



Individual Placement and Support (IPS) Commissioning **Self Assessment Toolkit**

Updated March 2026

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Introduction

This self assessment toolkit has been adapted and updated from NHS England's [Individual placement and support for severe mental illness: Guidance for integrated care systems.](#)

This tool is intended to be updated regularly and used as a tool for systems to track your progress against the specific recommendations and guidance given by NHS England. Each section within this document contains items grouped together by purpose, together with detail on the recommendation and space to keep notes.

INSTRUCTIONS

Please complete each of the seven sections of the Commissioning Self-Assessment Toolkit, identifying progress towards the standards. We have provided space for you to make notes on your progress against each section.

Individual Placement and Support (IPS) is an evidence-based model of supported employment. It has been rigorously trialled and has consistently outperformed all other tested forms of support for job seekers with severe mental illness (SMI) and complex mental health needs.

The implementation of IPS is part of the government's Fit for the Future: 10 Year Health Plan for England and NHS England's [Medium Term Planning Framework – delivering change together 2026/27 to 2028/29.](#)

IPS should be embedded within integrated models of primary and community mental health services for people with SMI.

Integrated Care Systems (ICSs) can have a positive impact on the mental health of their populations and reduce health inequalities by ensuring that investment into IPS services is sufficient to meet access ambitions. ICSs also have a key role in ensuring that IPS services are delivering the outcomes expected from this unique and highly effective intervention.

IPS services have a core role in supporting ICSs to achieve each of their four fundamental purposes:

- 1 Improving population health and healthcare.
- 2 Tackling unequal outcomes and access.
- 3 Enhancing productivity and value for money.
- 4 Helping the NHS to support broader social and economic development.

IPS Grow have developed this Toolkit in partnership with NHS England. NHS England commission IPS Grow to support ICSs in the delivery, performance management and quality improvement of IPS services.

LANGUAGE NOTE:

This document uses strengths-based language aligned with IPS Grow messaging guidelines. To maintain clarity and coherence:

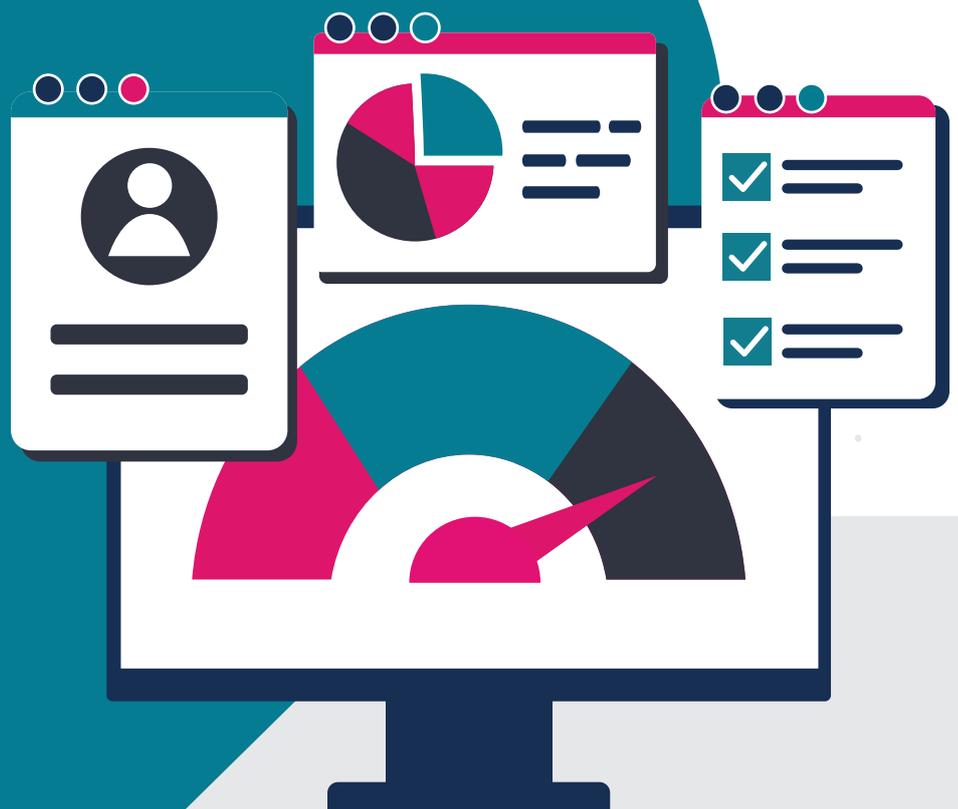
- People with severe mental illness (SMI) - is used when describing the population group.
- People accessing IPS services - is used when describing IPS delivery.

