Twelve days sickness leave and 5 study/training days are assumed.[9] Based on 1549 working hours.
Ratio of direct to indirect time		No current information on time use is available. See previous editions of this volume for sources of information.
Caseload per CMHT	24 cases per CMHT	Based on mental health combined mapping data.[1] In 2008/09, there was an average of 404 cases per service and 24 cases per year per generic CMHT.
London multiplier	1.19 x (A to B) 1.45 x E	Allows for higher costs associated with working in London.[6,7,10]
Non-London multiplier	0.97 x (A to B) 0.97 x E	Allows for the lower costs associated with working outside London.[6,7,10]
Unit costs available 2010/2011		
£39 per hour per team member; £60,546 annual cost of team member; £2,523 average cost per case.		

[1] Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.
[2] Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, http//www.mhcombinedmap.org/reports/aspx.
[3] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[4] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[9] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.3 Crisis resolution team for adults with mental health problems

Crisis resolution is an alternative to inpatient hospital care for service users with serious mental illness, offering flexible, home-based care 24 hours a day, seven days a week. Information has been taken from the mental health combined mapping website[1] and is based on data received from 270 service providers. There were, on average, 17 care staff per team. NHS Reference Costs[2] report that the mean average cost for a crisis resolution team for 2010 was £184 per team contact and the minimum for 25 per cent of services was £140 and the maximum £213. Costs have been uprated using the HCHS Pay & Prices Inflator. See the 2008/09 National Survey of Investment in Adult Mental Health Services and McCrone et al. (2008) for more information on Crisis Resolution Teams.[3,4]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£29,315 per year	Based on median salaries for Agenda for Change (AfC) bands.[5] Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic crisis resolution worker salary. Teams included medical staff, nurses, psychologists, social workers, social care and other therapists.[1]
B. Salary oncosts	£7,338 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Training		No costs available. Crisis resolution work involves a major re-orientation for staff who have been accustomed to working in different ways.
D. Overheads		Taken from NHS (England) Summarised Accounts.[6] See preface for more information.
Management, administration and estates staff	£7,000 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,248 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,283 per year	Based on the new-build and land requirements of an NHS office and shared facilities for waiting, interviews and clerical support.[7,8] Costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working hours of team members	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[9] Twelve days sickness leave and 5 study/training days are assumed.[10] Based on 1549 working hours. Weighted to reflect team composition.
Service hours	24 hours per day 7 days per week	In general, the team should operate seven days a week, 24 hours per day throughout the year. This can be done if two shifts a day are scheduled for mornings and afternoons. [11]
Duration of episode	27 days	The National Survey reported that 27 days was the average duration of episode. The mean longest time that teams stay involved is 75.6 days.[12]
Caseload	36 cases per service 2 cases per care staff	Based on mental health combined mapping data[1]average caseloads for 2008/09 were 36 cases per service and 2 cases per year per crisis resolution team member.
London multiplier	1.19 x (A to B) 1.39 x E	Allows for higher costs associated with working in London.[7,8,13]
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London.[7,8,13]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£39 per hour per team member; £61,184 annual cost of team member; £30,592 average cost per case.		

[1] Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, http//www.mhcombinedmap.org/reports/aspx.
[2] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[3] McCrone, P. Dhanasiri, S., Patel, A., Knapp, M., Lawton-Smith, S. (2008) Paying the Price, *The cost of mental health care in England to 2026, King's Fund*, London.
[4] Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.
[5] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[6] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[7] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[8] Personal communication with the Department for Communities and Local Government, 2011.
[9] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[10] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[11] The Sainsbury Centre for Mental Health (2010) *Mental Health Topics, Crisis Resolution*, www.centreformentalhealth.org.uk/pdfs/crisis_resolution_mh_topics.pdf.
[12] Onyett, S., Linde, K., Glover, G. et al. (2007) *Crisis Resolution and Inpatient Mental Health Care in England*, University of Durham.
[13] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.4 Assertive outreach team for adults with mental health problems

Assertive outreach teams provide intensive support for people with severe mental illness who are 'difficult to engage' in more traditional services.[1] Information has been taken from the mental health combined mapping website[2] and is based on data received from 248 service providers. See the 2008/09 National Survey of Investment in Adult Mental Health Services and McCrone et al. (2008) for more information on this service.[3,4]

NHS Reference Costs[5] report the mean average cost for an assertive outreach team contact for 2010 was £127. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£27,700 per year	Based on median salaries for Agenda for Change (AfC) bands.[6] Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic Assertive Outreach Team worker salary. Teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers.[2]
B. Salary oncosts	£7,006 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Overheads		Taken from NHS (England) Summarised Accounts.[7] See preface for more information.
Management, administration and estates staff	£6,629 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£14,438 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£2,238 per year	Based on the new-build and land requirements of an NHS office and shared facilities.[8,9] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Ratio of direct contact to total contact time: face-to-face contacts	1:0.48	Of the assertive outreach team contacts, 68 per cent were face-to-face with the patient, 13 per cent were by telephone, 11 per cent of all attempts at contact were unsuccessful and a further 6 per cent involved contact with the carer (face-to-face or by phone). Of the face-to-face contacts with patients, 63 per cent took place in the patient's home or neighbourhood, 27 per cent in service settings and 10 per cent in other settings.[10]
Working hours of team members	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[11] Twelve days sickness leave and 5 study/training days are assumed.[12] Based on 1549 working hours.
Service hours	24 hours per day	Working hours of most services are flexible, although 24-hour services are rare.
Duration of contact	30 minutes	Median duration of contact. Assertive outreach staff expect to see their clients frequently and to stay in contact, however difficult that may be. Typically studies have shown that at least 95 per cent of clients are still in contact with services even after 18 months.[10]
Caseload	72 cases per service 7 cases per care staff	Based on mental health combined mapping data,[2] average caseloads for 2008/09 were 72 cases per service and 7 cases per year per assertive outreach team member.
London multiplier	1.19 x (A to B) 1.39 x E	Allows for the higher costs associated with working in London.[8,9,13]
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London.[8,9,13]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£37 per hour per team member; £55 per hour of patient contact; £58,011 annual cost of team member; £8,287 average cost per case.		

[1] Sainsbury Centre for Mental Health (2001) *Mental Health Topics, Assertive Outreach*, Sainsbury Centre for Mental Health (updated 2003), London.
[2] Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, http//www.mhcombinedmap.org/reports/aspx.
[3] Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.
[4] McCrone, P. Dhanasiri, S., Patel, A., Knapp, M., Lawton-Smith, S. (2008) Paying the Price, *The cost of mental health care in England to 2026, King's Fund*, London.
[5] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[6] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[7] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[8] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[9] Personal communication with the Department for Communities and Local Government, 2011.
[10] Wright, C., Burns, T., Billings, J., Muijen, M. Priebe, S. Ryrie, I., Watts, J. & White, I. (2003) Assertive outreach teams in London: models of operation, *British Journal of Psychiatry*, 183, 2, 132-138.
[11] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[12] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[13] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.5 Early intervention team for adults with mental health problems

Early intervention is a service for young people aged 14-35 during the first three years of a psychotic illness. They provide a range of services, including anti-psychotic medications and psycho-social interventions, tailored to the needs of young people with a view to facilitating recovery.[1] Staff and caseload information for this schema has been taken from the mental health combined mapping website[2] and is based on data received from 150 service providers. NHS Reference Costs[3]report the mean average cost for an early intervention team contact for 2010 was £177, with the minimum range for 25 per cent of services being £148 and the maximum £194. See the 2008/09 National Survey of Investment in Adult Mental Health Services[4] and McCrone et al (2008) for more information on Early Intervention Teams.[5]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£29,656 per year	Based on median salaries for Agenda for Change (AfC) bands.[6] Weighted average salaries for each type of worker were multiplied by the proportion of that type of worker in the team to produce a generic assertive outreach team worker salary. Teams included doctors, nurses, psychologists, social workers, social care, other therapists and volunteers.[2] Loss of earnings based on the minimum wage has been assumed for volunteers.[7]
B. Salary oncosts	£7,439 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Training		Sainsbury Centre for Mental Health runs a part-time post-graduate certificate (EIP) over a one-year period which includes 20 days of teaching.[8]
D. Overheads		Taken from NHS (England) Summarised Accounts.[9] See preface for more information.
Management, administration and estates staff	£7,085 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,432 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,238 per year	Based on the new-build and land requirements of an NHS office and shared facilities.[10,11] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time per staff member	41.3 weeks per year 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[12] Twelve days sickness leave and 5 study/training days are assumed.[13] Based on 1549 working hours. Weighted to reflect team composition.
Service hours		Teams tend to operate 9.00 a.m. – 5.00 p.m. but some flexibility is being planned.
Case load	98 cases per service 9 cases per care staff	Based on mental health combined mapping data.[2] Caseload data for 2008/09 were 98 cases per service and 9 cases per early intervention team member.
Ratio of direct to indirect time		No information available
London multiplier	1.19 x (A to B) 1.39 x E	Allows for higher costs associated with working in London.[9,10,14]
Non-London multiplier	0.97 x (A to B) 0.96 x E	Allows for lower costs associated with working outside London.[9,10,14]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£40 per hour. £61,850 annual cost of team member; £6,872 cost per case.		

