



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
earnings per hour
job sustainment

Fewer

hospital admissions
days in hospital

...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



INTRODUCING IPS GROW



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.**”

- *Improving Lives: The Future of Work, Health and Disability* (DH and DWP, Nov 2017)

1. Drive consistency and deliver more sustained job outcomes
2. Provide critical implementation support to new services funded by NHS England



Centre for
Mental Health



NHS
South West London and
St George's Mental Health
NHS Trust

NHS
Central and
North West London
NHS Foundation Trust

Southdown
Making Life Work

NHS
Northamptonshire Healthcare
NHS Foundation Trust

**FOUR STRANDS TO ENSURE QUALITY &
MAXIMISE OUTCOMES**



1. Commissioning support

2. Operational support

3. Developing the workforce

**4. Data collection, analysis, and
publication**

OUTPUT: RESOURCES FOR COMMISSIONERS AND PROVIDERS



www.IPSGrow.org.uk



Use Commission Deliver Careers



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.

[The case for IPS >](#)

COMMISSIONER TOOLS



Commissioning guidance

Guidance on commissioning mental health and employment services.

[Download](#)

Model service specification

Template specification for procurement of IPS services.

[Download](#)

Finance model template

Template IPS procurement finance model.

[Download](#)

Clinical engagement tool

Briefing note or poster for clinicians to share the benefits of IPS.

[Download](#)

Procurement guidance

Briefing note on the procurement of IPS services.

[Download](#)

Outcomes target calculator

Tool to calculate outcomes targets.

[Download](#)

Model method statement

Template IPS procurement method statement.

[Download](#)

COMMISSIONER TOOLS

EXAMPLE: "WHY INVEST" PRESENTATION



Employment rates for people with severe mental illness are **unacceptably low**

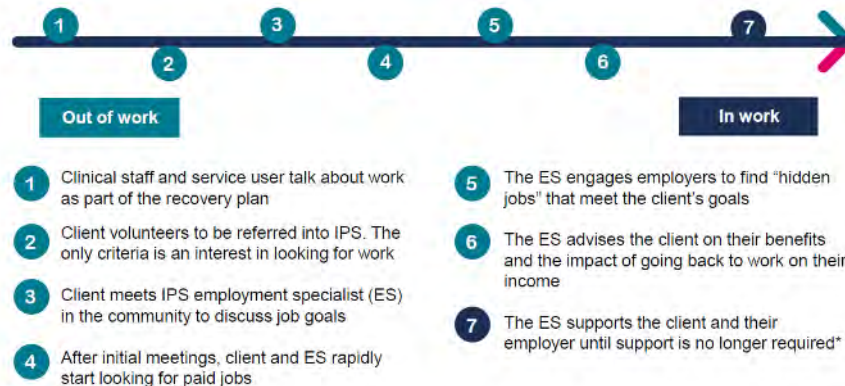


...of people with severe mental illness want to work



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

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



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

- More jobs** IPS achieves **twice the rate of job outcomes** for people with severe mental illness versus traditional employment support
- Better health** IPS clients have **reduced relapse** and spend **fewer days in hospital**
- Long term impact** 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

COMMISSIONER TOOLS

EXAMPLE: OUTCOMES TARGET CALCULATOR



Outcomes target calculator for IPS services - for Commissioners

Commissioner inputs and implied outcomes targets

Is the service based in London?

No

Note: services in London are expected to cost more

Total contract value for service (£)

Year 1	Year 2	Year 3	Year 4	Year 5
£300,000	£300,000	£300,000	£300,000	£300,000
5.0	5.9	5.7	5.6	5.4
60%	100%	100%	100%	80%

Implied number of ES's funded

% steady state target to be achieved

Note: Number of ES's funded will decline if contract

Note: This reflects expected ramp-up and ramp-down

Referrals

Clients engaged

No clients placed into paid work

No 13-week job sustainments (>16 hrs/week)

No 13-week job sustainments (<16 hrs/week)

No 26-week job sustainments (>16 hrs/week)