Throughout this document, 'people accessing IPS services' refers specifically to people with SMI, accessing IPS-SMI services.

01

Local Service Specifications

Commissioners should ensure specifications clearly outline core IPS requirements, expected access numbers, staffing assumptions, integration with clinical teams, and reporting expectations.



PRIORITY: IPS services are properly contracted and resourced to meet access and outcome expectations.

Responsibility: Commissioner.



Considerations

- ➔ Use both the MHIS baseline funding and the Service Development Funding (SDF) funding for the expansion of IPS services. [Access targets split by baseline and expansion, and SDF funding allocations](#) have been published by NHS England.
- ➔ Use [IPS Grow's workforce targets by ICB](#) to allocate appropriate resourcing and investment need, in line with fidelity and the Medium Term Planning Framework access targets.
- ➔ To ensure early conversations (at least 6 months) take place when the end of contract period is coming to an end.
- ➔ To ensure the contract activity is in line with the Medium Term Planning Framework access targets.



Best Practice

- ➔ Use [workforce targets](#) when allocating resources and investment in order to meet the Medium Term Planning Framework access targets.
- ➔ Coordinate Mental Health and Finance ICB leads with IPS leads to ensure investment and resources are available in line with the Medium Term Planning Framework access targets.



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Notes

PRIORITY: Joint governance with ICB oversight.

Responsibility: Commissioner and provider.



Considerations

- ➔ To ensure a steering group is in place across the system to include all stakeholders and agree a robust Terms of Reference to ensure all partners input into the delivery of the programme including performance management.
- ➔ There is a consistent ICB IPS lead in place and attends and co-manages the Steering Groups with the service.
- ➔ The ICB lead ensures they liaise with the Trust lead responsible for IPS to promote IPS within the Trust and to ensure the zero exclusion policy is adhered to (e.g. ensuring all people with SMI with an interest in employment have access to an IPS service, regardless of perceptions of job readiness, symptoms etc.).



Best Practice

- ➔ A Steering Group meets quarterly, is chaired by either the service or commissioner and has representation from the IPS Service (ideally Service Manager /Team Leaders), NHSE Lead, Regional IPS Grow Leads, Senior Executive within the Trust and people with lives experience. This meeting is minuted and follow up actions are agreed/allocated.
- ➔ Ensure concerns are followed up with the strategic leadership within the Trust to resolve any issues and to share best practice.



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Notes

PRIORITY: Services offer employment retention support to no more than 25% of access.

Responsibility: Commissioner and provider.



Considerations

- ➔ Monitor the demand of need for employment retention.
- ➔ Up to 25% of access can be employment retention cases. This is not a target or requirement but an optional allowance to support those at risk of losing employment.



Best Practice

- ➔ For services to liaise with clinical teams to identify demand, and communicate with commissioners if the demand is higher than expected.
- ➔ If employment retention is higher than 25% then need to consider referral pathways to other more appropriate employment retention support locally.



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Notes

02

Guidance on contracting

Robust contracting enables stable and high quality IPS delivery. Commissioners should ensure that IPS contracts clearly set out expectations for delivery, performance, pay and reporting. Contracts should be structured to reduce administrative burden, support multiyear planning, and allow providers to resource their teams appropriately.