[1] Sainsbury Centre for Mental Health (2003) *A Window of Opportunity: A Practical Guide for Developing Early Intervention in Psychosis Services*, Briefing 23, Sainsbury Centre for Mental Health, London.
[2] Care Services Improvement Partnership, Mental Health Strategies (2009) *Combined Mapping Framework*, http//www.mhcombinedmap.org/reports/aspx.
[3] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[4] Mental Health Strategies (2009) *2008/09 National Survey of Investment in Adult Mental Health Services*, Mental Health Strategies for the Department of Health, London.
[5] McCrone, P. Dhanasiri, S., Patel, A., Knapp, M., Lawton-Smith, S. (2008) Paying the Price, *The cost of mental health care in England to 2026, King's Fund*, London.
[6] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[7] Directgov (2011) The National Minimum Wage Rates, www.direct.gov.uk/en/Employment/Employees/TheNationalMinimumWage/DG_10027201.
[8] Sainsbury Centre for Mental Health (2004) *Post-graduate Certificate in Early Intervention for Psychosis*, Sainsbury Centre for Mental Health, London.
[9] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[10] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[11] Personal communication with the Department for Communities and Local Government, 2011.
[12] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[13] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[14] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.6 Generic single-disciplinary CAMHS team

These teams provide services for children and young people with particular problems requiring particular types of intervention and within a defined geographical area.[1] Staff, caseload and cost information has been taken from the Child and Adolescent Mental Health Service (CAMHS) [2,3]mapping database, and is based on returns from 2,094 teams of which 60 teams were generic single-disciplinary teams. The staff in these teams are almost exclusively clinical psychologists, educational psychologists and other therapists. The exceptions are teams of primary mental health workers which focus on psychological therapies. There is an average staff ratio of 4.13 wte per team (excluding administrative staff and managers). Costs have been uprated to 2010/2011 price levels using the appropriate inflators.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary plus oncosts	£38,469 per year	Average salary for single generic team member based on National Child and Adolescent Mental Health Service cost data.[2,3]
B. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£7,348 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,003 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,237 per year	Based on the new-build and land requirements of an NHS office and shared facilities.[5,6] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave. [7] Twelve days sickness leave and 5 study/training days are assumed.[8] Based on 1575 working hours. Weighted to reflect team composition.
Ratio of direct to indirect time on: patient-related work face-to-face contact	 1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data.[2] Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), administration and management (23%), consultation and liaison (13%) and clinical (49%).
Duration of episode		26 per cent of cases lasted 4 weeks or less, 25 per cent for 13 weeks or less, 18 per cent for 26 weeks or less, 16 per cent for 52 weeks or less and 15 per cent for more than 52 weeks.
Caseload per team	60 cases per team	Based on 60 teams and a caseload of 3,604.[2]
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London. [5,6,9]
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working outside London. [5,6,9]
Unit costs available 2010/2011		
£41 per hour per team member; £66 per hour per patient-related activity; £84 per hour per team member face-to-face contact; £4,409 average cost per case.		

[1] YoungMinds (2001) *Guidance for Primary Care Trusts, Child and Adolescent Mental Health: its Importance and how to commission a comprehensive service, Appendix 3: Key Components, Professionals and Functions of Tiered Child and Adolescent Mental Health Services*, Child and Adolescent Mental Health Services, www.youngminds.org.uk/pctguidance/app3.php.

[2] Child and Adolescent Mental Health Service mapping (2009) Durham University & Department of Health, www.childrensmapping.org.uk/

[3] The CAMHS team cost data are no longer being collected so information for this schema has been uprated this year.

[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.

[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.

[6] Personal communication with the Department for Communities and Local Government, 2011.

[7] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf

[8] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

[9] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.7 Generic multi-disciplinary CAMHS team

Staff mix, time use, caseload and cost information for this schema has been taken from the Child and Adolescent Mental Health Service (CAMHS)[1,2] mapping database, and is based on returns from 2,094 teams of which 421 teams were generic multi-disciplinary. Generic teams provide the backbone of specialist CAMHS provision, ensuring a range of therapeutic interventions were available to children, young people and families locally. Multidisciplinary generic teams, as the name implies, were largely staffed by a range of mental health professionals. The average size of multidisciplinary teams was 10.9 wte (excluding administrative staff and managers). Costs have been uprated to 2010/2011 price levels using the appropriate inflators.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary plus oncosts	£51,394 per year	Average salary plus oncosts for a generic multi-disciplinary team member based on National Child and Adolescent Mental Health Service cost data. The teams (excluding administrative and unqualified staff) included nurses (22 %), doctors (18 %), social workers (9 %), clinical psychologists (15 %), child psychotherapists (5 %), occupational therapists (2 %), mental health workers (10 %), family therapists (5 %), educational psychologists (1 %) and other qualified therapists and care staff (13 %).[1,2]
B. Overheads Management, administration and estates staff Non-staff	 £9,816 per year £21,301 per year	Taken from NHS (England) Summarised Accounts.[3] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,237 per year	Based on the new-build and land requirements of an NHS office and shared facilities .[4,5] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 45.73 hours per week	Includes 29 days annual leave, 8 statutory leave days and 12 days sickness leave.[6,7] Assumes 6 study/training days. Working hours weighted to reflect team composition. Unit costs based on 1,933 hours working hours per year.
Ratio of direct to indirect time on: patient-related work face-to-face contact	 1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data.[1] Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Duration of episode (all CAMHS teams)		19 per cent of cases lasted for 4 weeks or less, 21 per cent for 13 weeks or less, 19 per cent for 26 weeks or less, 17 per cent for 52 weeks or less and 25 per cent for more than 52 weeks.
Caseload per team	191 cases per team	Based on 421 teams and 80,386 cases.[1]
London multiplier	1.19 x A 1.39 x C	Allows for higher costs associated with working in London.[4,5,8]
Non-London multiplier	0.97 x A 0.96 x C	Allows for lower costs associated with working outside London.[4,5,8]
Unit costs available 2010/2011		
£44 per hour per team member; £72 cost per hour per team member for patient-related activities; £90 cost per hour per team member for face-to-face contact; £4,823 average cost per case.		