No 26-week job sustainments (<16 hrs/week)

No 52-week job sustainments (>16 hrs/week)

No 52-week job sustainments (<16 hrs/week)

	Year 1				Total	Year 2				Total	Year 3	
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2
Referrals	45	45	45	45	180	88	88	88	88	351	86	
Clients engaged	36	36	36	36	144	70	70	70	70	281	69	
No clients placed into paid work	-	9	9	9	27	18	18	18	18	70	17	
No 13-week job sustainments (>16 hrs/week)	-	-	3	3	6	6	6	6	6	23	6	
No 13-week job sustainments (<16 hrs/week)	-	-	3	3	6	6	6	6	6	23	6	
No 26-week job sustainments (>16 hrs/week)	-	-	-	2	2	4	4	4	4	18	4	
No 26-week job sustainments (<16 hrs/week)	-	-	-	2	2	4	4	4	4	18	4	
No 52-week job sustainments (>16 hrs/week)	-	-	-	-	-	3	3	3	3	12	3	
No 52-week job sustainments (<16 hrs/week)	-	-	-	-	-	3	3	3	3	12	3	

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

Year 1	Year 2	Year 3	Year 4	Year 5
11,111	4,271	4,378	4,487	5,749

OPERATIONAL TOOLS



Introduction

Introduction to the IPS Grow operational tools

[Download](#)

Template partnership agreement

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

[Download](#)

Honorary contract application

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

[Download](#)

Honorary contract offer letter

Outline honorary contract to allow an external organisation's IPS specialist work within a Trust.

[Download](#)

Referral form

Template form where a written referral is required.

[Download](#)

Vocational profile

This can help to explore and identify the service users' job goals.

[Download](#)

Vocational action plan

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

[Download](#)

Job canvassing sheet

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

[Download](#)

Recruitment guidance

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

[Download](#)

Competency framework

Sample competency framework for IPS employment specialist (ES) and team leader (TL) roles.

[Download](#)

Job description - ES

Template job description for an employment specialist (ES).

[Download](#)

Job description - TL

Template job description for a team leader (TL).

[Download](#)

Staff induction checklist

Sample induction and training checklist.

[Download](#)

Training outline

Sample training outline for IPS staff.

[Download](#)

OPERATIONAL TOOLS

EXAMPLE: STANDARD DATA SET



Key outcomes and suggested supporting evidence		
Outcome	Definition	Potential supporting evidence ¹
1. No of referrals to the service		Evidence of referral received.
2. No of service users successfully engaged in the service	Completion of a vocational profile and an Action Plan. <i>Note:</i> 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.
3. No of job starts (total)	Service user completes one day of paid employment (or four hours if the job is part-time). <i>Note:</i> Under IPS, each job is counted. Multiple jobs are important in the employment	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).

Quality outcomes

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

Quality outcomes
<p>Service User Satisfaction</p> <ul style="list-style-type: none"> - 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
<p>Service User Wellbeing</p> <ul style="list-style-type: none"> - For example, Short Warwick-Edinburgh Wellbeing Scale (SWEMWBS) or REQOL
<p>Completion of a Quality Assurance Fidelity Review</p> <ul style="list-style-type: none"> - 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
<p>Co-production:</p> <ul style="list-style-type: none"> - Evidence of co-production of developments within the service
<p>Measuring IPS Fidelity:³</p> <ul style="list-style-type: none"> - Evidence of integration into the clinical team

THE FUTURE?