PRIORITY: Contracts clearly define IPS access, employment outcomes and expected staffing levels.

Responsibility: Commissioner and provider.



Considerations

- ➔ Access and outcome targets should be clearly stated in IPS service contracts. Access should be in line with the Medium Term Planning Framework access targets. The recommended minimum level of employment outcomes is 40% of unemployed people accessing IPS supported into work.
- ➔ Commissioners should work with IPS Grow to model appropriate staffing levels and caseload expectations in line with the Medium Term Planning Framework access target and IPS fidelity.
- ➔ Contracts should be structured in a way that maximises the potential for fidelity and employment outcomes. IPS Grow can advise on service specifications, procurement and contract documents.



Best Practice

- ➔ State access and outcome targets within contracts. Commissioners, potential service providers and IPS Grow have input into new IPS contracts and to contract variations to ensure this is the case.
- ➔ Contracts should clearly show the anticipated staffing and the resultant expected caseloads in line with fidelity.
- ➔ Engage IPS Grow on any new IPS commissioning, and on the review of existing contracts, to ensure they are in line with IPS principles and fidelity and maximise employment outcomes.



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PRIORITY: Length of contract supports delivery of high-quality IPS service.

Responsibility: Commissioner.



Considerations



For long-term stability of the services, and to attract and retain staff, long-term contracts of three years or more are encouraged. Contracts of less than three years should be avoided.



Best Practice



Commission IPS services for the maximum period possible, typically three years or more.



Self-assessment

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Notes

PRIORITY: Contracts allow referrals from primary care and voluntary sector, as well as self-referrals.

Responsibility: Commissioner and provider.



Considerations

- ➔ Contracts should allow IPS teams to easily take referrals from primary care, including use of specific Employment Specialist roles based within primary care / Primary Care Networks where appropriate.
- ➔ Contracts should allow IPS teams to easily take referrals from the voluntary sector and self-referral.
- ➔ Contracts should allow IPS teams to take referrals from and/or be embedded in **Neighbourhood Mental Health Centres**.



Best Practice

- ➔ Contracts ensure that IPS services can accept referrals from primary care. Commissioners should use existing contract flexibilities or where not possible, commissioners should vary contracts.
- ➔ Contracts ensure that IPS services can accept referrals from the voluntary sector and self-referrals. Commissioners should use existing contract flexibilities or where not possible, commissioners should vary contracts.
- ➔ Where areas have a Neighbourhood Mental Health Centre, contracts ensure that IPS services are either embedded in these centres or accept referrals from these centres. Commissioners should use existing contract flexibilities or where not possible, commissioners should vary contracts.



Self-assessment

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Notes

PRIORITY: People with SMI can access IPS service without a requirement to be on a secondary care caseload or primary care SMI register.

Responsibility: Commissioner and provider.



Considerations



IPS services must be able to work with any person with SMI or complex mental health needs. People with SMI do not need to be on a secondary care caseload or a primary care SMI register to be eligible for IPS support.



Best Practice



Commissioners ensure contracts allow IPS services to work with any person with SMI or complex mental health needs. There should be no requirement for someone to be on a secondary care caseload or primary care SMI register.



Where existing contracts are in place, commissioners should use flexibilities to allow any person with SMI or complex mental health needs to access an IPS service. Commissioners may vary contracts where necessary.



Self-assessment

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03

Outcomes and data quality

High quality outcomes data is essential for effective IPS commissioning. Commissioners should ensure services collect and report accurate, timely and consistent data so performance can be understood, risks can be identified early, and investment decisions are well informed.



PRIORITY: IPS services flowing accurate and complete data to MHSDS and the IPS Grow Reporting Tool.

Responsibility: Commissioner and provider.