[1] Child and Adolescent Mental Health Service mapping (2009) Durham University & Department of Health, www.childrensmapping.org.uk/
[2] The CAMHS Mapping data are no longer being collected so information for this schema has been uprated this year.
[3] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[4] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[5] Personal communication with the Department for Communities and Local Government, 2011.
[6] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[7] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[8] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.8 Dedicated CAMHS team

Dedicated CAMHS workers are fully trained child and adolescent mental health professionals who are out-posted in teams that are not specialist CAMHS teams but have a wider function, such as a youth offending team or a generic social work children's team. The information for this schema is based on National Child and Adolescent Mental Health Service (CAMHS) mapping staff-related and cost information from 2,094 teams of which 133 were dedicated teams.[1,2] There was an average staff ratio of 2.2 wte per team (excluding administrative staff and managers). Costs have been uprated to 2010/2011 price levels using the appropriate inflators.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary plus oncosts	£37,718 per year	Average salary plus oncosts for a team member working in a dedicated team based on National Child and Adolescent Mental Health Service Mapping data and on the 128 dedicated teams.[1,2] The teams included nurses (27%), doctors (3%), clinical psychologists (16%), educational psychologists (3%), social workers (6%) child psychotherapists (2%), mental health workers (28%) and other therapists and care staff (15%).
B. Overheads Management, administration and estates staff Non-staff	 £7,204 per year £15,691 per year	Taken from NHS (England) Summarised Accounts.[3] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,237 per year	Based on the new-build and land requirements of an NHS office and shared facilities.[4,5] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.7 hours per week	Includes 29 days annual leave, 8 statutory leave days and 12 days sickness leave.[6,7] Assumes 6 study/ training days. Working hours weighted to reflect team composition. Based on 1,586 hours working hours per year.
Ratio of direct to indirect time on: patient-related work face-to-face contact	 1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data.[1] Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Length of episode		30 per cent of cases lasted for 4 weeks or less, 30 per cent for 13 weeks or less, 19 per cent for 26 weeks or less, 11 per cent for 52 weeks or less and 10 per cent for more than 52 weeks.
Caseload	35 cases per team	Based on 133 teams and 4,596 cases.[1]
London multiplier	1.19 x A	Allows for higher costs associated with working in London.[4,5,8]
Non-London multiplier	0.97 x A	Allows for lower costs associated with working outside London.[4,5,8]
Unit costs available 2010/2011		
£40 per hour per team member; £65 per hour of patient-related activity, £82 per hour of face-to-face contact, £3,881 average cost per case.		

[1] Child and Adolescent Mental Health Service (CAMHS) Mapping (2009) Durham University & Department of Health, www.childrensmapping.org.uk/.
[2] The CAMHS Mapping data are no longer being collected so information for this schema has been uprated this year.
[3] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[4] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[5] Personal communication with the Department for Communities and Local Government, 2011.
[6] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[7] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[8] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

12.9 Targeted CAMHS team

These teams provide services for children and young people with particular problems or for those requiring particular types of therapeutic interventions. The information for this schema is based on National Child and Adolescent Mental Health Service (CAMHS) mapping data and returns from 2,094 teams of which 335 were dedicated teams.[1,2] The average staff ratio was 4.2 wte per team (excluding administrative staff and managers). Costs have been uprated to 2010/2011 price levels using the appropriate inflators.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary plus oncosts	£40,203 per year	Average salary for a team based on National Child and Adolescent Mental Health Service Mapping data.[1,2] Teams included nurses (20%), doctors (6%), social workers (15%), clinical psychologists (22%), educational psychologists (1%), child psychotherapists (3%), family therapists (4%) and other therapists and care staff (29%).[1]
B. Overheads Management, administration and estates staff Non-staff	 £7,679 per year £16,725 per year	Taken from NHS (England) Summarised Accounts.[3] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
C. Capital overheads	£2,237 per year	Based on the new-build and land requirements of an NHS office and shared facilities.[4,5] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent. Based on the assumption that each team has one shared office.
Working time	42 weeks per year 37.9 hours per week	Includes 29 days annual leave, 8 statutory leave days and 12 days sickness leave.[6,7] Working hours weighted to reflect team composition. Unit costs based on 1,599 hours working hours per year.
Ratio of direct to indirect time on: patient-related work face-to-face contact	 1:0.63 1:1.06	Information taken from National Child and Adolescent Mental Health Service Mapping data. Staff activity was reported at the team level by Strategic Health Authority (SHA) averaging as follows: education and training (9%), research and evaluation (5%), admin and management (23%), consultation and liaison (13%) and clinical (49%).
Duration of episode		22 per cent of cases lasted for 4 weeks or less, 24 per cent for 13 weeks or less, 18 per cent for 26 weeks or less, 16 per cent for 52 weeks or less and 20 per cent for more than 52 weeks.
Caseload	47 cases per team	Based on 335 teams and 15,653 cases.[1]
London multiplier	1.19 x A	Allows for higher costs associated with working in London.[4,5,8]
Non-London multiplier	0.97 x A	Allows for lower costs associated with working in London.[4,5,8]
Unit costs available 2010/2011		
£41 per hour per team member; £68 cost per hour per team member for patient-related activities; £86 cost per hour per team member for face-to-face contact; £5,973 average cost per case.		

[1] Child and Adolescent Mental Health Service (CAMHS) mapping (2009) Durham University & Department of Health, www.childrensmapping.org.uk/.
[2] The CAMHS Mapping data are no longer being collected so information for this schema has been uprated this year.
[3] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[4] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[5] Personal communication with the Department for Communities and Local Government, 2011.
[6] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[7] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[8] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

IV. HOSPITAL-BASED HEALTH CARE STAFF

13. Scientific and professional

13.1 Hospital physiotherapist
13.2 Hospital occupational therapist
13.3 Hospital speech and language therapist
13.4 Dietitian
13.5 Radiographer
13.6 Hospital pharmacist
13.7 Allied health professional support worker

13.1 Hospital physiotherapist

Using data from the NHS Reference Costs,[1] the mean average cost for a non-consultant led (non-admitted) follow-up physiotherapy attendance in 2010 was £36 with the minimum for 25 per cent of services being £27 and the maximum £40. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,100.[2] More specialist grades range from AfC band 6 to 8C for a physiotherapist specialist to consultant. See section V for information on mean salaries.
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,927 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads Management, administration and estates staff Non-staff	 £5,330 per year £11,782 per year	Taken from NHS (England) Summarised Accounts.[5] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,541 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space. [6,7] No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[8]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[9] Assumes 5 study/training days and 12 days sickness leave.[10] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No current information available.
Duration of contacts	32.9 minutes 23.3 minutes 13.1 minutes	Surgery consultation. Clinic consultations. Telephone consultations. All based on information taken from the 2006/07 General Practice Workload Survey.[11]
London multiplier	1.19 x (A to B) 1.46 x E	Allows for the higher costs associated with London compared to the national average cost.[6,7,12]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[6,7,12]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£32 (£35) per hour.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[9] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[10] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[11] The Information Centre (2007) *2006/07 UK General Practice Workload Survey*, *Primary Care Statistics*, The Information Centre, Leeds.
[12] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.2 Hospital occupational therapist

Using data from the NHS Reference Costs,[1] the mean average cost for a non-consultant led (non-admitted) follow-up occupational therapy attendance in 2010 was £60 with the minimum for 25 per cent of services being £38 and the maximum £65. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,100.[2] More specialist grades range from AfC band 6 to 8B for an Occupational Therapist Specialist to Consultant (see section V for salary information).[3]
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£4,911 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 the Higher Education Funding Council for England (HEFCE).[5] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[6] See preface for more information.
Management, administration and estates staff	£5,330 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,782 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,541 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[7,8] No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[9] Assumes 5 study/ training days and 12 days sickness leave.[10] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost.[7,8,11]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[7,8,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£32 (£35) per hour.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.
[4] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[5] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[6] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[7] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[8] Personal communication with the Department for Communities and Local Government, 2011.
[9] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[10] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.3 Hospital speech and language therapist

Using data from the NHS Reference Costs,[1] the mean average cost for a non-consultant led (non-admitted) follow-up speech and language therapy attendance in 2010 was £68, with the minimum for 25 per cent of services being £35 and the maximum £71. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,100.[2] More specialist grades range from AfC band 6 to 8C for a specialist speech and language therapist to consultant (see section V for salary information).[3]
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,035 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 the Higher Education Funding Council for England (HEFCE).[5] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads Management, administration and estates staff Non-staff	 £5,330 per year £11,782 per year	Taken from NHS (England) Summarised Accounts.[6] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,465 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[7,8] No allowance has been made for the cost of equipment. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[9] Assumes 5 study/ training days and 12 days sickness leave.[10] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.35 x E	Allows for the higher costs associated with London compared to the national average cost.[7,8,11]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost. [7,8,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£31 (£35) per hour.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] NHS Employers (2006) *Pay Circular (AfC) 1/2006. Pay and conditions for NHS staff covered by the Agenda for Change Agreement*, NHS Employers, London.
[4] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[5] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[6] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[7] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[8] Personal communication with the Department for Communities and Local Government, 2010.
[9] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[10] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.4 Dietitian

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings for qualified Allied Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,100.[1]
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,095 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£5,330 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,782 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£3,535 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect share use of both treatment and non-treatment space.[5,6] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[7]
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 5 study/ training days and 12 days sickness leave.[9] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London compared to the national average cost.[5,6,10]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[5,6,10]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£31 (£35) per hour.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[8] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[9] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.5 Radiographer

Using data from the NHS Reference Costs,[1] the mean average cost for a radiotherapy inpatient was £243 and for a regular day or night case was £146. An outpatient contact was £114. Costs have been uprated using the HCHS Pay & Prices inflator.

