5-step guide to commission IPS services to meet Long Term Plan commitments | December 2020

Context

The NHS Long Term Plan recognises that "stable employment is a major factor in maintaining good mental health and is an important outcome for recovery for people with a mental health problem". It also highlights that the Individual Placement and Support (IPS) model "is internationally recognised as the most effective way to support people with mental health problems to gain and keep paid employment".

Under the IPS model, employment specialists are integrated into clinical mental health teams. They provide dedicated employment support to mental health service users to help them find and sustain paid work or to help them keep an existing job. In addition to helping with job search, employment specialists proactively engage employers to identify suitable jobs and match them to their clients' preferences. Across 28 Randomised Control Trials, IPS has been shown to be significantly more effective at supporting people with severe mental illness into competitive employment than alternative models.[1] In particular, IPS services that score more highly on the IPS Fidelity Scale have been shown to achieve more job outcomes.[2] IPS is recommended by NICE as part of treatment and recovery for adults with schizophrenia and other psychoses.[3]

As a result, the NHS Long Term Plan (LTP) has committed that the NHS will enable 55,000 people with severe mental illness (SMI) to access IPS per year by 2023/24 and 115,000 people per year by 2028/19. This compares to an access target of 20,000 for 2020/21. For the past three years, NHS England has provided transformation funding via STPs to expand and develop new IPS services. This comes to an end in March 2021. From April 2021, all IPS services will need to be commissioned and funded locally. All CCGs have been provided with an uplift to their adult severe mental illness (community care) budgets to pay for this. The total uplift to the adult SMI budget will be worth in real terms at least an additional £975 million per year by 2023/24[4].

In 2019/20, all STPs completed a Long-Term Plan planning exercise which set out their local access targets for IPS over the next three years up to 2023/24. This also set out the additional funding that each CCG is due to receive to expand and improve adult mental health provision.

[1] IPS Grow Commissioning guidance for mental health and employment services, based on New IPS Research Findings (presentation) from The IPS Employment Center. Available at https://ipsworks.org/wp-content/uploads/2020/07/ips-evidence-5-29-20.pptx

[2] Bond, G. R., Becker, D. R., & Drake, R. E. (2011). Measurement of Fidelity of Implementation of Evidence-Based Practices: Case Example of the IPS Fidelity Scale and Kim et al (2015). Predictive validity of the Individual Placement and Support fidelity scale (IPS-25): A replication study

[3] NICE guidance for psychosis and schizophrenia in adults – Quality statement 5 (Feb 2015)

[4] NHS Long Term Plan

About this toolkit

As transformation funding comes to an end, many commissioners will now be considering how to commission IPS services for the next three years. This toolkit aims to provide practical tools, templates, and guidance to NHS commissioners to help them meet their Long-Term Plan access targets and provide the best possible support for people with SMI. It consists of:

- **Commissioning guidance for mental health and employment services**. This sets IPS services in the context of wider employment support for people with mental health issues and provides an overview of the evidence base;
- **Funding, workforce planning and outcomes calculator**. This spreadsheet can help commissioners to translate their IPS access targets into a funding and workforce requirement and suggested outcomes and Key Performance Indicators. This draws on the IPS Grow outcomes and KPIs framework;
- **5-step guide to commission IPS for the LTP (*this document)*.** This document provides practical tips for commissioners to develop IPS services in the current context;
- **Practical resources for commissioners**. This includes a template IPS service specification for commissioners to adapt for local use as well as procurement tools and guidance.

This toolkit has been developed by IPS Grow, a programme commissioned by NHS England and NHS Improvement to support the growth of IPS. IPS Grow is led by Social Finance in partnership with a consortium of IPS experts, including the Centre for Mental Health.

Five steps to commission IPS to 2023/24 in your area

1. Review your current IPS service landscape
2. Calculate your funding and workforce need in light of your access targets and the underlying demand from people with SMI for IPS
3. Assess the opportunities to grow IPS
4. Select your commissioning route
5. Commission and procure if needed

1. Review your current IPS service landscape

Since IPS is a non-clinical service that has grown rapidly over the past decade, provision can differ greatly from place to place. The first step to commission IPS is, therefore, to understand what is already in place locally.