Considerations

- ➔ All providers of NHS-funded mental health services should submit data to the Mental Health Services Data Set (MHSDS). NHS England have a [guide for submitting IPS data](#).
- ➔ NHS England has specified that [all providers of IPS-SMI services should flow complete data to the IPS Grow Reporting Tool](#) so that NHS England can report on employment outcomes.



Best Practice

- ➔ Ensure all NHS IPS services flow data to the MHSDS. They can do this independently or via a contracting Trust. Commissioners should ensure that the IPS services they commission have the capability to flow data into MHSDS and embed this as a criteria when selecting a service provider.
- ➔ All IPS providers should be flowing complete data to the IPS Grow Reporting Tool (as of December 2025, 89% of providers were flowing data from all teams to the IPS Grow Reporting Tool). [IPS Grow can provide support with data submissions](#).



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Notes

PRIORITY: Commissioners hold regular contract meetings with IPS services to track access and outcomes including how those vary for people with protected characteristics.

Responsibility: Commissioner and provider.



Considerations

- ➔ **IPS Grow's Performance and Outcomes Framework** has been developed in collaboration with high fidelity UK IPS services and is intended to provide high level guidance and recommended Key Performance Indicators and targets for new and mature services to track performance and outcomes.
- ➔ Commissioners agree a template that captures a standardised set of metrics to monitor IPS service delivery which form the basis of the regular quarterly contract meeting.
- ➔ Where block contracts are in place, ideally these meetings should be separate to block contract meetings, but where this is not possible consideration should be given to allocating time specifically for IPS monitoring.



Best Practice

- ➔ Commissioners meet at least quarterly with IPS services to track access and outcomes, including how these vary for people with protected characteristics.
- ➔ Services should have a strategy in place to collect a range of fidelity related evidence, to ensure they are delivering a high-fidelity service and have a focus on quality improvement. This will also ensure that services get the most out of their quality assurance fidelity review.
- ➔ As well as a summary of outputs and outcomes, there are fidelity items of particular significance for strong performance, which should be reviewed on a regular basis. This includes Employer Engagement as several research papers have identified that Employment Specialists who have a strong focus on frequent employer engagement have higher outcomes. Likewise, strong integration through close joint working between Employment Specialists and clinicians is critical to ensure people's employment preferences and needs are understood, and job outcomes are sustained.



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PRIORITY: Commissioners build in IPS fidelity expectations into existing performance management arrangements.

Responsibility: Commissioner.



Considerations



Fidelity to the IPS model and principles has been shown to improve employment outcomes. A continued focus on fidelity to IPS principles is therefore required to monitor performance.



Best Practice



Commissioners should place adequate scrutiny on Mental Health Trusts and/or Primary Care Networks (as applicable) to check that processes are in place which ensure all people with SMI are asked about their interest in employment and referred to the IPS service where they express interest in finding or staying in employment. People with SMI must also be able to self-refer for employment support and be made aware of this right.



Commissioners should check that conditions are in place to enable a high-fidelity IPS service (IPS Grow can provide advice to support this), including (non-exhaustive list):

- IPS staff access to clinical systems.
- IPS staff are part of weekly, Multi-Disciplinary Team meetings.
- IPS staff have access to office space that is shared with treatment team staff.
- Mental Health Trust supports ways for people accessing IPS to share employment stories with other people with SMI and staff.
- Senior Leadership with responsibility for IPS within a Mental Health Trust attends IPS steering group meetings.



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PRIORITY: IPS services supporting minimum of 40% of unemployed people accessing IPS into employment.

Responsibility: Commissioner and provider.



Considerations

- ➔ The purpose of IPS is to support people with SMI into competitive paid employment (not volunteering or an education offer). Benchmarking suggests that a new IPS service should be achieving a minimum of 30% - 40% of unemployed people with SMI into employment. Mature, high-performing services (higher fidelity scoring services) would be expected to achieve job outcome rates of between 40% and 55%.
- ➔ Employer engagement is particularly important, and services score poorly in their fidelity reviews if they do not do this effectively. Commissioners should promote employer engagement and monitor job outcomes as part of their contract with the IPS service.