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£22,700 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings for Qualified Health Professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £24,100.[2] More specialist grades range from AfC band 6 to 8C for a radiographer specialist to consultant.
B. Salary oncosts	£5,352 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£5,278 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[5] See preface for more information.
Management, administration and estates staff	£5,330 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£11,782 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£6,853 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[6,7] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 5 study/ training days and 12 days sickness leave.[9] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.38 x E	Allows for the higher costs associated with London compared to the national average cost.[6,7,10]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[6,7,10]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£34 (£37) per hour.		

[1] Department of Health (2011) *NHS Reference Costs 2009-2010,* www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[9] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.6 Hospit al pharmacist

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£30,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2011 NHS Staff Earnings estimates. Median full-time equivalent total earnings which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £32,700.[1] More specialist grades range from AfC band 7 to 8D for a pharmacist specialist to consultant.
B. Salary oncosts	£7,442 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£6,574 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£7,247 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£15,784 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£4,025 per year	Based on the new-build and land requirements of a pharmacy, plus additional space for shared facilities.[5,6] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
F. Travel		No information available on average mileage covered per visit. Current guideline for reimbursement: 54 pence per mile up to 3,500 miles, 18 pence over 3,500 miles.[7]
Working time	41.7 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[8] Assumes 4 study/ training days (30 hours) and 12 days sickness leave. Unit costs based on 1565 hours per annum.[9]
Ratio of direct to indirect time on:		
direct clinical patient time	1:1	Ratios are estimated on the basis that 50 per cent of time is spent on direct clinical patient activities, 20 per cent of time on dispensary activities and 30 per cent on non-clinical activity.[10]
patient-related activities	1:0.43	
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with London compared to the national average cost.[5,6,11]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[5,6,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£41 (£46) per hour; £82 (£92) per cost of direct clinical patient time (includes travel); £59 (£91) per cost of patient-related activities.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2011) *Mileage Payments Review*, www.nhsemployers.org/PayAndContracts/AgendaForChange/mileage/Pages/Mileagepaymentsreview.aspx
[8] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[9] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.
[10] Personal communication with the Greater Manchester Workforce Development Corporation (2003).
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

13.7 Allied health professional support worker

Allied health professional support workers provide vital assistance to healthcare professionals in diagnosing, treating and caring for patients. They work in a variety of settings depending on their role, such as in patient's homes, a GP clinic or in a hospital department.[1]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£17,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 3 of the January-March 2011 NHS Staff Earnings estimates for unqualified allied health professionals. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £18,400.[2]
B. Salary oncosts	£3,985 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£0	Training costs are assumed to be zero, although many take NVQ courses.
D. Overheads		Taken from NHS (England) Summarised Accounts.[3] See preface for more information.
Management, administration and estates staff	£4,123 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£8,979 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,970 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of both treatment and non-treatment space.[4,5] Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave, 8 days statutory leave and 12 days sickness leave.[6,7] No study/training days have been assumed. Unit costs based on 1585 hours per annum.
Ratio of direct to indirect time		No current information available.
London multiplier	1.19 x (A to B) 1.34 x E	Allows for the higher costs associated with London compared to the national average cost.[4,5,8]
Non-London multiplier	0.97 x E	Allows for the lower costs associated with working outside London compared to the national average cost.[4,5,8]
Unit costs available 2010/2011		
£24 per hour.		

[1] NHS Careers (2011) *Clinical Support staff*, National Health Service, London. www.nhscareers.nhs.uk/details/Default.aspx?Id=1871.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[4] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[5] Personal communication with the Department for Communities and Local Government, 2011.
[6] NHS Employers (2008) Agenda for Change, Terms and Conditions of Service, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[7] The Information Centre (2010) *Results of the NHS Sickness Absence Survey 2009*, NHS Employers, London.

14. Nurses

14.1 Nurse team manager (includes ward managers, sisters and clinical managers)
14.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse
14.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)
14.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)
14.5 Clinical support worker (hospital)

14.1 Nurse team manager (includes ward manager, sister and clinical manager)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£38,800 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 7 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods was £40,200.[1] It does not include any lump-sum allowances and it is assumed that no unsocial hours are worked. See section V for information on mean salaries.
B. Salary oncosts	£9,667 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£9,257 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£20,162 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,306 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[5,6] Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[7] Assumes 5 study/ training days and 12 days sickness leave.[8] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:1.44	Based on the McKinsey report commissioned by the Department of Health in 2009,[9] hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities such as paperwork and administration, handing over and coordination, discussion with other nurses, and preparing medication (away from patients).
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with working in London.[5,6,10]
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London.[5,6,10]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£52 (£58) per hour; £129 (£142) per hour of patient contact.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2008) *Agenda for Change, Terms and Conditions of Service*, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[8] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[9] The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14:the McKinsey report,* Department of Health, London. www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/FOIreleases/DH_116520.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

14.2 Nurse team leader (includes deputy ward/unit manager, ward team leader, senior staff nurse)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£32,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 6 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £34,300.[1] See section V for information on mean salaries.
B. Salary oncosts	£8,005 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£7,756 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,892 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£2,306 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[5,6] Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[7] Assumes 5 study/training days and 12 days sickness leave.[8] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:1.44	Based on the McKinsey report commissioned by the Department of Health in 2009,[9] hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities such as paperwork and administration, handing over and coordination, discussion with other nurses, and preparing medication (away from patients).
London multiplier	1.19 x (A to B) 1.37 x E	Allows for the higher costs associated with working in London.[5,6,10]
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London.[5,6,10]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£44 (£50) per hour; £107 (£122) per hour of patient contact.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2008) *Agenda for Change, Terms and Conditions of Service*, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[8] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[9] The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14:the McKinsey report,* Department of Health, London. www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/FOIreleases/DH_116520.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

14.3 Nurse, day ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£25,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £29,100.[1] See section V for information on mean salaries.
B. Salary oncosts	£6,102 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£6,036 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,137 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£1,411 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[5,6] Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[7] Assumes 5 study/ training days and 12 days sickness leave.[8] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:1.44	Based on the McKinsey report commissioned by the Department of Health in 2009,[9] hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities such as paperwork and administration, handing over and coordination, discussion with other nurses, and preparing medication (away from patients).
London multiplier	1.19 x (A to B) 1.34 x E	Allows for the higher costs associated with working in London.[5,6,10]
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London.[5,6,10]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£34 (£40) per hour; £82 (£97) per hour of patient contact.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2008) *Agenda for Change, Terms and Conditions of Service*, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[8] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[9] The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14:the McKinsey report,* Department of Health, London. www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/FOIreleases/DH_116520.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

