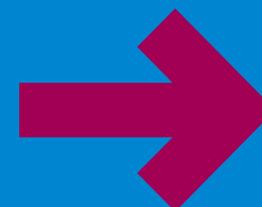


Expanding IPS provision

BASE Conference Workshop

Stefanie Radford and Sarah Holloway

November 2016



Workshop agenda

- Overview of IPS principles
- MH 5YFV – strategy going forward
- National picture of IPS
- Supporting IPS scale up
- Workshop discussions

Individual Placement Support

Strong evidence that IPS is the most effective method of helping people with SMI to achieve sustainable competitive employment. It consists of intensive, individual support, rapid job search followed by placement in paid employment, and time-unlimited in-work support.

“Going to work is the best cure or medication I can have.”

“It keeps you motivated and stops you losing everything- it gives me hope.”

[CNWL Mental Health Trust Service User]

There are 14 CoE in IPS accredited by the CfMH. IPS services are rated against a fidelity scale. The model consists of **8 principles**;

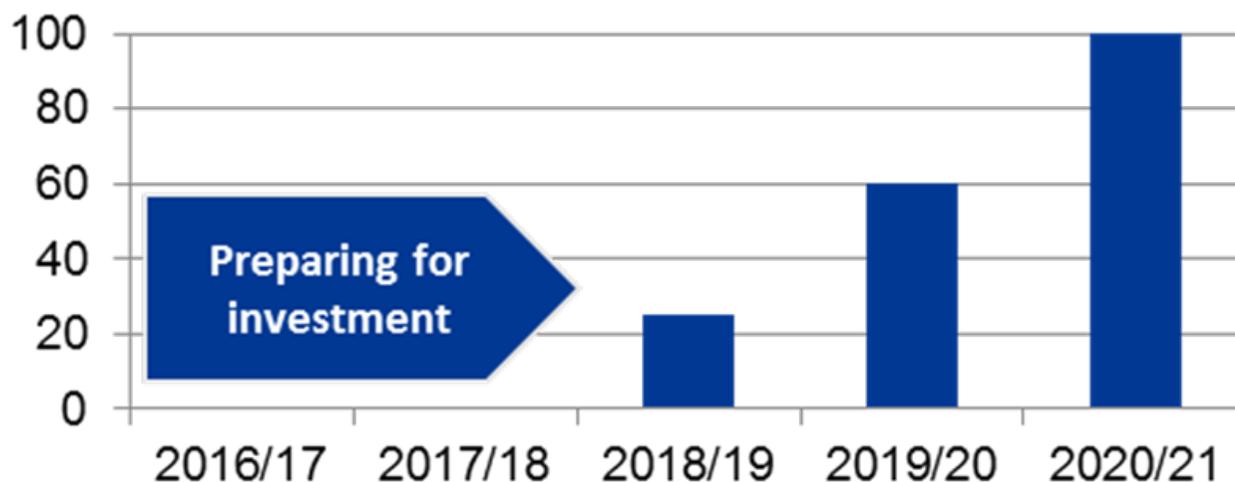
- Competitive employment
- No exclusions. Open to all who wish to work
- Works quickly
- Benefits counselling
- Time unlimited, individualised support
- Co-located with health support.
- Tries to find job consistent with preferences
- Build relationships with employers based upon work preferences

The Mental Health 5YFV target

By 2020/21, NHS England plans to double the reach of Individual Placement and Support (IPS) enabling people with SMI to find and retain employment.

- With approx. 600,000 people in England in contact with secondary care mental health services and unemployed, of this, fewer than 5% have access to IPS.

IPS: % increase in access to IPS employment support (from baseline)



- NHS England's **EIP programme** for A/W standard includes offering supported employment programmes to people with SMI wishing to find or return to work

Investment approach

- The MH FYFV Implementation plan outlines the plan to invest transformation funding for IPS, along **STP footprints**, and ask for STP bids for this funding. Majority of the community mental health budget will be used for IPS scale up.
- In 2017/18 **an IPS investment strategy** will be developed. To enable maximum impact of the investment available, funding could be aligned to:
 - ❖ Expansion of IPS to other clinical teams
 - ❖ An existing IPS service that could build capacity in neighbouring trusts
 - ❖ Areas where there is no existing provision at all
 - ❖ Increasing the fidelity of existing non-IPS or IPS-like services
- There are also plans for NHS England to work with HEE and with IPS specialists to develop a **competency framework** and **workforce development strategy** to support the planned expansion
- To **measure progress**, NHS England plans to will work alongside NHS Digital to develop the MHSDS to support routine data collection and reporting procedures.

What is the baseline of IPS?

There is limited information available about the proportion of teams within a trust in which IPS is available. Little information on whether services are operating at capacity and the proportion of patients that take-up IPS services.

In 2016/17, **a national baseline audit** will be commissioned to determine IPS provision for people in contact with secondary care services with SMI.

Audit deliverables include;

- Activity
- Spend
- Workforce
- Employment outcomes
- Innovation
- Barriers

Supporting IPS scale up

Workforce development

Employer engagement

Culture change

CCG buy in/engagement

Evidence of economic effectiveness

Platform for sharing good practice

Discussion

1. Share your experiences of delivering IPS and employment support for people with SMI
 - a. Delivering inline with IPS principles?
 - b. Challenges faced in set up, commissioning and/or delivery of IPS?
 - c. Engagement with commissioners
2. How do you think NHS England can support IPS scale up?