GROWING IPS IN THE UK

BASE CONFERENCE | NOVEMBER 2018
IPS IS WELL-EVIDENCED, BUT NOT YET WIDELY AVAILABLE

IPS has delivered strong outcomes...

IPS has achieved consistently strong job and health outcomes
• ...in 20+ international studies
• ...in UK provider experience

+34
average percentage point increase in job outcomes

More
hours worked

Fewer
earnings per hour
job sustainment

...Yet not available for most who need it

Only ~10,000 people have access to high-fidelity IPS services in the UK
• Out of estimated 240,000 who could benefit from it

17 “Centres of Excellence” accredited, but most services still small-scale

hospital admissions
days in hospital
Aim to drive consistency and quality during implementation

“We are therefore, in conjunction with this investment, funding the ‘IPS Grow’ project which will offer implementation support to both commissioners and providers to ensure best value for money and the long-term sustainability of these services.”

1. Drive consistency and deliver more sustained job outcomes

2. Provide critical implementation support to new services funded by NHS England
FOUR STRANDS TO ENSURE QUALITY & MAXIMISE OUTCOMES

1. Commissioning support
2. Operational support
3. Developing the workforce
4. Data collection, analysis, and publication
What is Individual Placement and Support?

70-90% of people with mental health issues would like to work, but only 37% are in paid employment. For people with severe mental illness, it’s just 7%.

Evidence-based models, such as Individual Placement and Support (IPS), have a track record of delivering outstanding job outcomes for this group. IPS supports people with serious mental health difficulties to find the employment of their choosing. It is founded on eight simple principles.
COMMISSIONER TOOLS

**Commissioning guidance**
Guidance on commissioning mental health and employment services.

*Download*

**Procurement guidance**
Briefing note on the procurement of IPS services.

*Download*

**Model service specification**
Template specification for procurement of IPS services.

*Download*

**Outcomes target calculator**
Tool to calculate outcomes targets.

*Download*

**Finance model template**
Template IPS procurement finance model.

*Download*

**Model method statement**
Template IPS procurement method statement.

*Download*

**Clinical engagement tool**
Briefing note or poster for clinicians to share the benefits of IPS.

*Download*
COMMISSIONER TOOLS
EXAMPLE: “WHY INVEST” PRESENTATION

Employment rates for people with severe mental illness are unacceptably low

90%...of people with severe mental illness want to work

8%...of people with severe mental illness are in work

NICE recommends Individual Placement and Support (IPS) as the leading model to help people with mental illness into work

IPS achieves twice the rate of job outcomes for people with severe mental illness versus traditional employment support

IPS clients have reduced relapse and spend fewer days in hospital

IPS clients sustain jobs for longer and earn more per hour

IPS is based on eight simple, evidence-based principles

1. It aims to get people into competitive employment...volunteering or sheltered work are not counted as outcomes
2. It is open to all those who want to work...with no exclusions based on diagnosis, health condition or benefits claim
3. It tries to find jobs consistent with people's preferences
4. It works quickly...job search starts within four weeks, even if a client has been off work for years
5. It brings employment specialists into clinical teams...so that employment becomes a core part of mental health treatment and recovery
6. Employment specialists develop relationships with employers based on a person's work preferences, not based on who happens to have jobs going
7. It provides ongoing, individualised support for the person and their employer...helping people to keep their jobs at difficult times
8. Benefits counselling is included...so no one is made worse off by participating

A typical IPS user journey: referral from clinical team; rapid, personalised job search; ongoing support

1. Out of work
   - Clinical staff and service user talk about work as part of the recovery plan
2. Client volunteers to be referred into IPS. The only criteria is an interest in looking for work
3. Client meets IPS employment specialist (ES) in the community to discuss job goals
4. After initial meetings, client and ES rapidly start looking for paid jobs
5. In work
   - The ES engages employers to find "hidden jobs" that meet the client's goals
   - The ES advises the client on their benefits and the impact of going back to work on their income
   - The ES supports the client and their employer until support is no longer required
Outcomes target calculator for IPS services - for Comissioners

Commissioner inputs and implied outcomes targets

<table>
<thead>
<tr>
<th>Is the service based in London?</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total contract value for service (£)</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>£300,000</td>
<td>5.0</td>
<td>5.9</td>
<td>5.7</td>
<td>5.6</td>
<td>5.4</td>
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</tbody>
</table>

| Implied number of ES's funded       | 60%    | 100%   | 100%   | 100%   | 80%    |

| % steady state target to be achieved| 60%    | 100%   | 100%   | 100%   | 80%    |

Note: Number of ES's funded will decline if contract ramp-up and ramp-down

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Total</td>
</tr>
<tr>
<td>Referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>180</td>
</tr>
<tr>
<td>Clients engaged</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>36</td>
<td>36</td>
<td>36</td>
<td>36</td>
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<tr>
<td>No clients placed into paid work</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>No 13-week job sustainments (&gt;16 hrs/week)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>-</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>No 13-week job sustainments (&lt;16 hrs/week)</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>-</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>No 26-week job sustainments (&gt;16 hrs/week)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>No 26-week job sustainments (&lt;16 hrs/week)</td>
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</tr>
<tr>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>No 52-week job sustainments (&gt;16 hrs/week)</td>
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<td></td>
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</tr>
<tr>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>No 52-week job sustainments (&lt;16 hrs/week)</td>
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<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>

Note: Job sustainments will start from Q3 onwards to reflect time lag between when first job starts achieved and time it takes to sustain jobs

Reference

Cost per person placed into paid work

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,111</td>
<td>4,271</td>
<td>4,378</td>
<td>4,487</td>
<td>5,748</td>
</tr>
</tbody>
</table>
OPERATIONAL TOOLS

**Introduction**
Introduction to the IPS Grow operational tools

**Template partnership agreement**
Template agreement between the commissioner, Mental Health Trust and the IPS service provider.