14.4 Nurse, 24-hour ward (includes staff nurse, registered nurse, registered practitioner)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£25,500 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 5 of the January-March 2011 NHS Staff Earnings estimates for Qualified Nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods, were £29,100.[1] See section V for information on mean salaries.
B. Salary oncosts	£6,102 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£9,356 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£6,036 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£13,147 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Capital overheads	£1,411 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[5,6] Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[7] Assumes 5 study/ training days and 12 days sickness leave.[8] Unit costs based on 1549 hours per annum.
Ratio of direct to indirect time on: face-to-face contacts	1:1.44	Based on the McKinsey report commissioned by the Department of Health in 2009,[9] hospital nurses are estimated to spent 41 per cent of their time on patient care with 59 per cent of their time spent on non-patient activities such as paperwork and administration, handing over and coordination, discussion with other nurses, and preparing medication (away from patients).
London multiplier	1.19 x (A to B) 1.34 x E	Allows for the higher costs associated with working in London.[5,6,10]
Non-London multiplier	0.96 x E	Allows for the lower costs associated with working outside London.[5,6,10]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£34 (£40) per hour; £82(£97) per hour of patient contact.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[6] Personal communication with the Department for Communities and Local Government, 2011.
[7] NHS Employers (2008) *Agenda for Change, Terms and Conditions of Service*, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[8] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[9] The Department of Health (2010) *Achieving world class productivity in the NHS, 2009/10-2013/14:the McKinsey report,* Department of Health, London. www.dh.gov.uk/en/FreedomOfInformation/Freedomofinformationpublicationschemefeedback/FOIreleases/DH_116520.
[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

14.5 Clinical support worker (hospital)

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£15,600 per year	Based on the median full-time equivalent basic salary for Agenda for Change Band 2 of the January-March 2011 NHS Staff Earnings estimates for unqualified nurses. Median full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods were £18,500.[1] See section V for information on mean salaries.
B. Salary oncosts	£3,449 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications		No professional qualifications assumed.
D. Overheads Management, administration and estates staff Non-staff	 £3,638 per year £7,925 per year	Taken from NHS (England) Summarised Accounts.[2] See preface for more information. Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff. Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
D. Capital overheads	£1,411 per year	Based on the new-build and land requirements of NHS facilities, but adjusted to reflect shared use of office space for administration, and recreational and changing facilities.[3,4] Treatment space has not been included. It is assumed that auxiliary nurses use one-sixth of an office. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	42.3 weeks per annum 37.5 hours per week	Includes 29 days annual leave and 8 days statutory leave.[5] Assumes 12 days sickness leave.[6] Unit costs based on 1575 hours per annum.
Ratio of direct to indirect time		No current information available. See previous editions of this volume for sources of information.
London multiplier	1.19 x (A to B) 1.35 x D	Allows for the higher costs associated with working in London.[3,4,7]
Non-London multiplier	0.96 x D	Allows for the lower costs associated with working outside London.[3,4,7]
Unit costs available 2010/2011		
£20 per hour.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[3] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[4] Personal communication with the Department for Communities and Local Government, 2011.
[5] NHS Employers (2008) *Agenda for Change, Terms and Conditions of Service*, NHS Staff Council. www.aop.org.uk/uploads/uploaded_files/HOC/08-04_afc_t_c_handbook_v2.pdf
[6] The Information Centre (2011) *Sickness Absence Rates in the NHS: October-December 2010*, NHS Employers, London.
[7] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15. Doctors

15.1 Foundation house officer 1
15.2 Foundation house officer 2
15.3 Registrar group
15.4 Associate specialist
15.5 Consultant: medical
15.6 Consultant: surgical
15.7 Consultant: psychiatric

15.1 Foundation house officer 1

The Foundation Programme is a two-year, general post-graduate medical training programme which is compulsory for all newly-qualified medical practitioners in the UK. The Foundation Programme forms the bridge between medical school and specialist/general practice training.[1]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£32,200 per year	Taken from the January-March 2011 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £22,600.[2] See section V for information on median salaries.
B. Salary oncosts	£7,898 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£19,546 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details. For hospital doctors, post-graduate study consists of a two-year Foundation Programme.[5] During the first year, trainees hold only provisional registration with the General Medical Council, full registration being granted on successful completion of the first year.
D. Overheads		Taken from NHS (England) Summarised Accounts.[6] See preface for more information.
Management, administration and estates staff	£7,659 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£16,681 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,382 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres.[7]
F. Capital overheads	£3,297 per year	Based on the new-build and land requirements of NHS facilities.[8,9] Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	44.4 weeks per annum 48 hours per week	Includes 25 days annual leave plus 8 statutory leave days.[10] Assumes 5 days sickness leave. No study/training days have been assumed. Under the European Working Time Directive (EWTD), the majority of foundation officers (Year 1) are now working up to 48 hours per week, 19.7 per cent are working up to 56 hours and 11.3 per cent are working 40 hours.[11] Unit costs are based on 2131 hours per annum.
London multiplier	1.19 x (A to B) 1.38 x F	Allows for the higher costs associated with London.[8,9,12]
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London.[8,9,12]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£33 (£42) per hour (48 hour week). £28 (£36) per hour (56 hour week). £39 (£50) per hour (40 hour week). (Includes A to F).		

[1] National Health Service (2011) The Foundation Programme, www.foundationprogramme.nhs.uk/pages/home.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.
[6] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[7] Personal communication with the London Deanery, 2006.
[8] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[9] Based on personal communication with the Department for Communities and Local Government, 2011.
[10] NHS Employers (2006) *Junior Doctors' Terms & Conditions of Service*, NHS Employers, London.
[11] Provided by the Department of Health, 2009.
[12] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.2 Foundation house officer 2

The Foundation Programme is a two-year, general post-graduate medical training programme which is compulsory for all newly-qualified medical practitioners in the UK. The Foundation Programme forms the bridge between medical school and specialist/general practice training[1]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£41,200 per year	Taken from the January-March 2011 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £29,100 [2] See section V for information on median salaries.
B. Salary oncosts	£10,310 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£21,807 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[3] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[4] See the preface for more information on qualifications and also schema 7.4 for details. For hospital doctors, post-graduate study consists of a two-year Foundation Programme.[5] During the first year, trainees hold only provisional registration with the General Medical Council, full registration being granted on successful completion of the first year.
D. Overheads		Taken from NHS (England) Summarised Accounts.[6] See preface for more information.
Management, administration and estates staff	£9,838 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£21,428 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,382 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library post-graduate centres.[7]
F. Capital overheads	£3,297 per year	Based on the new-build and land requirements of NHS facilities.[8,9]
Working time	44.4 weeks per annum 48 hours per week	Includes 25 days annual leave plus 8 statutory leave days.[10] Assumes 5 days sickness leave. No study/training days have been assumed. Under the European Working Time Directive (EWTD), the majority of foundation officers (Y2) are now working up to 48 hours per week. 22.3 per cent are working up to 56 hours and 13 per cent are working 40 hours.[11] Unit costs are based on 2131 hours per annum.
London multiplier	1.19 x (A to B) 1.38 x F	Allows for the higher costs associated with London.[8,9,12]
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London.[8,9,12]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£42 (£52) per hour (48 hour week). £36 (£44) per hour (56 hour week). £50 (£63) per hour (40 hour week). (Includes A to F).		

[1] National Health Service (2011) The Foundation Programme, www.foundationprogramme.nhs.uk/pages/home.
[2] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[3] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[4] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[5] National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.
[6] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[7] Personal communication with the London Deanery, 2006.
[8] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[9] Personal communication with the Department for Communities and Local Government, 2011.
[10] NHS Employers (2006) *Junior Doctors' Terms & Conditions of Service*, NHS Employers, London.
[11] Provided by the Department of Health, 2009.
[12] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.3 Registrar group

In terms of staff numbers, the largest group of doctors is the registrar group (registrars, senior registrars, specialist registrars (SpRs) and specialty registrars (STRs)).