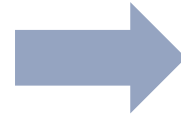


**NHS England
expansion of IPS for
SMI** supported by IPS
Grow

**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

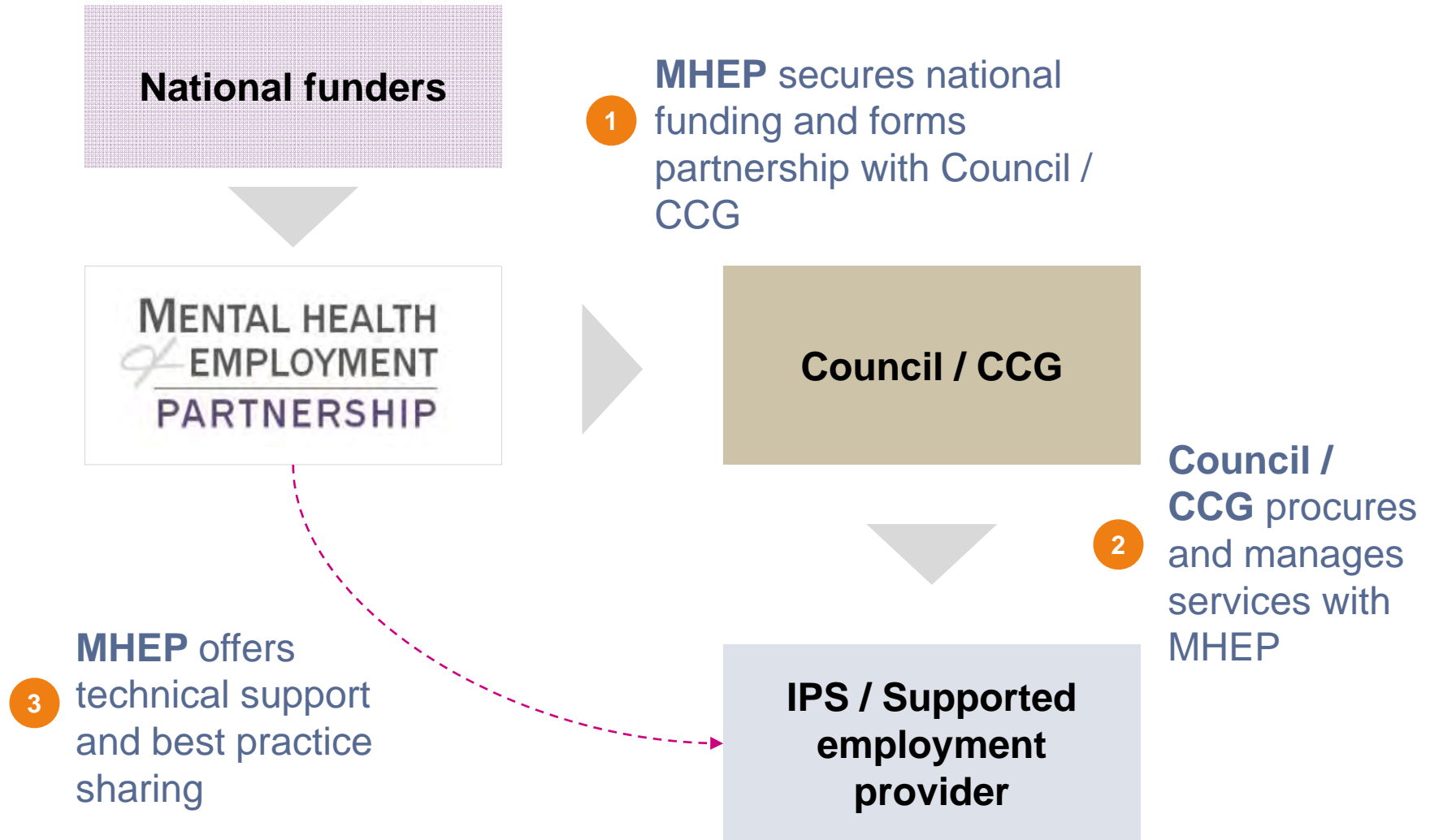