First, **identify your key IPS stakeholders** locally. These are likely to include:

- NHS mental health trust lead OT or recovery lead, as well as Business / LTP Leads and mental health transformation managers
- IPS service manager(s) or team leaders – these might be employed by the NHS Trust(s) or through an external third sector or private provider

- Local Authority mental health commissioner(s)
- IPS Grow lead for your region. A full list of IPS Grow Leads, with contact details, is provided in the Annex. Your IPS Grow lead will be familiar with the IPS services in your area and can help to navigate the local IPS landscape

To understand the landscape, it will be critical to understand the following **service dimensions**:

- Number of different IPS providers
- Recent IPS fidelity scores achieved by these providers. The IPS Fidelity Scale is a critical quality assurance tool for IPS services. Evidence shows that a higher score on this scale is linked to improved job outcomes.[5] Your IPS Grow lead will have further details on the recent fidelity scores achieved by your local IPS providers. Fidelity reviews will also have identified the issues that providers need to address. For example, many IPS services are not as integrated into clinical teams as they should be to achieve optimum outcomes
- Type of IPS providers. IPS employment specialists can be employed within an NHS trust or by an external organisation which embeds employment specialists into NHS clinical teams
- Scale of existing IPS provision, including number of team leaders and employment specialists and annual funding
- Existing funding sources. This could include Local Authority, European Social Fund, the Mental Health and Employment Partnership (MHEP) Social Impact Bond[6], CCG baseline funding, as well as NHS transformation funding
- Which clinical teams the employment specialists are integrated into. Note: IPS allows for each employment specialist to be split across at most two community mental health teams
- Maturity of IPS provision. How long have the IPS services been operating? Are they linked in with their IPS Grow lead and regional community of practice?
- Local plans for community mental health transformation. This transformation, which is also a key part of the LTP, puts employment support at the heart of a multi-faceted community-based mental health offer. There are, therefore, key interdependencies between the new community mental health framework and the IPS commitments. IPS Grow can provide advice and support around how IPS can continue to work effectively and enhance the mental health offer as part of the mental health transformation agenda
- Other employment support providers locally who may potentially provide IPS in future

A thorough understanding of the landscape will be fundamental to ensure that future commissioning avoids duplication, addresses existing issues, and grows IPS into areas with the greatest opportunity for impact.

[5] Bond, G. R., Becker, D. R., & Drake, R. E. (2011). Measurement of Fidelity of Implementation of Evidence-Based Practices: Case Example of the IPS Fidelity Scale and Kim et al (2015). Predictive validity of the Individual Placement and Support fidelity scale (IPS-25): A replication study

[6] MHEP combines local and national funding (via the Life Chances Fund and the National Lottery Community Fund) along with social investment from Big Issue Invest to develop IPS services in London and Shropshire

2. Calculate your funding and workforce requirements

All local areas have committed to growing access to IPS for people with SMI as part of their LTP commitments. The local targets are set out in the CCG LTP Ambitions Tool.

The Tool sets out:

- Minimum number of adults accessing Individual Placement and Support (IPS) services per year per CCG area
- Total additional funding provided into CCG baselines through both the Five Year Forward View and LTP by year. Although this is not split out for IPS specifically, the IPS target is within "Adult SMI - integrated models of primary and community mental health care"

To help commissioners to translate access targets into funding requirements, IPS Grow has created a funding, workforce planning and outcomes calculator. This uses benchmarks to calculate approximate annual funding and workforce requirements to meet local access targets. It also recommends targets for job outcomes based on standard IPS performance KPIs. The recommended workforce can then be compared against existing resources to provide an estimate for the additional staffing that may be needed. This does not include other roles that may be needed, such as quality assurance or data and administrative support. IPS Grow leads can support with any queries about the calculator.

Note that, alongside staffing and overheads, commissioners should make budget available for providers to pay for training, service development, and independent fidelity reviews.