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£55,600 per year	Taken from the January-March 2011 NHS Staff Earnings estimates for medical staff groups. Based on the mean full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £37,700.[1] See section V for information on median salaries.
B. Salary oncosts	£14,169 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£26,329 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details. Specialty registrar training involves three years' full-time post-graduate training with at least two of the years in a specialty training programme .[4,5]
D. Overheads		Taken from NHS (England) Summarised Accounts.[6] See preface for more information.
Management, administration and estates staff	£13,325 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£29,024 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,382 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres.[7]
F. Capital overheads	£3,297 per year	Based on the new-build and land requirements of NHS facilities.[8,9] Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.4 weeks per annum 48 hours per week	Includes 30 days annual leave, statutory leave days, 10 study training days.[4] Assumes 5 days sickness leave. Under the European Working Time Directive (EWTD), the majority of specialist registrars are now working up to 48 hours per week. 34 per cent are working up to 56 hours and 3.9 per cent are working 40 hours.[10] Unit costs are based on 1987 hours per annum.
London multiplier	1.19 x (A to B) 1.38 x F	Allows for the higher costs associated with London.[8,9,11]
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London.[8,9,11]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£59 (73) per hour (48 hour week). £51 (£62) per hour (56 hour week). £71 (£87) per hour (40 hour week). (Includes A to F).		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.
[5] NHS Employers (2008) *Terms and Conditions of Service for Specialty Doctors – England (2008)*, NHS Employers, London.
[6] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[7] Personal communication with the London Deanery, 2006.
[8] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[9] Personal communication with the Department for Communities and Local Government, 2011.
[10] Provided by the Department of Health, 2009.
[11] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.4 Associate specialist

An associate specialist is a doctor who has trained and gained experience in a medical or surgical specialty but has not become a consultant. These doctors usually work independently but will be attached to a clinical team led by a consultant in their specialty. Some of them are listed on the GMC's specialist register and are eligible to take on a consultant post. The reasons why they do not include: a wish to concentrate on clinical work and to avoid the administrative pressures of a consultant post; a desire to have a better work/life balance; and, in some cases, a lack of opportunity to access higher training posts. They do, however, take part in the full range of clinical work, including teaching junior doctors.[1,2,3]

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£89,400 per year	Taken from the January-March 2011 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings, which include basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £78,200.[4] See section V for information on median salaries.
B. Salary oncosts	£23,228 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£30,008 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[5] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[6] See the preface for more information on qualifications and also schema 7.4 for details. Associate Specialist training involves at least four years' full-time post-graduate training, at least two of which will be in a specialty training programme.[7]
D. Overheads		Taken from NHS (England) Summarised Accounts.[8] See preface for more information.
Management, administration and estates staff	£21,512 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£46,853 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,342 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, administrative support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres.[9]
F. Capital overheads	£3,292 per year	Based on the new-build and land requirements of NHS facilities.[10,11] Adjustments have been made to reflect shared use of administration and recreational facilities, including accommodation for night-time duties. Treatment space has not been included. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.4 weeks per annum 40 hours per week	Includes 30 days annual leave, 8 statutory leave days, 10 study training days.[4] Assumes 5 days sickness leave. The working week comprises of a basic 40-hour week made up of ten programmed activities of four hours. For details of on-call rates, see NHS Employers, Terms and conditions of service for specialty doctors - England (2008).[4] Unit costs based on 1656 hours per annum.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London.[10,11,12]
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London.[10,11,12]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£113 (£131) per contract hour.		

[1] British Medical Association (2008) *Staff and Associate Specialists Committee Newsletter*, www.bma.org.uk/news/branch_newsletters/ staff associates_newsletter/sascnewsletter1008.jsp
[2] British Medical Association (2008) *Your Contract, Your Decision*, BMA Staff and Associate Specialists Group, www.bma.org.uk/images/ SASCContractSummary_tcm41-157757.pdf.
[3] British Medical Association (2009) *Glossary of Doctors*, www.bma.org.uk/patients_public/whos_who_healthcare/glossdoctors.jsp
[4] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[5] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[6] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[7] National Health Service (2008) *Modernising Medical Careers*, National Health Service, London.
[8] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[9] Personal communication with the London Deanery, 2006.
[10] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[11] Personal communication with the Department for Communities and Local Government, 2011.
[12] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.5 Consultant: medical

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£117,700 per year	Taken from the January-March 2011 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings, which includes basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments, including redundancy pay or payment of notice periods. The mean basic salary was £89,400.[1] See section V for information on median salaries.
B. Salary oncosts	£30,812 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£44,827 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details. Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£28,366 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£61,781 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,382 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres.[5]
F. Capital overheads	£3,967 per year	Based on the new-build and land requirements of NHS facilities.[6,7] Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.4 weeks per annum 43.4 hours per week	Includes 30 days annual leave and 8 statutory leave days. Assumes 10 study/training days, and 5 days sickness leave. The new contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.3 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length.[8] Unit costs are based on 1797 hours per annum.
Ratio of direct to indirect time on: patient-related activity		No current information available on patient-related activity. See previous editions of this publication for sources of information.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost.[6,7,9]
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost.[6,7,9]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£137 (£162) per contract hour.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Personal communication with the London Deanery, 2006.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Based on personal communication with the Department for Communities and Local Government, 2011.
[8] The Information Centre (2006) *New Consultant Contract: Implementation Survey*, The Information Centre, London.
[9] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.6 Consultant: surgical

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£117,700 per year	Taken from the January-March 2011 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings, which includes basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £89,400.[1] See section V for information on median salaries.
B. Salary oncosts	£30,812 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£44,827 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details. Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£28,366 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£61,781 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,382 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres.[5]
F. Capital overheads	£3,967 per year	Based on the new-build and land requirements of NHS facilities.[6,7] Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.4 weeks per annum 43.4 hours per week	Includes 30 days annual leave and 8 statutory leave days. Assumes 10 study/ training days, and 5 days sickness leave. The new contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.4 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length.[8] Unit costs are based on 1797 hours per annum.
Ratio of direct to indirect time on/in: patient-related activity operating theatre		No current information available on patient-related activity. See previous editions of this publication for sources of information.
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost.[6,7,9]
Non-London multiplier	0.97 x (A to B) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost.[6,7,9]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£136 (£161) per contract hour.		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
[2] Netten, A., Knight, J., Dennett, J., Cooley, R. & Slight, A. (1998) *Development of a Ready Reckoner for Staff Costs in the NHS, Vols 1 & 2*, Personal Social Services Research Unit, University of Kent, Canterbury.
[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Personal communication with the London Deanery, 2006.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
[7] Personal communication with the Department for Communities and Local Government, 2011.
[8] The Information Centre (2006) *New Consultant Contract: Implementation Survey*, The Information Centre, London.
[9] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

15.7 Consultant: psychiatric

Costs and unit estimation	2010/2011 value	Notes
A. Wages/salary	£117,700 per year	Taken from the January-March 2011 NHS Staff Earnings estimates for Medical Staff Groups. Based on the mean full-time equivalent total earnings for the consultant new contract which includes basic salary plus hours-related pay, overtime, occupation payments, location payments, and other payments such as redundancy pay or payment of notice periods. The mean basic salary was £89,400.[1] See section V for information on median salaries.
B. Salary oncosts	£30,812 per year	Employers' national insurance is included plus 14 per cent of salary for employers' contribution to superannuation.
C. Qualifications	£44,827 per year	Qualification costs have been calculated using the method described in Netten et al. (1998).[2] Current cost information has been provided by the Department of Health and the Higher Education Funding Council for England (HEFCE).[3] See the preface for more information on qualifications and also schema 7.4 for details. Consultants spend 2 years as a foundation house officer and 6 years as a specialty registrar in a hospital setting.
D. Overheads		Taken from NHS (England) Summarised Accounts.[4] See preface for more information.
Management, administration and estates staff	£28,366 per year	Management and other non-care staff costs were 19.1 per cent of direct care salary costs and included administration and estates staff.
Non-staff	£61,781 per year	Non-staff costs were 41.6 per cent of direct care salary costs. They include costs to the provider for office, travel/transport and telephone, education and training, supplies and services (clinical and general), as well as utilities such as water, gas and electricity.
E. Ongoing training	£2,382 per year	This cost comprises an amount for the generic curriculum, the post-graduate centres' infrastructure, and study leave. Included also are the costs of the course organisers, admin support, trainers' workshops, vocational training and Internal courses for GP tutors. Excluded are the costs of running the library and post-graduate centres.[5]
F. Capital overheads	£3,967 per year	Based on the new-build and land requirements of NHS facilities.[6,7] Includes shared use of consultation and examination areas, and designated secretarial office space. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent.
Working time	41.4 weeks per annum 43.4 hours per week	Includes 30 days annual leave and 8 statutory leave days. Assumes 10 study/training days, and 5 days sickness leave. The new contract aimed to reduce the number of hours that consultants worked, including aligning with the Working Time Directive and based funding assumptions on consultants working an average 43.4 hours. A typical contract is based on 10.83 programmed activities which are 4 hours in length.[8] Unit costs are based on 1797 hours per annum.
Ratio of direct to indirect time on:		Information taken from a study carried out by the Institute of Psychiatry based on a response rate of 41.3 per cent of a sample of 500 consultants.[9] The proportion of working time spent on different activities was estimated as follows: face-to-face settings including contact with patients, carrying out assessments and contact with family members 34 per cent. Other patient-related activities added a further 9.5 per cent for meetings with patients or family. Time spent teaching has been disregarded and non-contact time has been treated as an overhead on time spent in patient contact.
face-to-face contacts	1:1.58	
patient-related activity	1:0.95	
London multiplier	1.19 x (A to B) 1.39 x F	Allows for the higher costs associated with London compared to the national average cost.[6,7,10]
Non-London multiplier	0.97 x (A to E) 0.97 x F	Allows for the lower costs associated with working outside London compared to the national average cost.[6,7,10]
Unit costs available 2010/2011 (costs including qualifications given in brackets)		
£137 (£162) per contract hour; £267 (£316) per patient-related hour; £353 (£418) per hour patient contact (includes A to F).		