Clinical Commissioning Group

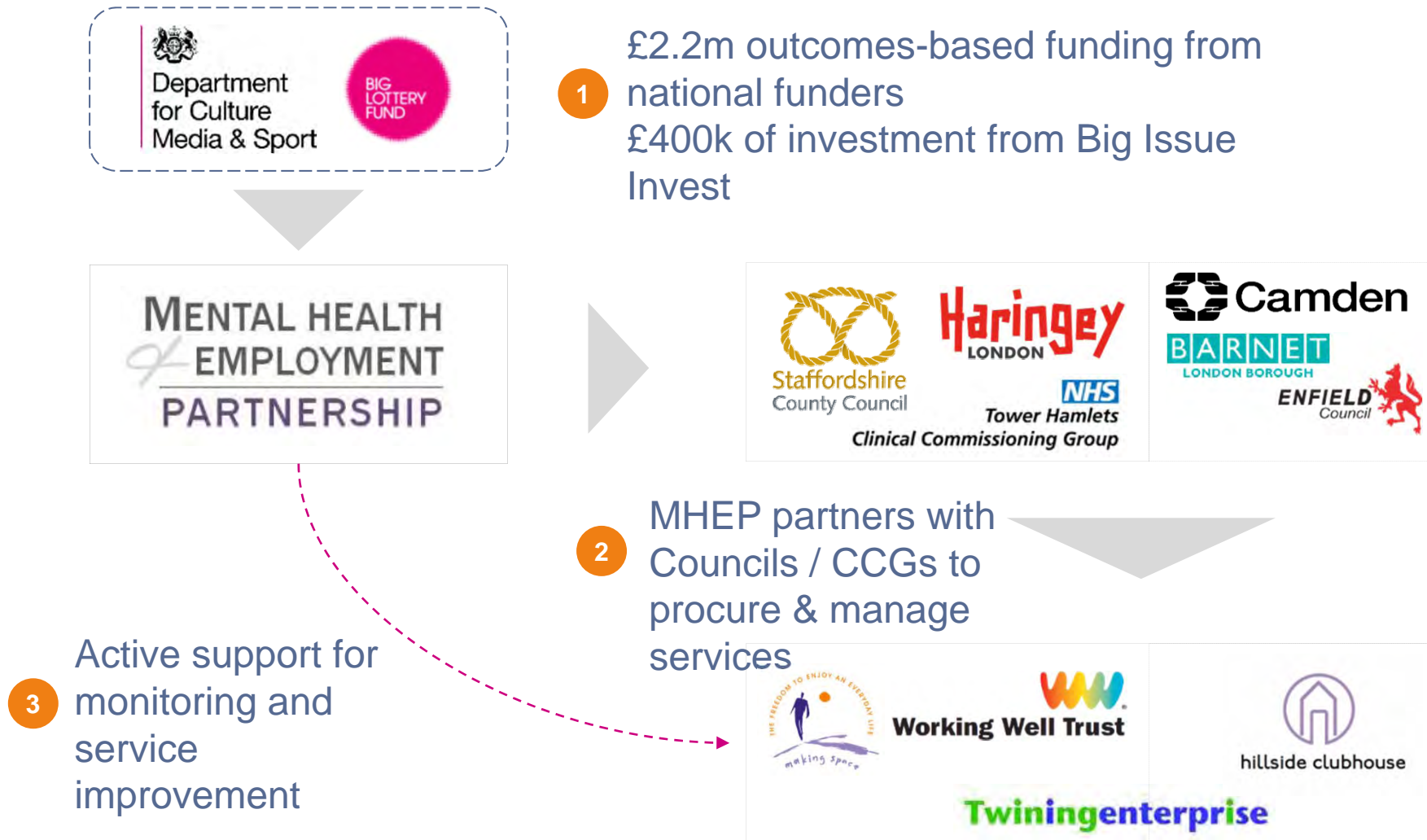


IPS and other local programmes

OUR ANSWER: MENTAL HEALTH AND EMPLOYMENT PARTNERSHIP (MHEP) SOCIAL IMPACT BOND



WE STARTED IN THREE AREAS, THEN SIX, SOON...?