Best Practice

- ➔ Monitor job outcomes and employer engagement. A mature IPS service would be supporting above 40% of its unemployed people accessing IPS into employment and are engaging effectively with employers locally.
- ➔ Monitor retention outcomes (people entering IPS as employed) separately, with sustainment of employment as the key outcome for this group. Outcomes for retention cases do not count toward the 40% target outlined above.



Self-assessment

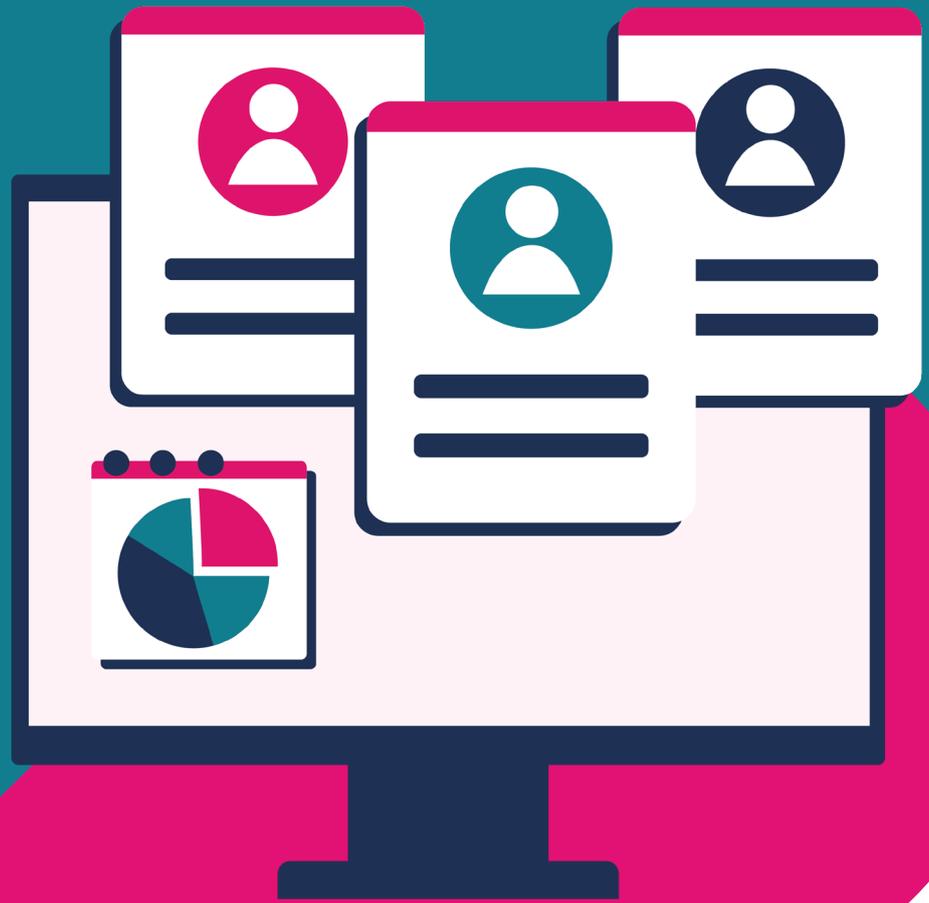
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04

Workforce

High-quality IPS delivery depends not only on staffing ratios, but on investment in pay, structured training, accredited development, and professional career pathways.

Commissioners must ensure contracts and funding actively support a stable, skilled IPS workforce.

PRIORITY: Staffing ratios.

Responsibility: Commissioner and provider.