[1] The Information Centre (2011) *NHS Staff Earnings Estimates June 2011*, The Information Centre, Leeds.
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[3] Personal communication with the Department of Health and the Higher Education Funding Council for England (HEFCE) (2011).
[4] The Audit Commission (2010) *NHS (England) (2010) Summarised Accounts 2009-2010*, NHS, London.
[5] Personal communication with the London Deanery, 2006.
[6] Building Cost Information Service (2011) *Surveys of Tender Prices*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames.
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[10] Department of Health estimate (2011) based on the Market Forces Factor (MFF).

V. SOURCES OF INFORMATION

16. Inflation indices
17. NHS Staff Earning Estimates
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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. [1] The retail price index is a measure of inflation published monthly by the Office for National Statistics. It measures the change in the cost of a basket of retail goods and services. [2]

Year	BCIS/ABI		Retail Price	
	Rebuilding Cost index (1988=100)	% increase	index (1986/87= 100)	% increase
2000	154.6	3.8	167.7	2.1
2001	165.7	7.2	171.3	2.1
2002	176.6	6.6	175.1	2.2
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

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 and prices inflation figure.

Year	Hospital & Community Health Services (HCHS)		
	Pay & Prices index (1987/8=100)	Annual percentage increases	
		Prices[3]	Pay[3]
2000/01	196.5	-0.3	7.2
2001/02	206.5	0.1	8.3
2002/03	213.7	0.9	5.0
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 (E)	2.8	2.8 (E)

[1] Building Cost Information Service (2011) *Indices and Forecasts*, Royal Institute of Chartered Surveyors, Kingston-upon-Thames. www.bcis.co.uk/site/scripts/documents_info.aspx?categoryID=2&documentID=27.
[2] Source www.statistics.gov.uk/StatBase. Accessed 20 July 2011.
[3] Provided by the Department of Health, 2011.

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 BCIS 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[4] Annual percentage increase	Tender Price index for Public Sector Building (non-housing) (PUBSEC)[5]	
		Index (1995=100)	% increase
2004/05	2.78	156	7.2
2005/06	1.81	166	6.4
2006/07	3.36	170	2.7
2007/08	2.87	187	9.8
2008/09	2.77	191	2.2
2009/10	1.63	172	-10.3
2010/11	2.97	169 (E)	-1.5 (E)

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

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).[6] The following occupation groups are used for analysis: managers, social workers, nurses, occupational therapists, community, care workers, childcare. In addition two support groups were identified: admin/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 paybill. Pay changes for 2010/11 are projected using an average of the deflated 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.

Year	PSS all sectors, adults only[1]		
	Annual percentage increases		
	Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	3.9	4.3	4.1
2004/05	3.8	4.2	3.9
2005/06	3.2	3.7	3.4
2006/07	4.8	4.6	5.1
2007/08	3.0	3.9	3.0
2008/09	2.5	2.4	2.4
2009/10	2.1	0.2	2.2
2010/11	2.9 (E)	2.4 (E)	3.1 (E)

[4] Provided by the Department of Health, 2011.
[5] Provided by the Department of Health, 2011.
[6] 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.

16.5 The PSS annual percentage increases for adult local authority services

Year	PSS local authority, adults only[7]		
	Annual percentage increases		
	Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	3.8	3.9	3.9
2004/05	4.2	4.3	4.3
2005/06	3.5	3.6	3.6
2006/07	4.6	4.5	4.7
2007/08	3.2	3.5	3.2
2008/09	2.4	2.4	2.3
2009/10	1.8	1.3	1.9
2010/11	3.1 (E)	2.8 (E)	3.0 (E)

16.6 The PSS annual percentage increases for adult and children's services (all sectors)

Year	PSS all sectors, adults and children[1]		
	Annual percentage increases		
	Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	3.9	4.3	4.1
2004/05	3.8	4.3	4.0
2005/06	3.2	3.6	3.4
2006/07	4.7	4.6	5.0
2007/08	2.8	3.7	3.0
2008/09	2.2	2.4	2.4
2009/10	2.1	0.6	2.2
2010/11	2.9 (E)	2.5 (E)	3.1 (E)

16.7 The PSS annual percentage increases for local authority adult and children's services

Year	PSS local authority, adults and children[1]		
	Annual percentage increases		
	Pay & Prices (excluding capital)	Pay & Prices (including capital)	Pay
2003/04	3.6	3.9	3.8
2004/05	4.3	4.5	4.5
2005/06	3.4	3.6	3.5
2006/07	4.4	4.4	4.6
2007/08	2.9	3.3	3.0
2008/09	2.2	2.4	2.3
2009/10	1.8	1.4	1.9
2010/11	2.9 (E)	2.8 (E)	3.0 (E)

[7] Provided by the Department of Health, 2011.

17. NHS Staff Earning Estimates

17.1 Basic pay and earnings for unqualified and qualified nurses

	Mean basic salary per full-time equivalent[1]	Mean total earnings per fulltime equivalent[2]	Median full-time equivalent basic salary[3]	Median full-time equivalent total earnings	Average worked FTE in sample[4]
Unqualified nurses Band 1	£13,900	£15,300	£14,000	£14,400	100
Band 2	£15,400	£19,200	£15,600	£18,500	30,045
Band 3	£17,800	£21,500	£18,200	£20,700	26,760
Qualified nurses Band 4	£20,000	£23,700	£19,900	£22,700	245
Band 5	£25,100	£29,900	£25,500	£29,100	139,304
Band 6	£31,300	£35,500	£32,600	£34,300	89,691
Band 7	£37,500	£41,000	£38,800	£40,200	49,974
Band 8a	£44,100	£47,300	£44,600	£46,600	9,957
Band 8b	£52,300	£55,700	£51,700	£55,100	3,023
Band 8c	£61,900	£68,700	£61,200	£65,300	1,005
Band 8d	£73,400	£80,400	£73,400	£76,700	245
Band 9	-	-	-	-	-

Source: Information Centre for Health and Social Care (2011) NHS Staff Earnings Estimates, January to March 2011. Processed using data taken from the Electronic Staff Record Data Warehouse, as at June 2011.

17.2 Basic pay for unqualified and qualified allied health professionals (AHPs)

This group includes qualified scientific, therapeutic and technical staff within: chiropody/podiatry, dietetics, occupational therapy, orthoptics/optics, physiotherapy, radiography, art, music and drama therapy, speech and language therapy.

	Mean basic salary per full-time equivalent[1]	Mean total earnings per fulltime equivalent[2]	Median full-time equivalent basic salary[3]	Median full-time equivalent total earnings	Average worked FTE in sample[4]
Unqualified AHPs Band 1		-	-	-	-
Band 2	£15,400	£16,300	£15,600	£16,300	2,325
Band 3	£17,500	£18,500	£17,600	£19,400	4,630
Qualified AHPs Band 4	£20,500	£21,300	£20,800	£21,200	1,439
Band 5	£23,000	£25,600	£22,700	£24,100	11,307
Band 6	£30,000	£32,800	£30,500	£32,700	21,501
Band 7	£37,600	£40,100	£40,200	£40,200	17,455
Band 8a	£44,500	£47,500	£45,300	£46,600	4,623
Band 8b	£53,400	£57,400	£54,500	£55,900	1,408
Band 8c	£63,700	£66,500	£65,300	£67,100	401
Band 8d	-	-	-	-	-
Band 9	-	-	-	-	-

Source: Information Centre for Health and Social Care (2011) *NHS Staff Earnings Estimates, January to March 2011*, Processed using data taken from the Electronic Staff Record Data Warehouse, as at June 2011.