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



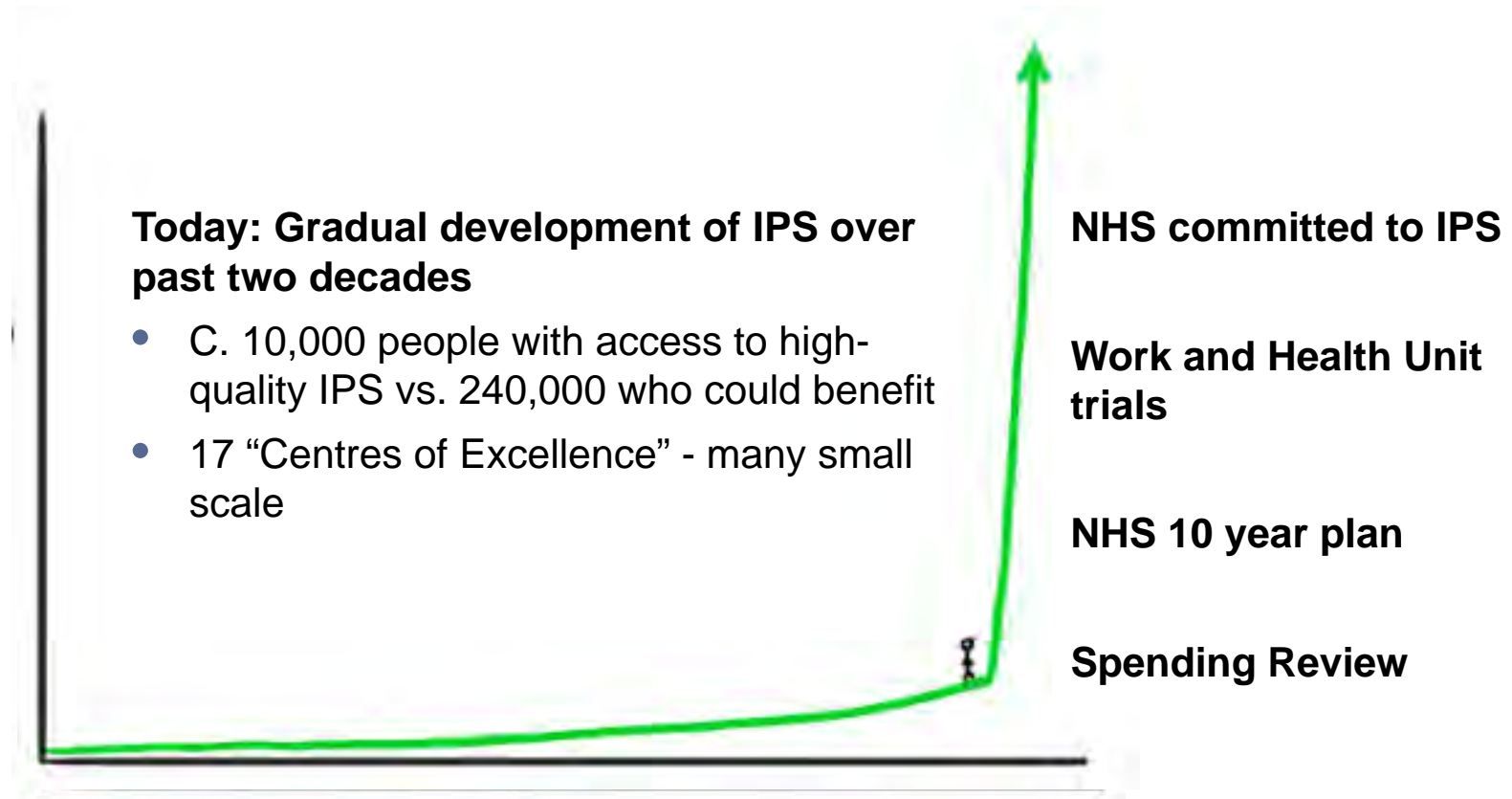
**Strategic advice &
steer from our
Board**

**Using our
network**, incl for
escalation where
useful

**Operational
hands-on help**

AFTER TWO DECADES, HUGE INTEREST IN IPS IN THE UK

16



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

Illustration source: Wait Buy Why