**Honorary contract application**
This form could be used within a Trust when an external provider is delivering the IPS service.

**Honorary contract offer letter**
Outline honorary contract to allow an external organisation’s IPS specialist work within a Trust.

**Referral form**
Template form where a written referral is required.

**Vocational profile**
This can help to explore and identify the service users’ job goals.

**Vocational action plan**
This plan aims to set out the steps needed to achieve the long term job goal.

**Job canvassing sheet**
This form could be used by a service user to track their job canvassing activity if helpful.

**Recruitment guidance**
Guidance for recruiting staff to IPS services, including assessment framework and tools.

**Job description - ES**
Template job description for an employment specialist (ES).

**Job description - TL**
Template job description for a team leader (TL).

**Staff induction checklist**
Sample induction and training checklist.

**Competency framework**
Sample competency framework for IPS employment specialist (ES) and team leader (TL) roles.
### Key outcomes and suggested supporting evidence

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Definition</th>
<th>Potential supporting evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No of referrals to the service</td>
<td>Completion of a vocational profile and an Action Plan.</td>
<td>Evidence of referral received.</td>
</tr>
<tr>
<td>2. No of service users successfully engaged in the service</td>
<td>Note: A client is on active caseload if they have been in contact with the service in the last 4 weeks and are engaged in their Vocational Action Plan. Completed vocational profile and an action plan.</td>
<td></td>
</tr>
<tr>
<td>3. No of job starts (total)</td>
<td>Service user completes one day of paid employment (or four hours if the job is part-time). Under IPS, each job is counted. Multiple jobs are important in the employment.</td>
<td>Evidence of job entry, typically employer-generated, e.g., job offer letter and confirmation of employment at 1 day (e.g., time-sheets, pay slips).</td>
</tr>
</tbody>
</table>

### Quality outcomes

In addition to the key outcomes, the following metrics support quality assurance:

#### Quality outcomes

| Service User Satisfaction                                                                 | - Positive rating from service users who complete a confidential questionnaire, completed annually as a minimum. This survey could be completed electronically via a web-based tool |
| Service User Wellbeing                                                                   | - For example, Short Warwick-Edinburgh Wellbeing Scale (SWEMWBS) or REGOL |
| Completion of a Quality Assurance Fidelity Review                                      | - A Fidelity Review will be completed within the first year of integration of posts into the clinical team. ES will be aiming to achieve at least a ‘good’ rating from the Fidelity Review |
|                                                                                         | - Evidence of all actions on the Fidelity Action Plan are achieved in follow up review |
|                                                                                         | - Evidence of on-going self-evaluation of IPS Fidelity |
| Co-production:                                                                         | - Evidence of co-production of developments within the service |
| Measuring IPS Fidelity                                                                 | - Evidence of integration into the clinical team |
THE FUTURE?

NHS England expansion of IPS for SMI supported by IPS Grow

NHS 10 year plan – further expansion of IPS for SMI?

Next Spending Review – future commissioning models for IPS?
KEY CHALLENGE OUTSIDE SECONDARY MENTAL HEALTH CARE: TWO SOURCES OF FUNDING

**Work Programme**
- Work Choice
- Work & Health Programme

**IPS and other local programmes**

[Images and logos representing various organizations]
OUR ANSWER: MENTAL HEALTH AND EMPLOYMENT PARTNERSHIP (MHEP) SOCIAL IMPACT BOND

1. MHEP secures national funding and forms partnership with Council / CCG

2. Council / CCG procures and manages services with MHEP

3. MHEP offers technical support and best practice sharing

National funders

Mental Health Employment Partnership

Council / CCG

IPS / Supported employment provider
WE STARTED IN THREE AREAS, THEN SIX, SOON…?

1. £2.2m outcomes-based funding from national funders
   £400k of investment from Big Issue Invest

2. MHEP partners with Councils / CCGs to procure & manage services

3. Active support for monitoring and service improvement

Supported > 450 people with mental health problems into work so far
THE MHEP TOOLBOX

Commissioning and procurement support

Data collection & reporting systems

Sharing good practice – events, calls, publications

Strategic advice & steer from our Board

Using our network, incl for escalation where useful

Operational hands-on help
Today: Gradual development of IPS over past two decades

- C. 10,000 people with access to high-quality IPS vs. 240,000 who could benefit
- 17 “Centres of Excellence” - many small scale

NHS committed to IPS

Work and Health Unit trials

NHS 10 year plan

Spending Review

HOW CAN WE PRESERVE WHAT’S BEST ABOUT IPS WHILE SCALING RAPIDLY?

Illustration source: Wait Buy Why