Considerations

- ➔ There should be a minimum of one FTE employment specialist for every 40 unemployed people accessing an IPS service in any one year.
- ➔ To ensure proper support and performance oversight, there should be at least one FTE Team Leader for every six FTE Employment Specialists.
- ➔ To ensure proper support and performance oversight, there should be at least one FTE Service Manager for every five FTE Team Leaders.
- ➔ Please note that Team Leader and Service Manager ratios are a guideline for best practice, and providers/commissioners have the discretion to adjust based on workforce needs. This flexibility allows for the allocation of funding towards broader IPS workforce needs (e.g. more Employment Specialists or admin staff) to optimise the service effectiveness.



Best Practice

- ➔ Commissioners ensure that contracts specify:
 - At least one FTE Employment Specialist for every 40 unemployed clients who should access the IPS service in any one year.
 - One FTE Team Leader to every six FTE Employment Specialists. It is important to note that this 1:6 ratio is best practice and, in some instances, an IPS service can have one FTE Team Leader supporting up to 10 FTE Employment Specialists and still be operating within a high-fidelity model.
 - One FTE Service Manager to every five FTE Team Leaders.
 - Commissioners regularly review actual staffing levels against these expectations, ensuring the structure continues to support fidelity and manageable caseloads.



Self-assessment

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Notes

PRIORITY: IPS roles are aligned to appropriate AfC pay bands to support recruitment, retention and outcomes.

Responsibility: Commissioner and provider.



Considerations

- ➔ IPS services must offer appropriate pay in line with Agenda for Change (AfC) banding to recruit and retain skills staff and deliver high-quality outcomes. The recommended AfC bands are:
 - IPS Employment Specialist – Band 5.
 - IPS Senior Employment Specialist and IPS Team Leader – Band 6.
 - IPS Service Manager – Band 7/8a.
- ➔ VCSE and non-NHS providers must also be funded at levels that allow them to align roles with AfC bandings, ensuring they can attract and retain a high quality IPS workforce on equitable terms.
- ➔ Services paying below these recommendations, are significantly more likely to experience high staff turnover, recruitment delays, reduced staff morale, lower employment outcomes.
- ➔ Appropriate pay also supports professionalisation of the IPS workforce, clear career progression pathways, retention of experienced staff and stability within leadership roles.



Best Practice

- ➔ Commissioners ensure contracts specify AfC aligned pay expectations for IPS roles across NHS, VCSE and non-NHS providers.
- ➔ Commissioners seek assurance that funded roles are being recruited at the appropriate level.
- ➔ Career progression pathways within IPS are clearly defined and supported.
- ➔ Commissioners ensure contracts explicitly allow VCSE providers to pay staff at AfC aligned rates.



Self-assessment

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PRIORITY: New IPS staff complete a structured 12-month onboarding and training programme.

Responsibility: Commissioner and provider.



Considerations



All newly recruited IPS Employment Specialists and Team Leaders should be enrolled onto a structured 12-month onboarding and development programme. This programme is designed to equip staff with IPS best practices and tools for success including clinical integration, disclosure, employer engagement and in-work support. The programme includes collaborative learning sessions and monthly mentoring support. It typically takes up to three months for a newly recruited Employment Specialist to learn the role, and a further three months to perform well against targets. A 12-month structured programme ensures sustained development beyond initial induction.



Resource:



A national 12-month IPS onboarding programme is available for IPS Employment Specialist and Team Leaders, alongside ongoing workforce development support. You can find out more about the Onboarding and [Training Journey via this link.](#)



Best practice:



All new IPS Employment Specialists and Team Leaders are enrolled in the 12-month onboarding programme within their first month in post.



Commissioners specify participation in the national IPS onboarding and training offer within service contracts.



Commissioners seek assurance that staff are completing the full 12-month programme.



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Notes



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PRIORITY: Access to Level 3 IPS Accredited Qualification.

Responsibility: Commissioner and provider.