3. Assess the opportunities to grow IPS

Once you have a clear view on access targets, funding, workforce, it will be important to assess how your IPS spend should be deployed to best meet local need. You may wish to consider the following:

- ***Priority need***. The focus of the LTP is on people with SMI
- ***Coverage***. To ensure equitable access, there should be at least one IPS employment specialist attached to each mental health team (potentially more than one for larger teams), including specialist teams such as Early intervention, Crisis and home treatment teams, Assertive outreach and Forensic mental health teams
- ***Proportionality***. Commissioners may want to ensure that the number of Employment Specialists is roughly proportional to either the population or the SMI caseload across the different geographies in their area

As IPS Employment Specialists become more present in clinical teams, they help shift the attitudes of the team around employment. This can lead to clinicians having more positive conversations about work with their service users, generating greater opportunities to access IPS.

There is often significant demand for IPS employment support from clients accessing IAPT or other primary care services. However, the LTP targets are focused on increasing access to people with

SMI. Although other initiatives are under way to develop the employment support offer to other groups, commissioners may wish to consider wider provision of IPS as part of their mental health strategies.

Case study: Tower Hamlets – Working Well Trust

The London Borough of Tower Hamlets has developed its IPS provision over the past decade so that it now has one of the most comprehensive IPS offers in the country. Working Well Trust, a local third sector organisation, is commissioned to employ six IPS Employment Specialists integrated into East London NHS Foundation Trust and two Employment Specialists integrated into the Enhanced Primacy Care service. Last year, they supported nearly 300 people with SMI, of which 31% (93) achieved a job outcome. Given the borough's population of around 320,000 people with around 4,200 people with SMI, this is equivalent to around 1 IPS Employment Specialist per 50,000 population and per 700 people with SMI.

Case Study: North East – Tees Esk & Wear Valleys NHS FT (TEWV)

The Tees Esk & Wear Valleys NHS FT IPS service currently employ one IPS Service Manager, three Team Leaders and 15 Employment Specialists. They cover a large geographical area which spans three localities, North Yorkshire & York, Durham & Darlington and Tees Valley. In the first six months of the year, they supported 285 people with SMI, of which 92 achieved a job outcome. In addition, 50% of these individuals have managed to sustain their job for 13 weeks or more. Given the region's population of around 1.2 million people and it's combined CMHT caseloads of around 4,300 people, this is equivalent to 1 IPS employment specialist per 80,000 in the population and per 287 people on caseload.

4. Select your commissioning route

The next step is to select an appropriate commissioning route for IPS services. While some areas conduct full, open procurements for multi-year contracts, others commission IPS as part of their block contract with their NHS community provider. Factors to consider include:

- **Number of distinct IPS providers**. There are some disadvantages in having more than one IPS provider per NHS mental health provider (i.e., NHS Trust). It is essential that IPS providers build close relationships with their NHS Trust to enable full integration of Employment Specialists into clinical teams. If there is more than one IPS provider for the same Trust, the providers will need to collaborate closely with each other and the Trust to ensure strong partnership working. To note that having only one IPS provider across an entire STP / ICS area may be a stretch for small organisations;
- **Interest, capability and capacity of the NHS mental health provider to deliver IPS in-house**. Given the importance of integration, one option is for the NHS mental health service provider to add IPS to its portfolio of provision. As well as supporting good integration, this also avoids a potentially lengthy and costly competitive procurement exercise. However, commissioners should consider that:

  - Some NHS Trusts see IPS as outside of their core competencies. Building a high-fidelity IPS service from scratch requires a significant investment of senior time and capacity. Although many Trusts have achieved this, in some cases an external provider is able to dedicate more senior management attention to the employment support element of their service offer. Some external organisations will be entirely focused on employment support;
  - Some areas have existing high-quality external IPS providers who already have good relationships with the local NHS Trust(s);
  - External providers can sometimes deliver IPS more cheaply than the NHS, although in some cases (with both NHS and external provision) low-cost delivery is achieved by underpaying employment specialists or with an excessively rapid turnover of clients that does not conform to IPS principles;
  - Commissioners engaging with their NHS Trust through block contracts will need to avoid IPS-specific performance discussions being de-prioritised to focus on other mental health service performance issues;
  - Typically, NHS Trusts that have effectively grown IPS services in-house have created a senior IPS leadership role to navigate internal processes and build senior buy-in. Even where the Trust is not delivering IPS itself, there is often value in having an internal Implementation Manager to help manage change.
- **Degree of partnership between external IPS providers and NHS Trusts.** For an external provider to successfully deliver IPS within an NHS Trust, a strong partnership agreement, backed by joint implementation plans, need to be in place;
- **Status of existing IPS contracts.** In some cases, existing contracts are coming to an end and will need to be extended or re-procured. Any change of provider will need to be managed to ensure stability, retain experienced staff and provide continuity of support to clients, for example by confirming budgets or contracts as early as possible;
- **Performance of existing provision**. If current performance is below target, even after taking into account the impact of Covid-19, a competitive tender process may be valuable to focus minds, set clear expectations on performance from the outset, and potentially adapt payment structures to tie some payments to job outcomes. Performance of IPS services is measured by the number of people accessing the service, the number of people getting a paid job outcome, the total number of paid job outcomes achieved (since IPS services may help people to move from an initial job to a second or third one), and the number of people sustaining their job. A full KPI framework for IPS can be found on the IPS Grow website.

If a competitive procurement process is required, there are several further considerations:

- **Commissioning IPS as a distinct service line**. Contracts that require IPS delivery alongside a range of other services (for example, wellbeing support) can sometimes lose focus on IPS fidelity and job outcomes. Some strong IPS providers may choose not to bid if they cannot deliver the non-IPS parts of the specification
- **Joint commissioning**. In some cases, there may be opportunities to commission IPS jointly with other CCGs or at an STP level. While this can generate economies of scale, large contracts (>£0.5m p.a.) might exclude some small but high quality IPS providers

- **Connecting with other health and employment provision locally**. Commissioners should consider whether an open tender process creates any opportunities to streamline wider health and work provision in the locality without losing clarity of focus on IPS for SMI
- **Contract length**. IPS providers typically take six to 18 months minimum to build up to a good level of fidelity. A contract length of at least three years, therefore, gives providers an opportunity to deliver high-fidelity IPS for a substantial period of the total contract duration. The budget uplift in CCG baselines has been agreed until 2023/24 as part of the Long-Term Plan settlement to support longer term contracts
- **Payment structure**. Most IPS services are commissioned on a fee-for-service basis. Some contracts include an element of payment-by-results (PbR). Given the importance of providers investing in the service up-front, experience suggests keeping the percentage of any contract subject to PbR below 25% with payments linked to job starts rather than long-term job sustainment's. A focus on job sustainment's can still be achieved through contract and performance management rather than through payment tariffs. This approach to PbR gives providers the confidence to invest in strong staffing, appropriate pay levels, and training and development.

A model service specification, along with further guidance on procuring IPS services, including considerations such as VAT, management information, and contract structure, can be found here.

5. Commission and procure (if necessary)

IPS Grow has created a suite of resources to support commissioners during the service design and procurement process. These include:

- Model service specification (internal and external)
- Financial model template
- Model method statement
- Procurement guidance
- KPI and outcome framework

These and other resources are available on the IPS Grow website. The IPS Grow lead in your region can help to navigate these resources and provide advice and support during the commissioning and procurement process. A full list of IPS Grow leads with contact details is provided in the Annex.

Annex. IPS Grow leads – Contact details

Region	IPS Grow Lead	Email address
National Lead	Lynne Miller	lynne.miller@socialfinance.org.uk
South		
Senior Lead	Calvin Silvester	calvin.silvester@socialfinance.org.uk
London	Julia Stapleton	julia.stapleton@socialfinance.org.uk
South East	Warren Trunchion	warren.trunchion@socialfinance.org.uk
North, Midlands, and East		
Senior Lead	Carolyn Storey	carolyn.storey@socialfinance.org.uk
North West	Joss Hardisty	joss.hardisty@socialfinance.org.uk
North East	Georgia Saxelby	georgia.saxelby@socialfinance.org.uk
Midlands	Adele Marshall	adele.marshall@socialfinance.org.uk
East of England	Lucy Webb	lucy.Webb@socialfinance.org.uk