[1] Mean basic salary is calculated by dividing the total amount of basic pay earned by staff in the group by the total worked FTE for those staff.
[2] This includes basic salary, plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods.
[3] The median is calculated by ranking individuals FTE basic pay, and taking the midpoint. It is considered a more robust indicator of 'typical' pay than the mean.
[4] This is the total FTE for all payments made in the quarterly period, divided by 3 to give a monthly average.

17.3 Basic pay and earnings for medical staff groups

	Mean basic salary per full-time equivalent[1]	Mean total earnings per full-time equivalent[2]	Median full-time equivalent basic salary[3]	Median full-time equivalent total earnings	Average worked FTE in sample[4]
Foundation year 1/House Officer	£22,600	£32,200	£22,400	£31,400	6,124
Foundation year 2/Senior House Officer	£29,100	£41,200	£27,800	£41,700	7,390
Registrar group	£37,700	£55,600	£37,400	£53,400	33,191
Consultants (old contract)	£85,100	£101,500	£80,200	£92,200	1,171
Consultants (new contract)	£89,400	£117,700	£89,400	£109,300	33,891
Associate specialist	£78,200	£89,400	£74,300	£80,900	2,531
Staff grade	£62,800	£69,100	£74,700	£61,600	815
Specialty doctors	£57,200	£68,700	£55,800	£62,200	4,423

Source: Information Centre for Health and Social Care (2011) NHS Staff Earnings Estimates, January to March 2011. Processed using data taken from the Electronic Staff Record Data Warehouse, as at June 2011.

General notes

a. Inspection of data suggests that discretionary point payments are sometimes included with basic pay for consultants.
b. 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.
c. Figures rounded to the nearest £100.
d. Figures based on data from all NHS organisations who are using ESR (two Foundation Trusts have not taken up ESR).

[1] Mean basic salary is calculated by dividing the total amount of basic pay earned by staff in the group by the total worked FTE for those staff.
[2] This includes basic salary, plus hours-related pay, overtime, occupation payments, location payments, and other payments including redundancy pay or payment of notice periods.
[3] The median is calculated by ranking individuals FTE basic pay, and taking the midpoint. It is considered a more robust indicator of 'typical' pay than the mean.
[4] This is the total FTE for all payments made in the quarterly period, divided by 3 to give a monthly average.

18. Glossary

Agency overheads Overhead costs borne by managing agency.

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

Child and Adolescent Mental Health Services (CAMHS) is a name for NHS-provided services for children in the mental health arena in the UK. In the UK they are often organised around a 4 Tiers system. Tier 3 services are typically multidisciplinary in nature and the staff come from a range of professional background.

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 June 8, 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 employer's national insurance contributions on salaries.

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

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

Per client hour Cost of providing the service for one hour of patient attendance. This allows for costs of time not spent with clients and allocates the costs of this time to the time spent with clients.

Per clinic visit Cost of attending to one client in a clinic. This allows for overall time spent on non-clinical activity and allocates this 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 and allocates this to the total time spent with clients.

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 at home. This includes the cost of time spent travelling to the visit. It also allows for overall time spent on non-clinical activity and allocates this to the total time spent with clients in any setting.

Per hour in clinic Cost of one hour spent by a professional in a clinic. This allows for overall time spent on non-clinical activity and allocates this to the total time spent with clients in any setting.

Per hour of client contact Cost of one hour of professional time spent attending to clients. This also allows for the costs of time not spent with clients and allocates the costs of this time to the time spent with clients.

Per hour of client-related work Hourly cost of time spent on activities directly related to the client. This is not necessarily time spent in face-to-face contact with the client.

Per hour of direct outputs (teams) Cost of one hour of team activity which results in a measurable activity by any member(s) of the team.

Per hour of face-to-face contact Hourly cost of time spent in face-to-face contact with clients. This also allows for the costs of time not spent with clients and allocates the costs of this time to the time spent with clients.

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

Per hour of patient-related work or per patient-related hour Hourly cost of time spent on activities directly related to the patient. This is not necessarily time spent in face-to-face contact with the patient.

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 permanent resident week Total weekly cost of supporting a permanent resident of a residential facility.

Per place per day (nursery) Cost of one child attending a nursery for one day.

Per procedure Cost of a procedure undertaken in a clinic or surgery. This also allows for overall time spent on non-clinical activity and allocates this to the total time spent with clients.

Per professional chargeable hour Hourly cost of services provided when paid for by the client. This also allows for the costs of time not spent with clients and allocates the costs of this time to the time spent with clients.

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

Per session (day care) Cost per person of each morning or afternoon attendance in a day care facility.

Per session per client Cost per person of one treatment session.

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-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 with a client requires 2.5 paid hours.

Revenue costs Supplies and services other than salaries incurred in the production of a service.

Revenue overheads Variable support services, supplies and other expenditure incurred in the production of a service.

Schema Framework and contents of cost synopsis for each service.

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 years costs or benefits.

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21. List of useful sources

Adult Mental Health Service Mapping: **www.durham.ac.uk/service_mapping**

The AMH service mapping aims to contribute towards the improvement of mental health services for adults and provides information on the adult services available nationally. From this we have been able to make cost estimates for the multidisciplinary teams found in chapter 10.

Audit Commission: **www.audit-commission.gov.uk**

Blackwell Publishing: **www.blackwell.com**

Blackwell Publishing is one of the world's largest journal publishers within physical sciences, life sciences, medicine, social sciences and humanities.

Building Cost Information Service: **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: **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: **www.lboro.ac.uk/departments/ss/staff/ward.html**

Centre for Health Related Studies:
www.bangor.ac.uk/research/rae_egs/groups_by_school.php.en?SchoolID=0770&SchName=School%20of%20Healthcare%20Sciences

Child and Adolescent Mental Health Mapping Service: **www.camhsmapping.org.uk**

This website provides information specifically on the mental health services available to children and adolescents.

Chartered Institute of Public Finance and Accountancy (CIPFA): **www.cipfastats.net**

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.

Consultant Service (Health and Social Care): **www.matrixrcl.co.uk**

Daycare Costs Survey 2011, **www.daycaretrust.org.uk/pages/childcare-costs-surveys.html.**

Department for Children, Schools and Families: **www.dcsf.gov.uk**

Department for Work and Pensions: **www.dwp.gov.uk**

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

Federation of Ophthalmic & Dispensing Opticians: **www.fodo.com**

Health and Social Care Information Centre (HSCIC): **www.ic.nhs.uk**

The Information Centre for health and social care (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): **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 healthcare 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.

Intute: **www.intute.ac.uk/social sciences**

Intute is a free online service providing access to web resources for education and research, evaluated and selected by a network of subject specialists.

Joseph Rowntree Foundation: **www.jrf.org.uk**

This website provides information on housing and care.

Laing & Buisson: **www.laingbuisson.co.uk**

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

Local Government Earnings Survey: **www.lga.gov.uk/lga/core/page.do?pageId=1956061**

London School of Economics, Personal Social Services Research Unit: **www.lse.ac.uk/collections/PSSRU/**

National Council for Palliative Care: **www.ncpc.org.uk**

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

National Prescribing Centre: **www.npc.co.uk/prescribing/**

Personal Social Services Expenditure Data (PSS EX1 data):
www.ic.nhs.uk/pubs/persocservexp2005/detailed_unit_costs_by council

PSSRU at LSE, London School of Economics and Political Science: **www.lse.ac.uk/collections/PSSRU**

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

Reference Costs: **www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123459**

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: **www.scie.org.uk**

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

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

YoungMinds: **www.youngminds.org.uk**

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

22. List of items from previous volumes not included in this volume

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 Services
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 and 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

Schema

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 NHS 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