Considerations

- ➔ A Level 3 IPS Accredited Qualification is available to Employment Specialists. There are 600 funded qualification spaces until March 2029. This qualification significantly strengthens the competence, confidence and fidelity to the IPS model of the IPS workforce. Supporting the IPS workforce to complete this accredited qualification improves quality and consistency of practice, supports retention and career pathways and builds a sustainable, skilled workforce.
- ➔ Commissioners should recognise that the capabilities of the IPS workforce are as important as the capacity in order to achieve sustained employment outcomes.



Resource:

- ➔ [A Level 3 IPS accredited qualification is available to IPS Employment Specialists as part of the broader IPS workforce programme.](#)



Best Practice

- ➔ Workforce development plans include uptake of the Level 3 qualification as part of longer-term service quality improvement.
- ➔ Services support Employment Specialists to enrol on to the level 3 IPS accredited qualification.
- ➔ Study time and supervision arrangements are made available to enable successful completion.



Self-assessment

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Notes



Notes

PRIORITY: Permanent contracts in place for IPS staff.

Responsibility: Commissioner and provider.



Considerations

- ➔ IPS staff should be on permanent contracts wherever possible. Short term contracts (less than three years) with IPS providers should be avoided as these undermine the ability of the service to plan ahead and can impact negatively on the ability to recruit and retain staff. Short term contracts with VCSE organisations can also lead to financial instability and result in inability to recruit and retain staff.
- ➔ Avoid temping agencies / recruiting staff on a temporary basis, given that a higher turnover of Employment Specialists is known to increase client drop-out rates and lower service outcomes.



Best practice:

- ➔ Commissioners should ensure IPS staff are on permanent contracts wherever possible, structuring contracts with IPS providers in ways that make this possible.
- ➔ Short-term or temporary staff contracts should be avoided wherever possible. It typically takes up to three months for a newly recruited Employment Specialist to learn the role, and up to a further three months to perform well against targets, so investing in staff for the long-term is essential.



Self-assessment

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Notes

PRIORITY: IPS services access specialist workforce recruitment support

Responsibility: Commissioner and provider.



Considerations



Recruitment and retention of high-quality IPS staff is critical. A specialist IPS workforce team is available to provide hands-on recruitment support to services, including workforce planning, support with job descriptions and adverts, national and local advertising support, shortlisting guidance, assessment day design and facilitation, interview panel guidance and support to recruit at scale.



Resource:



Specialist IPS Workforce Team – national support available through IPS Grow for hands-on recruitment, planning, advertising and assessment support for IPS providers. In addition, providers can also access IPS Grow's [national training and development offer](#).



Best Practice



Commissioners work with providers and IPS Grow to co-produce a clear and sustainable workforce plan. Commissioners ensure services are making full use of specialist IPS recruitment support.



Workforce risks are reviewed regularly at contract monitoring meetings.



Self-assessment

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Notes

05

IPS for severe mental illness embedded into primary care

Embedding IPS within primary care is essential to widening access for people with severe mental illness. Commissioners should ensure services are funded and supported to work directly with Primary Care Networks, with clear expectations around referrals, communication and integration to enable consistent access and high-quality delivery.

PRIORITY: IPS for SMI services integrated in, and co-located with, Primary Care Networks (PCNs).

Responsibility: Commissioner and provider.



Considerations

- ➔ There should be a dedicated IPS Employment Specialist for each Primary Care Network (PCN), who facilitates integration, attends MDT meetings and are in direct contact with the referrer.
- ➔ IPS Employment Specialists should be considered part of the wider primary care team, working with Mental Health Practitioners, Social Prescribing Link workers, Health and Wellbeing Coaches and other practice staff to join up care for people with SMI.
- ➔ IPS Employment Specialists should have access to clinical systems to make referrals easy for practice staff and to integrate IPS documentation into the clinical record. Employment Specialists can use clinical systems to update clinical records about the support they are providing. Honorary contracts and data-sharing agreements can be put in place to facilitate this.
- ➔ IPS and employment support should be actively promoted to people with SMI in each PCN. Text messaging, where appropriate consents are in place, has proven to be an effective engagement tool.



Best Practice

- ➔ Commissioners should ensure that IPS contracts allow and encourage IPS services to work in primary care.
- ➔ Commissioners should ensure IPS contracts are sufficiently resourced to enable Employment Specialists to be dedicated to specific PCNs.
- ➔ Commissioners should support IPS providers to expand access and are set up to receive referrals from all appropriate sources, including integrating in patient-focused meetings in which employment is discussed.
- ➔ Commissioners should support IPS Employment Specialists to gain access to clinical systems, including through honorary contracts and data sharing agreements. Any costs associated with clinical access should be considered eligible spend for IPS contracts.
- ➔ Commissioners should encourage PCNs to actively promote IPS and employment support to people with SMI.



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PRIORITY: IPS integrated with SMI physical health checks.

Responsibility: Commissioner and provider.

**Considerations**

SMI physical health checks provide an ideal opportunity to speak to people with SMI about their interest in employment and, where interest is expressed, to make a referral to the IPS service.

**Best practice:**

Commissioners should encourage the integration of IPS into SMI physical health checks, including by asking questions about interest in employment support and ensuring that referrals are made to IPS services when people with SMI do express interest.

**Self-assessment**In place In progress Not started **Notes**

06

Co-design and co-evaluation

Commissioners should ensure people with lived experience are meaningfully involved in shaping and reviewing IPS services. Clear expectations for co-design and feedback help ensure services remain person-centred and aligned with what matters most to those accessing the service.



PRIORITY: Commissioners involve people with lived experience in the co-design of service specification and tender evaluation.

Responsibility: Commissioner and provider.



Considerations

- Opportunities to include people with lived experience and their dedicated support person in co-design of the service should be sought. This may include compensating people with lived experience for their valuable contributions through participation in steering groups, specific focus groups, lived experience forums etc.



Best Practice

- People with lived experience and their dedicated support person's voice is used when co-designing the service.
- Attendance of people with lived experience, and where appropriate their dedicated support person, is regularly included in the steering groups for the IPS service and their feedback is sought.
- Best practice is to ensure people with lived experience are appropriately paid for their participation.
- Feedback directly informs commissioning decisions.



Self-assessment

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Notes

PRIORITY: Co-evaluation of services.

Responsibility: Commissioner and provider.

**Considerations**

Regular feedback is collected from people accessing IPS and their dedicated support person and used for service improvement.

**Best Practice**

Collect information at multiple stages from the person accessing IPS in order to understand the experience of people accessing IPS.



Co-produce improvement plans with lived experience representatives.

**Self-assessment**

In place

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**Notes**



07

Social and economic development

IPS contributes directly to wider social and economic development by supporting people with severe mental illness into meaningful employment. Commissioners should ensure services are resourced to build strong partnerships within the local community to strengthen opportunities for people accessing the service.

PRIORITY: IPS is central to ICB strategies to create an inclusive economy and tackle health inequalities.

Responsibility: Commissioner and provider.



Considerations

- ➔ IPS is fundamental to the four fundamental purposes of ICSs. This includes, but is not limited to, tackling unequal outcomes and access and promoting broader social and economic development. People with SMI are under-represented in employment and face persistent exclusion. Around 80% of people with SMI say they want to work. However, only 8% are in employment and are much more likely to lose their jobs.
- ➔ The host Trust or ICS are important anchor institutions. They have a part to play in ensuring paid employment opportunities within their organisations are available to people accessing IPS services, and to model inclusive behaviours we would expect from wider employers.



Best Practice

- ➔ IPS has a central place within ICB strategies, including but not limited to those relating to inclusive economies and health inequalities.
- ➔ Executive members of the ICB actively promote IPS and supported employment throughout the system.
- ➔ ICSs and Trusts create employment opportunities for people accessing IPS services and otherwise model good employer practices.



Self-assessment

In place In progress Not started



Notes



For more
information



ipsgrow.org.uk

